

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Deterrents in Taking up Nursing Leadership Positions in Kenya: A Qualitative Approach

Rachel Wamucii Njau Njoroge

Student, Department of Business studies, PAC University, Nairobi, Kenya

Abstract:

Leadership is a highly sought-after commodity and equally valued. However, the question of what makes good leaders continue to linger in most peoples' minds. Subsequently, to have a sustainable workforce in nursing, it is critical to have effective nursing leadership to address the ever-growing health care system challenges of which when resolved culminates to positive patient care outcomes. A job title does not make one a leader. For a long time, to qualify to be a nursing leader was dependent on the number of years worked. Promotion was based on the nurses' experience and the number of years worked. With time, young, learned and experienced nurses have been declining to take up senior leadership positions. Thus, the deterrents to taking up higher leadership position were explored from seven nurses in leadership positions in a private city hospital. A qualitative study was done adopting the phenomenological approach to explore the registered nurses' experiences while in leadership positions. Purposeful sampling was used. Data was obtained through in-depth interviews. Data analysis was done using qualitative data analysis software: f4analyse. Five themes emerge which included: lack of work life balance, too many responsibilities, inexperience in people management especially the millennials, perception of micromanagement by the senior nurses, incentives not commensurate to their responsibilities. A conclusion was drawn with recommendations on implementation of policy on work life balance, developing the nurses on people management and delegation strategies. Furthermore, mentorship programs in leadership and coaching in with a well aligned succession plan would add value. To commensurate the remuneration with the responsibilities would require assessment of the external environment, perform market surveys to gain competitive advantage, attract and retain talents.

Keywords: Leaders, followers, worklife balance, mentorship, role modelling

1. Introduction

Leadership is a highly sought-after commodity and equally valued. However, the question on what makes good leaders continue to remain in most people's mind (Northouse, 2016). Therefore, the need for better leadership is very important considering the crises in healthcare organizations all over the world (McSherry & Pearce, 2016; Sommer et al., 2016). Subsequently, to have a sustainable workforce in nursing, it is critical to have effective nursing leadership address the ever-growing health care system challenges of which when resolved would bring to light positive patient care outcomes (Wong & Laschinger, 2013).

Different theories apply in leadership, among them the great man theory. The premise is that only the great have the qualities of leadership. The question of whether leaders are born or made still hangs around. Other leadership theories exist among them the leader-member exchange theory. Its premise is the interaction between the leader and the followers (Northouse, 2016).

Consequently, leadership has been defined differently by different scholars and researchers. Furthermore, the relationship between leadership and management has continued to evoke debates. In some instances, some cannot draw a line between leadership and management. The definition of leadership has been discussed concluding that it has no single definition to date. It has multiple meanings. In the nursing perspectives, leaders are individuals who are in the front, always willing take technically sound risks, challenging the status quo, while they aim to achieve a shared goal by inspiring others in action. In that case, those who follow the leaders do so by choice but not because they have to follow (Marquis & Huston, 2015). However, the definition of leadership has evolved over time.

Leadership definition is a challenge. Northouse (2016) revisits the memory lane delineating the evolution of leadership. In the first three decades of the 20th century, leadership was defined as the ability to impress the will of the leader. Subsequently, in the 1930's it was described based on traits. It was viewed in terms of influence. In the 1940s, it was considered in terms of behaviour while directing a group. In the 1950s, three themes dominated leadership: the group theory; leadership as a relationship with shared goals and effectiveness of which the ability to influence was defined.

In the 1960s, the prevailing definition of leadership was geared towards achieving a common goal. In the 1970s, the organizational approach to leadership came into the limelight. In the 1980s, leadership definitions proliferated and several themes came up defining leadership as 'do as leader wishes' to lead by influencing. Being non-coercive traits were brought back on the spotlight. Transformation whose premise is that leaders and followers need to engage each other and grow one

another. In the 21st-century new leadership approaches have emerged: authentic, spiritual, servant and adaptive leadership. Several leadership definitions have been explored. Leadership is a process which involves influencing. It happens in a group with a common goal (Northouse, 2016, p. 391).

With this backdrop, a job title does not make one a leader (Marquis & Huston, 2015). Subsequently, nurses are the largest work force in healthcare. Because they have constant and direct contact with the patients, they are better placed to influence healthcare leadership effectiveness (de Vries & Curtis, 2018). For one to be a leader in nursing, the roles are expansive. They include being: 'a decision maker, communicator, facilitator, risk taker, mentor, energizer, coach, counselor, teacher, critical thinker, advocate, forecaster, role model, innovator, change agent among others' (Marquis & Huston, 2015, p. 34).

Consequently, nurse leaders would undermine leadership if they exhibit the ten fatal flaws of a leader as delineated by Zenger & Folkman (2009), to include; lack of enthusiasm, accepting mediocrity in practice, lack of a clear vision, poor judgment on decision making, lack of collaboration with other teams, not being authentic, undermining change, failing to learn from mistakes, lacking interpersonal skills and failure to develop others.

1.1. Research Problem

Marquis & Huston (2015) intimate that job titles do not make one a leader. Because of the hierarchical model of nursing structures which adopt top down structures of management, the nurses are primarily motivated by the rewards upon provision of good nursing care leading to higher rank promotions. Deficiencies lead to punishment. The transactional approach in leadership is adopted (Haslam et al., 2011). For a long time, nursing leadership has been defined by the number of years that one has worked. Upon promotion, they would automatically take up a leadership position.

Empirically, effective nursing leadership has been associated with patient satisfaction and positive healthcare outcomes. Nursing leadership is a pivotal function in handling health care crises (Bahadori et al., 2016; de Vries & Curtis, 2018; Wong et al., 2013). White (2014) indicates that the development of nursing leadership is slow all over the world. Even while most hospital boards express the need for nurse leaders, nurses are viewed as implementers in healthcare. Studies have been performed in the western world on experiences and obstacles in nursing leadership, influences of nurse leadership in the provision of quality health care, authentic leadership in nursing and self-efficacy in nursing leadership. Locally, what dissuades nurses from taking nursing leadership positions has not been researched.

