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THE LIVED EXPERIENCE OF NOVICE SENIOR NURSE LEADERS DURING ORGANIZATIONAL ROLE TRANSITIONS

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy in Nursing Education

Ron and Kathy Assaf College of Nursing
Nova Southeastern University

Sharon Kauffman
2020

RON AND KATHY ASSAF COLLEGE OF NURSING
NOVA SOUTHEASTERN UNIVERSITY

This dissertation, written by Sharon Kauffman under direction of her Dissertation Committee, and approved by all of its members, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY IN NURSING EDUCATION

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Dedication

This dissertation is dedicated to my husband, Dr. John M. Kauffman, Jr., and my four wonderful daughters, Dr. Marissa Kauffman, Dr. Megan Kauffman, Ms. Michelle Kauffman, and Ms. Melinda Kauffman. For the past four years, I spent most of my weekends on my computer writing, trying to balance work, school, and family, sometimes missing out on family time. As challenging as this work has been, you all supported me through every milestone, and for that, I am forever grateful. To you, my dearest husband, you have been my biggest fan and source of encouragement, believing in me even when the journey seemed impossible. I could not have finished my degree without you by my side. None of this would have been possible without the support of my family and the providential guidance and grace of a loving God.

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Table of Contents

List of Tables

Abstract

The qualitative interpretive phenomenological study investigates the lived experiences of novice senior nurse leaders, who have transitioned to new organizational roles within a single healthcare organization in the Southeast United States. Senior nurse leaders have complex responsibilities but may not have training adequate to lead masterfully at new organizational levels. This phenomenon is poorly understood. Senior nurse leaders who do not develop the appropriate interpersonal skills and systems thinking may experience a sense of role insufficiency. Yet, strong leadership among senior nurses is vital to the successful performance of healthcare organizations, given the current landscape of change and the rapidity with which change occurs. Given the above, one central research question is posed in this study: What are the lived experiences of novice senior nurse leaders who have transitioned into new roles as they professionally develop at a new organizational level? Based on a relativist ontology and a constructivist worldview, this study posits that novice senior nurse leaders create individual constructions of their lived experiences. Heidegger's phenomenology, as a research tradition, offers a way to interpret the meaning of novice senior nurse leader's role transition as it is experienced, grounded in the tenets of transitions theory (TT). Novice senior nurse leaders were purposively selected based on their familiarity with the two hospitals of one healthcare organization. Semi-structured interviews were conducted until data saturation was reached, and data was transcribed verbatim and analyzed with methods of hermeneutic analytics that encompassed intensive discourse, shared inquiry, and thematic analysis.

Chapter 1. Problem and Domain of Inquiry

Nursing administration requires advanced education and robust preparation, which may include certification with a role specialty such as nursing education or advanced practice (Yoder-Wise, 2014). Senior nurse leaders must demonstrate competence in strategic thinking, problem solving, workforce development, business planning, and the fostering of a culture of patient safety (Bernard, 2014). The American Organization for Nursing Leadership (AONL, 2015) has identified a conceptual framework for nurse-executive competency (NEC) that includes five leadership competencies: communication and relationship building, knowledge of the health care environment, leadership skills, professionalism, and business skills (Waxman, Roussel, Herrin-Griffith, & D'Alfonso, 2017).

Given the tumultuous nature of healthcare (Latney, 2016) and the rapidity with which it changes (McMillan, 2016), that senior nurse leaders must now, more than ever before, lead with courage and integrity (Velmurugan, 2017). They must be able to practice as highly skilled, emotionally intelligent, and knowledgeable professionals in complex roles and situations. The setting of senior nursing leadership is healthcare environments that are fiscally and technologically driven, with continuously changing roles, structures, and organizational policies (McMillan, 2016). Nurse leaders are tasked with dealing with staffing pressures, operational needs, changing reimbursements, declining staff engagement, rising labor costs, and nurse turnover (Machon, Cundy, & Case, 2019). An inherent assumption may exist, based on tenets of the job characteristics model, that complex jobs are intrinsically motivating and result in high task performance (Chae & Choi, 2018). Theoretically, nurses in senior leadership roles possess complex jobs and should be intrinsically motivated to be high performers. For this reason, they are frequently deemed to be independent self-starters. However, learning to lead and perform

effectively at new organizational levels is challenging; policies, regulations, and organizational dynamics can inhibit new leader growth and creativity (Machon et al., 2019).

Leading at new organizational levels requires novice senior nurse leaders to think and act differently, to establish new relationships, to be creative in problem solving, and to lead change expeditiously. Being leaders of organizational change requires senior nurse leaders to engage all appropriate stakeholders, to manage periods of instability responsively to allow stakeholders to adjust effectively to changes, and hold individuals accountable for positive outcomes (Velmurugan, 2017). Organizational change disrupts routines and relationships, and it requires skillful adaptation (McMillan, 2016; Velmurugan, 2017).

Nurses are encumbered with organizational challenges and ongoing role transitions that make professional advancement difficult (Weinstock, 2011). Formal education may provide the requisite foundation for leadership development; however, leaders must learn to meet the specific needs of healthcare organizations (West, Smithgall, Rosler, & Winn, 2016). Leadership roles in nursing are complex, and the leaders of tomorrow need education, mentoring, and skill building, consistent with the mission of the AONL: to shape healthcare through innovative and expert nursing leadership (Begley, 2019).

Senior nurse leaders often have varied work experience, educational preparation, levels of mentorship, and work cultures, resulting in inconsistent, ineffective, and sometimes unsuccessful leadership (West et al., 2016). To understand the professional development needs of new senior nurse leaders as they transition into similar nurse-executive roles, this study takes as its domain of inquiry the lived experience of novice senior nurse leaders as they lead the organization.

Problem Statement

Senior nurse leaders are nurse executives who assume roles as nursing directors, associate nursing directors, or assistant vice presidents (AVPs) of nursing. Senior nurse leaders may transition into new roles because of organizational need, extended vacancies, increased pay, or as a stepping stone to other opportunities (Bleich, 2017). They may be selected based on clinical expertise or prior experience, rather than cultural fit; and they are frequently poorly prepared, trained, or mentored to lead with agility, professionalism, and emotional intelligence in new organizational roles (Bellack & Dickow, 2019; Bleich, 2017; Miltner, Jukkala, Dawson, & Patrician, 2015; Patterson & Krouse, 2015; Ramseur, Fuchs, Edwards, & Humphreys, 2018; Thompson & Miller, 2018; West et al., 2016). Little is known about how these roles are developed, leading to ineffective nursing leadership, organizational instability, loss of strategic focus, and compromises to patient safety (Bernard, 2014). Additionally, meeting the internal professional development needs of senior nurse leaders has been identified as a gap in the literature, as many workplaces do not have clearly defined models or sustained support to adequately provide for the learning needs of novice senior nurse leaders (Akerjordet, Furunes, & Haver, 2018; Beal & Riley, 2019; Miles & Scott, 2019; Miltner et al., 2015; Siren & Gehrs, 2018; West et al., 2016).

Purpose of the Study

This qualitative interpretive phenomenological study describes the lived experiences of novice senior nurse leaders who have transitioned to new organizational roles within a healthcare organization in the southeast United States, in order to understand the professional development needs that novice senior nurse leaders encounter on their journey to effective leadership and role mastery. Professional development is defined as the continuous growth that senior nurse leaders

experience through learning opportunities that are intentionally planned and supported by organizations (Beal & Riley, 2019).

Research Question

Intensive discussion with novice senior nurse leaders provided an in-depth understanding of the current organizational structure, the modes of communication, and the relationships that supported or hindered nurses as leaders at new levels. This discussion was directed by the following overarching research question: What are the lived experiences of novice senior nurse leaders who have transitioned into new roles as they professionally develop at a new organizational level?

Significance of the Study

The experiences that the novice senior nurse leaders described were organized into themes and new meanings of role transitions that contributed significantly to nursing education, practice, research, and public policy.

Nursing Education

An understanding of senior nurse leaders' experiences has informed the restructuring of learning experiences across the health system and the nursing education system as a whole. While the AONL leadership framework provides excellent content, structure, and competency for leadership development, the current research bridged this framework with contextual and operational strategies within the regional healthcare system. For example, within the domain of communication and relationship building, senior nurse leaders shared information about new relationships forged within the first two years in their role. The rich descriptions of these experiences were analyzed within the context of a theoretical framework so that the data was logically and visually organized into a new learning framework, specific to the organization

(Collins & Stockton, 2018). Waxman et al. (2017) have described this process as regional customization or the integration of theory-guided competencies. Recognizing, identifying, and understanding the developmental needs of novice senior nurse leaders is an important step in the customization of situation-specific learning, which will contribute positively to the process of succession planning and the preparation of high-performing nurse leaders within an organization (Bernard, 2014; Siren & Gehrs, 2018).

Nursing Practice

The development of high-performing nurse leaders is important to nursing practice because of the impending vacuum in leadership that will emerge as senior nurse leaders retire. It is estimated that by 2030, about 1 million registered nurses will retire. Given their years of education and experience, which will be inaccessible once they are gone, a significant leadership gap will open within the nursing workforce (Sofer, 2018).

The development and advancement of new nurse leaders can improve clinical outcomes for patients and build high-performing nursing teams (West et al., 2016). Continuous engagement in learning underpins the development of scholarly nursing practice, which leads to improved quality of care outcomes for the organization (Beal & Riley, 2019).

This research can contribute to the identification of challenges during senior nurse leader orientation that participants commonly experience and may facilitate the development of orientation plans at the organizational level or best practices in leadership development. According to Miles and Scott (2019), leadership development is a central component of administrative practice, whereby nursing leadership can be viewed as both a process and a role. Organizations that have best practices in place for the growth and development of their nurses

may help build an innovative nursing culture within the organization, one which supports the continuous improvement of the nursing workforce (Beal & Riley, 2019). Beal and Riley (2019) have asserted that senior nurse leaders must have full career models of professional development that is purposive and valued by an organization in its entirety, with acknowledgment and support from the chief executive officer of the organization.

Nursing Research

Effective nursing leadership can significantly contribute to the health and efficiency of workplaces, and little research exists on how leadership qualities and behaviors impact the workplace. Akerjordet et al. (2018) have called for more qualitative studies to better understand leadership behaviors in nursing. Phenomenology offers the potential to advance nursing research but also offers a style of thinking that can be used in everyday nursing practice (Thomas, 2005). For example, this qualitative study helped senior nurse leaders to better appreciate their learning process and drew their interest to further qualitative study, based on the new meanings that emerged through data analysis. According to Patton (2019), many of the qualitative studies in the literature do not detail their research approach's philosophical underpinnings, purpose, techniques, methods, and findings. The rigor of this research has provided an opportunity to advance the methodology of interpretive hermeneutics through a process of shared inquiry. Learning to lead is not only about gaining new knowledge, but also about contemplating knowledge (Marcellus et al., 2018). The dissemination of this research contributes to the development of new meanings about role transitions that may be applicable to nurses' everyday experiences.

Public Policy

The development of effective models of senior nursing leadership will contribute to the structure of high-reliability organizations (HRO) and work environments that are economically stable and productive but safe (Latney, 2016; Mancini, 2017). Healthcare organizations are governed by federal (Centers for Medicare & Medicaid Services [CMS]), state, and local government regulations; accreditation standards, such as those of the Joint Commission; and, for some, voluntary standards, such as those of Magnet (Simon, 2018). Building an HRO is critical to the health and safety of an organization, as significant demands are mounting on healthcare systems to improve value, accessibility, efficiency, cost, service, and quality of care. These issues cause immense strain, stress, and safety risk among healthcare organizations and systems, prompting organizations to explore strategies not only to meet the needs of consumers, but also to create a more sustainable and reliable healthcare system (Latney, 2016).

Senior nurse leaders can use strategies to improve patient safety and quality performance, create robust process improvements, and fully empower staff to mitigate safety risks (Latney, 2016). It is essential that organizations evaluate the quality of nursing leadership (Akerjordet et al., 2018). How new senior nurse leaders are trained, mentored, coached, and supported in their organizational roles will carry vast implications for the healthcare industry, in regard to how organizations can create and sustain organizational policy to contribute to positive, innovate change (Thomas, Seifert, & Joyner, 2016). This research contributes to the development of organizational policies and procedures related to formal orientation plans, leadership certification requirements, and requirements for minimum levels of education for senior nurse leaders.

Philosophical Underpinnings

Novice senior nurse leaders' descriptions of their role transitions and orientation needs were developed from individual constructions of their lived experiences, based on a relativist

ontology, a constructivist worldview, an epistemology of meaning making, and a phenomenological approach (Creswell & Creswell, 2018; Polit & Beck, 2017). Ontology is a set of philosophical assumptions that allows individuals to believe a phenomenon is real and that it makes sense (Kivunja & Kuyin, 2017). A relativist ontology forms the basis for understanding subjective experiences in this study, and according to this ontology, reality does not exist outside of one's thoughts. In other words, based on the work of Lincoln and Guba (1985), reality *is* human experience. Therefore, an understanding of a phenomenon such as the role transitions of novice senior nurse leaders is based on the different realities that individuals create.

Constructivism is generally viewed as a suitable approach to qualitative research because of how individuals try to understand the world in which they live and work (Creswell & Creswell, 2018). In this case, novice senior nurse leaders each possessed a subjective view of the transitions they experienced in new organizational roles; they constructed meaning of situations that were varied and complex (Creswell & Creswell, 2018). The primary assumption was that each novice senior nurse leader possessed different historical, social, and contextual experiences as they learned different facets to their roles. This assumption is consistent with one of the basic characteristics of constructivism, the belief that realities are multiple and socially constructed (Kivunja & Kuyin, 2017).

Other assumptions significant to this study included inevitable interaction between the researcher and the participants; the acceptance that context is important for understanding and knowing; and knowledge is created through data collection. The results are based on the assumption that every senior nurse leader held a desire to be successful as they began their new leadership roles (Bellack & Dickow, 2019). Finally, this research assumed the importance of understanding individuals and the meaning constructed from their experiences (Kivunja &

Kuyin, 2017). Each novice senior nurse leader constructed different meanings of their role transition, and this is how knowledge was created, through an epistemology of meaning making.

Research Tradition

Phenomenology falls within the constructivist research paradigm and purports that all human beings find meaning from interactions within their world; this meaning becomes their reality (Creswell & Creswell, 2018; Crotty, 1998). Phenomenology is a qualitative approach into the study of phenomena by which the researcher finds insightful descriptions, new meaning, and the essence of lived experience, and it is based on the work of key philosophers (Crotty, 1998; Dahnke & Dreher, 2016). It was important to consider the philosophical underpinnings of phenomenology so that the most appropriate approach was used to answer the research question and guide the methodology.

A phenomenological approach is useful when a phenomenon, such as novice senior nurse leader role transition, is poorly defined and conceptualized (Polit & Beck, 2017). Yet, what novice senior nurse leaders experienced was meaningful and noteworthy because each individual possessed a unique subjective perception of their role transition or their reality. The way each individual sees, hears, and interacts with the world is the essence, or the meaning, of a phenomenon (Polit & Beck, 2017). Heidegger's phenomenology offered an interpretive methodology allowing a researcher to understand the meaning of human experiences, based on the premise that lived experience is inherently an interpretive process and that one's being in the world cannot be separated from the way one lives (Polit & Beck 2017). This philosophic approach of being in the world extends beyond descriptions of phenomena, encompassing a way of describing, interpreting, and understanding phenomena through an iterative and analytic process enabling a researcher to find the concealed meanings of phenomena (Crist & Tanner,

2003; Dinkins, 2005). According to Derico (2017), experiences must be understood before they can be interpreted and shared, and phenomenology provides an appropriate holistic approach for understanding experiences common to the discipline of nursing.

Theoretical Framework

The theoretical framework of this study provides the lens for how the phenomenon of novice senior nurse role transition is explained and interpreted. A selected theory guides the methodological approach (phenomenology) and the epistemological paradigm (constructivism) by allowing the literature to be logically organized, making sense of data collected, connecting study meaning to existing nursing knowledge, and facilitating the transfer of information to other settings (Collins & Stockton, 2018). Collins and Stockton (2018) have described the combination of a rigorous methodology and a strong theoretical framework as necessary in qualitative study to create a tension that produces rich findings, not just simplistic insight.

Transitions Theory

The theoretical framework for this research is based on TT (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). TT is a well-developed and widely used middle range-theory in nursing that evolved from research based on role theories and symbolic interaction theories within the discipline of sociology (Im, 2011). TT supports two central concepts: healthy transitions and the interventions that may facilitate healthy transitions (Im, 2011). Novice senior nurse leaders may not always experience healthy transitions in new organizational roles. Novice senior nurse leaders experience change, and they are frequently required to learn new facets of job performance and adapt to new and sometimes poorly defined but complex behaviors, needs, and situations (Chae & Choi, 2018). Change, and individuals' responses to change, is a key component of any heathy transition, and understanding change is a prerequisite for

understanding transitions (Meleis et al., 2000; Smith & Parker, 2015). Understanding the transition processes that novice senior nurse leaders experienced in assuming new leadership roles was necessary in order to guide the development of orientation plans for future emerging nurse leaders.

The TT framework has been used to explain experiences of individuals dealing with events and situations (triggers) such as illness, developmental changes (e.g., aging), and cultural or social changes (e.g., retirement), which require individuals to develop new skills, goals, behaviors, or functions (Meleis et al., 2000; Smith & Parker, 2015). The notion of lived experience influences the concept of transition and provides a focus for questions related to experiential responses to change and the experience of being in transition and learning a new role (Smith & Parker, 2015). Therefore, transitions are both a result of and result in change in lives, health, relationships, and environments. Transitions may be multidimensional and complex (Meleis et al., 2000). According to Meleis et al. (2000), it is necessary to uncover the personal and environmental circumstances that facilitate or hinder progress toward healthy transitions.

Theoretical Foundation

The development of TT as a middle-range theory was an iterative process that included clinical observations, concept development, intervention testing, and the integration of research findings (Meleis, 2018). The most recent version of TT evolved from studies conducted by Meleis' students, among different populations in various types of transitions: African-American mothers, Korean immigrant women in mid-life, parents of children diagnosed with congenital heart defects, Brazilian women immigrating to the United States, and family caregivers of patients with cancer (Meleis et al., 2000). Middle-range theory became a way for nursing researchers to provide frameworks to study nursing practice issues, challenges, opportunities,

and responses; however, middle-range theory was originally coined by a sociologist named Robert Merton (Meleis, 2018). Middle range theories are less abstract than are grand theories, more limited in scope, possess fewer concepts and propositions, and address specific phenomena or concepts, such as transitions (Meleis, 2018).

Antecedents

TT evolved on the basis of three paradigms: role theory, lived experience, and feminist postcolonialism, and it came to belong to the domain of nursing (Bohner, 2017; Meleis et al., 2000; Smith & Parker, 2015). Turner's role theory focused on the nature and type of role transitions and the behaviors associated with those changes, and Meleis built upon role theory to include nurses' analysis of individual behaviors, with a desired outcome being role mastery (Smith & Parker, 2015). The second paradigm and driving influence of TT was lived experience, driven by the subjective and holistic nature of experiences. The third paradigm of TT addressed questions about power relationships during transitions in societies or institutions, most notably related to race, ethnicity, nationality, or gender (Smith & Parker, 2015).

Transitions Theory Constructs

Five key qualitative studies, based on lived experiences, expanded the transitions framework into six key components: types and patterns of transitions, properties of transition experiences, transition conditions (facilitators and inhibitors), process indicators, outcome indicators, and nursing therapeutics (Meleis et al., 2000). For example, in one grounded theory study, African-American mothers shared their experiences of pregnancy and motherhood; engagement in mothering was one of the themes identified, contributing to the development TT concepts (Meleis et al., 2000). Meleis et al. (2000) define engagement as the degree to which an

individual demonstrates involvement in transition processes that may include seeking out new information, using role models, actively preparing, or changing activities.

Additional essential concepts of TT were change and difference, awareness, time span, and critical events (Meleis et al., 2000), all of which are discussed in the current study. Change requires individuals to adapt to new roles and situations by finding new meanings and developing a sense of mastery. This concept was developed in a study of fathers adapting to their children's new diagnosis of congenital heart defects (Meleis et al., 2000). Similarly, immigrant women faced differences in their perceptions of reality as they entered the United States; some were shocked while others were pleased. These perceived differences led to potential differences in behavior (Meleis et al., 2000). However, before a transition occurs, individuals may or may not possess a sense of awareness that the transition is occurring. In a study of Korean women, some did not recognize that they were experiencing menopausal transitions, and this lack of recognition may have been related to the knowledge they possessed about menopause (Meleis et al., 2000).

