Stories from Select Saskatchewan Formal Registered Nurse Leaders in Policy: A Content Analysis

by

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Abstract

Registered Nurses (RNs) have a history of policy leadership that has altered the health care system and the profession. The purpose of the qualitative inquiry was to describe the experiences of six select Saskatchewan formal Registered Nurse leaders (RNLs) in policy. Through open-ended interviews and letters, personal experiences were interpreted using content analysis. The researcher identified key ideas from the interview data and requested a reflective letter expanding or clarifying the chosen text, serving to enhance triangulation and member-checking of personal transcripts.

Meaningful patterns and/or similarities describing three themes of values, vision, and career paths emerged from the textual data. The coding framework evolved into ten categories describing individual experiences, such as mentoring, change management, and work-life balance. Three RNLs described how they wished more RNs were involved in policy, as they believed that RNs could harness more power in policy processes. Five RNLs told stories about how graduate education influenced their thinking and they gained appreciation for leading action on policy issues.

The qualitative data were presented in categories for discussion. One RNL described how organizational structures may a limiting factor to RNs' participation in policy. Implications and recommendations of the findings are outlined for education, practice, administration, research, and policy. Findings are relevant for professional, health care, and government organizations, as well as education programs. Relevance may be found by individual practitioners considering a leadership role, to assist in informing potential career paths.

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I would like to thank all of the study participants, for sharing your experiences, and telling your 'stories' about being Saskatchewan Registered Nurse leaders in policy. I appreciate the opportunity to describe and interpret the stories of your experience, and to disseminate these stories to others.

I would like to thank my friends and family for always being there throughout this journey. Erinn, Adriane, Kerry, Noelle, Mom, John, Melissa, Kevin, Rob, and Dad, thank you. Thanks to everyone who made the home office a success.

Dedication

I would like to dedicate this thesis to Sheila Sundquist. Thank you Mom, for all the support, encouragement, and 'tough love' you have given me over the years. Thanks for listening to me throughout this journey. You have always been an inspiration.

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CHAPTER 1

Registered Nurses (RNs) are part of a dynamic profession and varying nursing roles have evolved over time. Internationally, there has been a call for RNs to become more involved in policy (International Council of Nurses [ICN], 2005). Policy has been noted as an intentional priority for few RNs, yet the profession has been described as "rooted in social justice and policy change" (Kendig, 2002, p. 309). According to the Canadian Nurses Association [CNA] (2005), policy is one of the ten leadership competencies required for effective Registered Nurse leaders (RNLs). Continuing development of current and future RNLs has been imperative for leadership in "client care, health promotion, policy development, health care reform, and for the future of the profession" (CNA, p. 4).

RNLs have increased the probability of RNs' contributions having positive policy impacts at local, national, and international levels (Antrobus, 2003; CNA, 2000; ICN, 2005; Rains-Warner, 2002). RNLs in health policy development have been heralded by Reutter and Williamson (2000) as being hallmarks of influence. Although there has been a renewed emphasis on RNs' participation in health policy, there has also been a need to "focus more broadly on policies that originate outside the health sector" (Reutter & Duncan, 2002, p. 295).

Within Canada, researchers suggested an increase in policy education (Murphy, 1999; Reutter & Duncan, 2002; Reutter & Williamson, 2000), and found there has been limited research indicating how RNs engage in policy (Wilson, 2002). Canadian and American nurse researchers explored undergraduate (Faulk & Ternus, 2006; Reutter & Williamson), graduate

(Harrington, Crider, Benner, & Malone, 2005; Murphy; Reutter & Duncan; Russell & Fawcett, 2005), and continuing education (Ferguson & Drenkard, 2003; Hofler, 2006) for RNs in policy, and all have recommended the need for increased educational opportunities in this area. Increased formal learning in this area may potentially increase the valuing of the role of RNs and RNLs in policy.

In reviewing the literature, RNLs are described as working in a variety of settings, at different levels in organizations, and in different roles. Studies specifically addressed the historical-philosophical nature of RNs participation in socio-political activities (Ballou, 2000), the political competence of RN activists (Rains-Warner, 2003), and strategies to strengthen the role of public health RNLs in policy development (Deschaine & Schaffer, 2003). In the past, many researchers have focused on political aspects of policy, such as Antrobus (2003), DesJardin (2001), and Kendig (2002), and have not broadly addressed RNLs in policy. The relevant literature described RNLs as having vital and unique contributions in policy (Antrobus; ICN, 2005); however, succession planning for future RNLs is lacking (CNA, 2005; Mass, Brunke, Thorne, & Parslow, 2006).

In this study, the researcher described the RNLs and how they perceive their experiences in policy, as significant stories were told by select Saskatchewan formal RNLs in policy. The researcher attempted to add to the knowledge base and contribute to the literature on RNLs in policy. This research may be significant to researchers, undergraduate, graduate, and continuing RN educators, nursing students, and RNs. RNs may gain an appreciation for RNLs in policy and the stories may inspire further involvement and leadership in policy. Governments, health systems, and professional associations may also find these findings significant in informing RNLs' unique participation and leadership in policy.

1.1 Key Terms

Major concepts and key terms in this study were delineated using the following definitions. Within the literature, there was no clear description of formal RNLs in policy. Therefore, definitions regarding RNLs, leadership, and policy were included to clarify the key terms in this study.

RNLs "are central to guiding others towards a common goal or vision. They have influence and/or power through their knowledge, experience, or position. Leaders work with people to enhance their growth, potential, and accomplishment" (College of Registered Nurses of British Columbia, 2005, p. 5). RNLs in policy can be "in policy or senior management positions in departments of health or other health organizations. Sometimes (RNLs) are elected representatives in government at all levels... (RNLs can also be in roles) in public service organizations, voluntary organizations, and non-governmental organizations" (ICN, 2005, p. 12).

