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The Lived Experience of Associate Degree Nursing Directors A Qualitative Phenomenology Study

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The Lived Experience of Associate Degree Nursing Directors
A Qualitative Phenomenology Study

A DISSERTATION SUBMITTED TO THE FACULTY OF THE COLLEGE
OF EDUCATION, LEADERSHIP AND COUNSELING OF
THE UNIVERSITY OF ST. THOMAS
ST. PAUL, MINNESOTA

By

Susan Frosch-Erickson

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF EDUCATION

2018


UNIVERSITY OF ST. THOMAS, MINNESOTA

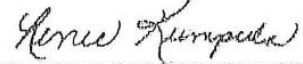
The Lived Experience of Associate Degree Nursing Directors


A Qualitative Phenomenology Study


We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

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Thank you to the nursing leaders that entrusted me with your stories. I want to dedicate this work to you. With a spirit of care and compassion, you have intentionally aligned yourself in the nursing profession. You all are truly inspirational women, nurses, educators, and leaders.

Abstract

This study explored the lived experience of associate degree nursing directors. Utilizing a qualitative, descriptive phenomenological approach, the study examined 14 practicing Minnesota associate degree nursing directors employed by the Minnesota State system. The purpose of this study was to understand what it will take to recruit and retain associate degree nursing directors. Transformational leadership theory, Mead's theory of symbolic interactionism, Goffman's dramaturgical social theory, and Kegan's adult identity theory formed the framework for the study. Six themes were identified in this research: role complexity, nursing identity, personal integrity, role ambiguity, organizational culture, and structure dynamics. In role complexity, it was how the nursing leaders perceived their role that increased or decreased their job satisfaction. In nursing identity, the directors empowered followers and nurtured them through change by using their nursing nature. Personal identity was challenging for leaders when transitioning from the practice setting into the leadership role. Role ambiguity was effected by leadership turnover causing instability, as well as, lack of mentoring for incoming directors. An organizational culture that was supportive and perceived transparency from administration, provided security for directors in their role. Structure dynamics that left director's feeling marginalized was more likely to cause attrition for nursing leaders. The nursing leaders multiple role responsibilities and increasing budget challenges within the Minnesota State system, continued to generate concern from nursing directors. This study holds implications for understanding nursing leadership from participants currently immersed in this journey.

Keywords: nursing leader, associate degree nursing program, Registered Nurse, RN, nursing leadership, academic leader, lived experience, nursing education, job satisfaction, role conflict, nursing director, recruitment of nursing directors, retention of nursing leaders, succession planning, leadership in nursing programs, phenomenology, nursing identity, nursing leadership complexity, attrition of nursing directors

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CHAPTER ONE

INTRODUCTION AND OVERVIEW

This qualitative phenomenological study examines the lived experience of associate degree nursing directors in Minnesota. The purpose of this research was to identify necessary processes and programs needed to recruit and retain associate degree nursing directors.

Administrators select directors of associate degree nursing programs for leadership positions because they demonstrate skills, abilities, and characteristics considered critical to a particular program or school. Directors must be visionary regarding the future of the academic programs they oversee.

New leadership provides an opportunity to reassess program goals and revisit the vision of the program. Greater understanding of the issues would enable organizations to determine the support needed to help qualified, experienced nurses transitioning from faculty and practice settings to managerial positions. Future research should examine the effectiveness of organizational interventions in retaining nurse leaders (Brown, Fraser, Wong, Musie, & Cummings, 2012).

Statement of the Problem

The complexity of the role of academic administrators, with its varying expectations and dilemmas, requires considerable skill and knowledge (Redmond, 1991). Research acknowledged high associate degree registered nursing (ADRN) leadership vacancies (Mintz-Binder, 2014). Increasing numbers of interim directors remain in place for extended periods. The high attrition rate and interim replacement nursing directors are currently being experienced across the nation

(Mintz-Binder & Fitzpatrick, 2009). Adams (2007) argued that the pathway to academic administrative roles includes little formal planning.

Minimal literature has addressed the issues of recruiting, retention, and success of nursing academic administrators. At present, the most common way to become a registered nurse is to pursue an associate degree of nursing (ADN) at a community college (Institute of Medicine, 2011). The proportion of nurses in the United States whose initial education was an ADN increased from 42.9 % in 2004 to 45.4 % in 2008 (HRSA, 2010).

Historical Perspectives

In the United States, the years from 1860 to 1899 laid the groundwork for nursing. Bullough and Bullough (1884) described nursing's modern-day beginning through Florence Nightingale's work, and importantly, how the subordinate role of women in the 19th century necessitated working through men. Thus, the stage was set for nursing to develop in certain ways. According to Griffin and Griffin, (1965) one of the most important contributions to nursing education made by Nightingale, as it developed in England, was to insist the school would be the priority, not the care of the patients. This was not to be the case in the United States, as hospitals controlled most schools.

Based in hospitals, apprenticeship-type training evolved with nursing students gaining much experience by working with patients. Although this approach had the advantage of providing nursing students with real life experiences, it tended to be short on organized teaching (Stein, 1998). Lack of organized teaching may also have *caused* problems with physicians. Stein (1998) stated, "An examination of the treatment of women along with issues relating to the concept of professionalism shows how both have been profound influences on the current state of nursing and nursing education" (p. 4).

The first wave of feminism culminated in women's suffrage with the passage of the 19th Amendment to the Constitution that was ratified in 1920. This first wave was a political phenomenon with no apparent effects on nursing. The World War II years marked the passage of hospitals becoming the major employer of nurses. Hospitals also became the major and most important place for care. World War II also brought societal change (Stein, 1998). According to Schultz (1990), research provided nursing professional organizations the basis to help convince the federal government to fund the Cadet Nurse Corps, which assured an adequate supply of nurses during the war.

Post World War II, the U.S. experienced an expanding economy with educational funding available to nurses. Provisions of Medicare created the infusion of large sums of money into health care. When hospitals became one of the beneficiaries of Medicare payments, elderly patients became eligible for necessary and reasonable care. Therefore, hospitals supported continuing education for nurses. In response to the nursing shortage that followed World War II, colleges launched associate degree programs in nursing in the mid-20th century (Lynaugh, 2008).

The second wave of feminism starting in the late 1960s had a profound influence on the entire culture. This wave greatly influenced the nursing field, predominately comprised of women (Bunting & Campbell, 1990). Nursing leaders understood for the field to be considered a profession, it had to have an empirically based, unique body of knowledge. For this reason, research, and theory developed were encouraged (Stein, 1998). "Rogers, Levine, Orem, Roy, and Johnson each developed theories based on the concepts of person, nurse, health, and environment" (Kelly, 1991, p. 165). Many nursing programs adopted one of these theories as their program philosophy while researchers used them as frameworks in theory development. The urgency to develop nursing theories continues today; Kelly (1991) discussed the importance

of more nursing theory development. In the past 20-plus years, theorists made great strides in theory development with much yet to do, especially in strengthening theories to guide practice (Kelly, 1991).

According to Kelly, (1991) nursing theory advancement is concerned with theory development through scientific research, a unique body of knowledge, “a systematic view of phenomena of interest to nursing” (p. 192). Minnesota data from 2009-2010 discovered that slightly more than half—53.2 %—of completers in registered nursing programs obtained associate degrees; 37.8 % obtained bachelor’s degrees, and 6.8 % obtained advanced degrees. Nationally, an associate degree is minimally required, but educational requirements may vary (Healthcare Occupations in MN, 2012).

Significance of the Study

Buerhaus, Staiger, and Auerbach (2000) reported the decline in the supply of registered nurses came in 2010 when the first of 78 million baby boomers began to retire and enrolled in the Medicare program. The Robert Wood Johnson Foundation (2007), acknowledged half of the current nursing faculty will be retired by 2016. Academic leaders must be visionary because they play an essential role in the viability of their programs (Bright & Richards, 2001). As administrative heads of programs, they set the tone for the environment in which programs operate and are responsible for assuring the mission and goals of programs are met. They also determine who is hired into faculty positions and work with current faculty to decide on the pertinent orientation and mentoring needed for new faculty. Faculty development is important to maintain a flourishing nursing program. Directors remain committed to encourage faculty to engage in educational growth and leadership opportunities (Cranford, 2013; Huston, 2008; Lacasse, 2013). Leadership is a significant aspect of the faculty role.

Within the role of leadership is the ability to sustain and develop future academic nursing directors. There is a difference between implementing change and sustaining that change. Donnelly (2003) discussed the need for identification of determined, focused, and inspirational nursing leader. A leader needs to balance the need or task with the team and individuals, in other words, it is not who one is but what one does that determines an effective leader (Adair, 2003). Merriam-Webster (1986) defined sustainability, “to cause to continue; to keep up, especially without interruption ... to prolong.” A high level of leadership is crucial for any project to succeed when change is being implemented or sustained.

A good understanding of nursing director’s retention issues and the development of retention and recruitment strategies for these leaders will become increasingly important over the next 10 to 15 years as the Baby Boomer generation retires. This anticipated mass exit from the workforce will contribute to the nursing shortage and leave a gap in nursing clinical knowledge, as well as, in organizational and managerial knowledge. This will become a critical challenge if we are not successful in recruiting nurse administrators under the age of 40 (Laschinger, Wong, & Ritchie, 2008).

With the nursing workforce aging, there is concern that, without opportunities for structured mentoring relationships between nursing leaders and new nurses, organizations will be unable to plan for succession to leadership positions. Mentoring the next generation of nursing leaders requires today’s nurse leaders to become actively involved in helping new nurses learn their roles and administrative positions (Feeg, 2008).

Research Question

This study seeks to understand the lived experience of associate degree nursing directors. The primary research question is: What will it take to recruit and retain associate degree nursing directors?

Reflexive Statement

I became interested in this topic after transitioning into the associate degree director role from a nursing faculty position four years ago. I had been a nursing faculty member for seven years when the director of a community college nursing program abruptly left her director position. I was encouraged to assume this role from the senior administration because I had past leadership experience as an academic program director earlier in my nursing faculty career and held manager roles in the acute care hospital setting.

I had been in this academic leadership director position for approximately four years before I stepped out of the role in fall 2017 to concentrate on completing my dissertation study. I was in an administrative position that included supervision and evaluation of approximately twenty nursing faculty besides management of an associate degree program.

Under my director title, I also managed a nursing assistant program. The learning experience was a challenging journey and one that I grew to enjoy. The nursing director leadership role included ethical decision-making, while supporting and growing a nursing program. Defining moments that included guiding and mentoring students, as well as, faculty were intertwined with my program responsibilities. In order to maintain a robust organization, there was continual collaboration and networking within the campus community and across external partners.

Over the past four years, I witnessed associate degree program directors from across Minnesota depart from their director role after a short period of time in this position. The data was alarming and proved this was a subject needing further research. As I attended the Associate Degree –Practical Nursing (AD-PN) Director meetings held four times per year, I began to recognize some directors thrived in the director role when others quickly departed. This realization made me more interested in gathering research to delve deeper into issues surrounding these departures with the hope of finding solutions to support recruitment and retention in this leadership role.

Definition of Terms

The following definitions are provided to ensure uniformity and understanding of these terms throughout the study.

ACEN or Accreditation Commission for Education in Nursing: The Accreditation Commission for Education in Nursing (ACEN) supports the interests of nursing education, nursing practice, and the public by the functions of accreditation. Accreditation is a voluntary, peer-review, self-regulatory process by which non-governmental associations recognize educational institutions or programs that meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules and to the oversight of preparation for work in the profession.

[\(https://www.acennursing.org/\)](https://www.acennursing.org/)

Associate Degree-Practical Nursing Directors group (AD-PN): this group of nursing directors from programs across Minnesota meets four times per academic year in different areas of the state to conference together. The purpose of this group is to share information related to academic programs, support each other as leaders in nursing programs, and understand changes that are taking place at the Minnesota Board of Nursing, as well as, in accreditation areas.

Different healthcare partners are invited to speak, for example, Health Force Minnesota and the Minnesota Board of Nursing. Private associate degree programs within Minnesota are also invited to attend these conferences.

Allied Health: a broad field of health care professionals made up of specially trained individuals (such as physical therapists, dental hygienists, audiologists, and dietitians) who are typically licensed or certified but are not physicians, dentists, or nurses.

<http://www.thefreedictionary.com/>)

Associate Science Degree Nursing or AD: an academic degree awarded on satisfactory completion of a two year course of study, usually at a community college. The recipient is eligible to take the national licensing examination (RN-NCLEX) to become a registered nurse.

<http://www.thefreedictionary.com/>)

Bachelor of Science of Nursing or BSN: an academic degree awarded on satisfactory completion of a four year course of study in a college or university. The recipient is eligible to take the national certifying examination (RN-NCLEX) to become a registered nurse. A BSN degree is a prerequisite to advancement in nursing education and advancement in many systems and institutions that employ nurses. (<http://www.thefreedictionary.com/>)

Commission for Nursing Education Accreditation or CNEA: The National League for Nursing Commission for Nursing Education Accreditation (CNEA) promotes excellence and integrity in nursing education globally through an accreditation process that respects the diversity of program mission, curricula, students, and faculty; emphasizes a culture of continuous quality improvement; and influences the preparation of a caring and competent nursing workforce.

(<http://www.nln.org/>)

Emotional Intelligence: “Distinctive voice, a purpose, self-confidence, sense of self.”

(Bennis, 2009, p. xxv).

MANE or Minnesota Alliance for Nursing Education: MANE is an alliance of one university and seven community colleges brought together to increase access to a high quality baccalaureate degree for nursing students in Minnesota. MANE is not an RN to BSN program, but rather a comprehensive four year curriculum designed to address Minnesota’s growing demand for baccalaureate educated nurses in the workforce. RN licensure is not required to complete the MANE degree program. The curriculum is spiraled, building upon concepts throughout the entire degree program plan. Students may apply and be accepted to MANE either directly to the university or through dual admission with a community college and the university.

(<https://manemn.org/>)

Minnesota Board of Nursing or MBON: Board of Nursing departments in U.S. states and territories were created to protect the public from the unsafe, incompetent or unethical practice of nursing. BONs achieve this mission by establishing the standards for safe nursing care and issuing licenses to practice nursing. Once a license is issued, the BON holds licensees to provisions defined in state/territorial laws and when necessary, takes action against the licenses of those nurses who have exhibited unsafe nursing practice. (<https://mn.gov/boards/nursing/>)

Minnesota Health Force or Health Force: Health Force Minnesota has a goal of transforming education and advancing practice to meet Minnesota's healthcare workforce needs. This is done in collaboration with education and industry partnerships.

(<http://www.healthforceminnesota.org/>)

Minnesota State System: Minnesota State is the fourth largest system of state colleges and universities in the nation with 30 colleges, 7 universities, and 54 campuses. This system partners with businesses throughout Minnesota and beyond. With the lowest tuition costs in the state, the colleges and universities are accredited by the Higher Learning Commission, with many academic programs having specialized accreditations. The faculty are highly credentialed, experienced, and dedicated. (www.minnstate.edu)

National Commission for Licensure in Education or NCLEX: psychometrically sound and legally defensible nurse licensure and certification examinations are consistent with current practice and designed by the National Council of State Board of Nursing (NCSBN). These exams include the NCLEX-RN and NCLEX-PN examinations for entrance to practice.

(www.ncsbn.org/nclex)

Practical Nurse or PN: an individual who has completed a state approved practical or vocational nursing program, passed the NCLEX-PN Examination, and is licensed by a state board of nursing to provide patient care. Normally works under the supervision of a registered nurse, advanced practice nurse, or physician. (www.revisor.mn.gov)

Registered Nurse or RN: an individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination, and is licensed by a state board of nursing to provide patient care. (www.revisor.mn.gov)

Overview of the Chapters

Chapter One introduced this qualitative phenomenological study and sets up its framework and background. It stated the problem addressed by the study and included background information related to the history of nursing. The purpose of the study, and the significance for education practitioners and researchers was also discussed. It set forth the research question explored in this study. A definition of terms section specifically described terms used throughout the dissertation.

Chapter Two reviews the literature pertinent to the study while discussing relevant themes currently found within literature. Three primary themes were identified: challenges of the nurse leadership role, actualization of power, and succession planning for future nursing leaders. Eight subthemes were also noted in this chapter and they included: lack of role preparation, role ambiguity, job satisfaction, historical basis of power, empowerment, growing future nurse leaders, reflection, as the final subtheme. Four gaps in the literature were defined: empowerment of nurse leaders, identifying and nurturing new nurse leaders, structure and professional obligation of supporting new leaders, and, to support understanding of how to retain and recruit nurse leaders into leadership roles. The chapter then outlines present frameworks found in literature. Finally, the chapter describes the theoretical frameworks that support this study: Transformational leadership theory, Mead's sociology of thinking, Goffman's dramaturgical social theory, and Kegan's adult identity theory.

Chapter Three presents the method employed in the study in greater detail. By preserving confidentiality, the study participants were described, as well as, the

phenomenological research method. This chapter also delineates the particulars in the research process and the history of my own nursing career.

Chapter Four identifies specific details of participants that were interviewed in this study. From the participant's descriptions of their lived experience as an associate degree nursing director, interview findings were grouped into six essential themes and 13 subthemes. The findings are followed by analysis of these statements in Chapter Five. These findings were interpreted through theoretical frameworks.

To conclude, in Chapter Six I provide an in-depth summary and reflection of the study findings. I explain limitations and implications of my study for leaders in this position, as well as organizational and societal inferences. I also include recommendations for future research. I conclude this chapter with my final reflections.

CHAPTER TWO

REVIEW OF LITERATURE

Over the past decade, academic scholars have confirmed that associate degree registered nursing (ADRN) directors have increasingly faced greater challenges in leading nursing programs (Chen & Baron, 2006; Cranford, 2013; Fleming & Jones, 2008; Gantz, Sherman, Jasper, Gek, Herrin-Griffin, & Harris, 2012; Gaskin, Ockerby, Smith, Russell, & O'Connell, 2012; Green & Ridenour, 2004; Hunt, 2014; Kanste, 2008; Mintz-Binder, 2013, Patterson & Krouse, 2015; Seago, Alvarado, & Grumbach, 2007). According to Gantz et al., (2006) nursing and health-care delivery systems are undergoing rapid change throughout the world resulting in many common global workforce challenges for nurse leaders. Kanste (2008) stated, "Nursing leadership is a central success factor in health care organizations when aiming for strategic goals of health care. Leadership contributes to nearly everything that happens in the organizations" (p.4).

Mintz-Binder and Fitzpatrick (2009) identified high director vacancies in associate degree registered nursing (ADRN) programs. This factor has caused interim directors to remain in place for extended periods of time. Both of these circumstances are occurring across the nation. What are the challenges experienced by associate degree directors currently in this role in Minnesota? This is what I hope to explore. In this review of literature, I focus on practicing associate degree nursing directors in their leadership position within a Minnesota nursing program.

In order to explore the issues surrounding nursing leadership further, an important consideration rests on whether factors identified in previous studies remain relevant. Also of significance is to identify themes that may inform current practice and future research about this

role. The databases used in my search for research literature included Academic Search Premier, Minitrex Library Information Network, CINAHL, ProQuest, ERIC, EBSCO, and Google Scholar. I began with search terms using program directors, academic leaders, job satisfaction, director role strain, social support, role conflict and associate degree leadership. No limitations were placed on the primary discipline represented by a given journal.

I identified three primary themes in the scholarly literature: challenges of the nurse leadership role, actualization of power, and succession planning for future nursing leaders. Research outside the United States displayed similar research findings, therefore, I included research studies from outside of the U. S. within my critical literature review and analysis. I also identified two to three subthemes in relationship to each theme. In Table 1.1., I present the themes and corresponding subthemes identified in the literature.

Table 1.1. Primary Themes and Subthemes

<u>Primary Theme</u>	<u>Subthemes</u>
Nurse Leadership Challenges	Lack of Role Preparation, Role Ambiguity, Job Satisfaction
Actualization of Power	Historical Basis of Power, Empowerment
Succession Planning Future Nursing Leaders	Growing Future Nurse Leaders, Experience Matters, Transition Nurse Leadership Role

I defined and explored four gaps in the literature related to the nurse leadership role: empowerment of nurse leaders; identifying and nurturing new nurse leaders; structure and professional obligation of supporting new leaders; and a need to understand how to retain and recruit nurse leaders into leadership roles. Finally, noted are crucial tensions within the literature

associated with challenges confronting today's nursing leadership environment. Within the healthcare arena, there is a growing anxiety generated across continents in connection to leadership roles. This realization acknowledged by researchers includes a lack of interest and availability of nursing leadership, the increasing retirements of nurse leaders, and the complexity of demands on leaders in higher education.

Challenges of Nurse Leadership Role

The program director reflects the vision of the nursing program, its faculty, and students; upholds the policies of the college within which the program resides; and works to meet the standards established by accrediting bodies (Mintz-Binder, 2014). Each state board requires that a nursing program have an approved and qualified program director. A major qualification of a program director is teaching experience within the nursing profession (Mintz-Binder, 2014).

According to Mintz-Binder (2013), literature has defined stressors in the hospital nurse management positions to assist those feeling overwhelmed or stressed in their role. However, little attention has been given to the academic nurse program director, who appears to be experiencing stressors at an unprecedented rate. Findings from many researchers (Cranford, 2013; Chen & Baron, 2006; Fleming & Kayser-Jones, 2008; Gantz et al., 2012; Gaskin et al., 2012; Green & Ridenour, 2004; Hunt, 2014; Kanste, 2008; Mintz-Binder, 2013; Patterson & Krouse, 2015; Seago et al., 2007) indicated that associate degree nursing directors struggle with job satisfaction, role conflicts, insufficient support, and lack of preparation when accepting this leadership role.

Delgado and Mitchell (2016) reported qualities most important for academic leaders in nursing listed in rank order; integrity, clarity in communication, and problem solving ability. Academic leaders in this study were asked to describe barriers they encountered in their personal

leadership development that occurred on the job. Time management and support were noted to affect their ability to function in a leadership role. Three subcategories also were mentioned related to barriers in the role; administrative, collegial, and mentors (Delgado & Mitchell, 2016). Time management was connected to complaints of unrealistic expectations. Other challenges related to poor working relationships with senior administrators and those above them in chain of command. Collegial relationships were also seen as a challenge and explained as subject to resistance from colleagues due to bias. The lack of mentorship to the role was identified as a challenge (Delgado & Mitchell, 2016).

Lack of role preparation. The shortage of nurses has been linked to the shortage of nursing faculty. The driving force behind the shortage is lack of opportunity to obtain a nursing degree, which in turn is a direct result of an insufficient number of nursing faculties to educate new nurses (Walrath & Belcher, 2006). The rising shortage of nursing faculty limits nursing enrollments and the number of students who can become nurses. As the faculty shortage persists, Cranford (2013) explored one solution that identified a need to court clinical faculty, for entrance into academia. However, many nurses who pursue an academic career are reported to leave because of the stresses associated with a career in academia (Chen & Baron, 2006; Fleming & Jones, 2008; Kanste, 2008).

Adams (2007), in a study of faculty and administrators in nursing programs in the United States, found that 63% of the respondents had no desire to move into a position with greater administrative responsibility. Young, Pearsall, Stiles, Nelson, and Horton-Deutsch (2011) discovered those who do accept formal leadership roles are often thrust into their positions with insufficient leadership education or experience. “Nurse faculty leaders commonly described their early leadership roles as being unsought, unanticipated, and ones for which they were

unprepared” (p. 224). This research discovered being thrust into leadership, taking risks, and learning to face challenges were vital experiences in becoming a leader. Formal preparation that supports and encourages the development of nurse faculty leaders through course work or mentorship was recommended (Young et. al., 2011).

Patterson and Krouse (2015) concluded acquiring leadership skills requires time and mentorship. Their study participants believed nursing is not particularly good at leadership mentoring. In evidence supporting this lack of training and mentorship, Glasgow, Weinstock, Lachman, Suplee, and Dreher (2009) reported that few, if any, newly promoted academic administrators from a university setting had prior academic leadership experience. Without succession planning, including acclimating a future prospective leader into the nuances of program directing, an academic director shortage is happening at a time when faculty shortages are also prevalent.

Several researchers reported without intentional guidance, formal coaching, and role modeling, many young nurses may decide against becoming a leader based on what they observe in the practice environment (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2016). These roles may be evaluated as not being consistent with their personal values and beliefs. The future of nursing leadership could be in jeopardy if their decision is just to say no (Dyess et. al., 2016).

Role ambiguity. Variability in the titles and job descriptions of advertised openings compound the challenges of recruiting an ADRN program director. According to Mintz-Binder (2014), there does not appear to be consistency with position title or where the position falls within a college setting in the United States.

The position may be described as being an administrative role, using titles as dean, assistant dean, or associate dean, or as a faculty role, using titles like department chair or program director. The lack of consensus as to what this position encompasses has

continued the controversy over where it falls within a higher education institution's hierarchy, thereby fostering recruitment and retention concerns. (Mintz-Binder, 2014, p. 43)

Scholars Seago, Alvarado, and Grumbach (2007) indicated the largest single external pressure reported was reduction in funding and all deans or directors indicated they had difficulty hiring qualified or credentialed faculty. Fleming and Kayser-Jones (2008) aimed to describe and analyze the phenomenon of director of nurses (DON) leadership in a nursing home. The findings demonstrated the importance of recognition and support for nurse leaders as they accept DON positions. They found, in order to support the larger nursing profession, it was necessary to fully develop each nurse leader's potential on an individual basis. The existing literature does not provide a national perspective of ADRN program directors or the way their perceptions vary in terms of job satisfaction (Mintz-Binder, 2014).

Job satisfaction. Many researchers (Chen & Baron, 2006; Gantz et al., 2012; Hunt, 2014; Kanste, 2008; Mintz-Binder, 2013; Seago et al., 2007) voice the concerns of academic nursing faculties relating to lack of support, heavy workloads, limited orientation to the role, and increasing responsibilities. Mintz-Binder (2013) suggested, "Only recently have the academic program director's issues come forth" (p. 114). Two variables were noted by Larson (1994): family responsibility was the primary reason for the lack of aspiration to a higher leadership position and the leadership of the dean gave respondents the lowest degree of job satisfaction. Huston (2008) argued the quality of the decisions nurse leader-managers make is the one factor that often weighs most heavily in their success or failure. Kanste (2008) declared work environments associated with low levels of nurse burnout appear to be based on managers with a social leadership style that covers the relational aspect of work, such as well-being and job satisfaction. Hunt (2014) placed moral obligation on nurse leaders to guide and develop

retention programs and policies that address current needs of nurses including the issue of turnover and retention.

Nursing directors' leadership styles, lack of role preparation, and job satisfaction also have a global significance. In Taiwan, Chen and Baron (2006) reported nursing education research on leadership styles and job satisfaction is fairly new and more studies are needed. Similarly, when studying transformational leadership for future generations of successful leaders in Ireland, Doody and Doody (2012) explained that strategic planning requires leaders to be knowledgeable and competent which allows results to be received and recognized at senior levels. Another Irish study, (McNamara, 2009) suggested academic leaders must be willing to consider answers that will unsettle their identities, status, and sense of purpose, "Academic leaders must shape this new practice rather than being shaped by the practices of the past. To do this, academic nursing's composition and configuration need to change" (p. 492).

Seetles, Cortina, & Malley, (2007) concluded by increasing voice in women in science, it may be possible for individuals to improve the workplace climate over time, thereby increasing job satisfaction and retention. This can be correlated to mean, change at the individual level (increased voice), creates space for change at higher organizational levels through improved climate. The structure of a work setting for women that has proven to be challenging to survive in, such as higher education, now has results that give intriguing ideas for helping women survive and thrive in nontraditional domains of work.

Actualization of Power

One of the first steps in becoming a leader is to envision oneself in a leadership role. Researchers Doody & Doody, 2012; Stiles, Pardue, Young, & Morales, 2011 discovered a significant number of participants were hesitant to recognize themselves as leaders. Stiles et al.,

(2011) explored the meaning and significance of nurse faculty leadership stating, “The ultimate goals of teaching, research, and service in nursing education are human directed, whether it is to encourage student development or to advance the well-being of citizens” (p. 95). Leaders do not commonly identify leadership development as their primary career goal, rather, they tend to practice along the way in response to an ‘other- focused’ urge or call to thinking (Stiles et al., 2011). To explore power further, I included two subthemes, historical basis of power and empowerment found in healthcare literature.

Historical basis of power. Griffin and Carnes (2010) explored women physicians as in academic medicine. They concluded from controlled experiments that it is particularly important for women leaders not to appear to be self-promoting. The research on gender and leadership indicated only small effect sizes in differences when comparing effectiveness or leadership style between male and female leaders.

Organizations have various things in common such as goals, human factors, and hierarchy. A common goal for organizations may be to achieve outcomes through collaboration. Kanter (1977) explored power found within formal and informal systems of an organization, and found it is often described as the ability to get things done. Historically, and in the nursing literature, power is often viewed as a negative notion, as something that is imposed on someone or as having control over someone or something.

Historically, most managers within the healthcare system gained their expertise and skill on the job where leaders tended to reflect the existing hierarchical approach (Doody & Doody, 2012). In the United Kingdom, the inevitable impact on turnover in nurse leadership positions was attributed to the continual re-organization of roles and management structures. According to Harris, Bennett and Ross (2014), the quality of the environment was improved when the nurse

had more time to provide patient care. “Allowing the nurse to get back time providing patient care has improved quality within the environment. In the same way that has freed up nurses to nurse, that there is a need to free leaders to lead” (p. 1636). Intentional space for leading is necessary in order to retain and recruit nurse leaders.

