

**The Leadership Experience of First Line Nurse  
Managers working in the Cook Islands.  
A Qualitative Descriptive Study**

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## **Attestation of authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

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## **Abstract**

A qualitative descriptive approach was undertaken to explore the leadership experience of seven first line nurse managers working in the Cook Islands. For the purposes of this study first line nurse managers are those nurses working as a charge nurse in a hospital, nursing supervisors, chief public health nurse, and nurses working autonomously in the outer islands of the Cook Islands. Nurses in these roles are in key positions to influence the practice of others and set the standard of practice and culture of a unit. The participants were recruited if they were currently employed in any of these positions. The seven participants were all Cook Islands women who received their undergraduate nursing education in the Cook Islands.

The purpose of the study was to describe their leadership experience, to raise an awareness of their role, and to make recommendations to support and improve the preparation of nurses for leadership roles in the Cook Islands.

Through face-to-face interviews, the participants' stories were audio taped and transcribed verbatim. Six of the seven transcripts required translation from Cook Islands Maori to English and this was conducted by the researcher who is fluent in both languages. Content and thematic analysis of the data revealed a spiritual, emotive and intuitive theme in the participants' leadership experience. The findings of the study revealed the self confidence of these nurses to manage in this role despite being challenged by management issues and the lack of preparedness for the role. The supportive network established within their staff, their family and the people around them has provided the impetus to continue to 'serve' their people. The findings also revealed that these nurses recognised the need to continue to learn and develop

themselves and their staff. The findings of this study have significance for nurses aspiring to be nurse leaders in the Cook Islands or other Pacific Islands and rural communities. A key stakeholder in this study is the Cook Islands Ministry of Health, as insights and awareness gained can contribute to an appropriate preparation and support programme for nurses working in its organisation.

# Chapter one Introduction

## *Introduction*

This study explores and describes the leadership experiences of first line nurse managers (FLNM) working in the Cook Islands from their perspective.

The experiences of nurses working in the Cook Islands as FLNM have not been previously studied. Nurses in the Cook Islands who take on this role are considered nurse leaders. This is a first level management position. This study was carried out to gain an understanding of their leadership experiences.

FLNM are in a position to influence the practice of others, to create an environment of positive culture which can result in positive outcomes for patients, families, and the community. The literature suggests that this is a key position that requires leadership and management training. However, Jumma (2005) contends that research should focus on “improving understanding of what forms of management and leadership development works best and in what situations” (p.453).

This chapter will initially outline the definition of FLNM as it applies to this study. Next, it will present the research question, the purpose of the study, followed by a discussion on the background information for this study and an overview of the research setting. An outline of the methodology chosen to conduct this study will be discussed next. This will be followed by discussion on the significance of the study. Finally an outline of the structure for this thesis will be presented.

## ***Definition of FLNM***

For the purposes of this study the term FLNM will be applied to those nurses working as charge nurses of a hospital or ward, nursing supervisors, chief public health nurse and nurses working autonomously in an ‘outer island’ of the Cook Islands. Different health organisations and countries, like Canada, New Zealand, United Kingdom, and Australia use different terms for nurses working in this role. The term FLNM has been used interchangeably in the literature with the terms head nurse, ward sister, ward manager, nursing unit manager, charge nurse, ward leader (Ambrose, 1995; Finkelman, 2006; Firth, 2002; Krugman & Smith, 2003; Willmot, 1998; Wynne, 2003).

## ***Research Question***

The research question for this study is “What is the leadership experience of first line nurse managers working in the Cook Islands?”

## ***Purpose of the study***

This study was undertaken to describe the leadership experiences of FLNM working in the Cook Islands. Its aims were to raise an awareness of the complexity of their role and to make recommendations to support and to improve the preparation of nurses for nursing leadership positions in the Cook Islands.

## ***Background***

The FLNM role has been a part of the nursing structure for over 20 years and continues to evolve and be affected by changing political, organisational, social and technology advances (Krugman & Smith, 2003). The literature regarding the leadership experiences of nurses from their perspective, in this role is not extensive. However, there are numerous studies and articles on the role and strategies to help prepare nurses for this leadership role. Murphy (2005) has suggested that integrating leadership style and management functions are vital to the positive outcome of nursing and can assist them to adapt and adjust to changes, organizational and consumer expectations. Finding the right mix of programmes remains the challenge for many health organisations.

The literature review has highlighted that the role of FLNM is crucial to the quality patient outcome in any health organisation (Carney, 2006, Firth 2002). Some nurses have functioned well. However, some have found dissatisfaction and frustration as the responsibilities of the role have extended to administrative and management thus, distancing them from patient care. Other factors that have contributed to this frustration are the lack of preparedness for the role and lack of support in the role from management (Wynne, 2003).

It has been suggested by Krugman and Smith (2003) that for nursing leaders to be effective, it was important that they incorporate multiple theories into practice, including leadership theories, change management and governance. Shared governance has been suggested by Williamson (2005) to be a system of

management that promotes the empowerment of nurses by distancing itself from the traditional hierarchical style of nursing management.

The changing patterns of care delivery and constrained resources requires nurse leaders to be responsive to changes, be flexible in the delivery of care, to know the concepts and principles of leadership, to demonstrate competence in the role as a leader and to show interpersonal connections needed to be successful (Krugman & Smith, 2003). The literature review reveals that there are various leadership development programmes available to FLNMs. However, understanding the leadership experience of FLNM in the Cook Islands can contribute to an appropriate leadership development programme for nurses undertaking leadership roles in the Cook Islands.

My background and experience as a nurse/midwife in charge of the maternity ward in the Rarotonga Hospital, Cook Islands, has contributed to my interest in this topic.

Nurses in the Cook Islands have traditionally been appointed to this role because of their clinical experience and professional qualifications. Many of them have completed their three year formal nursing training with a small component of management and leadership training in their final year from the Cook Islands Nursing School. There has been no other leadership and management preparation such as mentoring programmes or orientation programme into the role for first line nurse managers in the Ministry of Health. Little preparation is given to ensure their success in the transition from a staff nurse to a first line nurse manager role.

Additionally, the scope of practice and the line of reporting for FLNM in the Cook Islands are dependent on whether they are employed to work in a sole charge role on an outer island or in charge of a hospital unit on the mainland, Rarotonga. Therefore, the opportunities for leadership and management for each FLNM can be varied depending on where they are employed. For those FLNM in the outer islands issues such as limited resources, distance from the mainland and direct lines of reporting will have an impact on their leadership role. They are also in a unique position to influence the island population in their effort to deliver health care services. FLNM on Rarotonga however, have more available access to resources and consultation with other health care personnel which can impact on their leadership and management roles in the delivery of health care services.

### ***Overview of the study setting***

The Cook Islands is comprised of fifteen islands scattered over two million square kilometres of the Pacific Ocean. With only a population of 19,569 (Cook Islands census, 2006) it is this geographical distribution and the relatively small number of people on isolated islands that has placed a real challenge for the planning and delivery of health services in the Cook Islands. Thirteen of the fifteen islands are inhabited and have nursing personnel responsible for nursing services. At the time of this study on four of the islands a nurse was in charge for the delivery of health services to its people. Nurses are appointed to be in charge of a hospital, clinic, ward, or public health area by the Ministry of Health. There were 18 nurses in a FLNM role with a total nursing and medical



personnel of 88 registered nurses, 16 enrolled nurses, 3 nurse aides 17 nursing students and 25 doctors at the time of this study.

## ***Methodology***

A qualitative descriptive methodology was designed to carry out this study. The methods chosen were a semi structured interviews with a purposeful sampling and content and thematic analysis of the data.

The qualitative descriptive approach was chosen because this study is focused on describing the leadership experiences of FLNM in the Cook Islands.

Understanding these nurses' experiences (compared with what nurse leaders believe the experience to be) can contribute to the development of an appropriate leadership training programme.

The number of potential participants for this study was eighteen but seven consented to participate. An intermediary third party was used to distribute the introductory letter (Appendix 1), participant information sheet (Appendix 2), and collect the consent forms (Appendix 3) this was to minimise the risk of conflict of interest in the recruitment and consent process on behalf of the researcher.

The collection of data was over a period of two months. The interviews were audio taped and then transcribed by the researcher. Of the seven participants interviewed, one spoke in English during the full interview, one spoke in Cook

Islands Maori for the full interview, and four conducted their interview in a combination of English and Cook Islands Maori.

For those six participants that spoke Cook Islands Maori during the interview, their transcript was translated to English by the researcher. The researcher is fluent in Cook Islands Maori.

A content and thematic analysis of the data obtained was undertaken.

Further discussion on the methodology and methods occurs in chapter three.

### ***Significance of the study***

This research has a potential benefit for the participants and those in nursing leadership positions in the Cook Islands as it will be the opportunity to raise awareness of the complexity of the role. This research also has potential benefits for nurses aspiring to be first line nurse managers and nurse leaders not only in the Cook Islands but in other Pacific Islands and other rural areas. A key stakeholder in this study is the Ministry of Health Managers and Executives. Insights and awareness gained will contribute to the consideration of appropriate preparation and support of nursing staff in their leadership roles. There is also the knowledge that this study will contribute towards the information database for the Cook Islands.

### ***Structure of the thesis***

This study is presented in five chapters. A brief outline of the contents of each chapter is given.

Chapter one introduces the study.

Chapter two explores the leadership literature in regards to nurses in this first line management position, as well as literature on management and leadership theories.

Chapter three discusses the research design including participant selection, research setting, method of data analysis and ethical considerations.

Chapter four presents the findings as themes identified from the analysis of the data.

Chapter five provides a discussion on the findings and recommendations for nursing practice and leadership development will conclude this chapter.

### ***Summary***

This thesis is presented in five chapters. It is a study undertaken as part of gaining a Master of Health Science degree at the Auckland University of Technology (AUT).

This first chapter has provided an introduction to the study, presenting the research question, the purpose, background, methodology used, and significance of the study. It has also presented a brief structure to the thesis.

# Chapter Two Literature Review

## ***Introduction***

The focus of this literature review is on the role of FLNM and the issues that impact on this role internationally and in the Cook Islands, and to identify the professional development required in preparation for the role. Secondly, the differences between leadership and management will be discussed. Leadership theories in particular will be explored to identify an appropriate leadership style to be developed for the Cook Islands nurses. Finally, the concept of shared governance with the principles of partnership, accountability, equity and ownership is considered as an appropriate structure for sustainable leadership development into the future.

Relevant literature on FLNMs and leadership were identified from a number of sources. In addition to text books and relevant websites, a systematic search of the database was undertaken using the key words 'leadership'; charge nurse; first line nurse managers; ward managers; ward sisters; unit managers; and shared governance. The following electronic databases were accessed: Medical Literature Online (Medline), Cumulative Index for Nursing and Allied Health Literature (CINAHL), Cochrane Databases, and Ovid.

## ***Role of first line nurse manager***

The term FLNM has been used interchangeably in the literature with head nurse, ward sister, ward manager, nursing unit manager, charge nurse, ward leader

(Ambrose, 1995; Finkelman, 2006; Firth, 2002; Krugman & Smith, 2003; Willmot, 1998; Wynne, 2003). For the purposes of this study the term FLNM will be used as it captures all of these different titles.

FLNM role is responsible for the operational management of resources and personnel of a unit within the health system. This is a first level management position which has evolved over the years and as a consequence has distanced first line nurse managers from direct patient care as managerial responsibilities have become more demanding (Firth, 2002). The responsibilities have extended to include unit personnel development, management, financial management and decision making (Duffield, 1991; Willmot, 1998). A study by Firth (2002) conducted in a United Kingdom acute hospital trust investigated the ward managers' experiences of combining a clinical leadership role with managerial and administrative aspects of the job. Firth (2002) found that the ward managers in the study experienced internal conflict between the managerial and the clinical side of the role. However, the study also found that the impact of the role is critical to the outcome of quality of care and effective use of resources within a unit. This crucial role places the nurse in a position to influence the practice of others, and set the standard and culture of practice of a unit, through nursing rituals, customs and practice (Carney, 2006; Firth, 2002). Binnie (1998) argues that many health organizations unfortunately fail to show the recognition of this important role.

Over the last decade it is evident that this role has been significantly affected by health reforms, organizational restructuring, advanced technology and raised

public expectations. The changed relationships, position description and performance of nurses within the organization have been influenced by these changes (Wynne, 2003). The health reforms have impacted on the role of FLNM not only in the Cook Islands but globally.

### ***The changing context and role of the FLNM***

The 1990s has been described as a “decade inextricably linked with change and global notions of economic rationalism, health care reform and organizational restructuring” (Wynne, 2003, p. 100). The changing context has influenced the policy decisions and frameworks in the health sector as health organizations adopted new models of care in an effort to improve efficiency and cost effectiveness. Health reform is a global trend.

### **Health reform**

The health reform in the Cook Islands in 1996 played a major role in the restructuring of the countries economy which resulted in the downsizing of the public service workforce through redundancies and early retirements of senior nurses, first line nurse managers, senior doctors and migration of staff from the organization (ADB, 2002). This loss of valuable nursing experience and knowledge impacted on the remaining nursing workforce. Newly appointed first line nurse managers were placed in a position of increased responsibility with minimal preparation and support. Shaw (2007) and Brown, Zijlstra and Lyons (2006) note that the impact of health reforms on nurses generally has

been negative. Today nurses continue to struggle with the tension between economic rationing and social responsibility.

### **Organizational restructuring**

In many countries health reforms resulted in a changed organizational structure in an effort to improve the delivery and quality of health care outcomes within the available resources and funding (Shaw, 2007). In the Cook Islands nurses are accountable to different directors of health, thereby restricting the support required by FLNM. As a consequence this has affected their relationships with other nurses and FLNM in other departments. Research studies have shown that, for nurses, organizational changes are associated with increased workload, job relocation, work related injuries due to understaffing, complaints by patients and poor staff relationships (Baumann et al., 2001; Greenglass & Burke, 2000; H. K. Spence Laschinger, Sabiston, Finegan, & Shamian, 2001). It is at times of change that strong leadership is critical.

### **Advanced Technology**

Organizational changes combined with the advancement of technology have been shown to impact on the role of FLNM (Carney, 2006; Phillips, 2005; Suominen, Savikko, Puukka, Doran, & Leino-Kilpi, 2005; Wynne, 2003).

