Spring 5-2020

# Understanding Motivation To Lead In Nurses

Janete Sheiner
*UTHealth School of Nursing*

# UNDERSTANDING MOTIVATION TO LEAD IN NURSES

---

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN NURSING

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

CIZIK SCHOOL OF NURSING

BY

JANETE SHEINER, PhD (C), MSN, RN, GNP, CCRN-K, TNCC

---

MAY, 2020

UTHealth
The University of Texas
Health Science Center at Houston

Cizik
School of Nursing

Approval Form D-3

March 2nd, 2020
Date

To the Dean for the School of Nursing:

I am submitting a dissertation written by Janete Shelner and entitled "Understanding Motivation to Lead in Nurses." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Nursing.

Joan Engebretson, Committee Chair

We have read this dissertation
and recommend its acceptance:

Accepted

Dean for the School of Nursing

**Acknowledgements**

A special thank you to all the nurse leader participants for taking the time to share their experiences and inner most feelings as nurse leaders without their 'voices' this dissertation would not be completed. I am forever indebted to my dissertation committee members whose commitment and dedication to research can only be described as unwavering and remarkable. My deepest gratitude to Dr. Joan Engebretson, Dr. Melanie McEwen, and Dr. Chung-An Chen. Thank you to the IT staff for their support and commitment to always go above and beyond to assisting me and my distant committee member. I am infinitely grateful to my husband Maurice Sheiner for his steadfast support throughout this journey. I am also grateful for the unconditional love of my three dogs: Jasper, Jasmine, and Yaphe.

Understanding Motivation to Lead in Nurses

Janete Sheiner, PhD (C), MSN, RN, GNP, CCRN-K, TNCC

May 2020

## Abstract

**Background:** Nurse leaders are indispensable to the delivery of quality, patient-centered care. They are influential in the practice environment, contributing to front-line staff job satisfaction. They work to improve retention, turnover, organizational health, and patient outcomes. Yet, there is a dearth of research investigating the motivating factors that appeal to, encourage, discourage, and help retain nurse leaders in their roles. The forecast of a shortage of nurse leaders, along with the reluctance of nurses to assume leadership roles, is affecting healthcare organizations throughout the United States. An in-depth understanding of the underlying factors related to motivation that appeal to, encourage, discourage, and retain nurses in current leadership roles is needed for the development of recruitment strategies to mitigate the current and future shortage of nurse leaders.

**Purpose:** The aim of this study was to better understand the underlying perspectives related to the motivation factors that appeal to, encourage, discourage, and retain nurses in leadership roles.

**Method:** A descriptive qualitative approach, including semi-structured, audio-recorded individual interviews of 15 nurse leaders was used to gain in-depth understanding of perspectives related to leadership motivation. Data were analyzed using a thematic content analysis approach.

**Findings:** Findings suggest that nurse leaders are driven by a mixture of intrinsic and extrinsic motivation factors early in their career. This shifts to become more focused on intrinsic motivation factors surrounding making a difference, connecting with others, and mentoring later on in their career. Six main themes emerged from the data: Pathway into nursing, Motives for assuming leadership roles, Pathway into leadership roles, Transition into leadership roles, Challenges of leadership roles, and Motives for remaining in leadership roles. These themes provide insight into the motivation processes that appeal to, encourage, discourage, and retain nurse leaders in leadership roles. A thematic content analysis of the data was organized into a conceptual framework to help understand the processes which motivate nurses in leadership roles.

**Conclusion:** Findings suggest that nurse leaders are driven by both intrinsic and extrinsic motivation factors throughout their career, with the focus shifting later in their career to become more intrinsic motivation. Current nurse leaders should be encouraged to use this information to assist them as mentors and to create supportive mentoring relationships to develop the next generation of informal nurse leaders who can assume formal nurse leadership roles, thus creating a future pipeline of leaders to mitigate the nursing leader shortage.

***Keywords:*** nurse leader, motivation, transition, challenges, informal nurse leader

## Table of Contents

## Summary of Study

According to the literature, in recent years, vacancies in nurse leader positions at all levels have been difficult to fill (Scott & Miles, 2013). This has been attributed to a number of factors, including the notion of the imposition of additional administrative duties, reluctance for assuming an increased span of responsibility, fear of taking over formal leadership roles, and avoidance of around-the-clock accountability. Despite the recognition of the problem in recruiting nurses into leadership roles and positions, little attention has been given to researching the factors that motivate nurses into assuming and remaining in these roles. The aim of this study was to better understand the underlying perspectives related to motivation factors that appealed to, encouraged, discouraged, and retained nurses in leadership roles. A descriptive qualitative approach, including semi-structured, audio-recorded individual interviews of 15 nurse leaders was used to gain in-depth understanding of perspectives related to leadership motivation. Data were analyzed using a thematic content analysis approach. Six main themes emerged from the data: Pathway into nursing, Motives for assuming leadership roles, Pathway into leadership roles, Transition into leadership roles, Challenges of leadership roles, and Motives for remaining in leadership roles. A conceptual framework based on the data was then developed to help understand the motivation processes. Findings suggest that nurse leaders are driven by both intrinsic and extrinsic motivation factors throughout their career, with the focus shifting later in their career to become more intrinsic motivation. An additional, and very significant finding is that the majority of these participants were informal nurse leaders before assuming their first formal leader role. With the knowledge and understanding acquired from this study and the proposed conceptual framework on

the motivation to lead process; strategies to mentor, develop, and support the next generation of nurse leaders can be developed to ensure informal nurse leaders are equipped to overcome the challenges imposed by formal nurse leadership roles.

# PROPOSAL
# Understanding Motivation to Lead in Nurses

## Specific Aims

Are nurses more engaged when assuming roles that provide intrinsic motivation? Or perhaps extrinsic motivation incentives, such as job rewards or higher compensation, are the facilitators that influence nurses? Although, the definition of what is meant to be a nurse has not changed greatly over the past few decades, the attitudinal factors that motivate individuals to seek nursing as a career choice have arguably changed (ICN, 2018). In a study by Hollup (2012), it was determined that the reasons individuals were motivated to become a nurse were mainly due to extrinsic factors including good income, job stability and security, paid education, and lack of other job opportunities. The pragmatic nurse career choice demonstrated in Hollup's study diverges from an identified contemporary choice where individuals wanted to become a nurse based on caring, calling, or a desire to help others (Williams, Wertenberger, & Gushuliak, 1997; Prater & McEwen, 2006). However, a question that remains unanswered is what motivates nurses to assume leadership roles. This proposal seeks to provide an understanding from a descriptive perspective on the question: What are the underlying perspectives related to motivation in nurses currently in leadership roles.

## Background

Motivation has been studied in a variety of disciplines including psychology, education, management, healthcare, and sports. There are two main motivation concepts which have been widely investigated: intrinsic and extrinsic motivation. "Intrinsic motivation" has been defined as "spontaneous activity that is sustained by the satisfactions inherent in the activity itself," whereas "extrinsic motivation is activity that

is functionally dependent for its occurrence or persistence on separable rewards or reinforcements." (Ryan & Deci, 2017, p. 99).

**Intrinsic Motivation**

The term intrinsic motivation was first coined by Harlow (1950). However, it was White (1959) who solidified the notion that intrinsic motivation refers to the innate psychological needs that are still implied today. From that point, researchers have explored the basic psychological needs that are described as "intrinsic motivated behaviors" (Ryan & Deci, 2017, p. 102). These innate psychological needs are: autonomy, competence, and relatedness. Autonomy is defined as the "need to self-regulate one's experience and actions." When acting with autonomy, an individual's behavior is self-endorsed, or congruent with his/her authentic interests and values. Finally, competence is defined as "the basic need to feel effectance and mastery," and relatedness is "seen as feeling socially connected." (Ryan & Deci, 2017, p. 10-11).

**Extrinsic Motivation**

In contrast, the conceptualization of "extrinsic motivation" refers to how individuals engage in activities, goals, or practices that are not necessarily enjoyable or intrinsically satisfying but are deemed valuable by society (Ryan & Deci, 2017). Through, internalization "the process of assimilating and self-regulating social practices and values," behaviors are internalized and integrated into individual's own drives and transformed into self-regulations, which are then executed independently and volitionally (Ryan & Deci, 2017, p. 99). These self-regulated behaviors are explained as regulatory styles within extrinsic motivation. There are four main types of regulatory styles: external regulation, introjected regulation, identified regulation, and integrated regulation (Ryan &

Deci, 2017). These regulatory styles are said to be internalized and move in a continuum from "non-self-determined" to "self-determined" with a perceived locus of causality being impersonal, internal, or external, all dependent on the regulatory style.

## Significance

Among the population of Baby Boomers who comprises 40% of the current United States healthcare labor force, is a very significant number of nurse leaders (HRSA, 2017). These individuals have started retiring, leaving a vacuum and critical vacancy levels along with a dramatic loss of nursing knowledge, experience, and skills (Buerhaus, Skinner, Auerbackm, & Staiger, 2017; Thompston, 2008). Compounding this situation, is the observation that nurses are not as motivated as in past years to assume leadership roles (IOM, 2004; NCHL, 2005; Laschinger et al., 2012). Further complicating the problem is the notion of the imposition of additional administrative duties, span of responsibility, and around the clock accountability on nurse leaders, which intimidates and demotivates potential nurses from assuming leadership roles (Scott & Miles, 2013). Inevitably, the forecast of shortage of nurse leaders will affect all healthcare organizations. Yet, a viable and formal nurse leader succession planning is absent in the majority of healthcare organizations (Huston, 2008; Titzer, Phillips, Tooley, Hall & Shirey, 2013). Therefore, there is an urgent need to identify, develop, and motivate nurses to assume leadership roles at all levels to fulfil the ongoing nurse leader shortage. *What remains lacking,* however is an understanding of the factors which motivate nurses to assume leadership roles. Therefore, there is a *critical need* to understand the types of motivation which become the driving forces within or external to nurses who are currently in leadership roles in order to identify the underlying factors that motivated

them to assume such roles. This knowledge will assist in the development of effective strategies to mitigate the nurse leader shortage. It will also help current leaders to identify, develop and motivate potential future nurse leaders thereby maintaining a pool of succeeding candidates.

## Purpose

The purpose of this study is to better understand perspectives related to leadership motivation in nurses in current leader roles. Lack of understanding the motivating factors that propel or restrain nurses throughout their career trajectory may limit professional advancement and could be detrimental to the nursing profession. The anticipated outcome of this project will be a better understanding of motivating factors that drive current nurse leaders to assume their roles. The data acquired from this study is expected to help close the gap that currently exists in the extant literature regarding motivation of nurses in leadership roles.

## Theoretical Framework

The Self-Determined Theory (SDT) is an organismic theory of human behavior and personality development which focuses on the social-contextual conditions that facilitate the natural processes of self-motivation and psychological development (Ryan & Deci, 2017). SDT differentiates types of motivation along a continuum from autonomous to controlled. Figure 1 illustrates that within SDT, there are three main innate psychological needs: the needs for autonomy, competence, and relatedness. Further, SDT postulates that the psychological needs of autonomy, competence, and relatedness enhance self-motivation and mental health when satisfied and diminished these needs when thwarted.

In SDT, motivation is classically defined as “to move to do or accomplish something” (Ryan & Deci, 2000, p. 54). Motivation has been classified into low, moderate or high levels and/or by type: intrinsic or extrinsic. On the other side of the continuum is amotivation. “Amotivation” is defined as “the state of lacking an intention to act which results from not feeling competent to do it or not believing it will yield a desired outcome or because of lack of interest, relevance, or value” (Ryan & Deci, 2017, p. 16). Amotivation can ensue because of external, internal and/or behavior factors that decrease motivation (Falout, Elwood, & Hood, 2009).

As mentioned, intrinsic motivation is traditionally defined as doing something because it is inherently interesting or enjoyable, or just for its own sake (Morgan & Sansone, 2008; Ryan & Deci, 2000). Intrinsic motivation can be completely absent in some activities or situations, or it can be the driving force to perform certain activities in others. Of note, intrinsic motivation may be attributed to individual differences, situational and activity characteristics, and psychological influences (Morgan & Sansone, 2008).

Extrinsic motivation is classically defined as doing something because it leads to a separable outcome, external reward, social approval, or avoidance of a punishment (Morgan & Sansone, 2008; Ryan & Deci, 2000). Further, as discussed, according to SDT, extrinsic motivation is subdivided into four subtypes: external motivation (individuals are directly controlled by external and self-alien forces), introjected motivation (individuals tend to perform a task or activity to avoid feelings of guilt and self-recrimination), identified motivation (engaging in an activity or task is motivated by a need to express a personally important value or belief), and integrated motivation (people engage in

activities or tasks because of principles and commitments determined by society in general) (Ryan & Deci, 2017). The SDT will be utilized in this dissertation proposal as an overarching research framework to examine the different types of intrinsic and extrinsic motivation factors driving or restraining nurses, and to explore similarities or differences to assist in understanding what and how nurse leaders are motivated.