Empowerment. Consensus exists among several researchers (Sherman, 2005; Singh, Pilkington, & Patrick, 2014; Young et al., 2011) that nursing leaders, particularly those in the front-line positions, are pivotal to the creation of a healthy work environment and retention of staff. According to Sherman (2005), “Success in attracting our best and brightest nurses into nursing leadership roles is a significant challenge for the profession” (p. 125). The baby boomer generation entered the workforce between 1943 and 1960 with a drive and dedication unlike that seen in other generations. Sherman (2005) stated sacrifices required in nursing leadership roles have been made by this generation with a satisfaction of accomplishment. A key question for future nurse leaders is whether upcoming generations that view work differently will be willing to be empowered into these roles as they are currently designed (Sherman, 2005).

Many researchers (Doody & Doody, 2012; Singh et al., 2014; Stiles et al., 2011) agree that nurses have been, ‘thrust into leadership.’ Rao (2012) surmised for nurses to practice as professionals they must be empowered to take action and respond to challenges using professional skill and knowledge. “Unless nurses feel empowered to act, they will rely too heavily on rigid bureaucratic structures rather than their own professional power to guide practice” (Rao, 2012, p. 396).

Baker, Fitzpatrick, and Griffin (2009) reported job satisfaction as highly positively correlated with psychological empowerment and moderately, positively correlated with structural empowerment in nursing faculty members. The magnet recognition program, which awards

hospitals with healthy work environments, serves as an example of structural empowerment. Rao (2012) argued when leaders examined hospital organizational practices, they discovered that organizations with better recruitment and retention patterns had several organizational features in common. This author reported, empowering features within these organizations included adequate staffing levels, flat organizational structures, strong, supportive nursing leadership, and participatory and communicative management practices (Rao, 2012). Ellefsen and Hamilton (2000) suggested, “While empowerment cannot exist without power, power can exist without empowerment” (p. 400).

Succession Planning

According to Young et al., (2011), nurse faculty leaders felt unprepared in their early leadership roles. These leaders agree the role was unexpectedly presented to them. This description is consistent with Gardner’s (1990) observation that individuals with leadership potential are first identified and then developed. Gardner (1990) suggest, “Most of what leaders have that enables them to lead is learned” (p. xix).

Many authors (Griffith, 2012; Keys, 2014; McCloughen, O’Brien, & Jackson, 2011; Mintz-Binder, 2013; Picker-Rotem, Schneider, Wasserzug, & Zelker, 2008; Trepanier & Crenshaw, 2013) described the challenge of a comprehensive model for succession planning in nursing as unfortunate because succession planning makes sense, data or no data. Picker-Rotem et al., (2008) explained the difference between clinical and managerial leadership stating, “Leadership, as opposed to clinical expertise, is not usually acquired in the classroom. Leadership abilities involve many traits that are difficult to define and analyze” (p. 915).

Nursing academia is very different from nursing clinical practice. To make a career move from practice to academia is a major transition and requires a change in role. If this is not

a smooth transition, it can lead to stress and dissatisfaction. Analysis of succession planning and the development of transition to nursing leadership is examined in the following subthemes: growing future nurse leaders; experience matters; and transitioning to new leadership role.

Growing future nurse leaders. Nursing and health-care delivery systems are undergoing rapid change throughout the world. These changes have resulted in many common global workforce challenges for nurse leaders. Considering the high costs associated with preparing nurses for management positions, evidence suggests a need to understand and engage the next cohort of managers (Gaskin et al., 2012).

Researchers (Gantz et al., 2012; McCloughen et al., 2011; McNamara, 2009) across continents agreed, taking time to identify and develop potential nurse leaders is a worthwhile investment. Huston (2008) highlighted leadership preparedness arguing, “Clearly, nursing education programs and healthcare organizations must be more open minded about who the profession’s leaders might be and begin now to prepare nurses to be effective leaders in 2020” (p. 910). In order to have nurse leaders who can respond effectively to the future challenges and opportunities in nursing leadership, proactive succession planning will be crucial in this process (Huston, 2008).

Larson (1994) demonstrated in research that the majority of nurse faculty middle managers did not have career aspirations to a higher leadership position and they did not view their current position as a career step to a higher leadership position such as deanship. Sherman (2005) wondered about the factors that influenced the decisions of younger nurses to accept or reject leadership positions. Leadership roles are shaped by the individuals who occupy them and currently, organizational expectations of nursing leaders are extremely high (Sherman, 2005).

Several researchers (Sherman, 2005; Mintz-Binder & Fitzpatrick, 2009; Trepanier & Crenshaw, 2013; Wilkes, Cross, Jackson, & Daly, 2013) determined that the Baby-Boomer generation has been willing to make sacrifices required in leadership roles and has found satisfaction in doing them. A question for development of nursing leadership posed by Sherman (2005), asked, “Will future generations who view work differently be willing to accept our nursing roles as they are currently designed?” (p. 126).

Experience matters. Effective succession planning should result in the advancement of leaders that are both capable and qualified. “Simply put, capable and qualified leaders are efficient and effective. Efficient means they ensure that things are done right and effective means they ensure the right things are done, this results in quality” (Griffith, 2012, p. 902). Researchers Beurhaus, Staiger, and Auerbach (2000) estimated that by the year 2020, the available registered nurse workforce will fall 25% below projected requirements. “The nursing shortage literature extensively explores the staff nurse and direct caregiver perspective, but limited literature is available to explain the growing shortage of nurse managers” (Buerhaus et al., p. 313).

Predictions propose that the largest group of nurse managers with long career and practice experience and higher levels of organizational commitment will retire within the next ten years (Sverdlik, 2012). According to Cathcart and Greenspan, (2013), “A challenge is in knowing how to preserve this essential moral skill embedded in expert leadership practice and extend it to generations of new nurse managers. Practical wisdom cannot be developed without experiential learning over time in practice” (p. 965).

Researchers Brown, et al., (2012) emphasized the need for a good understanding of nurse managers’ retention issues and the development of retention strategies for nurse managers.

According to Brown et al., (2012), this knowledge will become increasingly important over the next ten to 15 years as the Baby Boomer generation retires:

This anticipated mass exit from the workforce will contribute to the nursing shortage and leave a gap in nursing clinical knowledge as well as organizational and managerial knowledge. This will become a critical issue if we are not successful in attracting nurse managers under the age of 40 years (p. 470).

Transition to nurse leadership role. Many researchers (Fleming & Kayser-Jones, 2008; Gaskin et al., 2012; Green & Ridenour, 2004; Kirk, 2009; McCloughen et al., 2011) revealed concerns related to transitioning to the nurse leadership role. Lack of succession planning and mentorship within nursing leadership in general was mentioned along with poor communication and listening skills resulting in isolation and the likelihood of overall failure. Green and Ridenour (2004) argued the importance of new deans to have mentors and executive coaches to guide them through this role change as transitioning into a deanship is not an easy process. Part of the transition requires disengagement and separation from previous nursing roles. “The period of separation from previous roles and transition to the new role can be filled with chaos and isolation” (Green & Ridenour, 2004, p. 495).

Fleming and Kayser-Jones (2008) acknowledged that filling long-standing vacancies in the director of nurse role within nursing homes does have an impact on the success or failure of an incoming leader. Those filling long-standing vacancies had to re-establish the influence and authority of the role.

Participants replacing unsuccessful director of nurses (DON) confronted serious problems related to regulatory compliance, poor care, and low staff morale. In contrast, DON's following successful predecessors felt prepared, had confidence in their leadership abilities, and had support to make improvements in staff resident programs (Fleming & Kayser-Jones, 2008, p. 21).

Researchers (McCloughen et al., 2011; Gaskin et al., 2012) argue that seeking assistance and support through mentoring relationships does contribute in a positive manner to nurse leader

development. McCloughen et al. (2011) proved, while supportive professional relationships have always had a place in nursing, in Australia it has only been in the past twenty years that mentoring relationships have been overtly recognized and articulated. Gaskin et al., (2012) stated, “Nurse unit managers experience many challenges in their roles” (p. 12). According to Warshawsky and Havens (2014), nurse leaders need to establish career development programs for nurse leaders at all levels of the organization. Success planning, career development, and mentoring programs have the potential to keep nurse leaders engaged with their work and committed to the organization.

Challenges involved lack of preparation for managerial role, and the complexity of the healthcare organizational structure in which they worked. More concerning to the managers, was the responsibility in their role to make improvements on their unit and the reality of lacking the authority to actually create change (Gaskin et al., 2012). Kirk (2009) described attributes that appeared especially important to nursing directors in a new role, “In the United Kingdom nurse executive directors identified the need for courage, with a willingness to make quick and contentious decisions and engage in difficult debate” (p. 962).

Gaps in Literature Research

Many researchers (Brown et al., 2012; Cathcart & Greenspan, 2013; Hunt, 2014; Keys, 2014; Kirk, 2009; McLeod-Sordjan, 2014; McNamara, 2009; Patterson & Krouse, 2015; Peltomaa, Viinkainen, Rantanen, Sieloff, Asikainen, & Suominen, 2013; Shirey, 2004; Singh et al., 2014; Stiles et al., 2011) support the need for further research related to nursing leadership and a serious concern for lack of preparation in nurse educator leadership roles. I identified five gaps in the literature related to challenges within the nurse leadership role: empowerment of nurse leaders, identifying and nurturing new nurse leaders; the structure and professional

obligation of supporting new leaders; the need to understand how to retain and recruit nurse leaders into leadership roles; and the fear to make tough choices as successful leaders.

Empowerment of nurse leaders. Caring is a motivating factor in students' career choice of nursing. Boughn and Lentini (1999) found the theme of power and empowerment was an additional motivating factor, however, past studies did not identify power and empowerment as a motivator for women to choose the nursing profession. Several researchers (Dahinten, Macphee, Hejazi, Lashinger, Kazanjian, McCutcheon, & Skelton-Green, 2014) supported the need for more research to establish the relationships between staff empowerment and different types of perceived support. "It is recommended for leadership to emphasize relational competencies, including leader empowerment behaviors, given their potential for enhancing organizational commitment" (Dahinten et al., p. 16). Kanste (2008) endorsed the need for further research to gather evidence of the effects of leadership on positive indicators of work well-being, such as empowerment and work engagement. Ensuring that nurse leaders develop practical wisdom begins with the recognition that they have a specialized practice that must be cultivated in intentional ways by organizations in which they work. Leaders are effective only if followers feel confident in their competence and character. Cathcart and Greenspan (2013) surmised, "Expert leadership practice, like all practices, develops over time through the process of experiential learning. This fact creates a challenge for a profession about to lose a significant number of experienced frontline managers within the next decade" (p. 969).

Identifying and nurturing new nurse leaders. Researchers discovered academic nursing leaders did not acknowledge or see themselves as leaders. Stiles et al., (2011) explains, "Future research can explore how nursing curriculum educate nurses who become educators to see or not see themselves as leaders" (p. 100). Scholarship recommendations included nurse

educators' exploration of their opportunities for passionate involvement with others and in projects. Research indicated this is how nurses learn leadership practices and claim their capacity to lead.

Keys (2014) suggested including different institutional variations for research participants to best identify and nurture future nurse leaders. Nurse managers are a critical component of any health care organization and their influence on productivity, nurse retention, and the organizational environment has been well documented (Adams, 2007; Brown et al., 2012; Gaskin et al., 2012). Hiring the right person is important and essential to good organizational performance is retaining good managers (Keys, 2014).

Of concern in the environment of higher education is a lack of preparation of nurse leaders for leadership roles. The participants felt that when leaders focus on themselves and personal gain, it was to the detriment of nursing, nursing education, and the institution. "Instead, one leads best by creating opportunities for others to lead" (Patterson & Krouse, 2015, p. 81). Skilled leaders demonstrate insight by knowing when to hold a vision for the group, and when to step back, releasing some of their own ego investment in their dream to let others make it their own, as evidenced in a study by Stiles et al. (2011).

Structure and professional obligation to support new leaders. Academic scholars in Ireland encouraged serious considerations be placed on the current nursing structure in order for survival and future development to take place in this field (McNamara, 2009). "It's just historically unfortunate when nursing is coming into the academic environment where there isn't that latitude which allows them to take time to develop an understanding" (p. 491).

Hunt (2013) observed many studies written on nurse job satisfaction, as well as; nursing leadership, types of leadership, and the unique way nurses and leaders view leadership support.

This author questioned whether these views are congruent. Leadership was cited to be one important influence on job satisfaction and turnover. Hunt (2013) believed nurse educators in clinical and academia settings need to establish programs that focus on leadership development and patient outcomes.

Shirey (2004) claimed that gaps in the literature clearly indicated a need exists for experimental designs to test social support interventions in the workplace of healthcare settings. A requirement exists to incorporate qualitative designs, utilize heterogeneous subjects in studies, include nurse managers and nurse executives, and reach beyond the acute care hospital setting in future investigations. “Research is needed to document the effects of social support on patients and other colleagues” (Shirey, 2004, p. 319).

How to retain and recruit nurse leaders. A need exists to develop formal mentoring programs with at least monthly meetings to psychologically empower new and present leaders going forward for tenure and promotion (Singh et al., 2014). Brown et al., (2013) uncovered, “Factors that influence nurse manager’s intentions to leave or stay in a managerial position are multifactorial, not well understood, and have not been studied across various practice settings” (p. 471). Noted studies are needed to develop the inter-relationship factors and themes that nurse managers deem to be important considerations when determining their intention to stay or leave their current position. The knowledge gained from future studies will add to the nursing body of knowledge in the area of nurse manager retention (Brown et al., 2013).

Kirk (2009), in a study from the United Kingdom, discovered a number of characteristics surrounding nurse executive directors that might be associated with their effectiveness. These directors felt they were effective team players, organized, were good communicators, and

practiced collaboration. These factors contributed to their effectiveness according to this study (Kirk, 2009).

Fear to make tough choices as successful leaders. The virtue of courage is often overlooked in distinguishing successful leaders. “As prevalent as current knowledge concerning leadership is, there is a surprising void regarding the virtue of courage as it pertains to leaders (Clancy, 2013, p. 128). Courage is likely defined as willingness to face tough choices, as well as, overcoming the fear associated with them. What really matters is the outcome of the leadership decision as successful leaders have learned the art of controlling fear and more importantly, are ethically fit (Clancy, 2013). When their own values are aligned with the institution’s, ethically fit leaders will passionately hold true to their convictions, surmount their innermost fears, and courageously make the right choice. “Somewhere along the continuum between the good coward and the reckless courage should be today’s nurse leader” (Clancy, 2013, p. 132).

Moral distress among direct care nurses is frequently discussed in nursing literature, along with well-developed recommendations for increasing moral courage in practicing nurses. Nursing literature related to nurse leaders experiencing moral distress or demonstrating moral courage was found to be lacking. One effect of moral distress on the organization and healthcare system is that of nurses leaving the stressful situation for a less stressful environment resulting in turnover. Prolonger moral distress without action to relieve the distress may result in negative feelings toward self and the organization (Edmondson, 2015).

Tensions within the Literature

Within this critical literature review, I noted several tensions affecting nursing academia, nursing leadership, and healthcare in general. These challenges yield a trickle-down effect in all

levels of nursing programs from leaders in nursing administration, to nursing faculty, and eventually effecting current and future students. In the following paragraphs, I identified four tensions within the literature: environment of higher education; difficulty recruiting nursing faculty leaders; building leadership capacity and participation; and complications of nursing leadership.

Environment of Higher Education

Distinct challenges face leaders in nursing education as a result of complex interpretations required in the education-research-practice environments, traditional bureaucratic settings, and turbulent economic times in which the nursing academy currently functions (Moody, Horton-Deutsch, & Pesut, 2007). Nurse executives identified funding and budgeting the greatest leadership challenge. In contrast, these financial actions were ranked at the bottom of the top five by non-nursing leaders assessing what they believed as the most critical leadership challenge facing nurses in senior leadership roles (O'Neil, Morjikian, & Cherner, 2008). This dichotomy points out the personal conflict nursing leaders' face when attempting to meet the differing expectations and priorities of organizational stakeholders.

Mintz-Binder (2013) noted in combination with changes in nursing education, nurse educators face demands to develop solid leadership skills. These skills are necessary in order to create and sustain institutional policy that results in organizational effectiveness and innovation. Of great concern, in this environment, is the lack of preparation of nurse educators for leadership roles. According to Adams (2007), research related to career development points out the pathway to academic administrative roles includes little formal planning. Academic leadership can affect faculty satisfaction, retention, and affect the health of the overall work environment (Mintz-Binder & Fitzpatrick, 2009).

Difficulty in Recruitment of Nursing Faculty Leaders

As far back as 1991, Mintz-Binder (2013) maintained academic program directors shared their concerns related to the difficulty recruiting nursing faculty leaders. Change did not take place at that time and now, twenty-five years later, these same concerns are present with deeper consequences. Fewer candidates are willing to move into open academic leadership positions because they consider the positions stressful and overwhelming. Leaders discuss physical and emotional exhaustion from their job and therefore, recruitment of future leaders has been difficult (Mintz-Binder, 2013).

Building Leadership Capacity and Participation

Researchers have found certain qualities are of value in developing leaders and managers within business settings. In these studies, qualities commonly possessed by effective leaders are personality, competence, and motivation. In effective leadership self-confidence, ability to cope with stress, emotional maturity, and consistency in behavioral values are important (Balikci, 2018).

Stiles et al. (2011), reported nurse educators become leaders by getting involved with others, struggling to serve as a symbol and preserve authenticity, and creating environments for change. Harris et al., (2013) agreed that nursing leaders provided the context for change and transformative leadership qualities which create a culture of open communication and innovation. These leaders initiated change in organizations and the nursing workforce. Clement-O'Brien, Polit, and Fitzpatrick (2011) stated, "Innovation depends on teamwork, however, building leadership capacity and participation on all levels becomes a critical strategy for generating new ideas and sustaining the change momentum" (p. 437). For the future, a study of the time it takes to implement projects, the sustainability of projects, and further work to

identify successful strategies for implementing innovations would enrich the body of nursing knowledge (Clement-O'Brien, et al., 2011).

Complications of Nursing Leadership

A British article by Sherring (2012) stated nursing leadership is evolving based on the backdrop of the incredible change in the health economy following the global economic crisis and national debt. Many factors complicate this leadership role including organizational culture, emotional intelligence, sociopolitical knowledge, and gender. "Nursing leadership may also be influenced by oppression of the nursing profession" (p. 494). This review of literature encompasses a comprehensive global review of the present literature base that is available for analysis on nursing leadership challenges and issues at hand.

Theoretical Frameworks

Authors of nursing research often connect theory information in their works without identifying the theoretical frameworks they utilized. In nursing literature, the guiding foundations to the research can be viewed from the methods used. Data is presented in most nursing research by a quantitative scientific method. I explored three theoretical approaches described in literature; transformational leadership theory (Burns, 1978), Kanter's theory of structural empowerment (1977), and Habermas's (1975) concept of legitimation. Due to the very practitioner-oriented material related to this topic, I embedded the legitimation concept within research as an implied theory.

In this section, I present frameworks found in the literature and summarize principles of these three approaches. I also provide examples of their use in the literature to gain knowledge on recruiting and retaining nursing leaders in academia. Lastly, I present methodological and theoretical implications of these frameworks for existing research to set the stage for applying an

innovative approach to guide my study that could be used to contribute to new knowledge on this topic.

Transformational Leadership Theory (TLT)

Eight of the research studies reviewed discussed transformational leadership theory (Chen & Baron, 2006; Doody & Doody, 2012; Fleming & Jones, 2008; Green & Ridenour, 2004; Harris et al., 2014; Isaac, Griffin, & Carnes, 2010; Kanste, 2008; & Mosser & Walls, 2002). Transformational Leadership Theory (TLT) involves an exceptional form of influence that moves followers to accomplish more than what is usually expected of them. It is a process that often incorporates charismatic and visionary leadership (Northouse, 2013). Bolman and Deal (2013) approach TLT by asking, “How do leaders transform followers?” (p. 341). Based on empirical research evidence, Bolman and Deal (2013) stated that transformational leadership makes a difference, but further research on when and how it works best is desired.

Motivating and creating change within both followers and their organizations cannot be achieved without educating nursing leaders, therefore, Transformational Leadership was favored as the leadership frame within the research. This form of leadership was viewed as the most effective model of leadership because it engages the follower emotionally and intellectually while recognizing the importance of rewards (Doody & Doody, 2012; Green & Ridenour, 2004). According to Green and Ridenour (2004), individuals with vision and the ability to communicate that vision are more likely to be successful.

Examples of TLT in the literature. Chen and Baron (2006) explored nursing faculty’s perceptions of nursing directors’ leadership styles and their job satisfaction levels to understand how perceptions of leadership styles relate to job satisfaction in Taiwan. Their research revealed nursing faculty in Taiwan perceived nursing directors tended to practice transformational

leadership style more frequently than transactional or laissez-faire leadership styles in their positions. Chen and Baron (2006) believed the findings of this study suggest that, if nursing directors practice the attributed idealized influence leadership style more frequently, nursing faculty members' job satisfaction will increase.

The comparison between effective leadership, burnout, and challenges for leaders within healthcare was a theme in a number of research studies (Fleming & Kayser, 2008; Isaac et al., 2010; Kanste, 2008). Through the lens of leadership theory, the following leadership styles were researched; transformational leaders who inspire and mentor their subordinates, transactional leaders who largely reinforce the rules of the organization, and laissez faire leaders who are essentially absent when decisions need to be made. The leadership behavior and style was identified as important to nurse managers (Brown et al., 2012), with transformational leadership the preferred style. Within senior leadership, lower turnover intentions of middle managers was established when this style of leadership was perceived. Researchers Doody and Doody (2012), discovered an absence of agreed role definition in nursing leadership. The analysis of this research stated that role conflict exists because nurse leaders are constantly balancing different aspects of their role, while lacking formal preparation and skill development.

Results found in this scholarship indicate nursing leadership is both positively and negatively associated with burnout among nursing personnel in health care. Practices such as active and future-oriented transformational leadership and rewarding subordinates seem to protect leaders from burnout. These leadership behaviors protected individuals from emotional exhaustion, depersonalization, and increased personnel accomplishment (Fleming & Kayser, 2008; Griffin & Carnes, 2010; Kanste, 2008).

Structural Empowerment Theory (SET)

Many theories and conceptualizations of empowerment and power exist, however, the framework used in this nursing scholarship literature was Kanter's (1979) theory of structural empowerment (Peltomaa et al., 2012; Singh et al., 2014). Rao (2012), explored Kanter's (1977) theory as captured within the concept of healthy nurse environment. Kanter's (1977) theory described what nursing scholars found as they examined successful organizations and also provided a framework on which to build new scholarship and base organizational improvement efforts. The magnet recognition program which awards hospitals healthy work environments is an example of this adoption of structural empowerment.

Examples of SET in the literature. Singh et al. (2014) used quantitative research to measure four dimensions of structural empowerment described by Kanter (1979); opportunity, information, support, and resources along with two measures of power, formal and informal. Conducted via a questionnaire, this research described factors that empowered nursing faculty to perform their role. Findings indicated that a supportive work environment was a key determinant in choosing to stay in a faculty role at a university school of nursing and that work environments (organizational characteristics) influence recruitment (Singh et al., 2014).

Rao's (2012), research examined the history of power and nurse empowerment in literature dating back to the first mention in 1972. Kanter's (1977) definitions of power and nurse empowerment as constructed in the context of nursing organizations were synthesized by this author. Many of Kanter's (1977) articles written in the 1980s and 1990s dealt with nurse empowerment and "were written from a managerial perspective" (p. 398). In the late 1990s, the literature according to Rao (2012) began to focus heavily on patient empowerment which was a reflection of the concern for patient-centered care. Nurses continue to report only feeling

moderately empowered and according to Rao (2012), this gap in nurse outcomes suggests for nurses to feel truly empowered, nursing must further explore the complex interactions that shape nurse empowerment.

Nurses are the largest professional group within healthcare service organizations, consequently, recognizing an organizational power to achieve goals and outcomes is necessary (Dahinten et al., 2013; Peltomaa et al., 2012; Rao, 2012). Dahinten et al. (2013) explored two types of empowerment process: structural and psychological empowerment. Based on Kanter's (1977) conceptual framework, structural empowerment represents employees' access to organizational empowerment structures that enhance their work effectiveness. Psychological empowerment represents employees' perceptions of being empowered at work (Dahinten et al., 2013).

The ability of nurse leaders to use leadership strategies for change was constrained by their position in the organizational hierarchy. Harris et al. (2014) pointed out, "The exercise of leadership from a position of power and influence is critical to the development of nursing practice, innovation, and creation of support in the workplace" (p. 1631). A number of studies agreed structural empowerment had direct effects on staff outcomes and psychological empowerment did not have mediating effects on staff outcomes (Dahinten et al., 2013; Peltomaa et al., 2012; Rao, 2012). A working environment that is constantly undergoing change poses many challenges on management. Peltomaa et al., (2012) provided the conclusion that nursing power and empowered nurses go closely hand in hand.

Legitimation Theory

The concept of legitimation principles applied in this literature provided a way of thinking about how academic nursing is positioned in the health and higher education sectors.

Reviewed in this research is how its' leaders constructed their identity, practices, and purposes to clarify the proper focus and goals of academic leadership in nursing. Habermas's (1975) theory of legitimation is not actually present in the literature reviewed in this section. Nevertheless, his theory is relevant because it outlines trust in relationship to organizations and leadership.

Based on Habermas's (1975) legitimation crisis, Kivisto (2013) identified this concept as a decline in the confidence of administrative functions, institutions, or leadership. The leaders, institutions, and social orders can be seen as being either legitimate or illegitimate. Kivisto, (2013) explains that Habermas's theory results in an identity crisis caused from a loss of confidence in administrative institutions. This results in administrations unable to establish normative structures to the extent required, in order for the entire system to function properly. This concept was also labeled by McNamara (2009).

Example of legitimation theory in the literature. Rather than looking at nursing leadership practice, McNamara (2009) investigated the effects of institutionalism of nursing on nursing academics, identities, and practices. Interviews were completed with 16 key players in an Irish nursing setting, in order to analyze the player's own concerns based on nursing's academic legitimacy. McNamara (2009) engaged legitimacy by referencing the nurse's performance as *recognizable to others who inhabit the domains of academia and of nursing*. To be or not to be recognized as a legitimate player was highly consequential for one's identity. "Using these legitimation principles allowed this academic field to be analyzed holistically in terms of external and internal relations, social and knowledge relations, and temporal locations" (McNamara, 2009, p. 491). Serious considerations were implied for the field of nursing's current structure along with the survival and future development of successful changes within the profession.

Limitations of the Current Theoretical Approaches

Transformational leadership theory provided insights into a form of influence that is necessary within nursing leadership today (Brown et al., 2012; Chen & Baron, 2006; Doody & Doody, 2012; Fleming & Kayser, 2008; Green & Ridenour, 2004; Griffin & Carnes, 2010; Kanste, 2008; Mosser & Walls, 2002). Because nurse leaders seek a sense of balance in their job descriptions, their ability to lead remains challenged. I agree with Doody and Doody's, (2012) conclusions that few nursing leaders are truly inspirational, as their leadership skills are formed on the basis of traditional hierarchical systems and practice wisdom.

Structural empowerment theory provided insights into power and empowerment in nursing. A significant amount of scholarship (Dahinten et al., 2013; Peltomaa, et al., 2012; Rao, 2012; Singh et al., 2014) described instances where nurses have associated six factors with power: professional knowledge and skills, authority, self-confidence, professional unity, supportive management and organizational structure and culture. Rao (2012) suggested that empowerment is an emergent product of interactions among individual, organizational, and sociocultural factors, whereas nursing has adopted a construction of empowerment that focuses primarily on organizational antecedents. Therefore, I am in agreement this construction only sparingly addressed the individual and sociocultural factors that impact nurses' empowerment.

Legitimation theory has not been fully explored as a potential sociology educational framework related to the concept of academic leadership in the discipline of nursing (McNamara, 2009). Research continues to investigate the path of discipline integration in order for a new discourse within nursing practice to evolve. I concur with McNamara (2009) that academic leaders must shape this new practice rather than being shaped by the practices of the past.

Innovative Theoretical Approach

Due to the limited research focusing on retaining and recruiting nursing leaders at the associate degree level in nursing, a study on this topic is appropriate and necessary to more fully understand current challenges (Mintz-Binder, 2014). Future research surrounding the topic of associate degree nurse leaders, must concentrate on retaining and recruiting individuals that understand leadership (Brown et al., 2012; Shirey, 2004). This can be done through inquiry in well-grounded theoretical frameworks. The existing and increasing nurse shortage combined with a decrease in nurses moving into academic leadership positions, has resulted in increased concerns for the delivery and management of nursing programs in several countries (Cranford, 2013; Doody & Doody, 2012; Seago et al., 2007; Wilkes et al., 2013).

Although factors related to recruitment and retention of nursing leaders have been well documented, limited research has been published describing inventive approaches that meet the 21st century challenges (Cathcart & Greenspan, 2013; Dahinten et al., 2013; Patterson & Krouse, 2015). In this section, I define four proposed innovative approaches that examine these issues and provide new knowledge to take research in new directions.