The advancement of technology with its ability to diagnose, monitor, manage patients and medical information have impacted on the role of FLNMs and required the acquisition of new computer skills. These changes and challenges in the delivery of health care services therefore place a responsibility on these

nurses to be more politically aware and active, have good decision making, financial, motivational, communication, computer and human resource management skills. Some of these nurses have excellent management skills and have embraced these challenges. However, there are many others who are ill-equipped and unprepared for these changes and have become dissatisfied and frustrated with the changing role expectations (Berkett, 1994).

The recent introduction of 'Medtech' and 'Telehealth' computer health programmes into the Cook Islands Ministry of Health has enabled nurses and doctors to access health information and patient assessment and management tools readily (MOH, 2004). However, ongoing support of staff to understand, use and manage this new technology is necessary.

### **Public expectations**

Internet access for an increased number of people has enabled them to access the latest available information on medical conditions and treatments. Their knowledge and increased expectations of health care services places a demand on health care organizations, specifically those that are constrained by limited resources and funding.

According to a study carried out by Firth (2002) titled Ward leadership: balancing the clinical and managerial roles, all of the participants experienced conflict between their roles as managers and as clinicians. For some, the transition from clinician to manager has been difficult as they find themselves distanced from direct patient care. This change in role has been studied in



relation to change processes, satisfaction and preparation for the role. Willmot (1998) carried out an evaluation of the changing role of the charge nurse in a National Health Trust in the United Kingdom where the nurses identified a lack of clarity in the description or expectation of the role. This was compounded by general lack of understanding by others about the role.

A study by Patrick and Spence Laschinger (2006, p. 16) identified factors such as “role ambiguity, role insufficiency, role overload, role conflict and responsibility for other people” as sources of stress on nurses. Other sources of stress identified were related to a lack of support from supervisors and administrators, along with conflicting objectives and priorities. These factors have been associated with undesirable outcomes such as lowered job satisfaction and performance. Stress has been shown to be associated with feelings of not being valued or included in decision making processes (Apker, 2002). This reflects low levels of empowerment. According to Kanter (1993) a work environment that provides access to information, resources, support and provides the opportunity for employees to learn and develop themselves is empowering and results in effective performance by employees. The changes and restructuring with and within health organizations has contributed to role ambiguity for FLNM, hindering their efforts to develop in the role (Thorpe & Loo, 2003).

It is imperative that nurses aspiring to become nurse managers have a responsibility to be clear about the role they are intending to fulfil and what the expectations are of that role (Duffield, 1991; Willmot, 1998). There is an

abundance of literature written about this evolving role (Krugman & Smith, 2003). However, there is little agreement on what it should be (Redman & Jones, 1998). Admittedly it can be argued that the scope of this role varies with each health care context. The organization needs to be clear about the role, the level of preparation and the role expectations. There is concern that unless there is role clarity for nurses in the FLNM role the position may cease to be one that other nurses aspire to (Doherty, 2003). Binnie (1998) argues that if organizations are to attract and keep nursing ward leaders then it must recognize and reward them.

The increasingly complex environment in health care services requires the FLNM to have leadership abilities to manage in this role in his or her organization. There is therefore an obligation on nurse leaders and organizations to ensure nurses are prepared and supported in this role. It is recommended that to be successful in the FLNM role, leadership development is important and access to good role models and mentorship are key issues to be addressed (Mathena, 2002; Thorpe & Loo, 2003).

### ***Professional development***

Nurses have often been promoted to a FLNM role because of their clinical experience and expertise, rather than for their management potential. They frequently lack leadership and management training to cope with this demanding and complex role.

Determining the level of preparation to ensure that FLNMs are confident, effective and efficient in their roles remains a challenge for many organizations (McSherry & Browne, 1997). In any leadership development situation, empowerment is a vital component and in a group relationship, trust within the team is an important factor/ingredient for facilitation of empowerment (2000).

The literature highlights the need to appropriately prepare staff nurses for first line nurse manager roles through the right education and orientation programmes as well as providing management support (Ambrose, 1995; Duffield & Frank 2001; Willmot, 1998).

The objectives of one course that was developed for charge nurses in the United States of America, were to ensure that charge nurses were prepared by redefining their roles and responsibilities, assisting each nurse to recognize his or her leadership style and assisting them with decision making and problem solving skills (Ocker, Merkel Melaas, Ostrander, & Ferries, 1995). Suggestions have been made by USA academics for nurses wanting to take on this role to be prepared to the masters degree level or above and preferably with a clinical and management component (Duffield & Frank, 2001).

Action learning has been a model suggested to prepare nurse leaders (McGill & Beaty, 1992; Shaw, 2007). The International Council of Nurses has developed a Leadership for Change programme that is based on action learning where participants 'learn by doing' and outcomes are determined by the participants' commitment, motivation, and by their being able to direct their own learning. It

has been suggested by Shaw (2007) that action learning is a key pathway for effective leadership. The Clinical Nursing Leadership Learning and Action Process (CLINLAP) model developed by the Royal College of Nursing in the UK was used to facilitate work based learning (Phillips, 2005). The aim was to make the clinical goals and roles specific, and the processes clear so that activities within the unit could be carried out openly. Phillips (2005) found that the use of this model provided a structure to manage problems associated with information, knowledge and communication experienced in an organization.

Some research has been carried out which explores the effectiveness of an action process model. An example is the work of Mills (2005). It describes a Nursing Leadership Project carried out in the University College London Hospitals Foundation Trust to develop the management and leadership capacity of ward sisters and charge nurses. The programme involved 32 ward sisters and charge nurses over a six month period. It addressed four competence domains of motivation, taking decisions, personal resources and working across boundaries. These competencies required that the nurses become aware of local, as well as national priorities and relate these to their work area. The programme consisted of six workshops that focused on “leadership theories and models, developing the self and others, managing change and conflict, managing quality and performance, political leadership and influencing skills, team building and facilitation” (Mills, 2005, p. 22). The nurses attended monthly action learning sessions where they could develop practical solutions to leadership problems that they had identified. Workshops and action learning sessions were assessed individually after they occurred. This programme concluded that there is a need

to use a formalized and structured approach when developing nurses in this role. It found that the nurses were able to articulate and demonstrate political awareness at local and national level while developing clear directions and aims for themselves and their teams. They were able to transform strategic visions into action by improving the quality of service provided, working collaboratively, influencing strategy and inspiring and motivating others.

Murphy (2005) also recognized that in order to influence positive outcomes effective leadership and management in nursing direction and nursing practice, intellectual stimulation and professional development is vital. They are key functions to assist nurses to adapt and adjust to changes, and to organizational and consumer expectations.

As Murphy (2005) suggested, the complex changes within the health system and nursing practices, such as holistic patient care, and primary nursing, have challenged nurse leaders to integrate leadership styles with their management functions.

From my experience working as a FLNM in the Cook Islands the literature on the role of FLNM and the following themes are significant for understanding the role and I expect this to be relevant in my interviews.

### ***Leadership and management***

Huber (2000) defined leadership as “the process of influencing people to accomplish goals” ( p. 50). Hersey, Blanchard and Johnson (1996) as cited by Huber (2000, p. 51) defined leadership as “a process of influencing the activities

of an individual or a group in an effort to achieve goals in a given situation”.

The focus is on a relationship and the process of influencing others when change is required to take the organisation to another direction (Huber, 2000). Much has been written about this concept however, there has been no one accepted view or definition of leadership. Leadership involves an integration of a leader and follower in a particular setting or environment. Cammock (2001) used dance as a metaphor to define this concept. He defined leadership as a “dance in which leaders and followers jointly respond to the rhythm and call of a particular social context, within which leaders draw from deep wells of collective experience and energy to engage followers around transforming visions of change and lead them in the collective creation of compelling futures” (p.28). The elements of leadership that keep recurring suggests that an effective leader; has vision, is strategic, is self confident and able to inspire confidence in others, is trustworthy and credible, has good communication skills, is able to motivate and influence others, has ability to foster teamwork, collaboration and partnership, is continually developing themselves and also encourages development in others (Shaw, 2007). Leadership focuses on people. Bolman and Deal (1995) states that effective leadership is one that is rooted in the community, where the people’s values and beliefs are exemplified by the leaders. Krueger Wilson and Porter-O’Grady (1999) also suggested that understanding relationships and having relationship skills are vital to managing any organisation.

Management on the other hand is defined as “the coordination and integration of resources through planning, organising, coordinating, directing, and controlling

to accomplish specific institutional goals and objectives” (Huber, 2000, p. 77).

Management has also been referred to as the process of achieving organisational goals by using skills and the available resources; the focus is on the system and the organisation with the intention of maintaining stability in the organisation (Huber, 2000).

In carrying out the expectations of the organisation the manager has legitimate power, or authority because of his/her status or position in the organisation.

This type of power allows the manager to direct others. However, this type of power does not necessarily make a manager a leader (Marquis & Huston, 2006).

The leaders on the other hand often do not have delegated authority but their behaviour and actions can influence and inspire followers who ultimately determine their power. Hence, a leader does not necessarily have to be a manager (Huber, 2000).

In a management model there are no followers, only employees, whereas in a leadership model, followers are important because ultimately it is the followers who determine how successful or effective the leader is (Huber, 2000).

A formal communication network is important in management and the most appropriate method of dissemination of information is determined before distribution through the organisational hierarchy whereas in a leadership model both informal and formal communication networks as well as verbal and non verbal communication are observed. The leader also recognises that barriers, such as status, power and authority between the manager and subordinates, may

interfere with communication. To be able to influence followers a leader's communication skills are, therefore, very important (Huber, 2000).

In any organisation, the demands of the work, the systems in place to achieve the goals, the structure of the organisation, the degree of interaction among staff, the time factor for decisions to be made, and the effects of the external environments are situations that will vary (Huber, 2000). However, management provides consistency and maintains stability by using policies and procedures as a framework for getting the work done. In contrast, leadership is about creating change and having the ability to share the vision and strategy with others to achieve their shared goals. The style one chooses of course will vary in different situations (Tomey, 2000).

As discussed earlier first line nurse managers can learn to develop these skills and styles to better address concerns within their organization. An understanding of leadership theories and what style of leadership one has is important for the beginning of this development.

### ***Leadership Theories***

At the same time that theorists were studying management theories related to human behaviour the leadership theorists were also studying behavioural theories (Marquist & Huston, 2006). Their emphasis was not on the traits of the leaders but on the style of leadership and the behaviours of the leaders, suggesting that these could be learnt. These leadership styles were known as autocratic, democratic and laissez-faire.



### **Autocratic Style**

The autocratic is the domineering style where there is a strong hold on the employees and they are coerced and commanded to get the work done without any involvement in decision making. At times this style is difficult to distinguish from a management role. There is an emphasis on difference in status (“I” and “you”) and criticism is a form of punishment that is used.

### **Democratic style**

The democratic style on the other hand is one where the workers are motivated by economic and ego rewards, are involved in decision making and the communication flows up and down. There is less control maintained on the working group but they are directed by guidance and suggestions from the leader.

### **Laissez-faire style**

In the laissez-faire leadership style, there is little or no control on the working group, and the group members are given little or no direction. This style is beneficial when the individual group members are self motivated and require little contribution from the leader.

### **Charismatic style**

Although effective leadership does not rely on charisma, charisma can be used in a positive way to motivate people to achieve the goal or vision shared by others (Drucker, 1992). However, charisma has also been known to be used to manipulate people to do what the leader wants. Examples of this involve some cult leaders and politicians.

Leaders not only exhibited a particular style but could actually move among these different styles depending on the situation (Marquis & Huston, 2006).

This then led to contingency and situational theory, where theorists argued that leadership was complex and that effective leadership depended on the interrelationships between the group leaders and its members, the task at hand, and the needs and maturity of the workers. It was also associated with both workers' ability to willingly take responsibility for their behaviours and with the power associated with the group leader.

However, theorists argued that because of the complexity of the situation there were other factors that impacted on the effectiveness of leadership. These factors were organisational culture, the values of the leader and the followers, the work, the environment, the influence of the leader-manager, and the complexities of the situation (Marquis & Huston, 2006).

### **Situational Style**

Foster (2000) considered a situational leadership theory in "analyzing the management preferences of nurse managers... This was based on the assumption that there was no singular successful leadership style, but that a variety of styles would be used by an effective leader..." (Foster, 2000, p. 195).

The situation and circumstances would determine the style but the key was in the type of interpersonal communication used. Specific communication behaviours such as telling, selling, participating, and delegating required the leader to know the ability and willingness of the followers to act.

## **Transactional and transformational leadership**

Burns (1995) was identified by Marquis and Huston (1998) as the first theorist to describe two major styles of leadership as transactional and transformational. Transactional leadership is characterized by a transaction between the leader and their followers. The followers are usually rewarded for their contribution towards the achievement of set goals. Transformational leadership on the other hand is where the leaders motivate their followers to achieve a shared goal by appealing to their higher ideals and moral values.

Transactional leadership describes the relationship between a leader and follower (manager/employer) where the follower (employee) receives some form of reward or payment for completing tasks (Bass, Avolio, & Atwater, 1996; Marquis & Huston, 2006; Morrison, Jones, & Fuller, 1997). This style usually is involved with the day to day running of the organisation and focuses on management tasks.

Transformational leadership shows commitment, a valuing of creativity and innovation and is able to state a vision that followers are able to connect with and are motivated to produce more than they expected to. Transformational leaders are confident and able to influence the changes in the attitudes of the followers by empowering them and creating a feeling of trust, loyalty and respect towards the leader (Bass et al., 1996). Several studies have associated transformational leadership with important attitudes, behaviours and positive organisational outcomes (Morrison et al., 1997). Empowerment of followers has been a major influence of this style of leadership. Kuokkanen and Leino-

Kilpi (2000) conclude that through empowerment nurses are able to believe in their own power and ability to bring about change and therefore adapt to different ways of working. Transformational leadership has also been associated with breakthrough leadership, which will be discussed in the next section (Sarros & Butchatsky, 1996).

Hyett (2003) suggested that managers adopt a transformational leadership style of encouraging, listening, and facilitating to overcome and adapt to changes in health organizations. It is clear that leadership is an issue that affects everyone, in different situations and settings and at different levels.