Leadership is defined as "having a vision, or a clear view of what future state to aim for, and then being able to inspire confidence and motivate others so they share the vision and goals, and will work together to try to accomplish them" (Shaw, 2007, p. 34). Nursing leadership is not about positional power and authority, as leadership roles often have differing titles (Shaw), such as policy advisor, director of nursing services, civil servant, or nursing clinical coordinator. Shaw described that a leader's formal title may be ambiguous, as some titles do not clearly indicate the RN is in a leadership role. Formal RNLs have been described as having responsibility for demonstrating leadership in various areas (Shaw); formal RNLs' experiences in policy were the focus of this study.

According to the *Merriam-Webster Online Dictionary,* policy can be defined as "a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions" ("policy", 2008, p. 1). More specifically, Pal (1987) defined policy as "a guide, both for those who implement it and for those who observe it" (p. 2), and declared policy as "a course of action or inaction chosen by... authorities to address a given problem or interrelated set of problems" (p. 4). Pal stated that "policies connote a plan, a coherent vision, a direction, and a resolve to get on with the job" (p. 9).

In this research, formal policy leader roles were reflected in areas of public policy, health policy, institutional policy, clinical policy, educational policy, and/or organizational policy by select RNLs. The concepts of formal RNLs and policy have been described by the definitions of the key terms used in this study. The participants in this inquiry were RNLs currently in, or who previously held formal roles encompassing responsibility for leadership in policy.

1.2 RNLs in Policy

Globalization, health reform, and ever-changing environments are challenges for RNLs in policy (Shaw, 2007). "The nursing profession must draw on its expert knowledge and experience to improve health care by helping shape effective...policy. This is an area where RNs in many countries have not traditionally played an active role" (ICN, 2005, p. 4). The ICN called for increasing the numbers of RNLs to "develop the skills and confidence that will earn the status required to influence...policy" (p. 4).

Effective RNLs "look beyond their immediate boundaries and work environments; assess potential impacts on health as well as the health sector; are in tune with the socio-political environment and know how to both use and influence it effectively; are aware of helping and

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hindering factors that influence the health sector and nursing, and develop appropriate strategies; and seek and maintain networks and partnerships in the broader environment" (Shaw, 2007, p. 4). By demonstrating leadership skills, such as those described by Shaw, RNLs have made certain that policy concerns and goals are shared and implemented at local, national, and international levels (Antrobus, 2003; ICN, 2000; Mason, Leavitt, & Chaffee, 2002). RNLs in policy have played a vital role in establishing and maintaining the view of RNs as major decision makers in policy (Antrobus; ICN, 2005; Mason et al.; Shaw).

1.2.1 Purpose and Research Questions

The purpose of this inquiry was to describe formal RNLs' experiences in policy. Through the stories of select current or recent formal Saskatchewan RNLs in policy, the researcher attempted to deepen understanding of the complexities in nursing leadership specific to policy.

Three main research questions guided this qualitative inquiry:

- Who are the formal RNLs in Saskatchewan involved in policy creation, implementation, and/or evaluation?

- How do these formal RNLs perceive their experiences in policy creation, implementation, and/or evaluation?

- What are the significant stories or insights from the experiences of select Saskatchewan formal RNLs in policy?

The research questions guided the inquiry with select formal RNLs in policy and sought to describe participants' significant experiences, situated in Saskatchewan policy environments.

1.2.2 Relevance

"To participate and to be effectively utilized in health planning and decision-making, and health and public policy development, RNs must be able to demonstrate their value and convince

others of the contribution they can make" (ICN, 2000, p. 1). RNLs have positively influenced others within the nursing profession, such as motivating and encouraging other RNs to participate in policy, working effectively with a range of professions at different levels in policy, and assessing and developing new opportunities for nursing leadership in policy (ICN, 2005; Shaw, 2007).

Shaw (2007) stated, "as a critical mass of people with leadership skills and attitudes is built up in organizations, and as people extend their leadership activities into other leadership roles such as professional associations and community organizations, then the greater the likelihood of impact at regional and national levels" (p. 137). According to Shaw, RNs are effectively demonstrating the positive impacts from leadership in policy, influencing all levels of policy processes, and working to convince other professionals and nursing students of RNLs contributions to policy processes. This study may bring about heightened awareness of the impacts RNLs have on policy within Saskatchewan.

At the national level, Canadian (Ballou, 2000; Reutter & Williamson, 2000; Spenceley, Reutter, & Allen, 2006) and American (Boswell, Cannon, & Miller, 2005; DesJardin, 2001; Gebbie, Wakefield, & Kerfoot, 2000; Maynard, 1999; Mechanic & Reinhard, 2002) nursing scholars found participation and leadership in policy has not been emphasized, promoted, or required as a practice standard for baccalaureate prepared RNs. In a review of undergraduate nursing programs in Canada, leadership courses only occasionally included policy development (CNA, 2005). The current study may describe how participation and leadership in policy may be promoted or emphasized by RNs, RNLs, and nursing faculty. As well, this study may describe potential formal or informal learning strategies in educational programs or in practice settings to enhance policy education for nursing students and RNs.