Like many life events, transitions do not always occur within a certain time span, or within certain boundaries. Some transitions may be temporary, ongoing, or unending, with periods of instability, confusion, or distress. Meleis et al. (2000) concluded that transitions are fluid and variable, with individuals demonstrating different experiences over time. Some transitions may begin or end with an identifiable event or critical point, like birth or death; however, each event generally leads to period of vulnerability and disruption in reality (Meleis et al., 2000). The attainment of new nursing roles can create periods of disruption and even vulnerability, as novice senior nurse leaders may not possess the awareness, knowledge, or skill to know how to lead at new organizational levels. Vulnerability may lead to unhealthy coping

strategies (Meleis et al., 2000), and disruptions may lead to unhealthy or ineffective transitions, which Meleis (2018) describes as role insufficiency. The concepts of TT were used to support the generation of an interview guide (Appendix A), so the researcher was able to gain a better understanding of the changes that novice senior nurse leaders experienced along their journey to role mastery or role insufficiency, in order to describe the responses in terms of patterns and themes.

Outcomes

The two outcome indicators that emerged from the qualitative studies' themes were mastery and identity, as participants strived to achieve a new sense of balance. Mastery holds different meanings to different individuals and may result from the blending of previously established skills with skills newly developed during a transition period (Meleis et al., 2000). For example, mastery for the novice senior nurse leader may mean developing new decision-making skills or delegating new tasks within different time frames or situations. Such skill attainment may result in the formulation of new identities or news ways for one to conceptualize and perceive one's new identity (Meleis et al., 2000).

While each of four publications on TT described outcomes, settings, populations, concepts, and relationships (Chick & Meleis, 1986; Meleis et al., 2000; Meleis & Trangenstein, 1994; Schumaker & Meleis, 1994), they differed in some of their descriptions of concepts, relationships, and outcome indicators (Bohner, 2017). To illustrate this point, Meleis et al. (2000) have discussed how African American mothers demonstrated engaged mothering as positive outcome of their role (mastery), while Korean immigrant women struggled in developing new role identities because of the complexity of the transitions they experienced.

The components and outcomes of TT discussed above served as the framework for the collection and analysis of novice senior nurse leaders' role transition descriptions, which has led to the formulation of new meanings of role transition within the diverse organizational settings of novice senior nurse leaders (Polit & Beck, 2017).

Definition of Terms

The following definitions were utilized to delineate criteria for novice senior nurse leader participation and define potential outcomes of their role transitions. For example, a healthy transition was the desired outcome for the novice senior nurse leader role; however, not all participants experienced this outcome. Additionally, the nurse-executive competencies provided an evidence-based framework for ideal novice senior nurse leader practice.

Healthy Transition

A healthy transition is one in which individuals master certain behaviors, sentiments, cues, and symbols associated with new roles and identities (Meleis, 2018).

Novice

A novice is a beginner who has no experience with the situations in which they are expected to perform (Benner, 1982).

Novice Senior Nurse Leader

A novice senior nurse leader is a beginner that has less than 24 months experience with the situations in which they are expected to perform their tasks (Benner, 1982), as delineated by the AONL (2015).

Nurse Executive Competencies

NEC domains for health care leadership include communication and relationship management; knowledge of the health care environment; leadership; professionalism; and business skills and principles (AONL, 2015).

Orientation to Role

Orientation of novice senior nurse leaders includes concepts of business management, effective leadership, and personal development (AONL, 2015).

Chapter Summary

The AONL has identified a conceptual framework for NEC that includes five leadership competencies: communication and relationship building, knowledge of the health care environment, leadership skills, professionalism, and business skills (Waxman et al., 2017). However, many organizations do not have adequate sustained support or formally defined programs to provide for the learning needs of novice senior nurse leaders. This phenomenological study provides an approach to understand the lived experiences of novice senior nurse leaders, directors, associate directors, or AVPs who have transitioned into new organizational leadership roles. The discourse with novice senior nurse leaders provides a better understanding of the current organizational structure, modes of communication, and relationships that supported or hindered the leadership development of novice senior nurse leaders. One research question is posed: What are the lived experiences of novice senior nurse leaders who have transitioned into new roles as they professionally develop at a new organizational level? The rich descriptions and interpretations of these experiences lead this study to present a new learning framework for novice senior nurse leaders, which will help to improve clinical outcomes. In addition, novice senior nurse leaders developed an increased awareness of their learning needs and a potential interest in further qualitative research. As a result, new

organizational policies and procedures may be developed to support minimum requirements of education for novice senior nurse leaders.

The philosophical underpinnings of the phenomenological approach are based on a relativist ontology, a constructivist worldview, and an epistemology based on being in the world, whereby novice senior nurse leaders are conceived to have experienced multiple instantiations of learning how to be a successful senior nurse leader. The research tradition is based on Heidegger's interpretive phenomenology, and the theoretical framework is grounded in TT. TT is based on role theory, lived experience, and feminism, and it came to belong to nursing as a middle-range theory. Transition theory explains types and patterns of transitions, properties of transition experiences, transition conditions (facilitators and inhibitors), process indicators, outcome indicators, and nursing therapeutics, all of which are explored within the context of novice senior nurse leader experiences. The two outcome indicators identified in the prior qualitative studies that provided context for the current study were mastery and role identity. The components and outcomes of TT served as the framework for the data collection and analysis of novice senior nurse leaders' role transitions and the subsequent development of themes and exemplary cases.

Chapter 2. Review of the Literature

The literature review enables the researcher to identify the most significant and relevant published works to frame the problem and research question, in order to establish the academic gap and need for the current qualitative study. The purpose of this study was to describe and understand the experiences of novice senior nursing leaders who had transitioned to new organizational roles, in order to gain a better understanding of the professional development needs that were required for successful leadership. Since the current study was exploratory in nature and because the intent was to learn from participants (Creswell & Creswell, 2018), the literature review focused on broad concepts and diverse populations within nursing, beyond the role of the novice senior nurse leader. These broad perspectives helped to provide context for how the nursing profession has evolved and how nurses in various roles have managed role transitions and change historically. In addition, the theoretical framework provided the lens for how the literature review would be developed and organized.

Search Strategy

Creswell and Creswell (2018) describe the literature review in qualitative research as building bridges among topics or central issues, and this is how the search strategy began. A topical outline was used to identify the central issues and key words used during the literature search. Key words included *transitions*, *role transitions*, *nursing transitions*, *nurse leaders*, *senior nurse leaders*, *novice to expert*, and *leadership development in nursing*. A broad search of general databases, like Google Scholar and PubMed, was conducted first to identify key books or articles related to the central topics. Books such as *From Novice to Expert* (Benner, 1984) and *Reality Shock* (Kramer, 1974) were identified to provide the historical context and framework for defining novice practice. Additionally, the world-wide web was scanned to identify relevant

information from professional organizations such as the American Organization for Nursing Leadership (AONL).

The literature search continued through the use of specialized databases, like CINAHL Complete, Education Source, and Academic Search Premier. Full-text searching was accomplished through EBSCO, PsycINFO, and ProQuest, using subject indexing, for which thousands of potential articles were found from between 2014 and 2019. For example, a search on *leadership development* yielded just over 2,000 articles; however, when combined with the search term *senior nurse leader*, this search yielded only 40 articles. Similarly, when searching *role transitions in nursing,* over 400 articles were yielded; however, the majority of these were related to care coordination and transitions in care. Limiting the search to role transitions and nurse leaders limited the yield to 41 articles. The abstracts of each of these articles were manually reviewed for relevance, and then articles that were deemed to make useful contributions to an understanding of the literature were selected for review.

In addition, the references in these articles were scanned (working backwards) for seminal work that may have been completed before 2014. For example, Levin's (2010) study on role assimilation within the discipline of psychology called for more empirical and qualitative research to help professional disciplines understand the unique dynamics of transition experiences, and more so, to differentiate successful from unsuccessful transitions and develop specific interventions that may facilitate the masterful role transitions of leaders. This article demonstrated that little research had been completed on role transitions. Related to role transitions is Meleis' work on TT, and any research that contributed to the development of this middle-range theory was searched as well, to highlight the importance of the different types of transitions.

The articles contributing to the literature review included a mix of integrative and systematic reviews, concept analyses, expert opinions, best practices, and research that was primarily qualitative in nature. The articles were grouped by topics, such as role transitions and leadership development, and they were summarized and organized by concepts. For example, transitions were evaluated by different types and patterns of transitions, which was consistent with the theoretical framework.

Review of Literature

The literature review covered the themes of transitions, the organizational role of the senior nurse leader, and the role of education in novice senior nurse leadership development, culminating in the identification of the gap this study aimed to address. Transition experiences encompassed types and patterns, including developmental, health-illness, and situational; the transition experiences of nurses in various roles; and transition conditions. The experiences of the nursing faculty, new graduate nurses, and the novice senior nurse faculty were discussed to contextualize transitions within the profession, while transition conditions were described as barriers and facilitators that nurses experienced during their transitions. The role of the senior nurse leader included a conceptualization of role as a construct, the roles and responsibilities of senior nurse leaders, the tenets of leadership development, and the indicators of role transitions. The role of education included discussion points related to orientation, academic education, certification, and experience.

Transitions

In the sense intended for this study, transition is change in people's lives, health, relationships, or environments that may require those people to learn new skills, may enhance well-being, or may trigger a sense of vulnerability through experiences, interactions, or processes

(Meleis et al., 2000). However, the concept of transition has not been well defined and has been articulated as both a linear and a multidimensional process. For example, Straus (2019) has evaluated the concept of transition readiness, but found that few studies measured the multidimensional components of this process. In fact, organizations such as the National League for Nursing (NLN), National Council of State Boards of Nursing (NCSBN), and the Association for Nursing Professional Development (ANPD) have all called for support programs to ensure successful transitions for nurses (Chicca & Bindon, 2019).

Transitions in Nursing

The American Nurses Credentialing Center (ANCC, 2020) Practice Transition Accreditation Program (PTAP) sets a standard for nurses and advanced-practice nurses that transition into new practice settings. One of the standards of the program is organizational enculturation, whereby participants assimilate into the culture, practices, and values of a practice setting while also being appropriately oriented to the operations, goals, resources, and expectations of the program. This program includes practice-based learning that may occur under the direction of preceptors, mentors, or other experienced healthcare professionals, with the end goal of improving outcomes (ANCC, 2020). Within this program, fellowships can be established for experienced nurses to master new clinical settings, which may be beneficial to novice senior nurse leaders in transition.

Experienced nurses generally transition to many new specialties or organizations throughout their career, and the way in which nurses acclimate to new environments or new roles is often overlooked and underreported (Chargualaf, 2016; Chicca & Bindon, 2019). One role assimilation study concluded that role transitions were one of the most stressful life events that an individual can experience (Levin, 2010). Yet, individual nurses experience transitions in

different ways and may experience degrees of shock, as they face new role expectations as novice senior nurse leaders. Transitions are characterized by anxiety and discomfort, as old roles are left behind and new ones are not yet fully incorporated onto one's identity and changes in competency (Arrowsmith, Lau, Norman, & Maben, 2016).

Types and patterns of transitions. Transitions are complex processes not mutually exclusive, and multiple transitions may occur during the same period of time (Chargualaf, 2016; Schumacher & Meleis, 1994). Transitions can be classed as developmental (individual or family), health-illness, or situational (Meleis, 1975; Meleis & Trangenstein, 1994).

Developmental transitions. Developmental transitions include life changes in stages such as adolescence, motherhood, or mid-life, and are often focused on individuals (Schumacher & Meleis, 1994). For example, Im and Meleis (1999) developed a situation-specific theory after evaluating the menopausal transitions in Korean immigrant women; they demonstrated that the number, seriousness, and priority of transitions that the women experienced caused the women to neglect their menopausal transitions. In this case, developmental transitions were minimized and ignored because of other stressful transitions the women experienced, such as gender bias and low-income status.

Health-illness transitions. Similarly, health illness transitions have been studied in the context of transitions among levels of care within a healthcare system throughout the course of an illness, like cancer. For example, Walsh, Currin-McCulloch, Simon, Zebrack, and Jones (2019) evaluated the changing needs of cancer patients transitioning from active treatment to survivorship to find that their supportive care needs changed during the transition process. Their needs were complex and were complicated by experiences such as loss of employment or the ongoing physical or psychological effects of treatment (Walsh et al., 2019). These studies

demonstrate the complex dimensions and multiplicity of individuals' experiences during transition.

Situational transitions. Situational transitions are inherent in experiences like immigration or near-death experiences but also during the transitions of professionals moving into new roles (Schumacher & Meleis, 1994). Transitions familiar to nursing are those of clinical nurses into faculty or academic roles (Hoffman, 2019) or neophyte nurses transitioning from student to clinical practice (Ankers, Barton, & Parry, 2018). These types of transitions have been largely explored in the literature; however, the development of best practices to support these transitions remains poorly conceptualized and operationalized (Bagley, Hoppe, Brenner, Crawford, & Weir, 2018; Grassley & Lambe, 2015; Hoffman, 2019; Miner, 2019; Shapiro, 2018).

Transition experiences. The interrelated properties of the transition experience may include processes of awareness, engagement, change, time span, and critical events (Meleis et al., 2000). To be in a transition, an individual must have an awareness of the experience in order to become engaged or involved in the transition. Examples of engagement include seeking new information or using a role model (Meleis et al., 2000), activities in which novice senior nurse leaders must engage to successfully transition. New role acquisitions require change and time, by which a novice senior nurse leader may anticipate confusion or instability on a journey to role mastery. According to Meleis et al. (2000), the acquisition of role mastery marks a point in time when an individual will experience stabilization in their new role. Nurses in transition do not always acquire stabilization, however, due to a lack of adequate resources, time, or support.

Transitions of nurse faculty. Hoffman (2019) has qualitatively explored the limitations and ambiguity in the orientation of new nurse faculty, where participants felt like they were

perpetual novices in their role. A lack of consistency in courses, textbooks, and curriculum resulted in new faculties being unable to build their knowledge base and perform beyond the level of novice (Hoffman, 2019). In this example, new nurse faculty never reached the point of stabilization because they were unable to fully engage in the roles, due to the continual state of flux. Hoffman (2019) recommended an expansive and progressive orientation period that would align faculty resources with a transitioning novice faculty.

In a similar qualitative study, Shapiro (2018) explored the transition of nurses teaching in associate degree programs into full-time faculty roles and found that faculty struggled with learning their role and needed more support in the form of a role-specific orientation program and strong mentoring. The positivity of mentoring support was corroborated by Miner (2019) in a study of baccalaureate novice nurse educators who transitioned to full-time educators from clinical practice. However, nurses in transition do not always receive the necessary support to successfully perform in their new roles. The development of role-specific orientation programs, coupled with mentoring support, may prove beneficial during the transition experiences of nurses (Brown & Sorrell, 2017).

Bagley et al. (2018) identified three key novice faculty needs: formal preparation for teaching, guidance navigating the academic culture, and a structured mentoring program. These findings support those of an integrative review that identified the need for comprehensive mentoring programs, as instrumental to nursing, to facilitate positive transitions of expert clinicians to novice nursing faculty (Grassley & Lambe, 2015). These studies provide a basis for how nursing has handled professional transitions; however, transitions in nursing are not limited to new to faculty roles.

Transitions of new graduate nurses. New graduate nurses have been known to struggle through transitions from student to nurse. Kramer (1974) defined the concept of reality shock within the context of new nurses being social beings who live and work within systems that share certain commonalities and perceptions of reality, acknowledging that no two individuals experience reality in the same way. Kramer defined reality shock as the "total social, physical, and emotional response of a person to the unexpected, unwanted, or undesired, and in the most severe degree to the intolerable" (1974, p. 3). Boychuk-Duchscher and Windey (2018) describe this type of reality shock as transition shock, where new graduate nurses may experience shock with varying intensity and inconsistent states of emotional, social, cultural, intellectual, and physical well-being. Ankers et al. (2018) have performed an exploratory study of the transition experiences of seven graduate nurses in their first four to eight months of employment. The participants in this study felt disconnected, overwhelmed, and stressed but described the support of the transitions team as amazing and thoughtful, particularly in the way they promoted well-being and role socialization (Ankers et al., 2018). Conversely, Arrowsmith et al. (2016) found that experienced nurses did not exhibit the same level of emotional upheaval, because of the skills they had acquired through their past professional experiences.

Transitions of novice senior nurse leaders. Novice senior nurse leaders, while new to their organizational roles, may possess skills that could ease their transitions; however, they still require transition support as they experience new levels of engagement, change, instability, and prospective re-stabilization. An absence of support, as identified in the above studies (Ankers et al., 2018; Hoffman, 2019; Miner, 2019; Shapiro, 2018), can hinder one's role achievement (Bleich, 2017). According to Hoffman (2019), a lack of support for nurses during role transitions is pervasive in the literature, and the phenomenon is poorly reported (Bleich, 2017).

Transition conditions. Situational transitions may be variously influenced by barriers or facilitators to the development of novice senior nurse leaders. The conditions under consideration include the preparedness for the new role, the temperature or culture of the work environment, and the availability of good support structures (Chargualaf, 2016). Situational transitions, like role changes within organizations, may be complicated by changes in leadership, adoption of new policy, new staffing patterns, and structural re-organization (Schumacher & Meleis, 1994). These are all processes that novice senior nursing leaders may experience in new organizational roles. Organizations that invest in leaders' training and support can positively influence their employees, improve productivity and motivate them constructively. Situations opposed to this type of relationship may be linked to weaker institutional support and may lead to authoritarian and vertical management (Brito Ferreira et al., 2018). Organizational conditions may either support or hinder nursing transitions; coupled with a lack of adequate preparedness for novice senior nurse leaders, hindrances may foster ineffective leadership across an organization.

Role of the Senior Nurse Leader

Transitions are commonplace experiences for senior nurse leaders, as they acquire new leadership roles or change roles throughout their nursing careers (Meleis, 1975; Meleis & Trangenstein, 1994). According to Armstrong, McCurry, and Dluhy (2017), total immersion is the best strategy to achieve any role transition; however, it is unclear how an immersion experience is developed or implemented. Because a role change is a significant component of TT, the construct of roles will be defined.

Role as Construct

One's role comprises one's self-conception of how one relates to the significant roles of others (Meleis, 1975). Meleis (1975) defined roles within a symbolic interactionist framework to highlight the importance of situations in role development or role change, where validation of one's role is assumed when relevant others accept that role. This conceptualization of roles was based on a variation of role theory, where the emergence of one's role is based on the interaction and social exchange with other roles within a certain system or culture (Meleis, 1975). Nicholson (1984) hypothesized that work role transitions are socially mediated, and they include processes of cumulative learning, role modeling, and the adjustment of attributes. These processes, Nicholson (1984) argued, may significantly affect the development of individuals and their organizations. Levin (2010) corroborated the deleterious effects of role changes in the field of psychology when new leaders failed to adapt and perform effectively in new leadership roles.

Senior Nurse Leader Role

Clear definitions of senior nurse leaders' roles, responsibilities, characteristics, and competencies are lacking (Crawford, Omery, & Spicer, 2017). While the focus of this inquiry is on the director, associate director, or Assistant Vice President (AVP) role, nurses at all levels of management require effective leadership skills. The roles and responsibilities of senior nurse leaders vary by organization, and many times, senior nurse leaders are resigned to managing the status quo, facing insurmountable barriers to change within organizations (Fuller & Hansen, 2019). Healthcare environments are continuously evolving and have been described as toxic, uncivil, and complex (Giordano-Mulligan & Eckardt, 2019). Healthcare remains dominated by high costs, variable patient access, compromises in care quality, and inconsistent outcomes nationwide (Fuller & Hansen, 2019).