### **Breakthrough leadership**

This model of leadership was developed based on interviews with leading Australian business executives ( Sarros & Butchatsky, 1996). They identified as breakthrough behaviours those which encouraged others to learn, and build their confidence and competence resulting in a workforce that was committed to achieving extraordinary results in their organisation. This is a value and action based model that involves recognizing and satisfying the personal needs of the workers such as self esteem, self actualization, recognition, autonomy and responsibility. It is a model based on the fundamental belief in people.

“Breakthrough ( or breakpoint) changes occur when individuals or organizations reinvent themselves, begin a process of creative innovation, question existing structures in novel and challenging ways, and try to reach a level of excellence in achievement that originally may have seemed impossible” ( Sarros & Butchatsky, 1996, p. 5).

Breakthrough leaders recognize the need to make major paradigm shifts in their lives and their work in order to achieve desired results. Sarros & Butchatsky (1996) believe that this paradigm shift involves ‘metanoia’ leadership practice (meta meaning change and nous/noos meaning mind). This implies a rethinking of the structures, processes, values, and ideals with the purpose of improving existing practices or replacing them with something better and more relevant (Sarros & Butchatsky, 1996). Breakthrough leaders achieve results by building confidence and competence among their workers so they are committed to achieving extraordinary results. They seek to create an environment of continuous learning so that it can facilitate the learning of its members, therefore improving their actions through better knowledge and understanding.

Cammock (2001), however, went a step further to suggest that effective leadership requires leaders who are motivated by a desire to serve others and who combine their skill and intelligence with a touch of soul. He also contends that “leadership ultimately begins at the level of the soul” (Cammock, 2001, p. 41). The soul reflects the spiritual, emotive and intuitive parts of people. Blanchard and Hodges (2005) believe that effective leadership begins by knowing oneself first; it starts from the inside.

### **Servant leadership**

Servant leadership is a model defined by Greenleaf (1998) which emphasizes the leader’s role as a steward of resources provided by the organization. It is a model that “encourages the leaders to serve others while staying focused on achieving results in line with the organizations values and integrity”(Wikipedia,

n.d.). Choosing to serve has been suggested by Greenleaf (1998) as the first and most important choices that leaders make. Spears (1998) described the ideas of Greenleaf (1998) and suggested that the servant as leader model is an on going transformational style. This means that a great leader must first experience the role as a servant to others. It is a model that encourages everyone to both serve and lead others, thereby recognizing their own self worth. This is a model that encourages collaboration, trust, foresight, listening and the ethical use of power and empowerment.

Barbuto and Wheeler (2002) identified 11 characteristics of servant leaders.

These include; having a calling, listening, empathy, persuasion, conceptualization, foresight, stewardship, growth and building community.

Barbuto and Wheeler (2002) suggest that servant leaders have a desire or a calling to serve others. He believed that servant leaders have a genuine desire to serve others and are prepared to sacrifice their own self interests for the good of the group or others in the group.

Listening skills have been identified as essential skills in a leader. A leader who listens well is able to assess the needs of the staff and be able to provide the resources and support to satisfy their personal needs and thereby contribute to the achievement of organizational goals.

Servant leaders understand and are able to show empathy for others' circumstances and problems. They are the type of person others will go to when something traumatic has happened in their lives. They are very aware of their surroundings and what is going on in their settings and organizations. Servant leaders are persuasive and will always seek to convince others to do things

rather than forcing them or using their position of authority. Encouraging others to dream great dreams and thinking big is a characteristic of a servant leader.

Therefore, developing an environment that fosters conceptualization of events and possibilities is a key factor in servant leadership. Having the foresight and ability to anticipate future events as a consequence of decisions made is another characteristic of servant leaders. They are also often associated with stewardship, and a strong desire to contribute to the greater good of society.

They work hard to help others in a number of ways: spiritually, professionally and personally and are committed to assisting in their development. Building a community spirit in their workplaces is another key factor in servant leadership.

Nurses involvement in decision making is increased when there is a commitment on the part of the leader to helping them in their growth and taking an interest in their ideas and suggestions.

“The servant leadership model promotes the ethos that all nurses will sometimes lead and at other times be active followers, confirming that all staff are able to make a contribution to the service” (Hyett 2003, p.232). This leadership style has potential to increase the empowerment of staff within an organization as a result of this interactive process between leaders and followers.

Like breakthrough leaders, servant leaders have a desire and belief that leadership development is an ongoing, life long learning process (Barbuto & Wheeler, 2002).

I believe, from my own experience, that nurses in the Cook Islands are functioning within the servant leader model and require a breakthrough

leadership style to help them to challenge and question the structures and processes in their organization and to move into an environment where their values and beliefs are appreciated. Nurses in the Cook Islands need to constantly improve their practices or replace it with something better and relevant through evidence based practices and a breakthrough leadership style suggests a pathway that FLNM can influence others towards achieving this. A continuous learning environment is required. As a breakthrough leader, FLNM in the Cook Islands can realize these changes by working through the ‘Four Is’ of transformational leadership. These are;

Idealised influence: establishing a sense of purpose, focusing on individual beliefs and values;

Inspirational motivation: goal setting, visionary behaviour, encouraging others;

Intellectual stimulation: encouraging critical thinking; creativity, and analysis of new perspectives; and

Individual consideration: concern for the individual’s need for achievement and growth, focus on individual behaviour (Sarros & Butchatsky, 1996, p. 6).

By working through these ‘Four Is’ leaders are able to “achieve amazing results by encouraging employees through clear unambiguous role modelling, positive values and uncompromising beliefs. This results in building confidence and commitment in employees to achieve extraordinary results” (Bamford, 2003).

### ***FLNM as change agents***

Stewart, Usher, Nadakuitavuki and Tollefson (2006) note that, given the major contribution of nurses in the delivery of health services, the effectiveness of any



organizational changes will depend to a great extent on the effectiveness of the nurse leaders. Furthermore, Garland, Smith, and Faugier (2002, p. 491) suggest that in order to be effective, nurse leaders also need to be able to successfully address issues of “emotional transition” where the nurse is able to work through and accept the change and move on from the old ways to the new. The outcome for quality health care according to Carney (2006) will depend on how well accepted these proposed changes are by all levels of management. Therefore, a real need to prepare future nurse leaders is critical for effective change and quality patient care outcomes. Given the important contribution of nurses to the delivery of health care services the success of any organizational changes will depend on their effective leadership.

Finkelman (2006) suggests for nursing leaders to be effective as change agents they need to do more than just understand, accept and manage change. They need to be able to influence the change process, take the opportunities to implement and have the courage to initiate change. During a change process empowerment can become an important component and Dessler (2002, p. 246) argues that “empowering employees means giving employees the authority, tools and information they need to do their jobs with greater autonomy, as well as the self-confidence required to perform the job effectively”. This in itself can cause an increase in motivation from staff to perform well. However, it is important that staff members have role clarity and are supported with further education and development as required in their role. As a result, empowered nurses can have the effect of enhancing patient care delivery and Porter O’Grady

(1992) contends that empowerment can only be effectively realized through shared governance.

In consideration of the limited resources, staffing shortages, and the geographic distribution of the islands within the Cook Islands this shared governance model is appealing as it recognizes the empowerment of staff and their role in decision making at the point of service. The training, recruitment and retention of staff in the Cook Islands are unpredictable as changes are affected by political influences, financial constraints and a global shortage of nurses. Therefore, to ensure that the provision of nursing care services is maintained at a high standard a governance model such as that of shared governance is anticipated to provide the structure required to compliment a breakthrough leadership style.

### ***Shared Governance***

Shared governance is a model that offers nurses full participation in decision making related to their work and workplace. It is a value based model that is future orientated and presents a clear vision for the empowerment of nurses (Bamford, 2003). It is a model that can extend to include others within an organisation and seeks to empower and include them in any decision making process. Krueger Wilson and Porter-O'Grady (1999, p.115) described shared governance as a "model that provides a sustainable format for an empowered workforce. It creates a framework for ensuring that the processes of empowerment operate effectively throughout a system at every point where work and relationships intersect". Doherty and Hope (2000) indicated that this process takes time as the involvement of all staff takes time, and requires

persistence, determination and a strong commitment to continuous professional development.

For nursing, shared governance is particularly relevant as it tends to focus on the systems that are required to support professional practice (Cormack, Brady, & Porter O'Grady, 1997).

An understanding of the shared governance principles of partnership, accountability, equity and ownership can help leaders and members in a unit to prepare for change within their organization in order for their team to be effective and efficient (Krueger Wilson & Porter-O'Grady, 1999).

## **Partnership**

Partnership models demand that hierarchical structures are replaced with clearly defined horizontal structures where policy-making and decision making processes are at the point of service. This would mean that the departmentalization and compartmentalization of roles and functions would no longer exist. It would however, demand interrelatedness with all members who must be prepared to accept their role as a partner as well as being accountable for their activities in order to achieve the best outcomes. Therefore, for partnership to be successful it demands dialogue, negotiation, clarification of roles and functions and effective relationships between members and those involved in the process of achieving the organisational goals (Krueger Wilson & Porter O'Grady, 1999).

Cortes, Noyes and Brennan (2000) confer that “cost effective care delivery systems that provide comprehensive, quality care must be built on partnerships and developed across the continuum of care” (p.403). They suggest that

collaborative practice allows partners (for example nurses and physicians) to assess the patients needs from different perspectives and they are therefore able to share patient management and decision making.

## **Accountability**

Accountability refers to the role and relationship an individual has in an organisation and the competency of that individual to achieve the outcome he or she is expected to achieve. An individual can be accountable to their profession, their patients and the general public, to themselves and to their employers.

Diers (2004) suggests that the individual must be liable for his or her own actions, including attaining their goals, motivating themselves, their performance and growth. Accountability involves a person being responsible and answerable for their behaviours or the actions that they have taken (Leddy & Pepper, 1993). Therefore, it is a concept that allows organizations and their employees to focus on the purposes and outcomes of their actions (Krueger Wilson & Porter O'Grady, 1999).

## **Equity**

In the operational process, equity is about the roles that individuals have in the organisation and the value that they bring to that role in achieving the intended outcome. It is not about their job or status. Equity demands that all roles in the organisation are treated equally and that all individuals filling these roles are able to make decisions regarding their work, the structure and processes involved as well as their partnerships with each other. "The degree of organisational commitment to equity is evidenced by the extent to which

decisions are kept at the point of service instead of being handed down by administrators and managers” (Krueger Wilson & Porter O’Grady, 1999, p. 34).

## **Ownership**

Ownership refers to the trust and the commitments made by the individuals and organisations to the process of providing the intended outcomes. It means that individuals must act in such a way that resources are used wisely in achieving the organisational goals, and organisations must recognise the needs and the value of the individual in this relationship. Krueger Wilson and Porter-O’Grady (1999, p. 34) state that “equity is enhanced by inclusive decision making processes that ask not only for participation but for ownership.” It is apparent from these principles that for the effectiveness of an organisation, individual performance and team performance are major factors.

## **Summary**

This chapter has provided a review of the leadership literature as it pertains to the role of FLNM. This literature review has revealed the evolving nature of the role of FLNM. The literature review discussed issues such as health reform, organizational restructuring, advanced technology and patient expectations that have impacted on the role. Professional development programmes to assist the FLNM role have been identified. The challenge has been to find an appropriate programme for the preparation of FLNM. The literature has suggested that FLNM need to integrate their leadership style with their management functions in order to positively influence the changes within their organizations. Through the descriptions of leadership theories and styles a breakthrough leadership style

was identified as relevant for FLNM in the Cook Islands. Discussion on shared governance model revealed a framework that could be implemented to support the breakthrough leadership style to empower nurses in the Cook Islands.

It is with this interest that I chose the methodology and method of data collection for this study. It became clear to me that I needed to have a comprehensive understanding of the FLNM role as it currently is before consideration could be given to its future development.

The next chapter will outline the methodology and methods of data collection and data analysis involved with this study.

# Chapter three Methodology

## ***Introduction***

This chapter describes the research design and the methods used for this study. Firstly, it will give an over view of the approach and rationale for the methodology chosen. Secondly, it will discuss the methods for participant selection, the research setting, data collection, and data analysis. Thirdly, the ethical considerations involved with this study will be discussed. Fourthly, the process of establishing and maintaining rigour and trustworthiness will be considered. Finally, the role of the researcher as a nurse and issues arising in relation to this role will be discussed.

## ***Overall approach and rationale***

Methodology refers to the “strategy, plan of action, process or design lying behind the choice and use of methods and linking the choice and use of methods to the desired outcome”(Crotty, 1998, p. 3). The research strategy is guided by a philosophy which informs the method used in the research study. Grbich (1999) and Polit & Hungler (1997) suggest that qualitative research has the aim of providing a research methodology for understanding the complex world of lived experiences from the perspective of those who live it. There are many qualitative methodologies available but it is important that the approach chosen is appropriate to the research question.

Qualitative research is a broad term used for describing research which focuses on human experiences and which is conducted in naturalistic settings. It usually involves a close, often sustained contact between the researcher and the participants. However, it does not seek to establish a causal relationship rather it is of an exploratory nature where the researcher “seeks to listen to participants and build an understanding based on their ideas” (Creswell, 2003, p. 30). According to Lincoln and Guba (1985, p. 313) the purpose of qualitative research is to “accumulate sufficient knowledge to lead to understanding.”

A qualitative descriptive methodology based on Sandelowski’s (2000) line of reasoning of the methodology as being a unique and valuable way to explore human existence as it occurs in every day life is chosen for this study. It is a methodology that is more descriptive than it is interpretive. Additionally, it does not require the researcher to move too far away from the data. Furthermore, qualitative descriptive studies do not require a conceptual or otherwise highly abstract rendering of the data (Sandelowski, 2000). Qualitative descriptive studies support the perspectives of constructionism on the principle that the researcher interacts with the participants in order to access the multiple views of reality that may exist (Appleton & King, 1997). As an approach, constructionism supports relativist ontology in that the views, beliefs, and principles discovered through the process of investigation, relate only to the time and the persons involved in the study (Appleton & King, 1997). A constructionist epistemology is supported by qualitative descriptive studies in that it is unencumbered by pre-existing theoretical and philosophical requirements (Sandelowski, 2000). In contrast, phenomenological, grounded



theory, ethnographic or narrative studies are based on specific methodologic frameworks (Sandelowski, 2000).