Within Saskatchewan, RNs have standards and continuing competence requirements that include health policy decision-making and political leadership (Saskatchewan Registered Nurses' Association [SRNA], 2006a). The SRNA's (2001) position statement describes education on political action, including policy, as being provided through SRNA chapters and sub-groups. The researcher found one advertised SRNA annual continuing education workshop designed for Saskatchewan RNs specific to policy (SRNA, 2006b; SRNA, 2007a). The researcher found limited information regarding formal educational opportunities on policy for RNs within Saskatchewan. One other formal continuing education opportunity regarding policy is provided by the Saskatchewan Institute of Health Leadership [SIHL] (2008). SIHL offers a health care leadership course which includes policy and political action as one of the core competencies in the program. The stories from this study may encourage increasing formal and informal educational opportunities on policy for RNs and RNLs, and may support RNs in completing continuing competence requirements on policy decision-making and leadership.

1.2.2.1 Personal Relevance

As well as a researcher, I am a RN with experiences as a nursing student leader, and as a professional working in the health care system. During my undergraduate education, I became interested in nursing leadership in policy while representing students in a formal student leadership role. I collaborated with many RNLs to influence policy makers in maintaining baccalaureate nursing education as entry to practice in Saskatchewan. At that time, I represented undergraduate students, and participated in discussions with RNs, RNLs, media, policy decision makers, and government officials.

I gained insights into RNLs' knowledge and positive influence in policy-making, specifically relating to regulation of undergraduate nursing education programs. My work

experiences with many RNLs in formal leadership roles also lead me to recognize the importance of leadership on the recruitment and retention of RNs to a particular area. I have practiced in acute care, public health, and primary care settings. Personally, I am interested in the experience of RNLs in policy as I believe the findings from this study may influence my own and others' thoughts, behaviours, and practice.

Reflection by practitioners, described by Schon (1983), was included as an important aspect of shaping and enhancing a professional's individual practice. Within this inquiry, the researcher's reflexivity was an important element. As Schon argued, when researchers and practitioners become aware and critically examine thoughts, feelings, and behaviours, there comes the opportunity for altering future experiences.

1.2.3 Significance

This study described leadership experiences from the view of select current or recent formal Saskatchewan RNLs in policy. The inquiry potentially adds to the body of literature in the area of RNLs in policy. The research results may be significant to health systems and policy research, potentially supporting future nursing leadership workforce forecasting, planning, and educating. The study findings may have an impact on undergraduate, graduate, and continuing nursing education, as education and socialization of RNs may impact interest in and valuing of policy (Reutter & Williamson, 2000; Leners, Roehrs, & Piccone, 2005). As well, the stories may potentially describe how RNLs pass on their knowledge to nursing students and practicing RNs. Front-line RNs may gain an appreciation for RNLs in policy and may be inspired towards involvement in policy. The stories in this study may demonstrate the value of RNLs in policy, potentially convincing others of RNLs important policy contributions.

The stories from the RNLs in this study may describe inter-level participation in policy, such as regional or provincial levels, to effect policy changes. The exploration of RNLs' roles in policy may be relevant for professional organizations, health care organizations, governments, and post-secondary education programs. Individual practitioners may find the findings relevant for future career planning specific to nursing leadership in policy.

1.3 Ethical Considerations

This study was approved by the Behavioural Ethics Review Board at the University of Saskatchewan on January 2, 2008 (see Appendix A). Written informed consent was obtained from the study participants prior to the interviews. Participants were informed and reminded that this study was voluntary and they could withdraw from the process at any time without penalty or repercussions. Confidentiality issues were addressed in both the Letter to Potential Participants (see Appendix B) and in the Consent Form (see Appendix C). Confidentiality was assured and maintained throughout the research. The researcher was conscientious in maintaining confidentiality, paying close attention in removing all identifying markers from the data collected. No deception was used in this research. All participants consented to the research process and were required to have written documentation of the review the transcript from the interview. Participation requirements were discussed with each participant and timeframes were transparent throughout the study. The thesis supervisor will keep the transcripts of the interviews for five years after publication(s), at which time they can be destroyed.

Following the completion of this study, the researcher may request the use of the study participants' names and statements in future research, scholarly work, or publications. The informed consent specified this aspect, and the participants were requested to state if they would permit the researcher to contact them after the completion of this study, for the use of the

personal quotes in the researcher's other scholarly work. The researcher reminded the participants that the refusal of this permission may be granted at any time and that there was no penalty or repercussion of withdrawal or refusal. Study results are reported using pseudonyms to enhance confidentiality. The participants will be provided with a copy of the study findings as stated in the written informed consent.

1.3.1 Benefits and Risks of Participation

The research participants may have experienced potential benefits from contributing to the research process. Participants may have felt the interview session was therapeutic, enabling them to openly discuss their experiences, thoughts, and feelings. Furthermore, the participants may now be better able to understand and articulate experiences in policy. By completing this study, the researcher learned from the experiences of the RNLs, as well as the research process.

The findings may make a difference for the future, potentially informing nursing leadership, and policy processes. Reflection on posed questions and past events may have assisted in drawing the participants' attention to the importance of nurturing social relationships with influential health policy players. Consciousness-raising stimulated by the research process may alter the socialization and mentoring of future RNLs in policy by employers, educators, researchers, members of professional associations, and RNs. The SRNA, the CNA, the University of Saskatchewan, College of Nursing Baccalaureate, Master, and Doctoral programs, health care organizations, researchers, and government officials may be able to utilize the findings to further demonstrate or comprehend RNLs' unique participation and leadership in the policy arena. This study may potentially point to the need for increased formal and informal educational opportunities on policy.