Transformational Leadership Theory (TLT)

This theory was reviewed in the previous framework section and also was noted to need further study on when and how it works best (Bolman & Deal, 2013). The five strengths presented in the transformational approach and identified by Northouse (2013) include: the approach has been widely researched; has intuitive appeal; treats leadership as a process that occurs between followers and leaders; provides a broader view of leadership and places a strong emphasis of followers' needs, values and morals; and transformational leadership builds a vision.

Academic leadership has identified traits and characteristics specific to leadership in this role. Previously researched nursing leadership roles related to retaining and recruiting academic leaders concentrated on practice partner roles in hospital and healthcare facilities (Brown et al., 2012; Harris et al., 2014; Kanste, 2008). Using an innovative approach, TLT allows for interpretation to extend to a precise group of nursing leaders at the associate degree level.

Therefore, I lay out a proposed approach to research that directly aligns with nursing directors in the academic setting. This innovation would also allow research to provide an in-depth view of how each person understood the dynamics of their organizations. Exploration of transformational leadership theory will allow nursing programs to gain greater understanding of specific academic considerations when determining necessary change factors in retaining and recruiting nursing program directors.

George Herbert Mead's -Sociology of Thinking

George Mead defined himself as a social behaviorist. Crucial behavior, according to Mead, is always social behavior. The interaction between biological organisms and the internalization of this back-and-forth motion inside human beings constitutes the mind (Collins, 1994).

When humans cultivate meaning in their interactions, it is from the viewpoint of others. We become conscious in our own behaviors, selves, and minds. This is the result of a process that first calls our attention to the attitudes of others. Following his social behaviorism background, Mead defines this ability to envision ourselves from the experience of others as taking on the attitude of the other (Mead, 1934).

Symbolic Interactionism

Mead taught a social psychology course at the University of Chicago, and after his death his students turned their course notes into the book entitled, *Mind, Self and Society*. One of Mead's students, Herbert Blumer, coined the term *symbolic interactionism* in 1937 (Kivisto, 2013). Symbolic interactionism is a social constructionist sociological perspective. Symbolic interactionists are interested in how people create social worlds by making meanings. We live in two worlds; the first is the world of physical things, and the second is the world of meanings (Loeske, 2003). Symbolic interactionism assumes that people can and do think about their lives and actions rather than respond mechanically to stimuli.

Symbolic interactionists believe that to understand social life, they need to learn to see the world from the perspective of the people involved in the action. Another understanding of social life in the symbolic interactionist's perspective is that the self has multiple identities. Not only do we have multiple identities but these identities are situated or made real only in certain situations. The interactionist conception of the self is not of a stable entity but a fluid one that is made real as specific identities play out in actual interactions in the social worlds we inhabit (Kivisto, 2013).

Erving Goffman's -Dramaturgical Social Theory

Dramaturgical social theory represents a sociological perspective starting from symbolic interactionism and commonly used in micro-sociological accounts of social interaction in everyday life. Goffman (1959) introduced the description and analysis of process and meaning in mundane interaction. Theory analysis was detailed around status consciousness of individual identity, group relations, the impact of environment, and the interactive meaning of information. *Interaction* was viewed as a "performance," shaped by environment and audience (Goffman,

1959). This researcher viewed theatre as a metaphor. If we imagine ourselves as directors observing what goes on in the theatre of everyday life, we are taking part in what Goffman (1959) named *dramaturgical analysis* or the study of social interaction in terms of theatrical performance.

Performance. The description of each individual's performance is described as the *presentation of self*, a person's efforts to create specific impressions in the minds of others. An important distinction is found between "front stage" and "back stage" behavior (Kivisto, 2011). As the term implies, *front stage* actions are visible to the audience and are part of the performance. People engage in *back stage* behaviors when no audience is present.

Social Identity. The process of establishing social identity then becomes closely allied to the concept of the *front*. The *front* acts as the vehicle of standardization, allowing for others to understand the individual on the basis of projected character traits that have normative meanings. Disagreement is carried out behind the scenes without the threat of damage to the goals of the team or the character of the individual. In this way, a clear division is made between team and audience (Goffman, 1959). Goffman (1959) believed this theory was best applied in social settings. Kivisto (2011) noted it was especially pertinent to teams and how they cooperate to foster particular impressions of reality. Crucial for Goffman (Kivisto, 2013), "Was the individual should always be thought of in relationship to a social whole" (p. 299). Goffman's work described individuals as always thrust into the world and needing to make their way as best they can (Kivisto, 2013).

Robert Kegan's-Constructive Development Theory

I also use theories from psychologist, Robert Kegan in my study. Kegan believes that his contribution to his work involves meaning-making. He explains this by stating what we know of

the way a person holds oneself and world together can help us understand what the experience means, including the experience of being with us in a helping relationship (Kegan, 1982).

Kegan explores the person in his book, “Where person is understood as much to an activity as to a thing-an ever progressive motion engaged in giving itself a new form” (Kegan, 1982, p. 7).

The book is about human being as an activity. It is not about the doing which a human does, it is about the doing which a human is. Kegan’s (1982) perspective integrates two human processes, meaning-making and social development.

Constructive Development Theory is a model of adult development based on the idea that human beings naturally progress over a lifetime through as many as five distinct stages or orders of consciousness. Kegan’s (1982) five theory stages follow:

The Impulsive Mind (first order of consciousness). This first stage mainly characterizes the behavior of children, unable to distinguish objects from people in the environment. This is the basic level of development. The person and the environment are linked.

Instrumental Mind (second order of consciousness). Individuals in this stage (usually until adolescence) are self-centered and see others as facilitators or obstacles to the realization of their own desires. At this stage, the human being has only one perspective, their own.

The Socialized Mind (third order of consciousness). At this level of consciousness, the person identity is tied to living in relationship with others in roles determined by his local culture. Such a person is subject to the opinions of others and is therefore strongly influenced by what he believes others want to hear. Such a stance tends to be reliant on authority for direction and less likely to question, making one a loyal follower. Approximately fifty-eight percent of the adult population is under this level of consciousness.

The Self-Authoring Mind (fourth order of consciousness). An individual in this stance is able to step back from their environment and hold it as object, regarding one's culture critically. The Self-Authoring mind is able to distinguish the opinions of others from one's own opinions to formulate one's own "seat of judgement." The result is a "self-authoring" of one's own identity independent from one's environment. Guided by their own internal compass, such a person then becomes subject to their own ideology. These individuals tend to be self-directed, independent thinkers.

The Self-Transforming Mind (fifth order of consciousness). This is the highest level of consciousness in Kegan's model. From this point of view, one is able to regard multiple ideologies simultaneously and compare them, being wary of any single one. This multi-frame perspective can hold contradictions between competing belief systems and is therefore, subject to the dialectic between systems and thought. Less than 1% of the adult population is at this level of development.

Conclusion

When I apply Mead to this study of lived experience in nursing leadership, it is through his theory of how individuals see themselves. Mead professes we see ourselves indirectly from the standpoint of others. The self is a point of view. This self only arises in social experience. Therefore, each person has multiple selves and different relationships with different people.

In his concept of self, Mead (1934) accounts for the development of individuals within a social setting that includes both interaction and reflection. The ability to envision ourselves from the experience of others is what Mead calls, the capacity for empathy that grounds the realization that we evolve out of social and natural relationships. Therefore, we in turn shape these environments. With the ability to take on the attitude of the other as your own, comes the feeling

of empathy. Mead claims we are faced every day with novel situations that require conscious reflection and struggle.

Goffman (1959) also agrees with the idea of multiple selves, as Mead explored, and relates our roles to stage performances. This theorist has a symbolic interactionism perspective, but instead looks through the micro-analysis lens of details related to individual identity, group relations, impact of environment, and interactive meaning of information. His insights relate to nature of social interaction and the psychology of the individual. Goffman investigates the coming into being of an individual as an ongoing social process. This control is achieved by influencing the definition of the situation which others see at that time. “When an individual appears in the presence of others, there will usually be some reasons for him to mobilize his activity so that it will convey an impression to others, which it is in his interest to convey” (Goffman, 1959, p. 4). As an individual develops their identity through interaction with others, it may be noted, our actions speak louder than words.

Kegan (1982) in his explanation of Constructive Identity Theory, suggests individuals develop in six stages. The development of identity and social understanding are outlined in these stages. Each stage is shaped by the preceding stage therefore, Kegan argues the process of development is a process of meaning-making. Individuals gain knowledge, insight, and perception, as we are involved in the meaning-making process. Our lives are enhanced by the life we share (Kegan, 1982).

The discussion of transformational leadership is threaded through my analysis. Much has been written on different leadership styles. I centered transformational leadership within this study, as it appeared to express the strongest connection to the nursing leaders.

“Transformational leaders, champion and inspire followers...to rise above narrow interests and

work together for transcending goals” (Burns, 2003, p. 26). My hope is these theorists will bring mindful intention to the question of understanding recruitment and retention challenges of associate degree nursing directors. Through the collection of these stories from lived experiences of associate degree nursing directors, comes hope and real-world data, to further explore the dynamics of leading a nursing program.

CHAPTER THREE

METHODOLOGY

In this chapter, I explain my selection of qualitative research design and the methodology I chose to explore my research question. Then I describe the pilot study I completed prior to this dissertation research and how that data informed my decisions for my current study. I also explore current participants for this study and how informed consent was established through the institutional review board at the University of St. Thomas. Finally, data collection is described along with data analysis, including clarification of ethical issues considered when developing and conducting my study.

Qualitative Research

Studies involving the lived experience of different groups of individuals have often employed qualitative research designs. It was my intent when starting this research study to create interest and a safe space for associate degree nursing directors to become excited about sharing their leadership experiences. By engaging in a qualitative research study, I believed that was possible. Bazeley (2013) noted researchers engaging in a qualitative study focus on, “observing, describing, interpreting, and analyzing the way that people experience, act on, or think about themselves, and the world around them” (p. 4).

I chose qualitative research design for this study in order to better understand the “meaning” of this leadership role from the stories shared by these nursing leaders. Bogden and Biklen (2007) state, “Researchers who use this approach are interested in how different people make sense of their lives” (p. 7). I aimed to maintain flexibility in adding new evidence on nursing leadership in academic programs. Qualitative research allowed this to happen while permitting the researcher to follow leads that emerged (Charmaz, 2014).

Qualitative research embraces an approach that collects data in a natural setting, while using inductive thinking and emphasis on understanding the subject's point of view (Bogdan & Biklen, 2007).

In qualitative research it is possible for a researcher to empower participants through a completed research study. They engage in dialogue with their informants about their analysis of observed and reported events and activities. They encourage informants to gain control over their experiences in their analysis of them. Here the goal is promoting social change (Bogdan & Biklen, 2007, p. 43).

A qualitative study focuses on specific situations or people and designs a path for future research to follow. By increasing discovery of what we do not know on this subject, knowledge is generated and successful change can follow. "Qualitative research is known for giving voice to people, to hearing people's own personal narrative, and using language of our participants to research" (Munhall, 2007, p.4). Understanding of the lived experience takes place when participant stories are told and researcher listening takes place.

We conduct qualitative research because we need a complex, detailed understanding of the issue. This detail can only be established by talking directly with people, going to their places of work, and allowing them to tell the stories unencumbered by what we expect to find or what we have read in the literature (Creswell, 2013, p. 48).

I wanted to understand if participants were isolated or cohesive in their leadership challenges. I needed to gain insight on what shaped directors' opinions and how their social lives influenced their experiences and interactions. Gathering this data was made possible by listening to their stories. This type of research allowed me to gain a deeper, richer understanding of nursing leadership experiences across Minnesota.

Phenomenology

My qualitative research study used a descriptive, phenomenological approach to understanding the essence of the lived experience of associate degree nursing directors. Van Manen (1990) stated the task of phenomenological research and writing is to construct a possible

interpretation of the nature of a certain human experience while attempting to describe and interpret these meanings to a certain degree of depth and richness. The majority of phenomenological investigations in nursing utilize descriptive phenomenology. Concerned with understanding the human experience, this type of research is foundational to nursing science (Chesnay, 2015). Using a phenomenological approach to my study seemed natural, and it was compatible with the assumption Blumer (1969) held, that experience is mediated by interpretation. Objects, people, situations, and events do not possess their own meaning, rather, meaning is conferred on them. Individuals interpret with the help of others (Bogden & Biklen, 2007).

The literature predicted increasing numbers of interim nursing directors remaining in place for extended periods of time. The high attrition rate and increasing numbers of interim replacement directors are currently being experienced across the nation (Mintz & Fitzpatrick, 2009). A phenomenological research study seeks, “description, analysis, and understanding of experiences....to find and systematize forms of thought in terms of which people interpret aspects of reality” (Bazeley, 2013, p. 247). Phenomenology is not concerned with influences of individual differences but rather with what is common between them (Bazeley, 2013). This type of qualitative research allowed for participants experiencing the phenomenon to articulate their lived experiences (Creswell, 2013).

The associate degree directors have been experiencing high attrition of their nursing leaders across Minnesota. As an insider in this role for the past four years, I also understood the directors’ concern of this leadership change and how it effects program effectiveness. I left my director role in a community college setting, after completing two sets of participant interviews. In this period of transition, I began the transcript analysis with more energy and commitment

after leaving my leadership role. In order to fully understand what it will take to recruit and retain nursing directors, I listened intently to the essence of experiences being shared by these directors. My focus was on the participant's point of view.

Chesnay (2015), argues in phenomenological research, it is vital to choose a topic that you feel passionate about. I was well aware of my strong connection to this topic and fully engaged in the idea of hearing exactly what the participants were saying. The work of a nurse is the work of an embodied subject, a feeling, and knowing, and experiencing person in relationship to another embodied subject (Chesnay, 2015, p. xiv).

Patricia Munhall is a nurse that has developed and disseminated a great deal of expertise regarding phenomenological research methodology. Munhall (2012) urged researchers to highlight the variety of individual, contextual participant experiences with rich descriptions. This researcher compared nursing and phenomenology stating, "Like nursing, phenomenology is a practice, and while it requires use of the right steps, it also requires a deep understanding of its' philosophical underpinnings, along with an authentic caring about individuals in experience" (Munhall, 2012, p. 169).

Van Manen (1990) believed the writing of the research was the process that affords the ability to see phenomena and that requires writing and rewriting to create the depth of meaning. According to Van Manen (1990), "writing fixes thought on paper" (p. 125). When writing my analysis, I was very forthright as a novice researcher, to listen intently and accurately to participants' narratives, in order to capture the voices and essence of the message conveyed.

Institutional Review Board Process

The Institutional Review Board (IRB) for Human Subjects Research exists to safeguard the rights, safety, and welfare of research participants. I submitted my approved research

proposal to the University of St. Thomas Institutional Review Board. In doing so, I provided the committee with a detailed description of the study and its potential participants. Materials included for review were, the email invitation to participate in the study, the University of St. Thomas formal consent form with my plan to guarantee confidentiality, the preview email with three focus questions and two sets of interview questions (see Appendices A through D). The IRB approved the study on October 19, 2016 (see Appendix E). After gaining approval from the IRB board, I set the date and time I would meet with Minnesota associate degree nursing directors to explain my study and offer them an opportunity to participate in the research.

Recruitment and Selection of Participants

Minimal literature addressing the issues of recruitment, retention, and success of nursing academic leaders has been found (Adams, 2007). Participants in this study were nursing directors from community college campus settings within a Minnesota associate degree nursing program. There are 29 associate degree programs that reside within community college settings in Minnesota. Each academic year, nursing leaders are invited to participate in four conferences involving AD-PN Director's group. At this meeting, in fall 2016, I announced my research study, "The Lived Experience of Associate Degree Nursing Directors." After giving a short presentation on the background of a dissertation study and explaining how my interviews would be set up, I asked the directors to let me know if they were interested. I was requesting 14 directors to participate in this study and after my presentation, 14 directors volunteered their interest.

The next step in my recruitment process was to email these directors the following week, for further confirmation of their continued acceptance in the study. This time period was purposely set up, to make sure these leaders had time to think about the commitment they were

making to this study (see Appendix A). After I received email confirmation from the directors, I sent the formal University of St. Thomas Consent Form to the 14 interested participants (see Appendix B). Once the formal consent form was signed and returned to me by all the 14 participants, I began setting up interview dates with the participants.

Participants in Pilot Study

My summer 2015 pilot study, included three nursing directors working in associate degree programs within the Minnesota Alliance for Nursing Education (MANE). In a context of a health care system that is rapidly changing, MANE was created to support the development of nursing professionals ready to respond to the complex needs of patients. The mission of MANE is to increase baccalaureate prepared nurses through collaborative, transformative educational strategies. The vision MANE provides for Minnesota is to prepare professional nurses to promote health and meet the evolving and complex healthcare needs of an increasingly diverse population within this state (www.manemn.org).

This Minnesota alliance, formed by seven community college nursing programs and one university, seeks to shape the skill and competency nurses bring to their practice by implementation of an innovative approach to nursing education. This phenomenology pilot study, involved three associate degree nursing directors that described their leadership perceptions as a MANE nursing director.

One interview per director was held between June and July 2015. The emerging data created by these interviews led me to re-work some of my interview questions for my dissertation study. Also, these participants mentioned a need to share more information with me, therefore, a second interview was added to my current study to allow more data to be collected.

My pilot study included three practicing MANE directors. One participant was working as an interim leader and had been in her role less than one year. Soon after my interview, this director decided to leave her leadership position and return to her faculty status. Having one of three directors depart after the June interview, was an indicator for my upcoming dissertation study. I recognized that I may possibly anticipate one or more director departures over the impending six month interview period.

Participants in Dissertation Study

The goal for my current dissertation research was to involve 14 associate degree nursing directors across the state of Minnesota. There are currently 29 associate degree nursing programs in the state of Minnesota. Associate degree –registered nurse (ADRN) nursing director vacancies are at an all- time high across Minnesota and the United States. In Minnesota, there has been a 66% turnover of associate degree nursing directors in the past three years

(<http://healthforceminnesota.org/>)

By way of increasing the pool of directors interviewed to fourteen, I was able to provide a greater depth in research data related to perceptions in this role. My research question involved understanding recruitment and retention of nursing directors in order to broaden the research and comprehend challenges in this role. Fourteen leaders would be sharing with me their lived experience as an associate nursing director. My plan was to also discover commonalities and insights of this nursing leadership role. By understanding the need for a strategic succession plan, further research would provide support for current literature research in this area.

I was a member of the Associate Degree –Practical Nursing Directors Association (AD-PN) in Minnesota that meets four times per year. At a meeting of the AD-PN directors in September 2016, I explained my study and asked for volunteers to sign up if they were interested

in being involved in my research study. I requested the three MANE directors that had been involved in my pilot study, to opt out of this study, as I did not want to create unfair bias in my participant selection.

I then selected 14 directors from different regions of Minnesota to join the research study. I did not place any restrictions on the selection of directors such as; size of nursing program, how long they have held the position (interim or fully positioned) and/or their past leadership experiences. I selected 14 participants because after that amount of data collection, saturation would occur (Creswell, 2013).

Data Collection

I collected interview data from 14 nursing directors. In November through December 2016, three email focus questions were sent to fourteen participants (see Appendix C). The emailed responses from fourteen participants were received by January 2017. Interview data was collected through two in-person, semi-structured audio-recorded interviews. The two-semi-structured interviews, consisting of six questions per interview, were held between February and September 2017. The first set of interviews included 14 nursing directors. The second set of interviews included 11 participants because three directors exited their leadership roles before the second interview was completed in September 2017. Two of the directors left their position to return to a nursing faculty role within their college. The third director left academia all together to work in a practice setting. The protocols utilized for the emailed focus questions and the two interviews can be found in Appendices C and D of this study.

Participant Interviews

The first set of interviews took place in February 2017 during a two day conference of the AD-PN Directors group at a hotel in Shoreview, Minnesota. I reserved one hour time slots for

thirteen directors prior to the conference start time, and between meetings at the conference. A private room was used where the director could be comfortable and have no interruptions. One director was unable to attend this conference so we had a phone conference scheduled at her convenience. I recorded the 45-60 minute meetings on a hand-held recorder and upon completion, transferred them to Rev.com, a professional transcription service. Once the recording was sent for transcription, my personal tape recording was erased. The transcription results from Rev.com were stored on my personal, password protected computer.

My second set of interviews were also held at an AD-PN Director's conference at a hotel setting in Duluth, Minnesota in September 2017. At this point, eleven of the fourteen directors were still in the study. I set up a private room and one hour time slots were scheduled for seven directors able to attend the conference.

The four directors that were unable to attend this conference met with me in separate meetings between August and September 2017. I met in private areas of college campuses for two directors and for the remaining two participants, we met in coffee shops of their choice. All recordings were handled in the same manner as the first interview.

In addition to the recordings of both sets of interviews, I also wrote personal notes during both interview sessions. After each interview, I wrote post-interview memos (Creswell, 2013) of personal thoughts, observer comments, and general comments I remembered. After each set of interviews, I made sure the participants had my phone number and email, if they wanted to add or clarify information they had shared. I also received their approval to contact them, in case I needed to reach out after the interviews, to further understand responses or perceptions they had shared.

Data Analysis

After each interview, I sent the taped recording into Rev.com and received the completed transcript back within forty-eight hours. Each transcript was then stored in an electronic file in my personally secured computer. My hand written notes from each interview were stored in a locked file in my home office.

Coding

I began coding the transcripts after all of the first interviews were completed. Open coding is a dynamic and fluid process. “To uncover, name, and develop concepts, we must open up the text and expose the thoughts, ideas, and meanings contained therein” (Strauss and Corbin, 1998, p. 102). I assigned pseudonyms to each of the participants in order to ensure their confidentiality. The data was analyzed and thematically organized using Van Manen’s methodical phenomenological method. For Van Manen (1990), using phenomenological reflection directly involves uncovering thematic aspects, isolating thematic statements, composing linguistic transformations, capturing thematic descriptions from artistic sources, and determining essential themes. I found myself most attracted to Van Manen’s (1990) perspective, as I felt I understood his approach best and it afforded me the clearest opportunity to capture what I was after.

“Making something of a text or a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure –grasping and formulating a thematic understanding is not a rule-bound process but a free act of “seeing” meaning. Themes give us control and order to our research and writing” (van Manen, 1990, p. 79).

Also involved in this procedure was writing down any predispositions and prejudices that I held, related to this leadership position. This also included setting aside preconceived notions of the phenomenon. Making sense of the information shared by my participants was a process of

analysis that took time and patience. I used MS word searches and paper sorting to assist my analysis. I found after several readings of the first interview transcripts, the participant's narratives contained mounds of information. As I read through my data, certain words, phrases, patterns of behavior, subjects' ways of thinking, and events explained, stood out to me. I typed up these areas, after concept mapping them through drawing, and manually sorted through the information to verify themes and threads.

Finally, a coding frame was constructed of the identified essential themes and subthemes that appeared across the data set of all fourteen narratives. An example of the essential themes from my first set of interview follows:

1. Conflict
2. Hopes Expressed
3. Language
4. Frustrations and Resolutions
5. Indications of Isolation
6. Collegiality and Community
7. Hierarchy and Power
8. Fear

The second set of interviews included eleven participants after three directors had departed from the nursing director role. I followed the same coding process after my second interviews. Six themes emerged from coding categories, with thirteen subthemes also developing from the second interviews to further refine the descriptive data. These final six themes and subthemes were collated into the findings data in Chapter Four. The second set of interviews allowed me to gain a deeper insight into a particular participant's significant

statements to illuminate and clarify hidden meanings. The participants were reflective in their comments and insightful in descriptions of their leadership role.

Ethical Considerations

An interview comprises a description of what a participant said and a single interview does not allow inference simply from one description. Therefore, I conducted two interviews to enhance credibility. I completed the second interviews and asked individual participants about missing data or nuances, as well as, the accuracy of meanings they attached to personal expressions. I did check for internal validity along with contextual understanding of individual responses (Creswell, 2013). In addition, I utilized my notes and memos to incorporate participant observation cues, useful in connecting theory and participant responses (Charmaz, 2014).

This study included little to no risk to participants as they self-reported their own knowledge, beliefs, and openness about their leadership position as a nursing director. In qualitative research, participants determined the extent of self-reporting and shared their informed impressions and life experiences with me as the researcher. The individual interview questions were framed with a positive orientation toward participants (Bogdan & Biklen, 2007). I respected and honored participant responses during the interview process.

Environmentally, I attempted to facilitate participant expression in an atmosphere of openness and provided a milieu for sharing (Charmaz, 2014). I instructed each participant they were free to withdraw from the study at any time, if they became uncomfortable or unwilling to reveal their story or experience. Prior to the interviews, each participant had time to review and reflect on the upcoming interview questions. I tracked if participants indicated a need to

withdraw. Participants were able to pass on any questions they chose not to answer. I did not have any participants reluctant to answer any of the questions.

Role of the Researcher

Two particular validity threats include researcher bias and reactivity. I considered how my assumptions, beliefs, and perspectives may affect how I performed as a researcher. I was aware and acknowledged, that my recent experience as a nursing director in a community college setting provided personal reflections on this leadership role. I worked with academic rigor to maintain my personal and professional integrity while employing safeguards to counter possible validity threats. Rather than seeking to eliminate personal bias as a researcher completely, I utilized my background experience and expertise to more effectively conduct qualitative research (Charmaz, 2014). I employed my own understandings as an instrument of research to explore participant responses more fully. I was deliberate and intentional about looking for possible bias during interpretation and analysis of participant responses. I asked business professionals with research expertise to look at my content analysis and review for potential bias. I was purposeful not to self-report my own perspective among participants during data collection, beyond answering their direct questions and concerns.

In each data collection, I examined how I conducted myself as a researcher, while establishing rapport with participants. I posed semi-structured questions which allowed participants to speak openly and explore reflection of their statements. Prior to interviews, I practiced my questions and gave myself time for intentional presence. At the interviews, I arrived early to prepare, position materials and equipment, and to gain the proper mindset as an interviewer. I took time to greet participants and conveyed a uniform, caring attitude while

creating a safe atmosphere for sharing. I paced each interview session in a similar manner during data collection. I discuss the study's limitations in greater detail in Chapter Six.

Personal Nursing History

Nurses, like all individuals, bring their experiences into their careers. Remaining non-judgmental and caring for all people allows nurses to attend to others with empathy and compassion. Nursing has opened up my world to endless possibilities and I have been intentional in my career in serving the community college mission. My journey is not unlike many others in nursing pathways, in that we have faced life challenges and yet persevere into rewarding careers. Looking through my nursing lens, I will share my personal experience to provide clarity to my passion and commitment.

In my early twenties I became a licensed practical nurse (LPN) and began working in a clinic setting. After getting married and starting a family, I moved from pediatrics to the dermatology department, as a department supervisor. A family crisis event changed my life forever, when my husband passed away from cancer at the age of 35. I was suddenly widowed and a single parent with three young children under the age of nine.

As we all know life happens and we continue moving forward, however, it was this traumatic event that gave fuel to my educational journey. I entered a community college associate degree nursing program and in two years graduated with a registered nursing (RN) degree. I began working as a RN in a hospital cardiac intensive care unit (ICU) while continuing my education into a RN-BSN program at the local university. After completing my Bachelor of Science degree (BSN), I continued at the university for a Master's of Science (MSN) degree in nursing education. My children were also entering college at this time and this created an interesting scenario. For many years I was in college simultaneously with one or two of my children.

When I was working to complete my MSN degree I changed my RN position, moving from the ICU into the Emergency department (ED). A few months later the local university contacted me to ask if I was interested in an adjunct clinical teaching position for the BSN program. I accepted and continued to

work in the ED while teaching evening clinicals to junior university students at a nursing home facility and in a large medical-surgical unit in a different city.

I applied and accepted a full-time teaching position at the local community and technical college while maintaining a causal-on-call RN status in the ED. Teaching nursing at the associate degree (AD) and practical nursing (PN) levels, includes classroom, clinical, and simulation lab teaching experiences. A few months later, I advanced into a leadership position as the nursing campus coordinator while continuing to teach nursing.

Two years later, I moved to a larger metropolitan area and began teaching nursing to associate degree nursing students in a community college setting. Nineteen years after becoming single, with my three children out of college, I was remarried and began a new life in a different city. I continued to enjoy teaching at the community college level, working with adult students, and became interested in gaining an advanced degree. I applied and was accepted into the doctoral educational leadership program (Ed.D) at the University of St. Thomas.

After one year in the doctoral program, and teaching five years at this college, I was approached to become the nursing director of the associate degree and nursing assistant programs. I began this leadership role as the nursing program was in the midst of a curriculum revision and moving into a transformative education mission with the Minnesota Alliance for Nursing Education (MANE). I was the nursing director position for four years, when I left this leadership role to complete my dissertation.

Articulating and leading change requires an ability to envision the future state of an institution and system, and to work collaboratively with others to make it a reality. The purpose of this dissertation is to provide a platform for nursing leader's voices to be heard. Listening with thoughtful intention to these leadership challenges may generate improvements within this leadership role. The goal is to increase job satisfaction and retention of nursing directors across the Minnesota State system and possibly other nursing programs.