Qualitative research is referred to as a natural inquiry as well as an interpretive research approach (Denzin & Lincoln, 2005). The goal is to describe, explain and sometimes predict.

According to Denzin and Lincoln (1998) and Schneider, Elliot, LoBiondo-Wood, and Haber (2003) the foundation of qualitative descriptive study is based on the assumption that there is no one universal truth. Therefore the experiences of FLNM in this study await a construction of their experience through the process of inquiry. This inquiry requires an interactive process (interview) between the researcher and the participants in which construction of the participants' retrospective reflection of their experience is the object of the inquiry. Sandelowski (2000) argues that the researcher is the vital tool to enable the participant's experiences to be made public. However, it is also acknowledged that the researcher approaches the study with a view that is shaded by his or her own values and experiences (Sandelowski, 2000). Therefore, a qualitative researcher cannot be separated from the topic being studied. The subjectivity of the researcher is recognized as a valuable aspect and is regarded as a strength of qualitative research (Clark, 1998). The role of the researcher in qualitative research is to interpret subjective meaning from the perspective of those participants experiencing that world regardless of the research approach undertaken (Sandelowski, 2000).

Indeed, qualitative descriptive studies may be less interpretive than phenomenological or grounded theory as the researcher presents the facts in every day language rather than in deep and meaningful philosophical frameworks (Lincoln & Guba, 1985; Sandelowski, 2000). This does not mean that qualitative descriptive inquiry lacks the capacity to reveal the meanings that participants attach to particular events and experiences. According to Sandelowski (2000) “Qualitative descriptive studies offer a comprehensive summary of an event in the every day terms of those events” (p.336).

This study focuses on describing the leadership experiences of first line nurse managers to gain an understanding of their complex role. This involves studying their life experiences and a qualitative approach allows for in depth examination of these nurses’ experiences and an explanation of their reality. The qualitative approach also has the advantage of studying the phenomenon of the nurses’ leadership experience holistically and contextually. It is possible to develop a rich description and deep understanding of this phenomenon through the collection of rich data and carrying this through to the writing up stage. It has been suggested by Smythe (2000) that this rich data about the meanings of life can be obtained through a system of questioning and answers.

Sandelowski (2000) suggests that a qualitative descriptive study is ideal when descriptions of circumstances are desired. It is considered a level one exploratory research approach (Patton, 1990). Its value, however, is in the collecting of information about an issue or problem, usually through open ended questioning or interviewing. This has the potential to produce large amounts of

contextual, subjective and rich data. Through the interview process rich data can be obtained which takes the form of interview transcripts and observation notes which are then available for analysis.

In qualitative descriptive studies interpretation of the data relies on summarising the data and presenting the findings as accurate as possible. The researcher highlights matters that are relevant to the research and discards links to other aspects of the participants' experience that might have seemed important to them. There is no mandate in qualitative descriptive studies to duplicate data beyond being purely descriptive (Sandelowski, 2000). Additionally, Sandelowski (1986) confer a study is considered credible when the reader of the research can recognise the experience after only having read about it. Through a process of thoughtful writing, reflecting and re-writing the everyday experience of FLNM in this study will be brought to awareness (Koch & Harrington, 1998).

Sandelowski (2000) has suggested that a qualitative descriptive approach is useful if a simple description of the phenomenon is required and contends that this approach has the possibility of providing answers to questions relating to practices and policies.

Therefore, a qualitative descriptive design appears appropriate as this study is seeking descriptions of nurses' leadership experiences in their roles as first line nurse managers in the Cook Islands.

## **Methods**

Methods (in research) have been defined by Polit and Hungler (1997) as “the steps, procedures, and strategies for gathering and analyzing the data in a research investigation” (p.416). The methods used in this study were a semi structured interview with a purposeful sampling and content and thematic analysis of the data.

This section will describe the participant selection method, research setting, the data gathering method, and data analysis procedures.

### **Participant selection**

Purposeful sampling was used for the selection of participants for this study.

Purposeful sampling allows the researcher to strive to select participants (or cases) that are able to provide information rich data about the phenomenon that is being investigated (Polit & Hungler, 1997). Coyne (1997) also posited that purposeful sampling provides information rich participants for an in depth study (Schneider et al., 2003).

It is important that the participants had the experience and could talk about these experiences. This method of selection is ideal in this study as the participants are experts in their area of work and information provided by them would bring about the understanding required to answer the research question, “What is the experience of FLNM working in the Cook Islands?”

The potential participants in this study are in existing leadership positions such as nursing supervisor, chief public health nurse, charge nurse, and nurses

working autonomously in charge in the outer islands. This was the inclusion criteria for participants to be in this study. Their names and contact details were provided by the Cook Islands Ministry of Health. The participants were approached through an introductory letter inviting them to participate in this study (Appendix 1). Once participants responded that they wanted more information and were accepting the invitation to participate, a participant information sheet (Appendix 2) with an attached consent form (Appendix 3) was then provided for them either by personal, faxed, or email communication.

‘Role conflict’ is a term commonly used in reference to researchers who conduct research in familiar surroundings, suggesting that problems may arise when the researcher is known in another role (Schutz, 1994). Therefore, because of my professional relationship with the potential participants an independent third party was used as an intermediary (Appendix 8) in the recruitment and consent process. This was to reduce or minimise any risk of conflict of interest in the process so that potential participants were able to act in a voluntary and informed manner. Therefore, this person was responsible for distributing the information and collecting the consent forms. It was stressed that participation was entirely voluntary and they could withdraw from the study at any time of the study. Once the participants consented to participate in this study an appointment time for an interview was scheduled at a place and time that was convenient to them.

In qualitative research there is generally no rule for sample size (Patton, 1990) however, as qualitative research involves in depth interviews the sample size is

usually small. Ten participants was the number identified in the ethics proposal that were required for this study. The potential participants were chosen because of their experience and expertise in their area of work. A total of seven out of eighteen potential participants consented to be a part of this study. In-depth interviews with this number were anticipated to produce rich data that would bring about an understanding of the phenomenon under study.

### **Research setting**

This study was conducted in the Cook Islands, where thirteen of the fifteen islands that make up the Cook Islands are inhabited. The islands are widely dispersed over two million square kilometers of the Pacific Ocean. The geographical distribution of the islands can be broadly divided into two groups, the Southern group and the Northern group. The Southern group is comprised of Rarotonga, Aitutaki, Atiu, Manua, Mauke, Mitiaro, Palmerston and Takutea. The Northern group comprises Manihiki, Nasau, Penryn, Pukapuka, Rakahanga, and Suvarrow. Rarotonga is the mainland and the central government administration centre (Cook Islands Government, 2007). This geographical distribution of the islands has proved to be a challenge for the delivery of health services (MOH, 2006).

Figure 1. Map of the Cook Islands.



(www.ck, n.d.)

Nursing personnel are stationed on these islands and at the time of this study on four of the islands the nurse is the only health professional available. Nurses are appointed to be in charge of the clinic, hospital, ward or public health area by the Ministry of Health. There are a total of eighteen nurses in the position of FLNM at the time of this study.

Of the seven participants that consented to this study, one worked in the Northern group, five worked on the mainland Rarotonga, and one worked on another island of the Southern group. They are all Cook Islands women who completed their undergraduate nursing education in the Cook Islands.

## **Data collection methods**

The participants were invited to choose a place that they would feel comfortable at and be free of interruptions in which to be interviewed face to face. The advantage of face to face interview with the participants is that it allows the researcher to use body language like head nodding and facial expressions to encourage the participants to expand on their story. It also has the advantage in that the researcher is able to observe and take note of the body language of the participants that may indicate some physical or emotional feelings, such as hand gestures, accentuations and facial expressions.

The specific method of data collection involved conducting an interview in which the participants were encouraged to describe their experiences as nurse leaders in their area of practice. Interviewing involves interacting between at least two people who bring their own life histories to the situation. The purpose is to contribute narrated information that becomes the source material from which deeper understanding of the experience is obtained through analysis. The interview process was semi structured with some open ended questions (Appendix 4) presented to the participants prior to the interview. A semi structured interview format was selected as it was helpful to have guideline questions to prompt the flow of conversation and to ensure that participants covered the same areas. The questions address issues related to their preparation for the role, difficulties experienced, support received, leaders and styles of leadership that inspires them, changes they influenced and what they enjoyed most about their role.



Cook Islands Maori and English are the main languages used in the Cook Islands. All of the participants were Cook Islanders and fluent in both languages. They were given the option to speak in Cook Islands Maori or English during the interview. Five of the participants chose to speak in a combination of Cook Islands Maori and English, one spoke in Cook Islands Maori, while another decided to speak in English. The interviews were audio taped. All interviews were carried out by myself, Elizabeth Iro, the researcher. I am fluent in both English and Cook Island Maori.

All of the participants had chosen a pseudonym, which is used in the transcripts and the thesis report. Additionally, any identifying detail in the writing up of the study that might potentially link the participants to the stories being told was changed or disguised.

The interviews were undertaken over a two month period, with the first interview being conducted at the home of the participant's friend on Rarotonga. The second to the sixth interview were undertaken at the participants' place of work on Rarotonga. The last interview was carried out at the medical residence on a Southern group island. The length of the interviews were between 50-70 minutes. All of the participants found the interview experience to be beneficial as it allowed them the opportunity to express some of their frustrations related to their practice. It was also an opportunity for them to reflect on the positive aspects of their practice. All of the participants expressed how appreciative they were to be included in this study and to be able to talk about their role.

The participants were informed at the end of the interview that I may need to contact them at a later date if details from the interview needed to be clarified.

Reflection and review of the interview tapes and notes were carried out straight after the interview. This enabled me to re capture some of the non verbal aspects in the context of the interview.

Unfortunately, I was unable to use the transcriber I had initially contacted and so decided to transcribe the interviews myself. This process took more time than I had expected due to my limited typing ability. However, it was a process that proved to be beneficial as it provided the opportunity for me to get closer to the data at this early stage. I was further exposed to the data at this early stage when I translated the transcripts that were in Cook Islands Maori to English.

Once the transcripts were translated these were given back to the participants to read and make corrections if they wished to. Only minor additions or deletions of words were made to the final transcript.

## **Data analysis**

Patton (1987) and Sandelowski (1995) both agree that the analysis of the data commences at the beginning when the researcher is getting ideas about the topic. Analysis and interpretation continue during the interview process. Therefore, it was important to take notes and record non verbal aspects during the interviewing process as sometimes these moments are lost and not picked up in the recorded interview. I was able to do this during the interview and hence the

importance of reflecting and writing about each interview straight away. Additionally, Schneider et al. (2003) suggest that there are limitations when transcribing verbatim the interview with each participant, as many non verbal aspects of the interview are not captured. However, I found that listening to the tapes while reading each transcript allowed me to record and place the right context of the encounter with the text. Additionally, through transcribing the interview verbatim myself and then translating it I was able to be close to the data at a very early stage of the analysis process and to be involved from the beginning in making sense of the data.

Once the data was collected, it was analyzed and interpreted. The objective was to put it together in an orderly manner and arrange it in categories and themes. Lincoln and Guba (1985) define data analysis as a process where the researcher makes sense of the data. A content and thematic analysis where the data was organized and integrated according to emerging themes and concepts was carried out. This study used a process of inductive analysis, a reasoning process where specific observations went on to more general rules (Denzin & Lincoln, 1998). A thematic analysis allows more inductive analysis of the data than content analysis. The themes and patterns were identified through immersing and re immersing oneself in the data.

Identifying themes in a qualitative study is a process that is not precise. It requires concentrated and sensitive listening skills and openness for appreciating what might be revealed. However, van Manen (1997) proposes three approaches that can be used to reveal significant themes. Firstly, a wholistic

approach in which the researcher looks at the whole and questions whether there is a sententious phrase within the data that captures the basic meaning or significance of the text as a whole. Secondly, a selective reading approach where the researcher listens and reads the text several times searching for phrases or statements that might seem to be revealing the experiences being described by the participants. Thirdly, a detailed reading approach where the researcher looks at every sentence and enquires whether it reveals anything about the experience being described (van Manen, 1997). This process has informed the analysis of this study.

Establishing the meaning and intent of the data was the aim of the analysis (Seaman, 1987). Hence, keeping the research question “What is the leadership experience of FLNM working in the Cook Islands?” in focus and asking ‘What is this about?’ when reading the transcripts helped with the analysis process. The challenge has been to reduce the volume of the data to a manageable amount (Neuman, 2003).