Similarly, in the Republic of Kenya, there are very few researches on nursing leadership that have been published. In some organizations, the search for nurse leaders has been strenuous. Few nurses voluntarily take up leadership positions. Nurses would rather work in teams as opposed to leaders. The aim of this study is to explore what discourages nurses from taking leadership positions. At the same time, it will identify incentives that would make nursing leadership enticing. Subsequently, the results and recommendations of the study will inform nursing practice and policy development at strategic level. The recommendations will also inform the strategy on learning and development.

1.2. Research Questions

- What in your experience is admirable in nursing leadership?
- What in your opinion deters nurses from applying for nursing leadership roles?
- What in your experience would make nursing leadership enticing?

1.3. Theoretical Approach

The research took a phenomenological approach seeking the lived experiences in nursing leadership. The phenomenology theoretical approach was adopted as it explores how human beings make sense of their experiences and transform their lived 'experiences into consciousness' (Patton, 2015). It involves probing human experiences. It allows the researcher to tap into the individual contextual experience. Phenomenology brings individual experience to the surface revealing it with precision (Au & Ahmed, 2014). It has been used philosophically to guide in knowledge generation invariant fields of research (Norlyk & Harder, 2010). Ethnography attempts to describe and interpret social expressions between people and groups. It brings out the perspectives, priorities and systems. It elicits meaning in the culture (Lune & Berg, 2017).

The phenomenological approach carefully captures how people 'experience some phenomenon, how they perceive it, describe it, feel about it, make sense of it and talk about it' (Patton, 2015, p. 115). This calls for in depth interviews to elicit the experience with the phenomenon as they had lived experiences. It requires reflection on events. The approach is retrospective, meaning that exploration is on an experience which has already happened.

While the human skills are the main epistemological basis for other qualitative researches, the concept of lived experiences has a special methodological significance in phenomenology (Patton, 2015). Phenomenology studies investigate how human beings experience the world. For the current research, it is on how the nurses experienced nursing leadership. In line with this, every lived phenomenon or experience can become a topic for inquiry. The phenomena can be an emotional experience, a culture or an organization. One can know what they experience by attending to perceptions and the meaning by bringing the skills that are in the subconscious to consciousness. The experiences require to be interpreted. The phenomenologist focus is to organize the phenomena to make sense the world and to develop a worldview. The subjective experience is developed into an objective experience. This is the essence of phenomenology (Patton, 2015). In this study, phenomenology is not concerned with accurate analogies, but nurses' interpretation of the nursing leadership world leadership.

2. Literature Review

Effective leadership is pivotal in organizations owing to the fact that quality leadership is associated with employees' wellbeing, motivation, team cohesion, contentment and commitment which culminate to improved performance (Söderhjelm et al., 2018). Subsequently, healthcare organizations have continued to experience challenges due to the ever-increasing societal demands and hence management in healthcare institutions becomes equally challenging while competition increases exponentially (Al-Hussain, 2017).

In response to such challenges in the health care institutions, there is a need for effective leaders at all levels to include nursing leadership (Rose, 2015). Developing nursing leadership is crucial because nurses are the largest workforce in health care organizations. They are the primary contact with patients. They significantly influence the effectiveness of healthcare leadership (Wong et al., 2013). Subsequently, effective leadership in nursing is associated with patient satisfaction and healthcare outcomes (Vries & Curtis, 2018). To pass the button in nursing requires that nurse leaders' mentor the younger nurses to leadership.

2.1. Mentorship

Nursing mentorship can be traced back to Florence Nightingale times. She mentored nurses. Since then, mentorship in nursing has been carried along the career. Mentorship subsequently has been promoted in support of nursing especially in nursing leadership (Sibiya et al., 2018). Mentorship in nursing helps in enhancing variant skills to include team work (Luck et al., 2017). Mentoring is defined as the 'unique, communal, learning partnership between two people that involves psychological and career support' (Ivancevich, Konopaske & Matteson, 2014). Mentorship facilitates staff to overcome difficulties at work (MacAfee, 2008). It also provides role modeling (McCray, et al, 2014).

Professionally, a mentor offers coaching, friendship and sponsorship while role modeling the younger professional (Ivancevich, Konopaske & Matteson, 2014). Subsequently, effective mentoring entails participation of both leaders and followers. In most of the cases, the leader is often the mentor while the follower is denoted as the protégé, referring to mentorship as panning gold. The leader mentor should help the protégé recognize the real treasures of insight and understanding (Bell & Goldsmith, 2013). The leader mentor becomes a trusted advisor and coach. While coaching is different from mentorship, they go hand in hand with leadership. When nurses are mentored, they in turn become role models to the younger nurses.

2.2. Role Modelling

Nursing leaders should have the ability to motivate others through role modeling and mentoring the junior nurses. Often, role modeling is demonstrated in authentic leaders. Authenticity has recently gained popularity in leadership and scholarly literature (Lawler & Ashman, 2012). Subsequently, authoritative leadership proponents argue that positive role modeling in authentic leaders enhances their followers' authenticity (Hayek et al., & Humphreys, 2014). Such leaders model hope in their followers.

Consequently, a leader can either illuminate or fog the followers' vision. Kouzes & Posner (2013) argued that, because the leaders can either illuminate the way or create a fog in organizations, when followers cannot visualize where the organization is going, they get tense and progress slower than expected, as they attempt to have a focus on the things ahead and may fail to see the bigger picture. Thus, when leaders fail to illuminate the way for the followers, they then exit the organization and talent retention is lost. Worse still, they can resign.

Painting the big picture for the followers' calls for the leaders to speak with genuine conviction about the superiors, the meaning of the work and the purpose thereof (Kouzes & Posner, 2017). In this changing world, leaders require to model change.