Potential risks included the possibility of emotional upset during the interview process, political implications, and/or criticism by peers for participating in the research study. In this study, none of the participants were visibly upset during the interview process. The recorder could have been turned off at any time during the interview, as requested by the participant. The participants willingly conducted interviews with the researcher and spoke about their experiences.

Considering Saskatchewan has a small nursing community of 9,151 practicing RNs in 2007 (SRNA, 2007b), the researcher remained conscientious in maintaining confidentiality, and all identifying markers were removed from data. However, the possibility of identification through the qualitative research approach was a risk, and the participants had an opportunity to remove identifying stories from the interview transcripts and reflective letters. To further safeguard against possible recognition, the presentation of findings in thematic format decreases potential individual identification from stories and experiences, yet continues to respect participants' voices.

1.4 Researcher's Assumptions

The researcher's biases and assumptions were identified prior to the study. The researcher believed that undergraduate and graduate nursing education specific to policy may encourage interest in and increase the numbers of competent RNLs in policy, and that the valuing of policy and political leadership in nursing must be promoted from within the profession. The researcher believed that formal roles in leadership determine networking with influential policy players and may advance credibility in policy, and RNs with specific traits, ideals, and/or shared competencies often take on leadership roles.

The choice to explore formal leadership was based on the researcher's assumption that RNs who desire authority and power in decision-making, such as policy, will aspire to and hold formal leadership roles. It was the assumption of the researcher that formal RNLs' roles included participating and leading in policy, based on the responsibilities of a leadership position.

CHAPTER 2

This chapter focused on discussing the relevant research and gray literature on RNLs in policy. The review process articulated the search terms used in the literature search. Articles portrayed RNs' participation in policy and politics, the history of RNLs, and the stereotypes of RNs. Researchers discussed nursing education and policy, socialization of RNs to policy, and continuing education for RNs specific to policy. The researcher included literature describing international, national, and local contexts of policy. Research content on nursing leadership also had relevance for this study, informing the importance of leadership within the profession. More specifically, articles on RNLs in policy are included in the discussion on relevant findings. Gaps in the relevant research and a summary of the review concluded the chapter. The researcher described how this study may address a gap, and potentially added to this body of literature.

2.1 Relevant Literature

The relevant literature identified research on the experiences of RNLs in policy. To determine the research conducted on Canadian RNLs in policy, articles including experiences of nursing leadership in policy were reviewed by the researcher. The publication timeframe of ten years (1999-2008) was predetermined, providing a comprehensive look at recent literature. The timeframe was set for ease of reviewing literature, allowing for timely completion of the research.

A search of CINAHL (1999- present), MEDLINE (1999- present), Academic Search Premier (1999- present), and ProQuest Theses and Dissertations: Full Text (1999- present) databases using the search terms "RNLs and policy", "nursing role, leadership, and policy

environment", "nursing leadership, policy, and Canada", "policy and nursing practice", and "Canadian nursing leadership and policy". Articles focusing on RNLs in policy were selected through a review of abstracts. The criteria set for abstracts also included: English, full text only, theoretical discussions, empirical research, scholarly opinions, and articles in peer-reviewed journals. The abstracts were reviewed, and those focusing on Canadian RNLs in policy, nursing education related to leadership and policy, and nursing practice specific to leadership were included in the review. Reference lists derived from the selected articles then produced more articles pertinent to the research topic; once again, the abstracts from these potentially relevant articles were reviewed for inclusion criteria, and 15 more articles were included in the review. Due to the limited number of Canadian articles (15), articles from the United States, United Kingdom, and Australia were included, totalling 66 published articles in the literature review. Also included in the review were seven articles, reports, and position statements published by the ICN, CNA, and SRNA.

2.1.1 Discussion of Literature

2.1.1.1 Political Aspects of Policy

In the literature search on RNLs in policy, the researcher found articles focusing on the political aspects of policy. Investigations and scholarly opinions specific to political activism, participation, and leadership were revealed in the search. A discussion regarding the distinction between RNLs in policy, and RNLs in politics, is included in the literature discussion to further clarify these concepts.

Many articles from the relevant literature focused only on RNLs' political activism and advocacy, such as Antrobus (2003), Boswell et al. (2005), DesJardin (2001), and Kendig (2002). These authors described politics as a negotiation process, whereby resource allocation is

conducted by elected officials and civil servants, and stated that policy was legislation developed and implemented by governments. "The policy environment is the arena in which the policy process takes place. It can include government, interest groups, professional associations of health care providers, the media, public opinion, and others" (ICN, 2005, p. 7). Policy can be created, implemented, and evaluated in many policy environments; thus, individuals, organizations, and governments may all have policies (Pal, 1987). As previously defined in Chapter One, and for the purpose of this study, policy encompassed more than resource decisions and allocations made by governments.

Therefore, an elected government official or civil servant, who practiced politics, represented one possible leadership role in policy. As previously noted, the role of RNLs in politics was not the focus of this study. Thus, the literature pertaining to RNLs in politics was included in the relevant literature discussion to inform one possible RNL role in policy.

2.1.1.2 History of RNLs

RNLs in policy have altered the health care system and the nursing profession. "Nursing leaders have used such strategies as persuasion, cultivation of political friendships, education, letter-writing campaigns, defiance of the law, and organization to harness the collective voice of RNs" (Lewenson, 2002, p. 29). The influence of RNs dates back centuries, to the time of Florence Nightingale, whose vision and example lead the way for many changes to public health policy and nursing practice (Ballou, 2000; Falk-Rafael, 2005; Lewenson; Rains-Warner, 2003). Nightingale's nursing practice included creating and changing policies and laws on social conditions that affected people's health, as well as contributing to the development of public health care (Ballou; Falk-Rafael; Lewenson). However, considering the prominence of Nightingale's influence in the literature, there have also been criticisms of her leadership. For

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example, Buresh and Gordon (2006) described Nightingale as propagating a stereotypical image of RNs, based on military and religious beliefs and values, which in turn perpetuated the invisibility of RNs in policy.