Transformational nursing leadership is essential to manage these complexities and to lead organizational change (Snow, 2019). Senior nurse leaders, as nurse executives, must be influencers, supporting a positive culture for nursing practice, conveying the vision of the organization, facilitating teamwork, recognizing opportunities for change, and leading with tenacity and perseverance (Fuller & Hansen, 2019). These qualities are necessary for senior nurse leaders to create an innovator-friendly environment, where organizations can be competitive and adaptive to the rapidity of change (Fuller & Hansen, 2019; Snow, 2019). However, in the first national study of innovativeness among nurse executives, clinical directors, and nurse managers, only 1% of participants (n = 137) were identified as innovators (Stilgenbauer & Fitzpatrick, 2019). This statistic should concern organizations.

Senior nurse leaders are situated in key roles to facilitate positive work place cultures, positive patient outcomes, and staff retention and engagement (Giordano-Mulligan & Eckardt, 2019). Senior nurse leaders must possess emotional intelligence to establish effective relationships, visions, and courses of action (Bellack & Dickow, 2019). Emotional intelligence is the ability to recognize, understand, and manage one's own emotions and to harness and channel them in ways that build effective relationships with others (Bellack & Dickow, 2019). Emotional intelligence relates to senior nurse leaders' ability to develop self-awareness and self-management, as they create and master interpersonal relationships, a core competency in nursing leadership (AONL, 2015). Self-awareness and insight are necessary for senior nurse leaders to identify their strengths and weaknesses in leading and to increase their credibility with other individuals (Bellack & Dickow, 2019; Thomas et al., 2016).

Nursing Leadership Development

Leadership development is a metacognitive self-regulated process by which one learns how to become more self-aware of their thought processes, so that new knowledge leads to new meaning in one's identity as a leader (Marcellus et al., 2018). Leaders learn through experiences that challenge them beyond their existing capacities, and such situations motivate learners who pursue mastery (Leach & McFarland, 2014). The evidence contributing to best practices in senior nurse leadership development is dated and has been based primarily on commentary or expert opinion, with many articles originating from *Nursing Administration Quarterly* (Crawford et al., 2017). However, two recent issues in *Nursing Administration Quarterly* have focused on accelerated changes in healthcare and the impact to the nursing profession, with thoughts from contemporary senior nurse leaders about how they experienced and managed disruption.

The conceptual framework for NEC has been updated to better reflect the evolving nurse-executive role, within five domains: communication and relationship management, knowledge of the health care environment, leadership, professionalism, and business skills and principles (Waxman et al., 2017). However, the AONL professional guidelines must be customized and integrated within an organization or health system to reflect the services and practices of the environment, allowing for local leadership competencies and distinctions in executive practice variation (Waxman et al., 2017). Nurse leaders require both internal and external resources to support their leadership development, which may be in the form of courses, residencies, or fellowships (Ramseur et al., 2018).

Yet, the literature has consistently stated that many workplaces do not have clearly defined models or sustained support to adequately provide for the learning needs of novice senior nurse leaders (Beal & Riley, 2019; Miles & Scott, 2019; Miltner et al., 2015; Ramseur et al., 2018; Siren & Gehrs, 2018; West et al., 2016). According to Ramseur et al. (2018), in one

university health system study, 56% of nursing leaders did not receive appropriate training and resources for nursing leadership development. This finding is consistent with verbatim comments from Beal and Riley (2019) where in which nurses described how organizations struggled to actively, meaningfully, and financially sustain support and professionally develop advanced nurses in the workplace. Beal and Riley (2019) attribute these comments to a lack of clearly described models of development among both mid-level and executive level nurses.

Similarly, Miles and Scott (2019) have asserted that nursing professionals must be able to understand context to learn how to lead in diverse situations, but limited evidence exists regarding which nursing leadership competencies are critical and how best to develop them. In other focus-group interviews of nurse managers, Miltner et al. (2015) revealed that not one of the participants reported adequate leadership development opportunities, but described the work environment as trial by fire. Nurse managers desired to have formal educational programs and mentoring opportunities, but neither was available nor sufficient (Miltner et al., 2015).

The benefits of successful nursing leadership are critical to advancing the quality and safety of healthcare, and core competencies are foundational to the development of senior nurse leader development; however, how organizations meet the professional development needs of their senior nurse leaders is elusive. The knowledge produced by this research, to explore and explain novice senior nurse leader experiences in new roles, has defined the skills necessary for role mastery and will lead to the customization of the AONL guidelines for executive practice at the organizational level.

Indicators of Role Transitions

There are outcome and process indicators of role transitions. Outcome indicators include skill mastery or role insufficiency and the development of a fluid but integrative role identity,

from novice to expert. Process indicators include patterns of feeling connected, interacting, and being situated, which are related to role modeling and relationship building.

Skill Mastery

Mastery is defined as a healthy completion of a transition that is determined by the extent to which an individual can demonstrate the new skills and behaviors needed to manage a new situation or environment (Meleis et al., 2000). Bellack and Dickow (2019) have described self-awareness as a personal mastery over effective leadership, which is one of the outcome indicators of TT. Three types of mastery are essential to successful leadership: interpersonal, team, and culture and systems (Bellack & Dickow, 2019). These outcome indicators are congruent with the domains of competency listed by the AONL.

Role Insufficiency

Role insufficiency is demonstrated through behaviors and sentiments associated with perceptions of disparity in fulfilling role obligations or expectations (Meleis, 1975). When incongruity exists between role behavior and role expectations, of either the self or relevant others, role insufficiency ensues (Meleis, 1975). When senior nurse leaders do not possess mastery in relationship building, team building, and systems thinking, role insufficiency may result. Bellack and Dickow (2019) describe this type of role insufficiency as leader derailment, which can lead to feelings of personal failure among senior nurse leaders and subsequent costs to organizational success. For these reasons, the strength of senior nurse leadership is critical to the success and performance of healthcare organizations (Giordano-Mulligan & Eckardt, 2019). For example, senior nurse leaders who do not possess vision can create uncertainty, ambiguity, and confusion among the staff they lead (Bellack & Dickow, 2019). Senior nurse leaders must possess administrative knowledge, strategic insight, and interdisciplinary partnership to

implement change within a health system, making them ideal candidates to develop creative solutions to complex problems and promote practices that will sustain change at the system level (Udod & Lobchuk, 2017). According to Udod and Lobchuk (2017), nursing leadership competency may involve using financial resources wisely, promoting accountability, and advocating for adequate staffing levels.

New Role Identity

Participants in new roles will transition from peripheral participants to active team members, and this shift requires changes in behavior. Nurses at all levels aspire to find new identities through role changes, and many times a change in identity is an uncomfortable experience (Arrowsmith et al., 2016). Novice senior nurse leaders must find new ways of thinking while challenging themselves (Bleich, 2017) as they transition from novice to expert in their new role. Just as new nurse scholars experience an identity shift in how they acquire knowledge and develop new values and skills, so must novice senior nurse leaders as they transition within a healthcare organization (Armstrong et al., 2017).

Novice to expert. A novice nurse has difficulty interpreting new situations and recognizing whole situations, while an expert nurse is able to develop a deep understanding of a situation in its totality, like a chess master (Benner, 1984). Novice senior nurse leaders are faced with new situations on a daily basis, yet they may lack understanding to make informed decisions. In establishing the criteria by which to study novice senior nurse leaders, a novice senior nurse leader was defined as one with less than 24 months experience in an organizational role. Little is known about the specific activities that can help support novice leaders to acquire new role-related knowledge and develop role mastery (Bleich, 2017). However, mentoring relationships positively contribute to leadership development.

Role Models and Relationships

Role transitions characterize the establishment of new relationships, enhanced through structural elements such as communication and decision-making, and these relationships are necessary for nurse leaders to solve organizational problems and influence strategic decisions (Bleich, 2017). Relationship building incorporates transition properties such as feeling connected, interacting, and being situated, and the meaning of these processes are important to understanding the transition (Meleis et al., 2000). For example, a transition may require individuals to connect with new people, interact with people to ask new questions, or become situated by making comparisons with others or between different settings to understand where they are and where they have been (Meleis et al., 2000).

Mentoring is a dyadic mode of interaction that novice nurse leaders find critical to their development and that provides opportunities for role modeling, situational sharing and decision-making, and coaching and support, and mentoring enables novice nurse leaders to effectively transition and continuously develop into successful leaders (Gooch, 2017; Machon et al., 2019; Patterson & Krouse, 2015; Siren & Gehrs, 2018; West et al., 2016). However, the participants in one qualitative study believed that the field of nursing does not exhibit strong leadership mentoring (Patterson & Krouse, 2015). This belief could be related to time constraints or a lack of professional commitment on the part of some nurse leaders. However, mentoring was found to be important in the creation of trusting environments among nursing administrators, faculty, and students (Patterson & Krouse, 2015).

Role of Education in Novice Senior Nurse Leader Development

The attributes and skill sets that novice senior nurse leaders develop in new organizational roles will govern how well they can direct and inspire others. The development of

confidence and coping mechanisms is a process related to the development of role competence (Meleis et al., 2000). The competencies developed within the first 90 days of moving into new leadership roles are critical to effective leadership (Bellack & Dickow, 2019). In a survey of North Carolina nurses and advanced-practice nurses, who held formal leadership roles within organizations (n = 1286), participants ranked experience (33%), educational preparation (30%), and mentoring (14%) as the top three reasons for their success as nurse leaders (Williams & Li, 2019). However, the majority of participants in this study did not feel that resources were readily available to enhance leadership skills or that their nursing education adequately prepared them for their prospective leadership roles. The top three competencies identified were communication, knowledge of the healthcare environment, and clinical experience (Williams & Li, 2019).

Orientation

The orientation to new nursing leadership roles is often poorly structured, and it does not provide the requisite learning experiences or skills to successfully transition (Siren & Gehrs, 2018). New leaders may make common mistakes if they are not provided with adequate education, training, and support. Such mistakes include continuing behaviors that were successful in prior roles, not knowing the organization, setting unrealistic expectations, failing to establish clear goals, doing too much too soon, not focusing on relationships or workplace culture, spending time managing supervisors, and failing to understand the perspectives of others (Bellack & Dickow, 2019). Yet, even when novice nurse leaders can acquire the necessary knowledge, expertise, and experience to fulfill a role, these skills alone are insufficient to ensure successful leadership (Bellack & Dickow, 2019). The literature has demonstrated that new nurse leader preparation is inconsistent and ineffective, tasking individual organizations to develop and

formalize nursing leadership preparation in order to grow successful leaders (Akerjordet et al., 2018; Beal & Riley, 2019; Bellack & Dickow, 2019; Miltner et al., 2015; Siren & Gehrs, 2018; West et al., 2016; Williams & Li, 2019).

Academic Education

The recommended minimum academic preparation of nurse leaders is a master's degree (Crawford et al., 2017). The American Association of Colleges of Nursing (AACN) and the Association for Leadership Science in Nursing both advocate for graduate education for nurse leaders: master's degrees for nurse managers and doctoral degrees for executive leaders (Fennimore & Warshawsky, 2019). Graduate nurse education includes strategies and tools to empower nurse leaders, found to be beneficial in improving nurse leader creativity, role modeling, and problem solving, all of which may lead to innovation within complex health care organizations (Snow, 2019). Graduate nurse leaders can apply principles of financial management, evidence-based practice, and change theory to meet the unique physical, psychological, social, and emotional needs of patient populations (Fennimore & Warshawsky, 2019). Advanced education provides specialized knowledge for senior nurse leaders, enabling them to transition from competent to expert leaders in the transformation of healthcare.

Certification

The specialized knowledge that senior nurse leaders develop, based on the AONL's executive competencies, provides the foundation for nurse-executive certification. The ANCC (n.d.) provides two board certifications that entail competency-based examinations providing valid and reliable assessments of the entry-level clinical knowledge and skills of nurses tasked with managing the daily operations of a service line: These certifications are those of nurse executive (NE-BC) and nurse-executive advanced (NEA-BC). The test blueprints are based on

2014 nurse role delineation studies that identified major knowledge, skills, and abilities relevant to nurse-executive work, both of which are related to the structure and processes of executive or advanced executive roles. The NE-BC focuses on professional practice, leadership, and knowledge management, and it requires a nurse to hold a baccalaureate degree in nursing and, at the organizational level, a mid-level administrative position (nurse manager, director, assistant director) of 24 months within the past five years. The NEA-BC focuses on exemplary professional practice, transformational leadership, and new knowledge and practice applications; it requires a nurse to hold a master's degree or higher in nursing or a bachelor's degree in nursing and master's degree in another field. In addition, a nurse must have held an executive administrative position for a minimum of 24 months in the previous five years (ANCC, n.d.).

The AONL provides two board certifications that are based on a combination of work experience and knowledge. The executive nursing practice certification (CENP) requires that nurses hold a master's degree or higher in nursing and two years of experience in an executive nursing role, or a baccalaureate degree in nursing and four years of experience in an executive nursing role (AONL, 2019). The CENP assesses four areas of competency: communication and relationship building, knowledge of the health care environment, professionalism, business skills, and leadership.

The nurse manager and leader certification (CNML) requires that a nurse have a baccalaureate degree (nursing or non-nursing), with 2,080–3,120 hours of experience in a nurse manager role, respectively. A nurse with a diploma or associate degree and with 5,200 hours of nurse manager experience may also be eligible to sit for the CNML exam. The CNML tests knowledge of four primary principles of management: financial, human resource, performance improvement, and strategic management and technology (AONL, 2019).

Crawford et al. (2017) have recommended that senior nurse leaders be nationally certified as nurse executives. Each of the certifications in executive leadership requires a minimum of one to two years of work experience in an administrative role and a minimum level of education. All certifications are based on specific competencies that are consistent with the AONL executive competencies.

Experience

Senior nurse leaders may be selected into new organizational roles based on their years of experience as a nurse, but there is no specific minimum work experience requirement for nurses that transition into senior nurse leader roles. Nurse leaders may also gain experience from different organizations, specialties, or settings. Some literature has defined nursing experience of at least one year, while others suggest two to five years, as necessary for a nurse to be considered experienced (Chicca & Bindon, 2019). According to Benner (1984), experience does not refer to longevity or length of time in a position; it refers to an active process of refinement and change in preconceived notions, theories, and ideas when confronted with actual situations. It is the specific lived experiences of novice senior nurse leaders that this research seeks to understand and describe.

Orientation Plan

An exhaustive description of how novice senior nurse leaders transitioned into new organizational roles was used to develop an organizational orientation plan for future novice senior nurse leaders. The orientation plan was built upon the AONL competencies, but was customized to help senior nurse leaders transition into new organizational roles as part of one organization's mission and vision. Transition programs in nursing have been shown to be effective and may serve as a model for the development of a transitions program for novice

senior nurse leaders. For example, the AACN (2019) nurse residency program offers an entry-level program for new graduates transitioning into practice. The program focuses on leadership, patient outcomes, and professional development, and it had a first-year retention rate of 91.5% for 2018 graduates, compared to the national average of 82.5% (AACN, 2019). Similarly, the PTAP contributes organizational benefits to patients, residents, and fellows by measuring care-quality outcomes.

Several organizations have implemented programs to improve their care-quality outcomes. Levin (2010) developed an intervention with two primary aims: enabling a period of information seeking about role challenges, context, and nuances; and developing relationships with new peers and direct reports. Another organization developed a year-long program, which included one eight-hour education day every four to six weeks. Each education day focused on how one leadership competency was operationalized within the organization, including opportunities for shared learning and networking with other nurse leaders (West et al., 2016). Siren and Gehrs (2018) developed an individualized nurse internship program that included management domains and associated competencies, but it also included a strong mentorship network to support the resilience of novice nurse leaders. Similarly, a structured orientation plan was developed to help novice senior nurse leaders transition into new roles, and this plan was based on the rich information collected and analyzed in the current study. An enhanced understanding of nurse leaders' professional development needs facilitated the formulation of targeted orientation plans at the local level.

Summary of the Gap

Novice senior nurse leaders are generally experienced nurses who are poorly supported during their role transitions, as they learn to lead at new organizational levels. Organizational

change and instability combined with a lack of formal training and mentoring for novice senior nurse leaders leads to role insufficiency. No best practice exists to support novice senior nurse leaders in transition within organizations, despite the availability of transitions programs and industry standards. Role expectations and responsibilities have been poorly defined or inconsistent, making the phenomenon of role transition for novice senior nursing leaders poorly understood and conceptualized, yet of paramount importance during the period of instability.

Chapter Summary

Transitions are complex, multidimensional processes that nurses experience in multiple ways and that can occur multiple times throughout their nursing careers. Transitions have been categorized as developmental, health-illness, or situational. Nurses in many roles may experience transitions and may include those transitioning from student to nurse, or those transitioning from clinical practice to academic faculty. Novice senior nurse leaders experience transitions as they acquire new organizational leadership roles. These types of situational transitions have been explored in the literature, but the development of best practices to support these transitions has been poorly conceptualized. Senior nurse leaders require transition support as they experience new levels of role engagement, change, uncertainty, or stability; however, a lack of support can hinder role mastery. The support for nurses during role transitions is a phenomenon that has been insufficiently investigated in the literature. In addition, organizational changes in leadership and structural re-organization can either hinder or facilitate novice senior nurse leader transitions.

The concept of a role was defined as a symbolic interactionist framework, where one's role was assumed to be significant when others accept that role. The roles and responsibilities of senior nurse leaders varied by organization, and clear definitions of senior nurse leaders' roles, responsibilities, characteristics, and competencies were lacking. Senior nurse leaders must be

transformational leaders who create positive workplaces, facilitate positive patient outcomes, and support staff retention and engagement. NEC includes five domains instrumental to nursing leadership development: communication and relationship management, knowledge of the health care environment, leadership, professionalism, and business skills and principles (Waxman et al., 2017).

The essential outcomes of successful role transitions in nursing include the mastery of interpersonal skills, team dynamics, and systems thinking. Through these processes, novice senior nurse leaders experience new role identities as they transition from novice to expert and as they forge new relationships in their roles. The competencies, attributes, and skills that novice senior nurse leaders develop will govern how they lead in new organizational roles. Mentoring, networking, and formal leadership development programs have been shown to demonstrate support for novice nurse leaders. However, the orientation for new nurse leader preparation has been poorly structured, inconsistent, and ineffective, and it often does not provide the requisite learning experiences or skills for nurses to successfully transition and grow into successful leaders. New descriptions of how novice senior nurse leaders transition into new organizational roles are used to develop an organizational orientation plan for future novice senior nurse leaders.

Chapter 3. Methods

This chapter discusses how the research design emerged; the assumptions associated with the research; the setting; the sampling plan; the methods of data collection, management, and analysis; the methodological rigor; and the limitations associated with the study. To fully describe the intent of this qualitative study and how the methods align with the research question, the phenomenon of senior nurse leader role transition was discussed within the context of the following key characteristics: naturalistic inquiry, the researcher as an instrument, inductive analysis, researcher reflexivity, and the significance of meanings (Creswell & Creswell, 2018).

Research Design

These unique characteristics will set this study apart as truly qualitative, in contrast to the deductive and post-positivist approaches of quantitative research.

Quantitative Inquiry

A quantitative research design is generally used to measure variables, examine relationships among variables, test hypotheses, or establish cause and effect, through either experimental or non-experimental methods of inquiry (Creswell & Creswell, 2018). Quantitative research typically employs deductive reasoning to obtain numeric information from formal measurements that are statistically tested in order to find a solution to a problem (Polit & Beck, 2017). Answers to such problems are based on a post-positivist assumption that one true, objective reality exists, yielding evidence that exists with a high degree of probability (Polit & Beck, 2017). In other words, the goal of a quantitative research design may be to determine the cause of a phenomenon, rather than to understand it. This goal directly contrasts that of a qualitative design, which is subjective and reductionist (Polit & Beck, 2017).

Qualitative Inquiry

The constructivist methods of qualitative research are used to explore the complex experiences of human beings, with a focus on understanding a phenomenon of interest and identifying truth as a synthesis of multiple realities, rather than one true reality (Polit & Beck, 2017).

Naturalistic inquiry. The description of multiple realities is based on a naturalistic inquiry, stemming from a relativist ontology. According to Lincoln and Guba (1987), naturalism holds no underlying presupposition that there is a single truth. Instead, truth is created and built based on the situations, stimuli, events, or interactions that human beings experience in the world. Realities are wholes that cannot be understood in isolation from their contexts, and research should be conducted with a phenomenon in its context for the fullest understanding of what an experience means (Lincoln & Guba, 1985).