2.3. Readiness to Change

Successful change is influenced by the leaders' power and ability to motivate the followers on the importance to change. Subsequently, the followers will exert efforts and will display a cooperative behavior thereof (Christl et al., 2010). Empirically, there is a strong association between organizational commitment with the readiness to change. The attitude of readiness to change from the senior managers affects the employees' readiness to change (Christl et al., 2010). Preparation for change can be heightened by training. Leaders who can communicate and build teams would achieve successful change (Al-Hussami, 2017). This calls for the leader to have a buy in ability of the followers, especially when introducing changes in the organizations. The followers must fully understand the rationale of the changes (Kouzes & Posner, 2013).

2.4. Leadership Training

In their study on nursing leadership obstacles, de Vries & Curtis (2018) found that nurses do not receive adequate training in regards to leadership. While extensive resources have been devoted to leadership training programmes, few researches are available to evaluate the effectiveness of the training efforts (Avolio et al., 2010). The effects of leadership development are wholly dependent on the training. The attitude was taken by the organization regarding training and the programme (Gurdjian et al., 2014).

de Vries & Curtis (2018) conclude that with organizational support, leadership training in nursing would prepare nurses for leadership roles making them exemplary leaders. With the development of nurse leaders, they would learn the art of delegation. While nurses are prepared for supervisory responsibilities for the unregulated careers, they may not be adequately prepared for delegation and supervision as a nursing role, but rather they learn it on the job (North & Hughes,

2012). When leaders are adequately prepared, they acquire effective delegation skills which enhance effective work life balance.

2.5. Worklife Balance

Worklife balance promotes the employees' wellbeing. It enhances a balanced life. Work life balance is associated with attracting and retaining employees to the organization. The reputation of the organization is uplifted as it indicates how responsibly the organization respects diversity and inclusion (Armstrong, 2009). This enhances employees to have opportunities for personal and professional growth. Improving worklife balance requires development of policies on work life balance and flexible working hours. This exemplifies the recognition of the needs of the employees outside of work. This goes hand in hand with eliminating unpleasant working conditions which impose too much stress to the workers (Armstrong, 2009). McDermott, Kidney & Flood (2011) found that most leaders fail to attain a worklife balance especially those who are value driven in an organization. Some leaders have identified clear work life boundaries by engaging in activities outside the organizations. On the contrary, failure to attain work like balance leads to overlap of personal and professional roles. This may lead to burn out. It is crucial to pay attention to worklife balance for an organization to sustain the human resource (Mariappanadar, 2013). In line with this, leaders should pay attention to work life balance for their employees.

While most organizations key performance indicators include productivity, the steps to actively improve productivity fail due to lack of work life balance. The employees are unable to attend to their domestic roles which cause an employee to perform at suboptimal levels with an eventual exit from organizations (Au & Ahmed, 2014). One of the misconceptions in the organizations today is the perception that the employees who take flexible work arrangements and are more concerned with work life balance are termed to be less committed to the organization comparatively.

However, Murphy & Doherty (2011) found that those managers who support flexible time for their employees tend to overwork. They have no work life balance as they work towards consistency in operations to their disadvantage. Therefore, flexible working hours do not favor the leaders. Employees may not want to take up the leadership role which is restrictive to work life balance. Subsequently, while worklife balance policies may be the way to go, they may not offer the comprehensive benefits. It would require support from the senior management to set the culture on the utilization of work life balance initiatives.

Work life balance is directly associated with employee retention retaining the talented staff. This is as a result of increased job satisfaction and organizational commitment. In their study, Deer & Jago (2015) found that the employees who had heavy workloads had a low work life balance which culminated to poor job performance. Subsequently, stress which is associated with a lack of work life balance impacts directly on the quality of work which is perpetuated by emotional exhaustion. This scenario is eminent in the nursing profession.

2.6. The Theoretical Approach to Leadership

Leadership theory stems from the interactional theory whose premise is that the relationship between the leader's personality and the situations around the leader determines the leadership behaviour (Marquis & Huston, 2015). The Schein's theory was based on system theory. It had several assumptions among them that people are sophisticated. While their motives are not constant, their goals are variant and the productivity is affected by the nature of the ability (Marquis & Houston, 2015).

While other leadership theories are concerned with the trait, skills, style, the leader-member exchange theory (LMX) takes the approach of the interactions between the leader and the followers. Before the development of the LMX theory, the leaders treated the followers collectively with specific leadership style (Northouse, 2016). The premise is that, in an organization, the people are part of in and out group which is dependent on how well they relate with the leaders. The leaders and followers form a unique relationship. The in groups demonstrate relationships marked with mutual trust and respect. Influence is reciprocal. The followers in the in group receive more favors regarding information, influence and confidence than the out-groups (Northouse, 2016). LMX Theory has been associated with less employee turnover, improved performance, greater organizational commitment, better job attitudes and more support from the leader with higher career progression (Northouse, 2016). LMX is an ideal theory to explain the phenomenon under study.

3. Methodology

The research took a qualitative method approach. The research design was new design flexibility. The model became more evident as the author immersed in the data and was identified retrospectively during the data analysis. A naturalistic approach was used. The design unfolded along the data collection (Patton, 2015).

3.1. Study Setting

The study setting was a private city hospital in Nairobi County. The study participants were senior registered nurses working in the hospital as first line managers.

3.2. Sampling Plan

The participants were chosen through a purposive convenience sampling procedure. Qualitative researches focus on relatively small numbers of research participants, who are purposely selected to understand the phenomena under study in depth (Patton, 2015). When doing purposeful sampling, often referred to as judgemental sampling, researchers

use their own discretion and expertise to select the group of people who will represent the population under study (Lune & Berge, 2015).

The logic and the power of qualitative research is based on the in depth of understanding of a specific case which the inquirer can learn deeply about the issues of core importance to the purpose of the study (Patton, 2015). Seven registered nurses were purposely chosen whose in depth information would answer the research questions. The registered nurses were chosen because they had an experience in nursing leadership. Five of the registered nurses were in a senior nurse position taking a leadership role as team leaders.

