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Exploring Turnover Among Nurse Managers, Directors, and Executives in Acute Care Hospitals

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EXPLORING TURNOVER AMONG NURSE MANAGERS, DIRECTORS, AND EXECUTIVES IN ACUTE CARE HOSPITALS

by

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DEDICATION

This work is dedicated to the many nurse managers, directors, and executives across this nation who entrusted their stories to me in the course of my doctoral studies. I am humbled by them and grateful for their openness, support, and help. They work tirelessly for their communities and for their staff. My wish for them is that their voices be heard.

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ABSTRACT

Background: The strength and quality of the nursing leader workforce is associated with staff nurse retention and patient outcomes. While leadership turnover is not always negative, there is still uncertainty, loss of program continuity, power shifts within an organization, and significant expense for the organization in recruiting and integrating a new leader.

Purpose: The purpose of this study is to explore intent to leave and turnover experiences of acute care nurse managers, directors, and executives.

Methods: For this nationwide survey, recruitment was done via snowball sampling through state hospital associations and professional organizations across the US with a resulting sample of 2131 participants. Data was collected in an online survey.

Results: Over half of respondents intend to leave their current positions within 5 years, and intention is not different across the three groups. Intent to leave and reasons for leaving differ by type of nurse leader with directors and executives citing retirement as one of the top three reasons for intent to leave (35.3% and 48.4%, respectively) which will result in a permanent loss of nurse leaders from the workforce. Burnout is listed as a reason for managers and directors, but not executives. Career progression is also cited as a top reason in all groups implying a desire to remain in administrative nursing.

Differences in education exist with higher-ranking leaders being more likely to hold graduate degrees. Factors analysis for the Nurse Leader Environmental Support Survey revealed three factors associated with intent to leave: congruence with organizational culture, professional vulnerability, and workplace relationships. Nurse managers report the most vulnerability and least congruence with organizational culture both of which are correlated to job satisfaction. Nurse executives are more likely to have experienced involuntary job loss (18.2%) than managers (6.0%) and directors (12.0%). Reasons include termination, coerced resignation, facility closure, or elimination during a restructuring or merger.

Conclusion: These nurse leaders experience turnover and intent to leave differently. Impending retirement and desire for promotion highlight a need for career development and active succession planning. This study has implications for management development and graduate education programs in program development and student recruitment.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

The presence of leaders in families, groups, and in larger societies has been documented throughout history. Anthropologists have studied the presence of leaders across cultures. The success of a group depends on the skill, competence, and experience of its leaders. Healthcare organizations are no different in this way from any other organizations or groups of people. In order for a healthcare organization to survive and remain financially viable, skilled and experienced leaders are necessary in order to guide the patient care and business activities of the institution. However, there is little literature on factors involved in the intent to leave and turnover experiences of nurses in formal positions of leadership. The purpose of this chapter is to review ideas concerning leadership in general, formal nurse leaders, intent to leave, and turnover.

The concept of leadership is not a new one, and despite over 100 years of scholarly study, there is still a lack of consensus regarding a definition. However, there are many theoretical ideas about how leadership works (Table 1.1), and there are some common factors among these descriptions. Leadership involves influence over others (Nash, 1928; Yukl & Falbe, 1990). It requires a group of followers and a social setting in which leaders and followers interact (Carsten, Uhl-Bien, West, Patera, & McGregor, 2010; Kellerman, 2008). Finally, leadership occurs in order to meet goals and objectives (Nash, 1928; Northouse, 2001).

Leadership encompasses both formal and informal leaders who use their both positional and personal power to achieve goals (Bass & Bass, 2008). An informal leader is someone who exerts influence in a group without the power derived from formal recognition of authority (Bass & Bass, 2008; Yukl & Falbe, 1990, 1991). An example of an informal leader might be a nurse who is consulted by her peers as a result of her clinical expertise (Benner, 2001). By using personal power, she can influence others' thinking toward a task or policy thereby either supporting or undermining efforts to attain organizational objectives and goals. These informal leaders are often affect opinions among their colleagues and may have positive or negative effects such as level of compliance with policy and group morale.

The term *formal nurse leader* describes a nurse who has managerial, administrative, and supervisory responsibilities within an organization. Although formal nurse leaders exist at many levels within an organization, the commonality is the supervisory and managerial responsibilities along with administrative-level representation of those who report to them. They provide context to those both above and below them in the power structure as well. Formal leaders hold positions that define them as a leader and whose authority derives from occupying the position (Raven, 2008). Based on their positions in the organization's hierarchy, they control different levels of resources and have varying levels of influence with persons above them in the hierarchy (Pelz, 1951).

Formal leadership involves communicating the mission and vision of the organization and motivating others to reach organizational goals (Bass & Bass, 2008). While formal leadership positions mix leadership and management skills, the concepts

have different foci (Bass & Bass, 2008, Conway, 1999; B.M. Jennings, Scalzi, Rodgers, & Keane, 2007; Mann, 1965). Management involves operationalizing the stated vision, strategic planning and ensuring that then group reaches its objectives. It is a function of a position within an organization's structure, the responsibilities assigned, and the level of authority given. Formal leadership roles require skills in both management and leadership as many of the competencies overlap (Bass & Bass, 2008; Jennings et al., 2007).

Within healthcare organizations, formal nurse leaders occupy various positions such as nursing unit manager, director of a department, division or service line, nurse executive or other administrative positions with titles specific to the organization (American Nurses Association [ANA], 2009). These roles are complex and require the development of skills not required in the delivery of direct patient care. The American Nurses Association (ANA) has issued scope and standards for practice for nurses in formal leadership roles and recognized nursing administration as a specialty area of practice (ANA, 2009).

In many ways, acute care hospitals have a similar context to other nonprofit and human service organizations, and executives and other leaders need similar skill sets to be successful. Business principles, strategic planning, corporate compliance, employee-coaching skill, staff development, and the ability to motivate and inspire are some factors that are held in common across settings (Mettler & Vimarlund, 2009; Nevers, 2002; Rebuge & Ferreira, 2012). The main difference in the context, however, is the life-preserving result when the services are rendered well and the harm and possible death otherwise (Warren & Katen-Bahensky, 2016). This difference results in a heightened

awareness of risk from systems failure (Smith, 2008). The responsibility for preventing catastrophic outcomes is most similar to that of emergency medical services and law enforcement.

Since the number of nurses who enter practice with aspirations to managerial advancement is small (Miskelly & Duncan 2014), understanding how nurses experience transitions from staff positions into formal leadership roles is critical for the development of the specialty, leader recruitment, and retention of nurses in formal leadership. Often, skilled clinicians are called upon to move into formal positions of leadership without the background, training, education, or support to be successful. Members of practice disciplines need representation in leadership from the unit level through the executive and board levels and often nurse leaders provide that representation and provide clinical context for business decision makers (Institute of Medicine, 2010). Organizational knowledge and lore are dependent on longevity with an organization, and a thorough understanding of the organizational culture is crucial in meeting patient care goals and objectives at those times when there may be competing perspectives and interests from non-clinical leaders.

To clarify terminology in this paper, formal nurse leaders are divided into three categories, and the general category will be referred to as nurse leaders for the remainder of this work. Nurse executives are the senior ranking nurses in an organization. Regardless of the specific titles given to them by the organization, they serve in executive leadership roles over all the nursing services in a facility or organization. In many organizations, the nurse executive has responsibility for other patient care services in addition to the nursing service. Nurse directors hold responsibility for a service line, a

division, or multiple departments. The term *nurse manager* delineates any managerial or administrative nurse above the charge nurse and staff nurse levels. Depending on the size of the facility, a nurse manager may report directly to the nurse executive or may report to director-level personnel.

These roles are complex and require the development of skills not required in the delivery of direct patient care. In 2015, the American Organization of Nurse Executives (AONE) issued specific competencies for nurse executives, nurse managers, system nurse executives, and post-acute care nurse executives (American Organization of Nurse Executives [AONE], 2015a, 2015b, 2015c, 2015d). Financial acumen, political skill, project management, strategic planning, public relations, human resource management, and risk management are just a few of the areas of expertise expected of a nurse leader, and according to one study, the complexity of the roles are increasing (C. B. Jones, Havens, & Thompson, 2009). This body of knowledge, skills, and abilities are not part of pre-licensure preparation, and the individual nurse leader often gains these from sources that are available in the course of learning the job.

Recruitment and retention of specialty nurses, including those who practice in administrative nursing, are long-standing concerns for both patient care and for the recruitment and replacement burden that is borne by the organization as a business entity (Consolvo, 1979, Hayhurst, Saylor, & Stuenkel, 2005; Lassiter, 1989; O'Brien-Pallas, Duffield, & Alksnis, 2004; Weisman, 1982). However, little is known about the state of the nursing leadership workforce. In 2008 and 2009, C. B. Jones, Havens, and Thompson published three articles from a mixed-methods study involving 622 nurse executives. At that time, their participants reported that the stability of the pool of nurses practicing

within the administrative specialty was a problem in need of attention (C. B. Jones et al., 2008). In 2014, Warshawsky and Havens published the findings from a similar study involving nurse managers. These two studies are the primary studies describing the characteristics, job satisfaction, intent to leave, and turnover experiences of nurses in formal leadership positions.

Overview of Retention, Turnover, and Intent to Leave

In order to provide context, it is prudent to provide an overview of inter-related concepts involved in this discussion: retention, intent to leave, and turnover. Turnover is a process by which an employee leaves an organization (Mobley, 1982). It occurs as a separation from a particular position of employment and may occur immediately or as a planned course of action, and it may be initiated by the employee or the employer. This phenomenon is not particular to nursing but is experienced by anyone who has ever voluntarily or involuntarily left a job. Turnover rate is defined as the number of employees who leave divided by the number of FTEs during a particular time period multiplied by 100. However, there is little consensus on what constitutes the numerator in the turnover calculations (Hayes et al., 2012; O'Brien-Pallas et al., 2006; Tai, Bame & Robinson, 1998; US Bureau of Labor Statistics [BLS], n.d.). In one large study of registered nurses, researchers included only voluntary separations in the definition of turnover and excluded retirement, involuntary separation from employment, separation for medical reasons, and those who left employment to return for further education (O'Brien-Pallas et al, 2006). The U.S. Bureau of Labor Statistics does not include transfers within an organization as an incidence of turnover (BLS, n.d.).

Retention may be thought of as the converse of turnover, and it would be difficult to discuss turnover without also discussing retention. Researchers have focused on turnover prevention and the retention of staff nurses within an organization, primarily within acute care hospital settings (Coomber & Barribal, 2007; Zurmehly, Martin, & Fitzpatrick, 2009). In discussing the trends in staff nurse retention and turnover, it is likely that some factors such as work-life balance and self-efficacy may be similar among both staff nurses and leaders.

Frequently, intent to leave is also called turnover intention. Intending to leave or stay requires an employee to make a decision, but considering a continuum between intent to leave or stay may be a more helpful idea than limiting the concept to a binary option. Factors which encourage staff nurses to stay in their positions on their units and profession include altruism, value congruence (Dotson, Dave, Cazier, & Spaulding, 2014), job embeddedness (Reitz, Anderson, & Hill, 2010), reasonable workload, and managerial support (A. E. Tourangeau, Thomson, Cummings, & Cranley, 2013).

Research has also indicated nursing leaders skilled in leadership and management and having longevity in the position are associated with increased staff nurse retention, decreased burnout, and improved patient outcomes (Wong, Cummings, & Ducharme, 2013). Staff nurses who believe their leaders to be trustworthy are less likely to intend to leave and experience lower rates of burnout (Bobbio & Manganelli, 2015; Rodwell & Ellershaw, 2016). Nurses' intent to leave and level of commitment to the organization is attributable to those relationships between nurse leaders and staff nurses (Brunetto, Shacklock, Teo, & Fatt-Wharton, 2015; Brunetto, Shriberg, Farr-Wharton, Shacklock, Newman, & Dienger, 2013). While there is an extensive body of literature on retention

and intent to leave among staff nurses, there is comparatively very little about intent to leave and turnover among nurses in formal leadership positions.

When a nurse leader leaves a position, she may leave to accept another position within the same organization, or she may leave the organization entirely. Voluntary turnover occurs when the nurse leader decides to act on an intention to leave. The period of time over which turnover occurs varies depending on the individual nurse leader and her situation. The actual turnover may occur as an immediate resignation or after formulation and execution of a plan based on the type of decision-making pattern in use (Evans & Stanovich, 2013) departure may become involuntary depending on events that occur after the decision to leave is made. Intent to leave, however, does not come without a stimuli to begin the decision making process.

Involuntary turnover occurs in several different ways, but the common characteristic among them is that the event occurs outside of the nurse leader's control. First, a nurse leader may be terminated from the position outright or may be coerced into a resignation (Hamilton, 2015; C. B. Jones et al., 2008; M. O'Connor & Batcheller, 2015). Although a coerced resignation may allow the nurse leader to avoid public humiliation and to preserve reputation for future opportunities, the events that occur are predominately outside of her control. Other sources of involuntary turnover are a function of an institution's financial instability or a business decision, but it still happens without the nurse leader having any power to influence the situation. Examples of these situations would be that of a hospital closure, a reduction-in-force, or a reorganization or merger that involves consolidation of services (BLS, n.d.; Warden & Probst, 2017).

It is probable that many of the reasons for nurse leader and staff nurse turnover overlap. However, nurse leaders occupy different places within the power structure of the organization. As such, the context for their experiences are divergent from the well-documented experiences of staff nurses. Very little research is specific to retaining nurse leaders despite evidence that the skill level of the nurse leader is directly related to the retention of staff nurses (Kleinman, 2004; Lowe, 2013; Morrison & Korol, 2014; Rodwell & Ellershaw, 2016; A. E. Tourangeau et al., 2013), the cultivation of a safety culture (Bae & Fabry, 2014; Wong et al., 2013), and central line-associated bloodstream infections (Alonso-Echanove et al., 2003). Examining nurse leader turnover as simply an intent to leave or intent to stay limits consideration of other social constructs, relationships, or power structures. However, the implication of the intent models is that the nurse is affected by factors such as poor staffing, lack of autonomy (Han, Trinkoff, & Gurses, 2015), moral distress (Whitehead, Herbertson, Hamric, Epstein, & Fisher, 2015), job dissatisfaction, breach of promise, violation of trust (Rodwell & Ellershaw, 2016), and emotional and/or physical violence (Roche, Diers, Duffield, & Catling-Paull, 2010; Speroni, Fitch, Dawson, Dugan, & Atherton, 2014), and the nurse may take an action solely because of those factors.

The purpose of this project is to examine intent to leave and explore turnover experiences among nurses in formal leadership positions. By understanding factors involved in turnover among nurse leaders, it may be possible to better prepare nurse leaders and to empower them in the workplace in a way that encourages retention and discourages voluntary turnover. In addition, by understanding the circumstances, attributions, and sequelae of involuntary turnover, it may be possible to prevent situations

that are professionally risky for nurse leaders and to support and recover those who do suffer an involuntary turnover.

Scope of Nurse Leader Turnover

Little is known about intent to leave or about the turnover experiences of nurse leaders. In the previous ten years, two major studies examining trends of turnover among nurses in formal leadership positions were published; one was among nurse executives, and the other was among nurse managers. In 2008, the AONE released the results of a study on nurse executive turnover (Havens, Thompson & Jones, 2008; C. B. Jones et al., 2008, 2009). Researchers found that 73% of the respondents felt as though the rate of turnover among nurse executives was a problem that merited attention, and 17% considered it an urgent problem requiring immediate attention. Conflicts with the Chief Executive Officer, job dissatisfaction, acceptance of another nurse executive position, other career advancement, and family and personal reasons were the most frequent reasons given for leaving. Of the 622 respondents, 25% had left a position in the past five years, and 13% had left in the last 2 years. Sixty-two percent expected to make a change of employment within the following five years, and 25% of those planned to retire. Twelve percent had experienced involuntary turnover either by being asked to resign or by direct termination (C. B. Jones et al., 2008).