In the past, Saskatchewan RNLs pioneered the development of professional nursing education, the provincial nursing association, and provided leadership at the national level to promote nursing as a profession (Robinson, 1968). One such example of a RNL from Saskatchewan was Jean E. Browne, who provided leadership in the development of nursing associations (Robinson). Knowledge of the history of nursing's advancement and influence indicated RNs were influential in shaping policy decisions within the Saskatchewan context (Robinson).

2.1.1.3 Stereotypes of RNLs in Policy

Many scholars, such as Antrobus (2003), Buresh and Gordon (2006), Conger and Johnson (2000), Davies (2004), Fletcher (2007), Hofler (2006), Kendig (2002), and Mechanic and Reinhard (2002) argued RNs are not perceived as influential in policy forums, and provided varying explanations for this image of RNs. Conger and Johnson described a narrowed focus of nursing to the client or individual level, withdrawing nursing from the population health level, as well as the political arena. Nursing's perceived silence in the media regarding broad socio-political action has not gained RNs' credibility on policy issues (Antrobus; Buresh & Gordon; Davies; Mechanic & Reinhard). Buresh and Gordon furthered this point, stating RNs have been invited to policy discussions, yet have not been voicing their contributions or viewpoints in order to influence policy.

Fletcher (2007) addressed the image of RNs, implicating factors such as gender and oppression, as well as the contexts of nursing practice, as perpetuating the stereotypical image of

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RNs. Broadening the dissemination of nursing research findings to the public through media communications and other forms of journalism is an activity that will contribute to changing stereotypes that are held by the public (Buresh & Gordon, 2006; Fletcher). Increased visibility in the media will expand the public's knowledge of nursing research and the varying roles of RNs (Buresh & Gordon; Hofler, 2006; Spenceley et al., 2006), including RNLs in policy.

Hofler (2006) found that politicians perceived RNs united around a cause only on the defensive, when an issue is seen as a professional threat. Hofler encouraged RNLs in policy to change legislators' perception of RNs having a "self-serving and self-preservation approach to one that encompasses the good for society" (p. 112). Spenceley et al. (2006) stated "the professional imperative for policy advocacy has increased, and yet it seems the invisibility of nursing persists" (p. 185). The nursing literature encouraged increasing participation and leadership in policy, promoting RNs as credible policy leaders.

Reports and studies have contraindicated the stereotypical opinion and image of RNs being non-influential in policy. "RNs have an important contribution to make in health services planning and decision-making, and in development of appropriate and effective health policy. They can and should contribute to public policy" (ICN, 2000, p. 1). The CNA's report on leadership in nursing (2005) documented influential professional associations and other organizations, such as the Academy of Executive Nurses and the Office of Nursing Policy, which have been specifically supporting and promoting the development of Canadian RNLs in policy. One Canadian nursing study focused on RNs' views and perceptions of influence in policy. Spence Laschinger et al. (2008) found senior RNLs believed they were integral members of the senior management team and felt very influential in policy. Literature relating RNLs' influence and voice in policy has described a change from the stereotypical RN images of the past.

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2.1.1.4 Nursing Education

The ICN (2001) stated all RNs must contribute to policy development, be visionary, understand the impact of policy reform, plan effectively, manage change, and work effectively in teams. From the international perspective, the ICN argued "improving and expanding the scope of preparation of RNs for management and leadership" (p. 1) within and following baccalaureate programs, may be required to ensure exposure to leadership roles in policy. Similarly, Mechanic and Reinhard (2002) stated RNs "have to come to the (policy) table well informed and conversant in the range of financial, organizational, epidemiological, and medical issues involved" (p. 13). Education for nursing students and RNs has been one significant means to provide awareness and knowledge about policy.

2.1.1.4.1 Education programs. American researchers Faulk and Ternus (2006) and Rains and Barton-Kriese (2001) encouraged educators to increase the content of policy within all levels of nursing education programs, as they believed students required education to understand, appreciate, and value the role of RNs in policy. An increase in students' perception of knowledge, skills, motivation, and interest in policy resulted from educational courses on policy (Faulk & Ternus; Rains & Carroll, 2000). However, one study challenged the effectiveness of nursing education, as Rains and Barton-Kriese found baccalaureate nursing education in one state had not instilled political interest or competence in nursing students.

Graduate nursing education in the United States has become more focused, and health policy education has become a specialty area (Harrington et al., 2005; Ellenbecker, Fawcett, & Glazer, 2005). Graduate level health policy courses have been implemented, and have been found to increase motivation and interest in the policy process (Rains & Carroll, 2000). This change in education emerged in the American literature following past recommendations by

Gebbie et al. (2000) to increase formal and informal education for RNs and nursing faculty about politics and policy.

In Canada, Reutter and Williamson (2000) found undergraduate nursing students required encouragement to perceive policy as an important nursing role. Baccalaureate students had difficulty identifying current and relevant social issues in the community, as well as drawing the connection to policy processes (Reutter & Williamson). Most undergraduate programs in Canada incorporate leadership content into clinical, administration, research, and educational areas (CNA, 2005). Within this leadership content in undergraduate programs, policy development was only occasionally included in leadership courses (CNA). The CNA identified a gap in RNs' educational preparation to deal with policy and health care reform.