Two were newly promoted nurse leaders. Their experience in nursing leadership which is the area of study and their opinion yielded rich data as they have experienced nursing leadership at a lower level.

3.3. Method of Data Collection

Data was obtained through in-depth interviews on their experience as nurse leaders as they had experienced nursing leadership positions at one time. Data was elicited from three open-ended questions to include: 'What in your experience is admirable in nursing leadership?' 'What in your opinion prevents nurses from applying for nursing leadership roles?' 'What in your experience would make nursing leadership enticing?'

Upon developing the instrument, pretesting was done on one registered nurse whose findings were not analyzed. The instrumented had to be altered to elicit the data required. A carefully pre tested instrument saves enormous time at the longrun. Ideally, the instrument should be tested by experts in the field. A poorly worded instrument with offensive words reveals the researcher's bias, personal values and blind spots (Lune & Berg, 2015).

Data was collected in form of words through in-depth interviews. Because the author was collecting data from staff who directly report to her, an appropriate climate for informational exchange for mutual disclosures had to be created (Lune & Berg, 2015). Data from the first two participants was collected on face to face interviews. Despite the rapport established, the author observed restriction upon answering some of the questions. The option of telephone interviews was adopted. Despite the short coming of the telephone interviews, the interviews elicited rich data from the participants.

This could be associated with the fact that the interview was on issues of interest to the registered nurses in the hope that the problems raised would be addressed appropriately. The telephone interviews offered no face-to-face non-verbal cues. They may not only provide a useful data gathering method but may offer the most viable way due to geographical locations and cost. They also eliminate bias. In line with this, the time for data collection was unlimited. Telephone interviews are likely to be the best data collection method when the researcher has specific questions in mind as was the case in the current study (Lune & Berg, 2015).

There are three types of the interview in data collection: the standardized interview which is formal and highly structured; the unstandardized interview which is informal and non-directive and the semistructured interview which is guided and focused (Lune & Berg, 2015). For this research, the author used semistructured interviews which involved pre-determined questions. They were asked from the interviewee in a systematic and consistent order, with a flexibility to digress and probe further and beyond the answers offered. The questions had to be structured in a language that is familiar to the registered nurses.

The data collection instruments used was three openended questions. To determine the type of data gathering techniques is often linked with the research question. The kind of data required by the researcher should suit perfectly (Lune & Berge, 2015). The recommended sequencing in developing a semi structured questionnaire was used which indicate that the beginning point should be to start with non-threatening, then the more important questions and to the more sensitive questions. Thereafter, validation questions are asked while returning to the main topic and ending with the factual points (Lune & Berge, 2015).

The researcher began the interview with the question on: 'What is your experience is admirable in nursing leadership?' This was termed as a non-threatening question. This opened up the participant into a healthy discussion before answering the second question on the deterrent on taking senior nurse leadership positions. This was the most sensitive question for these specific participants. Extra questions were asked to probe on the areas that required clarification to determine the reliability of the responses.

Throughway questions were asked on demographics at the beginning of the interview to create rapport with the participant while probing questions were asked to draw more about the topic. Some of the probing questions would be pegged the responses given. One of the respondents answer on the deterrents from taking senior leadership position was 'too many responsibilities.' The author would ask: 'tell me a little more on the many responsibilities.' The wording of the question should be able to elicit the data required. The author clarified the word 'deterrent' to mean 'prevents,' 'limits,' 'dissuades.' When data collection is completed, formal and focused analysis begins, which is guided by the research questions and the interpretative insights that emerged during the selection of the data (Patton, 2015).

3.4. Data Analysis to Answer the Research Question

The interpretative data analysis essentially commenced in the field during data collection. New patterns and themes were noted. Data was typed in text ; the responses, memos and the comments . It was organized. An inventory was created. While there is no formula or straightforward tests that are applied in qualitative data analysis, it calls for the researcher's intellect to reveal the purpose of the study from the data (Patton, 2015). A qualitative data analysis software; 4fanalyse software was identified. It was used to inductively code the data as the author immersed in the data to make sense of it. Codes were then transformed to themes.

This was aided by searching for similar 'phrases, patterns, relationships, commonalities and disparities' (Lune & Berg, 2015). While the qualitative data analysis software facilitates data analysis, the researcher would require creativity and intelligence to make meaning of the qualitative data. Thereafter, the already sorted materials were further examined to isolate the meaningful patterns. Several codes were identified in the three different questions. The author had to be reflective to distinguish the signal and the noise in the data (Patton, 2015).

The demographics indicated that all the registered nurses had worked for between seventeen to twenty-three years. They had been in a position of team leadership for seven to fifteen years. One of the nurses is registered with a Bachelors degree in Counseling; one is registered with a higher diploma in Critical Care. The other five are designated nurses with higher qualifications in midwifery.

The qualitative data analysis took place using thematic analysis (Newell & Burnard, 2010). The process of data analysis went through the six steps of analyzing the narratives as provided by Braun & Clarke (2006). The first step was to familiarize with the data. Twenty-six codes were generated from the data. Searching for the themes followed. The codes were compressed to fourteen topics from the three research questions. Some concepts were merged to form a subject. Because of the interactive nature of the qualitative research, the data analysis commenced during the data collection. Some topics started to emerge during the process of data collection. Ideas that come up for the making sense of the data that appear in the field marks the beginning of the data analysis (Patton, 2015). Further investigation was done based on the codes developed, the memos and comments. The themes were then reviewed. That was defined and named hence developing a report, as the data collection was inductive.