A study involving nurse managers published in 2014 revealed similar trends toward mobility. The nurse managers, with an average age of 47.4, were younger than the population of nurse executives, and only 35.1% possessed a master's or doctorate in nursing. Similarly, 62% of nurse managers were planning to leave their current positions within the next five years, and of those, 22% planned to retire (Warshawsky & Havens,

2014). Recognizing that one person's reason to stay may influence one another person's reason to leave, this portion of the discussion will not attempt to categorize these factors.

While these two studies have been important and influential, there is a need for further study for several reasons. First, the business of healthcare in the US continues to change rapidly and society needs nurse leaders to represent the voice of patients, families, and those who provide care in our institutions (Institute of Medicine, 2010). A broader and more recent work describing the characteristics of nurses in formal leadership positions would identify strengths and weaknesses within the workforce. Second, the reasons that nurse leaders leave positions are not clear, and it is not known what is similar to or different from what is known about nurses in other specialty areas. An additional area for exploration is to examine factors that influence the turnover decision-making of nurses who choose to leave a leadership position. Perhaps one of the most important knowledge gaps concerns the experiences of involuntary turnover including reasons and factors surrounding these events (Havens et al., 2008; C. B. Jones et al., 2008). By adding such research to the larger body of knowledge, it is possible to contribute to improved outcomes for patients by developing and nurturing nurse leaders in a way that is meaningful to them and improves skill and longevity in the positions they occupy.

Research Questions and Hypotheses

The research questions for this study explored the phenomena of intent to leave, voluntary turnover, and involuntary turnover among nurses in formal leadership positions. Establishing the current state of intent to leave among this group of hospital leaders may be the impetus needed to move forward with leadership development and

succession planning. The hypotheses were stated in the null in order to facilitate analysis using two-sided tests for difference rather than assuming directionality.

Research Question 1

The first research question treats the phenomena of intent to leave and turnover experiences epidemiologically. Since little is known about turnover among nurse leaders, it is important to assess the prevalence of turnover intent and turnover experiences among nurses currently serving in positions of formal leadership. Analysis of this question will include comparison of demographic data that will be collected as part of the first section in the survey. These demographic variables will include age, gender, race, ethnicity, type of position, level of education, number of years in practice, number of years in organization, number of years in position, experience of involuntary turnover, and experience of involuntary turnover.

Hypothesis 1a. There is no difference in turnover intent between nurse managers, nurse directors, and nurse executives. In the C. B. Jones et al. (2008) study, 61% of nurse executives intended to leave their current positions within the following five years. In the Warshawsky and Havens (2014) study of nurse managers, 72% of nurse managers intended to leave their positions within the following five years.

Hypothesis 1b. There is no difference in the proportion of nurse managers and nurse directors, and nurse executives who have experienced involuntary turnover during their careers as nurse leaders. In the 2008 study by C.B. Jones et al., the sample of nurse executives had a 12.5% prevalence of having experienced an episode of involuntary turnover. Since no similar examination has been made with nurse managers or directors,

there is no evidence to support the assertion that there is a statistically significant difference in the occurrence of involuntary turnover among these three groups.

Hypothesis 1c. There is no difference in the proportion of nurse managers, nurse directors, and nurse executives who have experienced voluntary turnover during their careers as nurse leaders. While it may be logical to assume that a senior level nurse leader may have experienced voluntary turnover as she climbed the corporate ladder, there is no evidence either for or against the proposition that nurse executives have had more positions and therefore more voluntary turnover than nurse directors or nurse managers.

Research Question 2

What are the relationships of self-efficacy and agency on intent to leave? These variables could be associated with differences in intent to leave; however, at this time, the directionality of the association is unknown. This set of hypotheses involve the nurse leaders in their current positions. Self-efficacy is the self-directed belief that a person possesses the knowledge and skills needed to reach goals and complete tasks. Agency is a person's ability to change the situation in which they find themselves and reflects having the autonomy and power to take action.

Hypothesis 2a. There is no difference in self-efficacy between nurse leaders who intend to stay in their current positions and those who intend to leave. Self-efficacy is a self-directed or self-referent belief in one's own abilities. There is no evidence that nurse leaders who intend to leave or intend to stay have any difference in faith in their own knowledge, skills, and abilities.

Hypothesis 2b. There is no difference in perception of agency between nurses who intend to stay in their current positions and those who intend to leave. There is currently no evidence evaluating the perception of agency among nurse leaders who intend to leave and those who do not. It is unclear if a difference in perceived level of agency is associated with either state.

Research Question 3

The third question involves the specifics of prior experiences of turnover. What are the relationships of self-efficacy, agency, and previous turnover experiences? It's a question of how did nurse leaders perceive their self-efficacy and agency at the time of their turnover. This set of hypotheses involves the experiences of nurse leaders in their former positions. One important part of answering this question involves the demographics and reasons attributed by nurses who have experienced both voluntary and involuntary turnover. Comparisons of levels of self-efficacy and agency between those who voluntarily left a position and those who involuntarily left a position may help identify situations in which the nurse leaders are in danger of dismissal or of leaving voluntarily.

Hypothesis 3a. There is no difference in self-efficacy perceptions between nurse leaders during their experiences with voluntary turnover, involuntary turnover, and current position. There have been no studies comparing self-efficacy among these populations, and there is no evidence to support differing levels of belief in one's knowledge, skills, and abilities based on these events.

Hypothesis 3b. There is no difference in agency perceptions between nurse leaders during their experiences with voluntary turnover, involuntary turnover, and

current position. There is no difference in perception of agency between nurse leaders who have experienced voluntary turnover, have experienced involuntary turnover, and who have never left a management position. It could be argued that if agency influences the decision to leave a position then there would be differing levels of agency in the descriptions of the nurse leaders who had experienced them. However, since there have been no studies comparing perceived agency among these population, there is no evidence at this time to support the assertion.

Study Design

This study was a mixed-method, survey-based study. Survey questions were constructed specifically for this nurse leader population based on the available literature, expert consultation regarding subject matter and recommendations on survey construction. Items of interest in this survey involved self-efficacy, agency, and potential mediators and moderators.

In a broad sense, leadership is both a complex role and requires complex and specific human interaction skills. For formal leaders, the management skills that are required in a healthcare setting, include an understanding of clinical issues, roles, functions, and work patterns. The factors that a nurse leader considers in making the decisions to leave a position as well as the circumstances and effects of occurrence of involuntary turnover are not clear. By studying the perceptions of turnover and intent to leave, identification of factors associated with departure may provide information that is needed in order to prevent a departure or to provide experienced leaders insight into what new and growing leaders need for success.

Due to the manuscript-style of this dissertation, the research questions and hypotheses are addressed in different chapters. Research Question 1 and associated hypotheses are addressed in Chapter 4, and Research Questions 2 and 3 are addressed in Chapter 5. Since each of the manuscript chapters (Chapters 2, 3, and 4) must stand on their own as journal articles for submission, there is some repetition of literature review, methods, and sampling in order to accomplish this task.

Table 1.1. Leadership Theories

Theory	Description	Reference
Implicit Theories of Leadership	Ideas about leaders come from differing behaviors expected of leaders which form a mental prototype	(Lord & Maher, 1991)
Great Man Theory	Leaders have unique and inborn qualities; The right man at the right time in the right place; Divine right – heredity of leadership roles in autocratic classes	(Galton, 1869; James, 1881; E. E. Jennings, 1960)
Warrior Theory	Power and glory are won through battle and victory over the weak; Leaders make the difficult choices; The end justifies the means	(Kaplan, 2003; Machiavelli, 2008; SunTzu, 2003)
Trait Theory	Leadership skill stems from personality; Personality must fit the situation	(Stogdill, 1948; Zaccaro, 2007)
Servant Leadership	Leaders as stewards of their followers; Concerned with the less powerful; Leaders take care of followers	(Choi & Mai-Dalton, 1999; Greenleaf, 1977)
Transformational-Transactional Theory	Transformational leaders transform and empower followers to lead others; Transactional leaders view leadership as a transaction between leader and follower; Management by Exception – corrective transactions for deviations in production/performance; rewards are contingent upon performance	(Bass, 1999; E. Burns, 2015; J. Burns 1978)
Contingency Theory	A leader's success is contingent upon the situation, relationship with group members, clarity of goals, and simplicity of the task.	(Fiedler, 1978; Luthans & Steward, 1977)
Leader-Member Exchange Theory	Leadership and followership are social interactions; Leader's behavior is different according to the needs of the follower;	(Dansereau, Graen, & Haga, 1978; Green & Mitchell, 1979)

	May generate insider/outsider dynamic	
Operant Model of Supervision	Leaders compel followers by reinforcing desired behaviors and enforcing consequences for failures to comply.	(Komaki, 1986, 1994; Komaki & Citera, 1990)
Social Cognitive Leadership Theory	Leadership skill is affected by leader's self-efficacy; Leaders use persuasion to overcome resistance; Leaders develop through modeling, guided mastery, and successful experiences.	(Avolio & Hannah, 2009a, 2009b; Hannah & Avolio, 2010; McClelland, 1975)

CHAPTER 2

TURNOVER AMONG NURSE LEADERS IN ACUTE CARE HOSPITALS:

A LITERATURE REVIEW[1]

[1] Warden, D.H., & Hughes, R.G. Submitted to *Journal of Nursing Administration*, 12/25/2018

Abstract

Background: Turnover among staff nurses has been studied for many years, but less is known about turnover and intent to leave among nurse leaders.

Objective: This literature review provides an overview of factors associated with turnover and intent to leave among nurses in formal leadership positions.

Design: A scoping review was conducted of articles that addressed turnover among nurse leaders.

Results: Within the 20 articles included, voluntary turnover was attributed to conflict with senior leaders, structural empowerment, advancement, and lack of supportive relationships. For managers, reasons included the limited time for developing staff, and excessive job scope and span of control. Nurse leaders reporting involuntary turnover describe shame, humiliation, lost relationships, and social isolation.

Conclusion: Research is needed to identify and explore factors associated with involuntary and voluntary turnover. By understanding these factors, it may be possible to mitigate the loss of experienced nurse leaders.

The success of workers depends on the skill, competence, and experience of their leaders. For a healthcare organization to survive, skilled and experienced leaders are necessary to guide patient care and business activities. Formal nurse leaders occupy positions such as nursing unit manager, director (of a department, division or service line), nurse executive, or other administrative positions (ANA, 2009). These roles are complex and require skills not directly associated with the delivery of direct patient care. The ANA's scope and standards for practice for nurses in formal leadership roles recognizes nursing administration as a specialty area of practice (ANA, 2009).

Recruitment and retention of nurses, including those who practice in administrative nursing positions, are long-standing concerns for both patient care and for the recruitment and replacement burden borne by the organization as a business entity (Consalvo, 1979; Heyhurst, Saylor, & Stuenkel, 2005; Lassiter, 1989; O'Brien-Pallas et al., 2004; Weisman, 1982). Much is known about voluntary turnover among staff nurses, but the phenomenon among nurse leaders is much less clear. Even less is known about the attributions and understanding of nurse leaders who experienced involuntary turnover. To better understand the factors associated with leadership turnover, it is important to identify, evaluate and understand current research regarding turnover and intent to leave among nurse leaders.

Overview of Retention, Turnover, and Intent to Leave

Turnover is a process by which an employee leaves an organization or unit, and it is often reported by companies as a rate (Mobley, 1982). Turnover rate may be calculated on the organizational level or on the unit level. An instance of turnover is a separation from a particular position of employment and may occur immediately or as a

planned course of action, and may be initiated by the employee or the employer. This phenomenon is not particular to nursing but is experienced by anyone who has ever voluntarily or involuntarily left a job.

Research has indicated nursing leaders skilled in leadership and management and having longevity in the position are associated with increased staff nurse retention, decreased burnout and improved patient outcomes (Wong et al., 2013). Staff nurses who trust and engage with their leaders have a greater tendency to remain in their positions, are more committed to the organization, and report lower rates of burnout (Bobbio & Manganelli (2010). Nurses' intent to leave and commitment to the organization is attributable to those relationships between staff nurses and their leaders (Brunetto et al., 2013, 2015). Yet, little is known about the distinction between voluntary and involuntary intent to leave.

Intent to leave or stay, also called turnover intention, requires an employee to make a decision. Considering a continuum between intent to leave or stay may be more helpful than limiting the concept to a binary option. Factors which encourage nurses across different nursing jobs to stay in their positions and profession include altruism, value congruence, job embeddedness, (Reitz et al., 2010) reasonable workload, and managerial support (Dotson et al., 2014: Reitz et al., 2010; A. E. Tourangeau et al., 2013).

Method

The aim of this scoping review is to provide an overview of the available literature on nurse leader turnover and intent to leave (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010). Search terms included *nurse manager, nurse administrator, nurse*

leader, and *nurse executive,* which were entered in a pairwise fashion with *intent to stay, intent to leave, job loss,* and *turnover*. Databases searched included: Academic Search Complete, CINAHL, PsychInfo, and Business Source Complete. A preliminary search of PubMed in consultation with a research librarian yielded no new articles. Articles were limited to English language articles published in peer-reviewed journals between 2008 and 2018.

The original search yielded 612 articles. After excluding duplicates, 421 articles remained. These remaining articles were screened by title, and 213 articles with titles indicating that their population of interest was staff nurses were excluded. After a thorough review of the abstracts clarified that formal nurse leader retention or turnover was not the focus of the studies, 187 articles were excluded. One dissertation and one thesis were identified via ProQuest search (P. Brown, 2010; Bernard, 2018). Two literature reviews, 2 performance improvement projects, 1 discussion article, 16 original research articles and the 2 dissertations comprised the 23 articles selected for full manuscript review (Figure 2.1). Three articles were excluded after the full manuscript review. One was not specific to nurse leaders. Another was a literature review which did not contain analysis. The third excluded article focused on succession planning and preparation for administrative practice. The final review and analysis contained 20 publications (Table 2.1).

Current research findings

Characteristics of nurse leaders

Literature regarding the characteristics of nurse leaders consisted of 4 articles originating from 2 research studies. One study (3 articles) focused on nurse executives

and the other focused on nurse managers (C. B. Jones et al., 2008, 2009; Havens et al., 2009; Warshawsky & Havens, 2014). According to a national survey of nurse executives published in 2008, the average nurse executive was 52 years of age, Caucasian and female. Fifty-eight percent had a graduate degree in nursing, and 33% had a graduate degree in another field such as public health, business administration or healthcare administration. Direct reporting relationship to the Chief Executive Officer (CEO) was reported by 76.5% of Chief Nursing Officers (C. B. Jones et al., 2008).

The majority of the nurse executives surveyed by C.B. Jones et al. reported that the average length of stay of nurse executives in their organization was over 5 years (C. B. Jones et al., 2008). However, 66.6% had been in their current positions less than 5 years, and 25.2% had been in their position for less than 2 years. Among nurse executives who changed positions within the previous 5 years, 23% had experienced an involuntary turnover such as termination, coerced resignation, merger, restructuring/reduction in force, and facility closure. Another 61% planned to change jobs within the following 5 years (C. B. Jones et al., 2008). Of all respondents, 73% believed that nurse executive turnover was either an urgent problem or one that needed attention.

One study involving only nurse managers revealed similar trends toward professional mobility (Warshawsky & Havens, 2014). Nurse managers comprised a younger population than nurse executives (47.4 years vs. 52 years).21,24 Only 35.1% possessed a graduate degree in nursing. Similar to nurse executives, 62% of nurse managers were planning to leave their current positions within 5 years. Twenty-two percent of those planning to leave intended to retire (Warshawsky & Havens, 2014).

Within these 17 articles, findings converged into 3 themes. The first category was the desire to have the ability and power to control one's own situation. The second category included factors associated with turnover. Finally, the third category dealt with the emotional response to both voluntary and involuntary turnover.