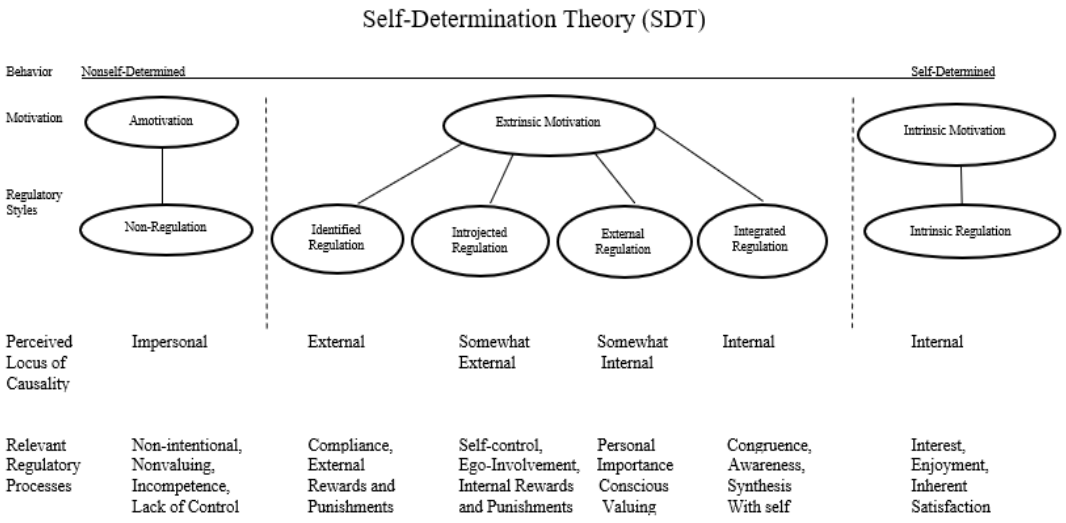


*Figure 1*. Adapted from "Self-determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being," by M. R. Ryan, and L. D. Edward, 2000, *American Psychologist, 55(1),68-78.*

## Literature Review

There is a plethora of studies on the motivating factors of staff nurses. In a literature review describing staff nurses' work motivation, five motivating factors were identified: work-place characteristics, working conditions, personal characteristics, individual priorities, and internal psychological states (Toode, Routasalo, & Suominen, 2011). Findings from another literature review inferred that intrinsic motivation among nurses is necessary for professional development, improvement, service, commitment, advancement opportunities, and education engagement (Kinsella et al., 2018; Sacks et al., 2015; Lephalala et al., 2008). Further, nurses with high intrinsic and/or extrinsic

motivation were found to have more job autonomy, less turnover intention, reduced levels of burnout, and fewer physical symptoms (Galleta et al., 2011; Dill et al., 2016). These findings are supported by Ryan and Deci's (2013) theory that intrinsic motivation holds a crucial role in enhancing the quality of engagement and is a default for performance and learning. In contrast, extrinsic motivation among nurses was shown to contribute to the notion that low job satisfaction was related to compensation, lack of resources, and that job performance was often related to nurses' age and duration of service (Fedele, 2016; Sacks et al., 2015; Toode et al. 2015). Additionally, incentives and rewards were used to extrinsically motivate nurses to increase organizational commitment (Aninanya et al., 2016; Galleta et al.,2011), improve job performance (Aninanya et al., 2016), increase retention (Galleta et al., 2011; Sacks et al., 2015), increase work motivation, and job satisfaction (Lephalala et al., 2008; Toode et al., 2015; Aninanya et al., 2016). Indeed, these are all types of externally regulated motivation in which external rewards are given in "exchange" for a certain behavior or action. Although, the aforementioned studies highlighted the motivating forces driving staff nurses, little is currently known about the underlying factors that motivate nurse leaders. Research into nurse leaders has primarily focused on leadership styles (Cummings et al., 2018), patient outcomes (Wong, Cummings & Ducharme, 2013; Gilbert, Von Ah, Broome, 2017), staff retention (Kleinman, 2004), front-line staff job satisfaction (Failla & Stichler, 2008), and development of succession planning (Carriere et al., 2009) leaving a gap in the extant literature regarding the motivating factors driving or restraining nurse leaders. Therefore, the primary focus of this study is to close this gap by providing an

understanding on the underlying perspectives related to motivation in nurses in current leadership roles.

## Methods

### Design

A descriptive, qualitative approach will be used to better understand the perspectives related to motivation in nurses in current leadership roles. The descriptive approach is a pragmatic form of naturalistic inquiry that uses data collection to gain a deeper understanding of individual participants' opinions, perspectives, and attitudes (Sandelowski, 2000). The goal of descriptive approach is to define a phenomenon and its characteristics by utilizing content analysis of data via identification of themes, patterns, or concepts deriving from bracketing, intuiting, analyzing, and description of the phenomenon (Polit & Beck, 2017; Sandelowski, 2000). Bracketing is the process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under investigation while intuiting is the process of remaining opened to the meanings attributed to the phenomenon (Polit & Beck, 2017).

### Setting & Sampling

The study will be conducted in two hospitals in southeastern Florida: an adult teaching level I trauma and comprehensive stroke certified hospital and a Children's hospital. The population of interest is nurse leaders currently in a leadership role and includes assistant nurse managers, managers, and nurse directors. Nurse leader is defined here as those "who challenge the process, inspire a shared vision, enable others to act, model the way, and encourage the heart" (Tourangeau, 2003, pg. 625).

The participants will be recruited during December 2018 via an organizational e-mail invite which will be sent upon approval from the Institutional Review Board. E-mail addresses will be obtained from each hospital distribution list. Participants will be recruited from the pediatric, neonatal, labor and delivery, telemetry, medical-surgical, medical-trauma, post-anesthesia care, operating room, and emergency department units. A non-probabilistic, purpose sampling strategy will be used to recruit and select nurse leaders. Purposive sampling utilizes researcher's personal judgment about what potential participants will be most informative (Polit & Beck, 2017). The intent of purposeful sampling is to select information – rich instances or cases which will illuminate the questions concerning the phenomenon under research (Patton, 2000). Sampling will continue until data saturation is achieved (Polit & Beck, 2017; Moser & Korstjens, 2018). Data saturation is the point at which no new insights are obtained, no new themes are identified, and no issues arise regarding a category of data (Strauss & Corbin, 1990) and the study provides maximum information that fully explores the phenomenon (Moser & Korstjens, 2018). In a research by Guest, Bunce, and Johnson (2006) on social desirability bias in interviews about sexual behavior a sample size of 12 was shown to provide data saturation. However, it is estimated that for this research, around 25 participants will be initially needed to provide a sample representative of the settings' nursing leaders, which will generate information-rich cases and provide variation among the different levels. Other criteria for participation are: hold a Bachelor's degree in nursing, work full-time, between the ages of 21 and 65 years old, speak English, and having 1 or more years of nurse leadership experience as either assistant nurse manager, nurse manager, or nurse director. If necessary, timeframe for recruitment of participants

will be extended to achieve sample size or data saturation. Each participant will be asked to provide a telephone number if additional questions or clarifications arise. Telephone numbers and other identifying information will be kept in the PI's locked home office in her personal desktop computer in a password protected excel file.

**Data Collection**

An interview guide (Appendix A2) consisting of structured demographic questions and semi-structured, foci open-ended questions revolving around the phenomenon of study will be used for the individual face-to-face, loosely structured interviews. During the interviews, the goal will be to establish a conversational dialogue between the interviewer and the interviewee. Grand tour questions will be utilized to acquire specific information and will be followed by mini-tour questions as probing questions to elicit more detailed information about responses (Spradley, 1979; Polit & Beck, 2017). The PI will engage in reflexivity by maintaining a personal journal about decisions made and reasoning. Moreover, the PI will create a reflexive account of her experiences as a nurse leader to become aware of assumptions brought into the field and to develop strategies to overcome them (Underwood, Satterthwait, & Bartlett, 2010). Reflexivity consists of two elements: (a) the process of critical self-reflection on one's own biases, theoretical predispositions, and preferences; and (b) an acknowledgement of the inquirer's place in the setting, context, and social phenomenon he or she seeks to understand, and a means for critical examination of the entire research process (Schwandt, 2007, p.260).

The interviews will take place in a private, quiet room at a time and location convenient for the participants. At each interview session, an overview of the research

will be provided by the PI to the participant. Audio-recorded, face-to-face, in-depth semi-structured individual 45-60-minute interviews will be conducted during December 2018 through end of January 2018. The PI will perform, record, and coordinate the interviews. Two digital tape recorders will be used in case technical issues arise. Each interview will start with "small talk" to place the interviewees at ease. Demographic data (Appendix A1) will be collected on each participant to review and analyze similarities and differences among participants. The interview will then proceed by using the interview guide (Appendix A2) constructed with grand-tour, mini-tour and probe questions on the phenomenon under study (Spradley, 1979). Grand-tour questions are open and focused while mini-tour questions and probes are exploratory and used to encourage the participants to tell more details.

**Data Analysis**

All interviews will be transcribed verbatim by a paid professional transcriptionist. Trustworthiness will be established by adhering to Lincoln and Guba (1985) criteria of credibility, transferability, dependability, and confirmability. Credibility is the confidence that can be placed in the truth of the research findings (Lincoln & Guba, 1985). Credibility will be established by ascertaining accuracy of each transcribed interview. This will be accomplished by having each transcribed interview verified by the PI via listening and reviewing of transcripts word by word. In addition, investigator triangulation will be used to make coding, analysis, and interpretation decisions (Lincoln & Guba, 1985) by using an experience qualitative researcher in addition to the PI. Transferability will be supported by precise documentation of the time and context of data collection and thick description of the behavior and experiences of participants in

order to provide meaningful data (Lincoln & Guba, 1985). Dependability involves the aspect of consistency of findings over time and confirmability involves neutrality and the degree to which findings of the research can be confirmed by other researchers (Lincoln & Guba, 1985). Dependability and confirmability will be established by maintaining thorough and detailed records describing each step taken from start to end of the research study in a manner similar to an audit trail (Lincoln & Guba, 1985). NVivo Version 11 for Windows (QSR International, 2018) will be used to organize the data. In this research, a reductionist approach to manage data will be taken involving concerting large amount of data into smaller, more manageable parts (Polit & Back, 2017). A coding scheme will be developed by the PI. These codes will be grouped into categories, themes, and subthemes using NVivo software.

Content analysis is well-suited to analyzing data on multi-faceted, sensitive phenomena characteristics of nursing (Moser & Korstjens, 2018) and thus, will be used to examine the interview transcripts in this study. The goal of content analysis is to identify themes, and patterns within and among the themes (Moser & Korstjens, 2018). Thus, content analysis use is supported here because it is believed to have the capability of generating findings that will assist in answering the specific aims and research question for the phenomenon under study. Data analysis will commence with the first data generated, be compared across all interviews, and continue iteratively throughout the research study. The principle of similarity and contrast (Spradley, 1979) will be applied to develop themes from broad data categories. Interpretation of manifest and latent analyses will occur as well as analysis of themes which will involve looking for natural variation and commonalities within and across the data (Polit & Beck, 2017). Manifest

content is what the text actually says or its visible content whereas latent content is what the text talks about (Polit & Beck, 2017). A timeline plan for the research study is shown below.

**Study Timeline Plan**

| | 2019 | | | 2019 | | | | 2019 | | | | 2019 | | | | 2019 | | | | 2019 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Objective #1 | February | | | March | | | | April | | | | May | | | | June | | | | July | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| UT IRB Approval | | | | | | | | | | | | | | | | | | | | | | | |
| Organization IRB Approval | | | | | | | | | | | | | | | | | | | | | | | |
| Recruitment | | | | | | | | | | | | | | | | | | | | | | | |
| Data Collection | | | | | | | | | | | | | | | | | | | | | | | |
| Transcribe Recordings | | | | | | | | | | | | | | | | | | | | | | | |
| Data Analysis | | | | | | | | | | | | | | | | | | | | | | | |
| Interpretation of Data | | | | | | | | | | | | | | | | | | | | | | | |
| Findings | | | | | | | | | | | | | | | | | | | | | | | |

## Human Subjects Risks and Protection

### Risks

There is little potential physical, emotional, or psychosocial risks or problems to participants in this study. However, consent will still be acquired from the participants. The e-mails of the participants will not be linked in any way to the participants' interviews therefore confidentiality is protected. Participants may choose to not answer a question, if it makes them uncomfortable. If participants feel uncomfortable at any point during the interview process, they will have the option to cease the interview.

**Benefits**

The potential benefits of participating in this research include possible contributions to the nursing leadership field through increasing knowledge in an undeveloped area of nursing. There are no additional benefits for participants involved in this research study.

**Informed Consent**

Full disclosure of the study's purpose, duration, compensation, and potential risks and benefits to the participants will be explained prior to obtaining informed consent. Written informed consent will be explained and obtained prior to starting the interview. All participants will be informed that participation is voluntary and entirely their choice and that withdraw from the study can occur at any time without providing a reason. All participants will be informed that they do not have to answer all the questions they will be asked. A $5 Starbucks gift card will be provided as an incentive for participation at the end of the interview process.

Confidentiality will be maintained by de-identifying any data collected from participants. All participants will be instructed to not provide identifiable data to protect their confidentiality. The file containing the audiotaped data collected during each interview and the transcribed data file will be protected with a password and will be stored in a desktop computer kept behind a locked door in the PI's home office. A copy of the data file will be maintained in a password protected USB in a locked drawer at the PI's home office behind a locked door.

## References

Aninanya, G. A., Howard, N., Williams, J. E., Apam, B., Prytherch, H., Loukanova, S.,…Otupiri, E. (2016). Can performance-based incentives improve motivation of nurses and midwives in primary facilities in northern Ghana? A quasi-experimental study. *Global Health Action, 9*, 1-10.

Buerhaus, P. I., Skinner, L. E., Auerbach, D. I., Staiger, D. O. (2017). State of the registered nurse workforce as a new era of health reform emerges. *Nursing Economics, 35*(5), 229-237.

Carriere, B.K., Muise, M., Cummings, G.G., & Newburn-Cook, C. (2009). Healthcare succession planning: An integrative review. *Journal of Leadership Studies, 5*, 51-59.

Cummings G. G., Tate, K., Lee, S., Wong, C.A., Paananen, T., Micaroni, S. P.M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 85,* 19-60.

Dill, J., Erickson, R.J., & Diefendorff, J.M. (2016). Motivation in caring labor: Implications for the well-being and employment outcomes of nurses. *Social Science & Medicine, 167*, 99-106.

Elo, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115.

Failla, K.R., & Stitchler, J.F. (2008). Manager and staff perception of the manager's leadership style. *The Journal of Nursing Administration, 28*(11), 480-487.

Falout, J., Elwood, J., & Hood, M. (2009). Demotivation: Affective states and learning outcomes. *System, 37*, 403-417.

Fedele, A. (2017). Well-paid nurses are good nurses. *Health Economics, 27*, 663-674.

Galletta, M., Portoghese, I., & Battistelli, A. (2011). Intrinsic motivation, job autonomy and turnover intention in the Italian healthcare: The mediating role of affective commitment. *Journal of Management Research, 3*(2), 1-19.

Gilbert, J.H., Von Ah, D., & Broome, M.E. (2017). Organizational intellectual capital and the role of the nurse manager: A proposed conceptual model. *Nursing Outlook*. DOI: 10.1016/j.outlook.2017.04.005

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82.

Harlow, H. F. (1950). Learning and satiation of response in intrinsically motivated complex puzzle performance by monkeys. *Journal of Comparative and Physiological Psychology, 43*(4), 289-294.