In a review of Canadian doctoral programs, Wood, Giovannetti, and Ross-Kerr (2004) described the main focus as developing doctoral-prepared RNs with skills needed for research and scholarship, rather than on knowledge within the discipline. If graduate students do not view research as an end goal, how might differing goals, such as policy or administration, be directed or adapted in formal doctoral programs (Wood et al.). Wood et al. wondered how this might be managed, as those students not intending to do research following course completion are occupying an educational seat with research as the main program goal and outcome. The doctoral program goals may be supporting the limited amount of formal graduate level education specific to policy.

Alcock and Arthur's (2003) graduate program survey found that one university in Canada, the University of Alberta in Edmonton, had health policy as a domain of research. The researcher found that leadership in policy was not a domain of research in graduate nursing programs in Canada. As well, the focus on research and scholarship (Wood et al., 2004) leaves

those RNs potentially interested in pursuing doctoral level education inclusive of leadership in policy content, with no available formal nursing programs. Graduate education at the master and doctoral levels may be perpetuating a lack of formal education and socialization to policy, and valuing of RNLs in policy.

Less recently, Murphy's (1999) findings described a lack of health policy content in graduate nursing programs in Canada. Murphy claimed the valuing and importance of policy courses in educational curricula had made little progress, and recommended further investigations into barriers for faculty participation in policy. Furthermore, Murphy found health policy teaching strategies most frequently utilized were class debates, writing position statements, and having politicians as guest speakers. These learning strategies were contradictory to findings by Rains and Carroll (2000) who found experiential learning was necessary for increasing students' political competence.

Following a graduate level public policy course, Canadian RNs reported feeling more comfortable addressing health care issues, rather than the broad social determinants of health (Reutter & Duncan, 2002). The researchers found only a few graduate students had previously taken undergraduate or graduate courses specific to policy. These authors (Reutter & Duncan) echoed American findings (Gebbie et al., 2000) that encouraged increasing numbers of nursing faculty to be engaged in policy research and policy advocacy, as well as developing and teaching policy courses to nursing students and RNs.

A study by Mass et al. (2006) found that RNLs recommended broader and varying topics and experiences in graduate nursing programs, such as health care reform, business, and administration content. Canadian senior RNLs indicated "nursing graduate programs may not have provided them with sufficient depth in operational matters to be fully credible within their

roles during complex times" (Mass et al., p. 87). The senior RNLs questioned the breadth and depth of nursing graduate programs in preparing them for today's senior nursing leadership roles.

       2.1.1.4.2 Continuing nursing education. Deschaine and Schaffer (2003) found public health RNLs felt least prepared in policy development skills and politics, citing organizational and systemic barriers as factors that impeded leaders continuing development in policy. Recognizing that furthering education has provided avenues for promotion to influential positions, RNs' educational enhancement has been described as essential for leadership success (Contino, 2004).

       In Saskatchewan, the SRNA organized an annual one day workshop for RNs to meet with a Member of the Legislative Assembly (MLA), where RNs had the opportunity to learn about policy and the political process (SRNA, 2006b; SRNA, 2007a).

       The researcher found limited information regarding formal educational opportunities on policy available to RNs within Saskatchewan. One formal continuing education program is available to practicing RNs in relation to policy. According to the SIHL (2008) website, the annual six-month program based out of the University of Regina, Centre of Continuing Education is limited to 40 students, who can be professionals from any discipline. One of the six core competencies focused on is policy and politics. The focus of the formal program is the participants' development of leadership skills and competencies based on contemporary leadership theory, within an interdisciplinary context. SIHL is sponsored by the Government of Saskatchewan, and is supported by the SRNA, the Registered Psychiatric Nurses Association of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, and the Saskatchewan College of Pharmacists. The SIHL website does not describe when the program originated, who

has attended in the past, which disciplines are participating, or the evaluation of the program goals.

In Canada, there are many formal nursing leadership development programs (CNA, 2005); however, none of the programs focused specifically on policy. The CNA recommended a health care policy education centre be developed where practicing RNs can learn how to participate in policy development and decision-making with policy makers and politicians at a federal level. At the national level, the CNA advertised a continuing education workshop for RNs on influencing public policy, to be held for the first time in November, 2008 (CNA, 2008a).

Nursing political leadership development programs have been successfully developed and implemented in the United States (Ferguson & Drenkard, 2003; Hofler, 2006) and England (Antrobus, Masterson, & Bailey, 2004). Nursing policy networks in the United States (Hofler) and internationally (Nurse Politicians Network, 2007) have supported RNs pursuing this specialized and distinctive role in an effort to promote nursing leadership and influence in policy.

2.1.1.4.3 Socialization to policy. The socialization of RNs in relation to policy has been explored in nursing literature. According to Giddings (2005a), early in the cultural adaptation process novice RNs learn silence, conformity, and conflict aversion. Buresh and Gordon (2006) similarly cited examples from nursing students and practicing RNs, self-reported downplaying of the contribution that RNs made, as well as not vocalizing opinions to other members of the health care team. Buresh and Gordon described the use of the 'the virtue script', and stated RNs focused on the merits of nursing care, and downplayed the knowledge and skills required for nursing.

Socialized values, knowledge, and comprehension of influencing outcomes underpin all decision-making processes in policy (Cramer, 2002; Mason et al., 2002). Rains and Barton-

Kriese (2001) found that following formal undergraduate nursing education new graduates did not have interest in politics or policy competence, and implicated the education system as one avenue that failed in students' socialization to policy. Nursing students' interest in the policy process was initiated by promoting and incorporating values for caring, collaboration, collectivity, and power-sharing through formal education (Cramer; Giddings, 2005a; Mason et al.). The aforementioned literature described increasing the socialization of nursing students to policy, by introducing and expanding policy content at the beginning and throughout nursing programs. Gebbie et al. (2000) echoed the previous findings, reporting role models had greatly influenced RNs' initiation in the policy arena. The socialization of nursing students and RNs to policy may be enhanced through increased learning and mentoring in this specialized area.