Controlling One's Situation: empowerment, balance, role integrity and support

Powerlessness is often cited as a reason by both nurse managers and executives for job dissatisfaction and intent to leave (Havens et al., 2009). Although informal power relationships exist, reporting structures reflect status and power within an organization (Hughes, Carryer, & White, 2015). Nurse leaders reporting directly to the CEO and who have a good working relationship report more empowerment than those with other types of reporting relationships (Sredl & Peng, 2010).

Many studies on nursing workforce support the need for work-life balance. However, the level of control that the formal nurse leader can exert is often limited by job expectations and the intersection with family and gender role expectations. Formal leadership positions carry 24-hour accountability and near-constant access to the nurse leader by staff and other formal leaders in the organization (Steege, Pinekenstein, Arsenault-Knudsen, & Rainbow, 2017). Gardner and colleagues indicated that 77% of nurse managers felt obligated to check work emails when away from work regardless of the reason that they were absent (Gardner, Hailey, Nguyen, Pritchard, & Newcomb, 2017). They were more likely to believe that those who reported directly to them expected them to be constantly available and that work would be more difficult when they returned if they failed to maintain contact. They also reported fear of reprisal for missing messages from more influential leaders within the power structure. This

continuous contact and feeling of constant surveillance eroded trust in their supervisors (Gardner et al., 2017). In addition, the imbalance between authority and responsibilities results in increases in job strain which is associated with burnout and turnover intention (Wong & Laschinger, 2015).

Role identity and integration is a critical part of leader development. Failure to resolve the conflict between the roles of leaders and of staff nurses sets up conditions where nurse managers and nurse executives find themselves between conflicting data, directives, expectations, or ethical codes. More role conflict and ambiguity are associated with higher levels of depression and intent to leave, particularly in nurse leaders who were planning to leave their current position within 2 years (Tarrant & Sabo, 2010). In a study of high performing nurse managers who had been in their positions for 5or more years, integration of the nurse and manager roles was a behavior associated with engagement (Mackoff & Triolo, 2008a, 2008b).

Researchers have discussed the importance of support in both relationships and resources for successful nurse manager and nurse executive practice. Positive relationships with those higher in the organizational leadership structure and with peers increased collaborative work and flexibility. Nurse executives described the importance of a positive relationship with the CEO (Sredl & Peng, 2010). Nurse executives and managers described the need for a positive relationship with a transformational leader and for someone with whom they can safely debrief (P. Brown, 2010; Laschinger, Wong, Grau, Read & Pinkeau-Stan, 2012). Nurse executives and nurse managers who have the supportive mechanisms and relationships to cultivate resilience have a higher intent to stay (P. Brown, 2010; Bernard, 2018; Hudgins, 2016).

Nurse managers expressed the need to provide support to the staff reporting to them. Factors associated with managers' intent to leave includes having limited time to spend with or to develop staff (Warshawsky & Havens, 2014; Warshawsky, Wiggins, & Rayens, 2016). Acknowledging the need for experienced leaders to share knowledge with nurses who have formal leadership potential encourages succession planning and gives novice leaders the knowledge they need in order to make career choices (Titzer, Phillips, Tooley, Hall, & Shirey, 2013).

Scope and span of control are the range of financial responsibility, department, or service lines for which a nurse leader has responsibility and the number of direct reports, respectively (D. Jones, McLaughlin, Gebbens, & Terhorst, 2015). As a nurse manager's scope and span of control increases, they are able to spend less time with staff members who report to them. At the same time, the need for administrative support staff increases. Support in the way of adequate nurse staffing, support staff, financial, and material resources is also a factor in the job satisfaction of nurse managers. Insufficient ability to ensure quality of care because of lack of resources is associated with increased cynicism and emotional exhaustion (Hewko, Brown, Fraser, Wong & Cummings, 2015).

Factors Contributing to Turnover

Although there are many factors which affect one's ability to successfully fulfill job responsibilities along the intent to leave/intent to stay continuum, there is usually an event or catalyst triggering the decision to leave a position even when leaving has not been considered (Lee, Mitchell, Holtom, McDaniel, & Hill, 1999). Examples may include transfer of a spouse or partner, or a health crisis. Voluntary turnover may be related to job dissatisfaction, deteriorating relationships with other leaders in the

organization, opportunity for education or advancement, a planned career move, an unsolicited job offer, or retirement (Havens et al., 2009). These situations demand that the nurse leader reflect on their current employment situation within the larger social context and imagine or define future possibilities.

Involuntary turnover can occur in several forms: termination, coerced resignation, facility closure, or a reduction in force due to merger or restructuring. Catalysts for these situations vary and are often not as clear as for a voluntary turnover. Nurse executives have attributed involuntary turnover primarily to philosophical differences or conflicts with other senior leaders (e.g., CEO, CFO, COO, etc.) who may choose to hire other leaders of whose loyalties they may be certain (Hamilton, 2015; M. O'Connor & Batcheller, 2015).

Emotional Response

Among nurse executives, studies on the personal emotional responses to voluntary and involuntary turnover have several common themes. First, the nurse executives who experienced involuntary turnover reported an overwhelming sense of loss both personally and professionally (Havens et al., 2009; M. O'Connor & Batcheller, 2015; Warden & Probst, 2017). Other common emotional responses included shame, devastation, rejection, and loss of identity or purpose (Havens et al., 2009; M. O'Connor & Batcheller, 2015; Gabriel, Gray, & Goregaokar, 2013). Nurse leaders who leave voluntarily may share many of the same emotional responses such as concern for those left behind with a nurse leader who experiences involuntary turnover (Havens et al., 2009).

Emotional responses to turnover of nurse leaders are not limited to the responses of the leaders alone. There are sequelae among the staff members that remain. Staff members experience uncertainty until the nurse leader is replaced, and they are suspicious of a lack of transparency during the selection process for the new leader (C.B. Jones et al., 2008). There is often much speculation on why the previous leader left (C. B. Jones et al., 2008).

Future Directions

While there is an extensive body of literature on retention and intent to leave among staff nurses, there is comparatively very little about intent to leave and turnover among nurses in formal leadership positions. There are 2 main gaps in this body of literature. The first is identification of catalysts that result either in a nurse considering turnover or experiencing an immediate turnover. Second, there is a need to identify factors that are involved in how nurse leaders evaluate their self-efficacy and agency in the context of paid work. Without understanding how a nurse leader evaluates the current situation, it would be difficult to develop interventions to assist in making wise career choices.

Confidentiality regarding human resource situations such as reasons for involuntary turnover restrict the data that is available for analysis to that which the participant discloses (Society for Human Resource Management, 2014). As such, research has been relegated to self-report, which is subject to bias and restricts the analysis to the participant's perceptions of the event or situation (Krumpal, 2013). While the narrative of the person who has experienced involuntary turnover contributes invaluable information, other persons in the organization may have differing perspectives

regarding the reasons for the event. In addition, nurse leaders have expressed that the experience of involuntary turnover is an emotionally charged event (C. B. Jones et al., 2008; Hamilton, 2015). Some leaders who have experienced this phenomenon may not wish to discuss their experiences or may have concerns with non-confidential disclosure (R. Tourangeau & Yan, 2007).

Large-scale sampling that supports anonymity of the participants is difficult due to the limited number of nurse managers and nurse executives in each organization. An anonymous survey involving only nurse executives would need to involve a large geographic cohort in order to obtain a suitable number of respondents. For interview-based studies, the topics of voluntary and involuntary turnover can be traumatic and discussion may seem risky. Sampling difficulties are further complicated by the difficulty in establishing access to the population in question. Finally, former nurse leaders who have left leadership entirely and returned to staff nursing, moved to a different practice setting, or left the profession entirely are difficult to identify. However, such an undertaking would not be impossible and would likely yield data that could drive further study not only of intent to leave and turnover, but for understanding the context in which nurse leaders practice.

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
P. Brown, Fraser, Wong, Muise, & Cummings (2013)	Systematic Review	none specified	13 articles	Factors influencing nurse managers' intent to stay	Population and phenomenon of interest
Hewko et al., (2015)	Survey – electronic	Conceptual Model of Intent to Stay	Canadian nurse managers (n=28)	Factors influencing nurse managers' intent to stay	Population and phenomenon of interest
Hudgins (2016)	Survey – electronic	Resilience Theory	Nurse leaders (n=89)	Relationships between resilience, job satisfaction, and intent to stay	Population and phenomenon of interest
Warshawsky et al., (2016)	Secondary analysis of survey data	none specified	Nurse managers (n=355)	Nurse managers' job satisfaction, intent to leave, and influence of practice environment	Population and phenomenon of interest

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
C. B. Jones et al., (2008)	Survey – electronic	none specified	Nurse executives (n=634)	Establishing a baseline for nurse executive workforce and turnover	Population and phenomenon of interest
Havens et al., (2008)	Qualitative descriptive	none specified	Nurse executives (n=21) and healthcare recruiters (n=5)	Describing the experiences of nurse executives in turnover and perspective of healthcare recruiters	Population and phenomenon of interest
C. B. Jones et al., (2009)	Survey – electronic	none specified	Staff nurses, managers, clinical leaders (n=1277)	The impact of nurse executive turnover on staff, managers, and patient care delivery	Population and sequelae of phenomenon of interest

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
D. Jones et al., (2015)	Perform-ance Improve-ment project	none specified	Nurse managers in a large hospital system	Decreasing nurse manager turnover by developing tool for resource allocation based on scope and span of control	Intervention regarding phenomenon of interest
Hamilton (2015)	Discursive article	Resilience Theory	n/a	The role of resilience in nurse executives' recovery from involuntary job loss	Discussion of population and phenomenon of interest
Mackoff & Triolo (2008a)	In-depth interviews	none specified	Nurse managers with long tenure and high performance (n=30)	Identify behaviors of highly engaged nurse managers	Population of interest who has not had extensive turnover

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
Gardner et al., (2017)	Mixed methods; Survey and focus groups	none specified	Nurse leaders; survey (n=109), 6 focus groups (n=51 total individuals)	Beliefs and behaviors of nurse leaders regarding electronic connectedness and workplace support.	This is part of the population of interest and addressed intent to turnover as an outcome.
Warshawsky & Havens (2014)	Secondary analysis, electronic survey	none specified	Nurse managers	Job satisfaction and intent to leave among nurse managers	Population and phenomena of interest
Warden & Probst (2017)	Qualitative, descriptive interviews	none specified	Nurse executives (n=5)	Experiences of nurse executives involved in rural hospital closure	Population and phenomena of interest

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
M. O'Connor & Batcheller (2015)	Qualitative descriptive	none specified	Nurse executives who had experienced involuntary turnover (n=12)	The experiences of nurse executives who had experienced involuntary turnover	Population of interest
Steege et al., (2017)	Mixed methods; Survey and interviews	Occupational Fatigue in Nursing model	Nurse administrators and managers (n=21)	Fatigue and nurse leaders. Outcomes include impact on decision making, work-life balance, and intent to turnover.	This population is similar in age to the nurse manager and nurse leader populations.
Gabriel et al., (2013)	Narrative inquiry, longitudi-nal study	none specified	Professionals in a coaching program following job loss (n=13)	Meaning of job loss to managers and professionals who experienced involuntary turnover in mid-late career.	This population is similar in age to the nurse manager and nurse leader populations.

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
Brown, P. (2010)	Online survey, thesis research	Boyle's Conceptual model of Intent to Stay	Canadian nurse managers	Explore factors associated with intent to leave	Population and phenomenon of interest
Sredl & Peng (2010)	Mixed-method, descriptive Survey – mailed	Ray's Theory of Bureaucratic Caring and Turkel's Theory of Relational Complexity	Nurse executives (n=unclear)	Explore professional relationships between nurse executives and CEOs; cost of nurse executive replacement	Relationships between CEO and nurse executives have been implicated in intent to turnover.
Wong & Laschinger (2015)	Secondary analysis of cross-sectional data in online survey	Job Demands-Control Theory	Nurse managers in teaching hospitals in Ontario (n=159)	Examine job strain in front-line nurse managers	Job strain was positively associated with burnout, lower organizational commitment, and increased intent to leave.

Table 2.1

Literature Review

Reference	Type	Framework	Subjects/Data sources	Focus	Relevance
Bernard (2018)	Quantitative correlational	Polk's Theory of Resilience, Lock's Theory of Job Satisfaction Mobley's Theory of Employee Turnover	Chief Nursing officers who are AONE members or former members	Examine relationships between resilience, job satisfaction, and anticipated turnover among CNOs	Population and phenomenon of interest

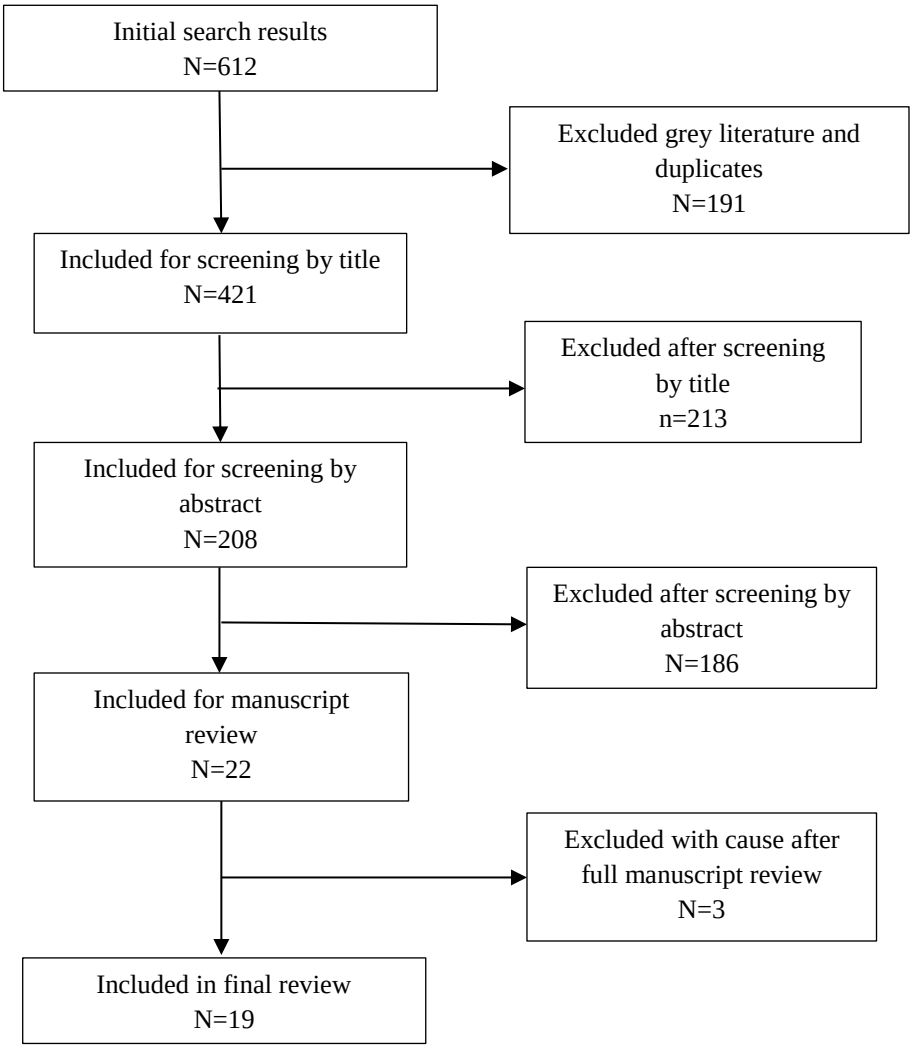

Figure 2.1 Literature Search Flowchart

CHAPTER 3

TURNOVER INTENTION AMONG NURSE MANAGERS, DIRECTORS, & EXECUTIVES: DEVELOPING A TOOL FOR MEASURING ENVIRONMENTAL SUPPORT FACTORS[2]

[2] Warden, D. H., Hughes, R. G., Probst, J. C., & Adams, S. A. Submitted to *Journal of Nursing Measurement*.

Abstract

Background and Purpose: Turnover among nurse managers, directors, and executives is associated with staff nurse retention and patient outcomes. The purpose of this paper is to describe the development of an instrument to evaluate factors associated with intent to leave among these leaders within acute care facilities.