Researcher as an instrument. Qualitative research requires one to consider the relationship that exists between the researcher and the participants. Within a naturalistic inquiry, the two cannot be separated (Lincoln & Guba, 1987). Dinkins (2005) describes this relationship as imperative in creating shared inquiry, where the researcher and participants question one another's beliefs, clarify their thoughts, and find understanding together. In this way, the researcher and participants become engaged in face-to-face interactions and dialogue to collect and analyze information through the interview process (Creswell & Creswell, 2018; Polit & Beck, 2017). The researcher becomes the primary data-gathering instrument in order to fully grasp and interpret the meaning of participant interactions (Lincoln & Guba, 1985).

The researcher in this work selected, sampled, and interviewed participants to gain an in-depth understanding of what novice senior nurse leaders experience in new roles. The multiple realities that emerged from novice senior nurse leader descriptions of their experiences were

"intensely personal, idiosyncratic, and consequently, as plentiful and diverse as there are persons to hold them" (Lincoln & Guba, 1987, p. 25). These descriptions enabled the researcher to develop a complex and holistic understanding of the real-life experiences of novice senior nurse leaders (Creswell & Creswell, 2018).

Inductive process. As the views of participants emerged through data collection, the research design emerged, as the researcher employed an iterative process of interviewing, reflecting, and analyzing, which allowed the researcher to adjust data collection based on new subjective information (Creswell & Creswell, 2018; Polit & Beck, 2017). As new information was collected and analyzed through shared dialogue and shared inquiry, the researcher and participants employed a circular reasoning approach, an ongoing process of interpretation, to form connections and establish a mutual understanding of the phenomenon (Dinkins, 2005). The working back and forth of new information was an inductive process of finding meaning, building patterns and themes by organizing data, returning to the original sources of information, and interviewing additional participants if more information was needed to support the emergent themes (Creswell & Creswell, 2018).

Reflexivity. Through an inductive process, the researcher continuously reflects on personal experiences that shape or bias the interpretation of data (Creswell & Creswell, 2018). This was an important part of the interpretive process, since the researcher is a novice senior nurse leader who may hold certain assumptions that needed to be identified and tested (Dinkins, 2005). The researcher's prior knowledge was a valuable factor contributing to the development of mutual understanding with participants (Patton, 2019). Reflexivity is a process enabling inquirers to reflect on their role in the study and how their personal background shapes interpretations, ascribes meaning to data, and advances themes that shape the direction of the

study (Creswell & Creswell, 2018). The researcher accomplished reflexivity by keeping a journal of observations made during the process of data collection, including reflections of personal experiences and assumptions, hunches about what was being learned, or themes developed and co-created through shared inquiry with participants (Dinkins, 2005; Polit & Beck, 2017).

Significance of meanings. The focus of the inquiry was to discover the hidden meanings of the phenomenon of novice senior nurse leaders' role transitions, as they experienced these transitions in practice. This inquiry was implemented by eliciting vivid responses and dialogues with participants to derive in rich detail the context that shaped the experiences (Dinkins, 2005).

Interpretive Phenomenology

Interpretive phenomenology, or hermeneutics, is based on the philosophic views of Heidegger, and it is an approach best suited to answer broad research questions (Creswell & Creswell, 2018; Polit & Beck, 2017). Hermeneutics is defined as the art and philosophy of interpreting the meaning of an object, and it answers the question "what is being?" (Polit & Beck, 2017, p. 472). Verbs like *describe, explain, explore*, or *interpret* were used to relate one central research question to sub-questions specific to qualitative lines of inquiry (Creswell & Creswell, 2018). The goals of interpretive research are to enter another individual's world and to discover the wisdom and understandings found during the interview process by approaching it with openness and shared inquiry (Dinkins, 2005; Polit & Beck, 2017).

Interpretive phenomenological analysis (IPA) focuses on the subjective experiences of individuals or their lifeworlds (Polit & Beck, 2017). In this case, the focus was on the lived experiences of novice senior nurse leaders as they transitioned and oriented to new organizational roles. The literature offered little information about what novice senior nurse leaders experience as they learn new roles. Some novice senior nurse leaders have been poorly

mentored (Miltner et al., 2015; Patterson & Krouse, 2015), while others have received minimal organizational support (Beal & Riley, 2019). What this experience means to each individual is the essence of the phenomenon and the primary reason for the selection of a phenomenological approach. The researcher came to understand the experiences of novice senior nurse leaders according to three key principles: investigation of the phenomenon as the experience of a person; intense interpretation and discourse with the participants and data obtained; and detailed examination of information (Polit & Beck, 2017).

Experience of a person. The experiences of individuals emerged during the interview and observation process as new meanings, concerns, issues, conflicts, and practices were revealed from varied perspectives (Crist & Tanner, 2003). During the initial interview process, the history of participants' role transition was discussed to determine what it meant to them. This determination included definitions of what the ideal role was and how it was being lived out (Dinkins, 2005).

Intense interpretation and discourse. Discourse, or shared inquiry, ensued as the participants and the researcher identified and recognized specific issues or events that occurred during the transition process (Crist & Tanner, 2003; Dinkins, 2005). This principle included the identification of conflicts among the researcher and participant(s), asking about ideals, providing examples or analogies, and developing additional lines of inquiry (Dinkins, 2005). This type of dialogue created an opportunity for the researcher to identify and check personal assumptions and become part of the inquiry (Dinkins, 2005). In fact, it was difficult for the researcher to bracket assumptions and biases when the researcher possessed prior knowledge of the phenomenon under study (Dinkins, 2005; Patton, 2019; Polit & Beck, 2017). The researcher used the hermeneutic circle to re-evaluate what was important and to facilitate the identification

of emerging themes through an interpre-view process, an iterative process of interview and interpretation (Dinkins, 2005).

Examination of information. The more interpretation occurred during the interview and the more interview and interpretation became a holistic process, the more genuinely hermeneutic the research became (Dinkins, 2005). Co-inquirers were able to define central terms more clearly and thoroughly after having discussed issues together. Beliefs were interconnected or rejected, while conflicts were identified, moving the researcher and participants to deeper understanding. The researcher used these new truths in discussions with subsequent participants, expanding upon existing or new lines of inquiry (Dinkins, 2005).

Research Assumptions

It was important to discuss the inherent assumptions within the constructivist research paradigm, and an assumption is a belief that is unsubstantiated but thought to be true. The primary assumption of qualitative research is that reality is not fixed, but is a construction that is context specific (Creswell & Creswell, 2018; Polit & Beck 2017). In fact, Dinkins (2005) has asserted that the richness of detail of lived experience can be revealed only within the context that shapes it. Context was the background or milieu in which situations were experienced, including sociocultural or situational realities, levels of engagement within an organization, or biases (Miles & Scott, 2019).

Participants reflected on their experiences as novice senior nurse leaders, resulting in multiple constructions from the reality that existed in the minds of the nurses. The collection and interpretation of multiple constructions was based on a second assumption, namely that the inquiry required interaction and intense dialogue between the researcher and the participants. Interpretive qualitative research cannot occur without the researcher being utilized as the key

instrument in data collection. According to Polit and Beck (2017), knowledge is maximized when the distance between the researcher and the participants is minimized. The researcher collected information until the information became redundant. During this time, the researcher maintained an open mind while collecting and interpreting these new perspectives through a process of shared inquiry. However, the researcher also assumed that the participants verbalized accurate and truthful statements based on their subjective experiences (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016), and these experiences were attributed to numerous social engagements with other human beings (Creswell & Creswell, 2018). For example, novice senior nurse leaders held perspectives shaped from past personal or professional experiences, within different communities, cultures, or settings, which contributed to their descriptions of their role transitions.

Setting

The research was conducted in a real-world naturalistic setting from two hospitals in the southeastern United States. The facilities from which participants were sampled were in the same region as the researcher's place of employment. Creswell and Creswell (2018) describe this research-location proximity as backyard research, involving the study of phenomena within a researcher's organization or immediate work setting. This type of research offered the advantage of convenience; however, it may have compromised the accuracy of information collected due to researcher bias. Researcher bias and assumptions were made known during the data collection process, and these beliefs were discussed with ongoing dialogue among all participants. These measures contributed to the validity and reliability of the study findings, which were thoroughly discussed within the context of trustworthiness and rigor.

Sampling Plan

Sampling in qualitative research is not random; rather, it is purposive, intended to study a small sample of homogeneous participants intensively to gain an in-depth understanding of the phenomenon (Palinkas et al., 2015; Polit & Beck, 2017). While each novice senior nurse leader possessed diverse backgrounds and perspectives on role transitions, homogeneous sampling was used to minimize variation and to facilitate a more focused inquiry (Pietkiewicz & Smith, 2014; Polit & Beck, 2017). Twelve eligible participants were identified within the setting and were available for recruitment. Participants deemed to most benefit the study were sampled, and new participants were sampled through snowballing. Nine participants were interviewed, at which point data saturation was achieved. Through the process of data saturation, the researcher connected participant interviews and facilitated the identification of emerging themes. Achieving data saturation did not require a large sample size, but the depth and intensity of the interviews supported the collection of rich data (Pietkiewicz & Smith, 2014; Polit & Beck, 2017). The goal of sampling was to obtain adequate interpretations of the phenomenon that were clear and visible, and no new information was revealed by participants (Crist & Tanner, 2003).

Sampling Strategy

Participants were easily accessible and available to the researcher, willing to participate, and possessed the ability to express their perspectives articulately and reflectively, facilitating data collection (Palinkas et al., 2015). All participants were selected from the same health system and held similar job descriptions. Several potential subjects were available, as they transitioned into a senior nurse leader role in the previous year, filling vacated positions due to life transitions or an adjusted span of control.

Eligibility Criteria

Eligibility criteria were based on the researcher's need to collect information that yielded an understanding of both common or conflicting beliefs and the diverse experiences of novice senior nurse leaders during their role transitions. Eligible participants were discovered through their familiarity with two organizations and through announcements made as new positions were filled.

Inclusion criteria. Included in this study were novice senior nurse leaders who had experienced transitions to new roles as director, associate director, or AVP with a minimum of six months experience and up to 24 months experience in their new roles. A novice was considered to have spent less than 24 months in the senior nurse leader role.

Exclusion criteria. Novice senior nurse leaders possessing less than six months of experience in their current roles were excluded, as they did not possess enough information to contribute meaningful data to the inquiry. Those with more than 24 months of experience in their current role were excluded, as they were no longer considered novices. Individuals unwilling to complete the interview process and the validation of findings were excluded from the study.

Recruitment

Purposive sampling began after Institutional Review Board (IRB) approval and continued through data analysis until data saturation was reached. Data saturation was reached at the conclusion of the seventh interview, yet two additional participants were interviewed to validate and solidify the researcher's interpretations. Participant 7 became an exemplar, providing a compelling story of what role transition meant. This participant exemplified important themes that had emerged, discussing the unclear expectations of the role, fluctuations in confidence, the importance of mentorship and relationship building, the evolution of the role,

and what the ideal experience could be. The process of recruitment included snowball sampling, where an early participant referred the researcher to one other potential participant (Polit & Beck, 2017); however, this individual was not able to be recruited.

Nine novice senior nurse leaders were recruited and interviewed, and the inclusion criteria were met. All participants possessed at least six months of experience, but less than 24 months of experience, in their current senior nurse leader roles. Those recruited were either associate directors or directors of nursing in their respective areas. Each of the nine participants signed an informed consent form, provided basic demographic information, and agreed to have their interviews audio-recorded.

Protection of Human Subjects

The organization where the research occurred was chosen because it was unclear how senior nurse leaders learned to lead, and over the past two years, there were several senior nurse leaders that transitioned into new roles. Many times, senior nurse leaders learn as they gain experience, and it is unclear whether their learning needs are met or whether they become effective leaders. Formal orientation plans, with consistent education requirements, have been lacking or inconsistently delivered (Akerjordet et al., 2018; Beal & Riley, 2019; Bellack & Dickow, 2019; Miltner et al., 2015; Siren & Gehrs, 2018; West et al., 2016; Williams & Li, 2019). The data reported in this analysis has contributed to the development of new orientation plans for future senior nurse leaders.

Novice senior nurse leaders were asked to answer in-depth questions about their experiences in a non-threatening way and in a non-disruptive environment. Interviews were conducted in a private office or conference room to maintain privacy, avoid interruptions, and minimize social desirability bias (Bergen & Labonté, 2019). Participant responses were recorded

and transcribed, and verbatim statements were de-identified. For reporting purposes, pseudonyms were used to protect the identities of participants and settings, and demographic information, such as gender, was reported only collectively (Creswell & Creswell, 2018; Richards & Morse, 2013).

Permission to conduct the research was obtained from the office of Clinical Development, the Chief Nursing Officers of the respective organizations, and any other applicable gatekeepers within the health system (Creswell & Creswell, 2018). Research activities commenced only after all appropriate permissions were obtained. Human subjects protections were assured through review by two organizational IRBs, namely those of Nova Southeastern University and the organization where the research was conducted. Both IRBs deemed the research to be exempt, and letters of exemption are presented in Appendix B. No further human subject regulations applied. Participants were asked to provide their informed consent after all permissions and approvals had been granted.

Risks and Benefits of Participation

As part of the informed consent process, the potential risks and benefits of participation were discussed with each novice senior nurse leader**.** The risks to participants were minimal, or they were no greater than those ordinarily encountered in daily life (Polit & Beck, 2017). The primary risks associated with this research were the potential for loss of privacy and the loss of time related to participation in study activities. Participants were informed upfront of the time commitment, so that expectations were clear, and mutual agreement was obtained. The interviews were conducted beyond normal business hours to minimize disruptions in participants' job performance and to offset any risks to job security. Regarding potential breaches in privacy, all information was appropriately recorded, stored, and protected from

public disclosure. Participants were informed that the potential for a breach could not be completely eliminated, despite usual and general firewall mechanisms. Interviews were conducted in a quiet, private workplace location that was convenient to both the participant and the researcher.

Participants benefitted from participating by discussing their experiences in a non-threatening environment with a trusting researcher who was also a novice senior nurse leader. Through this process of shared inquiry, both the researcher and participants learned more about themselves through participant–researcher interaction and discourse (Dinkins, 2005) and personal self-reflection on topics discussed. Participants also found satisfaction in knowing their participation might help other novice senior nurse leaders facing similar role transitions (Polit & Beck, 2017). The final interpretations of data that resulted from thematic analysis and identification of paradigm cases enabled the researcher to develop improved orientation plans for the organization and health system.

Data Management and Organization

To uphold the integrity of the data, it was transcribed with the use of a transcription service (Rev) and managed with the use of Crist and Tanner's (2003) analytic approach. Digitally recorded interviews were uploaded through a link to the transcription service as MP3 files. Transcribed data files were electronically retrieved through a secure email network within 24–48 hours for ongoing data analysis by the researcher. This process was tested and validated through the use of a dummy recording and transcription. The researcher searched for similarities and differences in the text through a process of thematic analysis (Polit & Beck, 2017). While computer-assisted software can save time in data analysis, the manual method of analysis

provides a proximity to the data that can be key to a researcher's understanding and interpretation (Polit & Beck, 2017).

Data Collection

Before individual interviews commenced, rapport was established with participants, and the interview process was explained as highlighted by the protocol in Appendix C. This protocol included the collection of demographic information as noted in Appendix D. Informed consent followed, and data collection began with participant interviews.

Data collection was conducted using the hermeneutic interview, which is described as a mode of understanding rather than as a method of interviewing. The primary focus of the interview centered around the question and the intense dialogue between the researcher and individual participants through a process of shared inquiry (Dinkins, 2005; Pietkiewicz & Smith, 2014). The researcher took an active role throughout the interview by encouraging an openness that included sharing, accepting, or rejecting beliefs and testing and clarifying thoughts or assumptions (Dinkins, 2005). For example, Participant 6 expressed not yet feeling confident or comfortable in the role, not knowing whether those feelings would ever go away. As a novice senior nurse leader, the researcher was able to identify and check her own assumptions about the meaning of confidence through the Socratic process of shared inquiry (Dinkins, 2005). In other words, this participant put forth a thought that the researcher perhaps had not previously confronted. This participant–researcher connection encouraged open dialogue (Dinkins, 2005) that was helpful in understanding the importance of confidence as a transition condition (Meleis et al., 2000). This example supports a mode of understanding that is instrumental to the hermeneutic interview.

The researcher directed the lines of inquiry based on the narrative provided by each participant and frequently restated participant beliefs to stimulate further thinking or clarification. The researcher would say, “What I hear you saying is . . . ,” and the participant would generally express affirmation and expound upon the line of thinking. The questions were structured to support the central research question, and additional probing questions were used to stimulate deeper conversation and uncover hidden meanings. Probes included questions such as “how did you feel” or “what happened next” (Polit & Beck, 2017, p. 510). For example, Participant 5 indicated feeling alone when making decisions and was asked, “How does that feel?” by the researcher, in order to uncover what that expression really meant to the participant. The participant then went on the describe and interpret how the experience felt scary. Through a process of circular dialogue, whereby dialogue and interpretation occurred simultaneously, hidden meanings were uncovered that created a holistic picture of the novice senior nurse leader’s role transition.

The key to data collection and interpretation was the active role of the researcher as the instrument (Dinkins, 2005). The researcher used an interview guide (Appendix A) but opened and directed new lines of inquiry based on information yielded, keeping conversations purposeful (Polit & Beck, 2017). The researcher created in-depth discourse that included the use of face-to-face, semi-structured interviews, occurring over a three-month period. During the informed consent process, the researcher explained how the interview was conducted and that all interviews were audiotaped. Participants were afforded the opportunity to decline through the informed consent process; however, no one declined to participate. Demographic information, such as gender, years of experience as a nurse, time spent in the current role and time spent in

prior nurse leader roles were collected before the interviews commenced. The interview guide was used to direct conversations, so that all participants were asked similar questions.

Interviews were scheduled for a specific day and time to meet with participants face-to-face, in a private location of their choice. Interviews were conducted over 45–60 minutes, and all audio was digitally recorded using a hand-held digital recorder. The researcher also wrote memos immediately after each interview to include the date, time, location, and specific notes or observations about the interview process, with both verbal and non-verbal cues of interest supporting the richness of the study findings. For example, Participant 1 talked about being passionate. The researcher noted that this participant exuded passion and excitement through facial expressions and positive voice inflection, signs that supported the verbatim comments. These memos were used as part of a reflexive process by the researcher to describe participants' views without bias or role conflict and to articulate clearly what the researcher saw and thought during the process of data collection (Groenewald, 2004). Memoing has historically been used with grounded theory research; however, it provides a way for any qualitative researcher to enhance the reliability of the data by corroborating recorded data and making researcher bias or assumptions transparent (Polit & Beck, 2017).

In preparation for the data collection process, the researcher conducted a pilot interview with a nurse who was not a potential participant. The pilot interview was conducted over 30 minutes and provided a means for the researcher to practice interview techniques, revisit the use of probing questions, and tailor the interview questions to ensure holistic data collection. The interview was transcribed by the selected transcription service, and the transcript was deemed to be a clear, as an accurate representation of the interview dialogue.

Data Storage

Digital audio-recordings and transcripts were stored in a password-protected computer, and any journals and paper files, like consent documents, were stored in a locked and secured cabinet, accessible only by the researcher. The researcher confirmed with the selected transcription vendor that data files were destroyed as soon as the transcription had been accepted. Data was accessed only by the researcher and will be destroyed within three years of study completion. According to Creswell and Creswell (2018), the American Psychological Association recommends a period of data storage of five years. However, the organizational IRB of record requires only three years of data storage after the completion of the analysis.

Data Analysis

The researcher listened to recorded interviews within 24–48 hours after the data had been collected, to check the audibility and completeness of data in a timely manner. No data elements were missing, however, if data elements had been missing, the researcher would have been able to re-create as much detail as possible, based on recent dialogue and recorded notes (Polit & Beck, 2017). Transcribed interview transcripts (verbatim) were analyzed, using Crist and Tanner's (2003) hermeneutic interpretive analytic approach, a hybrid approach based on the work of Benner and Diekelmann and colleagues (Polit & Beck, 2017).