Each transcript was analyzed individually and key words and phrases that were used by the participants were highlighted and also noted on the right side of the transcripts. This was the beginning of the formation of the themes and sub themes. The themes initially emerged from the following words and phrases: belief in God; opportunity to help own people; opportunity to better oneself; opportunity to lead; humbleness; to serve and help people; collaboration; patient, respect and support; working on your own; helping others; qualification for the role; experience; trust; the role; preparation for the role; difficulties;

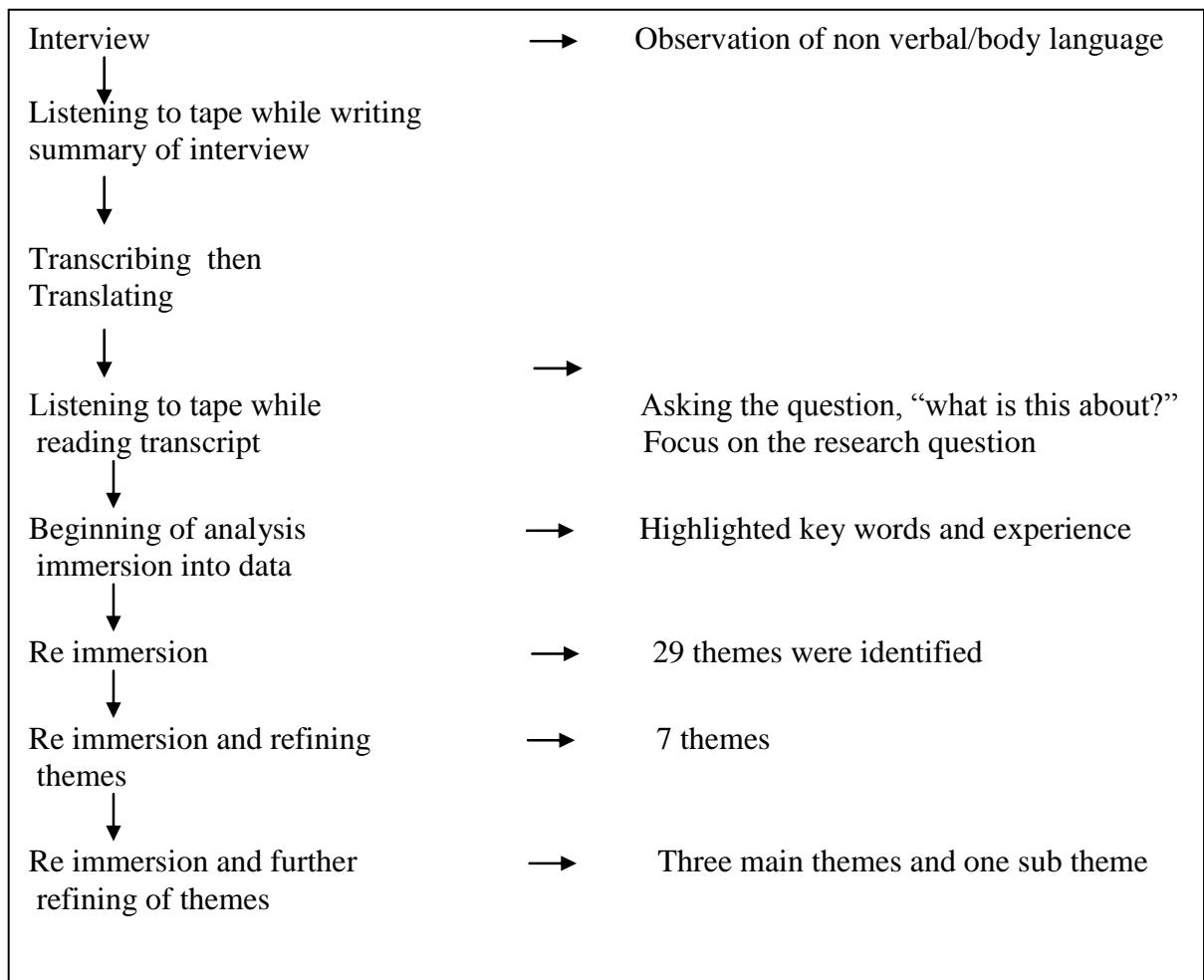
relationships and team work; self development; continuing education; learning; recognition to continue to develop; challenges; the importance of documentation; decision making ; role in arranging transfers; nursing shortage; proud of nursing career; By looking at how many times these themes were repeated gave an indication how important it was to the experiences of the participants. The critiquing of the theme frequency indicated their significance to the participants and to this study.

The participant's responses to the interview questions were also analyzed separately. By using different coloured highlighters these responses were noted in the text of the transcripts. Using a cut and paste technique on the computer I was able to transfer data from all the participants transcripts relating to each question onto one file. This reduced the volume of data and made it manageable when looking at the whole. These responses were then categorized into themes and it was noted at this stage that the 29 themes originally identified could be linked and focused into these emerging themes. This resulted in the following 7 themes; preparation for the role; taking on the role; difficulties experienced in the role; coping in the role; relationships and support; leading and learning in the role; self and team development. This process involved a lot of sensitive re reading and re writing. According to van Manen (1997) meaning is only made visible by moving in and out of the details in the text in an iterated manner. The search for the themes continued until I was satisfied that the thematic structure formed out of the data was reflective of all the stories told by the participants. Through further analysis and reorganizing of the data, three main themes and one sub theme were identified. The three main themes were 'awareness of self

when taking on the role’, ‘building relationships embracing people’, and ‘continuous learning’. The sub theme was ‘managing in the role’. These will be discussed in the next chapter.

The process used to analyze the data is illustrated in Figure 2.

*Figure 2* Data processing.



## ***Ethical considerations***

Prior to commencement of this study consent was obtained from the Auckland University of Technology Research Committee (Appendix 5) and the Cook Islands Research Council (Appendix 6).

Tolich and Davidson (1999) list five core ethical principles for consideration in qualitative research. They are, do no harm, voluntary participation, informed consent, avoid deceitful practice, maintain confidentiality and anonymity. These principles are addressed individually as they pertain to this study.

### **Do no harm.**

Research processes should be designed in such a way as to not cause any physical or psychological harm to participants. Although, it was clear that this study would not place the participants in any physical harm, the psychological effects of recalling and sharing strong emotional or traumatic experiences were unpredictable. Therefore, it was important that I be attentive and sensitive during the interview process (Polit & Hungler, 1997). Additionally, participants were informed at the beginning of the interview that a counsellor from the Cook Islands Women's Counselling Centre was available if required. To alleviate some possibility of discomfort to the participants, the venue for the interview was at a place of their choice. Participants were informed at the beginning of an interview that if they felt uncomfortable at any time during the interview to feel free to stop the tape recording.

## **Voluntary participation**

Participation in this study was voluntary. To avoid coercion an independent third party intermediary who was not a nurse was recruited (Appendix 8) to distribute the introductory note and information sheet and to collect the consent forms. The participants were informed through the information sheet (Appendix 2) what was going to happen in this study and what was expected from them. They were also given the opportunity to seek further clarification about the study at any time. Those who volunteered to be a part of this study were informed that they could withdraw from this study at any time during the study and their information and that their data would then be destroyed. No one withdrew from this study.

## **Informed consent**

According to Polit and Hungler (1997) informed consent “means that participants have adequate information regarding the research; are capable of comprehending the information; and have the power of free choice, enabling them to consent voluntarily to participate in the research or decline participation” (p.134).

All participants in this study were given adequate information (Appendix 2) and were fully informed about this study. They were encouraged to ask questions at any time during this study. All the participants were able to give their written consent prior to data collection.



## **Avoid deceitful practice**

The information sheet provided for participants ensured that they were well informed of the nature, the purpose, benefits and likely risks that might occur during this study. Their right to withdraw from the study at any time, was fully disclosed.

## **Maintain confidentiality and anonymity**

It is expected that any data gathered from a participant in a research study is kept in the strictest confidence (Polit & Hungler, 1997). Participants in this study were informed (Appendix2 )at the beginning of the study that their privacy and confidentiality of information would be preserved by removing their name and identifying details from the transcripts, instead a pseudonym chosen by them was used in all the transcripts and in the thesis and any reports.

Participants were also informed that only the researcher and the supervisor have access to the consent forms and data. All the information is being kept in a locked and secure storage.

However, complete anonymity of participants cannot be guaranteed as the environment of this study is such that people in the Cook Islands will expect to know each other and expect to know each others stories and therefore someone may recognise the participants' story in the final report. This fact was made known to the participants at the beginning of the study. None of the participants withdrew from the study after knowing this.

## ***Rigour or Trustworthiness***

It is important to establish and maintain rigour and trustworthiness in any research. Schenider et al. (2003), states that “rigour informs actions and decisions throughout a research project” (p 148). Qualitative researchers are challenged with presenting research results that are reliable and valid, thereby showing the trustworthiness of their research.

Trustworthiness has been defined by Polit and Hungler (1997) as a “term used in the evaluation of qualitative data, assessed by the criteria of credibility, transferability, dependability, and confirmability” (p.470). Guidelines for establishing trustworthiness have been discussed by many authors (Krefting, 1991; Lincoln & Guba, 1985; Patton, 1987; Polit & Hungler, 1997). A distillation of some of this writing as it applies to my study will now be discussed.

**Credibility** refers to how confident a researcher is in the truth of the data they have collected. Various strategies have been employed to demonstrate this in this study.

Firstly, according to Lincoln and Guba (1985) credibility can be determined when participants and others within the area of practice being studied can identify with the experiences being described as theirs. Participants had an opportunity to check the credibility of the results by having their transcripts and translations returned to them to validate. This action of returning their transcripts to them to verify the accuracy of their recorded conversation confirms credibility of the data.

Secondly, as a researcher it was important to be mindful of personal beliefs, values, interests, and biases which “may colour the observations and interpretations of the behaviours of others” (Schneider et al., 2003, p. 187). Therefore, keeping a journal and noting thoughts, ideas, and feelings during this study helped to bring about honesty and openness to the inquiry. This was a point of reference to guide my thoughts and actions. This process of reflexivity is a criterion that can be used to support credibility (Krefting, 1991).

Thirdly, the credibility of this study was strengthened by discussing the role of the researcher, her qualification, personal and professional experience and issues that may arise in regards to this study.

**Transferability** refers to the extent to which the results of a research study can be transferred to another context or situation (Polit & Hungler, 1997).

Therefore, the researcher must provide adequate information about the participants, settings, and the processes observed during the study so that the reader can make a judgment about the applicability of the study to another context. The setting and the participants in this study have been described fully and accurately. The collection and the analysis of the data have been clearly described and the findings are discussed in relation to the research question and the literature review. The process of careful reading, writing and re writing to ensure that the developing themes were grounded in the data was a constant task and strengthens the trustworthiness of the research.

**Dependability** of the data according to Polit and Hungler (1997) is the criterion for judging the quality of the data in qualitative research and refers to the stability of this data over time and conditions. It is another way of showing trustworthiness or rigour in the study. One strategy that is used to achieve dependability is to have an inquiry audit of the methods used to collect, analyze, and interpreting the data. I have accurately described the methodology, methods used to collect the data, and the process taken in analyzing and interpreting the data and the positioning of myself as a researcher so that others can ascertain how conclusions are reached. This study shows a trail from the reason for undertaking this study, to the research question, the choice for the methodology, data collecting and analysis. A record of the steps taken to complete this study was maintained. Ongoing valuable support from my supervisors provided the direction throughout this study by prodding my thoughts when broader or specific lines of inquiry could have been made.

**Confirmability** refers to the objectivity and evaluating of the data. Polit and Hungler (1997) and Sandelowski (2000) suggest that conformability does not reflect on the objectivity of the researcher or if the researcher was unbiased rather it focuses on the characteristics of the data. According to Guba and Lincoln (1998) confirmability is assured if the other criteria of credibility, transferability and dependability are achieved. An inquiry audit or an audit trail can demonstrate the confirmability of the data if evidence is provided for an independent inquirer to follow the procedures and decisions made during the inquiry. Auditability in this study has been shown by the detailed descriptions of the processes of gathering the data, the interview transcripts and notes as well

as the journaling during the study process. Reflexivity as discussed earlier can contribute to confirmability in this study.

### ***Role of researcher and reflections on role***

According to Marshall and Rossman (2006) the researcher is the tool for collecting the data for a qualitative study and the presence of a researcher in the lives of the participants is vital to the methodology. As an in depth interview was required in this study, the presence of the researcher in the lives of the participants has been relatively short but personal. This researcher participant relationship can be of an intimate and private nature which raises some ethical considerations on the part of the researcher. Therefore, researchers need to be able to identify any personal connections to the participants and the research topic. They also need to articulate their perspectives and any pre assumptions on the research being undertaken. Denzin and Lincoln (1998) believe that by “identifying one’s biases, one can see easily where the questions that guide the study are crafted” (p.41). The credibility and trustworthiness of a study is also strengthened by researchers identifying and acknowledging their biases and pre assumptions prior to carrying out the study.

My background as a nurse/midwife in charge of the Maternity ward in the Rarotonga hospital for 10 years has contributed to my interest in finding out about the experiences of my colleagues as nurse leaders in their role as a FLNM working in the Cook Islands. This gave me the feeling that I could relate well to the participants and the phenomenon under study. I felt this was helpful as I had some understanding of what the participants were possibly going through, yet

not understanding it from their perspective. However, it was important for me to reflect on my other roles within this setting.

In my role as the President of the Cook Islands Nurses Association I have been further exposed to the participants in a social context and the relationship I have had with them has been a positive one in the fact that they have always been forthcoming with information (good and bad) regarding their work and personal circumstances. As this role is a voluntary position and is an elected position by the nurses in the Cook Islands, I felt there was no associated risk that participants would not be willing to share their stories. However, it was important that I reflected on this close association with the participants and noted my feelings and thoughts in my journal.

In another role that I have as the Cook Islands Nursing Council Registrar, I have felt that this would impact on my relationship with the potential participants as it is a role that has a direct impact on their employment. Therefore recognizing that the role of a registrar may have some implications on the relationship I would have with the prospective participants I felt it was important to resign from this role (Appendix 7). It was important that the participants felt free to express their stories without any risk impinged by the researcher being in the role of the Registrar.

## ***Summary***

This chapter has outlined the research design and methods used in this study. It has given an overview and rationale for the methodology chosen as an

appropriate choice to answer the research question. It discussed the methods for participant selection, the research setting, data collection and data analysis. Ethical approval and five core ethical principles for consideration in a qualitative research was discussed. Rigour and trustworthiness of the study and the role of the researcher was also discussed as it relates to this study.

The next chapter will present the three main themes and associated sub theme identified in the analysis process. Chapter four will highlight the findings of the study in relation to the research question and the literature review.

# Chapter Four Findings

## *Introduction*

This chapter presents the findings of this thesis concerning the leadership experiences of FLNM working in the Cook Islands. The identity of the participants is protected by the use of the pseudonyms chosen by them and by removing any identifying details from the quotes used such as place of work and name of island. References to names of people in the quotations used have also been removed when presented in this chapter. Where quotes (or translations) are used the pseudonym of the participant and page number of transcript is cited. A translation is identified when square brackets [ ] are placed outside of the quotation marks. Where words have been omitted ... is used to indicate this.

The seven participants interviewed were all Cook Islands women who had been promoted to the role of FLNM because of their clinical experience and professional nursing qualifications. All had completed a post graduate nursing programme such as midwifery and/or nurse practitioner. Rose, Rita, Tammy, Respect, Gina, and Erani have a midwifery qualification, and Rose, Respect and Mary have a nurse practitioner qualification. All received their nursing registration from the Cook Islands School of Nursing. Given the absence of any preparation for the leadership and management aspects of the FLNM role I was particularly interested in how they experienced this component of the role.