Due to the emergent nature of the qualitative designs, premature conclusions should be avoided. The overlap that occurs between the data collection and analysis improves the quality of the data collected and the report (Patton, 2015). Four themes emerged from the first question on: 'What is most admirable in nursing leadership?' The response indicated what the registered nurses admired most in the current nursing leadership. The emerging themes included that the nursing leadership 'offers sufficient leadership' are 'emotionally intelligent,' are 'critical thinkers', 'they offer mentorship' and are 'role models.'

The theme that was mentioned most by the respondents was that they admired leaders in nursing because 'they offer efficient leadership.' One respondent said 'the nurses in leadership have a high level of integrity that we emulate, they can guide and influence the subordinates to change, they inspire other nurses and exercise leadership skills all the time' while respondent number seven said 'they lead a flock and have control over the teams, they can correct and manage change effectively'. This generated a theme on role modeling.

The other theme that emerged was the current leaders were 'critical thinkers.' Respondent number 4 indicated that the leaders 'they critically think before they make the decisions... they make sound decisions and the decisions are precise and crucial as they deal with human lives (patients)'. The respondent number 5 said 'they are the backbone in nursing' meaning the nursing leaders they make decision making in nursing. The third theme was on 'emotionally intelligent'. The respondent number 4 indicated that 'They have a heart of service and can handle complex things while maintaining calm ... they make the right decisions that impact positively on human life (patients) and... they consider human life when making decisions'.

The fourth theme that emerged was on 'mentorship' with some of the comments from the respondents indicating 'the most admirable is the mentorship they offer, the level of integrity is very high, they offer guidance, very junior nurse, look up to them for decision making, they are experienced with the ability to guide, they are tolerant, they grow nurses and knowledgeable'.

The fifth theme was 'role modeling'. Some of the comments made by the respondents included 'they offer guidance and have the capacity to manage change effectively, they influence their subordinates to adjust to change and are calm in complex situations, they are confident, they are influencers, they inspire staff, they exercise leadership skills, they have the capacity to manage change effectively, They influence subordinate to adjust to change, they lead a flock, they have control of the team, they can correct, and they are authoritative'.

On the second question 'what deters nurses from taking leadership positions?' The themes that emerged included 'lack work-life balance, "too many responsibilities,' 'inexperience in people management,' 'micromanagement' and the 'incentives are not commensurate to the responsibilities.' In the theme on 'lack of work life balance' as the most mentioned by the respondent some the comments included 'the hours for a nurse leader are too many, life for a nurse leader is spent in the hospital, they do not have social life, can a nurse leader just stop working and go home when time comes to go home?, work life balance is overlooked, the nurse leader reports to work too early and leave very late, and the nurse leader has no time for themselves'.

The theme on 'too many responsibilities' the registered nurses commented that 'the nurse leader carries the baggage of the department, the workload is too heavy, they are required to work and meet many obligations, they appear to have too much on their shoulders, there is too much to accomplish by the end of the day, the expectations are set too high, the nurse leaders appear overwhelmed, the nurse leader is tied up with responsibilities, the nurse leader is answerable to everything that goes wrong in their departments, the nurse leader owns the department, the nurse leaders appear not to enjoy their work, the position is not inspiring, several challenges are expected in the nurse leader's position, and finally it is a stressful position'.

The following theme that emerged was 'inexperience in people management.' The comments that were recorded included: 'managing people is very difficult, the younger nurses are hard to manage, the younger nurses require a lot of guidance to perform, the current generation of staff require to be pushed to work, while writing warning letters for non-performance of staff is stressful'. The other theme was 'micromanagement' the responses included 'nurse leaders have no

freedom to exercise managerial duties as they are monitored all the time, the nurse leader is not entirely in control of the department, sometimes the nurse leader has no say in the decisions made in her department, and some decisions are made by management without consultation of the nurse leader. The last theme was that the 'the incentives are not commensurate to the responsibilities. 'Some of the comments made included 'there is too much work, and the money is not worth, nurse leaders have no side hustles, the amount of money added when one becomes a nurse leader is not commensurate with the amount earned in the side hustles, the nurse leaders are more broke than those that they lead, some senior nurses would prefer the status quo'. The last question on 'what would make the nurse leaders' position more enticing?'

Four themes emerged to include 'mentorship,' 'one-on-one feedback,' 'develop nurses for leadership,' 'support work-life-balance. 'On the theme on 'mentorship' the following comments were elicited: 'to develop nurse leaders, the junior nurses need to be mentored, planning for succession plan would mentor the junior nurses positively, people copy their leaders, therefore, role modeling is important, avoid negative mentorship, the leaders should be the role models, and training on leadership will aid mentorship, the nursing administration should wear the nurse leaders' shoes to experience the role and therefore offer mentorship, provide guidance and expectations for all cadre of nurses'.

The second theme was on 'one-on-one feedback.' The following comments were made by the respondents 'listening to the junior nurse, we require one on one feedback as opposed to wholesome feedback, be candid when giving feedback, the feedback should be regular and should not wait for the end of year evaluation, improved communication and should be continuous, regular update from the nursing administration reminding junior nurses on their responsibilities and the expectations and finally, develop regular dialogue between senior nurses and the nursing administration'.

The third theme was on 'developing nurses for leadership position. 'The comments came from all the respondents included: 'offer leadership training at regular times, training in leadership is pivotal, train leaders on people management, train leaders on delegation, train leaders on how to handle the young nurses, develop nurses who can be delegated to'.

4. Discussion

The research findings indicate that the deterrent for nurses from taking leadership positions is the fact that there is lack of worklife balance. The nurse leaders have too many responsibilities. They are inexperienced in people management. They are micromanaged while the incentives are not commensurate with the duties that they have. The themes that emerged on the question on what made nursing leadership admirable were positive themes. The registered nurses admired their leaders because they offered mentorship. They were role models. They were emotionally intelligent and were critical thinkers. The themes that emerged from the last questions on what would make nursing enticing rebutted the limits to nursing leadership.