Methods: The Nurse Leader Environment Support Survey (NLESS) was developed and evaluated using exploratory factor analysis and reliability testing (Cronbach's α). Data was obtained as part of a large nationwide electronic survey (N=1903).

Results: Factors converged into 3 major themes (organizational culture, professional vulnerability, and workplace relationships) which were consistent across all three leadership groups. Factor subscales exhibited Cronbach's $\alpha > .7$.

Conclusions: The NLESS is a useful tool in comparing these leadership groups. Future refinement may prove useful in identifying and clarifying foundational causes of turnover.

Key Words: Intent to Leave, Turnover, Nurse Managers, Nurse directors, nurse executives

Stable and skilled nursing management is necessary for staff nurse retention and improved patient outcomes that are associated with having champions for safety initiatives. However, little is known about factors that drive intent to leave among nurse managers, directors, and executives. The purpose of this project is to describe the development of an instrument to evaluate factors associated with intent to leave among nurses in formal positions of leadership within acute care facilities.

Background and Conceptual Framework

Turnover, in its broadest terms and in the earliest studies, is defined as a change in a person's membership in a social group (Price, 1977; Tai, Bame, & Robinson, 1998). In the context of the workforce, turnover is the movement of an individual out of a current employment position (Takase, 2010) and is categorized in different ways (Russel & Sell, 2012). This movement may be either involuntary or voluntary. Involuntary turnover is initiated by others from within the organization (Shen & Cho, 2005), and voluntary turnover is initiated by the individual employee. Turnover may also happen within an organization as an employee is promoted, changes job roles, or leaves the organization completely, and a high performing employee may be recruited by another institution (Nyberg, 2010). In most instances, turnover refers to those who exit organizations voluntarily (Bass & Bass, 2008; Lee et al., 1999; Price, 1977). For employees who voluntarily separated from a position, the action of leaving was predicated upon intent.

Although studies regarding nurse retention and turnover have been conducted in varied populations such as hospice nurses (Miller, 2008), nurse practitioners (Hagan & Curtis, 2018), nursing faculty (Bittner & O'Connor, 2012; Kirkham, 2016), public health nurses (Yeager & Wisniewski, 2017), mental health nurses (Redknap, Twigg, Rock, &

Towell, 2015), and home care nurses (Ellenbecker & Cushman, 2012; Ellenbecker, Porell, Samia, Byleckie, & Milburn, 2008), the predominance of the work represented in the nursing workforce literature involves acute care nurses (Nei, Snyder, & Litwiller, 2015; Twigg & McCullough, 2014). Factors that have been associated with an increased intent to leave among staff nurses include: emotional exhaustion (Manzano-Garcia & Ayala-Calvo, 2012), emotional violence (Lowe, 2013), poor resource allocation (Morrison & Korol, 2014), job dissatisfaction (Zeytinoglu et al., 2007), breach of promise, violation of trust (Rodwell & Ellershaw, 2016), and powerlessness. Employees manifest a decreased intent to leave when there is a perception of managerial support (Lowe, 2013), value congruence (Dotson et al., 2014), appropriate workload (A. E. Tourangeau et al., 2013), and job embeddedness (Reitz et al., 2010) which is described as the extent to which an employee is enmeshed in the social structure of an organization (Mitchell, Holtom, Lee, Sablynski, & Erez, 2001). While it is likely that these factors are not exclusive to staff nurses, less research has been done regarding nurses in formal leadership positions.

In previous research involving factors associated with turnover and intent to leave among nurse leaders, issues such as work-life balance, empowerment, and workload have been studied in both Chief Nursing Officers (CNO) and nurse managers. For the CNOs, the relationship with the Chief Executive Officer (CEO) was an important factor in job satisfaction and intent to stay (Sredl & Peng, 2010). Among nurse managers, limited time spent with staff, burnout, unequal distribution of work as compared to peers (Warshawsky & Havens, 2014; Warshawsky et al., 2016), increased span of control (D.

Jones et al., 2015), and higher levels of chronic fatigue compared to nurse executives (Steege et al., 2017) have been identified as factors associated with intent to leave.

For clarification, nurse leader positions differ in scope and span of control. Nurse managers occupy positions above the level of the charge and staff nurses and are responsible for the day to day function of their unit(s). A larger scope and span of control is held by the nurse director. This may comprise a service line or multiple departments. Nurse executives serve at the highest levels within an organization and may represent other patient care service in addition to nursing.

To date, there have been no large-scale studies comparing intent to leave and associated factors across different levels of nurse leaders, and there has only been one study of nurse directors who occupy the levels between the unit manager and the nurse executive. Due to differences in roles, responsibilities, and power differentials among nurse leaders, it is possible that there are different factors affecting intent to leave among these groups. These factors may also hold different levels of importance among nurse leaders at different levels in the organization's hierarchy.

Theoretical Framework

Organizations are social entities where formal leaders perform within the given social structure (Bass & Bass, 2008). Leaders make decisions to remain with or to leave an organization within that organization's social context based on knowledge, perceptions, events, and situation within the wider social context (Takase, 2010). Any decision, including the decision to leave one's job, is a cognitive exercise (Deci, Olafsen, & Ryan, 2017). A framework for examining reasons for nurse leaders' intentions to leave should accommodate factors that influence the decision-making process (Mani-Negrin &

Kirschenbaum, 1999; Shah, Fakhr, Ahman, & Zaman, 2010). Social Cognitive Theory (SCT) offers one such possibility for examining intent to leave among nurse leaders.

SCT, as developed by Albert Bandura, describes a causal triad of personal, behavioral, and environmental determinants, acting in a reciprocal fashion to generate behaviors (Bandura, 1977, 1986, 2005). This model supports intentionality in decision-making through the use of self-reflectiveness, self-reactiveness, and forethought involved in the execution of personal agency (Bandura, 1999). Agency, the power to influence one's own circumstances, requires a level of self-efficacy. Self-efficacy is described as the belief that one has the skills and/or abilities to accomplish a particular task or objective (Bandura, 1977, 1997). People use assessments of agency and self-efficacy to determine how much of themselves to invest in an experience and how long to persevere when confronted with adversity (Bandura, 1988; Wood & Bandura, 1989).

A new model for consideration

A nurse leader's position regarding intent to leave is less a binary yes or no construct and more a location on a continuum. The question is one of how a person gets to a place on the continuum where they reach a decision to leave and act upon it as opposed to intending to stay. While this journey could be considered a linear series of events, the truth is more complex. A proposed model based on SCT reflects the cyclical nature of expression of personal human agency (Figure 1).

In the context of nurse leader turnover, catalytic factors are personal, behavioral, and environmental determinants that occur in the nurse leader's larger context and which are a stimulus for re-evaluation of intent to stay or which may result in an involuntary turnover. Whether positive or negative, these events or factors disrupt the nurse leader's

state along the intent to stay/intent to leave continuum (Lee et al., 1999). Examples of personal factors may be a change in health status (e.g., aging or chronic illness) or a change in identity (e.g., taking on identity as a parent, graduate student, or novice leader). Behavioral factors may include a change in knowledge base that comes with pursuit of advanced education. Environmental catalysts include changes in the larger organizational context (e.g., change of ownership, downsizing, merger, and changes in regulatory requirements) that stimulate a reassessment of a nurse leader's situation. Reorganization of an institution, a change in senior management, conflict with senior leaders, desire for advancement, and the occurrence of a sentinel event are examples of events and situations within the environmental context.

Just as catalysts in a chemistry lab begin or alter a chemical process, catalysts in this context begin or alter the nurse leader's equilibrium (Lee et al., 1999). In response to some event, series of events, or change in steady state, the nurse leader begins a period of reflection and reassessment of the situation. Through the process of agency, the nurse leader considers the situation and makes plans either to change their circumstances or to remain in the position occupied. Considerations would include the state of the broader categories of personal, behavioral, environmental determinants, and in self-efficacy and agency regarding their leadership position. The Nurse Leader Environment Support Survey (NLESS) was developed to identify and explore factors that are theoretically associated with an intent to leave.

Survey development

Items for the NLESS were developed based on the available literature, the theoretical framework, and previous work with populations of nurse leaders regarding job

satisfaction and intent to leave. These items were constructed on a Likert-type scale with values of zero to 10 with 0 being *does not agree* and 10 being *strongly agree* in order to avoid incidentally weighting constructs. There were three reasons for using a 0-10 scale. According to Nunnally and Bernstein (1978), an 11 point scale would be more helpful for constructs where there may only be one item. Since the original constructs in the survey were only represented with 2-5 items, it was possible that some of those items could be further eliminated with the factor analysis and reliability assessments (Nunnally & Bernstein, 1978). In addition, nurses frequently use a 0-10 point scale from their work with other such scales such as pain assessments.

Dependent Variables. The dependent variables of interest were intent to leave and position type. Intent to leave was asked as, "I intend to leave my current position within the next:" with possible responses of 0-2 years, 3-5 years, greater than five years, and "I have no plans to leave my current position." These periods would facilitate comparison with previous studies to examine for trends in the workforce (C. B. Jones et al., 2008; Warshawsky & Havens, 2014). Position type was recoded into manager, director, and executive. Assessment across these position types provided a view of the relative importance of different factors based on position in the organizational hierarchy.

Independent Variables. Independent variables considered were self-efficacy, agency, organizational culture, quality of workplace relationships, and work-life balance.

Self-efficacy and agency were the major constructs of interest within the theoretical framework and during the development of survey items. There were two items regarding self-efficacy (e.g., knowledge, skills, and abilities, and accessibility to mentors and resources). Four items in the survey (e.g., level of authority, ability to

influence, power to control circumstances, and feeling that the job was in jeopardy) were constructed to evaluate the concept of agency.

The potential effects of organizational culture were measured using four items. Consistency between perceived leadership style and the accepted organizational culture was the topic of the first item since failure to align with the dominant leader prototype may lead to relegation to an out-group in the social dynamics of the organization (Hogg, 2001). The second item regarding organizational culture was that of blame. The third and fourth items within the organizational culture were the perceived levels of responsibility and organizational support (Wong et al., 2015).

Quality of workplace relationships was measured with five items. The first item involved deteriorating relationships with senior leaders, as described by NEs that experienced involuntary job loss (Havens et al., 2008). The remaining four items asked about how participants felt about their relationships with senior leaders, staff nurses, non-nursing staff, and medical staff.

Two items evaluated work-life balance. The first item related to work-life balance interfering with effectiveness as a leader, and the second related to work interfering with home life. Work-life balance has been associated with job satisfaction in multiple studies and it has been associated with employees' concerns about career progression (Darcy, McCarthy, Hill, & Grady, 2012). Constant connectedness to the workplace has been associated with job dissatisfaction, increased fatigue in nurse managers, and family conflict over job demands (Christopher, 2017; Darcy et al., 2012; Steege et al., 2017).

Method

Data for this study was gathered as part of a large study examining the intent to leave and turnover experiences of nurses in formal positions of leadership. Psychometric properties of the proposed 17-item Nurse Leader Intent-to-Leave Survey (NLESS) were evaluated via factor analysis and reliability testing. Based on the review of literature, the following hypotheses were tested:

1) There is no correlation between NLESS scores and job satisfaction among nurse leaders, managers, nurse directors, and nurse executives.

2) There is no difference in NLESS scores among nurse leaders who intend to change positions within 2 years, 3-5 years, and >5 years.

3) There is no difference in NLESS scores among nurse managers, nurse directors, and nurse executives.

Participant recruitment

Participants were recruited through state hospital associations and state nurse leader organizations via snowball sampling. In areas where state organizations declined to participate or where participation was very low, hospitals and hospital systems were randomly contacted and invited to participate. Participating organizations were asked to send an email invitation to their nursing leader members. This email contained a link to the survey which had been constructed using the REDCap electronic data capture tool (Harris et al., 2009). The link could be forwarded to other nurse leaders who might not be the direct contact person for the organization.

Human subjects' protections

This project was approved by the Institutional Review Board at the University of South Carolina. Individual consent was obtained after participants clicked on the survey link. Potential participants were taken to a webpage with the informed consent, and they were given a yes/no option to consent. If they indicated consent, they were taken to the first page of items for the survey. No incentives were offered or provided to the participants.

Procedure

Early testing was completed by a group of professional acquaintances to verify that the conditional logic functioned properly and to determine time to complete the survey. The data generated was not included in the analysis. Final pilot testing was completed in January 2018 by members and colleagues of the South Carolina Organization of Nurse Leaders (SCONL). The SCONL sample was not of sufficient size to conduct a factor analysis. Two demographic questions were added after pilot testing, but no questions were added to the NLESS. The full-scale study was conducted from March 28-July 1, 2018.

Data Analysis

The mean overall NLESS score was calculated by obtaining the mean scores of all items in order to avoid incidentally weighting items. For this study, only records with completed responses to all questions were used. Factor analyses were completed with an oblique rotation (Promax), and Eigenvalues were set at >1. Cronbach's alpha estimates were used to evaluate internal consistency. Analyses were conducted using IBM SPSS Statistics (Version 25). In this scoring method, lower scores suggest higher intent to leave and higher scores indicate less intent to leave. Factor analysis and reliability testing

were performed for the overall group and for each of the three leader subgroups: managers, directors, and executives.

Job satisfaction was measured by two items consistent with Warshawsky and Havens (2014) in their study on nurse managers' intent to leave and job satisfaction. The mean of these two items were used in order to provide a scaled score for job satisfaction which has a similar scale to the NLESS. As a subscale, these two items produced an acceptable Cronbach's alpha of .786.

Results

There were 1903 nurse managers, directors, and executives across 46 US states plus the District of Columbia who responded to the survey. On average, participants for this study were: 48.9 years old, female (89.7%), Caucasian (92.8%), urban (57.7%), prepared at the Bachelor of Science in Nursing level before licensure (45.7%), and had subsequently earned a master's degree (36.9%). The mean ages for managers was younger (46.4 years), and the directors and nurse executives were older (50.5 and 54.4 years, respectively). Demographic data are shown in Table 3.1.

Factorability of the sample

Since only completed responses were used, the sample size for this factor analysis was 1903 for the overall population. The Kaiser-Meyer-Olkin (KMO) value was 0.86 and Bartlett's test of sphericity was significant at $p<.000$, meaning that the sample was of an appropriate size for factor analysis and that the variables have correlations greater than zero. The KMO values for the manager, director, and executive subgroups were .86, .86, and .83, respectively, and the Bartlett's test was significant for all groups. These results

supported the use of factor analysis for the overall survey and confirmed that the subgroups of interest contained a sufficient number of records.

Factor analysis, reliability, and item reduction

Item reduction via factor analysis and reliability comparison was repeated separately for the overall group, the nurse manager group, the nurse director group, and the nurse executive group. The final factors were consistent and comprised of the same items across all four groups.

In the initial factor analysis process, four factors were identified, one of which was comprised of the two work-life balance items only. During reliability testing for these four factors, the work-life balance factor had a Cronbach's alpha of .577, and one of the work-life balance items had an individual KMO of <0.7 in all four groups. The question was removed, and the factor analysis was repeated. This change resulted in identification of six factors with many instances of the same question mapping to different factors. The decision was made to eliminate both work-life balance questions.

With the two work-life balance items removed, the number of factors across all groups stabilized at three based on both Eigenvalues >1 and scree plot analysis. However, the item "I have good relationships with senior leaders" became problematic. For the executives, it loaded in factor two. For the directors and managers, it loaded in Factor 1, and for the overall group, it did not reach the cutoff of 0.4. Since the converse item regarding deteriorating relationships with senior leaders consistently loaded in Factor 2, the item evaluating good relationships with senior leaders was eliminated from the list, and the total number of items was reduced to 14 (see Table 3.2). Upon further examination, inclusion of the item regarding good relationships with senior leaders

decreased the reliability of the subscales when compared to the item regarding deteriorating relationships.