Researchers stated RNs' must look beyond the individual and act for the collective society to improve the public's health through policy and political action (Deschaine & Schaffer, 2003; Faulk & Ternus, 2006; Rains & Barton-Kriese, 2001; Reutter & Duncan, 2002). One study found that RNs were involved in policy for the purpose of increasing the public's health. Wilson (2002) discovered RNs were the only health professional group engaged in political activity to advocate for the public, providing insight into RNs' socialization to policy. Wilson's study did not indicate the educational preparation or employment background of the RNs.

Opportunities have existed to potentially enhance socialization, through mentoring in policy, such as pairing professional associations and nursing education programs. Cramer (2002) suggested nursing students, at undergraduate and graduate levels, could be researching issues specific to professional association goals, or presenting at a legislature to develop relationships between politicians and RNs.

2.1.1.5 Nursing Leadership

Health care has been described by Kerfoot (2005) as a complicated business, with instability and turbulence always present. Constant change has demanded transformational leadership to achieve positive progress and behaviours critical for continuous improvement (Wright et al., 2003). Cultural, social, economic, and political contexts have greatly influenced professional nursing care and the health care system (Ballou, 2000). RNs may be in the best position to advocate in conjunction with, and on behalf of, clients in the aforementioned contexts (Ballou; Falk-Rafael, 2005; Rains-Warner, 2003; Spenceley et al., 2006). These same authors asserted the knowledge and understanding of the dynamic contexts that influence the population's health assists nursing's leadership in policy.

Canadian RNLs cited many factors, such as an unstable organizational structure, involuntary overtime hours, and an imposed multiplicity of roles, which contributed to a lack of aspiration to nursing leadership positions (Ferguson-Pare et al., 2002). These authors emphasized developing and strengthening the pool of RNLs. Research findings described an unsupportive culture in the Canadian public healthcare system, which is contributing to an increase in turnover in leadership positions (Ferguson-Pare et al.) and a decrease in time available for RNLs to mentor and support future RNLs (CNA, 2005).

The future nursing generation has described important leadership traits as being knowledgeable, motivating, and collaborating (Wieck et al., 2002). Future leaders in health care need to be supported and nurtured in order to confidently acquire skills and knowledge required for successful leadership (Wieck et al.). However, in the past capacity building from within the health care system has not been a priority (Wright et al., 2003).

Leadership in policy is an intentional priority for few RNs. All RNs "have political dimensions to their roles and need to be politically aware, but not every RN wishes or needs to be a political leader" (Antrobus et al., 2004, p. 25). Kendig (2002) stated "although nursing leadership organizations emphasize the need for RNs to develop and exercise policy skills, few RNs are inclined to devote the time and energy to this non-clinical activity" (p. 309). Interested and potential RNLs in policy need to be identified and mentored to support a viable influential pool of RNLs (Mass et al., 2006; Rains-Warner, 2003).

Intentionally investing in RNLs has been recommended, and a capacity building approach has been described as enhancing leader development (Antrobus, 2003; Mass et al., 2006). Strategies such as 'fast-tracking' talented candidates through leadership programs, and developing a formal RN leader-mentor system related to career progression of RNLs, have been recommended to assist in capacity building (Antrobus; CNA, 2005; Mass et al.). Through the initiation of a formal mentoring program, leaders may potentially be given an opportunity to establish themselves as professionally credible while acquiring essential leadership skills (CNA; French, 2004).

The CNA (2005) described an identified gap between senior RNLs who were able to extend their leadership competencies over time, and junior RNLs who have to develop leadership knowledge and skills at a fast pace in today's work environments. In turn, the current system has not been cultivating nursing students' and practicing RNs' interest in nursing leadership roles (Ferguson-Pare et al., 2002). The CNA's (2005) descriptive status report and analysis recommended that a national nursing group be dedicated to developing nursing leadership in Canada, as a means to plan and foster initiatives for present and future needs.

Lemire (2005) noted "nursing continues to struggle with the development of leadership knowledge, skills, and attributes that will contribute to the stability, growth, and effectiveness of the profession" (p. 3). Attributes such as courage, perseverance, confidence, ability to motivate others, effective communication, strategic and long-term thinking, and visioning (Grossman & Valiga, 2005; ICN, 2005; CNA, 2005; Shaw, 2007) have been noted as being required for effective leadership in nursing. The attributes of effective RNLs, such as those described previously, have potential relevancy in the policy environment. However, the aforementioned literature did not relate leader attributes or skills specifically to RNLs in policy.

2.1.1.6 RNLs in Policy

Nursing has been described as an essential part of health care, representing large numbers of the health professional aggregate, yet prominent political leader numbers within nursing have been disproportionately low in relation to the total group numbers (Mechanic & Reinhard, 2002; Wilson, 2002). "There has never been a greater need for RNs to get involved in the political and policy process. RNs are needed to ensure that shrinking resources are best used for the health of the nation" (Rains & Carroll, 2000, p. 37). As the largest group of health care professionals, RNs have the potential to impact economic, cultural, political, and social policies that affect the population's health.