Hollup, O. (2012). Nurses in Mauritius motivated by extrinsic rewards: A qualitative study of factors determining recruitment and career choices. *International Journal of Nursing Studies, 19*, 1291-1298.

Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management, 16*, 905-911.

Institute of Medicine (IOM). (2004). *Keeping patient safe: Transforming the work environment of nurses.* Washington, DC: National Academic Press. Retrieved from http://www.nationalacademies.org/hmd/Reports/2003/Keeping-Patients-Safe-Transforming-the-Work-Environment-of-Nurses.aspx

International Council of Nurses (2018). *Definition of nursing*. Retrieved from http://www.icn.ch/who-we-are/icn-definition-of-nursing/

Kinsella, D., Fry, M., & Zecchin, A. (2018). Motivational factors influencing nurses to undertake postgraduate hospital-based education. *Nurse Education in Practice, 31*, 54-60

Kleinman, C. (2004). The relationship between managerial leadership behavior and staff nurse retention. *Hospital Topics, 82*(4)2.

Laschinger, H.K.S., Wong, C.A., MacDonald-Rencz, S., Burkoski, V., Cummings, G., D'amour, D.,… Grinspun, D. (2012). Part 1: The influence of personal and situational predictors on nurses' aspirations to management roles: Preliminary findings of a national survey of Canadian nurses. *Journal of Nursing Management, 21*, 217-230.

Lephalala, R. P., Ehlers, V. J., & Oosthuizen, M. J. (2008). Factors influencing nurses' job satisfaction in selected private hospitals in England. *Curationis, 31*(3), 60-69.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry.* Newbury Park, CA: Sage Publications

Morgan, C., & Sansone, C. (2008). Intrinsic motivation. In F.T.L. Leong, E.M. Altmaier, & B. D. Johnson (Eds). *Encyclopedia of Counseling* (Vol. 2, pp. 660-666). Thousand Oaks, CA: SAGE Publications. Retrieved from http://go.galegroup.comezproxyhost.library.tmc.edu/ps/i.do?p=GVRL&sw=w&u=txhracd2509&v=2.1&it=r&id=GALE%7CCX3074200229&sid=summon&asid=c8b48352bb3102293f45c6fb5ceecb

Moser, A., & Korstjens, I. (2017). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice, 24*(1), 9-18.

National Center for Healthcare Leadership (NCHL). (2005). NCHL white paper on best practices in health

leadership succession planning. Retrieved from http://www.nchl.org/Documents/CTRL_Hyperlink/doccopy3332_ui6102014456192.pdf

Patton, M. Q. (2000). *Qualitative evaluation and research methods.* Thousand Oaks, CA: Sage Publications.

Polit, D.F., & Beck, C.T. (2017). *Nursing Research: Generating and assessing evidence for nursing practice.* Philadelphia, PA: Wolters Kluwer.

Prater, L., & McEwen, M. (2006). Called to nursing: Perceptions of student nurses. *Journal of Holistic Nursing, 24*(1), 63-69.

QSR International (2018). *NVivo for Windows, version 11*. Retrieved from http://www.qsrinternational.com/nvivo/nvivo-products/nvivo-11-for-windows

Ryan, R.M., & Deci, E. L. (2000). Self-determination Theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(10), 68-78.

Ryan, R. M., & Deci, E. L. (2013). Toward a social psychology of assimilation: Self-determination theory in cognitive development and education. In B. W. Sokol, F. M. E. Grouzet, & U. Muller (Eds.), *Self-regulation and autonomy: Social and*

*developmental dimensions of human conduct* (pp. 191-207). New York: Cambridge University Press.

Ryan, R.M., & Deci, E. L. (2017). *Self-determination Theory: Basic psychological needs in motivation, development, and wellness.* New York, NY: Guilford Press.

Sacks, E., Alva, S., Magalona, S., & Vesel, L. (2015). Examining domains of community health nurse satisfaction and motivation: Results from a mixed-methods baseline evaluation in rural Ghana. *Human Resources for Health, 13*, 1-13.

Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research Nursing Health, 23*(4), 334-340.

Schwandt, T. (2007). *The Sage dictionary of qualitative inquiry.* Thousand Oaks, CA: Sage.

Scott, E. S., & Miles, J. (2013). Advancing leadership capacity in nursing. *Nursing Administration Quarterly, 37*(1), 77-82.

Spradley, J. P. (1979). The ethnographic interview. Belmont, CA: Wadsworth, Cengage Learning.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage Publications.

Thompson, P.A. (2008). Key challenges facing American nurse leaders. *Journal of Nursing Management, 16* (8), 912-914. DOI: 10.1111/j.1365-2834.2008.00951x

Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013). Nurse manager succession planning: Synthesis of the evidence. *Journal of Nursing Management, 21*, 971-979.

Toode, K., Routasalo, P., Helminen, M., & Suomine, T. (2015). Hospital nurses' work motivation. *Scandinavian Journal of Caring Sciences, 29*, 248-257.

Tourangeau, A. E. (2003). Building nurse leader capacity. *The Journal of Nursing Administration, 33*(12), 624-626.

Underwood, M. Satterthwait, L. D., Bartlett, H. P. (2010). Reflexivity and minimization of the impact of age-cohort differences between researcher and research participants.

U.S. Health Resources and Services Administration (HRSA). (2017). *Supply and demand projections of the nursing workforce: 2014-2030*. Retrieved from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf

White, R. W. (1959). Motivation reconsidered: The concept of competence. *Psychological Review, 66*(5), 297-333.

Williams, B., Wertenberger, D. H., & Gushliak, T. (1997). Why students choose nursing. *Journal of Nursing Education, 36*(7), 346-348.

Wong, C.A., Cummings, G.G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: A systematic review update. *Journal of Nursing Management, 21*, 709-724.

*Appendix A*

Demographic Form

## Demographic Form

Age:

Gender:

Marital Status:

Race/ethnicity:

Language used at home (or primary language):

Country of birth:

Education Level:

Previous Degrees/Careers:

Work Status:

Job Title:

Years of nursing experience:

Years of experience as a nurse leader:

Years of experience in current role:

*Appendix B*

Interview Guide

## Interview Guide

1. Tell me about your decision to become a nurse
    a. Was it a calling? Was it a family tradition? Or primarily seen as a good job?
2. Tell me about your journey as a nurse in a leadership role
3. What was your primary motivation to become a nurse leader?
    a. Was becoming a nurse leader an early goal of yours? If so, why? What other factors influenced your decision? Were you given/chosen for the position? If so, why? Who chose you? Did you feel obligated to take the role? Why? Why not?
4. How did you make the transition from the bedside into a leadership role?
5. What are the things you enjoy about being a nurse leader? How about the things you don't enjoy about being a nurse leader?
6. What do you value about being a nurse leader?
7. What would you tell nurses seeking into assuming a nurse leadership role? Would you encourage them to take on the role? Why? Why not?

# MANUSCRIPT

## Understanding Motivation to Lead in Nurses

Nurse leaders are those "who challenge the process, inspire a shared vision, enable others to act, model the way, and encourage the heart" (Tourangeau, 2003, pg.625). Nurse managers, in contrast, are individuals responsible for a unit in a hospital, nursing home, or ambulatory care setting, who supervises staff performance and patient care (Mosby's Medical Dictionary, 2009). In short, nurse leaders can provide vision, inspiration, and encouragement as they typically hold management roles or positions.

In the U.S., Baby Boomers comprise about 40% of the current healthcare workforce; among these vital professionals are a very significant number of nurse leaders (HRSA, 2010; Smiley et al., 2018). Indeed, it has been shown that many nurse leaders have started retiring, leaving a vacuum and critical vacancy levels, resulting in a dramatic loss of nursing knowledge, experience, and skills (Buerhaus, Skinner, Auerbackm, & Staiger, 2017; Thompson, 2008). Undeniably, the loss of these organizational and clinically expert nurse leaders will negatively affect the operational, administrative, and clinical management within healthcare systems.

Compounding this situation, a recent survey conveyed a three percent decrease of nurses reporting a desire to be nurse managers (Smiley et al., 2018). This three percent decrease in nurse managers corresponds to 740 fewer nurses in leadership positions, which in turn may result in a significant negative impact on health care. This further aggravates the already serious situation of nurse leader shortage and raises questions on how nurse leader vacancies will be filled. Despite these concerning data, viable and formal nurse leadership succession planning is absent in the majority of healthcare organizations (Huston, 2008; Titzer, Phillips, Tooley, Hall & Shirey, 2013).

According to the literature, in recent years, vacancies in nurse leader positions at all levels have been difficult to fill (Scott & Miles, 2013). This has been attributed to a number of factors, including the notion of the imposition of additional administrative duties, reluctance for assuming an increased span of responsibility, fear of taking over formal leadership roles, and avoidance of around-the-clock accountability. These factors can intimidate and demotivate nurses from assuming leadership roles and managerial positions (Dyess, Sherman, Pratt, Chaing-Hanisko, 2016; Scott & Miles, 2013).

Despite the recognition of the problem in recruiting nurses into leadership roles and positions, little attention has been given to researching the factors that motivate nurses into assuming and remaining in these roles. Research into nurse leaders is scarce and has primarily focused on topics such as leadership styles (Cummings et al., 2018), patient outcomes (Gilbert, Von Ah, & Broome, 2017; Wong, Cummings & Ducharme, 2013), staff retention (Kleinman, 2004), and front-line staff job satisfaction (Failla & Stichler, 2008).

Outside the domain of healthcare and nursing, the public and non-public sectors have taken a more proactive stance and have focused research on studying and understanding the motivational factors that lead individuals to seek leadership roles (Chen & Bozeman, 2013; Park & Word, 2012). For example, findings from Park and Word's (2012) study illustrated that managers have more intrinsic motivating driving factors (overall reputation of the organization, ability to serve the public, and desire for less bureaucracy) than extrinsic driving factors (security, salary, and career advancement). Chen and Bozeman's (2013) study demonstrated that public and non-profit managers are motivated by both intrinsic and extrinsic rewards, and that there are

five major types of motivation driving them: service motivation, identified motivation, introjected motivation, external motivation, and amotivation. Although, both of these studies bring into light relevant empirical data, translating the findings from these studies into the nursing profession is impracticable because of the uniqueness and complexity of healthcare.

## Background

The concept of motivation has been defined as "to move, to do or accomplish something" (Ryan & Deci, 2000, p.54). Amotivation, on the other hand, is defined as "the state of lacking an intention to act which results from not feeling competent to do it or not believing it will yield a desired outcome or because of lack of interest, relevance, or value" (Ryan & Deci, 2017, p. 16). Worth mentioning, is the notion that amotivation can ensue because of external, internal and/or behavior factors that decrease motivation (Falout, Elwood, & Hood, 2009). Motivation is further divided into intrinsic motivation and extrinsic motivation. The distinction between intrinsic and extrinsic motivation has been the subject of research in a variety of disciplines. Indeed, considerable discourse has been generated whether behavior is solely driven by one type or the other.

Intrinsic motivation is conceptualized as doing something because it is inherently interesting or enjoyable, or just for its own sake (Morgan & Sansone, 2008; Ryan & Deci, 2000). The term intrinsic motivation was first coined by Harlow (1950). It was White (1959) however, who solidified the notion that intrinsic motivation refers to the innate psychological needs of individuals. Since then, researchers have explored the basic psychological needs that are described as intrinsic motivated behaviors (Ryan & Deci, 2017). These basic or innate psychological needs are autonomy, competence, and

relatedness. Autonomy is seen as the "need to self-regulate one's experience and actions." When acting with autonomy, an individual's behavior is self-endorsed, or congruent with his/her authentic interests and values. Competence, on the other hand, is "the basic need to feel effectance and mastery," and relatedness is "seen as feeling socially connected." (Ryan & Deci, 2017, p. 10-11). Of note, the psychological needs of autonomy, competence, and relatedness enhance self-motivation and mental health when satisfied; however, self-motivation and mental health are diminished when these psychological needs are thwarted.

In contrast, extrinsic motivation refers to how individuals engage in activities or practices that are not necessarily enjoyable or intrinsically satisfying but are deemed valuable by society (Ryan & Deci, 2017). Through internalization "the process of assimilating and self-regulating social practices and values," behaviors are internalized and integrated into individual's own drives and transformed into self-regulations (Ryan & Deci, 2017, p. 99). These self-regulated behaviors are explained as regulatory styles within extrinsic motivation. Hence, extrinsic motivation is subdivided into four subtypes: identified motivation (individuals engagement in an activity or task is motivated by a need to express a personally important value or belief), introjected motivation (individuals tend to perform a task or activity to avoid feelings of guilt and self-recrimination), external motivation (individuals are directly controlled by external and self-alien forces), and integrated motivation (individuals engage in activities or tasks because of principles and commitments determined by society in general) (Ryan & Deci, 2017).

More specifically, both intrinsic and extrinsic motivation have been the subject of research in a variety of disciplines including psychology, education, management, healthcare, and sports. Some related research has been identified in the nursing literature. In studies of staff nurses, findings inferred that intrinsic motivation is necessary for professional development, improvement, service, commitment, advancement opportunities, and education engagement (Kinsella, Fry, & Zecchin, 2018; Lephalala, Ehlers, & Oosthuizen, 2008; Sacks, Alva, Magalona, & Vesel, 2015). Findings from other studies, identified nurses with high intrinsic and/or extrinsic motivation to have more job autonomy, less turnover intention, reduced levels of burnout, and fewer physical symptoms (Dill, Erickson, & Dieffendorff, 2016; Galleta, Portoghese, & Battistelli, 2011). In contrast, extrinsic motivation has been found to contribute to the notion that low job satisfaction was related to compensation and lack of resources, and that job performance was often related to nurses' age and duration of service (Fedele, 2016; Sacks et al., 2015; Toode, Routasalo, Helminen, & Suomine, 2015).

Within the healthcare domain, as mentioned, studies examining motivation have typically focused on staff nurses' motivation with little attention directed toward understanding nurse leaders' motivation. Furthermore, over the years, considerable discourse has been generated surrounding intrinsic and extrinsic motivation and whether behavior is solely driven by one type or the other.

The Self-Determination Theory (SDT) is an organismic theory of human behavior and personality development which focuses on the social-contextual conditions that facilitate the natural processes of self-motivation and psychological development (Ryan & Deci, 2017). The SDT differentiates types of behavior and motivation along a

continuum from non-self-determined to self-determined. The SDT was utilized in this study as an overarching research framework to examine the different types of motivating factors.