CHAPTER FOUR

FINDINGS

The research question that guided my study was, “What will it take to recruit and retain associate degree nursing directors?” The purpose of this study was to understand the experiences of associate degree nursing directors in order to determine what support is needed to help qualified and experienced nurses as they transition from the front lines to managerial positions. I intentionally chose to examine the meaning of the lived experiences of associate degree nursing directors. Research in this area will help to better understand the contexts in which associate degree nursing directors live their lives and make sense of their jobs. Understanding the complexities of this leadership role will provide opportunities for college administrators to enhance this role to attract a future generation of leaders into the role, as well as, retain current nursing leaders. Finally, this research will help administration establish a nursing leadership position congruent with nursing programs in relationship to the diversity of students and culture of its’ demographic area within Minnesota.

The data was analyzed using the method of phenomenological research as outlined by Van Manen (1990). “The task of phenomenological research and writing is to construct a possible interpretation of the nature of a human experience” (Van Manen, 1990, p.41). Phenomenology allows individuals to tell their life experience in order to shed light on factors previously unknown, misunderstood, or discounted. (Bogdan & Biklen, 2007)

The themes from the experience of being an associate degree nursing director emerged from the iterative analysis of transcribed text from two separate interviews with 14 associate degree nursing directors included in the first interview and eleven directors participated in the

second interview. Three participants exited their director role after the first interview. Two of the participants went back to their faculty role and the third participant left academia for a nursing position in a practice setting.

I identified statements through a process of open coding and closely examined for similarities and differences. Once grouped, I organized these statements in clusters of meaning that represented themes conveying the essential meaning of the directors' lived experiences. These major themes also were expanded through subthemes, which further described the theme in detail.

The study was limited to Associate Degree Nursing Directors across Minnesota. The participants represented a wide variety of nursing backgrounds, number of years of teaching director experience, as well as, organizational responsibilities. The participants were all female Registered Nurses with varied nursing leadership experience. All of the directors obtained a Master of Science graduate degree and one director also had a Ph.D. in Nursing.

The average number of years these directors had been working as a registered nurse was twenty-eight years. Twelve of the fourteen directors had formal teaching experience prior to assuming the administrative director role. The directors had an average of thirteen years' experience as a faculty member. These participants had an average of six years in the nursing director role.

Twelve of the fourteen directors assumed the director position from a nursing faculty role within that college setting. One of the participants applied for the role from a practice setting outside of the state. Another participant held nursing faculty experience from another Minnesota college when she was hired.

The titles and responsibility given to each director was diverse across nursing programs. These titles included one Director of Nursing and eight other participants had titles of Nursing Dean that were responsible for supervision and evaluation of nursing faculty. Two of the Directors of Nursing were assigned full faculty release with no supervision or evaluation responsibilities. There were three Directors of Nursing that were teaching part-time, however, had no supervision or evaluation requirements for faculty.

The amount of programs assigned under each director role also varied. One program director was responsible for a stand-alone associate degree nursing program. Seven of the programs include associate degree and practical nursing programs for each nursing director. The other six programs contained the associate degree and practical nursing programs along with one or more healthcare programs also assigned to the director.

The college campus sites varied across the state with eight of the nursing directors responsible for one nursing campus site. Four of the associate degree directors had two nursing department campus sites within their realm of responsibility. One of the directors managed three nursing department campus sites and another director had four sites under her direction.

Table 4.2 provides a profile description of the participants. To ensure confidentiality of the participants, description of each specific director title and number of campus sites were not included within the table. Participants are listed on the table from greater to least numerical years in the director role.

Table 4.2. Profile of Study Participants

Pseudonym*	Years of Experience as Registered Nurse	Years of Formal Teaching Experience	Years in Director Role	Assumed Director Position	Assigned Program(s)
Gail	39	0	34	Applied	AD, PN, HCP
Charlotte	21	10	11	Applied	AD, PN,
Karen	35	23	10	Offered	AD, PN
Debbie	36	21	09	Applied	AD, PN
Ellen	27	24	05	Offered	AD
Abby	19	05	05	Vol. Interim	AD, PN
Roberta	40	0	04	Offered	AD, PN
Jane	39	23	03	Offered	AD, PN
Beth	28	07	02	Vol. Interim	AD, PN, HCP
Frieda	20	04	02	Vol. Interim	AD, PN, HCP
Hazel	27	10	01	Applied	AD, PN, HCP
Izzie	12	03	01	Offered	AD, PN, HCP
Mary	14	02	9 months	Offered	AD, PN, HCP
Lydia	38	21	7 months	Offered	AD, PN

*Pseudonyms were created to ensure the confidentiality of responses. Abbreviations included: Associate Degree (AD) Practical Nurse (PN) Health Care Programs (HCP)

The directors realized nursing leadership was the foundation of everything they did as leaders in associate degree nursing programs. This is what they saw as critical to the core of their identity as people. The complicated nature of this role was articulated in the six themes that arose from the interviews. These six themes all remained linked to the core nursing leadership in the figure below.

After interviewing these practicing nursing directors, six major themes emerged. The first theme was described as role complexity and the directors responded by exploring resilience,

risk and reward surrounding this position. The second theme explained each participants' nursing identity and the personal individuality brought to the role. The third theme described their personal integrity and how the decision making process was affected in this role. The fourth theme explored role ambiguity and the impact it had on their leadership. The fifth theme expanded on organizational culture and its relationship to their management of the nursing department. Lastly, the sixth theme illuminated structure dynamics related to economic support for their practice. Figure 4.1 gives a visual representation of all six themes, as well as, the overall foundational theme of leadership.

Figure 4.1. Six Essential Themes in an Associate Degree Nursing Director Role



The framework formed around nursing leadership describes who these directors are as people and leaders within their associate degree nursing programs. The six essential themes define the information shared within a total of twenty-five interviews with 14 individuals. The complexity of each theme is further explored in a detailed intricacy of description within sub-themes. The nature and meaning of the lived experience of an associate degree nursing director is understood through the lens of each director. The essential themes and their sub-themes are found in Table 4.3.

Table 4.3. Six Essential Themes and Subthemes (ST)

Essential Theme	Title	ST 1	ST 2	ST 3
I	Role Complexity	Resilience in Director Role	Risk & Reward Leadership	
II	Nursing Identity	Nature of Nurses	Power & Knowledge	
III	Personal Integrity	Professional Accountability	Values, Beliefs, & Personal Attributes	
IV	Role Ambiguity	Role Designation	Program Obligations & Management of Role	
V	Organizational Culture	Professional Environment	Perceived Stressors in Role	Support Nursing Role
VI	Structure Dynamics	Responsibility of Practice & Suggestions For Improvement	Institutional Economic Stability	

Theme I: Role Complexity

These leaders usually entered into this position from a faculty role. Their defined teaching role had specific requirements that participants accomplished and enjoyed. Assuming the director position was more complicated and required a different skill set according to participants. Personal individual leadership qualities applied to this role were important in the learning process. The participants identified two key factors (or subthemes) that fed into the theme of role complexity: first the resilience of the director role; and second, risk and reward of leadership.

Resilience in director role.

Many of the directors expressed challenges in the role. Abby explained expectations of her daily role. “My work is kind of like a moving target. Every day I am planning, budgeting, organizing, leading and managing the program while focusing on student success and growth for the future.”

Fourteen directors agreed there are turbulent periods within this role. Gail expressed her thoughts on how she handled the challenges saying, “You feel alone and whoever comes into this position needs to know there are peaks and valleys. Someway you need to find resources to support you and get your focus back to the bigger picture of what you’re doing.”

For other directors, their past nursing practices provided them with courage to continue in the role. Debbie explained how a previous nursing job helped her trust herself when under pressure.

The first time I was put into the emergency room all alone in a small hospital I was told, we don’t have any ER nurses on tonight. You know what you are doing so go on down there. It was amazing and somehow I survived. I had a layer of comfort even though I was thrown in. I don’t think that is all together uncommon in nursing and especially among nursing leaders.

Jane believed that nurses control situations with their attitude. “Nurses adapt and are flexible. I don’t dislike my director role, I just feel this role does not fulfill my inner nurse. I enjoy it at this point for what it is.”

Charlotte discussed her past career and reflected on balancing challenges in a leadership position.

I felt like I had conquered the world because I was working in acute care in a big, urban hospital and was well- respected and doing well. I still walk into that facility and know people and get embraced. That makes me proud to be a nurse. In the same way, working as a nursing director you have to be able to hold your own in an independent way and be self-motivated. I think this is a challenge as a nursing director.

Participants discussed growth in their personal understanding of self. Charlotte further explained how she gained confidence in the leadership role.

This is my twelfth role as a nursing director. I started young so I felt disconnected because I didn't feel I had the confidence to be able to know everything. I am a bit of a perfectionist and I felt that I wanted things to go well. I had to let go of some personal characteristics to understand there are things that will not be perfect. There are things where I won't know everything and I had to let myself feel confident despite that and learning that was hard for me.

Izzie explained she was oriented in the director position for one week before she assumed the role and it was a difficult adjustment. Her background experiences helped her to step up to the challenge.

I have a unique ability to be a self-learner and I am self-motivated. I was able to take on this leadership role because that is just how I grew up. I was running a farm all by myself for almost a year when I was 18 years old. My stepdad had a heart transplant in a different city and I just took things over and got stuff done while holding down a full-time job. I have that kind of history and work mentality to figure it out.

The role for Frieda evolved from director to a Dean of Nursing position when her director position was eliminated.

I think it is the leader in me. I am a go-getter type of person which does not sit still very long and that keeps me in this leadership position. I didn't apply for this job but was appointed by the President. It was one of those situations, where my current job is going away and here's your new job.

Risk and reward of leadership.

Several of the participants discussed the silent risks of their director position. When directors moved into this role, the risks of working independently, lack of mentoring, and lack of administrative support, were unknown to leaders. As time progressed in the leadership role, participants accessed their job satisfaction.

Debbie explained what "at will" meant after she had moved from director to a dean role.

I was moved into a dean role from director role even though I didn't choose it, want it, or interview for it. That's when I learned really what "at will" means and that you're not

protected. You are “at will” of your president. There’s no union and no protection as far as that goes. There’s no tuition waiver for continuing on to school. There’s a lot of things that would make you wonder why I did this besides thinking that you were called to do it.

Abby offered to work as an interim nursing director when the prior director abruptly left. She was a hard worker, confident, and understood asking for help was ok.

Really I had no idea whatsoever about how big the job was. I also did not recognize the current disconnect between administration and the director of nursing. The first month, I did not meet with anybody on the administration side. I called a meeting with them and asked to have a connection. I explained that I had their verbal support but also needed to know that I had their mental, physical, and emotional support. The answer they gave me was they had never had to do that before. I told them I needed that strategic support in order to be successful. For the first two years I did not mind feeling disconnected.

As the progression of their careers developed, a few of the directors expressed opportunity and vulnerability in their decisions to stay on as a nursing director.

One of the main reasons they hired the full-time director was to drive our accreditation efforts. Besides the day to day operations, our dean is very strategic and is a good safety net. So there’s day to day clinical coordinating, managing the programs, dealing with issues, dealing with students and running the appeals council which are all good things. The accreditation efforts are on top of that which makes it kind of difficult. I’ve become more comfortable in my role and as I’m taking on more of the director duties but I’m realizing the accreditation requirements were just kind of added to that. It’s been a lot of work but I’m ok. I knew when I accepted the position I was assuming that responsibility. (Jane)

Izzie expressed uncertainty in her ability to govern as the leadership ladder quickly progressed for her.

I feel like there are days where I’m thinking, “I just want to be faculty.” There are some days when I just want to teach. But there are also days where I feel I am doing a bang-up job here and I need to stay. I never envisioned this for myself. I’m almost getting too high up on the ladder where I’m getting uncomfortable. I don’t know if I can go any further because I am not sure I am competent enough. It’s moved almost too quickly I guess. It’s a natural progression in a nursing career with a master’s degree in nursing education. It’s where you are supposed to be but it’s happened very quickly.

In contrast to those discussed above, a few leaders felt the move into administration was right for them. Beth described how communication provided her a rewarding transition from faculty to director role.

I think I got buy-in from nursing faculty when I took this position. I think the transition has been relatively painless compared to what some people do when they move out of a faculty role into administrative role. Part of it was because I'm pretty authoritative and I'm not afraid to voice my opinion. The faculty were very much used to that fact that if I felt that something was wrong, even as faculty, I didn't have any problem talking to somebody about it. I understood the role of faculty and exactly what they were going through, that in itself was huge.

As nurses progress in their nursing experience and graduate education, leadership opportunities appear. This director expected the advancement into leadership. Hazel explained,

"I think it is kind of a natural progression because I did some administrative things early on before I went into nursing. I've had the ability and organization so it is where I should be at this time."

Gail reminisced with fond memories about her leadership career. She explained she was nearing the endpoint of her career and felt good about her practice as director of nursing. Having families and community members share success stories with her made all the difference to her.

When Ellen took the director role she felt it was a good decision but those reassuring thoughts quickly changed the following semester when program issues began to surface.

I've always felt this was the right path for me. I was faculty for many years and just slid into the role when the previous nursing director left because I was encouraged from administration. The rough patch began, for a variety of reasons, a few semesters later and I was feeling a bit discouraged. Student attitudes were a part of it but other reasons caused it also. This year we started out with great students, great attitudes, and a great faculty team. I'm actually feeling very energized now and I really do feel this is the right place for me.

One participant discussed rewarding surprises that brought personal satisfaction to her as a leader.

Part of what I greatly enjoy is working with the students. It is seeing students who struggle at the beginning of the nursing program and sometimes have to step out and return again. Recently I visited a clinical site and was greeted by a former student. This gal was a struggling C student in our nursing program and I had worked with during her time with us. She is now a unit manager for a nursing home. It was something that I never in my wildest dreams expected her to become. Seeing those types of success stories gives me a warm and fuzzy feeling inside. (Karen)

Charlotte described how student interaction has brought gratification to her in this leadership role. She described visiting clinical sites and seeing the students in action as the fun part of her job.

Satisfaction was found in helping others. Frieda explains what she finds fulfilling in this role.

“I think when you can support the program, as a director, and support the faculty, and advocate for faculty to have the things they need to do their job, there’s a certain satisfaction in that.”

Summary

The responsibility of producing RN’s for safe practice was taken seriously by these leaders. In most cases, they did not believe their colleagues or administration understood the significance of this fact. Noted by many directors was the consistent need to defend the nursing program’s rules and regulations to internal and external individuals. This action depleted their energy and caused them to feel self-defeated in their role. High turnover in the director role caused instability within their programs and when a director was not supported in her role, she became vulnerable, frustrated and insecure. Isolation and loneliness in the role produced their meaning of the situation. Therefore, how directors perceived their role, increased or decreased their job satisfaction.

Some leaders found satisfaction in the role when they recognized opportunities in the challenges. Fulfillment and personal reward were found when advocating for faculty and

overserving successful students. The transition to the leadership role was easier for directors when they had supportive faculty.

Theme II: Nursing Identity

The second theme directors discussed was an essential theme in their leadership role. The theme was described by participants in a number of examples within the interview process. Leadership roles were shaped by the individuals who occupy them. The nursing directors entered leadership roles with varied nursing experience and backgrounds. When building relationships with faculty, students, and administration these nurses associated their learned leadership characteristics with their current leadership identity. These characteristics made up their nursing identity. The participants identified two key factors (or subthemes) that fed into the theme of role complexity: first the nature of nurses; and second, power and knowledge.

Nature of nurses.

In this subtheme, participants discussed their nursing character and what was important to them as leaders. Several of the directors spoke about nursing as a “calling” for them.

As I near retirement, I feel like I have years, almost decades left to work and to give. I think part of the satisfying point of being a director over the last couple years is recognizing what I need to do for students. If I do not help students on their journey as a director of a nursing program, if I do not help build that program to be strong, stout, and consistent, I am not bringing to the patient’s bedside that compassion, understanding, nursing judgment, or critical thinking because our program hasn’t allowed the student to do it. (Abby)

Debbie expressed how her nursing passion for the past thirty-six years helped her move from bedside nurse, to nursing educator, and into an administrative director role.

I always wanted to be a nurse. If I had it to do all over again, I’d go into nursing again. It was nursing and nursing education that called me. I’ve never been sure I was called to nursing administration especially being how difficult it is. The whole time I was teaching I missed bedside care. The whole time I’ve been directing, I miss both. If there were three of me, I’d be doing all three things because I love nursing. We are always a nurse and that is powerful. We have an obligation to wield our power for good. Always.

Karen believed nursing was part of her being and a colleague agreed with her.

Nursing means to me the ability to help someone. Whether it is helping them through a process of healing, through a process of dying, or another process one way or the other. Caring and compassion go with that. I feel that is very strong within me. Recently I was told by another administrator that I have found my calling because he witnessed me using a calm and soothing voice with students that had issues. He told me I was in the right profession. I guess in some ways I'm still in that role as a nurse. I'm just doing it in a very different way.

Ellen explained how past experience led her into this care-giving profession.

Sometimes we ask ourselves why some students go into nursing. The faculty and I have discussed this because many of us really feel like it was a calling for many in our generation. I believe some of us have a personal experience that makes us want to go into this helping profession. Whether it is being exposed to somebody with an illness or chemical dependency or something else. Nurses are care-givers by nature. We will always be care-givers.

Commitment to the job has kept Izzie satisfied in her role. "I am so passionate and driven to this job. I don't know if they could have found anybody who loves nursing education more than I do. I definitely feel like my time here has been worth it."

Frieda discussed the difference she made when leaving bedside care and entering the nurse educator role.

I wore a lot of different hats but it all surrounded around childbirth when I was working at the bedside. It was a real comfort place for me because I knew it so well. I had a passion for teaching too and what impacted me was when I could make a difference in patient's lives as a nurse at the bedside. As I transitioned to nursing faculty I really felt I could impact so many more patients by impacting students. If I was helping grow the next generation of professional nurses, they would go out and impact far more people that I could on my own. The students become your extended family, like your kids, and you want to see them raise up and become nurses.

Frieda continued to share an important discussion between herself and another administrator.

Yesterday I was talking with a colleague and another administrator. She was talking to me about the new Dean role I will soon be taking on. She told me I would be great at it because I was a nurse. Nurses make decisions she explained and they don't sit and think everything through because they have worked in environments where they can't. I thought about what she said and it was so meaningful to me. She identified something

that could be a positive quality that I carry just because I spent twenty years being a RN. She recognized who I was at my core.

One participant explained the responsibility she felt about her current administrative role after comparing it to a previous nursing job.

My previous job was a hospital nurse administrator so currently this director role has even more moving parts and more reasonability. This role is actually very satisfying and I am thankful for that. Even on the difficult days with student issues and faculty drama, I am the defender of the profession. I've been a nurse for nearly thirty years and I don't want to see the quality of nursing change. I want the quality to go up, not down, and every single day and every single thing I do, is to increase the quality of the program. We want to produce excellent nurses. (Hazel)

Charlotte spoke of her independence in the nursing director role. She related her thoughts on working with students succeed as nurses.

I have independently worked in my role. I believe being a nurse is to be a thinker and to use intellectual talents to help somebody out. As I look at the director role and see every year the number of graduates that come through my programs, there's such reward in having to independent worked. There's a lot of satisfaction for my soul in the sense of giving that you have as a nurse and that satisfaction comes because I can do that. I can help these students become somebody that they weren't before and there is reward and gratification for them and their families. The giving back to the communities are all those things that are really important to nursing. I feel a lot of reward and satisfaction in this role.

Power and knowledge.

Power and knowledge was perceived differently by directors and their followers. Noted was a complex pattern of interactions among, leader, follower, and situations described by the participants. These leaders envisioned, empowered, and energized in order to motivate their followers. Participants described how power and knowledge impacted their professional accountability.

Izzie explained how students and faculty perceived her when she came into her director role.

My first priority is my nursing students. I love my nursing students but when I came into this role they found me intimidating. My feelings were hurt when I found this out. The

faculty segregated themselves from me and that caused me anxiety. It took me at least six to eight months to finally be able to have them all trust me.

Further elaborating, Izzie described teaching basic professional etiquette to her faculty and students.

I had to teach boundary issues to a few people. In the past, a faculty member would come into my office with a problem and talk rude to me. I would never have the courage to reshape the conversation in the past but now I stop them and ask them to restructure the conversation to make it professional. I explain to them in order for me to respect you, that's what you want is respect, so you need to respect me and who I am. It's not a one-way street. This is a two-way street. It's a relationship. I also talk to nursing students about communication. Describing to them that I can teach nursing skills, catheter insertion etc., to anyone off the street but what makes you different is that you're able to communicate effectively and therapeutically, not only to your patient but to one another. That takes years to learn and you are learning it here in this nursing program.

Leaders used their acquired nursing strengths and participants recognized them as important in their leadership role. Abby stated she used encouragement to empower her faculty and students. "I reached out to empower faculty and students to let them know they have inner capability to achieve. If we are traveling on this journey together we need outcomes where students feel comfortable, confident, and competent to take boards."

One director explored the difficulty of communicating understanding of the nursing program to individuals across the college and community.

I would say the most important role I play is helping people understand the nursing program within the educational system. You have to be able to dialogue both inside and outside of the college. People don't understand nursing. They don't understand the difficulty of the program or the accreditation requirements the program is accountable for. We are data driven with program and student assessments along with outcomes constantly being assessed across each semester. (Beth)

Beth also acknowledged the many responsibilities that were involved in her role as program director.

I have multiple people that I am responsible to. I am responsible to students to make sure that we are providing a program that allows them to get a job when they're done. I am very, very focused on student needs. I also want to have the best faculty possible. I want my faculty to be successful so I operate from a servant leadership style. I will do whatever I can to promote their success. I also am responsible to the program to make

sure I am providing a program that meets national standards and has good success rates. I am responsible to the state of Minnesota which is a global responsibility.

Participants felt their impact was far reaching in this leadership position. Hazel describes satisfaction in the role saying,

In this role you move from being an influence over a few students to many students and then to healthcare partners in the area and the community. In this role you are making more of a difference. You are taking everything that you spent almost thirty years gathering and putting the pieces together. This is a very satisfying role.

Frieda believed past nursing experience helped her manage the director role.

There are so many things that being an RN taught me. About relationships, about communication, about caring for people and all of this is really fundamental to leadership. Time management and decision making are not hard for me to do because I learned those things when working in acute care.

Summary

Nursing was a “calling” for all fourteen directors. They agreed their life-long responsibility and dedication was to their nursing career. Through their nursing nature and transformational leadership, they empowered followers and nurtured them through change. These leaders carried a nursing pride and commitment into their roles that equaled an emotional connection to the profession. As they formed relationships with their students, they gained personal fulfillment in their role. The directors recognized power within their role. Each leader’s identity held various degrees of autonomy, freedom, and power. The leaders had diverse leadership strategies that were created within their own leadership spaces. Expectations from administration, the board of nursing, and accreditation entities caused anxiety in their role. In order to remain successful, directors formed teams with faculty and external partners, such as clinical facilities. Personal and leadership support was found within the AD-PN directors group.

Theme III: Personal Integrity

The third theme reflected what directors saw as an essential theme in their experience.

The participants believed nursing leadership encompasses authority and capabilities that are embedded in their personal being. The directors felt challenged when defending their leadership role to those that questioned the essence of their nursing role. When making a decision to assume the leadership role, the participants had trepidation.

The participants identified two key factors (or subthemes) that fed into the theme of role complexity: first, the professional accountability in the nursing role and second, values, beliefs, and personal attributes of nursing directors.

Professional accountability.

In this subtheme, many of the participants discussed how they felt about their nursing career. Decisions were discussed regarding personal reasons for staying in the role or moving on to another role. The directors explained why they retained their role and their decisions for moving out of the position.

Two directors talked about defining the personal definition of themselves as nursing directors. Charlotte stated,

I've had several people ask, "So you are not providing any patient care anymore?" There is a challenge of definition of yourself. You see yourself as a nurse but just because you're not providing hands-on care doesn't mean you're not giving back to the profession. There are times that I still reflect on that and have a little "missing that" in who I am. I just need to remind myself that I'm still a nurse even though I'm doing some education things.

Debbie was confident in her role as she received external feedback from community members.

I've always been one to feel like I really don't want to be the center of attention. I am an introvert at heart, but I love nursing. Nursing in the field is my foundation. Nursing education is an extension of nursing and directing is an extension of that. When people ask me what I do, I say I am a nurse. Then they ask me where I work and I tell them I am in education. They're confused but I am not.

Another director explained that life is short and it is time for her to move on from this position. Abby explained,

I think at this point I'm ready to try something else. As I get closer to retirement, I have decided that life is short. I love nursing and I have had the mentality and soulfulness for it my entire life. I have a strong connection with people. At the director level of nursing, I do not see that it is filling my personal bucket as high as I want. The profession of nursing is very rewarding. It's hard work and extremely demanding but has investment that is ten-fold.

Frieda noted differences between the personal demands of industry and academic leadership that she discovered when making this transition.

We come from industry as nurses and a lot of us come from acute care because that's where we get a lot of nursing experience and then we're qualified to teach. But in acute care you punch out at the end of a shift, whether it is an eight or twelve hour, or maybe you worked a double. You go home and don't have to think about that shift again because when you come back, it's a new shift, its new patients, its new experiences. If you take a week off, it doesn't change your life, you don't pay for it. There are no emails stacked up and you don't have work that didn't get done because somebody else did it. Coming out of industry there is a hard transition to either teaching or this leadership job.

Another participant described her relationship with teaching and directing compared to the practice setting. Jane's insight of these experiences were very different.

What I always loved about education was I got to expect the best, and sometimes in practice I could see that wasn't always happening at the time. The best care wasn't always happening because people cut corners and found work-arounds. But in education I could always start with the raised bar and the absolute best-case scenario. So I've never looked back as far as going into education. I absolutely have felt disconnected in the Director's role. There have been a many times that I have felt I just wanted to go back to faculty, what I came here to do in the first place. I would never have gone back into practice.

Three of the directors expressed feelings of personal loss when no longer working in the patient care setting. Gail reflected how as a new director she was fearful of letting go of the patient care setting and as the years passed that anxiety dissipated.

I was afraid in the first half of my director career. There's a fear of letting go because you are a nurse. I struggled with that for several years. At different intervals in my career I questioned if I should go back to the practice setting. At five and ten years, I wondered if I was losing my foundation or credibility as a nurse. At this point, dealing as a healthcare consumer for relatives and friends I know I have not lost that credibility. Just don't put me back into a practice setting.

This participant expressed detachment from the patient setting when she began teaching in the educator role.

When I became an educator I still worked part-time in the hospital. Once I started teaching full-time I taught in the nursing assistant classes and was not able to get my fix of patient care. When I became an administrator I was not longer able to do that. I do miss the patient contact a lot. (Karen)

Izzie described her role in administration as a different world. She expressed this adjustment as a personal challenge that is still taking place.

I'm trying to make the connections as to how this relates to my nursing career. It's completely a different world. I still have nightmares about being away from nursing so long that I've forgotten my skills. It is something that I didn't expect when I left the practice setting. It was hard when I left bedside nursing so I am still adjusting to that.

Two of the leaders agreed their role as directors in the nursing department fit their personal journey. Hazel described her move as a natural transition from patient setting to educator role and now into a leadership position.

It was a natural transition for me to move from bedside nursing to educator and then to administration. I was hyper-responsible at the bedside wanting to meet every need patients had and then I stepped back when working with students in the clinical setting. I was able to have time to hold a patient's hand or teach the student about compassion. I did not have a conflict when I moved into a leadership position. It was incremental, not by conscious design, it's just how it happened.

Karen described why she believed this role was the right one for her.

I feel this was the right path for me in the overall picture of my nursing journey. I've been at the college for the past twenty-five years and when our college was new one of our goals was to have a nursing program. This program was started under my guidance and I always wanted to see it grow and develop. I've been able to see that.

One director compared her different roles as a nurse as a relationship loss between past patients and her present students. Ellen stated,

I really miss helping people in the healthcare setting. However, the more I think about it the students are more like my patients now and I'm helping them to become good at what they do or what they are going to do. I just miss being with patients because that's why I wanted to do this in the first place.

Values, beliefs, and personal attributes of nursing directors.

The directors explained how personal values intersected their director leadership role. Many statements were made regarding the core of being as a nurse. This subtheme described how directors made sense of their leadership roles. Receiving positive feedback from outside sources encouraged directors to maintain their fundamental principles. Several of the directors described how they preserved their values.

“Many people tell me what a good job I am doing. It feels good and I like what I am doing. It’s value laden and very much a part of who I am.” (Debbie)

Debbie further elaborated on what she would miss if she left her position.

I do find satisfaction in some ways in the role. When I reflect about seeking another position, in the classroom or back into the world of nursing practice, I think about what I would miss. I would so miss the support of the Directors of Nursing group and the deep friendships established there.

Participants fleshed out what they believed is at the heart of their practice. Gail explained in detail how empathy played into her interactions with individuals.

I use empathy in my collaboration with students and faculty. Everyone has life struggles, life happens. I am a spiritual person and have been through a lot in life so my heart speaks in these situations. Your personality doesn’t change, what’s in you doesn’t change. What draws you to certain professions is part of what is innate within in. If this is who you are and that’s what called you to this, it doesn’t matter what role you’re in. Certain personalities come into nursing because of their spirit, spirituality, heart, and soul. Nursing attributes are caring, empathy, support, and advocacy. It’s not going to change if you are a staff nurse, faculty, or director of a nursing program at a college.

Another director stated she centers her nursing profession around the heart of nursing. Frieda figured out what had worked for her in her teaching role and she now brings that into her leadership position.