Worklife balance as mentioned earlier promotes the employees' wellbeing. It is associated with attracting and retaining employees to the organization (Armstrong, 2009). In their study, McDermott, Kidney & Flood (2011) found that most leaders fail to attain a work life balance especially those who are value driven in an organization. Subsequently, one of the things that would improve entice nurses to leadership positions was embracing work life balance.

Some leaders have identified clear work life boundaries by engaging in activities outside the organizations. Failure to attain work life balance leads to overlap on personal and professional roles which may lead to burn out (McDermott, Kidney & Flood, 2011). It is imperative to pay attention to work life balance as an organization to sustain human resource (Mariappanadar, 2013). The excessive responsibilities cited by the team leaders as another limit to taking nurse leadership positions would be a product of a failure to exercise delegation. One of the critical tasks in leadership is delegation (Sengul et al., 2012).

Empirically, the commission has been positively associated with employee performance and job satisfaction (Drescher, 2017). Delegation spreads shared decision making and interdependence even though the levels of interdependence differ significantly. It requires a dyadic relationship, building trust between the leader and the subordinate to delegate. The level of competence of the subject matters in the delegation. While delegation is applicable in the events the responsibilities of the leader progress to a heavier workload, delegating responsibility may culminate to leader exploitation by employees whose interest is to gain power based on self-interests (Lieberman & Boehe, 2011).

The delegation would be an antecedent to the succession plan. The essence of management is the ability to accomplish tasks through others in commission. The commission works as empowerment to the junior staff from senior staff offering valuable benefits to organizations as it decreases management's workload while empowering and developing subordinates. Through delegation, managers can manage organizational resources while allowing them to make a decision hence accomplishing the tasks faster. The commission has been positively related to job satisfaction, organizational commitment, creativity and innovative behaviour (Banford, Buckley & Roberts, 2014).

Lack of experience in people management is the other limit to taking up a senior leadership position. Of concern was on how to manage the young, the millennials. Their entry to the workforce today has a significant implication for the organizational culture (Rosa & Hastings, 2018). The traits in the employed millennials include strong technical skills. Their communication skills are wanting (Hartman & McCambridge, 2011). They have a strong desire to get more feedback. They enjoy being praised (Rentz, 2015). They seek rapid growth and advancement. They prefer worklife balance. They are overconfident.

They are creative with a high level of optimism (Rosa & Hastings, 2018). In line with this, human resources management would require to seek guidance in attracting and recruiting them because of their inability to settle down

into their working lives. In line with this, emphasis should be made on the job description, engagement and retention strategies (Kuron, Lyons, Schweitzer & Ng, 2015).

The other deterrent to taking up senior leadership positions was micromanagement. This refers to applying a lot of control in the leaders' actions. This subsequently undermines autonomy. The leader should have a level of trust in the followers and trust them to do the right things. Micromanagement indicates to the followers that they are not trusted. This determines how they are viewed by their leaders and how they behave towards them. Trust is more valued than relationships between managers the employees (Richardson, 2010). Micromanagement is associated with a level of dissatisfaction at the workplace. It is flanked with signs of anger and unwillingness. It culminates in staff dissatisfaction and high turnover (Dimitrov, 2015).

The last deterrent is the fact that the nurse leaders' salary is not commensurate with the responsibilities. Remuneration is a sensitive topic. Managerial remuneration and the association to corporate performance have evoked a lot of controversy in the corporate world (Kang & Nanda, 2017). Therefore, the overall reward and remuneration in organizations is a pivotal part of the business strategy. It is a determinant of the ability to attract and retain talent (Edvinsson & Camp, 2005). The human capital has a role to play as bright people add value. They are a source of competitive advantage. The attractive employers regard remuneration as a critical factor in maintaining a robust organizational brand.

Thus, salaries below the market price undermine the value of competitive advantage. In line with this, market surveys on salaries enhance retention of talent (Edvinsson & Camp, 2005). The theme on mentorship indicates that remuneration serves as an enhancer of performance. Therefore, a mentor is a coach to the protégé. The aim is to help the protégé make sound decisions. Among the roles of a mentor is to identify the political relationship with the protégé, help the protégé assimilate the organizational culture while developing appropriate goals to achieve. In line with this, the protégé becomes the beneficiary of individualized training and counsel from the mentor. He/she has a propensity to opportunities and advancement in the career (Guthrie & Jones III, 2017). Mentorship can be hampered by several barriers among them a shortage of nurses making it unfeasible (Guillen, 2010).

On the theme on role modelling, the leader should model the way. This requires the leader to clarify the espoused values and find a voice in affirming the values (Kouzes & Posner, 2013). When a leader's words are not matching with the behaviour portrayed then the follower's lose trust in the leader. The relationship required is lost (Kouzes & Posner, 2015). In line with this, the leader portrays themselves as the exemplar of what he or she expects of others (Kouzes & Posner, 2017).

While intelligence quotient (IQ) and the technical skills are important to perform effectively, emotional intelligence is regarded as the 'sine qua non' for leadership (Goleman, 2013). Increasingly, effective leadership has been strongly associated with a strong emotional component (Edelman & Knippenberg, 2018). Leaders who lack emotional intelligence, no matter how analytical they are and how smart their ideas are, are not effective (Goleman, 2013).

5. Conclusions

A qualitative approach using a phenomenological approach to the study was used to interrogate the registered nurses' deterrents to take up senior leadership positions. Seven nurses in leadership level were examined through in-depth interviews. Five themes emerged on deterrent to take up senior leadership positions: lack of work-life balance, too many responsibilities, inexperienced in people management especially the millennials, micromanagement and the incentives were not commensurate to their responsibilities. While the deterrents were significant, the registered nurses also registered positive themes on their admiration for nursing leadership. Among them were that they offered mentorship, they were role models, were emotionally intelligent and were critical thinkers.