The three factors were identified as Factor 1 - Congruence with organizational culture, Factor 2 – Professional vulnerability, and Factor 3 - Workplace relationships (See Table 3). These factors were tested for internal consistency separately for each population. For the complete 14-item instrument, Cronbach's alpha was 0.851 for the overall group. For the factors identified via EFA and analyzed across all groups, the minimum Cronbach's alpha was 0.705 (Executives Factor 2), and the maximum was 0.850 (Managers Factor 3). Factor 2 had the lowest alpha in each group (Table 3.4).

Examining the hypotheses

In work with staff nurses, job satisfaction has been suggested as an important factor associated with intent to leave. Hypothesis 1 addressed the possible correlation of job satisfaction and NLESS scores. These two measures are highly correlated (Pearson's r =.694), and this correlation had implications for Hypotheses 2 and 3. A correlation of this magnitude necessitated adjusting for job satisfaction when examining NLESS scores among the populations of interest. Since there is a correlation between job satisfaction and NLESS scores, Hypothesis 1 is rejected.

Hypothesis 2 compares the mean scores of the NLESS among subjects who indicate intent to leave their current positions within 2 years, between 2-5 years, and > 5 years using one-way ANOVA with $p<.05$. Mean NLESS scores decreased as intended time to leave decreased ($p<0.01$). However, when adjusted for job satisfaction, there were no significant differences among these groups' mean NLESS scores (p=.546), and therefore, Hypothesis 2 cannot be rejected.

The third hypothesis involved NLESS scores and position type (manager vs. director vs. executive). Mean NLESS scores were significantly different between the groups overall even when adjusting for job satisfaction ($p<.000$). In a pairwise comparison, the mean scores between managers and directors did not reach significance ($p = .195$), but the comparisons of managers to executives ($p>.001$) and directors to executives ($p>.001$) did. Since there was a documented difference between these groups, Hypothesis 3 was rejected.

Discussion

Of the original constructs on which the NLESS items were based, only workplace relationships emerged as a separate and complete factor in the final version. The two remaining factors contained the items that were intended to evaluate self-efficacy, agency, and organizational culture. As a result, evaluating the self-efficacy and agency using this version of the survey is not possible. It is likely that items intended to measure these constructs of self-efficacy and agency are more closely tied to broader concepts within personal, environmental, and behavior determinants as described by Bandura (1986, 1989, 2006).

The variation of scores over position type may reflect differences between the roles and the associated scopes and spans of control. For example, the types of relationships between senior leaders could be expected to vary across position types. Individuals also have different locations in social networks which allow them varied types and amounts of social capital to expend in the conduct of their duties (Burt, 2001; Coleman, 1988). This finding validates the need for further exploration of the

characteristics of these groups and how they relate to others within the organizational hierarchy.

Considering the strong linear relationship and correlation between NLESS scores and job satisfaction, the differences over groups intending to leave at different times is curious. One possibility is that this discrepancy may be a reflection of the various reasons for leaving (C. B. Jones et al., 2008; Warshawsky & Havens, 2014). For example, job satisfaction may reflect a desire for advancement that is not explored in the NLESS and may have greater effect on the overall population. A person may be less satisfied with a position without experiencing poor workplace relationships, level of professional vulnerability, or incongruence with organizational culture. They may be less satisfied due to reasons such as a lack of opportunities to grow professionally (Nyberg, 2010). Conversely, a person may be dissatisfied with their position, but have no intent to leave for reasons such as lack of opportunity in their organization or geographic area. Intent to leave may be affected by personal reasons such as approaching retirement, relocating to a different area, family changes, or societal role expectations.

In addition, job satisfaction may constitute a factor that is more proximal to the decision to leave than those factors explored by the NLESS. This is not to discount the factors that the NLESS measures. Further exploration of the relationship between the NLESS factors and job satisfaction may suggest that the NLESS factors are drivers behind job satisfaction. Assessment of workplace relationships, power differentials, and organizational culture are likely to be part of the information set that the nurse leader uses in evaluating both job satisfaction and intent to leave or stay.

In the factor analysis, the two items regarding work-life balance strongly loaded as a factor but did not comprise a reliable subscale. This was unexpected since work-life balance has been a well-documented factor among staff nurses and is mentioned in the literature on nurse leaders. It is also frequently examined in relation to women in the workplace (Lyness & Judiesch, 2008). There are several possible explanations. First, there are significant differences in age across the groups by position type. Work-life balance may mean different things based on life-stage, family responsibilities, and social expectations (Darcy et al., 2012). For example, the notion of work-life balance may mean something quite different for someone with school-aged children as opposed to someone who has adult children or who is caring for elderly parents. Second, the predominance of research on work-life balance among nurses has been done among acute care staff nurses who are, for the most part, hourly wage workers without 24-hour responsibility for the function of the unit. An employer's demands on their time may distinctly differ from those who are salaried and have constant accountability. As a result, the boundaries between work and non-work time may be more fluid among administrative nurses as compared to staff nurses and among differing levels of management based on roles and responsibilities (P. Brown et al., 2013; Gardner et al., 2017). Further work is needed to study these boundaries and examine how they affect the different populations.

Relevance to Nursing Research

This is the first test of a new instrument to enable assessment of possible differences among three different leadership groups. It was administered as part of a much larger survey, and in an effort to be considerate of the participant's time and to

discourage abandonment due to the overall survey length, it is possible that constructs such self-efficacy, agency, and work-life balance were not fully explored. Further development of this instrument may clarify the importance of these constructs. In addition, it would be of interest to examine the identified factors in regard to involuntary and voluntary turnover experiences.

As previous studies have examined either managers or executives but have not developed a mechanism for comparing their experiences, this study examined a population of nurse directors who are above managers in the power structure but below the level of senior leaders. This sub-group is comprised of members who are directly in the line of succession to assume the positions of nurse executives as those positions are vacated. Understanding the factors associated with retention in this group may facilitate organizational stability by supplying leaders from within the organizations.

Finally, intent to leave can be a sensitive subject. Participant protection was considered an important step in the conduct of the larger survey. It would be difficult to preserve anonymity with a smaller population and would be difficult to attain a sample size adequate to evaluate the instrument's effectiveness within a much smaller population. Therefore, it is not recommended that this tool be used on a facility or system level but that it should be reserved for use with large population.

This study provides a tool for comparison across nurse leaders groups within the power structures of acute care organizations. Findings confirm that although they experience some commonalities as represented by the consistency of factors, these groups of nurses in administrative practice are experiencing these phenomena in different ways and to different degrees. Exploring these differences has implications for those who

informally nurture and mentor nurse leaders within their work settings as well as for staff development personnel and educators.

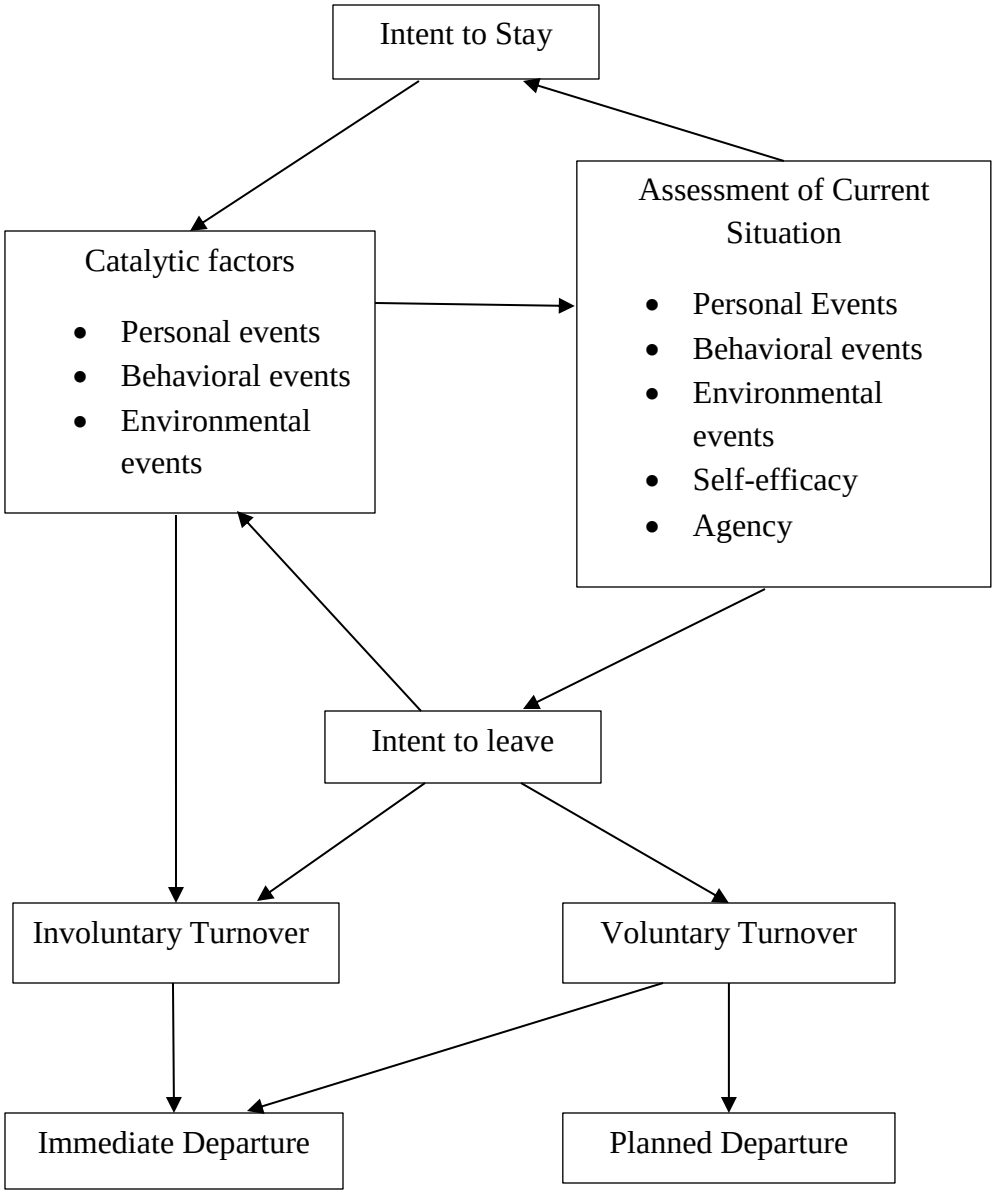

Figure 3.1 *Conceptual Model for Intent to Turnover. Adapted with permission from Bandura, 1977.*

Table 3.1.

Demographic Characteristics of Respondents

	Overall N=2131	Managers N=828	Directors N=534	Executives N=501	*p*-value
Age: Mean years	49.8	46.4	50.5	54.4	p<.001
Gender					
Female	89.1% n=1939	89.7% n=754	88.1% n=482	89.3% n=449	*p*=.125
Male	10.5% n=215	9.6% n=81	11.5% n=63	10.7% n=54	
Rural	41.8% n=886	33.8% n=283	42.1% n=230	54.9% n=276	p<.001
Race					
Caucasian	92.7% n=2030	92.5% n=777	93.1% n=515	94.5% n=483	*p*=.107
African-American	3.3% n=71	3.7% n=31	3.3% n=18	2.8% n=14	*p*=.655
Asian	1.2% n=26	1.9% n=16	0.9% n=5	0.8% n=4	
Hawaiian or Pacific Islander	0.3% n=6	0.4% n=3	0.4% n=2	0.0 n=0	
Native American/Alaskan	1.7% n=37	1.5% n=13	1.5% n=9	2.2% n=11	*p*=.683
Years in Nursing					
<5	1.1% n=23	1.7% n=14	0.4% n=2	0.2% n=1	*p*<.001
5-10	10.4% n=225	18.7% n=157	6.5% n=36	1.2% n=6	
11-15	11.3% n=245	15.8% n=133	10.2% n=56	4.7% n=24	
16-20	13.2% n=286	16.2% 136	13.1% n=72	8.7% n=44	
21-25	16.2% 352	15.7% n=132	18.2% n=100	16.6% n=84	
>25	47.9%	32.0%	51.6%	68.6%	

	n=1040	n=269	n=284	n=348	
Years in administrative practice					
<2	8.6%	16.2%	3.1%	0.6%	*p*<.001
	n=186	n=136	n=17	n=3	
3-5	19.2%	30.0%	15.3%	3.8%	
	n=414	n=251	n=83	n=19	
6-10	19.4%	22.5%	23.2%	10.7%	
	n=417	n=188	n=126	n=54	
>10	52.8%	31.3%	58.3%	84.9%	
	n=1136	n=262	n=316	428	
Years at current organization					
<2	10.7%	8.5%	11.3%	12.7%	*p*=.006
	n=231	n=71	n=62	n=64	
3-5	17.9%	15.8%	19.2%	19.3%	
	n=387	n=132	n=105	n=97	
6-10	17.9%	20.5%	17.4%	12.5%	
	n=17.5	n=172	n=95	n=63	
>10	53.9%	55.2%	52.1%	55.1%	
	n=1163	n=462	n=285	n=278	
Prelicensure preparation					
Diploma	10.8%	9.4%	11.4%	12.1%	*p*=.505
	n=231	n=79	n=61	n=61	
Associate degree	41.8%	43.4%	40.8%	40.9%	
	n=896	n=364	n=219	n=206	
BSN	45.6%	45.8%	45.8%	45.3%	
	n-977	n=382	n=246	n=229	
MSN	1.8%	1.3%	2.1%	2.0%	
	n=39	n=11	n=11	n=10	
Highest Degree attained					*p*<.001
Diploma	1.5%	1.4%	2.0%	0.4%	
	n=32	n=12	n=11	n=2	
Associate	7.4%	10.7%	6.7%	3.8%	
	n=161	n=90	n=37	n=19	

BSN	27.9% n=605	42.6% n=361	21.9% n=120	12.0% n=61	
Other Baccalaureate degree	1.4% n=31	1.5% n=13	1.4% n=8	1.2% n=6	
MSN	36.7% n=796	32.6% n=276	39.3% n=216	41.7% n=212	
Other Masters degree	14.6% n=315	8.0% n=69	11.0% n=82	25.2% n=128	
Graduate certificate	0.4% n=8	0.4% n=3	0.7% n=4	0.2% n=1	
DNP	6.7% n=145	2.2% n=19	8.5% n=47	10.2% n=52	
PhD in Nursing	2.3% n=49	0.1% n=1	3.4% n=19	3.9% n=20	
Other doctorate	1.3% n=28	0.4% n=3	0.9% n=5	1.6% n=8	
Involuntary Turnover	11.7% n=249	6.0% n=51	12.0% n=66	18.2% n=93	$p<.001$

Table 3.2

Factor Analysis Group Comparisons Table

All Questions=17 items	Overall	Manager	Director	Executive
n=	1722	773	499	450
KMO	0.896	0.874	0.881	0.856
Minimum item KMO	0.640	0.664	0.576	0.454
# Factors with Eigenvalues <1	4	4	4	4
Cumulative % Explained	60.44	60.805	60.847	57.276
# factors by Scree Plot	4	4	3 or 4	4
WLB Questions removed =15 items	Overall	Manager	Director	Executive
n=	1732	775	501	456
KMO	0.890	0.879	0.891	0.866
Minimum item KMO	0.745	0.751	0.754	0.720
# Factors with Eigenvalues <1	4	3	3	3
Cumulative % Explained	57.753	58.109	58.334	55.221
# Factors by Scree Plot	4	3	3	3
WLB and good relationships with senior leaders removed =14 items	Overall	Manager	Director	Executive
n=	1738	778	503	457
KMO	0.888	0.867	0.884	0.865
Minimum item KMO	0.742	0.742	0.741	0.709
# Factors with Eigenvalues <1	3	3	3	3
Cumulative % Explained	58.119	58.66	58.488	55.632
# Factors by Scree Plot	3	3	3	3

Table 3.3

Items by factor

Item No.	Factor 1 – Congruence with Organizational Culture
1	My leadership style is consistent with the organizational culture
4	The amount of responsibility I have is reasonable for someone in my position.
5	The amount of authority I have is reasonable for someone in my position.
6	I have the organizational support that I need to do my job,
7	I can be successful in my position with the knowledge, skills, and abilities that I currently possess.
10	I can access mentors or resources in order to gain knowledge and skills needed for success in my position.
13	I can influence situations at work in order to meet organizational goals and objectives.
	Factor 2 – Professional Vulnerability
2	I am blamed for things outside of my control
3	My relationships with senior leaders have been deteriorating over time.
11	I do not have the power to control circumstances in order to meet goals and objectives.
12	I feel as though my job is in jeopardy.
	Factor 3 – Workplace Relationships
12	I have good relationships with staff nurses.
13	I have good relationships with non-nurses who report to me.
14	I have good relationships with the medical staff.
	Eliminated items
8	My work-life balance affects my effectiveness as a leader.
9	My work interferes with my home life.
14	I have good relationships with the senior leaders

Table 3.4

Reliability Testing: Cronbach's alpha by position type

	Overall	Managers	Directors	Executives
Factor 1	.829	.795	.832	.805
Factor 2	.731	.749	.723	.705
Factor 3	.835	.850	.843	.810
14-items	.851	.850	.861	.833

CHAPTER 4

CURRENT TURNOVER INTENTION AMONG ACUTE CARE NURSE MANAGERS, DIRECTORS, AND EXECUTIVES[3]

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[3]Warden, D. H., Hughes, R. G., Adams, S.A. & Probst, J. C. To be submitted to *Nursing Outlook*.