Izzie understood what it took for her to approach problems and challenges as a director.

I use the nursing diagnosis to approach problems with students. I am still changing people’s lives and still helping them with understanding their role as a future nurse. I see

my students as my patients. I see and can sense things when they're not right with certain students. I help them from an emotional and sometimes physical standpoint. I'm assessing and then we talk about it and I come up with a diagnosis. I come up with individual care plans based on their needs. They don't know that I use this process but it works.

Each director discussed meaningful associations related to value in their role. How they found or assumed meaning varied among the leaders.

I think meaning for me is found within myself often and I think people expect that to come from others. Meaning of the experience of being in the role as a nursing director is more than what others give you. It's what you're creating with yourself. I find a lot of meaning in being given opportunities which can be a strength and a weakness. As you know a little bit more about yourself, I think that's important to reflect on. (Charlotte)

Beth considered herself a leader when she stated, "Because we want nurses to be leaders I think the best way for them to understand that is to see a leader in action."

Beth described how she understood her ability to have an impact on future nurses in her program.

I understand I might not be directly taking care of patients right now and I might not be directly interacting with students on a teaching level, but I am providing an atmosphere in a program that allows others to do those two roles with an understanding of what nursing is. Understanding the emotional part of nursing, and the heart of nursing, and understanding the science. We need both of those. When I look at this position I tell myself that I have the ability to impact hundreds of nurses each year.

Jane clarified she is nearing the end of her nursing career and expressed how this job challenged her in ways she was not expecting.

I think I've adapted and been flexible in this role but I just don't necessarily feel this role has fulfilled my inner nurse. There are more tasks involved that I imagined or knew about. That was a real eye-opener for me. I would say the most overwhelming feeling I got was it was much more time consuming than I imagined. I don't dislike the role. I have a good dean and historically a good administrative team. The unlimited faculty are strong teachers. This role has caused me to step out of my comfort zone I guess.

Jane continued to clarify that she is soon retiring and shared her feelings on leaving academia.

I will soon retire from this position and I can do so comfortably, in the teacher that I was but also the Director that I was. I gave it enough time to learn the role and I think I've

done an okay job at it. So when I look back, when I'm done and looking back, I'm okay with where I am.

Abby is leaving the director role soon and she expressed apprehension regarding the next step in her career. "I will be leaving my role in a few months and I question what my skill set is going to be. What is going to be my best contribution to the profession of nursing in the upcoming months?"

Roberta expressed thoughts on retiring even though it was not her plan. She noted that she is battling all the time for what made sense and trying to protect the service she was there to provide. "I don't give in easily but I am not sure how long I can keep up strength-wise in this role. I am not believing any longer that I can keep this ship upright."

Summary

Transition into this leadership position often caused conflicting role identity along with personal conflict. In order to maintain personal balance directors left their role. Due to a never-ending work-life balance, some directors became challenged in their management skills and this created a role adjustment for them. Role adjustment created a feeling of loss for several leaders. The loss of patient contact and credibility as a nurse, produced anxiety, fear, and disconnection for leaders. When nurses felt devalued in their role, it caused them internal conflict. Directors struggled in clarifying their role identity and this caused them personal conflict. This conflict may have caused them to leave their role.

In contrast to a difficult adjustment to this role, four leaders stated they had an easy transition to leadership because they had no attachment to their previous nursing roles with patients or practice settings. Meaning was found in their new environment when they separated themselves from previous healthcare roles. For some directors, they trusted their original relationship with nursing as their chosen profession and this provided meaning as well as,

commitment for them. Directors found group support, friendship, and understanding of this role within the AD-PN directors group.

Theme IV: Role Ambiguity

The fourth essential theme defined what directors understood their experience to be. The participants identified two key factors (or subthemes) that fed into the theme of role complexity: first, role designation and second, program obligations and management of role.

Role designation.

This subtheme includes a table of different titles assigned to fourteen nursing leaders. Role designation among leaders varied, which conflicted with responsibilities of the role. These differences added to their role complexity and negated consistency across nursing programs (See Table 4.4.).

Table 4.4. Fourteen Participant Titles

<u>Title Assigned</u>	<u>Number of Participants Holding Title</u>
Dean of Nursing & Allied Health	4
Director of Nursing	6
Associate Dean of Allied Health	1
Dean of Nursing & Health	1
Dean of Nursing & Science	1
Dean of Nursing & Health Science	1

The participants depicted how they assumed a nursing leadership role and described their nursing background. The majority (12) of the directors, arrived in this position from a nursing faculty role. One of the directors assumed the director role after completing her master's degree and moving into a new community.

After the national accreditation site visit failed for this nursing department, the current nursing director resigned her role. The college administrative team requested a nurse to step into the director role. Abby described how she moved into this position. Approval from the national accreditation board, Accreditation Commission for Education in Nursing, (ACEN) is necessary to continue functioning as a nursing program in the state of Minnesota.

We had a failed ACEN accreditation visit five years ago so the director explained to me she was putting her notice in and leaving her position. I went to the administration and said I would be willing to volunteer into the role temporarily or as an interim because we just had so many things going on. I wanted to make sure we came back in response to the accreditation site visit and completed the curriculum changes that we had started. I had been there as faculty for five years and felt that I was able to step in with some confidence and knowledge. They took me up on it and away we went.

Beth had been in and out of the leadership role several times at her college due to drastic transitions in nursing program leadership over the past five years. While maintaining faculty status, this leader worked five different times in an interim director role. She was offered a dean role as an administrator of the nursing program. Beth had worked for seven years as nursing faculty prior to assuming the newly designed leadership position.

When the interim director position became open for the sixth time, administration asked me if I would take it and step totally out of faculty into a dean role. They wanted me in an administrative dean role. I thought long and hard about stepping out of faculty. My husband supported me and told me that God was trying to tell me something. So I decided to take it.

Eleven years ago Charlotte was looking for another challenge and decided to accept an academic position after leaving an administrative supervisor role in a hospital located one hour

from her home. She accepted a director position with support of her husband and after considering her family commitments.

The weather was a factor in deciding to leave my hospital position. In rural Minnesota, with small children at home, I did not want to be driving every day. When the position came up and there was an opening for director of nursing I considered it. I don't think I would have considered it unless my husband would have nudged me a little bit. I applied, was offered the position of Dean of Science and Nursing. That was eleven years ago.

Debbie had planned to apply for a leadership position when she was nearing retirement thinking her acquired nursing experience would be helpful in a director role. Due to instability in the director role, this opportunity for Debbie came earlier than expected.

I worked as a nursing instructor for many years and had several nursing directors during that time who were awesome. In my mind, I thought someday I want to do that for the last few years before I retire. What happened was a long-term director retired and I believe due to the nursing shortage and nurses getting older, we had huge turnover of leaders coming and going. I'm a faith-based person so I thought the Lord was nudging me to do it sooner. I interviewed and was offered the position.

Two of the directors remain faculty and have faculty release credits in their director roles. There are no supervision or evaluation duties attached to this type of role.

Ellen had been faculty in the associate degree nursing program for nineteen years prior to gaining a director opportunity. When the college restructured the nursing program leadership and hired a dean, she was offered the associate degree director position in conjunction with faculty credits.

The college in revamping the nursing program decided to offer nine release credits to both the practical nursing and the associate degree directors and complete the other six through faculty credits. Nineteen years ago I started out as part-time faculty and transitioned into a full time position. At the end of my nineteenth year, the current associate degree director left her position so I was offered the role. I would say our situation is a bit unique. We have two separate programs, the associate and the practical nursing, and one director for each program. We are also called nursing coordinators and we do not have supervision or any evaluation responsibilities over faculty. I have been in my role for five years now.

Jane was offered a full-time director position when the administration at her college did restructuring. A decision was made to hire a full time director to fill an administration need. Jane was not interested in this title until they changed the role to a faculty release position with no supervision or evaluation required.

I have been nursing faculty for twenty-five years at my college. Four years ago our college looked at restructuring our administrative team. They decided to hire a full-time director at that point. I was not interested in that as an administrative position. When they offered it to me with full-faculty release I took it. My relationship with faculty is strong but in this role as Director of Nursing with full-faculty release credits, I can direct them but do not supervise or evaluate them. Best gig in the world because I get to direct people and do not have to supervise them. I've been doing this three years now.

Frieda began leading as a director of nursing and then assumed a dean title when her director role dissolved. This director had taught in the practical and associate degree nursing programs at this college prior to moving into this leadership role.

I began working at this college as an instructor in the practical nursing program and then moved into the associate degree program. I had taught four years here when we had our Director of Nursing leave the college. We needed someone to step up and do the interim role so I offered to be Interim Director of Associate Degree program. I could get a taste of what it would be by taking this role on. Once they posted this position, I applied, interviewed, and was chosen.

Gail arrived in rural Minnesota from an urban area. Life was beginning as a married woman in a small community and she did not have an idea of what she would do with her graduate nursing degree. The college had a posting for a Director of Nursing so she applied.

I was fresh out of graduate school, going to marry a man that lived in _____ Minnesota, and I did not have a job. The Director of Nursing position opened up so I applied for it and that was thirty-four years ago. I am Director of the Associate and Practical Nursing programs.

Two participants were moving back to the area from out of state and applied for open director positions at two different colleges. Hazel had faculty and leadership experience so decided to apply for the job opening.

My family is from here so I decided to move back here. I applied for the Dean of Nursing and Health position because I had previous experience as nursing faculty and also worked in an executive role years ago. I didn't meet all their requirements but they had a small applicant pool so I was very blessed to get the position.

Izzie was applying from out of state for nursing positions in Minnesota because her family wanted to move back home. She did not have a plan to become a director of nursing but decided to apply anyway. There was a fast turnaround from application to her start date.

I was working as practical nursing faculty in a technical college and as an adjunct faculty for a Bachelor's nursing program on the east coast when my husband and I decided to move our family back to the Midwest. I sent my application to various institutions around Minnesota and was contacted by a state college five hours after submitting my application for the Director of Nursing position. Within one week they flew me to Minnesota for the interview. I never, ever would have wanted a director role. I never was looking for that in my life, but they made me feel so welcome. When I left my program out east, I had 100% pass rates for my students on their licensure boards. I knew how to play the game so I wanted to teach others. I knew the program I interviewed for was in trouble and I thought I could be a great asset to it so we moved back to Minnesota. I interviewed in November and began my job in mid-December. It was that quick.

Karen had her title change once since she assumed the Director of Nursing role twelve years ago.

I was Director of Nursing for the past ten years and two years ago the title changed to Dean of Nursing and Health Science. I initially started out as a faculty teaching in the nursing assistant course. We ended up getting a Workforce grant to start the Practical and Associate Degree nursing programs on our campus. Once I completed my masters in science degree, we were able to begin those programs. I work in an administrative role now and do not teach any longer. So for twelve years I have been in a leadership role.

Program obligations & management of role.

Mentioned in the interview summaries were Accreditation Commission for Education in Nursing (ACEN) and Commission for Nursing Education Accreditation (CNEA) as national accreditation boards that oversee associate degree nursing programs in this state.

Twelve of the directors described maintaining ACEN or the national accreditation body of their

nursing programs as important in their role. Two directors were in varied levels of processes to obtain CNEA accreditation.

Minnesota Alliance for Nursing Education (MANE) was also mentioned by three directors that are involved with this collaborative alliance. The MANE collaboration between seven Minnesota community colleges and Metropolitan University began in 2014. The program allows for an associate nurse to graduate from one of the seven community colleges and continue on to a baccalaureate degree in nursing in three semesters.

Discussion of facilitation and management of nursing programs along with communication to faculty and students was explored. A goal of nursing programs is to produce successful students that graduate from college with an associate degree in science. This degree allows them to sit for the registered nursing licensure exam (NCLEX) and after passing this exam to be licensed to practice as a registered nurse (RN) by the Minnesota Board of Nursing.

Abby described what she does as a nursing leader in her program to make a positive difference in the program and lives of her students and faculty members.

I am responsible for faculty, students, and all the entities that are in Allied Health Departments and nursing. That includes planning, organizing, budgeting, making sure I am on top of things with enrollment numbers. What are we doing with marketing? It's leading, managing, and making sure that departments follow the rules, guidelines, and staying focused on providing student support and growth for the future. Under faculty, I am hiring, mentoring, and spending time in observation of their teaching. I am trying to make a difference every day to change things in a positive sense. Our ultimate goals are admissions, students, faculty, curriculum, resources, and outcomes. This is all included in the requirements of nursing ACEN accreditation.

This director explained her role as an advocate for recommending structure changes in the program. Beth also mentioned the importance of maintaining accountability to external partners.

I do faculty and staff supervision. I think that's a huge part of my role is to facilitate the nursing program. That means proposing new positions if I feel we need positions or changing structure of the program in how we run it, determining what faculty loads are

and determining what semesters the faculty are teaching in. I am responsible to the program so it meets ACEN accreditation standards and we have good student completion rates, graduation rates, and accountable for the NCLEX board scores. I am responsible to the MBON to follow their guidelines. Managing a budget for the programs and making sure we meet standards in regard to the Minnesota Alliance for Nursing Education (MANE) collaborative that we are a part of at my college.

This director explained when she observed nursing directors working as faculty members, she had no idea what they did. Debbie realized after she assumed the role how many responsibilities were included in her job description. "What I saw the previous directors do, was only the tip of the iceberg for me when I arrived in the role." This director described her management of the nursing program as constant review of student numbers, enrollment, and marketing. She explained the clinical organization, related to monitoring groups, sites, and faculty assignments. Debbie defined hiring, managing, and maintaining relationships internally and externally, as a big part of her job.

Ellen described her work in this role as unique. She felt supported by the practical nursing director as they worked to supplement each other between their two campus sites. Ellen believed the majority of her work involved maintaining reports for the accrediting body of ACEN, and the MBON. Because she does not supervise or evaluate faculty, she coordinated and facilitated faculty and other meetings. Most of her time was spent dealing with student issues and concerns.

Frieda, as a Director of Nursing and Allied Health, did supervise faculty in practical nursing and associate degree programs, along with one lab assistant. This included all faculty scheduling, observations, and evaluations. She maintained reports and communication with her accrediting body and the MBON. Frieda was in charge of clinical coordination which included setting up clinical site schedules and required student clinical paperwork. She described

management of student, graduate, and employee surveys, along with facilitating advisory board and nursing department meetings.

Gail described her responsibilities as a leadership process that is continually changing and challenging to describe. She was accountable for two programs including management and leading. Gail said it was complicated to describe what expectations of this job were from day to day.

Hazel explored her role and involvement with the healthcare community, as well as, her internal responsibilities. At her college, this director is in the process of community fund raising for future expansions and renovation of nursing classrooms and lab spaces. She maintains the clinical contracts, student admissions, and student immunization status required for clinical facilities. Hazel is also in the process of training a support person to give her part-time assistance for her nursing programs. Community outreach work within the campus setting and her city, were also part of her job responsibilities. At the present time, she was highly involved with an upcoming accreditation visit.

Izzie stated support and encouragement occupy much of her time as a nursing director.

I would say that 75% of my time is spent empowering and encouraging others. I coordinate schedules, update handbooks, and complete evaluations of faculty. I complete the Systematic Evaluation Plan (SEP) for both programs and hold information sessions for the public. I manage student issues, counsel, and orient new students. It is important to me to maintain integrity in these programs and use and teach good communication skills to increase transparency.

Jane realized that accreditation was a large part of her responsibility as she became more comfortable in her role. She knew the reason administration had hired a full-time director was to drive accreditation efforts. Besides that process she was responsible for clinical coordination, student issues and managing the programs.

One director believed that working on a small rural campus created more challenges for her in the leadership role.

I advise all students, nursing and pre-nursing. I register them and complete financial aid letters for them. Anything an advisor does for students, I do. I schedule all nursing courses. I work with faculty, observe them and write their evaluations. I attend community meetings on campus and within the community. I also am the nurse on campus if there is any medical emergency in a dormitory or wherever. I am a counselor for students, staff and faculty. I set up clinical sites, contracts and get packets ready for students related to clinical. I work on accreditation, at this time it is CNEA and Minnesota Board of Nursing pass rates/student success. We have two programs in nursing the associate and the practical nursing. (Karen)

Summary

Lack of mentoring, varied role designations, and management differences all compounded into recruitment and retention challenges across the programs. The viability of programs centered on accreditation requirements, student completion rates, graduation standards, and successful student NCLEX pass rates. Acting from a moral compass, leaders held onto their internal values and high ideals to center themselves during unsettled circumstances.

Theme V: Organizational Culture

The fifth theme the nursing directors described was related to their eleven different college organizations and campus environments. These nursing directors worked from small to large campus sites and six of the nursing directors have more than one campus site with nursing departments under their authority. The other eight leaders have one campus site with a nursing department under their jurisdiction. The directors gave specific positive and negative examples of their specific organizational campus culture and nursing department.

The participants identified three key factors (or subthemes) that fed into the theme of role complexity: first, professional environment, second, perceived stressors in nursing director role, and third, support for nursing director role.

Professional environment.

In this subtheme, there were varied influences, positive and negative, that affected the work environments. Several of the leaders expressed challenges on their campus sites from physical location of offices to the difficulties of isolation. Independent environments provided satisfaction to a few directors. Leadership changes complicated as well as, improved campus climates in a few instances. Abby explained,

I think at the college level the environment is tenuous. I don't feel we are looking at the bigger picture at my college. The plans for alignment, whether it is assessment or strategic planning, budget, all those big picture things are not in place. Because we don't have some of the foundational underpinnings securely in place, I am uncomfortable in the college environment. I think any dean at our college will tell you we are questioning if we have groundwork firmly in place so that we can be bigger, better, and stronger. The environment we have in the nursing and allied health departments, those in my purview, I think the nursing environment is positive and engaging. I think it is healthy.

Abby further explored the physical location of the college administrative team and her office on campus.

Our administration is located across campus. One suite involves the president, vice president, chief financial officer, and human resources. The deans are all spread across campus. I am located in the furthest building from the administrative building not for any reason except for the physical layout of this campus. I sit behind a locked door, physically alone. I rarely have drop-in visitors from other departments.

This director discussed environmental changes from past to present that altered how she felt about her leadership and position at the college.

The college environment has changed over the years. In the past I loved to come to work and I wanted to work. I don't have that feeling anymore. We've gone through a few vice presidents of academic affairs over the years and I have been here through four deans in twelve years. The physical environment is a great area. I have a nice window in my office but I have personal safety concerns due to student issues so I keep the shades drawn now. We deal with increased mental health challenges on our campus, as we know these type of issues are increasing across society. I am having faculty and support challenges at the present time. My faculty hold down full time jobs even though they work for the college full time so they are on campus to teach, hold office hours, and they

are gone. It is difficult to get them engaged on committee work because they tell me when they can attend. (Karen)

A few of the participants expressed a supportive climate was helpful to them in their role. Beth has felt supported in her position.

Right now I can't imagine a more supportive environment. I meet with the vice president (VP) twice every other week. I have private meeting with the VP every other week. All of the deans have these meetings, not just me. We have all the deans located in same office area. A nursing program is difficult so I reach out to every student support area and communicate with them regarding nursing students and how we can work together to have successful students.

Ellen believed her relationship with the dean was very important in providing support for her and the associate degree nursing program.

My relationship with my dean is very good. She has been in her role since I started in the director role. She was very involved and instrumental in helping with our re-accreditation process in 2015. I do not supervise faculty so she deals with any challenges in that area too. I think overall our environment is very supportive. I have good collaboration with other health programs on my campus.

Two of the directors claimed their independent work environment gave them freedom in their role. Charlotte explained she works in an independent environment and also traveled between three campus sites monthly.

I work in a very independent environment and I think there's time that I feel a bit alone where I'm not a part of other things, but there's pros and cons to that. I think because I've been a director for a few years, I'm comfortable with it, actually really appreciate it. I don't know that I felt that way early on because you can feel kind of lonely and not know where to go and what's next. Monthly I am between all of the three campus sites that have nursing labs. They are all one to two hours apart. Definitely some road time but sometimes it is cathartic. I process and I take some notes and organize what is next.

Izzie expressed satisfaction with her independent environment. She felt autonomous and supported in her decisions. It was a trusting environment.

Debbie explained her role as incredibly complicated at the present time due to challenges within her administrative team on her campus.

I wear so many hats and the last four or five months have been really hard in my college environment. It's elaborate and complex and it's a moving target right now. We're on financial recovery at my campus. We are tightening our belt and having to defend anything we are buying. We also have a new president and there's always culture and vision changes with new leadership. The chief academic officer (CAO) resigned her position and I was asked to be the interim CAO as well as do my other roles. I was doing the budget for all and scheduling for everything. Not a good time for me and my health suffered. I told the president I had to let go of some of these roles because of accreditation regulations related to nursing directors. The director has to have the time, budget, and support to do their job. He listened to me and now we have a new CAO in place so that is great.

Turnover in nursing environment proved to be challenging for Frieda. She explained when the previous nursing director left there was a divide among the faculty. Frieda felt it was challenging for her as a new leader stepping up from a faculty position. New faculty have now been added and some faculty have resigned. The program has a strong team now aligned with the program's goals.

Gail has been a long term leader on her campus and stated she keeps the program going and does not get much feedback from senior administration.

Well, at my college, maybe because I've been there so long or maybe it's the leadership style of our campus, I'm just left alone because I know what I'm doing. I have concerns now because I will be leaving soon and I think the new person should move into a dean position rather than a director role because my college is isolated. I'm afraid with the current budget cuts they may decrease the role. I am not part of the dean's discussions. I find out things through osmosis lots of times and it works because I've been here so long. For the new director coming in I'm concerned about that. There are major budget cuts coming soon and I don't know what they are. All of that is in flux right now.

Hazel explained that she enjoys the small town atmosphere of her campus and environment.

I work in a small college, in a small town, on one campus so people all know each other and I find it refreshing. People are very polite, nice, and I work in a respectful workplace. My office is in a different area than nursing and so I'm not in the nursing drama all the time. I am pleased and thankful for everyone. It is interesting here because the faculty, many faculty work in healthcare settings outside of academia. They have built good relationships with the healthcare facilities and that is helpful for our program.

Another director has several campus sites and developed strategies to stay connected with her faculty. Jane described how a campus merger caused fearful transitions across the entire institution.

I am college director that has four campus sites, all within fifty miles of each other. I am based out of one of the campus sites and initially I tried to travel one day a week to each of the other campus sites. That became a very inefficient use of my time so I had to re-evaluate how best to touch base with students and faculty on each of those campuses. The long term faculty were able to run the programs without me being physically there so I was very fortunate. Now I visit the campuses on as -needed basis. We do our weekly faculty meeting via web-x. It is convenient for faculty. I have adjusted on how to stay in touch with faculty. Our college merged over ten years ago and it wasn't good. A lot of turf protection and a lot of fear. We did not have a strong transparent administration so it took many years for us to develop an environment that was conducive to cooperation. Our administrative team is much more effective now and very transparent. It took a long time for us to get there. I would say that was the most uncomfortable environment I've ever taught in during that period of transition with the merger.

Perceived stressors in nursing director role.

The directors articulated examples of managing in this leadership role. They explored what challenged them and how they perceived stressors such as work-life balance, the complexities of a leadership job, and ongoing work. They also described how administrative changes challenged them and also supported them in different ways. Abby clarifies why she is leaving her position.

When I started at this college in the nursing department I was an engaged faculty member. When I left faculty to assume the director role, I did not leave with any remorse. I really thought I could make a difference in this program as a leader. At first, after leaving faculty role, I struggled to remove myself from the issues between faculty and students. Then I learned I had to be the lead, always be the boss, and listen to faculty but lead and guide them. When it came to clinical settings, I would always rely on my experience as faculty and recognized that everybody does things a bit differently in helping, mentoring, and molding students. I have to admit, I never had a moment where I felt like I wanted to go back as faculty because I was doing a fairly good job.

Beth explained how this job has many facets to it that are different than other departments on campus and that has challenged her to find a work-life balance.

I think the director position has the ability to take over your life if you're not careful. It also has the ability to skew your work-life balance. When I was teaching, I might stay late one day to finish something and now the potential to stay into evening hours is every day. I think you have to recognize with this position also comes the responsibility to take care of yourself and to have more work-life balance. I absolutely feel supported by my administration. My vice president has mentioned to me if I am staying over eight hours a day that I should be taking compensation time. I believe it is the nature of nurses to stay to get everything done and we have a hard time walking away at the end of the day. More than other disciplines, I think nursing has more to do. Other deans leave at 4:30 or 5:00 pm when the day is done and they leave on time. They also take vacation weeks.

For some of the directors, they explained their job never ends and they find difficulty in managing continued obligations. Debbie described her perceived stress related to the turnover of administrators at the college.

This leadership job is more problematic than a nurse educator or staff nurse role. In this role there's not as much closure. There's always ongoing everything. I have an open door policy which is quite disruptive sometimes. A real challenge for the past three years at this college is in the turnover and release of administrators. There were a group of administrators when I came and now I am the only administrator from that group that is still there. That tells you how much turn over we have had in a small college. It has been very hard, very uncomfortable, and very stressful. I ended up wearing interim hats from other departments two times in the past year besides my own nursing director role. I ended up with health issues.

Frieda depicted student challenges as complicated in the director role. "In the director role you are dealing with student issues constantly. It's a conduct issue, or academic integrity or a progression issue. I could not believe how much Kleenex I needed in my office."

Karen expressed conflicting pressures coming from administration, faculty, and students that caused her to feel burdened in her decision making as the leader.

I feel disconnected in this role because I am in the middle. I have administration pushing one way, I have faculty pushing another and I have students pushing a third way. An example of what I mean, I recently was asked by a faculty member if I could get a student into the associate degree program even though she did not meet the criteria. Of course, I told her no, but these are the challenges that rest on my judgment. I do not want a lawsuit over an unethical decision. I do feel this was the right path for me but I'm ready to come to the end of the trail now.

In the beginning, Izzie was so determined to have a strong start, she did not notice the challenges within the nursing department. When this director began her role she focused on students and did not see the drama that surrounded the nursing department. She realized she had no idea what she was getting herself into and stated she would not have courage to do it again.

Support for nursing director role.

The Minnesota Directors from all associate and practical nursing degree programs across the state meet four times a year in different cities. The associate degree (AD) and practical nursing (PN) directors are all invited along with private and non-Minnesota State associate degree programs. The AD-PN conference is a two-day venue and open to those interested. Information is shared related to nursing programs and special speakers are invited. The Minnesota Board of Nursing presents data related to nursing at each conference. The fourteen directors all belong to this group and represent their specific programs at meetings four times a year. The support and direction from this group was important to all fourteen participants. Gail describes how she feels about support from other nursing directors.

The AD-PN directors group is an important and it always has been. That's what keeps you going in your job, is your networking. Involvement with other nursing directors is significant and has helped me survive. You would not survive if you sit at home in your own little silo because you're an entity that's unique at your college.

The directors described their director roles as a journey in time. Abby explained she did not feel supported in her role after she assumed the director position.

I believe that frustration has grown for faculty and students because I'm not available or responding to emails fast enough. I have unstable faculty for several reasons and we had a failed accreditation visit a few years ago. I started attending the Minnesota AD-PN director meetings because my administration suggested I would get support from that group. I began attending the meetings and found with many of the programs there were different needs and challenges. It was a source of support to be able to communicate with the directors and share issues.

Beth expressed several levels of challenges that remain even with a supportive administration and staff behind her.

I have great support from other deans and support services team and we all have offices in the same hall. I often have conversations with them but they fully admit they want nothing to do with nursing. They recognize the complexity of it and tell me they don't understand it. I have an administrative assistant and he is also considered a program specialist. He assists me with all student data, clinical contracts, orientation, and he advises all nursing students once they come into the program.

Charlotte had a mentor early in her college director career which she felt was very useful to her.

I had a wonderful support person when I first began at the college. She was a nurse and a helpful mentor to me. I have a really good faculty group and with three different campus sites we have an agreement to communicate and stay dedicated and true to each other when we have WebEx meetings. This eliminates the many emails and constant distractions during the day. I have flexibility in my schedule and with four children this has been very important to me. It is probably one of the biggest benefits to me at this stage of my journey. My administration understands if I need varied times off during the week for my family situations and then I can make up the time on Saturday if I need to. I really appreciate the AD-PN directors' group for hearing ideas, challenges, and successes. There is a lot of learning that happens in those meetings.

Karen expressed a need for improved mentoring to director role. Having a mentor explain expectations of the position and guidance in the role would be her recommendations. She did not believe leadership training from the Board of Nursing or Minnesota State increased her knowledge of leadership for the director role.

Jane expressed the trials that take place for her as she provides direction to faculty from a faculty-release level rather than an administrative position.

It's a double-edged sword because I don't supervise and therefore don't get the same response I need that an administrative director would get. It isn't that I feel disrespected by my faculty, but they don't have to do anything I say or that I request. While the title says "director" I see it more with faculty as a facilitator. Strong willed nurses don't take direction necessarily from another nurse either. That's the autonomy they've learned when they became nurses.

Another leader believed networking in her community was helpful in her first year.

Networking I believe is very critical with nurse leaders in your community and also from other colleges. Coming to the AD-PN director meetings is the only place that I actually feel supported and understood. I have a support person but she is not full time. (Hazel)

Ellen appreciated the good working relationship she had with practical nursing director at her college and the attendance at the Minnesota director meetings held four times a year supported her work in the director role.