Against this background, the aim of this study was to better understand the underlying perspectives related to motivation factors that appealed to, encouraged, discouraged, and retained nurses in leadership roles. A conceptual framework based on the data was developed to help understand the motivation processes. This conceptual framework can be used to help fill the gap in the extant literature regarding this subject.

## Methods

### Design

A descriptive, qualitative approach was utilized to conduct individual interviews and gather data from nurse leaders during the period of April 2019 through July 2019. The descriptive approach is a pragmatic form of naturalist inquiry that uses data collection to gain understanding of each participants' opinions, perspectives, and attitudes that produce findings closer to the data, or "data-near" (Polit & Beck, 2017; Sandelowski, 2010; Sandelowski, 2000). The goal of the descriptive approach is to define a phenomenon and its characteristics by utilizing content analysis of data via identification of themes, patterns, or concepts deriving from bracketing, intuiting, analyzing, and description of the phenomenon (Green & Thorogood, 2014; Polit & Beck, 2017; Sandelowski, 2000).

### Setting

This study was conducted at two hospitals in southeastern Florida: An adult level I trauma center and comprehensive stroke certified hospital and a Children's & Women's

hospital. The Adult Hospital is one of two level I trauma centers in the county. The Children's & Women's Hospital is the only one between Fort Lauderdale and Orlando. The sites were chosen because of accessibility and for the wide variety of medical specialties offered. This provided a heterogeneous sample of nurse leaders representing several specialties and units. The participants were recruited from the pediatric, neonatal, labor and delivery, telemetry, medical-surgical, medical-trauma, post-anesthesia care, operating room, and pediatric emergency department settings.

**Sampling**

Purposeful sampling was utilized to select representation from all levels of nurse leaders who could provide information-rich instances to illuminate the phenomenon under study. Purposive sampling and personal judgment were used to select potential participants who would be most informative and assist in achieving the aim of this study (Polit & Beck, 2017; Patton, 2000). Participants were identified by role status and recruited via an organizational e-mail invite (Appendix A). Purposively recruiting participants at each different level of leadership provided unique level perspectives from participants related to the motivation factors that appealed to, encouraged, discouraged, and retained them in their respective roles.

Sampling continued until data saturation was achieved (Moser & Korstjens, 2018; Polit & Beck, 2017). Data saturation is the point at which no new insights are obtained, no new themes are identified, and no issues arise regarding a category of data (Strauss & Corbin, 1990) and the study provides maximum information that fully explores the phenomenon (Moser & Korstjens, 2018). Based on previous research by Guest, Bunce, and Johnson (2006), a sample size of around 12 had shown to provide data saturation in

many studies. Most qualitative studies have demonstrated that when utilizing an interview method, little "new" comes out of transcripts after analysis of 15 or so transcripts, although this is highly depended on homogeneity of the group under study (Green & Thorogood, 2014). In this study, the principal investigator (PI) deemed data saturation occurred at a sample size of 15. Inclusion criteria for participation in this study were: hold a minimum of a Bachelor's degree in nursing (BSN), work full-time, between the ages of 21 and 65 years old, speak English, and having one or more years of nurse leadership experience, occupying the hospital designated role of : assistant nurse manager, nurse manager, nurse director, or nurse administrator.

**Data Collection and Procedures**

Face-to-face, semi-structured interviews were conducted in the spring of 2019 at a mutually convenient interview date and time agreed upon by the researcher and each participant. Interviews lasted between 25 and 60 minutes and took place in a private and quiet place. The interviews were performed by the PI and were audio-recorded with consent of the participants. An interview guide based upon the Self-Determination Theory framework (Appendix B) consisted of grand-tour, open ended questions followed by mini-tour and probing questions was utilized to conduct the interviews (DeWalt & DeWalt, 2011; Spradley, 1979). Prior to the interview, the guide was reviewed by two content experts; their suggestions were incorporated into the final iteration. The interview started by asking the participants general questions including: "Tell me about your decision to become a nurse," "Tell me about your journey as a nurse in a leadership role," and "What was your primary motivation to become a nurse leader?" These questions

were followed by focused and probing questions. Of note, the PI utilized a conversational style and probing questions were added to delve deeper into specific aspects of responses.

Demographic information of each participant was also collected (Table 1). Field notes were gathered during the interviews to note participant's non-verbal behaviors.

**Ethical Considerations**

This study was approved by the Committee for the Protection of Human Subjects at the University of Texas Health Science Center Houston and the Hospital Research Review Committee. Disclosure of the study's purpose, duration, incentive, potential risks and benefits were provided. Written consents were obtained prior to starting data collection. A $5 Starbucks gift card was provided at the end of each interview as an incentive for participation. Confidentiality was maintained by de-identifying data collected from participants. The audiotaped data files collected were transcribed and maintained in a password protected desktop computer kept behind a locked door in the PI's home office and were then destroyed after 45 days of being transcribed.

**Data Analysis**

Interviews were transcribed verbatim by professional transcriptionists. All data collected were then stored, organized, and coded using NVivo Plus Version 12.4 for Windows (QSR International, 2019). Data analysis commenced with the first data generated, were compared across all interviews, and continued iteratively throughout the study. An open coding scheme was developed by the PI whereby codes were grouped into categories and subcategories (nodes) using NVivo software. Thematic content analysis was utilized to identify themes and patterns within and among the themes (Green & Thorogood, 2014). Segments of text were also selected that were relevant and which

highlighted the phenomena under study. In addition, hand-coding analysis was completed by reading each transcript line-by-line, grouping data according to similarities and differences, and creating subcategories, categories, and themes using a Word document. These themes were then organized into a framework.

Trustworthiness is the central concept in Lincoln and Guba's (1985) framework to appraise rigor of qualitative research. Trustworthiness was established by adhering to Lincoln and Guba (1985) criteria of credibility, transferability, dependability, and confirmability. In this study the PI established credibility of the findings by ascertaining accuracy of each participant's transcribed interviews through listening and reviewing of each transcription word by word. Peer debriefing and discussions were conducted with two other expert qualitative researchers to allow for questions and critique of findings. Triangulation was achieved by cross-checking interpretations of the de-identified data within and across each category of participants by two other expert qualitative researchers. Transferability was supported by using a purposive sampling method and by providing thick description of the data surrounding each participants' demographics and their experiences.

As mentioned, the audio-recorded data were transcribed by professional transcribers and transcripts are available for future scrutiny. Every attempt was made to document each step of the data analysis phase. Confirmability was established by assuring that interpretation of responses during the interview were correct, by maintaining a reflexive journal, and by checking the data transcripts for accuracy. The reflexive journal functioned as an audit trail in the form of notes taken during each interview, data analysis, and data interpretation to review these processes.

## Findings

A total of 16 nurse leaders participated in this study. One participant did not meet the inclusion criteria of full-time status as a nurse manager, therefore was excluded. The final sample was 15 participants. The participants self-identified themselves as Caucasian/White, African- American, Latino and Asian. The participants' ages ranged from 27 to 62 years old, with a mean age of 45. Table 1 displays demographic data of participants which indicated the diversity of the sample. In this study, 17.7 years was the mean for nursing experience. Their overall experience as a nurse leader averaged 8.1 years and the years of experience in their current leadership role was 4.2 years. Of interest, nearly half of the nurse leaders in this study were born outside of the U.S, and those in the aggregate have been in their roles for an average of 12 years. Finally, for this sample, it took an average of 7.8 years for a nurse to assume his or her first formal leadership role.

A thematic content analysis (Green & Thorogood, 2014) of the data generated themes that were then organized into a conceptual framework to help understand the motivation to lead process which motivates nurses into leadership roles. The motivation to lead process emulates the intrinsic and extrinsic concepts depicted in the Self-Determination Theory. As shown in Table 2, six main themes were identified from the data: Pathway into nursing, Motives for assuming leadership roles, Pathway into leadership roles, Transition into leadership roles, Challenges of leadership roles, and Motives for remaining in leadership roles. Each of these had several categories and subcategories that will be described. These themes provide insight into the motivation to lead process, what appeal to, encourage, discourage, and retain nurse leaders in

leadership roles. All these themes can be conceptualized. Each of the themes will be described, and example comments provided. Of note, while nurse leadership might look simple in reality it is more complex and nuanced than might be anticipated.

**Pathway into nursing**

Pathway into nursing is the first major theme. It reflects on the "why" participants become nurses initially, and how external or internal motivation factors influenced them. There were two main categories within this theme: Decision to become a nurse and Exposure to nursing, and each had subcategories. These are interpreted here as motivating factors.

**Decision to become a nurse.**

Participants identified five main motivation factors for becoming a nurse: Calling which is an intrinsic motivation factor and four extrinsic motivation factors. These were: a) a family tradition, b) a personal or family life-changing illness, c) an inspirational nurse (s), or d) a good job. Examples follow.

Some of the participants recounted having always had this "calling" to be a nurse; a number of them since childhood:

> *I don't know. It just was always since I was little—I've always just wanted to be a nurse. So, I was in high school in a vocational program to be a nursing assistant. So, I started in the tenth grade and we did clinicals through school; we did everything, and then we just had to sit for a nursing test. (Participant 003)*

More than half of the participants mentioned "a calling" to be the motivating factor that drove them into becoming a nurse. Calling is a "deep desire to devote oneself to serving people according to the high values of the task or profession" (Raatikainen,

1997, pg. 1111). The notion of "calling" is congruent with an individual's inherent interest and thus intrinsically motivated and regulated. As one noted:

> *That was my true calling. My true, true calling from the beginning. (Participant 15)*

Of interest, four participants reported desiring to become a physician - rather than nurses – as their calling. However, the participants who had initially reported feeling called to become a physician changed their opinion once they became nurses and reported that along their journey it became clear that nursing was their calling:

> *So, it's something that it was kind of—I was kind of pushed to do it, but then once I was there, I was like, wow, this was more of a calling than it was a change. (Participant 006)*

Some of the participants chose nursing because of extrinsic motivating factors such as family tradition and the need for a good job. These extrinsic motivating factors allowed them to determine that nursing was a good choice because it led the participants to receive family approval or rewards for having a good job, and a job deemed valuable by society:

> *It was a family tradition. My mom is a nurse. My sister is also a nurse. Almost everybody is a nurse. (Participant 16)*

**Exposure to nursing.**

Many participants reported how they were exposed to individuals or situations that demonstrated characteristics or behaviors that had a significant impact on their decision to become a nurse. These extrinsic motivating factors included external situations that prompted them to achieve certain outcomes, external rewards, social

approval, or to avoid punishment. For example, several participants had their first exposure to nursing through personal illness experiences as reported by one:

> *I was hospitalized in college after having a seizure. So I woke up in the hospital with no idea what happened or what was going on, and that experience actually changed my view of—it was my first real encounter with nursing as a profession. And being hospitalized for a week and just that whole experience, seeing the difference that a good nurse versus, you know, a different type of nurse made on me, it just triggered something and I was like, you know, this is what I want to do with my life. So that event kind of prompted me to go into nursing. (Participant 12)*

Other participants mentioned a nurse who inspired them into becoming a nurse. As one explained:

> *I was very sick. And that's my point. And I had a terrible nurse; she was so mean. And then I had a nurse that was—and literally, literally, figuratively, like the angel that everybody speaks of with nurses. And I was fifteen at that time, and I was sick enough that I didn't care that this nurse was giving me a bath. And I remember thinking—I can still visualize the day where I'm watching and listening to this woman be so kind and gentle, and thinking to myself, "I can't wait until my mother gets here because I'm going to tell her I'm going to be a nurse, and I'm going to be like her. (Participant 008)*

It was apparent that the majority of the participants had originally assumed their first nursing role without a conscious desire to become a nurse leader. Whether being called into nursing, being exposed through experience or family, or simply happened

upon it seemed not to influence their journey into a nurse leader role at least at the beginning of their nursing career.

**Pathway into leadership role**

Pathway into the leadership role is the second major theme. It reflects on "how" the nurses become leaders. This theme depicts the concept of the informal nurse leader. Informal nurse leaders do not have formal titles or authority. Informal nurse leaders are innate leaders, resource persons, charge nurses, or preceptors with significant influence, work ethics, knowledge, and values; these are individuals that others seek out and depend on. Some nurses who were informal leaders had a goal to become formal leaders; others simply choose to become formal leaders because of extrinsic motivating circumstances. There are two main categories for this theme: Informal Leader and the Goal.

**Informal leader or a goal.**

Noteworthy, more than half of the participants had been informal nurse leaders before assuming a formal nurse leadership role. Informal nurse leaders are those resource people who can troubleshoot nearly anything, solve any problem, and lead any committee or unit initiative. Informal nurse leaders are always willing to step-up and take action. This is quite significant and an important finding in this study.

Being chosen for the position of nurse leader was considered by participants as a reward, an extrinsic motivation factor, for their commitment, sense of responsibility, engagement, and for being that resource person their peers could count on throughout the years as informal nurse leaders.