Abstract

Background: The strength and quality of the nursing leader workforce is associated with staff nurse retention and patient outcomes. While turnover is not always negative, it can cause disruption within an organization and cause significant expense in the recruitment and orientation of a new leader.

Purpose: The purpose of this study is to explore and compare intent to leave and turnover experiences of acute care nurse managers, directors, and executives.

Methods: Data was collected via an online, 104-item survey. The sample included nurse managers, directors, and executives from 47 states (n=1903) who worked in acute care settings.

Results: Over half of respondents intend to leave their current positions within the next 5 years. Intent to leave and reasons for leaving differ by type of nurse leaders.

Conclusion: Nurse managers, directors, and executives experience turnover and intent to leave differently. The most frequent voluntary factors for leaving a position include job dissatisfaction and a desire for promotion and advancement.

Nurses occupy formal positions of leadership in all levels of their organizations as front line managers, mid-level director positions, and executive roles. Skill level and longevity among these nurse leaders have been associated with better nurse-sensitive patient outcomes such as pressure ulcer prevention and patient fall reduction (Wong, 2015; Wong et al., 2013). Management stability also affects staff nurse retention which, in turn, affects the quality of care given to patients (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Brunetto et al., 2013; Chenjuan, Jingjing, & Bott, 2015). Recruiting, developing, and retaining talented leaders has implications for both our patients and the stability of the nursing workforce.

In the context of workforce, turnover can be defined as an exit of an employee from a particular job (Lee et al., 1999; Price, 1977). Examples include a career path change, retirement, or advancement either within the same organization or in a different organization. While an employee may leave a job due to unhappiness with the position or circumstances, turnover is not always a negative occurrence. Someone may leave a position in order to advance in the organization or move to a position where a particular skill set is needed. The departure of a low performing employee may result in a better functioning unit. As strategic plans and business climates change, human resource needs change as well. Succession planning and advancement is not possible without turnover.

Katz and Kahn (1978) described differences in functional patterns between positions in various layers of an organization's hierarchy. According to their descriptions, executive level leaders are those who dictate the structure of the organization and set policy. The middle level leaders transform the policy into formal elements with procedures and protocols. The front line leaders use these procedures and

protocols to resolve or avoid disruptions in operations. Nurses serve in all three of these organizational levels and derive their authority and power from the positions they occupy (Raven, 2008).

Nurse executives are the senior ranking nurses within an organization. The exact title may vary by organization, and in some organizations, they may provide executive-level representation and direction for other patient care services as well. Nurse directors are the mid-level organizational leaders who are responsible for a division or service line. Nurse managers are responsible for the 24-hour function of a unit. Staff nurses and charge nurses answer directly to a manager. A manager position usually represents a nurse's first step on the path to a career in administrative nursing practice. The demands and competencies expected of nurses in these positions are inherently different (ANA, 2009; AONE, 2015a, 2015b). Scope and span of control differ (D. Jones et al., 2015), and the experiences, stressors, and factors associated in job satisfaction could be expected to vary as well.

While much study has been devoted to staff nurses' intent to leave and turnover experiences, these phenomena among nurses in formal positions of leadership needs further exploration. A review of literature for the years 2008-2018 yielded 18 articles, one dissertation, and one thesis that dealt specifically with intent to leave and turnover among nurse managers, directors, and executives. Of these, four articles produced from 2 larger scale studies yielded the broadest information about nurse executives (Havens et al., 2008; C.B. Jones et al., 2008, 2009) and managers (Warshawsky & Havens, 2014).

Demographically, the typical nurse executives in the 2008 study (n=634) were female, Caucasian, and 52 years of age. The majority held a graduate degree, and two-

thirds had been in their positions less than 5 years. Sixty-one percent planned to leave their positions within the following 5 years. Of all the respondents, 73% believed that nurse executive turnover was an urgent problem or one in need of attention (C.B. Jones et al., 2008). In the 2014 study, nurse managers (n=291) were younger (47.4 years of age) and only 35.1% held graduate degrees. In addition 62% of nurse managers were planning to leave their current positions within the following five years (Warshawsky & Havens, 2014). Non-demographic findings from the search converged into three themes: controlling one's own situation, emotional response to job change, and factors associated with turnover.

Controlling one's own employment situation involves powerlessness, work-life balance, role integrity, and support for decision-making and development. The ability and freedom to make change and influence one's surroundings are critical to a nurse leader's function and role. If formal and/or informal power structures within the organization lessen the nurse leader's ability to do so, he or she is more likely to voluntarily leave the position (Hughes et al., 2015). A nurse executive who reports directly to the Chief Executive Officer and reports a good working relationship with him or her reports more empowerment (Sredl & Peng, 2010). Role identity and integration in the transition from staff nurse to administrative specialty practice diminishes conflicts between data, directives, ethical codes, and patient care expectations and increases job engagement (Laschinger et al., 2012; Mackoff & Triolo, 2008a, 2008b; Tarrant & Sabo, 2010). Work-life balance is dependent on time allowed to separate self from the work environment. Job expectations and constant connectedness to the workplace may conflict with family and social expectations, particularly with social expectations based on gender

(Gardner et al., 2017; Hochschild & Machung, 2012). In one study, 77% of nurse managers felt obligated to check emails when away and feared reprisals if they did not. They indicated a feeling of constant surveillance which decreased their trust of their supervisors (Gardner et al., 2017). Supportive relationships within the organization allow nurse leaders to reclaim their own power and authority and they often report a desire to provide support those who report directly to them (Warshawsky & Havens, 2014; Warshawsky et al., 2016). Unfortunately, the increasing scope and span of a leader's control affects his or her ability to invest in their own staff members (D. Jones et al., 2015). Mentoring relationships are needed to prepare the next generation of nurse leaders (Steege et al., 2017; Titzer et al., 2013).

Factors contributing to turnover vary by the type of turnover. Voluntary turnover results from events or "shocks" (Lee et al., 1999; Russell & Van Sell, 2012) that push or pull someone toward a decision to stay or leave (Mano-Negrin & Kirschenbaum, 1999). These may include retirement, unsolicited job offers, change in or conflict with other leaders, and opportunity for advancement (Havens et al., 2008; Hudgins, 2016; C.B. Jones et al., 2008; Nyberg, 2010). Reasons for involuntary turnover are less clear and are often attributed to conflict and change among more senior leaders (Gabriel et al., 2013; Hamilton, 2015; M. O'Connor & Batcheller, 2015; T. O'Connor, 2010). These events occur as termination, coerced resignation, facility closure, and reduction in force due to restructuring or merger (C. B. Jones et al., 2008; Warden & Probst, 2017). For both voluntary and involuntary turnover, nurse leaders described concern for those staff members who they left behind. The nurse leaders who experienced involuntary turnover also reported experiencing shame, rejection, devastation, and loss of personal and

professional identities which are compounded by a sense of grief for their job loss (Gabriel et al., 2013; Hamilton, 2015; M. O'Connor & Batcheller, 2015, & T. O'Connor, 2010; Warden & Probst, 2017). However, emotional responses are not limited to nurse leaders. Staff RNs report uncertainty about the future of their units and suspicion over an actual or perceived lack of transparency about the departure and the recruitment process for the leader's replacement (C. B. Jones et al., 2009).

There has not been a comparison between the intent to leave and turnover experiences among different types of nurse leaders. The purpose of this study is to compare intent to leave and turnover experiences among nurse managers, directors, and executives. For clarity and brevity, the term *nurse leaders* refers to nurses who are managers, directors, and executives as a group. The term in the singular refers to a nurse who occupies any of those positions.

Theoretical framework

At the most basic level, organizations are social groups with a purpose (Zaccaro & Klimoski, 2001), and although mission statements themselves may vary, acute care organizations have the special purpose of providing health care to a population. They exist as a cooperative social group within a larger societal context. Within that larger context, they exercise the ability to operationalize the stated purpose and reach goals. This ability is contingent upon the people who comprise the institution being organized and behaving in concert. Cooperation and collaboration are often dependent on stable relationships between parties which work together. Turnover among leaders in healthcare institutions may disrupt the balance of power necessary to accomplish long-term goals and may introduce uncertainty into an otherwise more stable system. As

members of this social system, any theoretical approach to examining the phenomenon of turnover among nurse managers, directors, and executives who lead in acute care hospital should include the interaction of these nurse leaders within this social context in order to examine factors that affect intent to leave and turnover.

Although originally developed as a learning theory, Social Cognitive Theory (SCT) poses a triadic causal system of determinants that act in a reciprocal manner to affect behaviors in response to a stimulus. According to Bandura (1977, 1986, 2005), intentional actions are taken in response to forethought, self-reflectiveness and self-reactiveness. This exercise of power and influence over one's circumstances is a person's agency (Bandura, 1999). A person's willingness to take an action, or to exercise agency, is predicated upon his or her self-efficacy (Bandura, 1977, 1998), or belief that he or she possesses the knowledge, skills, and abilities to exercise agency in a particular situation. Perseverance in difficult situations is a function of one's perceptions of levels of agency and self-efficacy (Bandura, 1988; Wood & Bandura, 1989).

Intent to leave and voluntary turnover express degrees of agency. Personal, behavioral, and environmental determinants exist in reciprocal relationships with each other. These interactions influence agency and self-efficacy. Environmental determinants such as those occurring in social context may have drastic effects on agency. For example, the closure of a facility, position elimination during a merger, or termination after a sentinel event removes the leader's power to choose whether he or she remains in or leaves a position. This effectively removes any possibility of exercising agency. Personal determinants such as a health crisis, change in identity or a desire for advancement may spur re-assessment of the person's employment situation. A change in

behavioral determinants, including knowledge acquisition, change the information available to examine self-efficacy. The research question for this project focuses on examining the current state of intent to leave and turnover among nurse managers, directors, and executives.

Research Questions and Hypotheses

The research question for this project explore the phenomena of intent to leave, voluntary turnover, and involuntary turnover among nurses in formal leadership positions. Establishing the current state of intent to leave among this group of hospital leaders may be the impetus needed to move forward with leadership development and succession planning. The hypotheses are stated in the null and assume no directionality (two-sided testing).

The research question treats the phenomena of intent to leave and turnover experiences in an exploratory fashion. Since little is known about turnover among nurse leaders, it is important to assess the prevalence of turnover intent and turnover experiences among nurses currently serving in positions of formal leadership. Analysis of this question includes comparison of demographic data collected as part of the first section in the survey. These demographic variables included age, gender, race, ethnicity, type of position, level of education, number of years in practice, number of years in organization, number of years in position, experience of involuntary turnover, and experience of involuntary turnover.

Hypothesis 1

There are no differences in turnover intent between nurse managers, nurse directors, and nurse executives. In 2008, C. B. Jones et al reported that 61% of nurse

executives intended to leave their current positions within the following five years. In the Warshawsky and Havens (2014) study of nurse managers, 72% of nurse managers intended to leave their positions within the following five years. Among those intending to leave, 27.9% of nurse executives and 25% of nurse managers indicated that retirement was a factor in their intent to leave.

Hypothesis 2

There are no differences in the proportion of nurse managers and nurse directors, and nurse executives who have experienced involuntary turnover during their careers as nurse leaders. In the sample studied by C. B. Jones et al. (2008), nurse executives had a 12.5% prevalence of having experienced an episode of involuntary turnover. Since no similar examination has been made with nurse managers or directors, there is no evidence to support the assertion that there is a statistically significant difference in the occurrence of involuntary turnover among these three groups.

Hypothesis 3

There are no differences in the proportion of nurse managers, nurse directors, and nurse executives who have experienced voluntary turnover during their careers as nurse leaders. While it may be logical to assume that a senior level nurse leader may have experienced voluntary turnover as he or she climbed the corporate ladder, there is no evidence either for or against the proposition that nurse executives have had more positions and therefore more voluntary turnover than nurse directors or nurse managers.

Method

Study data were collected and managed using REDCap (Research Electronic Data Capture) electronic data capture tools. This project was reviewed and declared exempt by the University of South Carolina Institutional Review Board.

The survey was constructed in four sections: demographic data and experiences in current position, involuntary turnover, and voluntary turnover. The items were built with conditional logic so that sections opened based on answers and inapplicable sections did not open. Likert-type items included statements on job satisfaction, power, resources, organizational culture, self-efficacy, agency, identity, work-life balance, and workplace relationships. Demographic information included items such as age, gender, geographic location, rurality, years in practice, facility size, intent to leave, etc.

The 14-item Nurse Leader Environmental Support Survey (NLESS) was constructed specifically to evaluate these variables. Factor analysis and reliability for the NLESS was completed for the overall group and the three subgroups. Factor analysis yielded three factors which were consistent across all three subgroups and the overall population: congruence with organizational culture, professional vulnerability, and workplace relationships (See Table 4.1). Reliability testing for each factor, and the overall NLESS instrument was completed with acceptable Cronbach's alpha for overall and all groups (See Table 3.4).

Sampling

A snowball sampling technique was used. Investigators contacted state-level hospital associations, nurse leader professional organizations, and nursing workforce task forces across the United States, asking these entities to distribute the email link to nurses

in formal positions of leadership within acute care hospitals. The recipients of the email invitation were asked to forward it to other formal nurse leaders within their places of employment in order to reach leaders who might not be directly affiliated with the professional organizations, hospital associations, or task forces. Reminders were sent once or twice based on discussions with the participating organization's liaison. No incentives were given to the participants.

This analysis included 1903 participants out of the total population of 2190 nurse leaders surveyed. Only those participants who identified their position as a manager (n=849), a director (n=553), or a nurse executive (n=511) were used to facilitate the comparison of the positions of interest. Other participants identified themselves as another type of leader such as other executive, none of the above, faculty, or chose not to disclose their position. A comparison which includes such a heterogeneous group and which may have members who qualify for a either manager or executive groups is unlikely to clarify similarities and differences between the groups of nurse managers, directors, and executives. Due to the heterogeneity of this group, they were excluded from the data set but may be included in future studies.

Statistical analyses were completed using IBM SPSS software (version 25). An alpha level of .05 was used for all analyses. Descriptive statistics including frequencies and percentages were used to compare the demographics among the overall sample and the three subgroups of interests. Cross-tabulations with Chi-square tests were used to compare categorical variables. One-way ANOVA was used to compare means of the scaled items/composites among the groups. Levene's F-Test for Equality of Variances was used, and if the result was significant, the Welch's F statistic was used to determine

the presence of a significant difference. Post-hoc comparisons were completed with either Tukey's HSD or Games-Howell tests, depending on the heterogeneity of the variances. Effect sizes were obtained by calculating eta-squared (η^2).