Crist and Tanner (2003) provided a step-by-step process (phases) of interpretation and analysis that included an early focus on lines of inquiry; identification of central concerns, exemplars, and paradigm cases; observation of shared meanings; formation of final interpretations; and dissemination of those interpretations. Crist and Tanner (2003) proposed a team approach to interpretation, but for the purpose of this inquiry, interpretation was developed through interviews built on shared inquiry and researcher observations and writings, rather than a

team approach to analysis. The shared inquiry was based on a dual approach that encompassed participants making meanings of their experiences and the researcher decoding those meanings (Pietkiewicz & Smith, 2014).

The early focus centered on the first few transcripts and initial discussions with participants. Each participant provided a unique story about their role transition, as evidenced by their transcript. This phase provided an opportunity for the researcher to critically evaluate the interview and observation techniques, as evidenced by the transcripts and memos. Transcript content was organized and summarized into a succinct document for each participant to read and review for clarity. Eight of the nine participants responded to the request to validate the accuracy of the transcript summaries. In addition, missed or unclear pieces of information were flagged for further exploration (Crist & Tanner, 2003), and only minor pieces of information were flagged for clarification. These early lines of inquiry guided subsequent interviews and directed future sampling in order to derive a rich understanding (Crist & Tanner, 2003).

During the second phase, central concerns, themes, and meanings were identified. For example, clear expectations was identified as a central concern early on, as part of Participant 1's story. The researcher's writings summarized the most important central concerns for each participant. These summaries included exemplars that specifically characterized common themes or meanings that were later identified across participants or paradigm cases that provided compelling explanations of the role transitions (Crist & Tanner, 2003). Pietkiewicz and Smith (2014) refer to this type of in-depth analysis as *idiography,* which was defined as detailed case exploration. Idiography has been foundational to IPA because it allows important themes to be exemplified through the individual stories created by participants (Pietkiewicz & Smith, 2014).

During the next phase of data analysis, the researcher identified connections between written summaries found within or across transcripts, looking for significant patterns to create shared meanings (Crist & Tanner, 2003). Similarities and differences among participants' narratives were identified, compared, and contrasted, as important themes continued to emerge (Pietkiewicz & Smith, 2014). Final interviews and in-depth dialogue contributed to final interpretations, addressing any pending or unclear lines of inquiry, closing the iterative process between transcripts, memos, and interpretive writings (Crist & Tanner, 2003). An example of how data analysis was conducted is demonstrated in Table 1.

Table 1

Process of Data Analysis

Phases of Analysis	Sample Interpretive Process
Early focus on lines of inquiry	Participant 1 stated ideal role transition should include clear expectations
Identification of central concerns	Named clear expectations as central concern and followed line of inquiry with subsequent participants
Observation of shared meanings	Color-coded clear expectations on transcripts and summaries, organized on flowsheet by participant, and identified a pattern across all nine participants as emerging theme
Formation of final interpretations	Wrote interpretation of how clear expectations were defined and articulated using an iterative process
Dissemination of interpretations	Wrote interpretations Theme 1: Lacking clear role expectations, Sub-themes: Awareness of feelings/emotions Dichotomy of the role

Rigor

The rigor of the study was demonstrated by establishing the validity and reliability of the study's findings. Qualitative validity is concerned with the accuracy of the data collected, from the perspectives of the participants, readers, and the researcher, while reliability is concerned with the consistency of the findings among researchers (Creswell & Creswell, 2018). Strategies to establish validity are discussed within Lincoln and Guba's framework of trustworthiness: credibility, dependability, transferability, confirmability, and authenticity (Korstjens & Moser, 2018; Polit & Beck, 2017).

Validity

Credibility indicates confidence that a study's findings are true and believable and that they are interpreted and reported accordingly. Credibility was supported in this study through member checking (Polit & Beck, 2017). Interview strategies that included intensive listening and discourse, probing, and audio-recording participant feedback all enhanced the quality of the data, and therefore the credibility of the findings. Deliberate probing and restating participant responses during the interview ensured that participant meanings were understood. In addition, participants reviewed interpretive summaries to validate the accuracy of the interpretations (Polit & Beck, 2017).

Confirmability assures that the data is unbiased and accurately reflects what has been shared between the researcher and the participants. The hermeneutic circular process of data collection and interpretation provided a means for all assumptions and biases, by both the researcher and participants, to be made visible and to be dealt with during the analytic process. Beliefs and concepts were analyzed until a final, unarguable definition of the central concept was mutually agreed upon and accepted without qualification, and any conflicts that did not align with significant beliefs were rejected (Dinkins, 2005). Through this process, the researcher reflected on personal experiences as a novice senior nurse leader and evaluated how these experiences contributed to the collection and interpretation of the data. The researcher recorded notes through data collection, based on observations or reactions of participants and new information learned as the study progressed.

Transferability refers to the extent to which the study findings apply to other settings or groups (Polit & Beck, 2017). The onus on the researcher was to provide final interpretations of what it means to be a novice senior nurse leader in role transition, and that information has been

disseminated to readers in the form of exemplars and paradigm cases that illustrate aspects of the themes identified (Polit & Beck, 2017). Using this information, other organizations may be able to identify in their own contexts the reported themes, which may thus hold meaning for other novice senior nurse leaders. This concept of transferability is closely related to the authenticity of the study or the ability of the researcher to clearly articulate the range of realities that participants assume and the sensitivity by which readers can experience the phenomenon. Authenticity sets the tone and provides the context around the findings, a characteristic particularly important to interpretive phenomenological research. The trustworthiness of the findings materialized through an iterative process of thematic analysis, by comparing and contrasting similarities across cases.

Lastly and perhaps most importantly, the dependability of the data is related to its reliability over time and to additional conditions (Polit & Beck, 2017). Strategies to promote reliability were discussed within the context of transcription accuracy (member checking), consistency in interpretation, and the accurate reporting of data by themes. These techniques contributed to the originality and accuracy of the study findings rather than their generalizability, which according to Creswell and Creswell (2018) is the hallmark of qualitative research

Chapter Summary

Chapter 3 included a discussion of the phenomenological research design, setting, sampling plan, and methods for data collection, management, and analysis. The phenomenon of novice senior nurse leaders in role transition was discussed within the context of the following key investigative characteristics: naturalistic inquiry, researcher as an instrument, inductive analysis, researcher reflexivity, and the significance of new meanings. Data has been interpreted through investigation of the phenomenon as the experience of a person, intensive interpretation and discourse with participants, and detailed examination of the resultant information. A primary

assumption of qualitative research is that reality is not fixed; rather, participants reflected on their subjective experiences, resulting in multiple constructions of novice senior nurse leadership.

The research was conducted in a real-world naturalistic setting at one health system in the southeastern United States, and interviews were held within a convenience sample of novice senior nurse leaders to gain an in-depth understanding of the phenomenon. Novice senior nurse leaders were purposively selected for participation based on the knowledge they possessed about their role transitions, and the sample included those with a minimum of six months experience up and a maximum of 24 months experience. Recruitment began after IRB review and continued through data analysis until data saturation was reached. As part of the informed consent process, the potential risks and benefits of participation were discussed with each novice senior nurse leader**.** The risks to participants were minimal, associated with the potential for loss of privacy and the loss of time related to participation in study activities. Participants learned more about themselves through both participant–researcher interaction and personal self-reflection on the topics discussed. An interview guide was used to support the central research question, and additional probing questions were used to stimulate deeper conversation. Data was managed and analyzed using Crist and Tanner's (2003) hermeneutic analysis. The rigor of the study was supported through Lincoln and Guba's framework of trustworthiness: credibility, dependability, transferability, confirmability, and authenticity. Strategies to promote reliability were discussed within the context of transcription accuracy (member checking), interpretation consistency, and data reporting by theme. These techniques contributed to the originality and accuracy of the study findings rather than their generalizability.

Chapter 4. Findings

The purpose of this interpretive phenomenological study was to describe the lived experiences of novice senior nurse leaders who have transitioned to new organizational roles within a healthcare organization. Commonly, senior nurse leaders are poorly oriented or mentored to lead at this level, as little is known about how these roles are developed. Many workplaces do not have clearly defined models or support to adequately provide for the learning needs of novice senior nurse leaders (Akerjordet et al., 2018; Beal & Riley, 2019; Miles & Scott, 2019; Miltner et al., 2015; Siren & Gehrs, 2018; West et al., 2016). This research aims to understand the professional development needs of novice senior nurse leaders based on the following research question: What are the lived experiences of novice senior nurse leaders who have transitioned into new roles as they professionally develop at a new organizational level?

In order to answer the research question, the researcher began by recruiting participants from a pool of known novice senior nurse leaders from within one healthcare system, including directors and associate directors of nursing. Nine novice senior nurse leaders were recruited and interviewed over the course of five weeks from within one organization. Table 2 presents collective demographic information related to participants' age, gender, years of nursing experience, and time spent in previous and current nurse leader roles. Each participant emerged from different specialty areas and service lines, and their years of nursing experience and nursing leadership were broadly distributed. Years of experience as a nurse ranged from 10 to more than 30, and all had some prior experience as nurse leaders at some level.

Table 2

Participant Demographic Information

Demographic	Number of Participants
Age (years)	
31–40	3
41–50	2
>50	4
Gender	
Male	1
Female	8
Years nursing experience	
10–19	4
20–29	2
>30	3
Months current role	
6–12	4
13–18	2
19–24	3
Prior nurse leader role	
Manager	7
Director	2
Years prior nurse leader role	
2–5	4
6–10	3
>10	2

Note. Sample $n = 9$

The participants were recruited from two hospitals within one healthcare organization, which included one 400+ bed tertiary facility and one 900+ bed quaternary facility. The sample consisted of eight females and one male, seven of whom were prior managers internally promoted to senior nurse leaders and two of whom were prior directors hired from external organizations. The two external participants indicated they too were prior managers but had recently become directors at smaller hospitals, where they had less control than in their current position. All nine participants were defined as novice senior nurse leaders in their current roles.

Time spent in both current and prior nurse leader roles are presented by participant in Table 3, providing context for the verbatim comments reported throughout Chapter 4.

Table 3

Longevity in Nurse Leader Roles

Months in Current Senior Nurse Leader Role	Participants by Number
6–12	2, 5, 7, 8
13–18	3, 9
19–24	1, 4, 6
Years in Prior Nurse Leader Role	
2–5	3, 7, 8, 9
6–10	1, 5, 6
>10	2, 4

All interviews were audio-recorded and transcribed by a reliable digital transcription service. Transcripts were analyzed using a hermeneutic interpretive method, based on the work of Crist and Tanner (2003). Data analysis began with the first interview and continued through an iterative process of analysis through the final interview. The early focus of this approach included the following sequence of steps to accurately portray each participant's story: Read and re-read the transcripts; write a succinct descriptive summary of each transcript; and organize the text meaningfully. Participants received a copy of their transcript summary and were offered an opportunity to validate, clarify, or expound upon the dialogue. Early lines of inquiry were solidified or added to subsequent dialogue with participants. For example, the first two participants both verbalized that the ideal transition should include clear expectations of the role. This line of inquiry was identified early on as a central topic, one that became threaded throughout the analytic process.

During the next phase of analysis, central topics and concerns were highlighted by color across transcripts and transcript summaries. This process of color coding allowed for themes to

emerge in the form of exemplars and paradigm cases. Next, the central concerns or topics were listed on a spreadsheet and linked across the participants, with similarities and differences noted. Verbatim text was identified through this phase, to be used as possible exemplars for reporting, and was referenced on the spreadsheet. Shared meanings were more easily identified with this visual approach, and themes began to emerge that were common to all or most participants.

Themes were entrenched through an iterative process that unfolded as final interpretations were written in reported findings. The study findings are reported according to themes, based on the interpretations of the researcher and the application of TT constructs. The following four themes and nine sub-themes emerged (see Table 4 for an overview).

Table 4

Themes and Sub-Themes

Themes	Sub-themes
Lacking clear role transition expectations	Awareness of feelings/emotions Dichotomy of the role
Shifting the continuum of competence	From novice to expert Role mastery out of reach Elusiveness of role identity
Seeking a safe place	Developing a network of peer relationships Mentorship matters
A wonderment of learning	A different kind of chaos The ideal transition

Theme 1: Lacking Clear Role Transition Expectations

Based on an early focus on specific lines of inquiry and the identification of central concerns, the theme of lacking clear role transition expectations emerged most quickly. It is undoubtedly clear that senior nurse leaders need clear expectations when transitioning into new roles described as having a broad scope and critical responsibilities. To meet their learning

needs, they need to understand the culture of a setting, as well as its operations, goals, and available resources. The ANCC (2020) defines such an understanding as organizational enculturation. The lack of clear role expectations, which surfaced very early in data collection (i.e., with Participant 1), pervaded each participant's story as a central concern. Each of the nine participants clearly articulated that they had not been given clear expectations while transitioning into their new roles.

The participants described having "uncertain expectations" with "no reference point." Job descriptions, if present, were loosely defined. Participant 3 described their role transition as a "state of wonder." This participant stated, " I asked what was the expectation of me, and no one ever gave me a clear answer. I asked for a job description because I really wanted to know if I was meeting the expectation of the role." No clear answer existed as to what these new senior nurse leaders' roles entailed. Participant 8 said, "there was a one-page job description" that said "assist the [senior nurse] in all of the [senior nurse] duties." Participant 6 stated that some expectations were clear because of the ongoing communication with a supervisor, but the responsibilities of the role remained unclear. Participant 2 provided a very specific example of being tasked with writing a budget without "instructions" or "expectations" to include deadlines and details. This participant expressed feeling like "an idiot" not understanding how to do a budget in a new organization, stating "I went home last night and I felt really defeated."

Offering a paradigm case, Participant 7 described and interpreted what the lack of role clarity meant:

> I think every week somebody would say, "What exactly is your role? What are you doing?" I was always left to say, "Well, I'm supporting the director." Then . . . the whole time I felt kind of lost . . . I could not do an elevator speech to my role . . . it was hard

> figuring that out. It kept reinforcing this thought . . . "I don't know, and, stop asking me. I'll let you know when I figure it out." Nobody knew what it was I was supposed to be doing . . . It was a little scary.

It was evident during the interview, that Participant 7 expressed feelings of uncertainty and anxiety about the role. Other participants shared similar statements. Participant 8 said, "I don't know exactly what I am doing, to be honest," and Participant 9 said, "I didn't know what I said 'yes' to, or what it would be like." This participant described experiencing a full range of emotions throughout the role transition, which led to the identification and development of a sub-theme: awareness of role transition feelings.

Awareness of Feelings and Emotions

Each participant freely provided descriptions of how they felt throughout their role transition. According to Meleis (2000), one of the properties of a transition experience is awareness. The verbatim descriptive terms of participants' emotions, extending across a broad spectrum from anger to enlightenment, provided evidence that senior nurse leaders were aware of how they felt about their role transitions:

- Participant 1 described the transition as interesting, awkward, lengthy, and frustrating.
- Participant 2 described feelings of frustration, insecurity, inadequacy, and defeat.
- Participant 3 felt overwhelmed.
- Participant 4 described feeling overwhelmed, uncertain, frustrated, and unsuccessful, but also enlightened.
- Participant 5 felt disheartened, intimidated, stressed, and scared, while expressing feelings of uncertainty and discomfort.

- Participant 6 said the experience was very good but interesting, different, and anxiety provoking, while feeling uncertain, insecure, inadequate, challenged, and enlightened.
- Participant 7 talked about feeling lost and uncertain and described the role as interesting and informative, but frustrating and scary.
- Participant 8 experienced feelings of humility and grief over role changes, feeling indoctrinated by a "baptism by fire," but also experienced joy in leadership.
- Participant 9 felt horrible, overwhelmed, and challenged, while describing the role as awkward, a whirlwind, and a "different kind of chaos." This participant experienced anger over not being set up for success.

The lack of clear role expectations and the associated range of emotions that participants experienced during their transitions only further complicated their role development, as identified in the next sub-theme: role dichotomy.

Dichotomy of the Role

For participants who were either internally promoted within the organization or those who were externally hired into the organization, leadership at the senior nurse leader level was difficult to learn without clear role definition and delineation. A dichotomy contributing to the lack of role delineation related to participants having to manage multiple roles or to wear "multiple hats." At least five of the nine participants admitted to juggling one or more of the following roles in addition to their senior nurse leader role: manager, educator, or coordinator.

Participant 4 stated that it was difficult to focus on senior nurse leader responsibilities because daily operations were all consuming. Participant 5 managed two roles for four months and "felt very pulled," then trained a replacement manager for another three to four months. In addition, this same participant did not have support from a quality coordinator or an educator.

Participant 5 stated, “I felt like I wasn’t doing either role extremely well . . . getting exposed to director meetings and all these different responsibilities and trying to learn all the other different units.” Participant 5, who was promoted from within the organization, was assumed to “know the people and resources,” thus having basic learning needs overlooked.

Conversely, participants who were externally hired into senior nurse leader roles had equally challenging, but slightly different experiences. Some of the biggest challenges that two participants experienced were not understanding the workings of the organization, not knowing the people, and not understanding the context and background of the teams within their purview. Participant 2 stated, “you have to know the culture to be successful in it,” and having a “roadmap” would have been extremely advantageous. Compounding this lack of enculturation were implications associated with newly developed senior nurse leader roles. Participant 9 was overwhelmed and challenged with trying to learn a new culture, a newly created role, an unfamiliar team, and what was described as a “transition within a transition.” According to Schumacher and Meleis (1994), multiple transitions may occur during the same period of time and are not so unusual. However, Participant 9 felt these transitions adversely affected role assimilation: “I certainly don’t feel like I was set up for success.”

Theme 2: The Shifting the Continuum of Competence

Central concerns surrounding unclear role expectations and the dichotomy of the role are closely linked to the second major theme, the shifting continuum of competence. Competence at the senior nurse leader level was defined by participants in a variety of ways and was quickly identified as a fluid concept. Many participants identified competence as comfort or confidence in accomplishing certain tasks, for instance making quick and accurate decisions, as well as possessing situational knowledge, delegating effectively, embracing change, and knowing the

business and the stakeholders. The sample was fairly evenly split in regard to time spent in the current role; four participants were in their first year of transition (6–12 months), and five participants were in their second year of transition (13–24 months). Participants in all phases of transition voiced insecurities related to their level of "competence."

For example, Participant 6, who had been in the role between 19–24 months, felt inadequate compared to other senior nurse leaders:

> I want to do the right thing. I want to do well with it. And so it bothers me if I feel like I am not meeting up to those expectations. I think that's where I struggle, where I compare to everybody and don't always feel like I'm meeting up to everybody else's level . . . I just want to do well in my role . . . I want to be successful in the role and be successful for the department.

Participant 6 demonstrated the desire to be successful but experienced a gap in confidence in meeting self-perceived expectations. Similarly, Participant 4, also having been in the role for 19–24 months, demonstrated a gap in confidence:

> I don't feel like I'm achieving the [senior nurse] level responsibility of high overview or oversight . . . I feel from a [senior nurse] level not successful because there's so many things that I want to be able to do that I don't always feel that I'm doing a good job with those.

Participant 8 described confidence as fluctuating. Making "massive decisions" or solving problems made this participant feel like "I am on top of my game. Then the next week, there's nothing that you can do right. I think it humbles you at the same time." Yet, this participant described feeling "well assimilated" into the role.

From Novice to Expert

All of the participants, despite prior nurse leader roles or years of nursing experience, felt somewhere between novice and expert in their role transition, with that feeling sometimes changing with the situation. For example, Participant 7 again presents a paradigm case of how "competence" was articulated to be fluid:

> I think in some areas, I'm still a novice. In other areas, I'm kind of in between. There's a lot of days that I leave here thinking, "I think I might have figured this out." I'm able to answer a lot of questions, and I know what it is I need to get done this week. I'm feeling comfortable and confident that I'm not going to completely fail. Then there's mornings that I walk in thinking, "I have no idea why people are trusting me to do this job" . . . I really float back and forth between "Do I really have what is needed to know what I'm doing?" [and] "Am I really making the right decisions?"

With the exception of Participant 8, who self-identified to be at the advanced intermediate level, and Participant 9, who self-identified to be a novice, the other seven participants described themselves as right in the middle, not novice, not expert, but just in-between. Participant 1 said, " I am beyond the novice point, but I wouldn't necessarily say that I'm an expert," aspiring to become more adept at situational assessment, action, and follow-through. Participant 3 said, "I'm still early. I still feel early on in the continuum. I feel there's a lot to be learned in different aspects of a leader's role." Participant 5 was described as being somewhere "in the middle," feeling that it may take "about three years to feel comfortable and confident in making director-level decisions."