The following quote from a participant demonstrates that:

> *Again, I would say that I was chosen for the position. I was the person that people went to. I was the person who precepted probably more people, and if you want to look at the leaders we have right now, I precepted three of them. So, I was always a leader on the unit. (Participant 005)*
>
> *So, I kind of just started that charge-roll nurse, making decision, and I was always kind of the resource-person too. Plus, I am pretty calm and mellow, and so people always came to me during difficult situations…or I feel like I was always that grounded person during codes. (Participant 009)*
>
> *Well, I think my personality is a leader. Even in my previous jobs, I've always had leadership roles. When I became a nurse, I always took charge. Even before I had the leadership, or the leader, or the assistant nurse manager position, I always took charge. I always took charge of what was going on, so I always helped my manager while she wasn't here, or there, or she was home, or in meetings. I always took charge. (Participant 006)*

Participants sought to understand the reasons the position of nurse leaders were given to them and relished on the realization that their nurse leaders "saw something" in them, may be an innate leader ability which led them to make such a decision as stated by one participant:

> *The director, who is my mentor from when I was a charge nurse, she's like "C., why don't you just do it-cover until we get someone?" And then, six months into it, I'm like, nobody's been interviewed. She goes, "Oh, by the way, that's your*

*position now." I was given the position because she saw, something in me, obviously. (Participant 10)*

*And I think that I managed to work through some of those hard personalities, and I think that was recognized—as well as, I'm one that just doesn't come and do their job. And I—I'd explained this before that we all have a standard that we have to meet, and that's great. You come to work, you work your three 12s, you take care of your patients, you do no harm, and you go home. But then, there—everyone has a bar, and how high are you going to set your bar, because that's personal and professional. And that's what I did even as a nurse. I would join committees. I would give my input when necessary, or I just sit back and watch. And I think maybe that's what she saw—which I didn't see at the time, but that's always been my personality. It's just to go the step—go the next—why wouldn't I? This is—I'm investing my time here. Let me learn as much as I can. So, I think that's probably what she saw. (Participant 11)*

*I think in different occasions I had to have conversations with physicians that were not particularly easy and stand up for things I didn't believe were being done right. I think just having those conversations—I think that's probably what triggered them to say, "Okay, well, you're going to do this." So, I think they saw my abilities to stand up for what is right, but that doesn't necessarily—I think that's probably what triggered—that I wasn't afraid to speak my mind and say what I felt needed to be done. (Participant 12)*

Interestingly, a considerable number of the participants did not feel obligated to take on their first nurse leadership role. For these participants, there was a sense of pride as evidenced by another participant response:

> *No, I thought it was a positive obligation. I felt like it was a compliment, like they were going to put this faith in me to take a leadership position. I took it very seriously. (Participant 12)*

The participants who had to apply for their first leadership role considered it nerve-wrecking but very rewarding once the position was awarded to them. For these participants, becoming a leader had always been their goal as stated by one participant:

> *I just applied and they didn't do the second-round of interviews or anything. She just picked me…it's been a goal to somewhat be in that role. (Participant 14)*

Thus, on one hand, the participant's answers reflected extrinsically motivating factors which were directly controlled by external factors but were deemed to have personal importance which was viewed as valuable by these individuals. These extrinsic motivating factors were considered the result of each participants own deserving of the position. On the other hand, having a goal of becoming a nurse leader is inherently valued, thus considered an intrinsic motivating factor. Consequently, the motivating factors that led these participants into leadership roles were a mixture of intrinsic and extrinsic ones. Regardless of the manner in which each participant assumed their first leadership role, whether it was a goal or not, is of little importance. Of significance, however, is the observation that most of the participants had been informal leaders in some form before assuming their first formal leadership role.

**Motives for assuming leadership role**

Motives for assuming leadership role was the third theme identified. This theme ponders upon the "why" nurses become leaders- whether it was a goal, a choice, a lack of fulfillment and purpose at the bedside, or because a mentor inspired or influenced them. There is one major category: Leadership by choice.

**Leadership by choice.**

More than half of the participants expressed that the decision to assume a leadership role was a conscious choice made because of either intrinsic or extrinsic motivating factors. For example:

> *I was very content in the nursing role to begin with and I chose to go into the leadership role based on the leadership that we had present in our unit at the time. I had a lot of faith in that person and was very eager to work alongside them and under them at the time…I think he was the first person- we've had a lot of leadership turnover…this person had an actual vision and the vision sparked interest. (Participant 002)*

Some of the participants sought to address the lack of leadership in their units by stepping up into the leader role. In these instances, extrinsic motivating factors drove them into assuming the role. As reported by one participant:

> *We, at one point, had a leader that didn't have that interaction with nurses, and I didn't want the unit to lose that, and we were losing it. So, it was a motivation for me to be a leader. So, we didn't lose that. They needed that person…It was more, I did more in a personal level…So, I think the unit needed that at the time. (Participant 006)*

Conversely, other participants responded that becoming a leader had always been a goal of theirs and it had much to do with their innate leadership ability and the enjoyment (intrinsic motivation factor) it brought to them. For example:

> *I think I became like a natural leader in the department. And I really liked that. I was that way as a gymnast so go back to all that. And my senior year of college gymnastics, I was voted captain for our team…I was like the natural person that was like, everybody's resource. And so, I do think that I kind of take that role naturally. And I really enjoy it. (Participant 007)*

Some of the participants mentioned feeling stale at bedside, not fulfilled, and wanting more out of their career. These explained that being a nurse leader had addressed that need. The lack of fulfillment reported by participants explicated the need to do something that made them feel inherently satisfied and it is a hallmark of intrinsic motivation. As one participant explained:

> *Because I just felt stale at the bedside, like I kept telling my husband, "I'm just not happy. I'm not fulfilled. It doesn't give me that—it doesn't fill my heart like it used to being at the bedside." (Participant 003)*

Although multiple factors were identified as motivating the participants into assuming leadership roles, the influence or inspiration of a mentor was the key extrinsic motivating factor that was mentioned by nearly all of the participants. Many of these sought out to a mentor who exposed them to opportunities for professional growth and opportunities. For example:

> *My director for ten years was my role model, my direct role model, and she definitely was in my ear frequently- "You should go back to school. You should*

*consider going into leadership, going into management, becoming a director. This is what you need to be doing." So, I would say that she probably was my biggest supporter and motivation for going back to school and for taking the next step. (Participant 004)*

These examples illustrate the various factors, either intrinsic or extrinsic, which motivated the participants into assuming leadership roles. It was apparent that there were many underlying intrinsic and extrinsic motivating factors appealing and encouraging them. However, the influence of a mentor was almost uniformly one which profoundly impacted them.

**Transition into leadership role**

Transition into leadership roles was the fourth theme identified. Transition reflects on the challenges encountered through the progression from an informal nurse leadership role into a formal nurse leadership role and the need to have support systems that encourage and support new leaders. There are five categories within this theme: progression into leader role, difficulties separating relationships, generational challenges, support system, and professional development.

**Progression into leadership role.**

Both intrinsic motivation factors and extrinsic motivating factors were reported by participants which made their transition from the bedside into a formal nurse leadership role less challenging, very challenging, or delayed. Intrinsic motivating factors, in this stance, preserved the participant's relatedness to their staff while extrinsic motivating factors allowed individuals to self-regulate while gaining their staff's acceptance and approval. Less than a third of the participants reported their progression from the bedside

into a formal leadership role to be made smoothly because of the support received by their staff. One stated:

> *Transitioning from a peer at the bedside to being their manager was just awesome because they all accepted me and just made me feel so welcoming to the position. If I had questions, I would still go to them because I didn't think that, I kept saying, how am I going do this? How can I go to say, oh, D., you did this wrong, do this, this way. Basically, they helped me, they say, listen, if we've done something you want to talk, just pull us, we'll talk, listen to you and we'll make the changes. So, it was a pretty good transition and I really liked it. (Participant 15)*

**Difficulties separating relationships.**

More than half of the participants mentioned that what made their transition from a bedside role into a formal leadership role more difficult was having to learn how to separate personal and professional relationships. Setting boundaries was mentioned by several of the participants as being challenging (extrinsic motivation factor), and for some, emotionally draining (intrinsic motivation factor):

> *That's got to be one of the hardest transitions I've had to go through because I went from working with a lot of peers, friends, and even nurses that I had trained, to now having to hold them even more accountable than before and responsible…as much as we try to separate our personal and professional life, we're still one person. (Participant 12)*

Another observation was that becoming a nurse leader from within their same unit did not make it easier for participants in assuming their new role. As a matter of fact, more than half of the participants found it made more difficult when the transition into a

leader role occurred within the same unit participants previously worked as a bedside nurse:

> *It was difficult because it was a transition on my same unit. If it was a transition to another unit, I think it would have been a little less challenging. The nurses on that unit had a hard time kind of separating now she's a supervisor and not just, you know a peer. (Participant 006)*

A few participants struggled because some staff resented their move and gave them a difficult time. These challenging experiences affected participants' ego (extrinsic motivation) and their need to receive positive regard (extrinsic motivation). However, these challenges did not affect their inherent enjoyment (intrinsic motivation) and resolve to become a leader. Participants perceived these challenging situations as opportunities for professional and personal growth and thought them to be part of what made the roles appealing. As stated by two participants:

> *And once you're promoted and you kind of separate yourself just a little bit from what you used to do now that you're in a different role, some people resent that. Not everyone was supportive, and I realize that. Eventually, those people either stayed and they changed and they were supportive, or some people—some people had to go involuntarily—it's their behavior. (Participant 10)*
>
> *So, when the PICU manager position became open, I applied for that. I got that role, and I loved it. I loved it because it was a challenge. It was completely broken. There was never communication. Our leader, prior, would tell us, "Yes, sure, you can have that," and then we'd never hear back, knowing that we couldn't have that. So, my goal when taking that role was to just open*

*communication, and it took me a good, solid, probably two years, of breaking down barriers, not wanting to get out of my car because I knew it was going to be horrible. But now, looking back and seeing the change that's been made, and seeing that you're not always threatened…that was—that was kind of my journey there, was to watch a whole—being a part of watching a whole culture shift. I can't say I did it. I can say that I got my team that I knew would help. And just seeing where it started—from there, and then where we are now. (Participant 11)*

**Generational challenges.**

Nearly a third of the participants explicitly mentioned that it was intimidating and challenging to lead people who were older and more experienced than themselves. Some participants acknowledged feeling stigmatized because of their age and the need to gain the trust of their "seasoned" staff while proving their ability to lead. One explained:

*So, it was a challenging role because I had to manage nurses who had thirty-forty years of experience, who were significantly more experienced. (Participant 12)*

Overcoming these challenges and gaining the trust of individuals was not an easy task according to some of the participants. It took time for trust to evolve. These generational challenges were experiences that each participant recognized throughout their careers that were extrinsic motivation factors which affected and challenged them.

**Support System.**

A support system is considered a network of people who provide individuals with practical or emotional support. The participants indicated that their support system came from peers, staff, and family members. The nurse leaders recognized that in order to lead effectively, there was the need to seek out support that encouraged and propelled them

forward. These were typical examples of extrinsic motivation factors which instilled in the participants the drive to persevere under challenging situations. For example, one said:

> *The best gift I got from leadership is meeting and building relationships and know that if I came to you and said "I need to brainstorm. I'm struggling." I would really- you would really have my best interest at heart. So, I think the biggest gift, that I know that there truly is a resource for me within my coworkers. (Participant 002)*

The general belief that leaders are invincible and unbreakable is unrealistic. The responses from these participants demonstrated that leaders were not invincible creatures but human beings who needed support systems (extrinsic motivating factors) as much as anybody else.

**Professional development.**

Participants felt that their progression and journey from an informal nurse leader role into a formal nurse leadership role was deeply impacted by their education levels. Of note, nearly half of the participants were in school to acquire higher education. Some of the participants had strong opinions about education and felt that leaders should have a certain level of education (extrinsic motivation factor) in order to lead or be in such roles. One example:

> *Anyway, it was always something that I was very, I'm going to say that it's true, I've always been very embarrassed. Like I feel like I don't measure up because I do not have the right degree. And I felt like that for a while and especially now in a leadership position. I think you need to have at least a masters. In my heart, I*

*believe that you should not be leading people unless you have at least your master's. (Participant 005)*

An important finding, as was mentioned, the majority of participants were informal nurse leaders in their units before assuming a formal leadership role and for them having the right level of education meant having a better chance to climb the career ladder as mentioned by one participant:

*So, when I went back to school to become a nurse, I went through an Associates program. And with that I knew that my opportunities for leadership were limited… and realized very quickly that if I wanted to continue to grow. I needed to go back again to school. So, I returned to school and got my bachelor's degree. And shortly after graduating, this position came available. So, it was the first position in the management role that I applied for and I did receive that position. (Participant 004)*

These feelings of inadequacy (intrinsic motivation) that participants experienced because of believing that without the right level of education progression into a leadership role is far more challenging and is regulated by extrinsic motivating factors commonly known as rewards and punishment. Basically, without the proper level of education participants would not get 'rewarded' by getting the leadership role they wanted. Thus, it was their perception that this was a punishment for not pursuing higher level of education.

**Challenges of leadership roles**

Challenges of leadership roles was the fifth theme identified from the interviews. This theme exposes the factors that may lead nurse leaders away from leadership roles and

has three main categories: Lack of work-life balance, roles responsibilities, and leadership is not for everyone.

**Lack of work-life balance.**

Participants' concern for not having a work-life balance was a predominant extrinsic motivation factor which threatened their ability to remain in a leadership role. One participant noted:

> *I will say not having freedom on the weekends and days off. Constantly being worried or concerned about what's happening when you're not here. So, I think that's hard. With small kids, with school with all the other things that I do with my life, I think it's hard to never turn off work. (Participant 007)*

This quote is one of several articulated by participants and one of the very few negative factors which seemed to be a deterrent to remaining in their role. Lack of work-life balance can be viewed as an extrinsic motivating factor, in which the participants seemed to remain engaged in, and which is motivated by the need to avoid punishment. In this instance, punishment comes in the form of loss of a job, loss of well-being, and being thought of not being competent to lead.

**Role responsibilities.**

Participants related that with each career advancement there were more responsibilities attached to it that were enjoyable and rewarding, but there were also the aspects of the role that were neither enjoyable nor rewarding. The majority of the participants responded not enjoying completing the administrative duties required of their roles such as payroll, budget, meetings, needing to be political, lack of control, and having to carry out decisions they didn't agree with.

One participant responded:

> *It's the lack of control, and you have to implement things and carry out decisions that you don't necessarily agree with. That's one of the hardest parts is- you understand why the decisions are being made, and you get it. Sometimes it's really difficult. (Participant 12)*

Another participant explicitly mentioned that being a nurse leader is much more than a title, it comes with very high expectations when she stated:

> *I wouldn't want to just walk into a role and say, "do this, do that." That's not what the role defines itself to me. There's a lot more that comes with the role, and responsibilities of it. I just had very different responsibilities and I also chose this as a profession; no as a job, and so I had very different responsibilities to my profession. (Participant 002)*

As can be noted by this quote, for these participants being a nurse leader implied much more than the status. It meant that engaging in a leadership role was important because it expressed deeply rooted values and beliefs which intrinsically and extrinsically motivated them.