The process taken to analyse the data has been described in chapter three. Three main themes were identified and will be discussed. The participant's words are used to give voice to the themes and to provide an example.

The three main themes identified are: **'awareness of self when taking on the role'**, **'building relationships embracing people'**, and **'continuous learning.'**

### ***Awareness of self when taking on the role***

In describing their leadership experiences as FLNM the participants were inclined to start with descriptions of their prior experiences as staff nurses. This reflects the importance they placed on the qualities that one brings to the role or what one found lacking in oneself when coming into the role. Hence, the theme **'awareness of self when taking on the role'** exemplifies the beginning of that leadership experience. Inherent in this theme is the sub theme **'managing in the role'**.

Four of the participants described their previous outer islands work experience as making a valuable contribution to enabling them to perform well in their role as a FLNM. They considered this a good preparation for the FLNM role.

Working autonomously on these islands gave them the opportunity to develop leadership and management skills. Skills in problem solving, decision making, planning, organising and delegating had to be quickly learnt while stationed in the outer islands. This gave these participants the confidence to apply for their current FLNM position and to succeed in managing in this role. The following extracts give voice to this experience of confidence.

*“With all this experiences I had from the outer islands I was comfortable, confident...huh... sure that I can cope with this charge nurse post” (Rita, p.2)*

*“... that experience in the outer islands has helped me in my role here in my new position ...teaching the nurses... when the doctor comes to Rarotonga you are in charge of everything at the hospital. I think that is why I said I can do the job when I started ...given the opportunity to take this new post. And when I was offered the new post I said I can do the job” (Respect, p.3)*

*“Yes when I was in the outer islands I know I work by myself but in my heart I know I can do this ... I knew I could be in a charge position. I will say that the work I did and what I learnt in the courses I did has helped me to feel I can do the job” (Rose, p.19).*

*“Yeah but that experience of mine has really opened a lot of things for me that I didn't know when I was here in Rarotonga... [But in Island B because there is no doctor at the time I was there] so I have to make my own decisions and I have to look after a population of 700” (Tammy, p.4)*

Confidence has been defined as “a positive feeling gained from a belief in your own ability to do things well” (Hawker, 2006, p. 181). Gaining and acknowledging/recognising their own developing confidence was the beginning of the leadership experience for Rose, Respect, Rita and Tammy.

All four of these participants went on to describe their experience in their roles as FLNM as one of serving their people. Respect describes a situation when one of her staff went on annual leave and she was left to cover an already understaffed area of practice. She motivated herself to personally see to people within that area because “*I feel for the people*”. Rita considered it a “*privilege to help*” while Rose “*felt in her heart*” she could do the job. For Tammy it was recognising that a “*spiritual path*” was another option in helping her people.

For the two participants who are currently working in the outer islands in the role of FLNM they described the beginning of their leadership experience as one

of service to their people. Mary was sent from her island to train to be a nurse and expected to return and look after her people. She considered her role in the delivery of health services to her people a “good fortune.”

*[“I praise the Lord for this good fortune that I have, because I will be able to help my people”] (Mary, p. 2).*

For Erani working on her island also meant she was in a position to serve her people. This was a motivating factor in her leadership experience and the best thing about her job was;

*“Helping my people. Being with and helping them” (Erani, p. 13).*

Gina did not describe any outer island work experience. She found that taking on the role of FLNM was a time for soul searching as she initially had doubts about her ability to take on the role, she had a “*feeling*” she wasn’t prepared for it.

*“When I first came into this position I didn’t really know what to expect. Hmm when I came here to start off I had that feeling that I was not good enough ... but I took it as a challenge” (Gina, p.2 & 4).*

This challenge has seen Gina through the difficult initial phases in her role as FLNM. However, her strength is seen through her descriptions of care towards her staff and patients as she endeavoured to find solutions to problems because “*sometimes we can’t help it, but we have to find ways of helping*” (Gina, p. 6).

This theme “**awareness of self when taking on the role**” has highlighted some servant leadership attributes among these participants. There was a tendency to describe their experiences using words such as “*to serve my people,*” “*to help my people,*” “*feeling,*” “*good fortune,*” “*spiritual path*” and “*in my heart I*

*know I can do this.*” Cammock (2001) believes that skills are important for effective leadership but leadership is a holistic process that also requires soul. These descriptions by the participants invoke an emotion and a deep sense of soul. Cammock (2001) argues that we need leaders “that can access their passion and emotionality, leaders with a sense of calling that flows from their core identities. ...leaders who are motivated by a desire to serve others and who couple their skills and intellect with a touch of soul” (p. 38).

For all of the participants there was anticipation and an expectancy to take on the FLNM role. Some participants have embraced the role with excitement and anticipation and one participant with some initial hesitancy.

### ***Managing in the role***

Though confident in their abilities to take on the role of FLNM the participants were challenged by management issues. They described the difficulties experienced which have impacted on their ability to lead and perform well in their role.

The participants showed some concerns for administration problems such as limited resources available, shortage of nurses, poor communication channels and skills, poor documentation, lack of orientation of new graduates, length of waiting time for patients, lack of orientation for FLNM, unclear job descriptions and responsibilities, job overload, lack of leadership support and lack of protection from litigation which impacted on them. It has been shown in the literature (Firth, 2002; Patrick & Spence Laschinger, 2006) that these factors can

contribute to increased stress levels in FLNM and that such factors are associated with lowered job satisfaction and performance.

An example of unclear description of role responsibility and expectation is described by Erani. She works on an island with a doctor and described an occasion when she was involved in organising a patient transfer to the mainland Rarotonga. On her island the doctor had given her the responsibility to make decisions and arrangements for any obstetric patients to be transferred to Rarotonga. This reflects the doctor's trust and confidence in her competence and in her midwifery knowledge and experience. However, she received a reprimand from her nursing superior in Rarotonga and recalled being told "... *that all those responsibilities especially when referring patients are the responsibility of the medical officer and never the nurse*" (Erani, p.7).

For Gina the management side of the role caused some real concern for her. She was overwhelmed by the expectations of the role. Managing her ward meant being an educator for patients and students, ensuring the staffing was adequate per rostered duty, ensuring she had adequate stock for her ward, and ensuring the patients receive the best care. This was a real challenge especially in an environment where there was a constraint on available resources (nursing staff and medical supplies). This expectation has produced the following statement from Gina.

*"And I feel the role is huh ...is a lot this role is asking of a charge nurse. And ... we need the support of our superiors"* (Gina, p.9 & 10).

The following extracts describe some of the management difficulties experienced by the participants.

*“We can find today there is a shortage of syringes and the medications... its quite a difficult thing, ... to look for these things hah but I have to, to meet the needs of my patients and the doctors order” (Rita, p. 3).*

*“I left and came into this position, I was a clinical nurse, it was a hands on position, this one is... an administration (one)” (Respect, p.1).*

*“... information from the management is not coming down to our level, it’s just up there at the management, so I think this is one of the difficult things I am facing in my role as a charge nurse” (Rita, p. 3).*

An expectation to be available when another staff member is off sick or on annual leave highlights the nursing shortage issue.

*“So its quite a difficult situation to call nurses back on their days off, on their annual leave, plus their sick leaves, to cover the needs of the services in the hospital” (Rita, p. 2).*

For the two participants in the outer islands there was the added responsibility of being on call seven days a week, twenty four hours a day. The next two excerpts from Erani describe her experience.

*“I would say that I am working 24 hours on the island. No matter where I am the people still come and get me down the land, down the beach, wherever” (Erani, p. 9).*

*“...no matter what time in the night. You leave your family and you go and attend to their needs. Even if the doctor is here (on the island) people still call or come around home” (Erani, p.4).*

However, for Mary who lives the furthest away from the mainland Rarotonga this 24 hour service to her people is not considered a difficulty. She reflects on her role as a happy one because *“In my life I am happy living with my people.”*

In their description of the above experiences Erani and Mary are able to maintain a servant leadership approach. As Erani stated

*“...sometimes I get tired but you know it’s our people, it’s our people and we have to go and serve them no matter what time... to attend to their needs” (p4).*

The theme ‘**awareness of self when taking on the role**’ has provided an insight into the participants’ awareness of their own abilities when taking on this role. From the descriptions of their experiences there are difficulties and challenges they are faced with. The sub theme of ‘**managing with the role**’ describes the management issues that have impacted on the leadership role of FLNM. Despite the difficulties experienced the participants have embraced their role and their people. The next main theme of ‘**building relationships embracing people**’ describes their leadership experiences in addressing some of the management issues identified.

### ***Building relationships embracing people***

The theme of ‘**building relationships embracing people**’ describes some of the processes and relationships that participants have been involved with that have contributed to their leadership experiences. Krueger Wilson and Porter-O’Grady (1999) have suggested that understanding relationships is important to the management of any organisation. Cammock (2001) believes that within management processes one can function with some degree of distance and detachment but leadership demands an involvement with people.

Rose commented on changes in her area and recognised that teamwork and relationships are important but are not always easy to establish. It was

interesting to notice that very early on in Rose's situation she recognised that a good team was crucial to have and as a leader this was important for her. By regularly holding ward meetings she was able to establish unity in her team.

*[“This is what I wanted to happen the reason is to get us together, my relationship as a leader and the relationship with my colleagues that is why I wanted to find out and think how I am going to lead us.*

*The first thing I did in the area of practice was just to observe the set up there. So that is the first thing I did in the first week, I did not make any changes but I just observed, looking at how I can improve the area of practice”]* (Rose, p 5.

*[“So I have tried hard to find a way to work together so we can move forward”]* (Rose, p. 4).

However, Rose admitted that maintaining an effective team and good relationship with the staff was a continual challenge. This awareness and understanding prompted her to plan changes within her area carefully at the same time involving her staff in the planning.

Tammy also realised the importance of good relationships with her staff and the doctor and appreciated this. However, she also suggested that a good relationship with God is also a pathway that can help.

*“So far working being back in charge of the ward at the moment I have a good relationship with the staff (Tammy, p. 15).*

*So I am enjoying what is going on at the moment in the ward ... often I pray for my staff and the doctor. Maybe that is also another path, spiritual path that we don't see but I mean ...in God's ways it has helped us work together as a team. So I just want to thank God for everything that he has done for me in my life”* (Tammy, p. 16).

Having good teamwork meant happy staff. This was the reality for Tammy and she continued to be overwhelmed by her staff's support. This support has been noticeable in their willingness to comeback to work an extra shift when she asked them. Additionally she expressed that at times she does not feel like a



leader but is more a follower. This observation by Tammy would indicate the positive effect of empowerment that is experienced by others in her team.

Teamwork is an important part of effective leadership. It means that everyone has to learn to work with each other to ensure that goals are achieved.

According to Shaw (2007) this involves “developing people, delegating authority, and empowering and enabling others by: listening to ideas, encouraging active participation, removing bureaucratic barriers, giving people the tools to do the job, removing obstacles that hinder team performance, encouraging and supporting creativity and imagination” (p.48).

Embracing their staff and their people has been an important part of the leadership experience of the participants.

Collaboration and partnership was recognised by Mary as an important aspect of her work when she described her experience involving her people using ‘Maori medicine’ to treat their ills.

*[“On the side of the Maori medicine there is support there, my people sometimes will use the Maori medicine to treat themselves. It is good. I talk quietly to my doctor to explain this to him to accept it. I am not overruling the doctor, I am asking for help-there is the Maori medicine and there is the ‘Papaa’ (western) medicine, but we must work together. That is how we live there. In our lives in Island C I see that we work together with all the doctors”]* (Mary, p.10).

Although Mary does not describe this as a partnership her description of the relationships indicates that establishing partnerships is important. Working with others and working with their people and for their people were considered an

important aspect of her role. A strong emphasis on people was evident from all the participant's comments.

Mary, who lives on an island, considers herself humbled as she is able to work not only with her patients but also with their families and the people on the island. Her ability and vision to include everyone in her life is an indication of her leadership with humility.

*[“In my life I am happy living with my people in Island C from since I went there to work. I have also noticed in my people, the respect. For one, they really respect me, their mama nurse”] (Mary, p 3).*

*[“Another thing is the people in high positions, high positions, like the new pastors, new councilors, it is like we are close. That is how close I am with them. Why? So that they can support me and my needs on Island C do you understand?”] (Mary, p. 7).*

*[“I will always try and find a way to keep everyone the welfare leaders and the councilors and mayor happy with me. That is my way of life in Island C, because of the needs of my patients I always keep under their “shades”. That is what I see and their big help”] (Mary, p. 9).*

In a similar pattern Respect's comment *“Because I feel for the people”* (p.2) shows her commitment is to her people not just to her job. She identified that she is in the role;

*“because of the people, we are working for the people for the wellness of the people. Most of the work in the community is for the wellbeing of the people not only for the sick but for the healthy people too”* (Respect, p. 4).

Erani also described very similar testimony that the people is the most important part of her job; *“Helping my people. Being (with) and helping them”* (Erani, p. 13). She also believed that good relationships with your patients can help with their problems.

*“And I believe too with the healing of our science too it is not always with the medications with the hospital medications. People often get healed by*

*reassurance, by the comforts of, you know, by the patient and client relationships I do believe in that” (Erani, p.13).*

Establishing a good team and good relationships not only at work but within their communities has provided some insights into the expanded role of these participants. Cammock (2001) posits that a big network of organisational and community contacts contributes to effective leadership. For Mary, establishing these kinds of relationships in her community is important to her as she is usually working on her own on her island. Therefore, in times of a crisis she is able to call on just about everyone on the island for help and support.

The support that the participants receive as a result of established relationships is acknowledged as an important contribution to the success of their role.

Mary’s next comments highlight this;

*[“Other things in my work in Island C that I see, is the support of the people to help me with my patients. Support”] (Mary, p. 4).*

*[“I know this is why I am happy because the people are working with me, my people are working with me and I respect them and their love. For me to run to my people for help is no problem. You know when there is a sick person, I just ring the GR for the use of the truck, and all the Government workers, the youth, the boys, and they help. They are well known to me”] (Mary, p. 13).*

The participants expressed that the support they received from colleagues, family members, the people, and God during difficult times has helped them.

Knowing who to turn to has contributed to positive outcomes for them, their patients, and their staff.