Role Mastery Out of Reach

Participants were asked what it would take to close the gap between novice and expert. In sum, the answer was time, exposure, and expertly knowing the culture, people, and the business. Participant 4 aspired to possess a level of effectiveness, not mastery, which meant to "possess the art of skillfully handling situations and expertly pulling the perspectives of others." Some participants shared that it could take three to five years to reach senior nurse leader decision-making. Participant 6 was not sure that the "uncertainty" within the role ever goes away. Participants generally described feeling that they were still in a place of transition, in part stemming from the challenges and complexities faced within the transition and those related to the tumultuous nature of healthcare.

Participant 7 articulated this scenario:

> I'm still in transition. Especially at every turn, there has been a large event . . . I think this is the new normal that I cannot get out of. Still in transition, for sure . . . and don't know what the future holds at this point.

The sentiment expressed by Participant 7 indicates the inherent flux within the healthcare system, which Participant 7 described as "the new normal." Participant 7 appeared to approach the critical event somewhat tentatively, with implications of being stuck in this new normal. Conversely, when faced with a critical event, Participant 8 approached it philosophically:

> You're never prepared for the next step, because you don't know what the next step is, but you know you can do the job . . . I think it's really, really weird. You don't know what you know until you're tested . . . I'm going to take this. I'm going to run with it.

As opposed to feeling "stuck" or even defeated, Participant 8 approached the critical event with confidence; however, this participant also asserted gaining a feeling of mastery in this role would require a type of encyclopedic knowledge that only a specific supervisor possessed. The difference between role mastery and role insufficiency is a matter of disparity (Meleis, 2018). Critical events and periods of disruption will occur, but the disparity that leads to an ineffective transition is a product of one's coping strategies (Meleis et al., 2000). Participants 7 and 9 exemplify different coping strategies for managing critical events, which steered perceived role effectiveness for these individuals. As for other participants, feelings of inadequacy, uncertainty or insecurity (as identified in Table 4) are interpreted as creating role disparity, which can interfere with or slow the transition experience, leaving role mastery out of reach for a period of time.

Elusiveness of Role Identity

As participants discussed progressing through their role transitions, the concept of a role identity was rather elusive. Some participants struggled to answer this question of their role identity, hesitating with a response, as they had not previously thought about how their role had changed or how to describe their professional identity. For others, the culmination of their life experiences contributed to the melding of a role identity, one that could be articulated with more ease. Participant 8 was clearly able to talk about role identity in a positive way, yet described living through a process of grief as the identity evolved:

> I am very much a nurse. I think that was some of the grieving of . . . I can be so removed from the bedside that actually my professional identity has changed. I have to remind myself on a regular basis, though, because I am maintaining my nursing budget, because I am maintaining policy and procedure, we're maintaining regulatory compliance, we are

> making sure we're advancing the best nurses possible, and that we're giving them the best continuing education that's possible, and we're advocating for the work that they do at the bedside, that it has a direct correlation to positive patient outcomes, whether or not I am physically touching a patient. It's that knowledge base that I have from all my years of nursing care that allows me to do what I do so well in my current role . . . I was grieving not being able to do stuff at the bedside . . . that was a struggle for a few years . . . and now, I feel that I identify myself as a nursing administrator.

This was a clear example, and a paradigm case, of how one participant's behavior changed as a result of the role transition but also as a result of years of nursing experience. This type of new role identity also requires new ways of thinking (Bleich, 2017), which can be uncomfortable (Arrowsmith et al., 2016). Many participants shared situations in which they felt "uncomfortable," but these feelings of discomfort are part of the growth process.

Participant 5 spoke of a growing level of comfort and confidence to the point of independence, and this independence was interpreted as being important to an evolving role identity. Participant 7 felt like "a baby" coming into the role, not perceived to be a peer to other senior nurse leaders, but this participant described learning to delegate as instrumental to the evolution of the role. This participant said, "I think my role has definitely changed," and "I feel like I'm definitely doing better at it."

Other participants described their identity according to their leadership style. For example, Participant 1 equated role identity with that of a transformative servant leader, one who is authentic, creative, and innovative, because this novice senior nurse leader values people and relationships. Similarly, Participant 4 described servant leadership and humility as part of a mantra:

> To get everybody to figure out what's the right thing for the patient and if everybody focuses on, "is that the right thing for the patient?" Then at the end of the day we all have skin in the game for the right reasons. We may not do it right or perfect, but we've done it with the right intentions.

This participant's mantra was about leading with integrity and doing the moral thing.

Participant 6 described the process of obtaining a new role identity through self-checking, stepping beyond a place of comfort, and growing in skill and expertise, but was unable to articulate fully what the new identity was. Participant 9 identified new coping strategies, such as learning to relax and be flexible, but again, this participant did not articulate a new role identity. The diversity in how participants in similar roles described and interpreted their identities may be due to the fact that new responsibilities or competencies had not yet been fully incorporated into their role development. A crucial component of role development appeared to be linked to how participants characterized their "safe place."

Theme 3: Seeking a Safe Place

A safe place was defined by one participant as a place in which questions could be freely asked without the questioner feeling stupid. This participant compared the situation to that of what new graduate nurses experience, where they learn to lean on another individual to find safety and ask questions without feeling judged. The third theme, seeking a safe place, was raised early, by Participant 2, who reported working hard to provide a safe place for direct reports. This concept evolved into a new line of inquiry for the researcher, asking other participants, "What's your safe place?" Participant 2 defined a safe place as being with two other senior nurse leaders. When asked what they offered, Participant 2 said, "they're good listeners," "they understand the challenges" and "complexities" of working within a big system, and they

share the “same frustrations.” Participant 3 did not use the term “safe place” but identified with certain individuals as “lifelines” because they were so resourceful. Either directly or indirectly, all participants described a “place” that they could go to find answers to questions or to find experts to answer questions. Participant 4 aspired to emulate certain behaviors and qualities observed in a direct supervisor. This participant’s safe place was typified by finding a role model one who was “exceptional” at having conversations and offering new perspectives at the system level.

All participants expressed the importance of surrounding themselves with people who would create a safe atmosphere within which they could ask questions, share challenges, solve problems, or build relationships. These processes required a certain level of engagement from participants, which is an important transition condition. Engagement was demonstrated as participants sought new information and identified with role models.

Developing a Network of Peer Relationships

The level of engagement in the relationship building that participants described as a necessity to successful role development emerged as a sub-theme, developing a network of peer relationships. This theme evolved from two central concepts, organizational support and relationships, both of which became woven through all the transcripts and quickly merged together as one theme. All participants found organizational support through a network of peers. They sought relationships with peers or supervisors, both within the discipline of nursing and external to the discipline. Participant 5 spoke specifically about the benefits of having a network of peers who had similar roles and began transitioning within similar timeframes. Participant 5 described these relationships: “We really kind of found ourselves leaning on each other and texting each other,” said this participant of their peers, as they were dealing with similar

regulatory issues. The participant further stated, “we all started in different spots of having bandwidth and things to let go of and things to learn. So, we kind of really are . . . and we’re still close to this day.” The closeness with peers that participant 5 experienced was described as an environment that felt safe.

Participant 8 talked about strong relationships and how they facilitated the transition:

> My years of experience and the relationships that I built with other people made it easy for me to ask for help when I need it, to get the information that I need, and then harness the experiences and the knowledge base that I already have to make decisions very quickly in a systems perspective.

On a larger scale, Participant 1 talked about a network of colleagues across the state, having identified such individuals through professional organizations. This participant spoke of relationships with such colleagues as “always beneficial because when you’re looking at how you’re doing something, how are they doing it, and what’s working for them?” Whether through a group of peers, or select individuals, all participants spoke about how they drew upon these important relationships as a large source of support. Each actively sought this high level of engagement to help facilitate their role transitions.

However, not all relationships were supportive. Some participants talked about the innate challenges in building the new relationships necessary for role performance. For example, Participant 9 had to forge new relationships with physicians and advanced-practice providers, and these types of relationships took longer to build credibility and mutual respect. New ways of communication had to be employed. Participants 1 and 2 talked about some of the challenges of communicating with senior supervisors who had different approaches or visions. Some such

relationships were tense, but overall, relationship building was an overarching important theme in role development.

Mentorship Matters

Some participants spoke specifically of certain relationships with individuals on an even deeper level, in the form of mentored relationships. Mentorship matters became a second sub-theme of seeking a safe place. It was a concept highlighted by the first participant. Mentorship was equally important to the small networks of peers. Participant 7 talked about a 13-year mentoring relationship that did not start in a formal manner, but that was strengthened over years. This is how the relationship was described and how mentorship was interpreted and exemplified:

> We worked together for a few years. I asked formally for her to be my mentor, after a year or two of working together, and she did . . . Our paths have gone apart . . . we sort of went our separate ways a little bit but have really kept that relationship . . . I go talk to her about things professionally . . . what my next steps are. What I think I want my future to look like . . . I call my mentor for larger issues, where I'm having trouble . . . I get validation from probably primarily my mentor . . . We have dinner once a month or so. I just tell her that she's filling up my balloon, and hopefully it doesn't deflate before the next time I see her.

Participant 9 strived to find good mentors, people with whom to commiserate and contemplate. This participant attributed career success to the "few really good ones" that provided mentorship as a "lifeline." The participant's mentors would coach through challenges or tenuous situations and help to identify good approaches to solutions; these mentors were described as being invaluable. Similarly, Participant 6 described a strong senior leader as a

mentor, not formally assigned, but one who was a confidante, stating, “it’s important to have someone you can talk to.” Relationships, expectations, and confidence levels, concepts that have been discussed within the context of previous themes, have played a role in each participant’s role development. Each experienced a unique learning environment, which led to the development of Theme 4.

Theme 4: A Wonderment of Learning

Theme 4 was generated through the blending of three central concepts: the onboarding or orientation experience, prior educational experiences, and challenges in the work environment. All these concepts contributed in some way to the learning environment. Theme 4 emerged through a highly iterative process, looking for shared meanings among participants within the context of prior themes. Participant 3 described being a novice senior nurse leader as a “wonder,” an apt word to describe novice senior nurse leaders’ learning curve. For some, it was wonderment in the sense of surprise (not knowing, until tested, what they did not know), or for others it was a state of bewilderment, related to not having a structured or planned orientation, and for yet others there was amazement over what they were able to accomplish with limited resources:

- Participant 1 described learning as “trial by fire” and being a “fish out of water.”
- Participant 2 learned by “see one, do one, teach one.”
- Participant 3 did not believe there was a transition.
- Participant 4 learned by “trial and error.”
- Participant 5 said that “basic needs” were not addressed during onboarding.
- Participant 6 said you have to “learn as you go.”
- Participant 7 said the role was developed without “planning” or “structure.”

- Participant 8 said “you ask a lot of questions” to learn the role.
- Participant 9 described learning as “drinking from the fire hose.”

Collectively, challenges were related to heavy workloads, critical events that were all-consuming, business concepts that nurses were generally not well equipped to manage (budget), human resource management, and legal services (contracts).

The participants in this study collectively possessed a wealth of knowledge, experience, and education to prepare them for the senior nurse leader role. Five participants had over 20 years of nursing experience, while four had 10–19 years of nursing experience. All fulfilled prior managerial roles (two as prior directors), with five having over six years of experience in their respective roles and with four possessing two to five years of managerial experience. One participant held a bachelor’s degree; seven held master’s degrees, primarily in nursing or business administration, and one held a Doctor of Nursing Practice (DNP). Despite the vast array of preparedness, each participant described unique challenges in learning the role of senior nurse leader.

A Different Kind of Chaos

The environment just described has been interpreted by the researcher as a different kind of chaos, where highly educated individuals were challenged to lead. The environmental or contextual challenges identified were inadequate role support; lack of feedback; cumbersome operations; an overwhelming number of critical situations; navigation of a new organization; lack of familiarity with new people, processes, or concepts; and the development of new teams. Amid such a challenging environment, several participants expressed that they had no formal orientation to their roles.

Participant 2 shared:

> I can say this without hesitation: There has been basically no onboarding. You go through general orientation and things like that, and you meet with your vice president or your supervisor early on, with a checklist of competencies and things you should do, policies you should read, things you should know. That's where it ends.

Participant 7 said, "There was no agenda, no clear expectations. No orientation . . . I set up four or five days of shadowing . . . that didn't help me any, that I can tell." Participant 9 corroborated that this type of "chaos" is not uncommon for senior nurse leaders. This participant felt that human resource representatives may describe "perfect" onboarding but that "just is so not reality. We should do better." Even more telling was Participant 8's story about how the cycle perpetuates itself. Noting that a new senior nurse leader had recently been hired, the participant reported, "I'm watching it unfold again, just in a different generation." In sum, orientation and onboarding activities were minimal to absent, and those described were primarily unstructured, unplanned, and chaotic.

The Ideal Transition

In order to fully comprehend the meanings of the aforementioned experiences, participants were asked to share their interpretations of the ideal role transition. Comparing and contrasting the *real* with the *ideal* created a tension that caused participants to reflect upon what they knew and what they knew could be. This circular process of inquiry further enhanced dialogue between the researcher and the participants about their orientation and onboarding experiences and related challenges. Dinkins (2005) believed, based on a Socratic-hermeneutic approach, that the "ideal" provided as much insight as the actual experience, but that the ideal and the actual were not necessarily the same. Both responses would lead to valuable insight concerning role transition, and that much could be learned through comparison of how the ideal

matched with the actual experience (Dinkins, 2005). How participants interpreted the ideal experience is noted in Table 5. Each "ideal" response is linked to one or more study themes, reflecting the participants' actual experiences; they are discussed within that context.

Table 5

The Ideal Transition

Participant's Learning Needs and Requested Resources	Related Themes
Relationships with people, clear job expectations, situational knowledge	1, 2, 3
An intense orientation to the culture of the organization, clear expectations of the role, and a more interactive, supportive environment from leaders and peers, roadmap, formalized plan for meeting important stakeholders	1, 3, 4
An orientation that has a defined sequence of steps, a timeline, list of resources, discussion time allotted for challenging situations, shadowing another person, finding common ground, having clear expectations of roles, and having resources within organization	1, 3, 4
A guide or roadmap, overview of meetings, including structure and function, list of resources and contacts, facilitated navigation through a system, strong relationships, business savvy, and confidence in clinical expertise	2, 3, 4
Available resource list with numbers and names and a tool for whom to call to ask questions	4
Mentors assigned at all levels as people to bounce ideas off of and answer questions, either within or external to the discipline, to offer new perspectives; shadowing with other senior nurse leaders in an area to help define the capacity of the role and scope of responsibility Partnership with a new senior nurse leader and supervisor to determine core responsibilities, with an elevator speech about what the role is	1, 3
Perfected new-leader onboarding program, a strengthened new leader academy	4
Mentorship, good support from a well-matched direct supervisor, so strong relationship can be built; process of assimilation	3, 4

As an example, a recommendation (noted above) was to have mentors assigned at all levels of leadership. This recommendation was directly related to Theme 3, seeking a safe place, and its sub-theme, mentorship matters. The ideal experience of having a mentor was related to one participants' experience of having a strong mentor who created a positive experience in the

midst of chaos. Another participant suggested that the organization needs "an intense orientation to the culture of the organization." This ideal was related to this participant's experience of an absence of orientation, as discussed within the context of Theme 4. A perfected new-leader onboarding program was another participant's expression of what the ideal experience should include. In fact, this participant provided rich detail about what a new-leader onboarding program should include: interpersonal communication skill-building, conflict management, explanation of basic expectations, budgeting, staffing ratios, discussion policies and procedure, and human resource management. These recommendations contrasted what this participant actually experienced during onboarding, which contributed to Theme 4 and the chaos of the transition. This participant said that training has to go beyond the experiential to include graduate education and concluded as follows: "You need to have the base knowledge in order to be successful in your role, but then you need to have the experiences to test that knowledge and cement it into place."

Chapter Summary

Chapter 4 included a presentation of the study findings in answer to the main research question: What are the lived experiences of novice senior nurse leaders who have transitioned into new roles as they professionally develop at a new organizational level? The research was conducted using an interpretive phenomenological approach and methods of analysis that were based on intense discourse and shared inquiry between the researcher and the participants. Nine participants were interviewed, transcripts were analyzed, and four themes and nine sub-themes emerged.

A discussion of the findings began with Theme 1: lacking clear role transition expectations. This theme emerged quickly, as none of the nine participants reported having been

given clear expectations of their senior nurse leader roles. Two sub-themes supported those experiences, the first being an awareness of feelings and emotions and the second being the dichotomy of the role. All participants experienced a full range of emotions, from frustration and anger to enlightenment, which heightened their awareness of the transition experience. The frustrations related to a lack of clear role delineation created the second sub-theme, the dichotomy of the role. Participants felt pulled in different directions, trying to manage old and new responsibilities.

Theme 2 was the shifting continuum of competence. Within this theme, the fluid nature of learning the role and achieving a level of competence was discussed, where participants expressed feeling insecure in every phase of the transition. The first sub-theme, from novice to expert, is where participants' meanings of the term "novice" were shared and discussed. Each participant described their current level of competence within that context. In the second sub-theme, role mastery out of reach, participants described the gap between novice and expert and what it would take to reach role mastery, or the expert level. All participants believed they were still in transition, experiencing some type of role disparity, making role mastery out of reach. The third sub-theme, the elusiveness of role identity, was another outcome anticipated by TT. Many participants had difficulty describing who they were now and what their identity was a senior nurse leader. Some identified with their style of leadership, while others explained how they coped with their new experiences.

Theme 3 was seeking a safe place, which encompassed two sub-themes: first, developing a network of peer relationships, and second, mentorship matters. This theme was very much exemplified in the organizational support that participants received, primarily in the form of relationships. The nature and type of support was described as their safe place. Some participants

identified with multiple peers in the work environment, discussed as part of the first sub-theme, while several participants experienced much support through strong and relational mentors within or beyond their profession.

The fourth theme was a wonderment of learning. This theme included a discussion of several concepts: onboarding experiences, organizational challenges, and prior educational experiences. These concepts were further explored within the context of two sub-themes: a different kind of chaos and the ideal transition experience. An exploration of the ideal experience included participant comparisons between the real and ideal, providing additional insight about the learning environment and the associated gap.

Chapter 5. Discussion

Chapter 5 commences with a discussion of the research findings within the context of the theoretical framework and how these findings are integrated with previous literature on transitions in nursing, specifically as they relate to the senior nurse leader role. As identified in Chapter 1, the novice senior nurse leader is often poorly prepared to lead at this level, receiving little structure or dedicated orientation time. The findings are discussed in order to address this gap in preparation, which manifests as a lack of understanding of the phenomenon of role transition at the senior nurse leader level. The research question answered is as follows: What are the lived experiences of novice senior nurse leaders who have transitioned into new roles as they professionally develop at a new organizational level? The findings of this study answer that question through the vivid descriptions and interpretations that have been provided by study participants from two hospitals within a single organization, as presented in Chapter 4. Those findings are thoroughly considered and organized by study theme. The implications of these findings are discussed as they relate to nursing education, nursing practice, nursing research, and public policy. The chapter concludes with study limitations and recommendations for future research.

Integration of the Findings with Previous Literature

The findings of the study and related interpretations are presented according to the four themes introduced in Chapter 4: the absence of clear role transition expectations, shifting the continuum of competence, seeking a safe place, and a wonderment of learning. Each theme and associated sub-themes have been depicted within the context of the transitions theory (TT) framework in order to better conceptualize the phenomenon of senior nurse leaders during role transition. The lived experience and the construct of roles are closely aligned with the concept of

transition because “being in a transition” and learning a new role related to an individual’s response to the experience. Transition is change, and how individuals respond to change becomes a key component in understanding their transitions (Meleis et al., 2000). Describing and interpreting the key findings of this study is a prerequisite to understanding the role development of the novice senior nurse leader in transition.

Transitions are complex processes that are fluid and variable and may create periods of disruption for individuals (Meleis et al., 2000). In this study, novice senior nurse leaders experienced disruptions and fluctuations in their role transitions. While transitions may be variously categorized, the experiences of the novice senior nurse leaders are discussed according to the following TT framework: the situational transition (role change); the transition experience, which includes processes of awareness, engagement, change and difference, time span, and critical events; the transition conditions (facilitators and inhibitors); and the transition indicators that are both process- and outcome-related. Process indicators are feeling connected, interacting, being situated, and developing confidence, while outcome indicators are role mastery and role identity (Meleis et al., 2000).