**Leadership is not for everyone.**

Findings demonstrated that participants would not encourage nurses who they believed were not able to make the transition into a leader role, who wouldn't be able to "step up," or who had no time for the commitment. It was clear that most believed that the leader role is challenging, and individuals must have the right reasons before considering assuming such roles. It was stated by one participant that certain individuals

had to self-select out of pursuing a nurse leadership role through trial and error. She explained:

> *There are people that we encourage and there are people that we discourage from being a nurse leader. I don't say "You'll be a lousy leader, so don't bother…" Or "If you are interested in this, how about if we try this first?" So, that kind of almost help them self-select and then they can decide along the way- "Is this really what I want? Because I can't even lead this committee, how am I going to lead a group of people?" (Participant 008)*

Participants' advice to nurses who were contemplating assuming a leadership role was to take several factors into consideration before making a decision. Some of the aspects of assuming a leadership role meant spending longer hours at work, never being off, and observing that the work becomes the main priority. The consensus was that not every nurse can be a nurse leader as noted by one participant:

> *Not everybody is born to lead other people. Some people are born to follow, and they do a great job following. (Participant 008)*

For those individuals who were thought to have potential to become nurse leaders, encouragement, an extrinsic motivating factor, would be given to motivate them to seek opportunities to prepare themselves for a leadership career and give them the pros and cons of being a leader. Said one participant:

> *I would encourage…we are molding them to take our jobs. It's just to watch them grow, to mentor them, to be supportive of what they're doing, correct them when they're not correct… so mentoring them. (Participant 10)*

**Motives for remaining in leadership roles**

Motives for remaining in leadership roles was the sixth identified theme. It reveals the motives that retain nurse leaders in their roles and had three categories: Connecting with others, making a difference, and mentoring.

**Connecting with others.**

Participants mentioned that connecting with people, whether nurses, patients, or other nurse leaders was one of the most gratifying experiences for them. This social connection was gratifying to participants because it was intrinsically motivating and thus inherently satisfying and enjoyable. One participant called it a gift when stating:

> *I would have to say- the best gift I got is meeting and building relationships with other leaders that I would have never, had the opportunity to build friendships and relationships with. (Participant 002)*

Connecting with one another fosters engagement and development of a culture of sharing responsibilities. It may be that participants who developed a strong connection with others are more comfortable with communicating with individuals at different levels. Many of the participants articulated the importance of building connections with others and how it defined their roles as leaders. One participant explained:

> *I love the people. I love the staff. I love those- like, making those connections and getting to know them. Even though I felt like it's normal. You know, they see me as their boss, they see me as their leader, so it's obviously a different relationship from one that they would have with their coworker or friend…and I think that this comes from the leader, you know. And I don't know if it was because of my background in management or because of my age and dedication just to work in*

*general, but my love is people, not necessarily caretaking but people-taking. (Participant 004)*

These participants felt the need to be socially connected with each other and with staff. This was explicated by the phenomenon of relatedness deeply rooted within intrinsic motivation. It was one of the intrinsic motivating factors which had appealed, had encouraged, and had retained these participants in their roles.

**Making a difference.**

Findings demonstrated that making a difference through achieving and driving outcomes within the nursing profession was one of the most relevant intrinsic motivating factors that appealed, encouraged, and retained participants in their roles. The sample persistently highlighted this altruistic theme as the predominant reason for what they do. This notion was strongly represented through each interview. Participants mentioned having a sense of making a difference within the nursing profession not only locally, but globally, with outcomes reaching beyond their facilities. One example:

*And from a leadership standpoint not only did you get to help more patients, but you get to help more people because you can help your team grow and you can help them develop and become better versions of themselves. And by helping them be better versions of themselves, and establishing protocols, and implementing practices, you improve overall healthcare, right? And by doing that you touch much more lives than being at the bedside. In leadership your scope is very broad and you can implement change in a larger scale that will impact much more patients…if it's transitioning someone to a better role, or implementing a practice, or conducting full-blow research…all those things are ways that we*

*improve, make a difference in patients' lives, you know and improve outcomes. (Participant 12)*

It was apparent that the participants believed that making a difference was a core feature of their roles. The inherent enjoyment and intrinsically motivating factor felt by the participants was captured in the following exemplar:

*I—you know, if we can go through days and sometimes weeks and feel like we've not made a difference, and then a moment can come where everything falls into place, all the stars align, and you go, "Wow!" And I can give you a perfect example of that. A few years back—still makes me want to cry—but a few years back, we had a kid in oncology that needed a study to be opened. And our research process here is difficult on a good day. It could take you many months—the national average for starting a research project is ninety to a hundred and twenty days. We needed this now or this kid was going to die. So, what happened was—it was a three-part study. It was Bristol-Myers. It was St. Mary's. And it was—having to have a site visit and getting everything in. So, we had three things going on simultaneously. We had to have an FRC meeting, an IRB meeting. We had to have an E-CATs package built. We had to go through the entire system and back—things that take weeks and weeks and weeks. We simultaneously—Bristol-Myers was so interested in making this happen for this child that they said, "We're going to assume you got it." They sent their site initiation people; they sent the products; they sent everything we needed. We simultaneously had—we were standing in hallways, FRC, IRB, E-CATs—the people involved—it was mind-boggling—all the way to the C-suite where we're waiting to push the button.*

> *It started on a Monday, on a Friday afternoon at six o'clock we were done. And what was really cool about it—and I'm telling you, it makes me—Joey called me—and she says, "It's done." And at the same time, I'm talking to Sheldon and he goes, "This is what we're here for." And I said, "And it's been a great week, hasn't it?" And that child is alive because everybody stepped up, and everybody said we will make this happen. And that's why we do what we do every day, because at the end of the day often we make such a difference. And that one was just such a classic example of—this is why we're here; this is what we do. (Participant 008)*

**Mentoring.**

Making a difference through mentoring was considered an intrinsic motivation factor and another reason that kept these participants in their roles. There was an underlying, almost subconscious motivation to mentor nurses into assuming leadership roles, as the participants themselves had been. Indeed, most of the participants identified a leader who had been their mentor – someone who motivated and encouraged them, and who gave them the first opportunity to become a leader. One participant explained this way:

> *And so, I was encouraged to apply for it, so I started. I became an Assistant Nurse Manager…She (director) is the one who hired me. She is the one that I feel has always been that mentor and push." (Participant 009)*

Several participants believed that by taking an active role in mentoring nurses they would help develop, support, and motivate them into becoming well-rounded future leaders. It was almost a sense of "pay it forward" from the participants' perspectives.

Below is an exemplar that was given by one of the participants on mentoring of future nurse leaders:

> *…Voicing in a professional way your concerns of whatever it is that's going on, you would know if that person is just complaining just to complain, or saying "Listen, I have some valid concerns on the unit. How are we going to address that?" in a professional way…and if there is somebody approaching it the wrong way, I would say, "Go back to school and get a couple of leadership classes and see-go into that. Get some classes so you can learn how to voice yourself, so you'll be heard." And then start taking- sometimes you have to take charge without getting paid, because people nowadays want to get paid for something you haven't even proven. So, I always say, "You have to prove yourself. I didn't get to my position getting paid already as a leader. I proved myself that I can do the job. So, that's what you need to do. Do a little more." How about go to your nurse manager and say "Listen, can I take on this survey for you?" or "Can I check the Foleys for you?" or "Can I take this responsibility for you?" just do that, show her that you want to do that role…do more than what you're asked to do, because that shows that you are committed, and you want to make the unit better. (Participant 006)*

## Discussion

Figure 1 is a conceptual framework that depicts the processes of motivation which work to develop nurses into nurse leaders. This conceptual framework originated from the themes identified in the study findings and illustrates the motivation factors which

appeal to, encourage, and retain participants in their roles; it also includes the discouraging factors which can hinder their retention. This is a parsimonious yet meaningful framework which demonstrates that the process of nurse leader role motivation is not a static behavior but an evolving one.

There is a pressing need to identify, develop, and motivate nurses to assume leadership roles at all levels to fulfil the ongoing and anticipated nurse leader shortage. This study examined the motivation factors which appealed to and encouraged participants into assuming and remaining in nurse leadership roles.

### Intrinsic and Extrinsic Motivation

Findings suggests that nurse leaders seem to be motivated by a mixture of intrinsic and extrinsic factors early on in their career, and by increasing intrinsic factors later on in their career. The one theme where intrinsic motivation factors dominate is "motives for remaining in leadership roles." Indeed, as participants embark into a nurse leader role, their lack of autonomy and competency (Intrinsic motivation factors), seems to necessitate the balance brought upon by social approval and external rewards provided by extrinsic motivating factors. However, as participants gain competency and become more autonomous, the need for social approval and external rewards decreases and are replaced by intrinsic motivation factors driven by their inherent interest, enjoyment, and satisfaction of the role. In a similar research, findings showed that managers appeared to balance the need for both intrinsic and extrinsic motivation when choosing their careers (Park & Word, 2012).

In this study, calling, family tradition, personal or familial life-changing illness experiences, inspired by a nurse, and a good job were the motivating factors for

participants to originally enter nursing. These findings are congruent with a previous study where calling was considered an altruistic motive to enter nursing (Eley, Eley, Bertello, & Rogers-Clark, 2012). In another study, personal experiences, such as having to care for a family member, was deemed a significant motivator in the decision to enter nursing (McLaughlin, Moutray, & Moore, 2009). In this study, the influence of family tradition in choosing nursing is apparent and congruent with other research where similar findings were reported (Gore, Rickards, Fray, Holmes, & Smith, 2017; Marcinowicz, Owlasiuk, Slusarska, Zarzycka, & Pawlikowska, 2016).

The findings of this study revealed that over half of the participants had been informal nurse leaders when entering a formal leadership role. Of note, these informal nurse leaders were chosen by mentors and peers alike because of their personal influence, sense of responsibility, knowledge, commitment, and values. Additionally, this study identified that these informal nurse leaders were largely intrinsically motivated to assume leadership roles because of a strong sense of ownership, responsibility, and accountability to the nursing profession, their peers, and units. This is congruent with findings from the study by Downey, Parslow, and Smart (2011) which identified informal nurse leaders as high performers with great skills who had a sense of responsibility for their team, exerted influence, and helped to resolve problems but did not desire public recognition. This is a significant finding and indicates that future nurse leaders are motivated early in their career, likely even before assuming a formal leadership role.

Furthermore, the findings of this study, underscore the intrinsic and extrinsic motivating factors which tend to retain the participants in their roles during the transition phase. These motivating factors consist of gradual role advancement, mentoring,

advanced education, and peer support systems. The findings revealed that if the progression into the role was gradual and supported by mentoring, it was perceived as less challenging. Similarly, in this study having higher education, a master's degree or above, was perceived by participants as leaving them better equipped to overcome transition challenges. This is consistent with a study where it was noted that the attainment of a master's degree facilitated participants' transition into their new roles as they were prepared to cope with internal and external challenges (Maten-Speksnijder, Pool, Grypdonck, Meurs, Staa, 2015).

The findings from this work also underscored the challenges in role relationships and leadership role expectations changes faced by participants during their transition and focused on the importance of developing a peer-to-peer support system to make the transition less stressful. This would give new leaders a sense of competency and autonomy. This is congruent with a study by Meleis (2010) where a transition into a new role left behind old roles and relationships and built new ones which supported individuals' sense of autonomy and competency. It is noted that in order to retain and facilitate the transition of nurse leaders into their roles, it is essential that provision of intrinsic as well as extrinsic motivation in the way of gradual progression into the roles, advanced education, mentoring, and peer-to-peer support systems must be present throughout the transition phase.

The transition of front-line nurses into leadership roles is not well documented and remains somewhat unexplored. This study superficially highlights this crucial portion of a nurse leader transition adding to the scarce body of literature, and the findings could form the basis for further research. This would follow the work by Sherman and Saifman

(2018) who mentioned that the provision of leadership education and mentoring early on to nurse leaders prevented frustrations with the roles and made for a less challenging transitioning.

In this study, findings indicated that the lack of work-life balance and the weight of the role responsibilities are two main amotivation factors related to challenges of remaining in leadership roles. In this study, participants appear to try to balance the responsibility of being accountable around the clock with family obligations, job satisfaction, and professional development. Participants also seemed to counterbalance the lack of work-life-balance with the intrinsic enjoyment derived from the position, thus increasing the chances of remaining in the position. This, however, may be detrimental to their well-being, and could lead to burnout and intention to leave the position. The findings corroborate previous studies where burnout among nurse leaders leads to decreased job satisfaction and increased intentions to leave their positions (Kelly, Lefton, & Fischer, 2019). Of concern, pervasive to this study and previous studies, are the lack of work-life balance which nurse leaders report experiencing and the lack of available supporting systems.

In this study, findings identified three main intrinsic motivation factors that appear to retain participants in their roles: connecting with others, making a difference, and mentoring. Connecting with others provides opportunities to contribute to the professional development of individuals through the building of relationships that provide mentoring, support, engagement, and sharing of knowledge. This was emphasized by participants who reported having developed a professional connection with nurse leaders in a higher level and how this connection made them feel supported, valued, and

promoted during their professional development. This is consistent with previous study findings in which nurse leaders believed that by getting to know staff, creating a sense of community within the departments, hiring the right people, and having fun together forged authentic relationships aiding in their professional development (Manion, 2005).

The findings also indicated that another intrinsically motivating factor - that of making a difference - seems to also help to retain the participants in their roles. In this study, participants make a difference through focusing on enculturation of frontline staff in implementing evidence-based patient care to improve outcomes, by encouraging acquisition of higher education, and by encouraging and supporting nurse-driven research. The study findings are consistent with other works that reported nurse leader motivation led to engagement of frontline staff to implement the use of evidence-based practice (Sanares-Carreon, 2016), the acquisition of higher education and its impact on all levels of patient care delivery (Pilon et al., 2014), and development and implementation of research (Kelly, Wicker, & Martin, 2016).

Finally, the findings of this study indicate that participants are also intrinsically motivated to contribute to the mentoring of others. Mentoring for these participants is almost a sense of "pay it forward" through the mutual sharing of knowledge, empowering, and nurturing of future leaders. This finding is congruent with the literature in which mentoring was analogous to cultivating and nurturing individuals and was accepted as a core function of nurse leaders (McCloughen, O'Brien, & Jackson, 2013).