Findings

Characteristics of respondents

The demographic characteristics of respondents are shown in Table 3.1. Directors tend to be younger than executives, and managers are younger than the other groups ($p < .001$). All three groups were predominantly female, and there was no significant difference in the gender makeup of the groups ($p = .125$). Executives reported more years in nursing ($p < .001$) and more years in management ($p < .001$) than either of the other groups. There were no differences in pre-licensure preparation ($p = .693$), but there were differences in the highest degree held ($p < .001$). For managers, 43.8% held graduate degrees as opposed to 67.8% of directors and 82.6% of executives. A similar pattern was present regarding doctoral degree with managers (2.7%), directors (12.8%), and executives (15.7%).

Job Satisfaction

Job satisfaction (Table 4.1) differed significantly between the three groups with managers, directors, and executives differing significantly from each other and exhibiting a medium effect size ($p < .001$, $\eta^2 = .06$) according to Cohen's criteria (Cohen, 1988). For this study, job satisfaction was a composite of the items "I am satisfied with my job" and "I am likely to recommend nursing management as a career path." The composite score for each participant was calculated as the mean of the items that comprised the

subscale. Both the composite score and the individual items had significant differences across the groups.

Hypothesis 1: Intent to Leave

There was no significant difference in participants intending to leave in 0-2 years, 3-5 years, > 5 years, and those not planning to leave among the three groups (Table 4.2; $p = .133$). Intent to leave is similar among managers (51.4%), directors (49.6%), and executives (52.9%) groups. Of the managers planning to leave within 2 years, 24.1% have been in their positions <2 years, and 30.4% have been in their positions for 2-5 years. For directors, those percentages are 16.7% and 44.4% respectively. Among executives, 16.0% have occupied their positions for <2 years, and 22.1% have been there for 2-5 years (See Table 4.2). Since there is not difference in the rates of intent to leave among the groups, Hypothesis 1 cannot be rejected.

However, there are incidental findings regarding the reasons for leaving as they vary across the groups (See Table 4.3). For directors and executives, retirement is one of the top three reasons cited in all intent to leave groups as well as for the managers leaving in 3-5 years and >5 years. Promotion and advancement occur as exit factors across all three leader types planning to leave. However, managers are more likely to plan to leave due to advancement within the organization and executives are more likely to plan to leave for advancement with another organization. Directors who cite advancement as a reason for leave are more likely to desire advancement within the organization within 3-5 years and >5 years. Directors who are planning to leave within the next two years are more likely to report a desire for advancement outside the organization as well. Burnout is cited as a top reason among managers of all intent to leave categories and in directors

planning to leave within 2 years. Burnout does not occur in the top three reasons for directors planning to leave in 3-5 years or <5 years, and does not rank in the top three reasons for executives planning to leave in any time frame.

When the mean subscale scores were evaluated for differing levels of intent-to-leave within the groups, another picture emerges. For Job satisfaction, congruence with organizational culture, and professional vulnerability, there are statistically significant differences that occur between levels of intent to leave in all three groups with much larger effect sizes. Job satisfaction had the highest effect sizes on intent to leave among managers, directors, and executives, followed by professional vulnerability and then congruence with organizational culture (Table 4.4). There was no significant difference in workplace relationship scores across intent to leave levels for managers (p = .373), directors (p = .116), or executives (p = .365).

Congruence with organizational culture and professional vulnerability are inversely related in all three populations. Higher congruence is associated with less vulnerability. However, managers report less congruence and more vulnerability than do directors and executives. In addition, within the groups, those who are planning to leave in shorter time frames report higher less congruence and more vulnerability.

Hypothesis 2: Involuntary turnover experiences

The likelihood of having experienced an involuntary job loss increases from manager (6.1%) and director (12.0%) to executive (18.3%) with p <.001 (See Table 3.1). Within this group, there are differences in type of involuntary turnover by position. Directors are more likely to have experienced termination and coerced resignation (51.8%) than managers (41.1%), and executives report a higher occurrence than both

directors and managers (57.6%). In contrast, managers are more likely to have experienced job loss due to facility closure, restructuring, or a merger (58.9%) when compared to directors (49.2%) and executives (42.4%). Based on these differences, Hypothesis 2 is rejected.

Reasons attributed by nurse leaders who experienced involuntary turnover were similar across all three groups (Table 4.5). Among all groups, organizational culture and conflict with senior leaders or board of directors were the top two reasons cited. For managers and directors, organizational financial issues were also cited, and executives attributed other unspecified reasons for their job loss. Lack of financial skill, occurrence of sentinel events, and failure to meet expectations were not attributed as frequently.

Hypothesis 3: Voluntary turnover experiences

There were significant differences regarding the rate of voluntary turnover as well as differences in reasons for leaving among the groups (See Table 4.6). Among managers, the most often cited reason was burnout (10.5%) followed by advancement within the organization (7.7%) and work-life issues (7.7%). Among directors and executives, the top three reasons were advancement within the organization, advancement outside of the organization, and conflict with senior leaders. As a result, Hypothesis 3 must be rejected.

Discussion and Recommendations

The population of nurse leaders who responded to this survey represent urban and rural areas, all sizes of acute care hospitals, and a diverse geography. This group of leaders is slightly older than in previous studies as would be consistent with changes in the US population as a whole. Currently, there are four generations (Traditionalists,

Baby Boomers, Generation X, and Millennials) present in the nurse leader workforce (Douglas, Howell, Nelson, Pilkington, & Salinas, 2015) as reflected in the study population's range of ages from 24-74 years old . Generational values and age demographics are likely to affect job satisfaction and in decision-making regarding intent to leave (A. E. Tourangeau et al., 2013). These groups have differing priorities and expectations for work environments. As the proportions of these generational cohorts change within the nurse leader workforce, strategies for recruiting new generations of nurse leaders will need to address these differences (Keys, 2014). In addition to the presence of generational cohorts, nurse leaders of different ages may have different responsibilities outside of work based on family expectations and social norms which may bring work and home into conflict (Grundy & Henretta, 2006; Hochschild & Machung, 2012).

Of the nurse managers planning to leave within the next five years, 13.4% were considering returning to staff nursing in their decision to leave their current positions. Among directors and executives, the proportions are lower at 8.1% and 4.7%. At this time, the reasons for this option are unclear. However, it is of interest that work-life issues rate as one of the top three reasons for managers' intent to leave within that time frame, but they do not fall into the top three reasons for the other two groups. Since job satisfaction is lower for managers than either directors or executives, it is likely that the sacrifices to be made outside of the workplace do not outweigh the satisfaction from the work of the nurse manager, particularly if opportunities for advancement or reward are limited (Pritchard, 1969). Another possibility is that due to the demand of the positions, the amount of autonomy given to the occupant, and responsibilities outside the

workplace, work-life balance holds different meaning for managers, directors, and executives.

In order to retain high-performing nurse leaders, the positive employment experience must outweigh the energy spent to accomplish the job (Nyberg, 2010), and high-performers who perceive better opportunities elsewhere are more likely to leave voluntarily (McEvoy & Cascio, 1987). The emotional and physical exhaustion experienced in a greater proportion by nurse managers may be manifested in the higher frequency of burnout and work-life issues cited as reasons for intent to leave. This group experiences more professional vulnerability and less congruence with organizational culture than either of the other two groups. Reasons for this disparity between levels in an organizational hierarchy are unclear and are an opportunity for future study.

In 2008, 28% of CNOs were planning to retire within the following 5 years (C. B. Jones et al., 2008), and in this population, 48.4% of the nurse executives intend to retire within same time frame. Almost half of those intending to retire plan to do so within 2 years. Among managers, 19.2% plan to retire within the next 5 years with over half planning of those intending to retire within the next 2 years. Among directors, the proportions are 35.3% planning within the next 5 years, and almost 2/3 planning of those are planning to leave within the next 2 years. The need to nurture new leaders for succession is growing.

Strengths, Biases, and Limitations

This project has three main strengths. First, it offers a new opportunity in that it compares intent to leave across differing managerial levels within the acute care hospital context. In comparing these groups, differences in their experiences have been

discovered, and researchers can now explore characteristics of the positions that may help to explain these differences. Second, the size of the sample allowed verification of the NLESS through factor analysis in each group and eliminated any difficulty in reaching a size that is sufficient to reach to desired statistical power. The overall size also yielded subgroups which were large enough to produce reliable comparison between groups. Also, the exploration of the experience of involuntary turnover among nurse leader has rarely been explored, but based on what is already known and a brief, preliminary review of the qualitative data collected, this is an important and formative experience for these leaders.

Biases in this study center on access to the population. First, the sample size is substantial but it is not randomly selected. As a respondent-referred scheme, there is a possibility of community bias as persons who are referred are likely to be similar to those who referred them. Since there is little data on the makeup of the target population, the accuracy of the sample can neither be supported nor unsupported. The second type of potential bias is non-response bias. With the sampling plan used, there is no way to predict or calculate how many potential participants received the invitation and did not follow the link to the survey. The final type of bias is confirmation bias, or the tendency for respondents to answer in a way that they feel the researcher wants them to answer or that will portray them in a positive light. Since this survey asked for information regarding a potentially painful subject (involuntary job loss), it may be that some respondents did not disclose. This would result in an underestimation of the phenomenon.

There are two primary limitations with this study. First, the length of the overall survey meant that certain questions were unexplored in order to limit the burden placed on the participants. For example, one regrettable omission was data regarding whether or not the nurse leaders served at Magnet®/Pathway to Excellence® accredited facilities. Since part of the purpose of these accreditations is to assess and encourage professional nursing within the organization, the lack of this question limits the ability of researchers to explore a potentially important factor in relation to organizational culture. Second, in order to make it possible for the email invitation to reach as many participants as possible, it was not possible to restrict access to the survey site to particular participants. This eliminates knowing exactly how many individuals received an invitation. It was also possible for a participant to take the survey more than once, although this is highly unlikely

Future directions

This study identifies several directions for future inquiry: theoretical perspectives, role specifications and requirements, and leadership in special contexts. Examining this phenomenon through other theoretical lenses such as decision-making theories, identity theories, and self-motivation theories would provide differing perspectives on the interactions between the personal, behavioral, and environmental determinants. The presence of differences between nurse managers, directors, and executives regarding congruence with organizational culture and professional vulnerability suggest there may be factors inherent in the roles themselves that need to be identified and explored. The role of director, in particular, has been unexplored previously, and as directors are the successors to executives, it is important to identify the knowledge, skills, and abilities

they have and need to acquire for successful advancement. Finally, exploration of these concepts within different social contexts, including rural/urban comparisons, would help to elucidate the needs and elements of practice particular to those contexts.

Conclusion

Nurse managers, directors and executives all practice within the administrative nursing specialty, and this study provides a comparison between nurses serving in these roles. Their roles and functions are different, and they are experiencing intent to leave and turnover differently. Their demographics, their relationships with their organizations as seen through congruence with the culture and vulnerability, and their job satisfactions have important associations with their decisions to move toward turnover. Reasons for turnover vary, but they reflect a desire for advancement and promotion in all groups, and in the manager group, they reflect the strain that is likely inherent in the position. This study provides a basis for continued exploration of the differences between these groups of nurse leaders and for understanding their needs.

Table 4.1

Analysis of NLESS items and composite scores (0-10 scale with 10 being highest)

Item No.		Manager Mean (SD) n=842	Director Mean (SD) n=548	Executive Mean (SD) n=507	Sig.	η2
	Factor 1: Congruence with organizational culture*	6.83 (1.68)	7.19 (1.77)	7.87 (1.54)	<.001	0.06
1	My leadership style is consistent with the organizational culture.	8.08 (1.80)	8.21 (2.08)	8.61 (1.73)	<.001	0.01
4	The amount of responsibility I have is reasonable for someone in my position.	5.41 (3.10)	5.84 (3.15)	7.01 (2.99)	<.001	0.04
5	The amount of authority I have is reasonable for someone in my position.	6.58 (2.55)	6.99 (6.31)	7.75 (3.56)	<.001	0.03
6	I have the organizational support that I need to do my job.	6.30 (2.70)	6.78 (2.83)	7.59 (2.51)	<.001	0.04
7	I can be successful in my position with the knowledge, skills, and abilities that I currently possess.	7.90 (1.85)	8.27 (1.78)	8.72 (1.56)	<.001	0.04
8	I can access mentors or resources in order to gain knowledge and skills needed for success in my position.	6.99 (2.61)	7.03 (2.07)	7.54 (2.56)	<.001	0.01
11	I can influence situations at work in order to meet organizational goals and objectives.	6.59 (2.13)	7.25 (2.07)	7.90 (1.28)	<.001	0.07
	Factor 2: Professional vulnerability*	6.31 (2.31)	6.87 (2.25)	7.28 (2.11)	<.001	0.03
2	I am blamed for things outside of my control	5.06 (3.38)	4.11 (3.38)	3.80 (3.30)	<.001	0.03
3	My relationships with senior leaders have been deteriorating over time.	2.66 (3.02)	2.77 (2.90)	1.73 (2.51)	<.001	0.02
9	I do not have the power to control circumstances in order to meet goals and objectives.	4.39 (2.90)	3.85 (2.96)	3.85 (3.00)	<.001	0.02
10	I feel as though my job is in jeopardy.	2.57 (2.88)	2.33 (2.89)	2.01 (2.71)	0.002	0.01
	Factor 3: Workplace relationships*	8.39 (1.34)	8.45 (1.24)	8.66 (1.13)	<.001	0.01

12	I have good relationships with staff nurses.	8.59 (1.39)	8.48 (1.40)	8.65 (1.35)	0.129	n/a
13	I have good relationships with non-nurses who report to me.	8.51 (1.46)	8.60 (1.33)	8.83 (1.21)	<.001	0.01
14	I have good relationships with the medical staff.	8.11 (1.70)	8.25 (1.53)	8.50 (1.42)	<.001	0.01
	Job satisfaction*	6.57 (2.46)	7.16 (2.31)	7.12 (1.92)	<.001	0.06
	I am satisfied with my job.	6.77 (2.55)	7.25 (2.52)	7.93 (2.25)	<.001	0.03
	I am likely to recommend nursing management as a career path.	6.57 (2.46)	7.16 (2.31)	7.12 (1.92)	<.001	0.06

*Composite scores are calculated as the mean of the items that load onto that factor.