Respect and Erani have turned to administrative staff for help with their financial and funding concerns and are now in a better position to carry out the

tasks. Respect is now confident in the planning and funding applications for projects and Erani, is managing the time sheet and salary forms for her staff. Learning on the job has contributed to their leadership and management abilities.

Rita described her belief in her colleagues when she refers to them for help on communication problems;

*“And I think there’s ways to improve this, by seeking help from my colleagues and get responses from them, and writing letters, and putting recommendation about how this can be done for change or upgrade...” (Rita, p.3)*

As nursing leaders the participants have identified the support network within their area of work and their communities that they have established.

Understanding the need for this collaborative effort has helped the participants maintain good relationships with the people. Therefore, requesting help when needed has been made easier.

The participants admit that they still required further education and development in their role as leaders. For example Rose stated *“to me I still haven’t developed enough leadership skills, I still need to do more” (p. 9).*

The next main theme of **‘continuous learning’** describes the need of the participants to learn and develop management and leadership skills and to encourage their staff to continue with similar training and development programmes.

## ***Continuous learning***

The participants, having taken on the role and established relationships and support, found that they still needed to address issues of leading their team effectively. Most of them found they were ill equipped to undertake the full responsibilities of the FLNM role.

They have however, been motivated to develop themselves and their team. Some have found this to be a real challenge, but at the same time have been excited with the leadership opportunity the role presented them. Apart from Rita who stated that she fluctuated between a democratic and an autocratic style of leadership no other participant stated a particular style of leadership in the telling of their stories. Although it appeared that some have modelled the way they are leading by observing the behaviours and qualities of some people they admired or have worked with. Some of the qualities described by them were *patient, gentle, good listener, firm, and looks after the interest of others, good communicator/speaker, someone prepared to work, someone able to keep confidential information, someone who drives to get the work done, and someone who is available to help out.*

Recognising some of their own needs to develop in the role, some of the participants have taken up some form of continuing education programmes offered at the University of the South Pacific (USP). Additionally, Rose described a Leadership programme offered by the Nurses Association that she undertook and found to be beneficial.

*“So I have been to workshops organized by the nurses association, in Fiji, New Zealand on nursing leadership. This has helped me in my leadership skills and I*

*will say this is one good step to take... you have to take steps and try in your steps to achieve it as a nurse and as a woman, you have to find the ways to a higher position. It is not an easy thing to do but the benefits from these courses are good and very good” (Rose, p.20).*

Enrolling in some further continuing education programmes at the USP was a start for Rita and Respect.

*“I think huh to help me solve with these difficulties I go to USP (University of the South Pacific) and did my management course, to upgrade my understanding on organizational behaviours and ...leadership” (Rita, p. 4).*

*“But as time goes I develop myself, like going to conferences and USP and also furthering ourselves in in-services (education) in the area of practice even if its me giving the in-service education, it is still teaching me, I give the in-service education to the nurses and in the community and the mothers and it helps me too, to improve myself in my position now” (Respect, p. 2).*

Tammy also admits that after taking some USP studies she is *“learning, taking in being in charge” (p.14).*

Constantly finding a way to improve, Rose reverted to some of her books.

*“So I came back and I remembered about this book I read I think it was something to do with the leadership, I went to help to look for books for emergency, thinking how am I going to improve in this area (Rose, p.5).*

The participants also talked of their understanding that for their team to function effectively they needed to encourage other members of their staff to continue with their education.

*“I think there are some changes in that I have influenced in my ward. I have encouraged my nurses to attend huh in services to upgrade their skills and to go do some outside studies, USP online if they know how to.” (Rita, p. 7)*

For Rose getting her staff to set their own personal and professional objectives was a pathway to their development, because she felt that they all can progress, they do not need to stay where they are.

*“so they will understand why they did that, in the end you have to dream of things you can't just sit there, because you are allowed to go up to the second step and the third step  
Now each one will make their own objectives. That is what I am doing now. All of them for two years now are practicing this” (Rose, p.8).*

Rose believes in continuing to strive for betterment;

*“ you have to take steps and try in your steps to achieve it as a nurse and as a woman, you have to find the ways to a higher position” (Rose, p. 20).*

This sentiment was supported by Respect who stated that even as a leader

*[“it is not right for you to just sit there you have to continue with some education so that your status gets better. Because don't think that everything is standing still”](Respect, p6).*

*[“What I see in this role as a leader you have to keep developing yourself, you have to be someone who listens to your nurses and you have to be prepared to work also”] (Rose, p. 15).*

It would appear that ‘leading and learning’ in the role is an overwhelming task for the participants. The FLNM role has provided the participants with the opportunity to stand up to leadership challenges. Encouraging others to set goals, to take every education opportunity and to ‘have a dream’ has been a focus of the theme ‘**continuous learning.**’

## **Summary**

The purpose of this chapter has been to provide descriptive data on the leadership experiences of FLNM in the Cook Islands. The analysis has revealed that this has been a challenging experience for them. Their stories tell of the expectation in taking on this role as a calling to serve and to help their people. The themes have provided an understanding of their experience. The theme ‘**awareness of self when taking on the role**’ has revealed servant leadership

attributes in the participants. The participant's confidence to take on the role has been enhanced by their outer islands work experiences. This was considered good preparation for the role. The difficulties and challenges presented have highlighted the management issues that have impacted on the FLNMs. Their experiences in '**building relationships embracing people**' show an understanding of their staff, their people and the support around them. The theme of '**continuous learning**' in the role has revealed that this is an overwhelming task but is taken on as an opportunity to continually advance oneself and those around you in order to be effective in the organisation.

The next chapter will discuss these findings in relation to the research question and the literature review.



# Chapter five Discussion

## *Introduction*

The previous chapter has analysed data from the participants and presented some of their data to support the identification of the themes **‘awareness of self when taking on the role’, ‘building relationships embracing people’ and ‘continuous learning.’** This chapter discusses these findings in relation to the literature and the research question. It concludes by making recommendations for practice, education and further research.

## *Awareness of self when taking on the role*

The theme **‘awareness of self when taking on the role’** draws attention to the qualities of the participants and to the role of FLNM. It describes the beginning of their leadership experience. It highlights the difficulties experienced in the role which challenges the FLNM to be effective leaders.

According to Shaw (2007) an effective leader is one who is “active and successful in influencing policy, and in motivating and influencing others to achieve common goals” (p. 126). Some key leadership behaviours that are essential to effective leadership identified by Shaw (2007) are;

- Ability to envision
- Ability to be strategic
- Confidence in self and the ability to inspire confidence in others
- Credibility and trust

- Communication skills
- Ability to motivate, inspire, influence
- Ability to take environmental, or situational, factors into account
- Ability to foster teamwork, collaboration and partnerships
- Ability to continually challenge and develop self, and foster the development of others (p. 35).

Some of the above attributes have been identified in this study. Shaw (2007) however, argues that leadership is more than a set of attributes and suggests that in different settings some of these attributes will be more important than others. The themes of this study have revealed some of these important attributes in nurses working as FLNM in the Cook Islands.

Considering the participants received no preparation for the role of FLNM they revealed a considerably high level of confidence to take on the role. Some of the participants have expressed that this was due to the experience of working autonomously in an outer island during their nursing career. Self confidence has been identified as a key leadership characteristic (Shaw, 2007). However, Kanter (2005) argues that although many leaders have self confidence, the essential factor is whether the leaders have the confidence in those around them to get the work done. This study was unable to extensively explore the extent of the participant's confidence in others or others confidence in the participants. Nevertheless, accountability, collaboration and initiative, the cornerstones of confidence as described by Kanter (2006) will be discussed under the three themes identified in this study. Accountability is taking personal responsibility, seeing where one's responsibility lies, facing it squarely,

admitting to mistakes quickly and then doing something about them.

Collaboration is team work and support, because confidence grows when you can count on people around you and when they feel they can count on you.

Initiative means having permission and encouragement so people can take the initiative, and feel supported that their actions can make a difference.

The confidence shown by the participants to take on this FLNM role describes the beginning of their leadership experience. Combining this with a 'heart to serve' their people reveals an example of a servant leadership style. They were self confident when applying for the role, and the use of words like "felt in my heart," "feeling," "a good fortune to help my people" "to serve them" can be interpreted as a calling into the role. Barbuto and Wheeler (2002) have suggested that in a servant leadership model people have a genuine desire or calling to serve others. Making this choice to serve others has been recommended by Greenleaf (1998) as the first and most important choice that leaders make. This is supported by Cammock (2001) who went a step further by suggesting that effective leadership requires leaders who can combine their skills and intelligence with a touch of soul. The soul reflects the spiritual, emotive and intuitive parts of people.

Identifying a servant leadership style and the self confidence of the participants to take on the role of FLNM is a significant finding. Servant leadership has been discussed in the literature review. This style of leadership promotes the ethos that all nurses will sometimes lead and at other times be active followers. This allows everyone to make a contribution to the organisation. Therefore,

there is the potential to increase the empowerment of staff. Servant leaders work hard to help others in a number of ways such as spiritually, professionally, and personally. Therefore, there is the potential for stress and burn out with these nurses. This situation is more so with nurses in the outer islands. The following extract from Erani highlights the need to be supportive of these nurses. “...sometimes I get tired but you know , it’s our people, it’s our people and we have to go and serve them no matter what time... to attend to their needs”(p.4).

Traditionally nurses have achieved promotion because of their clinical experience. This was true for the participants in this study. Their professional qualifications and work experiences have provided these nurses with the opportunity for promotion. However, promotion for these reasons alone means there are gaps which are related to the management functions of the role. This has been identified in this study through the difficulties experienced by the participants. Nurses have felt unprepared in regards to aspects such as performance management issues, change management and resource management issues. The administration and management aspects of the role were a real challenge for them. This finding is supported by the studies of Firth (2002), Doherty (2003), Krugman and Smith (2003). There has been no formal preparation offered to these nurses to prepare them for their FLNM role. Cameron-Buccheri and Ogier (1994) and Gould, Kelly, and Maidwell, (2001) have also reported that charge nurses are given little training to be effective in their roles.

Difficulties experienced in the role in regards to constraints of available resources have overwhelmed these nurses. There was a feeling that this role was asking too much from the FLNM. As Gina expresses; *“And I feel the role is huh ...is a lot this role is asking of a charge nurse. And ... we need the support of our superiors”* (Gina, p.9 & 10).

This study has shown that there is a need to prepare nurses for this role and to provide them with management and leadership support while in the role.

This thesis is about leadership not management but the participants indicated for them the leadership experience could not be separated from some management experiences.

There is an abundance of literature about the difference between leadership and management. There is a distinctive difference between the two; however, sometimes the terms have been used interchangeably and management and leadership have often been integrated into the same role (Shaw, 2007).

However, Cammock (2001) believes that “management can function with a level of distance and detachment but leadership demands engagement with people” (p. 13).

### ***Building relationships and embracing people***

Leadership has been defined as a process of influencing the activities of an individual or group so that they are able to achieve the results required in a given situation.

The participants recognized early the importance of teamwork and establishing relationships with those around them. However, it was the embracing of those

around them that was most significant to the participants. As a result of good relationships formed with the staff and those around them the participants have been able to address some of the management difficulties experienced as discussed earlier. However, it has been described by the participants that establishing and maintaining good relationships was also a difficult task. Unfortunately the actual barrier to this process was not identified in this study. This may be contributed to by the inexperience of the researcher to probe for this information during the interview. This has been a limitation of this study.

The relationships described by the participants were those established with their staff, their patients and people in the community, and with God. The extent of this type of networking is a vital source of support in the developing and enacting of a leader's vision. Cammock (2001) describes this process as one of 'engaging' where skills such as listening and learning, communication, and connecting with others are continually revisited to ensure that the vision or the shared purpose of the group is enacted. This study has highlighted a need to support FLNM in the process of 'engaging' staff and others.

Mary, who works in the northern group islands, describes the humility that she feels working with people of different status on her island. Her vision and understanding of relationships highlights the importance of networking outside of the health organization. Because of the 'needs of her patients' she has continually networked with others in government agencies, the church and the island council. She uses the analogy of the shades of a tree when she describes her position with them. She is under their '*marumaru*', she is always under their

‘shade’, and she is never far away from them. Therefore, it is easy for her to ask for help with her work on the island.

Krueger Wilson and Porter- O’Grady (1999) have suggested that understanding relationships is vital to any organization. How relationships function will naturally have an impact on the accuracy of information available for problem solving, the kind of resources available for performing the work and the degree of ease with which problems are resolved.

Management issues have been identified as a major part in this study of leadership. Additionally, the support from management and superiors has also been identified as lacking in this study. FLNM have been left to cope as best they can in their role. The literature review has shown that lack of support from supervisors and administrators are sources of stress for FLNMs. However, the participants have identified that the support of the people, their colleagues, their family and God during their difficult times has helped them to cope in the role.

### ***Continuous learning***

The theme ‘**continuous learning**’ describes the position of each participant as a leader in charge of her area of practice and feeling a responsibility to continually provide the best care for her patients. Identifying a need to continually improve herself and her staff through further education has been a major issue for these nurses. Unfortunately there is no structured leadership and management programme for nurses in the Cook Islands. The participants have motivated themselves and their staff to take up management courses at the University of the South Pacific and to become involved in conducting or attending in-service

education programmes within their area of practice. They recognize that this is a role that requires FLNM to continue to learn and a role for FLNM to continue encouraging their staff in further education.

*[“What I see in this role as a leader you have to keep developing yourself, you have to be someone who listens to your nurses and you have to be prepared to work also”] (Rose, p. 15).*

This description by Rose on what she considers a leader indicates a need to have professional and leadership development programmes, for leaders to have good listening skills and to lead by example.

### ***Limitations of the study***

There are several limitations to this study. This study was carried out for a thesis as part of a post graduate qualification and hence all parts of the research process were subject to time constraints. Making generalisations from this study is not possible because of the small sample and purposive sampling method used. All the participants in this study were Cook Islands women therefore a lack of cultural diversity and gender difference is a further limitation on this study. The varying length of time in the role and clinical experience of the participants is another limitation of this study.

The inexperience of the researcher in interviewing techniques is also considered a limitation on this study as indicated in the discussion section. The richness and depth of the data may have changed had questions like *Tell me more about that or how did that feel when...* had been used more often in the interview.