## Conclusion

In conclusion, the major contributions of this qualitative study, which are based on the participants' experiences, is the discovering of the underlying motivation factors

that have appealed to, encouraged, discouraged, and retained them in their roles. An additional, and very significant finding is that the majority of these participants were informal nurse leaders before assuming their first formal leader role. Informal nurse leaders have no formal title nor authority but possess power primarily through influence, relationship-building, knowledge, and expertise (Smart, 2010). It is essential that informal nurse leaders be mentored and given enhanced opportunities to learn before assuming formal leader roles. Current nurse leaders, as suggested by this group of participants, want to "pay it forward" by mentoring the next generation of nurse leaders. Mentoring relationships must be genuine and provide mutual sharing and learning.

Hence, current nurse leaders are at an opportune time to serve as mentors and create supportive mentoring relationships to develop the next generation of informal nurse leaders who can assume formal nurse leader roles, thus creating a future pipeline of leaders to mitigate the nursing leader shortage.

## Limitations & Strengths

A limitation of this study is related to the low representation of males (2) versus females (13) among the nurse leaders who were interviewed. However, this is comparable to the national nursing workforce statistics where men represent 9.6% of nurses versus 90.4 % of female nurses (HRSA, 2010). Another limitation is the lack of nurse leaders in all the different role levels. However, this limitation could not be overcome in this study because of few volunteers, and the notation that all the participants in certain roles had already been interviewed. Furthermore, nurse leaders from critical care, intermediate care, and adult emergency department units were not invited to participate because these areas directly reported to the study PI.

Yet another limitation is that the settings where this study took place is a faith-based organization, which might have influenced the findings. Nevertheless, these interviews provide rich depictions of nurse leaders' perspectives and the motivation factors which have appealed, driven and retained them in the roles.

A strength of this study is that this is the first identified study where nurse leaders were interviewed using a qualitative approach to identify their perspectives related to the motivation to lead factors which have appealed to, encourage, discouraged, and retained them in leadership roles. This is also the first study to lead to a conceptual framework based on qualitative data acquired from nurse leaders.

## Further Research

This study provides evidence about the underlying motivation factors among nurse leaders. However, new questions arise as it is unclear whether the motivating factors change or remain constant over time as nurse leader's advance through their career and acquire professional experience in different leadership roles. Future studies should focus on both qualitatively and quantitatively investigating whether age, years of experience as nurse leaders, education level, and level of leader roles have an effect on motivation factors. Moreover, it would be interesting to explore whether the distribution of nurses in leadership roles by race and ethnicity in the state of Florida mirrors that of other states throughout the United States.

Finally, this PI's future research plans include the development of a survey instrument that systematically captures various motivations for nurse leaders' career development. Although, not discussed within the confines of this study, the subject of choosing to become a nurse and previous studies reporting it to be a 'calling' to subjects

should be explored in the realm of nurse leaders. It would benefit from further exploration to understand perspectives related to 'calling' as a nurse and explore whether there is a connection into becoming a nurse leader. Moreover, future research should focus on the specific characteristics of informal nurse leaders and how these characteristics determine whether they become successful nurse leaders.

## Implications for Practice

This research is important because it adds insight about the intrinsic and extrinsic motivation to lead factors in nurses. In addition to uncovering the motivation factors which appeal to, encourage, discourage, and retain nurse leaders into their roles, this study contributed to the literature by developing the first nurse leader conceptual framework. Nurse leaders and executives across all healthcare organizations can benefit from understanding how, what, and why nurse leaders are motivated to lead. With the knowledge and understanding acquired from this study and the proposed conceptual framework on the motivation to lead process; strategies to mentor, develop, and support the next generation of nurse leaders can be developed to ensure informal nurse leaders are equipped to overcome the challenges imposed by formal nurse leadership roles.

## References

Buerhaus, P. I., Skinner, L. E., Auerbach, D. I., Staiger, D. O. (2017). State of the registered nurse workforce as a new era of health reform emerges. *Nursing Economics, 35*(5), 229-237.

Chen, C., & Bozeman, B. (2013). Understanding public and nonprofit managers' motivation through the lens of Self-Determination Theory. *Public Management Review, 15*(4), 584-607.

Cummings G. G., Tate, K., Lee, S., Wong, C.A., Paananen, T., Micaroni, S. P.M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 85,* 19-60.

Cypress, B.S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimension Critical Care Nursing, 36*(4), 253-263.

DeWalt, K. M., & DeWalt, B. R. (2011). *Participant observation: A guide for fieldworkers.* Lanham, Maryland: AltaMira Press.

Dill, J., Erickson, R.J., & Diefendorff, J.M. (2016). Motivation in caring labor: Implications for the well-being and employment outcomes of nurses. *Social Science & Medicine, 167*, 99-106.

Downey, M., Parslow, S., & Smart, M. (2011). The hidden treasure in nursing leadership: Informal leaders. *Journal of Nursing Management, 19,* 517-521.

Dyess, S.M., Sherman, R. O., Pratt, B. A., & Chiang-Hanisko, L. (2016). Growing nurse leaders: Their perspectives on nursing leadership and today's practice

environment. *Online Journal of Issues in Nursing*, *21*(1), 7. doi: http://dx.doi.org/10.3912/OJIN.Vol21No01PPT04

Eley, D., Eley, R., Bertello, M., & Rogers-Clark, C. (2012). Why did I become a nurse? Personality traits and reasons for entering nursing. *Journal of Advanced Nursing, 68*(7), 1546-1555.

Failla, K.R., & Stitchler, J.F. (2008). Manager and staff perception of the manager's leadership style. *The Journal of Nursing Administration, 28*(11), 480-487.

Falout, J., Elwood, J., & Hood, M. (2009). Demotivation: Affective states and learning outcomes. *System, 37*, 403-417.

Fedele, A. (2017). Well-paid nurses are good nurses. *Health Economics, 27*, 663-674.

Galletta, M., Portoghese, I., & Battistelli, A. (2011). Intrinsic motivation, job autonomy and turnover intention in the Italian healthcare: The mediating role of affective commitment. *Journal of Management Research, 3*(2), 1-19.

Gilbert, J.H., Von Ah, D., & Broome, M.E. (2017). Organizational intellectual capital and the role of the nurse manager: A proposed conceptual model. *Nursing Outlook*. DOI: 10.1016/j.outlook.2017.04.005

Gore, J., Rickards, B., Fray, L., Holmes, K., & Smith, M. (2017). Profiling Australian school students' interest in a nursing career: Insights for ensuring the future workforce. *Australian Journal of Advanced Nursing, 35*(2), 12-22.

Green, J., & Thorogood, N. (2014). *Qualitative methods for health research.* Thousand Oaks, CA: Sage.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82.

Harlow, H. F. (1950). Learning and satiation of response in intrinsically motivated complex puzzle performance by monkeys. *Journal of Comparative and Physiological Psychology, 43*(4), 289-294.

Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management, 16*, 905-911.

Kelly, L. A., Lefton, C., & Fischer, S. A. (2019). Nurse leader burnout, satisfaction, and work-life balance. *The Journal of Nursing Administration, 49*(9), 404-410.

Kelly, L. A., Wicker, T. L., & Martin, D. M. (2016). Utilizing research findings: Nurse leaders and researchers working together. *Nurse Leader, 14*(5), 350-353.

Kinsella, D., Fry, M., & Zecchin, A. (2018). Motivational factors influencing nurses to undertake postgraduate hospital-based education. *Nurse Education in Practice, 31*, 54-60

Kleinman, C. (2004). The relationship between managerial leadership behavior and staff nurse retention. *Hospital Topics, 82*(4), 2.

Lephalala, R. P., Ehlers, V. J., & Oosthuizen, M. J. (2008). Factors influencing nurses' job satisfaction in selected private hospitals in England. *Curationis, 31*(3), 60-69.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry.* Newbury Park, CA: Sage Publications

Manion, J. (2005). Supporting nurse managers in creating a culture of retention. *Nurse Leader, 3*(2), 52-56.

Marcinowicz, L., Owlasiuk, A., Slusarska, B., Zarzycka, D., & Pawlikowska, T. (2016). Choice and perception of the nursing profession from the perspective of polish nursing students: A focus group study. *BMC Medical Education, 16(*243), 1-8.

Maten-Speksnijder, A.T., Pool, A., Grypdonck, M., Meurs, P., & van Staa, A. (2015). Driven by ambitions: The nurse practitioner's role transition in Dutch hospital care. *Journal of Nursing Scholarship, 47*(6), 544-554.

McLaughlin, K., Moutray, Marianne, & Moore, C. (2009). Career motivation in nursing students and the perceived influence of significant others. *Journal of Advanced Nursing, 66*(2), 404-412.

McCoughen, A., O'Brien, L., & Jackson, D. (2013). Journey to become a nurse leader mentor: Past, present, and future influences. *Nursing Inquiry, 21*(4), 301-310.

Meleis, A. I. (2010). *Transitions theory: Middle-range and situation-specific theories in nursing research and practice.* New York, NY: Springer Publishing Company.

Morgan, C., & Sansone, C. (2008). Intrinsic motivation. In F.T.L. Leong, E.M. Altmaier, & B. D. Johnson (Eds). *Encyclopedia of Counseling* (Vol. 2, pp. 660-666). Thousand Oaks, CA: SAGE Publications. Retrieved from http://go.galegroup.comezproxyhost.library.tmc.edu/ps/i.do?p=GVRL&sw=w&u=txhracd2509&v=2.1&it=r&id=GALE%7CCX3074200229&sid=summon&asid=c8b48352bb3102293f45c6fb5ceecb

Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice, 24*(1), 9-18.

Nurse Manager (n.d.). *Mosby's Medical Dictionary*, 8th edition (2009). Retrieved from https://medical-dictionary.thefreedictionary.com/nurse+manager

Park, S. M., & Word, J. (2012). Driven to service: Intrinsic and extrinsic motivation for public and nonprofit managers. *Public Personnel Management, 41*(4),705-734.

Patton, M. Q. (2000). *Qualitative evaluation and research methods.* Thousand Oaks, CA: Sage Publications.

Pilon, B., Crutcher, T. D., Leming-Lee, S., Watters, R., Wolgast, K. A., & Arnow, D. (2014). The value proposition for graduate education of emerging nurse leaders: Immediate benefit to organizations. *Nurse Leader, 12*(3), 81-85.

Polit, D.F., & Beck, C.T. (2017). *Nursing Research: Generating and assessing evidence for nursing practice.* Philadelphia, PA: Wolters Kluwer.

QSR International (2019). *NVivo Plus for Windows, version 12.4*. Retrieved from https://www.qsrinternational.com/nvivo/nvivo-products/nvivo-12-plus

Raatikainen, R. (1997). Nursing care as a calling. *Journal of Advanced Nursing, 25*, 111-1115.

Ryan, R.M., & Deci, E. L. (2017). *Self-determination Theory: Basic psychological needs in motivation, development, and wellness.* New York, NY: Guilford Press.

Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology, 25*, 54-67.

Sacks, E., Alva, S., Magalona, S., & Vesel, L. (2015). Examining domains of community health nurse satisfaction and motivation: Results from a mixed-methods baseline evaluation in rural Ghana. *Human Resources for Health, 13*, 1-13.

Sanares-Carreon, D. (2016). From caterpillars to butterflies: Engaging nurse leaders in evidence-based practice reform. *Nurs Admin Q, 40*(2), 173-181.

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research Nursing Health, 33*, 77-84.

Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research Nursing Health, 23*(4), 334-340.

Scott, E. S., & Miles, J. (2013). Advancing leadership capacity in nursing. *Nursing Administration Quarterly, 37*(1), 77-82.

Sherman, R. O., & Saifman, H. (2018). Transitioning emerging leaders into nurse leader roles. *Journal of Nursing Administration, 48*(7/8), 355-357.

Smart, M. (2010). *The hidden power of informal leadership: What you need to know to identify your hidden leaders, build trust, inspire action and get results.* Longwood, FL: Xulon Press.

Smiley, R.A., Lauer, P., Bienemy, C., Berg, J.G., Shireman, E., Reneau, K.A., & Alexander, M. (2018). The 2017 national nursing workforce survey. *Journal of Nursing Regulation, 9*(3) S1-S88.

Spradley, J. P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth, Cengage Learning.

Thompson, P.A. (2008). Key challenges facing American leaders. *Journal of Nursing Management, 16*(8), 912-914.

Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013). Nurse manager succession planning: Synthesis of the evidence. *Journal of Nursing Management, 21*, 971-979.

Toode, K., Routasalo, P., Helminen, M., & Suomine, T. (2015). Hospital nurses' work motivation. *Scandinavian Journal of Caring Sciences, 29*, 248-257.

Tourangeau, A. E. (2003). Building nurse leader capacity. *The Journal of Nursing Administration, 33*(12), 624-626.

Underwood, M. Satterthwait, L. D., Bartlett, H. P. (2010). Reflexivity and minimization of the impact of age-cohort differences between researcher and research participants.

U.S. Department of Health and Human Services. Health Resources and Services Administration (HRSA). (2010). *The registered nurse population: Findings from the 2008 national sample survey of registered nurses.* Retrieved from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/rnsurveyfinal.pdf

White, R. W. (1959). Motivation reconsidered: The concept of competence. *Psychological Review, 66*(5), 297-333.

Wong, C.A., Cummings, G.G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: A systematic review update. *Journal of Nursing Management, 21*, 709-724.