To re-battle the deterrents, the recommendations made would be implementation and leadership support of a policy on work life balance, train the nurses on people management laying emphasis on the millennials and delegation strategies. To commensurate the remuneration with the responsibilities, it would be helpful look at the external environment, do market surveys, commensurate pay with the responsibilities, apportion rewards to gain competitive advantage, attract and retain talent. Furthermore, it would be important to develop policies on mentorship and coaching. The responses from the registered nurses showed that they were desperate for mentorship. A mentorship program would go a long way in developing the young nurses in to leadership.

6. References

- i. Ahmed, N., Ahmed, F., Anis, H., Carr, P., Gauher, S., & Rahman, F. (2015). *An NHS Leadership Team for the Future*. London: Reform Research Trust. Retrieved from <https://reform.uk/research/nhs-leadership-team-future>
- ii. Al-Hussami, M., Hamad, S., & Darawad, M. (2017). The effects of leadership competencies and quality of work on the perceived readiness for organizational change among nurse managers. *Leadersh Health Serv* (Bradf Engl), 30(4), 443-456.
- iii. Anonson, J., Walker, M., Arries, E., Maposa, S., Telford, P., & Berry, L. (2014). Qualities of exemplary nurse leaders: perspectives of frontline nurses. *Journal of Nursing Management*, 22, 127-136.
- iv. Armstrong, M. (2009). *Armstrong's Handbook of Human Resource Management Practice*. London: Kogan Page.
- v. Au, W. C., & Ahmed, P. K. (2014). Sustainable people management through work-life balance: a study of the Malaysian Chinese context. *Asia-Pacific Journal of Business Administration*, 6(3), 262-280.
- vi. Avolio, B., Avey, J., & Quisenberry, D. (2010). Estimating return on leadership development investment. *The Leadership Quarterly*, 21, 633-644.

- vii. Bahadori, A., Peyrovi, H., Ashghali-Farahani, M., Hajibabae, F., & Haghani, H. (2016). The relationship between nursing leadership and patient satisfaction. *Health Sciences*, 5(10), 134-141.
- viii. Bell, C. R., & Goldsmith, M. (2013). *Managers as mentors: Building partnerships for learning* (3rd ed.). San Francisco: Berrett-Koehler Publishers, Inc.
- ix. Braun, V., & Clarke, V. (2016). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- x. Christiansen, B., & Jensen, K. (2008). Emotional learning within the framework of nursing education. *Nurse Education in Practice*, 8(5), 328-334.
- xi. Christl, B., Harris, M., Jayasinghe, U., Proudfoot, J., Taggart, J., & Tan, J. (2010). Readiness for organizational change among general practice staff. *Quality and Safety in Health Care*, 19(5), 1-4.
- xii. Cinite, I., Duxbury, L., & Higgins, C. (2009). Measurement of perceived organizational readiness for change in the public sector. *British Journal of Management*, 20(2), 265-277.
- xiii. Day, D., Fleenor, J., Atwater, L., Sturm, R., & McKee, R. (2014). Advances in leader and leadership development: a review of 25 years of research and theory. *The Leadership Quarterly*, 25(1), 63-82.
- xiv. Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. *International Journal of Contemporary Hospitality Management*, 27(3), 453-472.
- xv. Dimitrov, D. (2015). Leadership in a humane organization. *European Journal of Training and Development*, 39(2), 122-142.
- xvi. Drescher, G. (2017). Delegation outcomes: perceptions of leaders and follower's satisfaction. *Journal of Managerial Psychology*, 32(1), 2-15.
- xvii. Edvinsson, L., & Camp, J. (2005). Intelligent remuneration in the knowledge economy for growth of intellectual capital. *Journal of Human Resource Costing & Accounting*, 9(2), 112-122.
- xviii. Edelman, P. & Knippenberg, D. (2018). Emotional intelligence, management of subordinate's emotions, and leadership effectiveness. *Leadership & Organization Development Journal*, 39(5), 592-607.
- xix. G, C., Banford, M., Buckley, R., & Roberts, F. (2014). Delegation revisited: how delegation can benefit globally-minded managers. *International Journal of Physical Distribution & Logistics Management*, 44(8/9), 646-654.
- xx. Goleman, D. (2013). *What makes a Leader: Why Emotional intelligence matters?* LLC
- xxi. Florence, MA: More than sound.
- xxii. Guillen, R. (2010). *Strategies to address the nursing shortage: a briefing paper*. Retrieved from <http://nmhpc.org/documents/ShortageofNurseFaculty.pdf> (accessed 8 January 2015).
- xxiii. Gurdjian, P., Halbeisen, T., & Lane, K. (2014, November 17). Why leadership development programs fail. *McKinsey Quarterly*. Retrieved from <https://www.mckinsey.com/featured-insights/leadership/why-leadership-development-programs-fail>
- xxiv. Guthrie, C. P., & Jones, A. (2017). Maximizing Mentoring in Public Accounting: The Effects of Structure on Outcomes for Male and Female Proteges. *Journal of managerial issues*, XXIX(2).
- xxv. Haslam, S., Reicher, S., & Platow, M. (2011). *The New Psychology of Leadership: Identity, Influence and Power*. Hove and New York: Psychology Press.
- xxvi. Hayek, M., Williams, W. A., Clayton, R. W., Novicevic, M. M., & Humphreys, J. H. (2014). In extremis leadership of Sartrean authenticity: Examples from Xenophon's Anabasis. *Journal of Management History*, 20(3), 292-310.
- xxvii. Ivancevich, J. M., Konopaske, R., & Matteson, M. T. (2014). *Organizational Behaviour & Management* (10th ed.). New York: Mc Graw Hill Education.
- xxviii. Kang, L. S., & Nanda, P. (2017). How is managerial remuneration determined in India?. *Journal of Accounting in Emerging Economies*, 7(2), 154-172.
- xxix. Kouzes, J. M., & Posner, B. Z. (2017). *The leadership challenge* (6th ed.). New jersey: John Wiley & sons, Inc.
- xxx. Kouzes, J., & Posner, B. (2013). *Great leadership creates great workplaces*. Francisco, CA:: Jossey-Bass.
- xxxii. Lawler, J., & Ashman, I. (2012). Theorizing leadership authenticity: a Sartrean perspective. *Leadership*, 8(4), 327-344.
- xxxiii. Liberman, L., & Boehe, D. (2011). Worldwide willingness to delegate and country labor quality. *International Journal of Human Resource Management*, 22(7), 3477-3495.
- xxxiiii. Lisa K. J. Kuron, Sean T. Lyons, Linda Schweitzer, Eddy S.W. Ng, (2015). Millennials' work values: differences across the school to work transition. *Personnel Review*, Vol. 44 Issue: 6, pp.991-1009.
- xxxv. Lune, H. & Berg, L. B. (2017). *Qualitative research methods for the social sciences* (9th ed.). Edinburg Gate: Pearson Education Limited.
- xxxvi. Luck, L., Chok, H., & Wilkes, L. (2017). Peer buddy mentoring project for nurses' career development. *Clinical Nursing Studies*, 5(4), 82-87.
- xxxvii. Lune, H., & Berg, L. B. (2017). *Qualitative research methods for the social sciences* (9th ed.). Edinburg Gate: Pearson Education Limited.
- xxxviii. Mariappanadar, S. (2013). A conceptual framework for cost measures of harm of HRM practices. *Asia-Pacific Journal of Business Administration*, 5(2), 103-114.
- xxxix. Marquis, B. L., & Huston, C. J. (2013). *Leadership roles and management functions in nursing; Theory and application*. Philadelphia: Wolters Kluwer.
- xl. McAfee, D. (2008). Is there a role for mentoring in surgical specialty training? *Medical Teacher*, 30(2), 55-59.