I work closely with the PN director at our college and this has been a great working relationship. I also have a good relationship with other nursing directors across the state mainly because of our leadership group that meets four times a year. That group has made a huge difference in my role as I've learned so much at our meetings. I also work very closely with the nursing advisor at our college. She is also the administrative assistant for our program. She is the glue that holds us together. Her work with the transcripts and registering students really helps me.

This director has been in her role less than two years and explained she was supported in her new role as director by different people within the campus and outside the college.

I was mentored by the program director of Minnesota Alliance for Nursing Education (MANE) since our AD program was a part of this alliance. I also received direction from the former director that had retired. I also received assistance from the human resource director regarding the clinical contracts and I went to the Board of Nursing orientation for new administrators which I thought was helpful. One of the most helpful people in the many details was my administrative assistant. Attending the AD-PN Director meetings have been interesting, just to listen to directors ask questions and share in conversations. (Izzie)

Summary

Job satisfaction was realized by the type of professional environment a director was working in. High administrative turn-over in some college settings produced a chaotic environment for some leaders. When directors were unable to find work-life balance, they were more likely to depart from their leadership positions. The lack of mentoring into the role and autonomous work settings caused directors to become lonely leaders. Lack of administrative support and mentoring into this role impacted leader's self-confidence and ability to lead. Little to no administrative assistant support was frustrating to leaders and causing them to spend their time on clerical duties.

One director believed experience in the role increased her personal security.

Transparency from administration was noted to increase effective leadership in director's roles.

Requests from leaders included; improved communication from senior administration, greater administrative assistant support, and clarity in data management assistance.

Theme VI: Structure Dynamics

The sixth and final theme was represented by the participants' desire to make an impact in the future of nursing programs across the state of Minnesota. The participants identified two key factors (or subthemes) that fed into the theme of role complexity: first, responsibility of practice and suggestions for improvement and second, institutional economic stability.

Responsibility of practice and suggestions for improvement.

In order to develop and transform this role, current directors gave their suggestions for improvement. Five of the directors mentioned increased staff support, also improved orientation, and mentoring is needed in the position. Two of the leaders mentioned a nursing program should be managed by the director with no other programs assigned to role. National accreditation was discussed by three of the directors. More protection for the role and increased resources were also explored.

Abby gave the detailed analogy of a three legged stool when she explained complexities of leading and managing an associate degree nursing program.

The director is the stool. One leg of the stool represents the people involved with the leader or director; that would include students, faculty, peers in other departments and administration. The second leg is the curriculum of the nursing program. The third leg holds the process and connections which include responsibilities of the director. The third leg is the most complicated area. If the director could have a key member on their team that helped in coordination, hiring, professional development, and mentoring. The accreditation bodies, are we following the agreement to meet these standards every step of the way while looking at resources, faculty, curriculum, and outcomes? Are we mindful to stay on top of these so reflectively changes are being made and conversations are taking place? It is really about digging deep into the weeds to allow us in our

programs to be successful. Foundationally, all the legs of this stool have to stay strong so our students can start their journey and finish it in a two-year delivery mode.

Beth outlined her ideas of why increased support would transform the director role.

My biggest problem right now is the changing student. The students are more diverse and less college prepared. They're trying to work full-time and go to school full-time because they know it's going to improve their life. I totally understand this but when they don't get sleep they are not successful in our program. What we are seeing at our college is many first generation college students. They are looking to improve their lives and coming from severely impoverished and disadvantaged lives. We need a better way to assist them to be successful.

Another director expressed detailed reasons this role needs increased protection, guidance, and support within the role.

The role needs more protection because it is a venerable position. We don't get money for advancing our education. Totally crazy. There are not two nursing director role descriptions that are the same within Minnesota associate degree nursing programs. The turnover is getting worse within our own ranks but also across the dean and vice president's areas. Mentoring to this role is constantly discussed as a challenge across the AD-PN programs. One of the things that frustrates me the most is I have no advisor at this college and in my last role in a different program I had no assistant. I am a worker bee but there's a cost to having to do busy work in place of administrative obligations just because you have no support person. (Debbie)

Ellen described a need for increased resources to support her program and also education related to the changing student population. "Additional resources would be helpful to increase simulation training and to attend more national conferences. I have a dream that we get education to improve our understanding of today's students and then maybe we could better meet their needs."

Frieda defined specific areas of need to support the nursing director role and expressed frustration with lack of provision for nursing programs.

I would make it a faculty role with full release so the director could work full-time and not have to teach in the classroom. There are so many duties that go into teaching especially when a new cohort of students begin every semester. Personally, I don't think anyone's ever fought for nursing. We haven't placed value on nursing programs, faculty, and directors to say, this is complex. It is very frustrating for a director or dean leading and managing in such multifaceted nursing programs within Minnesota.

Hazel discussed several reasons how a nursing director provided with increased support could model her leadership and influence society.

I suggest having a full time administrative assistant that can get the “stuff” done on a daily basis. It is much more efficient if directors can be in leadership activities such as being politically active and developing your leadership, social, and community skills. How can we model good leadership to others? If you had less of the small tasks to complete you could make your influence be known. Maybe write an article, speak at a conference, or attend legislative sessions. Having time for networking is very critical in your community and within your state.

Coming into the director role recently, Izzie suggested greater understanding of the program demands as a necessary requirement.

I think getting greater understanding of the program accreditation process would be really important. That process has taken me a long time to understand. There is so much in the program assessment and outcome areas that need to be in place. Understanding curriculum, faculty and course scheduling, also union and contracts. There is so much involved here.

Institutional economic stability.

The directors expressed apprehension related to their college and program’s economic stability. One participant stated lack of transparency was a motive for her to consider retirement. Statements reflected concerns over an overarching system that is not investigating turnover in the nursing director role. Three directors mentioned how monetary constraints are stifling program resources. A recently hired director appreciated leadership training offered to her from the system office.

Gail explained how her career decisions are being made in relationship to the leadership changes and campus judgments coming from the top.

It is a difficult time right now in the Minnesota State system. I am transitioning soon into the sixth president at this college. I have transitioned as a nursing director through so many leadership styles and all have been uniquely different. I’m at the point now I have to decide whether I have the energy to transition to another leadership style or not. I am at the point of my career where I have less at stake than to be myself. The direction our system is going right now and the uncertain financial

stability is going to be harder for me. Some hard decisions are being made right now at the top and they're totally analytical and not looking at all the variables that go into a decision. I'm lucky because I have a choice now.

Abby questioned why the Minnesota State system office is not looking into the turnover issues within the nursing director roles in associate degree programs. She was concerned with the similar issues across many nursing programs such as, turnover in nursing directors, poor NCLEX pass rates, and faculty challenges. Abby questioned why nothing was being done at the system office.

Ellen identified system funding is limited and that trickles down to less resources for the program. She agreed with other directors when she stated limited resources and limited approval for funding program creates challenges in meeting the nursing program needs.

Frieda mentioned the busy work she completed involved student clinical requirements in order for them to practice in the clinical settings. She pointed out she completed the paperwork for all clinical sites and sends the student information to clinical facilities. Support staff would normally do this but they do not have those support layers any longer due to the budget cuts and challenges. Frieda believed this was true across many other nursing programs.

Hazel has been in her leadership role for less than two years. She recently received leadership training from the system office and was pleased to receive this support.

Minnesota State offered coaching and mentoring for leaders. I took advantage of that and it was helpful. I believe that shows a good investment in their employees more so than other places that I have worked in. That is remarkable they want you or are you are required to come and complete these trainings where everybody receives the information and standards of the institution. That's kind of nice.

Summary

Leadership complexities differed depending where in the state the program resided. The support requested was specific to their programs, campus climates, and area of Minnesota where

the program was situated. Leaders were aware of many differences between the associate degree programs. Directors felt manipulated if support was not present and promises were not kept from senior administration. If requests were ignored when directors sought supportive alignment for their programs, they were more likely to leave their role. Concerning to all leaders was the instability within director and dean roles across all campus sites. Also mentioned were departures of senior administration that caused the campus climates to become fragile and inconsistent. This fragility had a trickle-down effect to faculty and other campus areas.

Leaders gave suggestions that would increase their intention to stay in their role that included setting leaders up for success by properly aligning support staff, increasing resources, and improved administration collaboration with leaders. Collaboration from administrators included understanding priorities of nursing programs and increased communication with directors. Directors gave further ideas to improve the director role:

1. Give a dean title to nursing director role. This would allow leaders to be included in the communication loop with administrators at their colleges.
2. Management of only nursing programs to increase job satisfaction.
3. Request for clinical coordinator to manage clinical sites, student progression, scheduling clinicals, and management of clinical contracts.
4. Increased resources to meet current needs of student population. Diversity and first generation college students are increasing across the state. Increasing situations involving student's emotional and behavioral health issues, medications, and safe spaces on campus sites concerning to directors.
5. To decrease director turnover and increase job satisfaction, mentoring into the role is necessary.
6. Deep budget constraints from MN State system affect nursing programs related to hiring practices, curriculum development, and lab resource management.

Chapter Summary

To review this chapter, six essential themes and thirteen subthemes were extracted from twenty-five interviews. These themes explained the essence of a nursing director's experience in associate degree nursing programs in Minnesota. The first theme defined nursing leadership as the focal point of the director's experiences. Within the nursing leadership essential theme, the following subthemes were identified; complexity of role, resilience in director role, and risk and reward of leadership. The other five themes were connected to this nursing leadership central theme and supported it in the same manner as ribs support a human diaphragm. The second theme was nursing identity and understanding the nature of nurses while defining the relationship of power and knowledge in this position. The third theme described personal integrity including decision making, values, beliefs, and personal attribute of nursing directors. The fourth theme explored role ambiguity within the role designation, program obligations and management of role. The fifth theme expanded on organizational culture including professional environment, perceived stressors, and the support for the role. Lastly, the sixth theme clarified structure dynamics and its' relationship to responsibility of practice, suggestions for improvement, and institutional economic stability.

These six essential themes and thirteen sub-themes are interrelated and help shape my understanding of the lived experience of nursing directors within associate degree nursing programs. Each of these themes will be analyzed in the next chapter.

CHAPTER FIVE ANALYSIS

NURSING LEADERSHIP

Nursing Leadership was central to the associate degree nursing director framework in this study. The directors clearly identified nursing leadership as fundamental to their role and an expectation of their performance. I understood this conviction to be explicit throughout the interview process. Six themes emerged from the data and described the essence of an associate degree nursing director role. The themes were role complexity, nursing identity, personal integrity, role ambiguity, organizational culture, and structure dynamics. The leadership experiences described by 14 nursing directors were analyzed in the following theories; Transformational Leadership theory, Mead's theory of symbolic interactionism, Goffman's dramaturgical social theory, and Kegan's adult identity theory.

Role Complexity

The participants identified two key factors (or subthemes) that fed into the theme of role complexity: first, the resilience in director role, and second, the risk and reward of leadership. There are particular challenges that are posed when leaders attain their positions in nursing educational programs. The current environment in higher education with regard to greater regulation, accountability, and budget constraint demands sophisticated leadership skills in order to manage nursing programs effectively. Challenges in the role are identified by 14 directors as they articulated experiences and the impact of their current leadership role.

Resilience in director role.

Nursing leaders in this study promptly gave feedback regarding the complexity they are experiencing in their role. Eleven directors described the responsibility of managing a nursing program to be "unique." They unanimously believed a lack of understanding was apparent

within college administration regarding necessary processes that sustain nursing programs. In describing these experiences, participants emphasized their concern for the responsibility they have for generating nursing students that provide safe care to the public. The directors explored this further by reciting how they often needed to communicate requirements to students and the public, while also defending the program's stringent regulations and rules. According to the directors, this constant internal and external communication involved time and effort on their part and complicated their work environment.

Another concern two directors mentioned was related to high turnover in the director role. Turnover caused instability within their programs. This unpredictability resonated with the student population and caused leaders to further clarify operational changes to external partners and the public. I recognized directors felt discouraged with the increasingly complicated expectations, therefore, sought support from outside the campus community. All participants agreed that within the Minnesota AD-PN directors group they found conversation and networking which encouraged them to continue in their role. This networking took place at the quarterly meetings and also through email communication throughout the year.

Risk & reward of leadership.

When directors clarified how they viewed their role, many individuals became emotional and three directors cried. Risks of the job were shared regarding their feelings of loneliness and instability in programs due to the lack of resources and support. Mary stated it well,

I don't see this as a forever job, not because I can't manage it, because it is so volatile. I have to appease the college, my dean, and faculty issues, along with the rising student challenges. I feel like a squished sandwich pulled in many directions every day.

However, resilience in the role was evidenced by directors' attitudes regarding learned behavior. A few of the directors realized past nursing experience increased internal security for

them as they recognized their own personal self-motivation to succeed in this role. This acquired confidence increased an understanding of self, which in turn, created balance for them in their challenging role.

The attitude of participants in relationship to risks and rewards, helped to explain how they observed their role. I understood from the directors' descriptions, if a leader was placed into this role and did not feel supported, she became vulnerable. Vulnerability left directors feeling frustrated and insecure. The participants expressed isolation in their physical spaces on campus, as well as, loneliness in their role because of lack of support from administration. Additional work for directors was noted due to cut backs in administrative assistant support. For the majority of leaders, their campus peers did not wholeheartedly engage in supportive conversation or actions. This was the perceived meaning of their situation.

As Mead (1934) acknowledged, meaning comes from people. We construct the worlds in which we live by giving them meaning. This relationship between meaning and action is recognized within symbolic interactionism literature, as the acknowledgment that we act in response to how we view our situations. In turn, our actions and those of other people affect these situations. Subsequently, we may alter our interpretations of what is happening (Charmaz, 2014). Ellen clarified how she viewed her situation.

For me and my position as director, it's just always trying to negate the negative things people on our campus say about our program. I often hear statements like, nursing is its' own beast, nursing does their own things, they beat to their own drum and that kind of stuff. And in a sense we do because that's what we are and what we have to do. But if people really understood, there's a necessity for that, and it's about the bottom line of needing to educate safe practitioners.

Goffman might label Ellen's interpretation, as unmeant gestures. He mentioned it in terms of the audience tends to pounce on small flaws as a sign that the whole show is false

(Goffman, 1959). Leaders found a constant attitude of defense, draining and self-defeating as they led their programs.

As leaders climbed the leadership ladder, they were able to find satisfaction in this role. Directors recognized opportunities in this challenge and they met the opportunity with an attitude of acceptance. The leaders also discussed fulfillment and personal reward in their role when advocating for faculty, as well as, observing nursing students succeed. When leaders felt supported by nursing faculty, they were more likely to have an easy transition to this leadership role.

Nursing Identity

The participants identified two key factors (or subthemes) that fed into the theme of nursing identity: first, nature of nurses and second, power and knowledge of leadership. Nurses enter the profession of nursing to provide care and compassion to those in need. As described in the data, many of these leaders believed they had a calling to be a nurse. Expectations of the nursing director role created further opportunities for nurses to be attentive and nurturing to students and faculty. The directors in this study explored how they developed and recognized their nature, power and knowledge to evolve leadership opportunities.

Nature of nurses.

Fourteen directors expressed a passionate description of commitment and dedication to the nursing profession. With tears in their eyes, many directors told me they found the nursing profession to be a “calling.” No matter if they were caring for patients at the bedside, teaching in classrooms, or leading a nursing program, the participants pledged a life-long responsibility to their nursing career.

Many descriptors were used when directors defined what the character of nursing meant to them; care-givers, caring, compassionate, decision-maker, intellectual thinker, defender of the profession, driven, and helper, to name a few. As these leaders shared, it was easy for me to hear they recognized power and authority within their nursing role. One director explained the perception of herself was that she always was a nurse, down to her core. In the interviews, I sensed a mutual feeling of nursing pride and passionate commitment that seeped directly into their roles. A definite emotional connection was evident between their conviction in their profession and their role as a nurse from past to present.

The directors articulated a general satisfaction and thankfulness for their leadership role. In relationship to transformational leaders, the literature described how effective leaders live with the idea of renewal (Gardner, 1990). The energy expressed by these directors was focused to support success and rekindling of student achievement. By forming relationships with many students within their programs, the directors received personal fulfillment. Observing successful students graduating and gaining nursing employment across communities was rewarding to these nursing leaders.

Working independently as a nursing director and witnessing students mature into professional nurses was gratifying to one director. This director stated her leadership in this role created a greater influence to more people in comparison to working in a practice setting. That acquired knowledge was impactful to her as a leader. Another director likened observing and aiding in students' growth to raising children. In her estimation, a natural attachment formed to these students because she cared so much.

Directors' shared their vision and guidance in the director role. I find that it aligned with literature related to transformational leadership. In transformational leadership, effective leaders

create compelling visions that can guide people's behavior (Northouse, 2013). The nursing leaders were able to motivate others and communicate positive outcomes to inspire faculty and assist students to succeed. Using their nursing nature, the directors empowered followers and nurtured them through the change. Beth stated her thought process in moving into a leadership position.

I've never wanted to be anything else other than a nurse. I had to do some soul searching when I took this position. There is no other job than being a nurse that I want. I'm required to be a nurse when being an administrator of a nursing program. Being a director is just a different direction of nursing which is the joy behind nursing in that you can do a thousand different things with it.

Power and knowledge.

Within the essential theme of Nursing Identity, the leaders explored both power and knowledge, and how it intersected their role. Many directors communicated the need to collaborate with internal and external partners. These obligations were labeled as continually fluctuating and often stressful. The multi-layered levels of responsibility made them accountable in different ways to numerous groups. Restrictions from external partners have tightened in recent years. Some examples of this include complicated national background studies for incoming students and healthcare facilities increasing requirements for student immunization monitoring.

As far as continuity of the nursing program, directors were answerable to their immediate institutional organization including students, faculty, and college administration. A global transparency was required to maintain a viable program and this involved stringent requirements to public and healthcare facilities. This also included consistent communication and reporting to institutional watchdogs, such as the Minnesota Board of Nursing and accreditation bodies.

In my estimation, responsibility to the nursing program provided these leaders power within their role. As leaders explained, they used their past nursing experiences to guide their

leadership and design the reality of their program. Program directors led their specific programs distinctly due to their varied assigned responsibilities, as well as, diverse individual leadership strategies. Each leader's identity included various degrees of autonomy, freedom, and power, as directors described to me. How the director wielded the power was based on who occupied the role. Was the success or failure of the program attributed to the leader? In many instances, the directors overwhelmingly stated, they felt pressure from internal and external counterparts to produce successful students and effective programs.

The goal of associate degree nursing programs is to graduate registered nurses, produce successful students that pass licensure exams, and create more registered nurses for Minnesota communities and across the world. These leaders assumed a personal accountability, as authors of successful or failed programs. What emerged from the data was that meeting successful program objectives was far more complicated than it appeared. The directors' ability to wield their power was influenced by fluctuating internal college requirements, external expectations from clinical facilities and national accreditation standards. There was an expectation placed on each leader by the college administration to meet these objectives every semester during the academic year.

Directors understood their past history as nurses provided knowledge and inner strength for them as they communicated, made decisions, and shaped their programs. The voices of the directors emotionally recounted challenges related to communicating regulations and requirements to varied stakeholders and partners. These leaders stated a continual need to interpret and defend the nursing program to college peers, administration, and the public. Multi-layered duties of managing a nursing program, caused anxiety and was burdensome for directors. Charlotte reflected her thoughts, "People think you come in, get your training, then leave and

you're a nurse. So many think it is pushing pills but it is so much more about the science and art that goes along with it.”

This constant clarification of the directors' reality can be linked to Goffman's metaphor of social life as dramatic ritual. Goffman (1959) noted in *Dramaturgical Social Theory*, the individual should always be thought of in relationship to a social whole. Goffman refers to the team rather than an individual to foster particular impressions of reality. In this case, the directors formed teams with faculty and external partners to reveal a complex system of interactions which was similar to the presentation of a play (Kivisto, 2013). One director mentioned during an interview, that it takes a strong leader to have a quality program. Goffman argued it takes a collaborative effort to produce a convincing performance, complete with roles, scripts, costumes, and a stage. Only when this activity is created and a coherent picture of reality takes place, can a team be successful. (Goffman, 1959)

Personal Integrity

The participants identified two key factors (or subthemes) that fed into the theme of personal integrity: first, professional accountability in nursing director role, and second, values beliefs, and personal attributes of nursing directors. As the data revealed, the majority of nursing directors operate on a daily basis, in an independent environment. Their decisions and judgements are often made quickly due to the complicated environment surrounding them. With hundreds of students in nursing programs and several faculty under their purview, interpersonal skills and emotional intelligence are vital for leaders in this role. Personal relationships are a central element of daily life in the leadership role. These nurses bring to their leadership experience an emotional intelligence acquired from past nursing experiences and current professional relationships.

Professional accountability.

When arriving into this leadership position from previous nursing roles, the majority of participants described a perceived disconnect. This transition was described as difficult for several reasons. Specifically, one director explained her responsibilities never ended, no matter if she was ill, on vacation, or attending meetings off campus. Citing an example from her previous work experience, Beth shared her transition to a leadership role. When working in the hospital setting, this director explained there was a defined end to her nursing role. When her shift ended, she was able to go home without any responsibilities attached. Beth stated in her current leadership position, the work is never done and this has challenged her management skills and created a role adjustment for her.

In discussing their leadership role, the directors expressed a feeling of loss. The loss of patient contact and of credibility as a nurse weighed heavy on the hearts of these leaders. The role caused anxiety for some and produced fear and a disconnection for others. Karen summed it up well, “There’s unique things to being a director of nursing. There is no book out there with directions on how to manage this job.”

Four of the directors felt the adjustment to a leadership role was an easy transition. Collectively they agreed they did not miss the practice setting or patient contact. Role modeling and reflection were mentioned by these directors as strong indicators of successful leadership.

Using Mead’s (1934) symbolic interactionism interpretation, these leaders’ transitions can be analyzed. Symbolic interactionism perspective takes into account the social actors engaged in practical actions in the world and their varied standpoints. Mead believes people enact meanings and make them real through interaction and that interaction may be with other beings, objects, and conditions in the material environment (Charmaz, 2014). Symbol and interaction concepts

comprise symbolic interactionism. In this circumstance, the leaders having an easier transition into a leadership role had no attachment any longer to the symbols of the practice setting or patients. With no attachment, they were more willing to accept a move into another environment. As directors interacted with a new environment, they found meaning.

Emerging from the data, were their opinions of how nursing directors visualized themselves in this leadership role. I sensed directors' felt devalued in their role by certain college administrators. This diminished opinion of their role and nursing relationship caused these leaders internal conflict. Applying symbolic interaction, it was understandable some directors resisted aspects of the social world they were working in, when they felt unsupported and experienced less interaction in this new leadership role. Rarely had nurses been perceived in this manner while working in practice setting.

The symbolic model of a nurse revered by society for generations has been a caring and compassionate individual. These nurses admitted they always had been appreciated and held in high regard in past nursing positions. Through vivid descriptions, these participants noted the educational institution was a challenging environment to work in as a nursing director. Often overwhelming expectations descended upon them and directors agreed, sometimes these challenges were met but more often they could not be satisfied.

“Institutionalized values and practices precede and constrain individuals and set the conditions for possible actions, although how they respond to these conditions can vary” (Charmaz, 2014 p. 269). As directors discussed their present job, they described a cold, institutional influence encircling their academia environment. In comparison, a warm and caring atmosphere was painted of their past practice setting. Is it possible some participants perceived themselves as incompatible with their educational setting and were personally unfulfilled in this

role? Were they actually grieving the physical loss of patient care and bedside nursing, or were they missing the person they portrayed in that setting? Directors struggled in clarifying their role identity and it caused them personal conflict within their present leadership position. This may possibly cause enough role conflict to make them leave their director role.

According to Goffman, “Thus conflicting roles in an individual’s life may cause distinct problems because the demands of one role may be incompatible with the demands of other roles” (Kivisto, 2013 p. 311). Goffman (1959) names this phenomenon, role distance, in which a person is not comfortable with tremendous amounts of cynicism about their role, so they dissociate themselves from it rather than wholeheartedly embrace the role. Therefore, directors chose not to attach themselves to this leadership role due to their personal detachment to the position. This detachment apparently caused directors to leave their leadership positions.

Values, beliefs, personal attributes of nursing directors.

The fourteen directors unanimously agreed they felt special connections to the nursing profession. When directors defined themselves as nurses, they always mentioned strong attachments to people and stated, “I just wanted to be a nurse” and “all I ever wanted to be was a nurse.” They were nurses at their core and no matter what role they assumed, their nursing values were at the heart of their practice. Hazel talked about changes she recognized in her current nursing director practice compared to earlier in her nursing career.

I find more personal high points now than I did at the start of this position. You learn to juggle a little bit better and more balls can be in the air at one time. It’s the priority thing as we get older. We recognize and manage our own anxiety because those of us that are perfectionists realize it does not matter if it’s not perfect. Learning about yourself is part of this process.

I understood these leaders made sense of their director role by relying on their original relationship with nursing as their chosen profession. Their belief in the heart and soul of nursing

provided them with reasonable meaning and personal commitment to this role. The willingness of these leaders to assume administrative roles indicated to me they had established trust within themselves as professional nurses. Lydia expressed belief in herself as a nurse, “It’s really hard to explain to people that we think like a nurse even in our director role. It is a part of my self-core and very important for me to utilize in my leadership role.” She gave further explanation by stating the use of the nursing process and clinical judgment was used in every circumstance that arises. She believed it was embedded in her nursing education, and it is what she has used as a nurse in practice settings.

The director role necessitated proficient management skills and adept leadership abilities according to these participants. Within the associate degree AD-PN directors’ group, a powerful dynamic was established that provided directors friendship, support, and understanding of the role. In the interviews, all of the participants shared appreciation for each other within this associate degree nursing group.

Role Ambiguity

The participants identified two key factors (or subthemes) that fed into the theme of role ambiguity: first, role designation, second, program obligations, and third, management of role. Within the nursing director role is a demanding work environment. This theme described the various ways these leaders enter into their role and their assessment of how assuming the position from a faculty role helped them assimilate into new position. Obligations of the role are varied according to how their leadership management is assigned to them.

Role designation.

There is one thing that is certain in this vulnerable nursing director role. The majority of the time, directors arrived in their leadership positions due to a hasty departure of the current

leader. Their narratives gave examples of how nursing programs lose their leaders quickly and often. This director was nursing faculty at this college prior to assuming her director role. Lydia described unsettled changes in director role,

We had many people in the director position over the last two years. Four people to be exact. During the summer of 2016 I was approached several times to take the position. By the fourth time the dean asked, I finally agreed to do it.

When a director vacates the director role, another registered nurse must assume the leadership role in order for program accreditation to remain active. Each campus deals with this leadership transition in its own way. Succession planning was not prearranged in the majority of associate degree nursing programs across Minnesota. These nurses were committed to their programs and since the majority of them arrived from a faculty position into the director role, they had prior ownership and commitment to retain program stability if possible. I do believe they understood the leadership commitment when accepting the role. However, they may not have understood the vast responsibilities surrounding this position since few directors were mentored into their role.

The directors shared with me their hesitancy as they considered moving into a new role.

Beth reflected on her decision to accept the leadership role,

I thought long and hard about the role because stepping out of faculty was ...I loved teaching. I still love teaching, but I decided to do it. People do not understand the degree of responsibility that you have in facilitating a program that ultimately allows people to go out and practice.

Debbie applied for the director role on her campus and shared why she chose to step up into the role. As she explained, four different individuals in eight years held the director position. She regarded the leadership attrition as the reason for instability in the program. Debbie believed her experience as nursing faculty allowed her to maintain continuity in a program that historically had unpredictable management styles.

Program obligations.

The nursing program director upholds a multitude of management and leadership requirements. Within the interview discussions, directors noted maintaining national accreditation status with ACEN or CNEA, as a critical goal for the program, as well as, the college. Standards of this accreditation need to be met and passed for a program to either gain or maintain accreditation. An accredited nursing program is more likely to attract incoming students. Healthcare facilities upon hiring potential registered nurses, also review and evaluate the accredited nursing programs of potential candidates.

Also important to nursing programs viability are student outcomes that are met through completion rates, graduation standards, and successful NCLEX pass rates. The monitoring of these criteria are in a director's job classification including management and organization of student admissions, student recruitment and retention, along with curriculum, resources, student issues, faculty, and college outcomes.

Each program is mandated to meet clinical requirements that students in every semester of a nursing program must achieve in order to progress. This requires communication to clinical partners, establishing contracts with healthcare facilities, and maintaining personal contacts with clinical partners to ensure the program has met necessary student clinical requirements.

Charlotte explained her responsibilities,

My work involves a lot of communication. It's communicating with so many different people. Your clinical sites, students, faculty, leadership team at our college and peers at your college. I always say nursing was unique because you have so many different classrooms. Not just the traditional nursing classroom, teaching your lecture courses and your didactic work, but you have lab. In my environment I also have 22 different clinical groups going at any given time. On top of that are other layers of things that I need to get done so student experiences can happen. These experiences included communication related to student orientations, inquiry meetings, and general student information sessions. I also mediate any problems students may have in the program. Maintaining

relationships with faculty is also very important. Working with healthcare leaders in the community is necessary to keep a program going.

Directors described the nursing director role as a never ending job, even though the majority of the leaders came from a faculty role within that program. The participants acknowledged they were unaware of the vast obligations encompassing the role. Debbie stated it best, “It was a baptism by fire on all sorts of levels.”