Table 4.2

Intent to leave

	Managers	Directors	Executives	*p*-value
	N=828	N=534	N=501	overall *p*=.133
0-2 yrs	27.6%	23.0%	23.7%	*p*=.203
	n=232	n=126	n=120	
3-5 yrs	25.8%	26.6%	26.7%	*p*=.878
	n=217	n=146	n=136	
>5 years	10.8%	15.5%	16.0%	*p*=.020
	n=91	n=85	n=81	
No intent	35.9%	34.9%	33.5%	*p*=.761
	n=302	n=191	n=170	

Table 4.3

Reasons for intent to leave in 0-2 years and 3-5 years

	Managers	Directors	Executives	P-value*
Plan to leave in 0-2 years (n=)	232	126	121	
Advancement within same organization	28.4%** n=66	21.4% n=27	9.2% n=11	.001
Advancement in a different organization	22.4% n=52	28.6%** n=36	16.7%** n=20	.411
Similar position in same organization	4.3% n=10	4.8% n=6	0.8% n=1	.293
Similar position in different organization	9.5% n=22	12.7% n=16	20.0%** n=24	.040
Return to Staff RN position	15.1% n=35	8.7% n=11	4.2% n=5	.011
Work-Life Balance	26.7%** n=62	15.9% n=20	10.8% n=13	.001
Conflict with senior leadership	13.4% n=31	15.9% n=20	11.7% n=14	.698
Change in senior leadership	12.5% n=29	11.9% n=15	9.2% n=11	.648
Life event	5.2% n=12	6.3% n=8	5.0% n=6	.926
Burnout	36.6%** n=85	27.8%** n=35	15.8% n=19	.001
Change in career path	15.1% n=35	15.1% n=19	11.7% n=14	.832
Retirement	13.4% n=31	28.6%** n=36	44.2%** n=53	<.001
Plan to leave in 3-5 years (n=)	217	146	136	

Advancement within same organization	40.6%** n=88	29.5%** n=43	15.4%** n=21	<.001
Advancement in a different organization	21.2% n=46	23.3%** n=34	12.5% n=17	.081
Similar position in same organization	4.1% n=9	2.7% n=4	2.9% n=4	.845
Similar position in different organization	8.8% n=19	4.1% n=6	12.5% n=17	.068
Return to Staff RN position	11.5.% n=25	7.5% n=11	5.1% n=7	.181
Work-Life Balance	21.7% n=47	11.6% n=17	16.9%** n=23	.096
Conflict with senior leadership	2.8% n=6	6.2% n=9	4.4% n=6	.191
Change in senior leadership	2.8% n=6	2.1% n=3	6.6% n=9	.053
Life event	8.3% n=18	5.5% n=8	5.1% n=7	.457
Burnout	25.8%** n=56	20.5% n=30	12.5% n=17	.020
Change in career path	15.2% n=33	19.2% n=28	9.6% n=13	.097
Retirement	25.3%** n=55	41.1%** n=60	52.2%** n=71	<.001

* p values indicate differences in the proportion of each type of leader indicating the reason

**Top three in intent to leave time frame. Respondents were allowed to choose up to 3 reasons.

Table 4.4

Effect sizes for composite scores on intent to leave time frame by leader type

	Managers	Directors	Executives
Job satisfaction			
p	<.001	<.001	<.001
η^2	.166	.176	.093
Congruence with organizational culture			
p	<.001	<.001	<.001
η^2	.075	.088	.056
Professional vulnerability			
p	<.001	<.001	<.001
η^2	.111	.097	.081
Workplace relationships			
p	.373	.116	.365

Table 4.5

Involuntary Turnover

	Managers n=51	Directors n=65	Executives n=92	*p*-value.
Type of involuntary turnover				.472
Termination	7.8% n=4	12.3% n=8	9.8% n=9	
Coerced resignation	33.3% n=17	38.5% n=25	47.8% n=44	
Facility Closure	5.9% n=3	1.5% n=1	1.1% n=1	
Restructure with reduction in force	41.2% n=21	41.5% n=27	31.5% n=29	
Merger with consolidation of positions	11.8% n=6	6.2% n=4	9.8% n=9	
Reasons for involuntary turnover				
Financial issues at the facility	37.3%** n=19	39.4%** n=26	29.8%** n=37	.979
Sentinel event	0.0% n=0	1.5% n=1	2.2% n=2	n/a
Conflict with senior leadership or board of directors	43.1%** n=22	48.5%** n=32	51.6%** n=48	.286
Organizational culture	49.0%** n=25	60.0%** n=40	45.2%** n=42	.366
Lack of financial skill	2.0% n=1	0.0%	0.0%	n/a
Did not meet expectations	0.0% n=0	7.6% n=5	5.4% n=5	n/a
I don't fully understand	33.3% n=17	30.3% n=20	22.6% n=21	.388
Other unspecified	35.3% n=18	27.3% n=18	32.3% n=30	.608

* p values indicate differences in the proportion of each type of leader indicating the reasons

**Top three in intent to leave time frame. Respondents were allowed to choose up to 3 reasons.

Table 4.6

Reasons for Voluntary Turnover

	Managers n=322	Directors n=359	Executives n=364	*p*-value.
Advancement within same organization	7.7%** n=65	18.4%** n=101	24.2%** n=123	<.001
Advancement in a different organization	3.6% n=30	19.1%** n=105	20.1%** n=107	<.001
Similar position in same organization	5.2% n=44	3.3% n=18	1.8% n=9	.004
Similar position in different organization	5.8% n=49	8.0% n=44	11.6% n=59	.001
Return to Staff RN position	3.3% n=28	1.5% n=8	1.2% n=6	.013
Work-Life Balance	7.7%** n=65	9.3% n=51	6.3% n=32	.192
Conflict with senior leadership	8.3%** n=70	11.5%** n=63	10.6%** n=54	.120
Change in senior leadership	3.4% n=29	5.6% n=31	6.5% n=33	.026
Life event	5.1% n=5.1	8.4% n=46	4.7% n=24	n/a
Burnout	10.5%** n=89	8.7% n=48	5.3% n=27	.004
Change in career path	4.7% n=40	6.2% n=34	7.1% n=36	.182
Retirement	0.2% n=2	0.4% n=2	1.0% n=5	n/a

*p values indicate differences in the proportion of each type of leader indicating the reason
**Top 3 reasons indicated by respondents. Respondents were asked to select up to 3 reasons.

CHAPTER 5

TRIUMPHS, CHALLENGES, AND FUTURE DIRECTIONS

Exploring intent to leave and turnover experiences among nurse managers, directors, and executives is not simply an exercise in recruitment and retention. By understanding the current state of the acute care nurse leader workforce and factors associated with turnover intention, it is possible to strategically improve the work environment and to devise initiatives to better prepare nurses who have interest in administrative specialty practice. The overall goal of this project was to examine intent to leave and to explore turnover experiences among nurses in formal positions of leadership.

In the course of this project, the Nurse Leader Environment Support Survey (NLESS) revealed three factors related to turnover intention and job satisfaction: congruence with organizational culture, professional vulnerability, and professional relationships. These three factors generated reliable subscales for the overall populations and the manager, director, and executive leader types. Congruence with organizational culture and professional vulnerability are inversely related in all three populations. Higher congruence is associated with less perceived vulnerability. One possibility is that congruence with the prevailing organizational culture may make the person feel more secure and less vulnerable. Such an interpretation is consistent with literature regarding organizational behavior and in-group/out-group membership (Gomez, Kirkman, & Shapiro, 2017; Mael & Ashforth, 1995; Tyler, 1999). Among all intent to leave

categories, managers report less congruence and more vulnerability than do directors and executives, and within the groups, those who are planning to leave in shorter time frames report less congruence and more vulnerability. For all three leader types, job satisfaction had the greatest effect size on intent to leave (Table 4.6), followed by professional vulnerability and congruence with organizational culture, respectively.

There were no significant differences in workplace relationship scores across intent to leave levels for managers (p = .373), directors (p = .116), or executives (p = .365). The workplace relationships of importance to population (staff RNs, non-nursing direct reports, and medical staff) are situated differently within the organizational hierarchy than are the relationships between nurse leaders and senior leadership. The nurse leaders are not subordinate organizationally to these persons although there is a question about the social influence and status given to physicians in relation to nursing as a discipline. The differential in power and status between the senior leaders and the managers and directors, in particular, places them in a more vulnerable position (Bélanger, Pierro, DeCarlo, & Falco, 2016; Nienaber, Romeike, Searle, & Schewe, 2015). There is also a possibility that the social capital (resources that exist in relationships) that can be leveraged to accomplish goals and objectives is mobilized differently between nurse leaders and these groups (Bourdieu, 1986; Lin, Cook, & Burt, 2001; Putnam 2001; Siisiainen, 2003).

One of the most interesting and encouraging findings in this study is among the reasons for intent to leave. In all groups, advancement or promotion is among the top 3 reasons. The implication is that the intent to leave is more complex than simply a desire to escape one's current place. For example, nurse managers who plan to leave within the

next 2 years are the least satisfied (p<.001, η^2=.17), feel more professionally vulnerable (p<001, η^2=.11), and experience the least congruence with organizational culture (p<001, η^2=0.7) of any of the leader groups. However, many have a desire to remain or advance within management positions his would imply that there is not necessarily a dissatisfaction with administrative nursing *per se*, but lower job satisfaction with a particular situation both within the organization and in the wider social context. With the understanding that these manager positions are the first step into administrative clinical practice, examining how nurse leaders' experiences of progression through these positions becomes a critical step in preparing our new leaders for the advancement they desire.

Further analysis of the individual items within the factors further revealed that while managers, directors, and executives all experience these three phenomena, they experience them differently. For some of the items, there are statistically significant differences between all three groups. For other items, the directors are not different from the managers, and for still others, they score similarly to the executives instead. In almost all cases, the managers and executives demonstrated differences.

Reasons for these pairings are unclear, but there are several possibilities. First, these roles have differing scopes and spans of control (Katz & Kahn, 1978). More research is needed in order to better describe these differences in a concrete way. Second, there are differences in educational preparation that are may result in differing levels of theoretical understanding needed for managerial and leadership practice at different levels in an organization's hierarchy (ANA, 2009; Katz & Kahn, 1978). This highlights the opportunities for universities to expand leadership programs and to work

toward making them more accessible to working leaders as well as expending recruitment efforts to this population.

Understanding the specific differences in these roles become more important in the context of talent acquisition and development from within organizations. The cost of recruiting and retaining nurse leaders with a good person-organization fit is greater than the cost for recruiting a staff nurse (C. B. Jones & Gates, 2007, Craig, 2015; Li & Jones, 2013; Sredl & Peng, 2007). This differential is likely a result of scarcity and competition for suitable candidates (Havens et al., 2009; Hoitash & Mkrtchyan, 2018; Nyberg, 2010). While recruiting from outside an organization may be beneficial in bringing in new ideas and unencumbered relationships, developing leaders from within an organization minimizes decreased performance due to the loss of social capital (Dess & Shaw, 2001) by maximizing retention of organization knowledge (Inkpen & Tsang, 2005) , decreasing the time required to socialize the leader to the new role (Fang, Duffy, & Shaw,2011), and preserving the resources existing in relationships between the nurse leaders and both internal and external stakeholders (Craig, 2015; Kor & Sundarmurthy, 2009).

Challenges

Any undertaking of this scale has challenges, and this project is no exception. The primary challenge was access to participants. The original plan was to work with a national level organization to access their members who serve in formal leadership positions via email invitations. However, organizational policy regarding contact with members restricted access to the rental of postal addresses and/or a notice in an electronic newsletter. Study costs would have increased exponentially as this would have required purchase of their mailing list, consultancy for TeleForm® service, printing costs, postal

costs, and time and resources for both outgoing and return processing of paper surveys. The decision was made to approach state hospital associations and state-level nurse leader and workforce groups for partnerships.

Although going state-by-state through different agencies was time intensive, there were several advantages. First, and foremost, we were able to access leaders who were not members of the national organization. While it is true that there is intrinsic value in belonging to the specialty group for one's area of practice, individuals do not always see a personal benefit of membership, particularly for those who do not live in an area with an active chapter. By recruiting participants through state hospital associations and state-level professional groups, we were able to reach a broader population and include unaffiliated nurse leaders, and the state-level representatives provided local context which facilitated the timing of invitations and reminders to maximize responses. The participants received their invitations from a colleague or contact in closer social proximity than they would should the email invitations had come from a national organization, and it is possible that this was a factor in recruiting participants.

By keeping to a strictly electronic data collection format, it was possible to give accurate, real-time feedback to the state-level partners about the numbers of participants from their area. The data from the survey required very little cleaning and was able to be retrieved from REDCap® in a format that was ready for analysis.

Strengths and limitations of the study

The strengths of this study stems from the sample's size and diversity. First, the size and the diversity of the participant pool allowed for factor analyses on the overall population and on managers, directors, and executives as separate groups. These

analyses yielded 3 factors which were stable and consistent across all groups, and this allowed direct comparisons of these three groups which had not been done before. With these common factors identified, there are now new directions for exploring similarities and differences among nurses in different administrative practice settings. One line of inquiry is the need to identify the effect of status and power within the organizational hierarchy of a healthcare institution, particularly looking at the historical positioning of nursing as a discipline and as a highly gendered profession within a society that values male behaviors more highly in leaders and judges women who exhibit them more harshly (Gray, 2010, Heilman, 2012; Ryan & Haslam, 2007). The socialization of nurse leaders, members of a caring profession, to the prevailing business organization model of leadership may be different as the nurse moves farther away from the bedside and closer to the board room.

The primary limitation of the study in regard to the research questions rests in the fact that the constructs of self-efficacy and agency could not be measured with the instrument as devised. Self-efficacy and agency items did not result in a subscale that would be acceptable for evaluating any associations between these constructs and intent to leave or turnover. Admittedly, these are difficult concepts to measure, and more work needs to be done to develop concise items and scales that are successful in evaluating these constructs within this population. However, this limitation is a relative one since factor analysis of the instrument did reveal factors that were unanticipated but consistent across the population groups.

Since there was no readily available tool, the data collection tool was developed with the understanding that opportunities to reach this many nurse leaders are rare.

Choices regarding survey construction were made in order to make the most of this opportunity while being least burdensome to the participants. Conditional logic was used in order to present a minimum number of questions to any given respondent. As a result, several demographic items which would have added important comparisons were regrettably omitted. Since Magnet® and Pathway to Excellence® recognitions are indicative of an organizational culture that values professional nursing practice, questions regarding Magnet® or Pathway to Excellence® status could have generated important data. Second, affiliations with academia would theoretically increase opportunities for advancement and for education. Questions about affiliations with academic nursing, academic medicine, and nursing research might expand understanding of organizational culture. Both of these lines of questioning are planned for future iterations of this study.

Implications for future research

For this dissertation, the Nurse Leader Environment Support Survey was analyzed using participants' reports regarding their current positions. During data collection, the items were also asked regarding previous positions which were vacated both voluntarily and involuntarily. This was specifically done in order to facilitate comparison between former and current positions based on type of turnover. Future factor analysis for each of the situations (voluntary vs involuntary) may yield different factors than for the current positions.

The data set also includes comments regarding both involuntary and voluntary turnover that are appropriate for qualitative analysis. Of the 247 nurse leaders who stated they had experienced involuntary turnover, 183 left comments that are appropriate for qualitative analysis, and 102 of these nurse leaders provided emails and indicated they

were willing to be contacted for future studies on involuntary turnover. For voluntary turnover, 603 nurse leaders left comments to an open-ended item. In total, 1013 participants provided email contact information for future studies in intent to leave, involuntary turnover, and/or long-term service in a position.

One area for future exploration is the experiences of those who identify themselves as "directors". A significant portion (17.5%) of these directors have a direct reporting relationship to the Chief Executive Officer. This sub-population is overwhelmingly rural (81.4%), and there may be semantic implications of the use of the epithet of "director of nursing" as opposed to "nurse executive." The titles used may hold different meanings for both the nurse leader and members of the community as compared to their urban counterparts, or perhaps, the use of the title of director reflects a power differential. It is unclear whether or not there are differences in the power and roles of the senior ranking nurse in a rural facility as opposed to an urban setting.

Other future opportunities include development of the constructs that were left unassessed by this version of the survey: self-efficacy, work-life balance, and identity. While work-life balance could not be reliably measured and compared as devised in this survey, the preliminary findings suggest that it is still an idea worth exploring. It is possible that work-life balance holds different meaning to workers of different generations or at different life stages, but without further exploration, that questions will be left unanswered. Self-efficacy is a construct that is used in learning and skill building, and as such, it needs to be further refined and explored as a way to improve preparation for leadership and administrative practice regardless of its effect on intent to leave.

Another consideration is that this study involved nurses *currently* serving as managers, directors, and executives. As such, the population is primarily comprised of those nurses whose experiences in administrative practice inspired them to make this area their specialty. The converse population, those who left administrative positions with no plans to return, is left unexplored. Accessing this population is logistically difficult, as there is no database nor consistent way to identify former nurse managers, directors, and executives. These nurses would need to be identified from among other groups of nurses and encountering them would be quite random. However, this population would likely have important information regarding reasons for leaving both their positions and administrative practice, and the effort to search would yield worthwhile data.

Conclusion

Nurse managers, directors, and executives fill critical roles in health care institutions, and turnover can be costly to an organization. Recruitment is the most visible cost, but intangible costs are incurred with the loss of momentum for carrying out strategic plans, delays in safety initiatives, and uncertainty in the work force. However, turnover in and of itself is not necessarily disadvantageous. Turnover provides an opportunity to introduce new ideas and to re-align skilled leaders with organizational needs as well as providing nurse leaders with opportunities for professional development and career advancement. The goal should not be to eliminate turnover but, instead, to manage it in a way that provides stability to the organization, cares for the nursing workforce, and promotes continued improvements in patient outcomes.

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