## ***Recommendation for practice***

The findings of this study have implications for practice. It is clear that FLNM are unprepared for the role from a management perspective. Like the preparation of nursing students to become staff nurses, FLNM need to be prepared to assist them in their transition from a staff nurse to FLNM role. This preparation should be structured and part of a career development programme. In view of the low number of nursing staff in the Cook Islands this development programme should be offered to all nursing staff. It should be a three tier programme made available to all nurses at the first level. The second tier level programme should target senior nurses and nurses interested in a leadership role. The third tier level programme should be available for FLNM and those nurses interested in an advanced training programme.

Additionally, an action learning model where the nurses ‘learn by doing’ would be appropriate given the shortage of nurses in the Cook Islands. A model programme such as the National Nursing Leadership Project in the UK (Mills, 2005) or the International Council of Nurses Leadership for Change model (Shaw, 2007) could be introduced for FLNM.

Succession planning should be introduced to identify those nurses who show an interest in pursuing this role or who describe a need to return and serve their ‘people’ on their individual islands. Then a second tier to the development programme needs to be specific for these nurses career pathway. Included in this stream would be and outer island work experience.

Support is important to the success of FLNM. This support can be provided through a mentorship programme, which should be a part of the orientation of new FLNM and be ongoing. A mentor is defined as “an experienced professional nurturing and guiding the novitiate, be they student or established professional” (Butterworth, Faugier, & Burnard, 1998, p. 12).

### ***Recommendation for education***

The role of FLNM should be introduced in the undergraduate programme with emphasis on the leadership and management aspects of the role.

FLNM should be encouraged and supported to undertake postgraduate tertiary courses on leadership, management and specialty courses.

Structured courses should be offered and completed by staff nurses, and FLNMs. Components of these courses such as performance issues, quality risks, and team building can be offered to other health professionals in the organisation.

Special attention should be given to the outer islands when recruiting nursing students into the undergraduate programme.

### ***Recommendation for research***

This study was carried out to gain an understanding of the leadership experiences of FLNM working in the Cook Islands. However, it would be interesting to explore the staff nurse’s or student nurses perspectives of FLNM and their perception on the role as a career option.

## ***Conclusion***

This purpose of this study was to describe the leadership experiences of FLNM working in the Cook Islands with an aim of raising an awareness of the complexity of their role. The study has uncovered an understanding that highlights the challenges experienced by these nurses working in a resource constrained environment. The quality of wanting ‘to serve’ their people has revealed a spiritual, emotive and intuitive dimension to their leadership experience. Having an ‘awareness of self when taking on the role’ described the self confidence required to manage in this FLNM role. However, they were challenged by management issues within the role. Overcoming these issues has seen them ‘building relationships and embracing people”. A supportive network with their staff and the people around them provides the impetus to continue ‘to serve’ their people. The FLNM also recognised the need to continue to develop themselves through some leadership and management programmes. They see the benefits of ‘continuous learning’ not only for themselves but for their staff also as a pathway to promotions and to improving patient care in their area of practice.

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# Appendix 1



To: Chief Public Health nurse, nursing supervisors, charge nurses and nurses working on their own in the outer islands.

I am undertaking a research project towards the completion of my Master of Health Science degree and am interested in hearing your stories about your experiences as first line nurse managers and leaders in your current roles. The analysis of the experiences and stories may contribute to recommendations for nursing leadership development within the Cook Islands context.

My project title is: The experiences of first line nurse managers as nursing leaders in the Cook Islands- a qualitative descriptive study.

If you are interested in being involved in this study or would like more information. Please contact:

Elizabeth Iro  
Email: [e.iro@health.gov.ck](mailto:e.iro@health.gov.ck)  
Ph 22664 or 21506

## Appendix 2

# Participant Information Sheet



### Date Information Sheet Produced:

16 February 2007

### Project Title

The experiences of first line nurse managers as nursing leaders in the Cook Islands – a qualitative descriptive study.

### An Invitation

Thank you for responding to my introductory note about the above titled research. I am conducting this research as a final part to completing my Master of Health Science degree. I invite you to participate in this research. Your participation in this research is voluntary and you may withdraw from it at any time.

Feel free to contact Elizabeth Iro on ph 22664 (work) or ph 21506 (home) or (fax) 24248 if you have any other questions about this research.

### What is the purpose of this research?

The purpose of this research is to describe the experiences of nurses working in leadership roles such as nurse supervisors, chief public health nurse, charge nurses or nurses working autonomously in the outer islands. It will have the aim of understanding critical themes which has impacted on the leadership attributes of nurses as first line nurse managers in the Cook Islands context. The analysis of the experiences and stories told by each participant will contribute towards recommendations to building nursing leadership within the Cook Islands context. As also mentioned earlier this research will contribute towards the completion of my Master of Health Science degree at the Auckland University of Technology, Auckland.

A report of this project will be presented to the Ministry of Health. There is also the possibility that a report of this research project will be presented at a conference or in a nursing journal.

### How was I chosen for this invitation?

You have been chosen for this invitation because you are currently working in a leadership and management role either as a nurse supervisor, chief public health nurse, charge nurse, or working autonomously in the outer islands.

I am interested to talk to 10 participants.

## **as insights and awareness gained will contribute to appropriate preparation and support** What will happen in this research?

Once you have consented to be a part of this research project by signing the attached consent form, a 60-90 minute interview with you will be conducted. It will be at an arranged day and time at a place of your choice, and with your permission it will be audio taped so the conversation can be transcribed. After the interview I may need to contact you again to clarify some details from the interview.

Your privacy and confidentiality of information will be preserved by removing your name and identifying details from the transcripts, instead a pseudonym chosen by you will be used instead of your name in all the transcripts and report. The person doing the transcribing is required to sign a confidentiality form to ensure that your identity and confidentiality are preserved.

Once the interview is transcribed you will be given the opportunity to read and check this and make corrections. Then I will analyse the transcript and hope to gain an understanding of themes and meanings of your experience. The report will include theoretical information about the research processes and a discussion around the themes identified in the study which may include some quotes from your stories.

### **What are the discomforts and risks and how will these discomforts and risks be alleviated ?**

It is possible that some discomfort will be experienced during the interview process as you will be sharing personal experiences about your role. Choosing a venue for the interview that is comfortable for you is important. I will also be prepared to stop the interview if it becomes too uncomfortable for you to continue. A counsellor from the Punanga Tauturu can be made available if required at any time during the study.

### **What are the benefits?**

Being in this study will give you the opportunity to share your experiences and the opportunity to influence changes which can be empowering. This research project also has potential benefits for nurses aspiring to be first line nurse managers and nurse leaders in the Cook Islands as insights and recommendations will help prepare them for the role. There is also the potential benefit for the Ministry of Health Managers and Executives of nursing staff in their leadership roles.

### **How will my privacy be protected?**

Confidentiality and privacy will be preserved by removing all personal and identifying details from the interview transcript and will not be used in any publications or presentations. Each participant will be asked to choose a pseudonym which will be used instead of their own name when writing up their stories.

Tapes from the interview will be stored in a locked cupboard. Consent forms and data collected in this study will also be stored separate from the tapes in another locked cupboard. Following the completion of this study my supervisor will be required to keep this in a secure place at AUT for a minimum of six years. After six years the tapes will be wiped clean and the rest of the information shredded. If you withdraw from the study your information will be destroyed immediately.

People in our culture will expect to know each other and expect to know each others stories therefore you need to be aware that I cannot guarantee your anonymity, as someone who knows you well may recognise your stories in the final report. However it is important to understand that the findings from your stories can contribute to the development of nursing in the Cook Islands.

**What are the costs of participating in this research?**

The only cost to your participation in this study is your time.

**What opportunity do I have to consider this invitation?**

If after reading this information sheet you have further questions I would appreciate if you can contact me on ph 22664 or ph 21506. Otherwise if you want to participate in this study please sign the attached consent form and return to me in the attached addressed envelop or phone me to inform me you are faxing your consent form to fax number 24248. I would appreciate if you can inform me of your interest to be a part of this study within a week of receiving this information sheet.

**Will I receive feedback on the results of this research?**

You will have the opportunity to read and approve your transcript. You will also have the opportunity to read the final report of this study.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Anita Bamford, [anita.bamford@aut.ac.nz](mailto:anita.bamford@aut.ac.nz) ph 09 921 9999 ext 7334.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, [madeline.banda@aut.ac.nz](mailto:madeline.banda@aut.ac.nz) , 921 9999 ext 8044.

***Researcher Contact Details:***

Elizabeth Iro  
Midwife  
Rarotonga Hospital  
P.O. Box 109  
Rarotonga  
Cook Islands  
Ph 22664 (work) ph 21506 (hm)  
Fax 24248  
Email: wfg1818@aut.ac.nz

***Project Supervisor Contact Details:***

Dr Anita Bamford  
Senior Lecturer  
Joint Head of Nursing  
Division of Health Care Practice  
Faculty of Health and Environmental Science

Auckland University of Technology  
Private bag 92006  
Auckland 1020  
Ph 09 921 9999 ext 7334

**Approved by the Auckland University of Technology Ethics Committee on: 30/04/07  
AUTEC Reference number: 07/20**

# Appendix 3

## Consent Form



*Project title:* The experiences of first line nurse managers as nursing leaders in the Cook Islands – a qualitative descriptive study.

*Project Supervisor:* Anita Bamford

*Researcher:* Elizabeth Iro

- I have read and understood the information provided about this research project in the Information Sheet dated 16 February 2007.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research (please tick one):  
Yes  No

Participant's signature:

.....  
.....

Participant's name:

.....  
.....

Participant's Contact Details (if appropriate):

.....  
.....  
.....  
.....

Date:

***Approved by the Auckland University of Technology Ethics Committee on:30/4/07  
AUTEK Reference number:07/20***

*Note: The Participant should retain a copy of this form.*



## Appendix 4

# Interview Schedule

These are some questions that you may find helpful to recall about your leadership experiences in your current role.

1. What are the five most difficult things you have had to do as part of your role?
2. Where did you find support in those difficult times?
3. How were you prepared for your role?
4. Can you describe what type of person you would consider to be a leader?
5. What kind of leaders inspires you?
6. What changes have you been able to influence since being in your current position?
7. What do you enjoy most about your work?

## Appendix 5



# MEMORANDUM

## *Auckland University of Technology Ethics Committee (AUTEC)*

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To: Anita Bamford  
From: **Madeline Banda** Executive Secretary, AUTEC  
Date: 20 June 2007  
Subject: Ethics Application Number 07/20 **The experiences of first line nurse managers as nursing leaders in the Cook Islands: a qualitative descriptive study.**

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Dear Anita

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 12 March 2007 and that I as the Executive Secretary of AUTEC approved your ethics application on 30 April 2007. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 9 July 2007. Your ethics application is approved for a period of three years until 30 April 2010.

I advise that as part of the ethics approval process, you are required to submit to AUTEC the following:

- A brief annual progress report indicating compliance with the ethical approval given using form EA2, which is available online through <http://www.aut.ac.nz/about/ethics>, including when necessary a request for extension of the approval one month prior to its expiry on 30 April 2010;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/about/ethics>. This report is to be submitted either when the approval expires on 30 April 2010 or on completion of the project, whichever comes sooner;

It is also a condition of approval that AUTEC is notified of any adverse events or if the research does not commence and that AUTEC approval is sought for any alteration to the research, including any alteration of or addition to the participant documents involved.

You are reminded that, as applicant, you are responsible for ensuring that any research undertaken under this approval is carried out within the parameters approved for your application. Any change to the research outside the parameters of this approval must be submitted to AUTEC for approval before that change is implemented.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, should your research be undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all written and verbal correspondence with us. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at [charles.grinter@aut.ac.nz](mailto:charles.grinter@aut.ac.nz) or by telephone on 921 9999 at extension 8860.

On behalf of the Committee and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely



Madeline Banda  
**Executive Secretary**  
**Auckland University of Technology Ethics Committee**  
Cc: Elizabeth

# Appendix 6



GOVERNMENT OF THE COOK ISLANDS  
OFFICE OF THE PRIME MINISTER

Private Bag, Avarua, Rarotonga, Cook Islands, Phone: (682) 25 494, Fax: 23 792.  
Email: [coso@pmoffice.gov.ck](mailto:coso@pmoffice.gov.ck) Website: [www.cook-islands.co.ck](http://www.cook-islands.co.ck)

07 March 2007

Ms Elisabeth Iro  
Ministry of Health  
Tupapa  
Rarotonga

Dear Ms Iro,

I am pleased to advise that the National Research Committee has granted approval for you to conduct research on "The experiences of first line nurse managers as nursing leaders in the Cook Islands: a qualitative descriptive study" on the island of Rarotonga, from the 19<sup>th</sup> April - December 2007.

Enclosed is your research permit issue # 05/07.

Please note the special conditions outlined on your permit. Good luck.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Tuare Tangianau'.

Mr Tuare Tangianau  
CHIEF OF STAFF

## Appendix 7



GOVERNMENT OF THE COOK ISLANDS  
**TE MARAE ORA**  
(Ministry of Health)

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P.O. Box 109, Rarotonga, Cook Islands \* Phone: (682) 29-664 \* Fax: (682) 23-109 \* Email:  
[m.anguna@health.gov.ck](mailto:m.anguna@health.gov.ck)

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22 February 2007

Elizabeth Iro  
Arorangi  
**RAROTONGA**

Kia Orana Elizabeth

**re: Resignation as Cook Islands Nursing Council Registrar**

Thank you for your letter advising your resignation as Cook Islands Nursing Council Registrar effective as of the date of this letter.

Your resignation from this position is accepted and we will finalize the hand over of council work on your return.

We wish you all the best for your research project.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Dr. Roro Daniel".

Dr. Roro Daniel  
**SECRETARY**

## Appendix 8

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04/04/07

Ethics application number 07/20 **The experiences of first line nurse managers as nursing leaders in the Cook Islands: a qualitative descriptive study.**

To whom it may concern,

As a hospital receptionist and an independent third party I am prepared to act as an intermediary for the purpose of providing prospective participants for the above research with the invitation and information about the study and collecting their consent if they choose to be a part of the study.

Yours truly,  
Mrs Tauri Baker  
Receptionist