Jane expressed her moral obligations to the role.

I think nobody understands nursing like nursing understands nursing. I feel like I’m always trying to explain why it needs to be rigorous. Why we have the bar set where it is does not seem to be understood. I like to relate it to public safety and explain to administrators or student services that track retention that I may be employed by this institution, but my first obligation is to the public. I think that is hard to get across to some administrators. Directing is a different animal.

The moral emphasis these leaders bring to their role is found in transformational leadership literature. Nursing directors carried a strong set of internal values and high ideals into their positions. Jane expressed high moral standards and reported commitment to her program accountability when she spoke about protecting the public sector by leading from an ethical and moral basis. These leadership commitments are recognized in transformational leadership (Northouse, 2013).

Management of role.

There are several differences among programs that create different management roles for nursing directors. The nursing director may have more than one campus site to monitor. In two programs, the nursing directors had assigned coordinators situated on every off-site campus. Each coordinator would be given a few release faculty credits in order to support the director. Another variance is the number of programs, other than associate degree nursing, under the management umbrella of the nursing director. Thirteen out of fourteen directors are responsible

for other programs in addition to associate degree nursing. These were included, but not limited to, licensed practical nursing programs, nursing assistant courses, along with varied healthcare programs.

Other contrasting variances noted by directors was their director status regarding faculty supervision and evaluation practices. Nine directors were full-time administrators with faculty supervision and evaluation rights. Two of the directors were full-time faculty release status, with no supervision or evaluation status. Lastly, three directors were part-time faculty and had varying degrees of faculty release credits with no faculty supervision or evaluation within their job description.

This inconsistency related to responsibilities within the role, as described to me by two directors was a job security measure. Certain faculty members wanted to protect their employment and continue faculty union standing without assuming supervision and evaluation duties. These leaders were not interested in accepting an administrative role and releasing their faculty status; they chose to direct with faculty release credits. Leaders stated under the administration umbrella, they have no way of protecting their job because it is not covered by union representation. The directors with no supervision or evaluation responsibilities relinquished these rights to their supervising dean.

Other directors that were assigned faculty release credits were offered the position and were not given a choice in the matter. Roberta was offered part-time faculty release credits for her first year which included teaching and directing the nursing program. After one year, her director role moved to full faculty credit release. Roberta discussed the challenges of her non-supervisory role.

At this point, I am on full release from my faculty credits to be director of nursing. I am not in a supervisory role so I tend to be more of a facilitator for the program. My sense of

integrity for the nursing profession is strong. For the past 30 years I have held management and administrative positions in nursing. I am engaged in my director role and find it tougher to do every day in the light of some college decisions that are made.

Directors display care and compassion to those they manage. As a transformational leader, Roberta carried out her leadership duties effectively and empathetically recognized her followers were overextended in their faculty roles (Northouse, 2013). Roberta's concern for her followers is evident in her verbalization of sleepless nights, "My faculty are stretched to the max right now and I don't sleep well at night because of that."

Organizational Culture

The participants identified two key factors (or subthemes) that fed into the theme organizational culture: first, professional environment, second, perceived stressors in nursing director role, and third, support for nursing director role. The professional environment directors work in does affect their job satisfaction as these leaders discussed. How leaders managed stressors and perceived support also effected their success and well-being in the role.

Professional environment.

The type of environment the directors work in has a great deal to do with their job satisfaction. When directors' discussed high administration turn over, they agreed it caused an unstable college community. Faculty and administrators alike reflected undue stress was caused by these constant changes in leadership. An example from Roberta described her environment.

It tends to be rather chaotic at this point. Our nursing faculty is not well supported and because of this brokenness that we've experienced, there were retirements over the past one and one-half years. I hired three new faculty last summer. Recently I was told three more faculty will be leaving at the end of the semester. My most senior faculty member is leaving. She explained to me the reason for leaving was due to not feeling comfortable in the current environment.

A few directors appreciated the independent nursing environment. "If the strength of the institutional balance is its autonomy, it would be as true to say that its weakness lies in its

embeddedness in this autonomy (Kegan, 1982, p. 223). Charlotte shared it is comfortable for her now since she is an established director. She claimed it was not true for her in the beginning of her leadership position when she was more insecure. The intellectual independence this director found after working as a director, gave her the fundamental self-respect that we all crave (Mead, 1934). Experience did increase Charlotte's security in her role.

Mead (1934) discussed an individual's adjustment to the process of experience and behavior in his theory of reflexiveness which he described as a process for the development of mind. This is defined by Mead as turning back of the experience of an individual onto himself. "The whole social process is thus brought into the experience of the individuals involved" (p. 134). Through this attitude of the other toward himself, Mead believed that an individual is able to consciously adjust to that process (Mead, 1934).

New leadership sometimes did provide improvement to administrative teams. Frieda explained how new leadership provided a stronger campus environment.

We have a new president and in the first year had to cut the budget by over two million dollars. The uniqueness of the environment I work in is that I sit at the administrative table with the administrative team which includes all the deans. So I'm a part of those higher level conversations about budget, change, and restructure. The environment is very, very different than it was in past years. The new president has really brought more transparency, better communication, lots of vetting in decision making is going on to include staff and faculty. These things often get lost in institutions. The new president has been very intentional in this type of leadership and modeled for us a belief that everyone has a voice.

Beth mentioned that having personal conversations with the college president provided her a supportive climate. "Our president comes down and stops in my office probably once a week to see how things are going. Nursing is difficult and relationships are important to me." Transparency from administration was noted to be effective for many directors in their leadership roles.

Perceived stressors in nursing director role.

I heard from several directors that stated transition to their leadership position was an especially stressful time for them. “Trying to stay above water” was a phrase used by several directors when relating their first year experience. Jane described it this way, “The first year was kind of a blur for me. You are trying to stay above water and everything is so new.”

Lack of support in the role concerned nursing leaders. As I listened to the participants describe this position compared to past leadership roles, it appeared to me they felt secluded in this role. Mary tried to become involved with the AD-PN director group but she was unable to make all the meetings due to her campus nursing commitments. Hazel also agreed with this reality.

It was quite a disconnection when I first got here because I was used to working in a team where I had support and gave support. Here the support is not on location. I was trying to pull all the pieces together because there’s so many moving parts to this job. Now I try to reach out for support so I feel less challenged in these situations.

Several directors mentioned they were unable to find work-life balance in this position because the work did not have an end point. Beth described the difficulty of trying to complete graduate education while in the role.

I do enjoy the role, but I find it stressful. I’m very challenged to find the work-life balance especially since I am also working on my doctorate degree. I have had programs added to my role and I still don’t have a good handle on three programs I picked up, and now, they are talking about adding an additional program.

Another participant decided to leave her position at the end of the semester due to demanding challenges of this role. Abby felt depleted in the director role and stated, “This job has its own disconnect. The job is too big and it is not possible for one person to keep all the balls juggling in the air at the same time.” She further explained,

My tentative date for leaving this position is at the end of this semester and I am not sure what I will do for another job. This director job is extremely demanding and I do not think I want to be responsible anymore for training those nurses in the big picture of a

nursing program. It's so frustrating at times, because there is communication, meetings, feedback needed by faculty and students, and all the information coming at you. I feel like I have weakness in connecting all those dots.

Support for nursing director role.

Leading a nursing program is not only a difficult task but also a responsibility that is critically important to the development of future nurses. The multiple tasks, management responsibilities, and accountability to accreditation bodies, as well as, to the Board of Nursing, only are increasing in complexity according to the directors. Beth believed greater college wide support is needed to support the director role, "In my opinion, we need more college-wide support in this role. I think a lot of my role is not that people aren't willing to do stuff, they just don't understand the expediency behind it." Beth expressed other areas of need within her role.

Orientation and mentoring into the role is another area of need. Accreditation is extremely important and we are not able to change that requirement. We have to be held up to those standards. Another area is communication to students. I am a stickler for equity and equality that makes the process equitable for every student on campus.

As directors worked independently within their campus setting, they found themselves accountable to many entities. This autonomous work setting was challenging for the majority of associate degree nursing directors. Many participants sought out support within their specific campus only to become discouraged because no one understood the role. When directors spoke of having supportive administrations, they felt reinforced only on a personal level.

Leaders recognized program idiosyncrasies remained unclear to most supervisors therefore, mentoring was not plausible. Kegan (1982) explained a person's institutional balance allows an individual to experience independence and self-regulation and when this happens, psychological isolation may occur. When the institutional balance is threatened, a concern about self-arises, the self that has been in control. Kegan further explains that it also may be experienced as boundary loss, impulse flooding, and the experience of knowing. He states that not knowing can

be thought of, as meaninglessness. “As with all transitions, there may be much that is exciting about this transformation” (Kegan, 1982, p. 231).

Not only were program requirements not understood by some senior administrators, more than one director was verbally told by supervisors they chose not to become entangled within nursing program’s specifics. Therefore, in the majority of circumstances, directors felt supported as a person and alone in their leadership. Beth described it,

Because not everybody truly understands nursing within the institution, you do at times feel like you are an island unto yourself. You don’t have your peer group around anymore, you don’t have the students, and you’re not in an interactive relationship with the students. You can feel like you’re quite detached in an island unto yourself.

I sensed directors were seeking a partnership with college peers and supervisors to solidify a form of comradery in a social setting. Their work as independent leaders often left them feeling alone and working in a non -supportive environment. By missing this connection between themselves and college administrators, these participants proceeded as lonely leaders.

According to Mead (1934), everyone legitimately craves independence of mind and self. He noted that mind and self must not be thought of as merely personal attributes, for they remain social phenomena. For this author, independence suggested not isolation from others but the self -respect and dignity that a social being acquires from acknowledgment of others (Mead, 1934). The nursing directors sought support for their program responsibilities and instead, were praised for their personal accomplishments. This type of backing was insufficient to motivate some directors to stay in their leadership role.

Personal and program sustenance were found in the Directors AD-PN group that met quarterly. Twelve directors universally agreed this group was the main reason they were able to continue in their role. Debbie described how this group provided strength for her in this role.

I find support in the AD-PN directors meetings. I love the list serve where we can visit with each other on email and share between programs. I have friends in this group and I don't think I would have considered staying in this role if this group wasn't there.

Especially noted from new directors (under two years in role) were multiple program variables that affected their daily roles. These directors felt ill-prepared to meet program challenges because of diverse management and leadership requirements and the lack of mentoring into their position. This element made the workplace frustrating for them and also negatively impacted their self-confidence and ability to develop their capacity to lead.

Mead (1938) used his four stages of the act: impulse, perception, manipulation, and consummation, to explain how individuals respond to experiences. Mead (1938) states in his impulse theory, this type of interruption effects a person's identity. According to identity theory, when identity non-verification occurs, it produces negative emotions for the self (Burke & Stets, 2009). The perception Mary described in her current experience, is one of interruption and frustration.

It's hard when you are first in this world because you do not know how much power you should exert. Having previous leadership experience has not helped me yet in this role because this is so very demanding. Looking back I would not have accepted this role as it is set up. It was easy when I was a charge nurse in the practice setting. I always knew what to do.

Support from administrative assistants and data management individuals was discussed by several directors. In some instances, support staff have been released due to budget cut-backs. This caused several directors to assume clerical work for their program. Debbie shared her disappointment with the loss of her administrative assistant support.

Over one year ago, my administrative assistant resigned. Because our campus is on financial recovery, the administration is not filling the position. I've asked two times for it to be filled and they told me I'm doing so well on my own they are not covering it. This provides a lot of busy work for me to do and I am not pleased with how this was managed. When you do your job well, they give you more to do.

For new directors beginning their leadership position, it was alarming to arrive and have no one to mentor or support them. Within a practice setting, a new manager will shadow a current leader and observe her responsibilities in that role for up to three months. These nurses assumed they were entering into a support system that would guide them in the director role as they had previously experienced. Many times they entered the role quickly and with little time to preview upcoming challenges. Therefore, a few directors expressed disappointment when moving into a director role. Abby asked for support and explained how she managed the role.

When I first stepped into the role, I was so new that I did not know what needed to be done. The previous director was gone. In the first two years I asked the administration for direction and then realized I would be the person to figure things out. The role has not had an administrative assistant for months so I was feeling more and more pulled with less time to get my work done. The challenges with faculty and students have also grown. (Abby)

Another participant new to her leadership role was Hazel. She reached out to her administration for support but realized no one was able to direct her.

Looking back now, I don't know how much anybody could really help you in the beginning because there is a shock factor. There is also a cultural difference in Minnesota between the north and south areas of the state. I asked when I first came if there was an orientation manual with some kind of job description. I was told there is nothing like that. At the AD-PN directors meeting an orientation manual has been discussed but never started as I understand.

Support for leaders is definitely an area of need defined by these directors. The support requested by these leaders included improved communication from top administration, as well as, support from an administrative assistant and a data management individual. Frieda gave an example of her frustration with the lack of support her nursing program experienced.

Getting leadership training to new directors is another area of need. The nursing director role is something most people within colleges don't understand. I would like to get executive teams to understand the role better in order to get more support. If directors had better support we wouldn't have the turnover and burnout. I have an example of why I am frustrated. There is a program at our college that runs fewer students through every

year, and has a full-time lab assistant and a full time person that does all the orientations, scheduling, and marketing. Nursing has never had this full range of support.

Structure Dynamics

The participants identified two key factors (or subthemes) that detailed the theme of structure dynamics: first, responsibility of practice and second, suggestions for improvement, and third, institutional stability. The professional leadership provided by these nursing directors guided, not only decisions of the program, but also controlled the development of future nurses for our practice settings. The complexities of nursing practice bear meaning and significance to those affected as external partners. In the same way, the leaders are striving each day to perform and create positive change within their programs. The directors have ideas for improvements that would assist them in their work and also build strength for the program's organization. Stability in the overarching system has created concerns for nursing leaders. In the era of budget constraints within the Minnesota State system, the ability to operate excellent nursing programs and produce registered nurses for complex practice settings has been recognized as increasingly difficult.

Responsibility for practice.

Leadership complexities differed depending on participant's college campus administration and support for their designed role. From the moment an individual accepted the director of nursing position challenges arose. It is certain that specific areas of Minnesota have student challenges only known to that area of the state. The directors also agreed that sharing these challenges at the quarterly AD-PN meetings supported their practice. The directors shared varied opinions related to support they needed in their role. The support requested by directors was specific to their program, campus climate, and the area of Minnesota in which their program was situated.

A few directors appeared overwhelmed due to lack of support and the diminished value of their role. Complex responsibilities caused frustration for directors and a loss of security in their role. Feeling pressured to succeed in the leadership role aligns with the nature of a nurse. Nurses are motivated, autonomous, and willing to go the extra mile in order for their programs to prosper and students to be successful. However, these leaders recognize setting themselves up for success by properly aligning support teams. If directors do not have the right resources or senior administration that appreciate needs of their program, they may become marginalized and leave their role. Roberta elaborated on the struggle she is having within herself.

It is a struggle both mentally and emotionally. I am exhausted and don't like who I am when I have to fight for stuff. That's really what my decision will come down to eventually. I'm not who I want to represent anymore. It makes me question whether the profession of nursing is beyond the role I currently have. I have to decide if I'm going to do this anymore.

This process of directors leading nursing programs with less support than desired leaves the individuals feeling manipulated. It is through Goffman's impression management lens that manipulation can be further developed. Goffman (1959) believed that a person's psychological state and behavior is affected by problems caused through impression interpretations. The nursing directors work diligently to establish strong relationships with administration, students, faculty, internal, and external partners. By building on these partnerships, interactions evolve and trust is built.

The impression a director portrays of her reality in these relationships can produce contradictory feelings and create doubt in the leadership role. When a director is feeling unsupported in her role, she may neglect some program responsibilities. The effects of manipulation on the director may produce insincere feelings which in turn, conflicts with one's ability to stay in the role. This causes the individual to begin questioning her own authenticity.

Goffman (1959), associated this to an actor adopting a role. The actor must take a position on their belief in the role. Through this decision, they choose whether they feel that the impression of reality they will project is true. The interaction is viewed as a performance, shaped by environment and audience. These constructions, through the use of verbal or non-verbal symbols, provide others with impressions that are consistent with the desired goals of the actor. Goffman, by way of locating the actor in the interactive process, can affirm Mead's argument that identity is constructed through an understanding of the projection of the self to others (Goffman, 1959).

Suggestions for improvement.

Abby explained that staying in communication with administration and other college departments was important to maintaining a nursing program. "Everyone needs to understand what is necessary for a nursing department to thrive. They need to understand what our priorities are and how frequently they change in nursing."

It is vital understand the value of a nursing program for the entire state and also the college. Communication is the key to maintaining these relationships. The importance of giving a dean title to the director role was suggested by Gail.

I feel very strong that nursing directors should only be nursing directors. The role should only involve the nursing department and it needs a dean title. The reason for that is communication. If you're not a dean, you are out of the communication loop. I think defining this role is important.

Two directors agreed that managing a single nursing program was more feasible for a director. Charlotte believed it would increase her job satisfaction,

"Our region is so different because of different challenges with our students spread out across different campus sites. Keeping the director position focused only on nursing is a major change that would make me more satisfied in my role."

Gail also reiterated why having a director in charge of only a nursing program is a good idea.

If there is not a strong leader in the director role, there will be issues all along the program and ultimately the student is the loser. I don't think we are helping ourselves when we've got people taking on multiple programs. The return on investment for the college also lessens when directors are spread so thin. This role has a certain vulnerability to it.

How the director role is arranged depends on what region in the state the program resides. Smaller rural programs have a greater tendency to give the director faculty release credits rather than a full-time administrative title. This is possibly due to the nursing faculty shortage across the Midwest at this time. Two directors suggested it would be of value if a clinical coordinator was hired to support the nursing director role. Jane described her reasoning for this request, "We have several campus sites so I believe a clinical coordinator is needed at every campus. They could also be used to mentor clinical faculty and be an on-site coordinator."

Frieda explored hiring a full-time clinical coordinator to keep track of student progression, scheduling all clinical experiences, and maintaining clinical contracts with clinical sites. She stated her nursing program has never had any support in these areas.

Two of the nursing leaders suggested how they could better meet the needs of their current student population. Increased resources was mentioned as a way to better support those more diverse and less college prepared students. Mentoring for the director role was agreed by all the participants as a way to decrease turnover in this position. Karen resides on a small Minnesota college campus and she explored a few improvements that would support her role.

We are a small campus and have different needs for our student population. I would suggest this job be divided between a few people. It is necessary to have a guide or manual explaining the expectations of this job and a better mentorship program for those coming in. It would be nice to have time to mentor a new director before I leave.

A nursing program on a community college setting was described as a paradox by Frieda.

I think nursing is an enigma in a community college because community college is based on a philosophy of an open door and open access policy. We want to give an opportunity to everybody who may or may not have ever considered going to college. We offer remedial education and pathways to degrees that really work with high risk students. But in nursing we're completely different. We have high expectations from the stringent admission and progression standards. There is less handholding and we have to have it that way because we are preparing students to become professionals in a very short period of time. So the financial and scheduling implications along with the needs to keep up technology are all the things that make it unique from other programs.

Institutional economic stability.

The directors shared an understanding of abandonment by the overarching Minnesota State system. There was the realization of deep budget constraints within the system noted by many directors. However, these monetary restrictions affected nursing programs not only in hiring practices but also in necessary curriculum and laboratory resource needs. The directors unanimously agreed they had to rearrange staffing and other resources due to budget cuts in order to maintain a viable program. Beth explored the budget situation in her setting.

Monetary constraints are always at the top of directors agendas lately. As deans and directors we have pressure coming down from the top to be fiscally responsible and we have pressure coming from the bottom to supply our faculty what they need to provide the best education. I don't think more money always solves the problem. Better equipment doesn't mean you're better as an instructor. But as directors we sure feel the pinch from both sides.

Instability within the director roles and also in dean and senior administrator roles across the system was concerning to directors. When college administration has increased turnover the leadership becomes fragile and inconsistencies arise across college campuses. Abby questioned why the system office was not addressing the increased turnover of directors in nursing programs. "Everyone sees the new nursing directors that arrive each fall and how much turnover has taken place. One wonders why the system office is not taking any action to find out answers or the cause and effect."

Roberta cited senior administrative changes on her campus have caused considerable confusion. Changes in administration and total reorganization every few months within the college system has made authority very unclear to this leader and her nursing department. She declared her authority shifted between different deans due to the organizational chart repeatedly in flux.

I assumed a nursing director role with lots of responsibility and no authority. There's a new president that arrived last spring. We have an interim Provost and the other lead academic departments all have interims in charge. The president is the only person that is not an interim at this point.

Summary

In this chapter, I analyzed the experiences of participants using Transformational Leadership theory, Mead's theory of symbolic interactionism, Goffman's dramaturgical social theory and Kegan's Adult Identity theory. Six essential themes and thirteen subthemes were analyzed. The first theme of role complexity, including resilience in role and risk and reward of their practice, provided challenges for directors assuming director positions. Responsibility of producing registered nurses for safe practice was taken seriously by these leaders. How the directors perceived their role increased or decreased their job satisfaction. Next, nursing identity including nature of nurses along with power and knowledge, emerged from these leaders as they described commitment and dedication to the nursing profession. Using their nursing nature the directors empowered followers and nurtured them through change. The directors formed a bond to create successful programs and support each other. Thirdly, this essential theme of personal integrity was encompassed by professional accountability, values, beliefs and personal attributes. Directors moved into a leadership position many times under stressful conditions. The transition from their nurse practice experience in care settings to leadership in the academia world, created conflicting role identity and personal conflict for some directors. Personal trust in their nursing

profession provided them with the strength to make meaning in this new role. The fourth essential theme was role ambiguity and subthemes were role designation, program obligations and management of role. The director role in a nursing program is necessary in order to maintain the program's accreditation. The leadership turnover in this director role caused instability in programs and perpetuated lack of mentoring for new directors moving into leadership. I also discussed differences noted between role designations and management variables. The fifth essential theme was organizational culture with subthemes including professional environment, perceived stressors in director role, and support for nursing director. Security in the role was provided for directors by a supportive environment. A healthy environment included transparency and support from administration. Creating strong communication between directors and administration provided support for their role and increased role satisfaction for leaders. Finally, the sixth essential theme was structure dynamics and subthemes were responsibility of practice, suggestions for improvement, and institutional economic stability. Directors sought consistent support from their nursing director peers and were more likely to leave this role when feeling marginalized by college administration. I described how directors navigated multiple roles and expectations along with reviewing ideas for enhancing the nursing director position. Also discussed were severe budget limitations college campuses are experiencing across the Minnesota State system. In the final chapter, I provide a summary of this study, discuss implications, and give recommendations for future research and practice.

CHAPTER SIX

SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

Through this phenomenological qualitative study, I examined the lived experience of fourteen practicing associate degree nursing directors from Minnesota community and technical colleges. The primary question guiding the study was: What will it take to recruit and retain associate degree nursing directors. The methodology of this study aimed to elicit participants' lived experience regarding leadership of an associate degree nursing program. This approach gave directors permission to be intentionally mindful of their lived experience.

I gathered data in semi-structured interviews and explored the complexities directors' reported and experienced in their leadership role. Additionally, I examined the influences of nursing identity and personal integrity within nursing director's leadership roles. Finally, I reviewed the impact of organizational culture and structure dynamics on one's ability to provide effective leadership.

In the final chapter, I summarize conclusions from the findings, relating them back to the theoretical framework and literature discussed in Chapter 2 and discuss implications of these findings. I also propose recommendations for associate degree nursing programs and college administrations concerned about nursing director attrition and recruitment. I conclude by offering recommendations for future research and some final reflections.

Summary

This phenomenology study yielded six essential themes. The themes were role complexity, nursing identity, personal integrity, role ambiguity, organizational culture, and structure dynamics. In exploring these themes, directors were able to identify specific examples of challenges and rewards found within each area.

Role Complexity

The directors believed they were spending valuable time and effort promoting and defending their nursing programs. Participants described a perceived lack of understanding from administration, college peers, and the public regarding requirements and standards related to operational dynamics of a nursing program. These perceptions created increased communication to internal and external communities for leaders. The directors preferred to be advocating for their programs but instead were spending time justifying programs and requirements. Because leaders did not feel their administrators understood the importance of producing accountable and safe registered nurses for society, they felt alone in their leadership and sought support from outside of their home campus. This sustenance was found in the AD-PN director's group that meets four times a year.

Some leaders, viewed their role through a lonely lens and their response was emotional when not feeling substantiated as a leader. Lack of support in their role created a vulnerability and they became more susceptible to increased personal insecurity and loneliness. The isolation surrounding directors was also noted in the location of their physical office spaces on campus sites. The repercussion for nursing programs was significant with escalating nursing director turnover taking place.

It was evident as Mead (1934) described in his explanation of symbolic interactionism, directors' lack of verbal support (symbol) from administrators elicited negative meaning to leaders. Through this vacant space a culture of non-acceptance was defined which triggered leaders to flee their positions rather than try to negotiate. The lack of interaction highlights the significance of interpersonal communication in transmitting the meaning of symbols.

For other participants, dependence on past learned behavior created an attitude of security and self-motivation for them. This resilience allowed them to succeed in their role and gave them personal understanding to balance complexities in the role. Satisfaction for the role was found through opportunities they recognized and accepted. As transformational leaders, they leaned into past experience to thrive in times of uncertainty.

Faculty and students provided meaning for directors in their leadership position. If leaders had support from faculty, there was an easier transition to a leadership role. For the majority of leaders, advocating for faculty and watching students succeed gave them fulfillment and personal reward.

Nursing Identity

These nursing leaders voiced a consistent and powerful message regarding their commitment to the nursing profession. Their nursing identity was rooted in a belief that nursing was "a calling" and an undeniable responsibility for them as professional nurses. This proud acknowledgment was a part of their internal being as they displayed passion for nursing as evidenced by their emotional verbal responses. Fels (2004) reported research findings indicating that women's identity is often oriented around giving, rather than drawing attention to themselves. This dynamic can negatively impact women's motivation to pursue leadership.

Job satisfaction was achieved through leaders' ability to influence many people in their nursing programs. In supporting students, nursing leaders created the next generation of nurses. In empowering faculty they displayed transformational leadership abilities. The personal reward and gratification came from working as promoters and defenders of the nursing profession. Many participants believed they had a natural attachment to students and advocated for their faculty to create a stable and caring culture that students would thrive and develop in. As independent leaders working in a complicated institutional environment, they realized a power and knowledge rested within them. These directors depended on their sturdy ethical and moral judgment to influence their decision making. They also recognized unified strength within the AD-PN director's social network and advocated for each other as friends and collaborators.

This power created responsibility and conflict, for individuals and collaborators. Their knowledge allowed them to be accountable and manage successful programs. As intelligent nurses, they made decisions quickly and accurately regarding program details and operational needs. They were strong communicators and understood success did not occur in a silo but through collective organizational interactions. Relationships were meaningful to leaders and they strived to professionally role model, inspire, and nurture faculty, students, as well as, newly transitioning associate degree nursing directors. As transformational leaders, these directors projected the group forward to a common goal that was beneficial for both leaders and followers (Northouse, 2013).

Directors believed they were authors of their nursing programs and this accountability created personal and professional challenges for them. Fluctuating institutional role changes at the administration and dean level, left directors feeling insecure and vulnerable. Work-life

balance and long hours created personal sacrifices, therefore, health and well-being were affected.

Looking through the lens of Goffman (1974) and his frame analysis theory, it may be pertinent to ask what is going on here. Expectations of nursing programs including accreditation, board of nursing, and healthcare facility requirements were time specific and the multifaceted obligations caused leaders anxiety and frustration. The reality of living the life of a nursing director produced vulnerability and powerlessness for some participants. This dichotomy between nursing identity and the reality of leading a nursing program constructed a framework for nursing leadership departure.

Personal Integrity

According to these nursing directors, transitioning to a leadership role from practice settings was complicated for those that had strong connections to previous practice environments. Some directors expressed feelings of personal loss as they maneuvered into an institutional leadership climate previously unknown to them as nurses. The detachment from a nursing practice setting and the loss experienced from the absence of patient contact caused some participants to question the clarity of their role identity. Green and Ridenour (2004) argued the transition to this leadership role, requires disengagement and separation from previous nursing roles. This literature study supports conclusions found in this study, which explores this period of transition to be filled with chaos and isolation.

Literature analyzes this evolution of self. Kegan (1982) explains often before an acceptance takes place, there is a personal resistance and mourning of making meaning as the self has come to know oneself. As directors worked through this personal evolution, a new way of organizing inner experience and outer behavior evolved.

Mead explored another view on the reality that directors found themselves working in. According to Mead (1934), reality is socially constructed. Without meaning attached to their leadership role, leaders realized a personal conflict in their role and campus relationships suffered. Without support or communication from supervisors, directors further removed themselves further from their environment and continued to experience internal conflict.

The highly complex institutional settings filled with considerable amount of tension made it impossible for some leaders to settle into their leadership role. As directors reflected on emerging situations, their perspectives developed and solutions were realized. Role conflict produced continued incompatibility for the leaders along with job dissatisfaction, which resulted in directors leaving their leadership role. Kegan (1982) expressed this conflict as a guarding of one's differentiation or separateness and the equally important sense of inclusion or connection. He believed this was a lifelong tension within one's own being.