- xli. McCray, J., Turner, H., Hall, B., Price, & Constable, M. M. (2014). Social care mentorship and employee engagement in the transformation of the Social Care Workforce. *Journal of Workplace learning*, 26(3/4), 267-280.
- xlvi. McDermott, A., Kidney, R., & Flood, P. (2011). Understanding leader development: learning from leaders. *Leadership & Organization Development Journal*, 32(4), 358-378.
- xlvi. McSherry, R., & Pearce, P. (2016). What are the effective ways to translate clinical leadership into healthcare quality improvement?. *Journal of Healthcare Leadership*, 2016(8), 11-17.
- xliv. Murphy, F., & Doherty, L. (2011). The experience of work life balance for Irish senior managers. *Equality, Diversity and Inclusion: An International Journal*, 30(4), 252-277.
- xlvi. Newell, R., & Burnard, P. (2010). *Research for Evidence-Based Practice in Healthcare*. New York, NY: John Wiley & Sons.
- xlvi. Norlyk, A., & Harder, I. (2010). What makes a phenomenological study phenomenological? An analysis of peer-reviewed empirical nursing studies. *Qualitative Health Research*, 20(3), 420-431.
- xlvi. North, N., & Hughes, F. (2012). A systems perspective on nursing productivity. *Journal of Health Organization and Management*, 26(2), 192-214.
- xlvi. Northouse, P. (2016). *Leadership: Theory and practice*. Thousand Oaks, CA: Sage Publications.
- xlvi. Patton, M. Q. (2015). *Qualitative research & Evaluation Methods* (4th ed.). United States of America: SAGE publications, Inc.
- l. Richardson, J. (2010). Managing flexworkers: holding on and letting go. *Journal of Management Development*, 29(2), 137-147.
- li. Rosa, N. M., & Hastings, S. O. (2018). Managing Millennials: looking beyond generational stereotypes. *Journal of Organizational Change Management*, 31(4), 920-930.
- lii. Rose, L. (2015). *Better leadership for tomorrow*. london: NHS Leadership Review,. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445738/Lord_Rose_NHS_Report_acc.pdf
- liii. Schein, E. H. (1970). *Organizational Psychology* (2nd ed.). Eaglewood cliffs: NJ: Prentice-hall.
- liv. Sengul, M., Gimeno, J., & Dial, J. (2012). Strategic delegation: a review, theoretical integration, and research agenda. *Journal of Management*, 38(1), 375-414.
- lv. Sibiya, M. N., Ngxongo, T. S., & Beepat, S. Y. (2018). The influence of peer mentoring on critical care nursing students' learning outcomes. *International Journal of Workplace Health Management*, 11(3), 130-142.
- lvi. Söderhjelm, T. M., Larsson, G., Sandahl, C., Björklund, C., & Palm, K. (2018). The importance of confidence in leadership role: A qualitative study of the process following two Swedish leadership programmes. *Leadership & Organization Development Journal*, 39(1), 114-129.
- lvii. Sommer, S., Howell, J., & Hadley, C. (2016). Keeping positive and building strength: the role of affect and team leadership in developing resilience during an organizational crisis. *Group & Organization Management*, 41(2), 172.
- lviii. Vries, J. M., & Curtis, E. A. (2018). Nursing leadership in Ireland: experiences and obstacles. *Leadership in Health Services*. Available at <https://doi.org/10.1108/LHS-11-2017-0068>
- lix. White, K. (2014). the future of nursing leadership: a commentary. *Frontiers of Health Services Management*, 31(2), 27-34.
- lx. Wong, C., & Laschinger, H. (2013). Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. *Journal of Advanced Nursing*, 69(4), 947-959.
- lxi. Wong, C., Cummings, G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: a systematic review update. *Journal of Nursing Management*, 21(5), 709-724.
- lxii. Wong, C., Spence Laschinger, H., Macdonald-Rencz, S., Burkoski, V., Cummings, G., D'amour, D., & Perkin, K. (2013b). Part 2: nurses' career aspirations to management roles: qualitative findings from a national study of Canadian nurses. *Journal of Nursing Management*, 21(2), 231-241.
- lxiii. Zenger, J., & Folkman, J. (2009). The fatal flaws that derail leaders. *Harvard Business Review*.