Lacking Clear Role Transition Expectations

One of the primary outcome indicators of a successful versus an unsuccessful role transition is a disparity in fulfilling role obligations or expectations (Meleis, 1975). Each participant in the study indicated that they did not have clear role expectations, but rather that expectations were uncertain, without a reference point or a roadmap. This lack of clear roles and responsibilities for senior nurse leaders is consistent with the literature (Crawford et al., 2017) and is a product of the culture of the work environment (Chargualaf, 2016). As a condition of a situational transition, the work environment can either facilitate or hinder the role transition

(Chargualaf, 2016). The lack of clarity around the senior nurse leader's job description and associated responsibilities was a hindrance to participants' role development, and in some cases, was why participants felt defeated (Participant 2) or unsuccessful in their roles.

How an individual conceptualizes their role is based on the acceptance or the validation of the role by others within the work environment (Meleis, 1975). Situations are important to one's role development and role changes, and they are based on interactions with other roles within a certain culture or organization (Meleis, 1975). The lack of role validation within the healthcare organization was exemplified by the story of Participant 7, who could not articulate an "elevator speech" of the role.

The lack of role clarity, as part of the novice senior nurse leader's situational transition, created a disparity in fulfilling role expectations. Participants could not reach goals and objectives that were not clearly stated or provided, as structured orientation was absent. Role disparity leads to role insufficiency, or not knowing what do to, which is not an intended outcome of a healthy transition. The intended outcome is role mastery, defined by the extent that an individual can demonstrate new behaviors to lead in certain situations (Meleis et al., 2000). Role insufficiency creates feelings of personal failure and can thwart successful leadership (Bellack & Dickow, 2019). Conversely, interventions that promote role clarity can lead to positive outcomes like role mastery. A healthy transition is one in which individuals can master certain behaviors, feelings, or emotions or be able pick up on certain cues within the environment (Meleis, 2018).

Awareness of feelings and emotions. The display of emotions by participants in this study was indicative of the insufficient expression of role expectations. As defined by Morgan (2019), emotions are a response to an elicited stimulus, which in this case is the situational lack

of clarity around expectations of the senior nurse leader role. Declarations of emotions experienced by participants are noted in Table 6, within designated families of emotion (Ekman, 1992). For example, frustration, which many participants experienced, fell within the family of anger, while feelings of being overwhelmed or consumed with operations fell within the family of fear. Disgust was associated with feelings of being disheartened or insecure. Sadness was an indication of "I need support," while "interesting" or "enlightening" was associated with enjoyment.

Table 6

Participant Awareness of Feelings and Emotions

Ekman's Families of Emotion	Verbatim Comments of Participants
Anger	Frustrating It can make you look really bad
Fear	Intimidating and scary Awkward Challenging Always putting out fires Overwhelmed Consumed with daily operations
Disgust	Uncertainty in decision making Unsuccessful in leading and directing Baptism by fire Devastating and disheartening situations
Sadness	Did not feel set up for success Walking blindly Inadequacy and insecurity Defeat, didn't know what I was talking about It's just me now Uncomfortable Grief over role change
Enjoyment	Big and interesting, surprising Very enlightening with "Aha!" moments Learning new knowledge Filling in gaps Novel and informative

Note. Participants' comments were categorized according to Eckman's (1992) families of emotions.

The feelings expressed are consistent with the literature that describes transitions as challenging, stressful, anxiety provoking, and uncomfortable (Arrowsmith et al., 2016; Chicca & Bindon, 2019) because of the disruptions within the role. In fact, Chicca and Bindon (2019) indicate that nurses in transition will likely experience times of frustration and anger in new environments. Yet, nurses can also feel a sense of accomplishment, as some did in this study, in

learning new knowledge or being enlightened. The mix of emotions signifies that transition is not a linear process (Chicca & Bindon, 2019). The gamut of emotions participants experienced are indicators of the different levels of awareness participants experienced during their transitions.

Awareness is a property of the transition experience, and it is related to a knowledge, perception, or recognition of the transition experience (Meleis et al., 2000). The level of awareness that a participant experiences is a reflection of the "degree of congruency between what is known about processes and responses and what constitutes an expected set of responses and perceptions of individuals undergoing similar transitions" (Meleis et al., 2000, p. 18). While the state of awareness does not necessarily indicate when a transition begins or how it progresses, the researcher contends that it is property that supports the gap between what is real and what is anticipated. The participants in this study anticipated having clear expectations, and when they did not experience role clarity, the range of emotions was evidence of the heightened awareness of the transition experience and associated changes in the role. This heightened sense of awareness and the ability for one to manage and harness their emotion is a prerequisite for senior nurse leaders' ability to lead with emotional intelligence, a core competency in nursing leadership (AONL, 2015). Emotional intelligence is a learned set of competencies that spans several domains: self-awareness, self-management, social awareness, and relationship management (Bellack & Dickow, 2019). Threads of these competencies are woven throughout the discussion of themes; however, self-awareness is the first integral step in identifying one's strengths and weaknesses (Bellack & Dickow, 2019).

Dichotomy of the role. One of the challenges related to participants' ability to effectively self-manage stemmed from the fact that many managed multiple roles, at least for a

period of time. This split responsibility required several participants to learn new skills (like finance management or human resources) while managing old roles and orienting their replacements. These specific challenges contributed only to the lack of clarity about the role, leading to the dichotomy of the role. Over half of the participants admitted to managing more than one role, while all participants voiced how their roles had changed. Changes were related to attending new meetings, learning different responsibilities and different areas of the organization, not knowing the people, and not understanding the business or the workings of the organization. These changes led to disequilibrium in how the role was approached, such as "feeling very pulled." This feeling, not doing any role well, was consistent with divergent role expectations and confronting change or difference. Change and difference are essential transition properties that must be understood to find meaning within the transition experience (Meleis et al., 2000). Participants in this study confronted differences that were exemplified through divergent expectations, and these divergent expectations contributed to variations and fluidity in role effectiveness.

The Shifting Continuum of Competence

Role effectiveness was also a product of participants' perceived levels of competence, confidence, or comfort in new organizational roles, which Arrowsmith et al. (2016) described as know-how. Two important transition properties apply to the shifting continuum of competence: being situated in a role and developing confidence and coping skills. Confidence, as defined by Meleis et al. (2000), is a demonstration of cumulative knowledge of situations that includes understanding turning points or critical events and obtaining a sense of wisdom from lived experience. This transition condition goes hand-in-hand with becoming situated, situated in new space, time, or relationships. In other words, Meleis et al. (2000) explained, it as a process of

justification, justifying how or why an individual came, where they are now, and where they have been. One participant, in particular, was not certain of what they were hired for. This case exemplifies how this individual was not well situated in the role, not being sure of why they came to the role. The lack of assimilation only contributed to the uncertainty and insecurity experienced by all participants at some point during their transitions.

Each participant experienced gaps in confidence at variable times during their transition, which may have been directly related to the lack of assimilation and clear role expectations discussed. Participants indicated that they felt more confident when they possessed a certain level of knowledge, more notably with the clinical expertise or prior skills that had been encapsulated into their background. According to TT, the development of confidence is an indicator that individuals possess a certain level of wisdom or cumulative knowledge as a result of their lived experience. Experienced nurses are known to possess valuable knowledge and skills but require focused support and orientation to a new setting (Chicca & Bindon, 2019). Participants reported possessing higher levels of confidence when they were able to make good decisions and solve complex problems, an ability discussed as part of the novice-to-expert continuum.

Novice to expert. All participants expressed that in order to feel competent and progress beyond a level of "novice" in their role, they had to acquire situational knowledge and make high-level decisions. Situational knowledge was described as encompassing business acumen, an understanding of the culture of the organization, familiarity with the people (key stakeholders), vision, knowledge of how to navigate the system, effective communication and delegation know-how, and an ability to hold people accountable, embrace change, and build strong relationships. The desire for participants to possess this type of situational knowledge is consistent with the

American Organization for Nursing Leadership (AONL, 2015) nurse-executive competencies: leadership, knowledge, communication, professionalism, and business skills. Of all the competencies, the most desired competency was related to business skill development, specifically in regard to financial management, human resource management, and strategic management. For example, only two participants felt confident in managing a budget. The other seven indicated that this task was a struggle and that they received no guidance or direction on how to build a budget. This finding is consistent with literature that stated most work environments do not have professional development models to support senior nurse learning at this level (Beal & Riley, 2019).

As such, all but one participant felt that the attainment of a graduate degree was imperative to role development. Seven participants held a master's degree, and one held a DNP. The courses found to be most relevant to the current senior nurse leader role were the administration, business, or public health courses described as being tremendously helpful because they provide new perspectives and higher-level thinking. Additionally, graduate programs provided opportunities for the participants to challenge themselves, engage in interdisciplinary learning, and extend their collegial network. Senior nurse leaders who are able to engage in cross-professional dialogue and collaboration are better positioned to have a visual presence within their organization and help set workplace expectations (Beal & Riley, 2019).

Two participants believed that specialty certification in leadership was important to building the senior nurse leader portfolio, and two participants felt strongly that some type of advanced leadership academy was important to their development and role competence. Senior nurse leader roles should include minimum levels of graduate education and basic certification (Yoder-Wise, 2014). It was the culmination of these formal experiences in conjunction with

years of nursing experience (experiential learning), prior leadership opportunities, and time and exposure in the current role that contributed to each participant's assessment of their competence and confidence levels.

The participants described themselves being on a continuum between novice and expert. The one participant who expressed feeling at an advanced intermediate level also indicated feeling well assimilated into the role and ready for the next level of leadership. This individual described being adept at making quick and accurate decisions but also fluctuated between "feeling on top of my game" and "there's nothing you can do right." The ability for this individual to make decisions with ease was consistent with the classification Benner's Level IV: Proficient (Benner, 1982). This individual spoke very confidently during the interview, being in the current role 6–12 months, feeling a strong candidate for the role because of their background, knowledge base, and experience. From this perspective, the participant had a large background of experience and an intuitive grasp of situations constitutive of Level V: Expert (Benner, 1982). Yet, this participant shared the sense of lacking orientation, like every other participant. The difference appeared to be in the extent of prior preparation, which included graduate education, specialty certification, leadership academy training, and a strong experiential background in a given specialty area. This participant's depiction of confidence is consistent with how Meleis et al. (2000) defined confidence, as a demonstration of cumulative knowledge of situations. It may be concluded that this participant was well situated in the role.

Other participants described themselves on a continuum of competency from novice to expert. Three identified themselves as being right in the middle; two identified themselves as novice or just beyond novice; one was identified as upper-middle; and one identified as an expert. Interestingly enough, the one participant who interpreted their competency that of an

expert felt that their decision-making was frequently questioned, and this description does not necessarily align with Benner's (1982) characterization of the expert. Novices and advanced beginners do not, or do only in a limited way, possess the situational knowledge (Benner, 1982) to make adept decisions without guidance, and this typification is consistent with lower levels of confidence according to TT properties (Meleis et al., 2000). This role-specific knowledge is needed for "novice" senior nurse leaders to further develop their competence and confidence, knowledge not perceived to be well developed for the nine participants within their 6–24-month role tenure. However, situational knowledge is a prerequisite of role mastery.

Role mastery out of reach. The attainment of role mastery requires an individual to "master" the knowledge or specific information needed to perform a new role, and this requirement is referred to as role clarification (Meleis, 1975). In other words, individuals must be able to mitigate the tension involved in meeting role expectations, reducing ambiguity, while learning the boundaries of the role and the behaviors expected by others (Meleis, 1975). In light of the prevailing findings of this study—that not one participant believed they possessed clear expectations of their role—it becomes easy to conclude that "role mastery" was out of reach. All but one participant felt still in transition, still learning the expectations of the role, and falling short of role mastery. The lack of clear role expectations was also related to the development of role identity.

Elusiveness of role identity. The development of role identity is directly related to leadership development as both a process and as a role (Miles & Scott, 2019). Not only must individuals know how to lead, but according to Miles and Scott (2019), they must also believe that they can lead. This important theme was identified by Arrowsmith et al. (2016); both novice and experienced nurses must strive to find a new professional self. Leadership development is a

self-regulated process by which one uses new knowledge to create a new identity as a leader (Marcellus et al., 2018). Within that context, novice senior nurse leaders must firstly be able to identify themselves as leaders (a role) and must secondly foster an understanding of how they lead (a process). The development of one's role identity is part of the TT condition of being situated (Meleis et al., 2000). Novice senior nurse leaders must understand where they came from and where they are now, knowing who and what they are. These understandings are integral to the developing role identity of the novice senior nurse leader, but they were not clearly expressed by some participants.

Some participants were able to speak to the evolution of role identity as either a process or a role, but few were able to articulate role identity to encompass both. For example, one participant felt like a baby coming into the role and could only see the "self" as a peer, as this participant had been, but could not really verbalize who they were now (as a senior leader). This participant thought the role had changed but could not describe what that new role was or whom they were now. A process of self-checking was in place for this participant, which is important to leadership development, but the establishment of a new role identity as a senior nurse leader was yet intangible. Almost half of the sample (four) spoke to the process of role identity, employing behaviors such as reflection, growth, coping, or the development of independence, all of which are important to leadership development. Leadership development is important to the senior nurse leader role because without it, nurse leaders may lack insight about their own behaviors and the impacts of those behaviors on others (Bellack & Dickow, 2019). How one identifies their role identity will impact how others are perceived within the workplace, how interactions with various individuals may occur, and how boundaries are set.

Consistent with the literature, two participants interpreted their role identity as part of their leadership style, which Miles and Scott (2019) believed are not mutually exclusive. Leadership is a central domain of nurse administrator competency (Waxman et al., 2017). Being a transformational servant leader, one that leads with integrity, authenticity, creativity, and innovation, was described by two participants as constituent of the role of senior nurse leader. These individuals presented themselves confidently as they spoke about their leadership style. Both participants had been in their roles 19–24 months and had more than 10 and 30 years of nursing experience, respectively, with more than 6 years and 10 years in prior nurse leader roles, respectively. Nurses who had experience in the workplace and possessed an existing skill set demonstrated more ease in their transitions, with less emotional turmoil as they looked for a new professional self (Arrowsmith et al., 2016).

One participant, as a paradigm case, described the evolution of role identity through the emotional lens of grief. Arrowsmith et al. (2016) have stated that emotions of all kinds are usual for nurse leaders in transition. In this example, the novice senior nurse leader was clearly able to articulate a point of origin, being a bedside nurse, as it related to their current position, being a nurse administrator. The grief was related to the physical inability to touch a patient, as this was an important therapeutic component of nursing. This participant was able to describe beautifully what that shift in role identity meant, acknowledging still being “very much a nurse” as a nursing administrator. New responsibilities included maintaining a budget, advocating for nursing, maintaining regulatory compliance, and supporting positive patient outcomes. The participant explained the shift in know-how from skillfully caring for patients to performing a role that required a system-level knowledge base. This shift resulted in a different type of knowing, which

Zander (2007) describes as a changing process associated with how the self and the world are perceived and understood.

An important TT property is noted in these examples of evolving role identity. A change in behavior, or how one leads, is an outward demonstration that a role transition is progressing and that participants are beginning to identify a new sense of self. Each participant in this study described different changes in behavior, some further along in their role progression than others. However, few described their final role identity. Meleis et al. (2000) described this process of identity reformulation as fluid and dynamic. This was based on the study of Brazilian migrant workers, where individuals could be in different spaces (cultures) at different times. In other words, one's old identity does not disappear and a new one form as a discrete linear process, and this account is consistent with the findings of this study. Participants fluctuated between leading at the managerial level and leading at the senior nurse level, and this fluctuation was evident in their stories. Any situation can trigger a change in focus or perspective and can shift that identity (Meleis et al., 2000). Because each senior nurse leader transition was unique and multidimensional, each story was different. One thing these individuals had in common, however, was their level of engagement in identifying appropriate people or resources to help them in their quest for role success. All nine participants talked about these resources as a place of security.

Seeking a Safe Place

The quest for success was driven by their desire and their internal altruistic motivation to care for people, learn new things, and find validation in their work. These concepts became solidified as part of Theme 3, seeking a safe place. The high level of support that participants

sought in order to be successful was discussed within the context of a safe place. A safe place was one in which they felt free to ask questions or try new things without feeling judged. Seeking a safe place involves several TT process indicators that are important components to relationship building: feeling connected, being situated, and interacting (Meleis et al., 2000).

Developing a network of peer relationships. Feeling connected and being situated are innate processes that form a part of relationship building. Some relationships were built out of necessity, as participants learned how to situate themselves across their span of control. This effort meant building relationships within new service lines, or with new interdisciplinary team members, like physicians, which was described as challenging. Other relationships were sought out of a desire to find connection with other organizational leaders as a source of support and direction. Many times, these were voluntary relationships that provided a "safe place" for participants to find connection and have their questions answered. Feeling comfortably connected is a process indicator and pattern of response that many participants in transition positively experience (Meleis et al., 2000). Feeling connected can occur only as individuals are able to demonstrate competence in interpersonal communication (AONL, 2015). One participant felt strongly that the incorporation of interpersonal skill building should be part of any senior-leading onboarding program. The importance and frequency of open and honest communication with other people was freely discussed by participants.

All participants described in some manner their connection to a network of peers, leaders, supervisors, coworkers, friends, or mentors, and this description was a highly sought out source of support. Each participant was acutely aware of the challenges they faced in learning role expectations, finding new levels of competence, and developing a new role identity; each was highly engaged in learning new things and seeking support from within their "safe place," safety

net, or lifeline. Meleis et al. (2000) define engagement as a degree of involvement in transition processes, providing examples of seeking new information, using role models, actively preparing, or changing activities.

Participants in this study were all highly engaged in connecting with people, looking for opportunities to shadow others (role model), joining supervisors in meetings, and building new relationships with different team members. These activities provided a way for participants to become situated in their roles in a way that felt safe and secure, where they could lean on one another and share challenges with like-minded individuals without feeling judged.

Meleis (1975) identified role modeling, or observing others in certain roles, as one method of learning behaviors conducive to the new role. The level of engagement noted in this study was consistent with what senior nurse leaders experienced in another qualitative study. Beal and Riley (2019) reported that senior nurse leaders possessed a power because of their high expectations and level of engagement at every step of their career, and this power can position an organization to practice with excellence and adaptability. The high level of engagement was duly noted in participants' descriptions of their mentored relationships.

Mentorship matters. Connecting with people through an intra-dyadic interaction such as mentorship is an important process in creating harmony in new and emerging relationships. While all participants described relationships in a variety of ways, six of the nine participants spoke directly about mentored relationships that promoted their careers through coaching, encouraging (fill my balloon), listening, talking, and solving problems together. The mentoring relationships were described as both formal and informal, but also invaluable to participants' professional growth and development. This approach is supported by TT through the process of intra-dyadic interaction, important in facilitating processes of self-reflection but also in

uncovering the meaning of a transition. Participants were able to talk to their mentors about anything, giving them a sense of security and calm. New literature supports a dyadic model for mentoring at the executive level, where the dyad gets to know one another's background, experiences, challenges, and leadership style. Mentoring facilitates learning within complex roles (Jeffers & Mariani, 2017), like the senior nurse leader role, where trust can be built (Sittler & Criswell, 2019) and emotional support established (Gazaway, Gibson, Schumacher, & Anderson, 2019).

The situational sharing that occurs during mentoring is invaluable to nurses' growth and development at all levels, and the benefits of mentoring have been widely documented in the literature (Gazaway et al., 2019; Gooch, 2017; Machon et al., 2019; Patterson & Krouse, 2015; Siren & Gehrs, 2018; Sittler & Criswell, 2019; West et al., 2016; Williams & Li, 2019). Quite often, however, senior nurse leaders are not provided with adequate resources to be set up for success (Williams & Li, 2019), a theme participants in this study affirmed.

A Wonderment of Learning

The novice senior nurse leaders in this study were well educated and trained through prior nursing, education, and leadership experiences, as noted in Chapter 4—yet all indicated that more resources and time to learn were needed to set them up for success. All participants indicated that orientation was minimal to non-existent, with no type of official onboarding experience. This state of transition was thus described as a state of wonder, which created a different kind of chaos.