Kegan further explored this experience of losing one's balance within oneself by describing a person's loss of balance, as creating a vulnerability to whatever threatens one's self-control. From that experience arises, "Feelings of negative self-evaluation, feelings that one's personal organization is threatened or about to collapse, fears about losing one's control and one's precious sense of being distinct" (Kegan, 1982, p. 223).

As some participants sought to maintain their personal balance within the leadership role, they found an authority within themselves. This authority arose as a sense of self or self-independence and created a space for them to maintain their identity which was closely tied to their personal integrity. Through this self-ownership, they made a decision to leave the leadership role and therefore, maintain their integrity.

Four leaders stated their leadership transition was easy for them. Their narratives expressed no definable loss to the practice setting or for patient contact. The transition was less complicated for them, as nothing from their personal experience blocked them from forming meaning to a new environment.

The historical nursing background of these fourteen nursing directors was varied in years of nursing service and also in areas in which they had worked, previous to leading a nursing program. These variables made no difference to the commitment all fourteen nurses had to their nursing vocation. Trust for their profession was apparent in the commitment they integrated into their leadership.

Maintaining support for nursing leaders remained challenging across all campus sites. Through the quarterly the AD-PN Directors' meetings, these leaders found companionship and freedom to share freely and gain insight on managing a nursing program. Relationships were developed and continued friendships renewed each semester.

Role Ambiguity

The majority of the time, nursing director positions were filled after sudden departures of the current leader. Leaders left these roles often and without a succession plan in place. Usually the replacement leader was stepping up from a nursing faculty position. Succession planning for incoming nursing directors, was something current directors would like to see materialize, but at the time of this study, it was not formally set up on any of the fourteen campus sites. Previous literature cited in Glasgow's study (2009), supports the need for leadership succession planning.

Fear of instability for the nursing program appeared to be the number one reason faculty would accept the role when a leader departed. The majority of directors that assumed the leadership role from a faculty position, stated they truly missed their teaching role. Having the

ability to instruct students in the classroom and guide them on clinical sites, was mentioned by participants as gratifying.

The nursing programs have several mandatory obligations required of their leaders. Accreditation is a critical component for all programs to achieve. This process is complex and has involved standards that programs must accomplish in order to acquire or maintain accreditation. As transformational leaders, these participants communicated and created a vision for their faculty to encourage and assist them in meeting accreditation standards while working together as a collaborate unit (Northouse, 2013).

The management of the role is arranged quite differently from program to program with more variables seen in rural programs. Disparities involve the number of campus sites managed per leader, administrative assignments are different, and responsibility of faculty supervision and evaluation differs between programs. Within this study, a director may manage from one to four campus sites that house nursing programs. The variability in titles and job descriptions is also apparent and according to these directors, has remained this way for many years.

Some leaders have roles as full time administrators with faculty supervision and evaluation rights. Other leaders have faculty teaching assignments with faculty release credits and no faculty supervision or evaluation attached to the role. Lastly, some leaders have full faculty release credit with no teaching assignment and no supervision or evaluation. Greater differentiation in nursing management is seen across rural Minnesota where populations are more isolated and location of community colleges have up to one hundred miles or more between locations. This vast variability compounds recruitment and retention practices, as mentioned in a literature study by Mintz-Binder (2014).

Concern for job security was the number one reason that two directors asked to keep their faculty status. If leaders administrate under the faculty status, they remain under faculty union representation. Sometimes this status is assigned randomly and the director is not part of the decision making process. Having supervision and evaluation responsibilities does increase workload for leaders, due to faculty challenges and the amount of time faculty evaluation involves.

Organizational Culture

The type of professional environment the leader was working in affected the realization of job satisfaction. The leaders that had been in their positions more than four years did agree that individual campus organizations had increased in bureaucracy and complexity. Increased turnover in senior administration was noted to be highly chaotic for the campus community. This unsettled environment was mentioned to cause faculty and directors to leave their positions. Helgeson and Johnson (2010), state factors that may hinder women's advancement into leadership often relate to the disconnect between the values of many women and the reward structures and goals that shape the culture of most organizations.

The fourteen directors unanimously agreed that they were working in independent nursing environments. For leaders having worked three years or less, this caused insecurity in their role. More experienced leaders looked to their AD-PN directors' support community and past leadership experience to sustain their role. If senior leadership led the college administrative team with transparency and personally communicated support to directors, it was noted to provide effective and positive reinforcement for nursing leaders. Creating communication channels between senior leaders and nursing directors was noted in a study by Doody and Doody (2012). This previous research conferred, in order to be recognized by senior

level administrators, nursing directors need to be knowledgeable and competent in strategic planning.

There was not one specific area that surfaced as the most difficult challenge for all directors. However, five of the fourteen directors shared with me they were leaving their role in the next six months or planning to leave their role within approximately two years due to the stressors they were experiencing. The directors noted college-wide support was critical to the success of the program and they did not believe fundamental needs were being met at this time for majority of the programs. This involved many areas including support for administrative assistance, data management help and clinical tracking requirements, clinical coordinators, and orientation, mentoring, processes for faculty, as well as, directors.

Directors recognized different regions of the state have different needs. Student populations varied in diversity and educational backgrounds across Minnesota. Therefore, the support leaders requested for nursing programs was relational to the regional setting of the campus. Discussed by all fourteen directors, was high turnover and burnout of nursing directors.

A compelling case was made for establishing mentoring and succession planning for new nursing directors. Several authors in previous literature from 2011 to 2013, and discussed in Chapter 2, suggested succession planning was a challenge in the nursing leadership role. They unanimously agreed it was crucial and necessary to establish, which supports conclusions from this study. Leaders requested acknowledgment from administration for the director role and explained role isolation only brought negative results for programs and colleges alike. Mead (1934) explained roles are a complex set of responses that individuals can only learn by taking the position of the other and then learning to anticipate what the other will do and what is expected of us.

Because leaders work autonomously, they asked for direction and guidance from supervisors, and for a few directors, a relationship was not reciprocated. Frustrations were expressed by these leaders especially when they observe smaller programs on their campuses receiving support or attention from senior administration. These lonely leaders sought support at the AD-PN directors group to gain feedback and motivation to stay in the role.

Structure Dynamics

Overall, leaders acknowledged having to meet program complexities as soon as they accepted their role. From the beginning of their leadership journey, with little to no mentoring or orientation to role, participants realized a personal lack of confidence and insecurity as they maneuvered alone through the path of leadership. These nurses were conditioned to working in team settings. Their past experiences as registered nurses in hospitals, nursing homes, and clinics gave them practical skills and critical thinking capabilities to meet the needs of patients and families. Therefore, directors asked for supportive alignment for their programs and many times, promises went unfulfilled or were ignored by senior administrative teams.

If directors were feeling manipulated through these unrequited requests, they stopped interacting and began emotionally removing themselves from their role. With energy depleted, participants' desire to continue as a leader wavered and the end result, eventually leaders left their positions. Understanding the need for nursing director's requests of supportive alignment was supported in a study by Baker, Fitz, and Griffin (2009). This literature discovered job satisfaction was correlated to psychological and structural empowerment for nursing faculty members.

Applying the construction of meaning to the actions of directors leaving their positions can be done through dramaturgical analysis. Goffman (1959) focuses on meaning as emerging

through action. The nursing leaders played the role of director and performed for internal and external communities. Within the organizational culture, directors created strategies to help themselves control situations. As they enacted their strategies, it became too difficult because actions of others were embedded in an institutional agency. Therefore, directors became invisible in their role and through this understanding, made a decision to depart.

A core finding in this study revolved around participants appeal for college administration to recognize and appreciate the value of nursing programs. Leaders alleged senior administration and college peers lacked the knowledge to create solid communication links and networks with nursing directors. These directors believed there was a disconnect related to recognizing and understanding requirements of nursing programs. Due to a lack of understanding from senior leadership, leaders said they were often left in isolation, unsubstantiated in their emotional and physical strength, and underfunded to obtain resources required to promote and sustain successful programs. Participants' unanimously agreed director burnout and turnover was the result.

Leaders believed they should only have nursing programs to manage and lead. According to directors, leadership within a nursing program is filled with program complexities along with faculty and student challenges and these needs should be managed as single entity. Leaders agree the intricacies of a licensed associate degree nursing program requires detailed navigation into multidimensional areas. Therefore, sustained management is affected and job dissatisfaction existed if a leader is expected to manage other programs besides nursing.

Another finding noted by leaders was a communication requirement. Leaders expressed a desire to have a more robust relationship with administration and college peers by having a title as dean rather than director title. Their decision for this title adjustment, was based on a need to

be in the administrative communication loop at their colleges. Without this title, directors stated they were not notified in a timely manner of important developments and decisions on the campus.

The growing volatility of the Minnesota State system and the decreasing budget funding per campus, caused unrest and economic concern among participants. Directors' apprehension reflected uneasiness for the viability of all Minnesota associate degree nursing programs in these unpredictable educational and economic times. Nursing leaders operate budgets that include complex simulation technology equipment and multiple laboratory resources. These operational devices are mandatory in order to meet academic needs of nursing students' learning in complex settings. As budgets decline, nursing leaders are required to manipulate these monies and still meet standards of teaching and effective nursing care while producing learning opportunities and competencies for their student population.

Instability across all aspects of college administration, including college presidents and dean roles, was alarming to nursing leaders. These changes reflected both positive and negative responses from leaders. One director noted new senior leadership brought a clearer vision to her campus and was refreshing for her in a new administrative position. On the other hand, instability created in the institution by frequent leadership changes, were stated to produce inconsistencies within the college environment and fragility to the campus climate. Adjusting to different leadership styles of frequently changing leaders was cited by many participants as another hurdle to manage and was a source for one long-term director to consider stepping out of her role. Previous literature by Brown et al., (2013) supports this data, by citing the need for more current research on inter-relational factors and themes that nurse managers consider important when determining intention to stay or to leave their nursing leadership position.

Discussion

As transformational leaders, these directors depended on past nursing experience to give them resilience and a sense of security in their job. Self-motivation, personal fulfillment, and meaning was found when they advocated for their faculty and observed students succeeding in their programs. As defenders of the profession, directors received personal gratification when promoting their nursing program to inquiring individuals. Job satisfaction was found in campus administrations that operated in transparent and communicative environments.

College wide support including college peer backing provided strength for their leadership decisions. Participants realized job satisfaction because they understood the responsibility of generating registered nurses was far-reaching into communities of Minnesota and beyond. Of even greater significance, leaders understood the ramifications of their nursing programs teaching safe practice and effective care for society as a whole.

A consistent thread emerged from the interviews regarding director's commitment to the nursing profession. Nursing leaders considered their commitment to the nursing profession a calling and they were proud and passionate about this mission. Even when practicing as a director, they maintained a connection to nursing, not so much as a clinician, but in the context of an advocator for student and faculty achievement. Because they felt a natural attachment to their students they depended on an ethical and moral conscious to encourage success and support learning within programs. Their power and knowledge was embedded in collaborative communication and relationships they created around their faculty team. The leaders strived to professionally role model, inspire, and nurture their students and faculty, as well as, transitioning nursing directors.

Because they believed nursing was a calling for them, leaders affirmed ownership and accountability for their programs. Leaders unanimously agreed they worked in an independent environment. This type of atmosphere proved successful for more experienced leaders that leaned on past experience to provide clarity in their leadership decisions.

By working previously as nurses in team settings across practice settings, these participants brought collaborative skills into their management. Challenges in autonomous academic settings created vulnerability and powerlessness for new directors not able to adjust in this environment. The multiple expectations of this role related to maintaining accreditation, board of nursing requirements, and healthcare facility expectations, left leaders feeling anxious and frustrated.

Directors struggled to find work-life balance with many obligations surrounding this leadership position. Craving guidance and direction in their role they looked to administration to cultivate a path for them. Participants realized their supervisors often lacked the specific nursing program knowledge to guide them. Also high turnover in senior administration and tenuous campus climates left directors feeling insecure in their role.

Experienced leaders believed the complexity and bureaucracy of campus climates was rising. Directors began feeling overwhelmed in their role, after working long hours, and making personal sacrifices to meet program demands. The result was diminished health and well-being.

When most nursing directors assumed this leadership role, they often came from a faculty position within the program. The majority of time, the role was vacant due to a sudden director departure and needed to be hastily filled with another qualified nurse due to accreditation standards. Mentoring and orientation to this role was not available in many nursing programs.

Apathy and lack of attention to this need was concerning to directors because it left them feeling undervalued as leaders.

Lack of succession planning across associate degree nursing programs was noted by current directors as a potential barrier to recruitment and retention of nursing leaders. With an aging workforce and increasing complexity in healthcare settings, successful planning efforts need to strategically align at the college level in order to fill upcoming leadership positions.

A complication to requesting direction within the role, is the fact this leadership position is vastly diverse from program to program in Minnesota. Supervisors have different assigned administrative duties to the job description. Rural nursing programs have the greatest variations ranging from oversight of several campus sites to faculty teaching assignments associated with leadership role. Other modifications include administrative duties as director with no supervision or evaluation of faculty included within the role. Reasons vary for these inconsistencies between programs. This provides challenges for designing mentoring and orientation models from within the joint AD-PN Director's group.

It was recognized by leaders, that specific support needs across programs and regions of the state vary according to the location of the campus setting. The number of programs a leader manages, the size of the program, and the physical location of the campus, all affect support for a director's request. For example, when multiple campus sites exist for one leader, there may be several healthcare facilities involved in different regions of the state for students to complete their clinical experiences.

The college institutional setting is a structure dynamic unknown to many of the nurses stepping into an administrative position. This culture of organizational isolation is causing nursing directors to become disenchanted and leave their role soon after assuming a leadership

position. The transition to leadership is complicated by the fact that nurses form a personal bond between their work and their commitment of service to the nursing profession.

Nurses integrate their personal integrity within their nursing identity. When these leaders feel undervalued and neglected within their role, their role identity becomes conflicted. They feel violated and manipulated in their role and at first, the result is emotional withdrawal. As they continue to work for meaning in their role, they appeal to administration for recognition of value for their program and increased communication links. There is personal vulnerability that arises in leaders seeking fundamental needs for their program, such as support staff and resources. The dignity nurses are pursuing from campus supervisors, challenges the leader's spirit and energy and immobilizes their commitment to the role. Job dissatisfaction is the result of ineffective collaboration with administration and nursing leaders ultimately leave their position.

Leaders agree program complexities are increasing with student issues becoming more complex. The diversity of students is rising and more first generation college students are entering community college settings. The resources to meet specific needs of these students are sparse. Increasing mental health challenges for all student populations are also concerning for advisors, faculty, and directors across campus settings in the state. In order to increase job satisfaction for nursing directors, an expectation of increased funds to meet these defined student requirements was shared among all participants. Providing safe spaces for all students to feel comfortable and welcome was also discussed by these leaders.

The nursing directors unanimously agree the AD-PN directors' group that meets quarterly during the academic year, provided support and companionship for nursing directors across the state of Minnesota. This was noted by directors to deliver a safe space where leaders

felt they could communicate and acquire guidance for their leadership role. These relationships provided meaning to their role and an understanding that challenges and rewards of their practice could be discussed in a trusted environment. The directors also communicated through emails during the year for further support. This group provided some directors with motivation to continue in their leadership role.

Limitations

This qualitative phenomenological study sought to understand the experiences of fourteen Minnesota State system associate degree nursing directors that presently work in community college settings. The results are reflective of this group of participants at this point in time. These current leaders volunteered for this study after understanding the purpose of the research was to gain knowledge of associate degree nursing director lived experiences. I acknowledge there may be other perspectives from nursing directors within the Minnesota State associate degree nursing programs that were not represented in this study.

I purposely selected these participants based on their geographic region in Minnesota. It was my intent to gain perspective from nursing programs situated across the entire state of Minnesota. The directors within the community college nursing programs in the Minnesota State system were all of female gender and consisted of Caucasian decent at the time of this study. Therefore, my study sample was limited to Caucasian female participants.

I had arranged two interview sessions with each of the participants. For the first interview, fourteen directors were interviewed. On the second interview, eleven participants remained, as three directors had departed from their leadership role. The analysis includes data from all fourteen participants, with less information included from the three directors that left their position after the first interview.

At the start of this research study I was an associate degree nursing director in the state of Minnesota. I left my role as director after two interview sessions were completed to work solely on completing my dissertation study. I was intentional on preventing any personal bias from entering into this study by reflecting on van Manen's statement, "The insight into the essence of a phenomenon involves a process of reflectively appropriating, of clarifying, and of making explicit the structure of meaning of the lived experience" (1990, p. 77).

It is quite possible that, because of my work and experience in this area, my role as a nurse, and my acquaintance with a number of the women as a former nursing director, I was considered a member of the group by some of the participants. If true, such a perspective about me could have affected the nature and outcome of our interaction. It was with great intention that I worked to remain honest to ethical research collection which allowed the true voice of each participant to be captured and analyzed.

Implications

The results of this study have implications for potential social change at the individual, organizational, and societal levels. This research data focuses on experience, from which innovations often arise. This study has implications for faculty, directors, and administrators to gain insight on current challenges and successes that nursing directors are experiencing in this administrative position. The knowledge offered by this study holds potential for changes to be implemented which would encourage recruitment and retention of current and future nursing directors, as well as, establishing a model for succession planning.

New Directors in the Role

There is great value in learning from experienced individuals. Newly hired directors could read this study and discover challenges they may encounter while reflecting on how they

would handle similar situations. By foreseeing potential problems, directors could use foresight to take actions to negate those issues proactively, instead of reactively.

New leaders in this position may find insight from the resilience experienced directors shared within their stories which incorporated balance into their role. Confidence in their role may result which could lower director stress levels and provide them greater security. The result of this understanding may result in less attrition for new directors in the leadership role. Retaining more directors could have a positive impact on stability in nursing programs and provide a greater consistency within the program, along with ensuring a positive environment for both students and faculty in community college settings.

Experienced Director in the Role

More experienced nursing directors may utilize this knowledge to be reflective in their practice and share experiences with new and incoming leaders as a resource model for understanding the role. There is a responsibility for directors that have established themselves successfully in the nursing director position to mentor and guide transitioning individuals into this role.

For new and experienced nursing leaders the primary objective across associate degree nursing programs remains the same. Both established and transitioning nursing leaders share the goal of managing and leading a multi-dimensional nursing program while developing successful students into future registered nurses. Experienced directors working together with transitioning leaders could move a tenuous nursing leadership culture into the realm of opportunity. This creativity and collaboration model could embrace and support interested nursing leaders for successful recruitment and retention in their leadership roles.

Organizational Level

At the organizational level, the results of this study have implications for positive social change through a framework of qualitative data. By reading this study, campus college presidents along with other college administrators may engage in conversations with Minnesota State system management to acknowledge a need to increase recruitment and retention of associate degree nursing leaders. This could produce stronger communication and open a door for understanding to enter between current nursing directors and senior administration.

Through this intention, leaders could collectively discover possible solutions to challenges, as well as, incorporate deliberate actions based on the suggested improvements noted in this study. The result may be improved collaboration across the community college system by providing stronger nursing programs and an increased chance to recruit and retain associate degree nursing leaders. This new model of collaboration between Minnesota State system, administrators, and nursing directors could define a new working environment.

Within the AD-PN Directors group, there may be value in using this study as a framework to establish learning materials for incoming directors and/or current directors new to nursing leadership. As this study discovered, there is a purposeful need to develop succession planning for incoming leaders. It is important talented nurses are recognized as future leaders as early as possible in their careers. Support for mentoring and orientation into this leadership role is another area of needed development noted in this study. By listening to the voices of their peers in this research study, the AD-PN directors group may construct change for future nursing leadership in Minnesota.

Societal Level

Society is dealing with the present shortage of registered nurses across the United States. College administrators and nursing leaders are understanding this need and looking for solutions to increase student enrollments in their programs which could help to meet demands of complex healthcare settings. Increased stability in associate degree nursing programs could provide an opportunity to solve this greater challenge. Acumens from these nursing leaders can help to contribute to the development of our future leaders across Minnesota and beyond.

Recommendations

Presently, research has been completed on recruitment and retention of nurses in practice settings. To this date, I found scant studies that have investigated challenges of recruiting and retaining nurse leaders in associate degree nursing programs. The literature needs to be enhanced and future research could add to findings of this study in several ways. More studies in all areas noted below would increase evidence to support leaders in nursing programs and advance the science of nursing education.

My first recommendation for future research would be replication of this study in other two-year nursing schools in other states. Although it appeared that saturation was reached with 25 interviews in this case, some of the findings may reflect particular aspects of the Minnesota State system and would not be found in other associate degree nursing programs outside of Minnesota.

Repeating this study elsewhere could help identify specific areas of differentiation. This could also offer more insight into organizational processes of community college nursing programs in Minnesota, as well as, the overseeing Minnesota State system. This comparison

study would provide a broader view of associate degree nursing director challenges across United States.

I also recommend conducting a similar study among public and private baccalaureate nursing programs within Minnesota. This research could be compared to community college programs and provide greater depth on this subject. Perhaps data from these institutions would include a more culturally diverse group of leaders that could add strength to the overall research.

Finally, I recommend future research to expand the scope of my original study and include interviews from nursing leaders that have left their associate degree nursing program leadership roles. It would be intriguing to understand their perspective related to reasons for leaving their role due to retirement or seeking another nursing position. These results would heighten specific data crucial to retaining leaders in the role.

Final Reflections

My interest in pursuing this research study stemmed from my previous personal leadership experience in a nursing director role. As a former director, I lived in the academia continuum, managing the program details, leading the faculty, and guiding student endeavors. I found empowering the faculty to stay focused, balanced, and committed was a challenge. During my four years as director, I worked diligently to create space for equal voices to be heard. In my administrative role, using positive listening skills proved successful. The dynamics of this position, individual and collective, need to be shared and understood in order for change to take place.

Historically, the voices of nursing leaders in associate degree nursing programs have not come together to articulate their leadership journey. It is my belief that stories that have not been told, have no voice. Now voices have spoken, leaders have been heard, and their words were

placed onto paper. It is with great intention that I intend to share this data with the hope that it can and will influence people's lives and way of thinking. I feel privileged these fourteen Minnesota associate degree nursing directors agreed to tell their leadership story. By using phenomenological qualitative research, my hope is that I have been an accurate voice for these participants.

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Appendix A

Email of Recruitment Script sent to Participants

Invitation to Participate in my Research Study:

As a Doctoral student and Researcher within the Department of Leadership at the University of St. Thomas, I invite you to be a possible participant in my study; The Lived Experiences of Associate Degree Nursing Directors. I am conducting a research study about nursing leadership within a Minnesota college system and I invite you to participate in this research. You are a Nursing Director within one of twenty-nine Associate Degree Nursing programs in the state of Minnesota and therefore are eligible to participate. The expectation of participants will include answering a three question pre-interview email and participating in two face-face interviews that will take approximately 60 minutes each, related to your experience as a nursing director. If you are interested in participating in this study, please contact me through email and state your intention to participate.

Thank-you,

Susan Frosch-Erickson MSN, RN

Appendix B



Consent Form

IRBNET # 963387-1

The Lived Experience of Associate Degree Nursing Directors

You are invited to participate in a research study about nursing leadership within Associate Degree Nursing programs in Minnesota. I invite you to participate in this research. You were selected as a possible participant because you are a nursing director in an Associate Degree Nursing Program in Minnesota. You are eligible to participate in this study because you currently hold the title of Director of Nursing. The following information is provided in order to help you make an informed decision about whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Susan Frosch-Erickson MSN, RN, a Doctoral student and primary investigator within the Department of Educational Leadership at the University of St. Thomas. The advisor is Dr. Kate Boyle, from the Department of Educational Leadership at the University of St. Thomas. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this phenomenology study is to identify the necessary processes and programs needed to recruit and retain associate degree nursing directors. My research will be synthesized from the lived experiences of associate degree nursing directors. A greater understanding of the issues would enable organizations to determine what support is needed to help qualified and experienced nurses transitioning from practice settings to academic managerial positions. A good understanding of nursing director's retention issues and the development of retention and recruitment strategies for these leaders will become increasingly important over the next ten to fifteen years as the Baby Boomer generation retires. This anticipated mass exit from the workforce will contribute to the nursing shortage and leave a gap in nursing clinical knowledge, as well as, in organizational and managerial knowledge. In this study I will seek participant's description of lived experience through observation and phenomenology description using open-ended interview questions. An emailed three question /pre-interview will take place prior to formal interviews. I will complete two individual interviews with semi-structured, inductive, and open-ended questions with follow-up contact, if necessary, to verify information, provide clarification, and establish context.

Procedures

If you agree to participate in this study, I will ask you to do the following things: After obtaining your informed consent, I will send you by email three pre-interview questions to complete and return to this researcher by email. We will discuss and agree upon an interview site that is convenient and private for you. The two interviews will take approximately 60 minutes each. I will interview you about your experience as a Nursing Director in an Associate Degree Nursing program. There will be approximately six questions asked during each interview. The interviews will be audio-taped and I will store the data on my personal computer. I also may be taking notes during the interview process. If I need to verify information or provide clarification of information I may contact you by phone after the interviews are completed. There are approximately 12-14 participants in this study.

Risks and Benefits of Being in the Study

The study has no known risks. There are no direct benefits for participating in this study.

Privacy

Your privacy will be protected while you participate in this study. The location, timing, and circumstances of sharing the information will be agreed upon between the interviewee and the researcher to ensure complete privacy during the interviews.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include audio-recording, transcripts of our interviews, and computer records. In any sort of a report I gather, I will utilize pseudonyms and not include information that will make it possible to identify you. I will be the person that has access to these records and will destroy the information once the data is collected and compiled within a study. The audio recordings will be erased at the time when I have verified the transcript. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the researcher, Susan Frosch-Erickson, or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will

not be included in the study. You can withdraw by contacting the researcher through email or phone message. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Susan Frosch-Erickson. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at 651-450-3470 or sfrosch@inverhills.edu or my research Chair, Dr. Kate Boyle, at 651-497-8773. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix C

Preview Focus Questions emailed to Fourteen Participants prior to first interview.

Email responses were returned prior to sitting for the first interview.

Research Study conducted by Susan Frosch-Erickson: The Lived Experience of Associate Degree Nursing Directors

1. You are currently an associate degree Nursing Director. Can you explain your previous nursing experience from when you began your RN career?
2. As a nursing leader, describe other nursing leadership positions that you have held in academia or in another professional setting.
3. Share with me the length of time you have been a nursing director and how this position has changed for you over that specific time period.

Appendix D

Guided Interview Questions: First & Second Interviews

First Interview guided questions:

1. Explore how you assumed this Associate Degree nursing director role?
2. What does your work involve as a nursing director?
3. Can you explain your relationship with your nursing students, nursing faculty, and other nursing directors?
4. Describe the environment that you work in as a nursing director?
5. Can you share a story related to an experience you have had in this role?
6. Clarify the details of this role as it relates to you as a nurse?

Second Interview guided questions:

1. During the first set of interviews, several statements were made related to this sentence, "Every day I try to make others understand what our nursing program is about."
 - How would you explain this statement?
 - What does this mean to you in your position?
2. In the first set of interviews, many statements were made related to "feeling disconnected in this role," Several directors questioned themselves –was this the right path for me?
 - Would you reflect on how you feel about this comment?
3. You have really expressed a strong vocational calling to this profession. I sense the move from the patient setting to the nurse educator/faculty setting has at times caused conflicting emotions.
 - Can you tell me more about the detachment you are feeling?
4. Reflect on what nursing means to you~ from your heart, your soul, your spirit.
 - How does the director role satisfy your inner nursing spirit?
5. Given what you have said about your life before you became a nursing director and given what you have said about your work now,
 - How do you understand this director position within your life?
 - What sense does it make to you?
 - Do you enjoy this role? Why or why not?
6. How would the nursing director role appear, if you were able to transform it into the best job ever?

Appendix E

Approval from IRB Board



Date: October 26, 2016

To: Susan Frosch-Erickson

From: Sarah Muenster-Blakley, Institutional Review Board

Project Title: [963387-1] The Lived Experiences of Associate Degree Nursing Directors

Reference: New Project

Action: Project Approved

Approval Date: October 26, 2016

Expiration: October 25, 2017

Dear Susan:

I have read your protocol and approved your project as reflected in the modifications that you submitted. Please note that all research conducted in connection with this project title must be done in accordance with this approved submission.

Please remember that informed consent is a process beginning with a description of the project and assurance that the project is understood by the participants and their signing of the approved consent form. The informed consent process must continue throughout the project via a dialogue between you and your research participants. Federal law requires that each person participating in this study receive a copy of the consent form. All research records relating to participant consent must be retained for a minimum of three years after completion of the project.

Amendments or changes to the procedures approved by the IRB must be reviewed and approved by the IRB prior to your making changes to your research study. No changes may be made without IRB approval except to eliminate apparent immediate hazards to the participant.

Any unanticipated problems involving risks or harm to project participants or others must be reported to the IRB within one business day of the Principle Investigator's knowledge of the problem. Any non-compliance issues or complaints relating to the project must be reported immediately.

Approval to work with human subjects in connection with this project will expire on October 25, 2017. This project requires continuing review on an annual basis. Documentation for continuing review must be received at least two weeks prior to the expiration date of October 25, 2017. Please direct questions at any time to Sarah Muenster-Blakley at (651) 962-6035 or muen0526@stthomas.edu

Sincerely, Sarah Muenster-Blakley, M.A. Director, Institutional Review Board