## Table 1

*Demographic Characteristics of Participants (n=15)*

| Characteristics | n | % |
|---|---|---|
| Gender | | |
| Female | 13 | 87 |
| Male | 2 | 13 |
| Age (years) | | |
| 21-30 | 1 | 7 |
| 31-40 | 4 | 27 |
| 41-50 | 5 | 33 |
| 51-60 | 3 | 20 |
| >60 | 2 | 13 |
| Marital Status | | |
| Single | 1 | 7 |
| Married | 13 | 86 |
| Divorced | 1 | 7 |
| Ethnicity | | |
| Caucasian/White | 8 | 53 |
| African - American | 3 | 20 |
| Latino | 3 | 20 |
| Asian | 1 | 7 |
| Language (Primary) | | |
| English | 10 | 67 |
| English/Spanish | 3 | 20 |
| English/Portuguese | 1 | 7 |
| Filipino | 1 | 7 |
| Country of Birth | | |
| USA | 9 | 60 |
| El Salvador | 1 | 7 |
| Jamaica | 2 | 13 |
| Peru | 1 | 7 |
| Grenada | 1 | 7 |
| Philippines | 1 | 7 |
| Education | | |
| BSN | 11 | 73 |
| MSN | 3 | 20 |
| DNP | 1 | 7 |
| Work Status | | |
| Full Time | 15 | 100 |
| Job Title | | |
| Assistant Nurse Manager | 3 | 20 |
| Nurse Manager | 8 | 53 |
| Nurse Director | 2 | 13 |
| Nurse Administrator | 1 | 7 |
| Assistant Chief Nursing Officer | 1 | 7 |
| Nursing Experience (years) | | |
| 6-10 | 4 | 27 |
| 11-15 | 3 | 20 |
| 16-20 | 4 | 27 |
| 21-30 | 1 | 6 |
| >30 | 3 | 20 |
| Experience as a Nurse Leader (years) | | |
| ≥1 | 2 | 13 |
| 2-5 | 6 | 40 |
| 6-10 | 3 | 20 |
| 11-15 | 1 | 7 |
| 16-20 | 1 | 7 |
| 20-30 | 1 | 7 |
| >30 | 1 | 7 |
| Experience in Current Role (years) | | |
| 0-1 | 3 | 20 |
| 2-5 | 8 | 53 |
| 6-10 | 3 | 20 |
| 11-15 | 0 | 0 |
| 16-20 | 1 | 7 |

## Table 2

*Thematic Categories*

| Theme | Category | Subcategory | Motivation Type |
|---|---|---|---|
| Pathway into nursing | | | |
| | Decision to become a nurse | • A calling | Intrinsic |
| | | • A family tradition | Extrinsic |
| | | • A good job | Extrinsic |
| | | • A personal or family-changing illness | Extrinsic |
| | | • An inspirational nurse | Extrinsic |
| Pathway into leadership roles- the how | Informal Leader | • Innate leader, resource person, charge nurse, preceptor | Intrinsic & Extrinsic |
| | Goal | • Applied for the position | Intrinsic & Extrinsic |
| Motives for assuming leadership roles- the why | Leadership by choice | • Goal, choice | Extrinsic |
| | | • Lack of fulfillment & purpose | Intrinsic |
| | | • Influenced or inspired by a mentor | Extrinsic |
| Transition into leadership roles | Progression into leader role | • Increasing experience/knowledge | Extrinsic |
| | Difficulties separating relationships | • People resent you | Intrinsic & Extrinsic |
| | Generational challenges | • Young and least experience nurse | Extrinsic |
| | Support system | • Leader and staff support | Extrinsic |
| | Professional development | • Seek more education | Extrinsic |
| Challenges of leadership roles | Lack of work-life balance | • Never off | Extrinsic |
| | Role responsibilities | • Politics | Extrinsic |
| | Leadership is not for everyone | • Right reasons | Intrinsic & Extrinsic |
| Motives for remaining in leadership roles | Connecting with others | • Build relationships | Intrinsic |
| | Making a difference | • Outcomes | Intrinsic |
| | Mentoring | • Mentoring | Intrinsic |

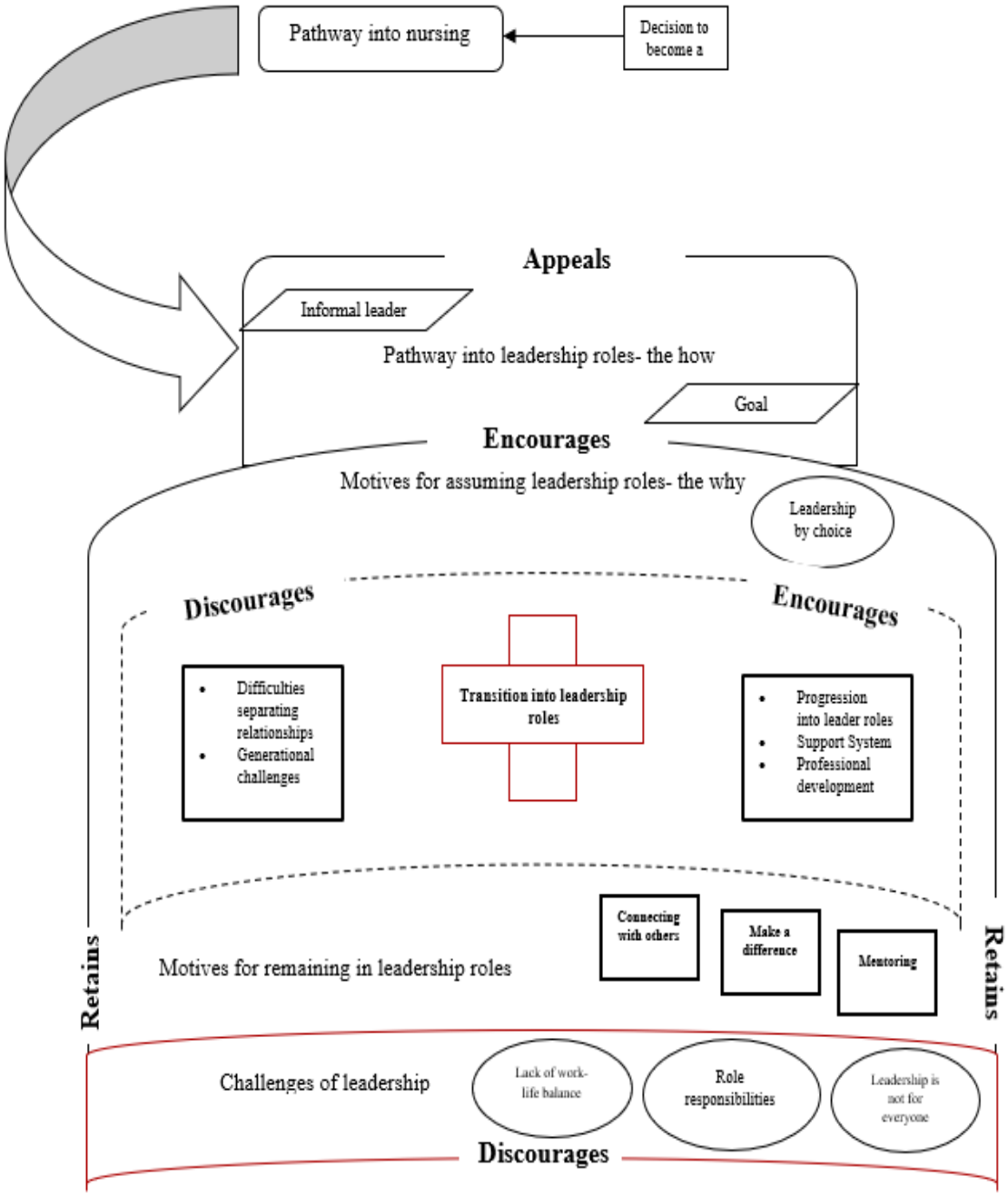


***Figure 1.*** Motivation to lead: A nursing conceptual framework

*Appendix A*

Recruitment e-mail

**Recruitment e-mail**

Subject: Nursing Leadership Research

I am a Ph.D. Nursing student at the University of Texas Health Science Center at Houston, Cizik School of Nursing. I am in the process of completing my dissertation and need participants to take part on my study.

You are being asked to take part in this research because you have one or more years of nursing leadership experience. The purpose of this study is to seek better understanding of perspectives related to motivation in nurses in current leadership roles. This study is being conducted at two sites: St. Mary's Medical Center and Palm Beach Children's Hospital.

If you agree to take part in this study, your participation is a one time and the interview will last for approximately 70 minutes. Your decision to take part is voluntary. There is no cost to you and a one-time $5 Starbucks gift card will be given to you as an incentive for participation.

If you are interested in participating or have questions about the study, please respond back to this email. I look forward to hearing from you.

Thank you for your time.

*Appendix B*

Interview Guide

## Interview Guide

1. Tell me about your decision to become a nurse
    a. Was it a calling? Was it a family tradition? Or primarily seen as a good job?
2. Tell me about your journey as a nurse in a leadership role
3. What was your primary motivation to become a nurse leader?
    a. Was becoming a nurse leader an early goal of yours? If so, why? What other factors influenced your decision? Were you given/chosen for the position? If so, why? Who chose you? Did you feel obligated to take the role? Why? Why not?
4. How did you make the transition from the bedside into a leadership role?
5. What are the things you enjoy about being a nurse leader? How about the things you don't enjoy about being a nurse leader?
6. What do you value about being a nurse leader?
7. What would you tell nurses seeking into assuming a nurse leadership role? Would you encourage them to take on the role? Why? Why not?

*Appendix C*

Demographic Form

## Demographic Form

Age:

Gender:

Marital Status:

Race/ethnicity:

Language used at home (or primary language):

Country of birth:

Education Level:

Previous Degrees/Careers:

Work Status:

Job Title:

Years of nursing experience:

Years of experience as a nurse leader:

Years of experience in current role:

*Appendix D*

Institutional Review Board Documents

UTHealth
The University of Texas
Health Science Center at Houston

Committee for the Protection of Human Subjects
6410 Fannin Street, Suite 1100
Houston, Texas 77030

TO: Janete Sheiner
UTHealth

FROM: Sylvia Romo
CPHS Office

DATE: February 13, 2019

RE: HSC-GEN-19-0114
*"Understanding Perspectives Related to Motivation in Nurse Leaders"*

Reference number: 184010

Dear Janete Sheiner,

We received a(n) Initial Review Submission Form submission for the above referenced protocol however, the following information is required by the CPHS office before we can continue processing your request:

Stipulations:
1.

Revisions to the protocol to provide important literature and data that are relevant to the study and that provide background for the study. Cite and references requested.

2. Please attach a CV for Janete Sheiner into the investigator personal profile in iRIS or to this submission.
3. The protocol lists Joan Engebretson, Judy Fred, Melanie McEwen, Chung-An Chen on the study. Please revise the protocol to add them as Co-Investigators to the study and route for sign-off. Also, confirm whether Dr. Chen will be obtaining Ethics Review from Nanyang Technological University in Singapore.
4. Please provide a copy of the recruitment e-mail for CPHS review.
5. The protocol indicates that IRB approval will be sought from St. Mary's Medical Center and Palm Beach Children's Hospital (Tenet Health System) please submit upon receipt.

Please resubmit this request via the iRIS system as soon as you have addressed the issues identified above. If you have any questions, please send them via the correspondence tool within the iRIS system or call the iRIS assistance line at 713-500-7960.

Thank you.

UTHealth
The University of Texas
Health Science Center at Houston

Committee for the Protection of Human Subjects
6410 Fannin Street, Suite 1100
Houston, Texas 77030

TO: Janete Sheiner
University of Texas Health Science Center Houston, Cizik School of Nursing

FROM: Sylvia Romo
IRB Coordinator
CPHS Office

DATE: March 04, 2019

RE: **HSC-GEN-19-0114 -** "Understanding Perspectives Related to Motivation in Nurse Leaders"

Dear Dr. Sheiner ,

The above referenced protocol was reviewed by Expedited Review and received contingent approval pending response to the following requests for clarifications or revisions.

Stipulations:

1. Revisions to the consent document are required. Please see Version 1.1 (3/4/2019).

Please respond to the above mentioned issues at your earliest convenience. Thank you for your cooperation.

St. Mary's Medical Center
West Palm Beach, Florida

901 45th Street West Palm Beach, FL 33407
561.844.6300 www.stmarysmc.com

Palm Beach Children's Hospital
at St. Mary's Medical Center

February 22, 2019

**St. Mary's Medical Center -Facility Review Committee**

**Protocol Title:** Understanding Perspectives Related to Motivation in Nurse Leaders

Principle Investigator: Janete Sheiner
**Date Study Approved by FRC: February 21, 2019**

Dear Janete Sheiner,

Thank you for the presentation of your study entitled: "Understanding Perspectives Related to Motivation in Nurse Leaders" to the Facility Research Committee at St. Mary's Medical Center on February 21, 2019. I am pleased to inform you that this study was approved by the committee.

We look forward to hearing about your progress with this study.

Sincerely,

Marianne Torres-Malaga, Ph.D., CCRP
Facility Research Committee Chairman
Clinical Research Coordinator
St. Mary's Medical Center

# CURRICULUM VITAE

# CURRICULUM VITAE

Janete Sheiner, PhD, MSN, RN, GNP, CCRN-K, TNCC

## EDUCATION:

| | | | |
|---|---|---|---|
| University of Texas Health Science Center, Houston, Texas | 2020 | PhD | Nursing |
| University of California Los Angeles, California | 2010 | MSN | Nursing |
| University of Nevada Las Vegas, Nevada | 2007 | BSN | Nursing |

## PROFESSIONAL POSITIONS:

St. Mary's Medical Center & Palm Beach Children's Hospital — 2018-current
West Palm Beach, Florida
Administrative Director of Nursing

Baylor Scott & White Medical Center — 2016-2018
Temple, Texas
Director of Nursing

Harris Health System Ben Taub Hospital — 2014-2016
Houston, Texas
Director of Nursing

Memorial Herman Healthcare System — 2011-2014
Houston, Texas
Nurse Manager

Cedars Sinai Medical Center — 2007-2011
Los Angeles, California
Registered Nurse

## PROFESSIONAL MEMBERSHIPS:

Sigma Theta Tau International

American Organization for Nursing Leadership

**PRESENTATIONS:**

Poster Session

Sheen, L., Sheiner, J., & Lesser, S. (2017). *Traumatic brain injury: The continuing nightmare.* Poster session presented at the University of Texas Health Science Center at the Annual Student Research Day, Houston, Texas.

Sheiner, J., Ferrier, Y., Knight, D., Porter, M., James, N., Turley, L.,…Wilder, S. (2018, April). *Chlorhexidine gluconate bathing in the adult ICU.* Poster session presented at the University of Mary Hardin Baylor at the Advancing Nursing Excellence at the Point of Care, Temple, Texas.

**AWARDS AND RECOGNITION:**

| | |
|---|---|
| 2012 | Nominated for the Salute to Nurses 2012 Awards by the Houston Chronicle |
| 2010 | Geriatric Nurse Practitioner Stipend Award, Veteran's Affairs |
| 2007 | Dean's Award for Spirit of Nursing, University of Nevada Las Vegas, School of Nursing |
| 2007 | Dean's Honors List, University of Nevada Las Vegas, School of Nursing |
| 2010-2023 | CCRN certification, American Association of Critical Care Certification Corporation |
| 2016-2020 | Trauma Nursing Core Course certification, Emergency Nurses Association |