A different kind of chaos. Senior nurse leaders have not gotten to this level without facing challenges, solving difficult problems, and challenging themselves. Challenges are not unique to this role, but the absence of support and preparation for nurse leaders has been well

noted in the literature (Akerjordet et al., 2018; Beal & Riley; 2019; Bellack & Dickow, 2019; Miltner et al., 2015; Siren & Gehrs, 2018; West et al., 2016; Williams & Li, 2019). In fact, how experienced nurses transition to new environments or new roles is generally overlooked and underreported (Chargualaf, 2016; Chicca & Bindon, 2019). The findings of this study are consistent with those of the extant literature. Participants faced critical situations with inadequate support, while learning new processes, new applications, and new teams. Daily operations were all-consuming.

Transitions create periods of vulnerability for senior nurse leaders, as role performance demands the learning of new skills or processes (Meleis et al., 2000). The concept of transition readiness is not well defined because of the multidimensional nature of transition (Straus, 2019). Healthcare environments are more tumultuous than ever, and novice senior nurse leaders need some type of transition program to experience smoother transitions without frustration and awkwardness. Situational transitions can be stressful, but participants have described their experiences as chaotic, and some believe this chaos has been normalized.

The new normal that participants described included critical events and organizational barriers that further complicated and inhibited the transition experience. As one participant indicated, a large event occurred along each step of the transition experience. These events included regulatory visits, frequent policy and procedural changes, increases in patient mortality, or other unanticipated life-changing events. These critical events are part of the context or situational realities within which novice senior nurse leaders must lead, and what these events mean to those in transition is part of the hermeneutic circle of interpretation.

The transition experience cannot be understood or interpreted without consideration of the context of the setting (Miles & Scott, 2019). The situational realities of the setting and the

nurse leaders' proximity to those situations can impact how they cope and how they are able to lead, affecting how they become situated in the roles and time spent in transition. This new normal creates a period of instability that participants are challenged to deal with on a daily basis, and these challenges are considered inhibitors to transition progression and the development of role mastery and role identity. Encountering these circumstances as hindrances to a healthy transition was a prominent element of participants' lived experiences, and a healthy transition is a primary focus of the TT framework (Meleis et al., 2000). In an effort to interpret what a healthy transition may be, the participants were asked to describe the ideal transition experience.

The ideal transition. The ideal transition experience has been defined as one that includes an intense orientation and process of assimilation into a senior nurse leader role with clear expectations and a supportive environment, planned with a roadmap and implemented within a defined timeframe to include all of the following components: a list of organizational resources and contacts, shadowing experience, an overview of meeting structure and function, and an assigned and compatible mentor to help direct the novice senior nurse leader. One participant defined this as a "perfected" onboarding program. Structured programs that facilitate successful transitions are recommended by professional organizations such as the National League for Nursing (NLN), Association for Nursing Professional Development (ANPD), and National Council of State Boards of Nursing (NCSBN) (Chicca & Bindon, 2019). Based on the findings of this study, a recommendation is made to customize transition programs for novice senior nurse leaders.

Implications of the Findings

The interpretations that novice senior nurse leaders shared about their experiences have implications for nursing education, nursing practice, nursing research, and public policy. Nurses' experiences were analyzed through the theoretical lens of TT, based on themes related to relationship building, competence, skill mastery, role identity, and facilitators and inhibitors of the learning environment.

Implications for Nursing Education

The novice senior nurse leaders who participated in this research gained an understanding of their developmental needs during their transitions at the organizational level. The way in which these experiences were interpreted and the knowledge gained can contribute to the standardization of senior nurse leader orientation. The meanings that participants ascribed to their role transitions and subsequent development as senior nurse leaders sharpened their own personal self-awareness and development as nurse leaders. According to Miles and Scott (2019), this type of self-awareness is crucial to the development of one's leadership identity, also a desired outcome of TT. Senior nurse leaders may demonstrate a certain set of professional skills, but if they do not possess self-awareness, the skills may be of no value. Self-assessment is thus one component of leadership development that must become an integral part of the orientation process, and this research contributes a recognition and conceptualization of developmental needs at the senior nurse leader level.

Self-development, mentoring, coaching, and formal education are processes that will contribute to the development of situation-specific learning within the healthcare system to best reflect the services and practices of the workplace. Waxman et al. (2017) referred to such processes as regional customization. A regional customization plan must consider the

professional development needs of senior nurse leaders but also how they interface with the emergent needs of the organization (Beal & Riley, 2019). Beal and Riley (2019) have asserted that new senior nurse leader roles and responsibilities in all settings must include the implementation of formal professional development models.

A roadmap (customized plan) for the onboarding of novice senior nurse leaders within the current organization is presented in Appendix E. The roadmap proposes a 90-day plan for onboarding a new senior nurse leader, based on the AONL (2019) nurse-executive competencies. The learning activities built within each competency domain have been customized to meet the learning needs of novice senior nurse leaders, based upon the findings of the ideal role transition experience.

Hermeneutic interpretive phenomenology provides the means to understand the context of novice senior nurse leader learning and what the ideal transition experience should be. The ideal experience includes knowing the setting of the nurses' work environment and the background for how transitions ensued and progressed. Additionally, the methodology of IPA may lead to the development of situation-specific theory, as themes are used to develop a new professional development framework for novice senior nurse leaders. Derico (2017) recounted how interpretive phenomenology has historically led to the development of theories like human becoming and novice to expert. The customized professional development plan (Appendix E) could become a resource for orientation programs across similar healthcare organizations if the themes are clearly articulated and identifiable to other senior nurse leaders.

Implications for Nursing Practice

Senior nurse leader development is needed to secure the future of nursing as a way of retaining current senior nurse leaders, recruiting new talent, and replacing a retiring workforce.

The manner in which senior nurse leaders grow, develop, and lead with mastery is crucial to the development of strong nursing teams, scholarly nursing practice, and innovative vision, which shapes the culture of the organization. The recommended new professional development model will enable senior nurse leaders to know their culture, understand the context of situations to make informed decisions, and establish practices for improved role modeling and mentoring. Best practices in nurse leader development will positively contribute to the quality and safety of patient care, as well as the satisfaction and well-being of nursing teams. Metrics for return on investment for leadership development should be considered. It is imperative that these practices start at the top, with senior nurse leaders strengthening the culture and recommending process improvements.

Implications for Nursing Research

Because little research exists on nurse leader qualities and behaviors in the workplace, this research contributes improves the understanding of what novice senior nurse leaders need in order to succeed in their roles. This research provided exemplary and paradigmatic cases of the actual role transition experiences of novice senior nurse leaders, but also the ideal successful role transition of novice senior nurse leaders, offering the rich detail lacking in the literature. Learning about the real versus ideal role transition experience provides deep insight that can enable readers to better understand the professional development needs of novice senior nurse leaders, previously identified as gaps in the literature.

The richness of detail that has been discussed is a key precept of Heidegger's philosophy, to interpret the meaning of phenomena, or what it means to be in the world. The data collected provides that depth of what it means to be a novice senior nurse leader in transition. The authenticity and potential transferability of the findings demonstrates the importance of

interpretive phenomenological research to nursing and may encourage other individuals to use a Heideggerian approach. This research may provide methodological guidance to other nursing researchers who intend to conduct interpretive phenomenological research.

Additionally, professional organizations may use this research to implement new professional development initiatives. Professional organizations such as the ANPD or ANA may be interested in using this information to implement transition programs or processes for nurse leaders. Part of ANPD's strategic plan, as the leader of nursing professional development, is to facilitate the transition of health professionals into new and changing roles by using research to support the unique needs of nursing professional development (ANPD, 2020). Similarly, the ANA could use this information to develop a practice transition program in nursing leadership.

Implications for Public Policy

The findings of the study may also contribute to the development of new organizational policies or procedures in regard to senior nurse leader orientation and recommendations for minimum educational requirements. Novice senior nurse leaders would benefit from a structured and planned onboarding program, one that would facilitate nurse leader transitions with ease. This program should include a long-term goal, where senior nurse leaders would be required to obtain a specialty certification in some type of nurse-executive leadership within 24 months of acquiring the role of senior nurse leader. Such a timeline aligns with the minimum eligibility requirements of the ANCC (n.d.) or AONL (2019). Furthermore, the findings of this research suggest that senior nurse leader job descriptions should require a minimum level of education at the master's degree level. This recommendation has been widely supported by the participants in this study, given the depth of knowledge required of them to make high-level decisions as novice senior nurse leaders.

New educational policies surrounding these requirements would positively contribute to the professional development of novice senior nurse leaders, and these requirements could go beyond the organizational level. This could be an initiative that the NCSBN (2020) may desire to support out of a commitment to expand the engagement and leadership potential of constituents, as one of the organization's strategic initiatives. The NCSBN could be instrumental in developing standardized minimum education requirements for senior nurse leaders within the state, in conjunction with other regulatory bodies like the North Carolina Board of Nursing, given their success in establishing minimum criteria for teaching pre-licensure students.

New public policy would contribute to the development of senior nurse leaders in a way that would enable them to lead masterfully and sustain organizational safety and stability. The strength of senior nurse leaders' situation-specific leadership is important to the overall strength of an organization's nursing program. Nursing leadership drives quality and safety by implementing policies and procedures in direct alignment with federal, state, and local regulations, including accreditation standards. According to Simon (2018), an organization's depth of leadership development and effectiveness is directly related to the engagement of clinical leaders, the structure of performance strategies, and overall accountability for outcomes. Senior nurse leaders who possess a greater understanding of their roles and the associated responsibilities will drive nursing practice expertly both within and beyond the organizational level.

Limitations

Human beings are fallible, and given the subjective nature of data collection, the findings yielded may not be significant or meaningful for all settings or to all readers. In fact, study conclusions were unique to the organization because each individual reported a subjective

experience, and these experiences may differ from those of novice senior nurse leaders from other healthcare organizations. In addition, the small number of participants that are representative of qualitative research limits the generalizability of study findings (Polit & Beck, 2017).

One significant limitation of the study was the potential for response bias in the form of social desirability. Social desirability bias is related to how individuals may provide responses perceived as socially acceptable, rather than responses that are truly reflective of real experiences (Bergen & Labonté, 2019). For example, novice senior nurse leaders may provide descriptions or interpretations of their experiences based on what they believe the researcher desires to hear, rather than what actually happened. Social desirability bias can lead to shallow responses, gaps in participants' stories, or one-sided perspectives (Bergen & Labonté, 2019). According to Bergen and Labonté (2019), indirect questioning techniques, rapport building, and self-disclosure are all data collection techniques that may direct unbiased responses from participants, and these are techniques that were used to minimize social desirability bias in this study.

Future Research

Future qualitative research is warranted to learn about role transitions for novice senior nurse leaders in other settings, backgrounds, and contexts. For example, senior nurse leaders who work in organizations that do not value professional development as part of their culture may not experience role transitions in the same way. More research will contribute to the development of a conceptual definition of novice senior nurse learning. Quantitative studies may be beneficial in comparing and contrasting professional development programs across settings, in regard to the effectiveness of one framework or model over another. In addition, the perceptions of senior nurse leader role transition success (mastery and new role identity) could be evaluated on a

larger scale through the use of valid and reliable tools that may be developed, based on what is known about novice senior nurse leader experiences. Lastly, since transitions evolve over time, additional longitudinal studies are indicated to collect data over time as nurses progress through different critical events or stages of their transition.

Chapter Summary

Chapter 5 summarizes the study findings and interpretations that will contribute meaningfully to the body of nursing knowledge. The findings are discussed within the context of the theoretical framework, namely TT. The experiences of the novice senior nurse leaders are discussed according to the following TT framework: the situational transition (role change); the transition experience, which includes processes of awareness, engagement, change and difference, time span, and critical events; the transition conditions (facilitators and inhibitors); and the transition indicators that are both process- and outcome-related. Process indicators are feeling connected, interacting, being situated, and developing confidence, while outcome indicators are role mastery and role identity.

Woven throughout the discussions were integrations of previous literature, in regard to relevance and applicability to the study findings. The descriptions and interpretations of the findings, based on a Socratic-hermeneutic approach, were a prerequisite to understanding the role development of the novice senior nurse leader in transition. The discussions of the transition experiences and integrations of the literature were presented and organized according to four themes: a lack of clear role expectations, a shifting continuum of competence, the pursuit of a safe place, and the wonderment of learning. The emergence of each theme was highlighted based on the working central concepts that were threaded throughout participants' stories. Shared meanings developed into themes, and final interpretations were presented by theme and sub-

theme. The final interpretation of the ideal transition experience was used to develop a customized orientation plan for novice senior nurse leaders.

Next, the implications for nursing education, practice, research, and public policy were discussed. The way in which the findings were interpreted and the knowledge gained will contribute to the standardization of senior nurse leader orientation and an increased awareness of the self-development needs of senior nurse leaders. The standardization of orientation and the subsequent development of other senior nurse leaders will help the organization to retain satisfied nurse leaders, recruit new talent, and replace a retiring workforce, all of which will contribute to the stability of nursing practice across the organization.

This research contributed to an improved understanding of what novice senior nurse leaders need to be successful in their roles. The exemplars and paradigm cases provide a richness of detail that other organizations may be able to identify with and that may provide a foundation for further research in other settings or other types of studies. Additionally, the findings of the study may contribute to new organizational procedures in regard to senior nurse leader orientation, and this contribution will deepen the development that senior nurse leaders need in order to lead masterfully and sustain organizational stability and safety.

This study's limitations are related to the subjective nature of data collection but also how social desirability could impact responses. Building rapport was one way the researcher worked to minimize bias. Additional research will contribute to the development of a conceptual definition of novice senior nurse learning, one that other organizations may choose to embrace.

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Appendix A

Interview Guide

1. Describe your experiences as a novice senior nurse leader as you began your transition into your new role.
    a. What processes changed or became different as you transitioned to a new organizational role?
    b. What changes in relationships did you experience as you began your role transition?
    c. What did you learn?
    d. How did these experiences make you feel?
2. Describe your experiences as a novice senior nurse leader as you progressed through your role transition.
    a. What processes changed or became different as you moved through your transition in your new organizational role?
    b. What changes in relationships did you experience during your role transition?
    c. What did you learn?
    d. How did these experiences make you feel?
3. Describe your experiences as a novice senior nurse leader when you reached your current level of competence.
    a. How do you define competence?
    b. Describe how you developed new nurse administrator competencies, and provide examples.
    c. What did you learn?

    d. How did these experiences make you feel?

4. What role did education play in your professional development?
    a. Can you provide examples?
    b. What is your interpretation of the importance of formal education for the senior nurse leader?
5. What does it mean to you to be a novice senior nurse leader?
6. What is your interpretation of the ideal experience of a novice senior nurse leader?
    a. How does this compare to what you have experienced?
7. What types of information and resources were needed to perform in your new role?
    a. How did you obtain the required resources?
    b. If you were not able to obtain the required resources, what was lacking?
8. What strengths did you draw upon as you transitioned to your senior nurse leader role?
    a. Can you provide an example?
9. What growth opportunities did you experience as you transitioned and acclimated to your role?
    a. Can you provide an example?
10. What are the internal behaviors you employed during your role transition?
    a. What motivated you to learn your new role?
11. Describe the types of internal support that helped you during your role transition?
12. Describe the types of external support (community, professional organizations, etc.) that helped you during your role transition?
13. Describe how your identity has changed throughout your role transition?

a. How do you define your identity?

14. What other experiences contributed to your role transition?

a. Was there a critical event or turning point in your role transition that you can describe?

Appendix B

NOVA SOUTHEASTERN UNIVERSITY
Institutional Review Board

MEMORANDUM

To: **Sharon Kauffman**

From: **Marcia Derby-Davis, Ph.D., RN**
Center Representative, Institutional Review Board

Date: **February 14, 2020**

Re: **IRB #: 2020-66; Title, "The Lived Experience of Novice Senior Nurse Leaders During Organizational Role Transitions"**

I have reviewed the above-referenced research protocol at the center level. Based on the information provided, I have determined that this study is exempt from further IRB review under **45 CFR 46.101(b) (Exempt 2: Interviews, surveys, focus groups, observations of public behavior, and other similar methodologies)**. You may proceed with your study as described to the IRB. As principal investigator, you must adhere to the following requirements:

1) CONSENT: If recruitment procedures include consent forms, they must be obtained in such a manner that they are clearly understood by the subjects and the process affords subjects the opportunity to ask questions, obtain detailed answers from those directly involved in the research, and have sufficient time to consider their participation after they have been provided this information. The subjects must be given a copy of the signed consent document, and a copy must be placed in a secure file separate from de-identified participant information. Record of informed consent must be retained for a minimum of three years from the conclusion of the study.

2) ADVERSE EVENTS/UNANTICIPATED PROBLEMS: The principal investigator is required to notify the IRB chair and me (954-262-5369 and Marcia Derby-Davis, respectively) of any adverse reactions or unanticipated events that may develop as a result of this study. Reactions or events may include, but are not limited to, injury, depression as a result of participation in the study, life-threatening situation, death, or loss of confidentiality/anonymity of subject. Approval may be withdrawn if the problem is serious.

3) AMENDMENTS: Any changes in the study (e.g., procedures, number or types of subjects, consent forms, investigators, etc.) must be approved by the IRB prior to implementation. Please be advised that changes in a study may require further review depending on the nature of the change. Please contact me with any questions regarding amendments or changes to your study.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed in Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991.

Cc: Julia W Aucoin, DNS, RN-BC, CNE
Marcia Derby-Davis Ph.D., RN

To: Sharon Kauffman and Julia Aucoin

From: Office of Human Research Ethics

Date: 1/31/2020
RE: Notice of IRB Exemption
Exemption Category: 2.Survey, interview, public observation
Study #: 19-3391

Study Title: The Lived Experience of Novice Senior Nurse Leaders During Organizational Role Transitions

This submission, Reference ID 268359, has been reviewed by the Office of Human Research Ethics and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.104.

Study Description:

Purpose: To describe the lived experiences of novice senior nurse leaders who have transitioned to new organizational roles, in order to understand the professional development needs that novice senior nurse leaders encounter on their journey to effective leadership and role mastery.

Participants: Nursing directors, associate directors, and associate vice presidents possessing 6-24 months experience in new organizational roles

Procedures (methods): The approach is based on interpretive phenomenology with a theoretical foundation built on transitions theory. Data will be collected using a Hermeneutic interview process of shared inquiry with a small purposive sample of novice senior nurse leaders

Investigator's Responsibilities:

If your study protocol changes in such a way that exempt status would no longer apply, you should contact the above IRB before making the changes. There is no need to inform the IRB about changes in study personnel. However, be aware that you are responsible for ensuring that all members of the research team who interact with subjects or their identifiable data complete the required human subjects training, typically completing the relevant CITI modules.

Please be aware that approval may still be required from other relevant authorities or "gatekeepers" (e.g., school principals, facility directors, custodians of records), even though the project has determined to be exempt. .

The IRB will maintain records for this study for 3 years, at which time you will be contacted about the status of the study.

The current data security level determination is Level II. Any changes in the data security level need to be discussed with the relevant IT official. If data security level II and III, consult with your IT official to develop a data security plan. Data security is ultimately the responsibility of the Principal Investigator.

Appendix C

Interview Protocol

Time of interview: _____ Date:_____

Location:_____

Interviewer:_____

Interviewee:_____

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1. Welcome and introduction

2. The purpose of this interview is to collect information about your learning process as a novice senior nurse leader. This will include information about things that supported or hindered this process. The questions you will be asked are designed to understand your perspectives regarding your role transition and how you learned to lead as a senior nurse leader.

3. Obtain permission to record all encounters.

4. Explain the interview process and that the interview will be recorded in its entirety, transcribed, and analyzed. The findings will be shared at mutually agreed upon time with each participant.

Appendix D

Demographic Questionnaire

1. Age

   21–30
   31–40
   41–50
   >50

2. Gender

   Male
   Female

3. Years of nursing experience

   <10
   10–19
   20–29
   >30

4. Time spent in current senior nurse leader role

   6–12 months
   13–18 months
   19–24 months

5. Prior nurse leader role

   Manager
   Educator
   Director
   Other

6. Time spent in prior nurse leader role

   <2 years
   2–5 years
   6–10 years
   >10 years

Appendix E

Roadmap: Senior Nurse Leader Onboarding