The literature depicted RNs are a large group which could be rallied to support the health of a population through policy participation; yet, as a profession, has been slow to take action and leadership in the area of policy (Antrobus, 2003; Boswell, Cannon, & Miller, 2005; Cramer, 2002; Davies, 2004; Deschaine & Schaffer, 2003; Gebbie et al., 2000; Mechanic & Reinhard). Credibility in policy processes has been described as complex, as it includes decision makers' credentials, perceived expertise, status, and power (Deschaine & Schaffer; Falk-Rafael, 2005).

Bono and Anderson (2005), Deschaine and Schaffer, and Hofler (2006) depicted personal and

professional networking as essential for RNLs in policy, as such connections and relationships

contribute to a leader's reputation in the policy arena. Bono and Anderson further underscored

the importance of social relationships, noting shared interactions facilitated knowledge transfer

and influential discussions on a more informal basis in policy environments. Personal and

political associations have also been noted as influencing stereotypical images of RNs; thus,

RNLs in policy must be attuned to the impact of their networking and relationship building in the

policy arena (Buresh & Gordon, 2006; Hofler; Rains-Warner, 2003).

Perseverance, persuasion, and networking were seen as essential competencies and skills

in political RNLs' careers that produced beneficial outcomes in past research (Rains-Warner,

2003). RNLs described political competencies relating to policy, and depicted assessment,

strategic problem solving, and interpersonal relations as important "for the purpose of

convincing powerful policy makers to decide in favour of caring, health, equality, and other

nursing values" (Rains-Warner, p. 142). RNLs in policy aimed to create and influence policies,

even though RNs have been historically and/or stereotypically viewed as the policy

implementers, not the policy developers (Antrobus, 2003; Rains-Warner).

Spence Laschinger et al. (2008) found senior RNLs felt they were integral members of

the senior management team and very influential in policy. These authors described the sample

group of senior nursing leaders ranged 47- 51 years of age, and ranged 11-14 years of

management experience. While the findings indicated current RNLs were able to handle the high

demands of their jobs, the authors remained uncertain how future RNLs will be able to transition

to these roles quickly and effectively (Spence Laschinger et al.).

2.2.1 Summary of Relevant Literature

In summary, the literature described many opportunities for change in the area of policy. Senior RNLs in Canada expressed that graduate nursing education had not fully prepared them for their current leadership roles. Enhancements to baccalaureate and graduate nursing education have the potential to promote interest in policy leadership. Canadian researchers (Reutter & Duncan, 2002; Reutter & Williamson, 2000; Spenceley et al., 2006) asserted education has the potential to peak nursing students' interest in policy and promote the socialization of policy skills, competencies, and involvement. The literature clearly described a call for the purposeful educating, socializing, and mentoring of potential RNLs (Cramer, 2002; Mason et al., 2002; Reutter & Duncan; Reutter & Williamson; Spenceley et al.).

In the United States, health policy has become a specialty area in graduate nursing programs (Ellenbecker et al., 2005) following suggestions from Gebbie et al. (2000) to increase formal and informal policy education for nursing students, RNs, and nursing faculty. Within Canada, Reutter and Duncan (2002) similarly recommended increasing nursing faculty expertise in policy, promoting the development and implementation of formal policy education courses. However, in a review of Canadian nursing programs of research, health policy was found as a domain of research at one university (Alcock & Arthur, 2003), and researchers found a limited amount of policy content in graduate nursing programs (Murphy, 1999; Wood et al., 2004). Therefore, the formal education programs available to Canadian nursing students and RNs may be including a limited amount of policy content, as well as perpetuating a lack of interest or focus on the area of policy.

The actions of practicing RNs may influence the values and actions of future practitioners, including engagement in policy leadership. An increase in the number of RNs in

policy leadership may promote the credibility of current RNLs. Credibility in policy decision-making is complex, and further exploration of RNLs' role is required to fully comprehend nursing leadership in policy.

2.3.1 Discussion on Gaps in Literature

Within the relevant literature, many questions relating to nursing's participation, integration, and validation in the broader policy arena remain unexplored. Researchers have suggested that RNs should find ways to collaborate and influence the larger forum of policy discourse (Spenceley et al., 2006). If researchers can identify desirable outcomes of nursing leadership in policy, research may support further inclusion and bolster participation and leadership in policy.

In Canada, researchers found succession planning for future RNLs is lacking (Mass et al., 2006). The CNA (2005) made recommendations on how to support the development of future nursing leaders in policy, such as a proposed national health care policy centre.

Influential players in policy, such as chief executive officers of health care and non-health care organizations, executive directors of professional associations, Members of Parliament, or research scholars may be identified or studied in further research. "It is important for RNs to discuss how they create and influence policy development and ongoing change in the profession, and that this area of professional practice needs further theorizing and investigation" (Hughes, Duke, Bamford, & Moss, 2006, p. 27). Researchers, such as Hughes et al. and Spenceley et al. (2006), encouraged increasing dialogue on how RNs are involved in policy to promote awareness and recognition, and further research on the area of policy.

According to Contino (2004), leadership is a learned behaviour, yet there is limited research on how RNLs skill development and competence in policy should be promoted as an

attractive career choice for nursing students and RNs. A major gap in the literature is the lack of Canadian research on RNLs' experiences in policy. Leadership development from within an organization has been noted to retain practitioners in their profession (Coonan, 2005); however, the literature does not concretely address career paths or mentoring for future RNLs in policy.

The search of the literature revealed that there was a paucity of empirical research specific to Canadian RNLs' experiences in policy. This study will add to the body of literature, specifically describing select formal Saskatchewan RNLs' experiences in policy.

CHAPTER 3

3.1 Qualitative Research and Methodology

In this chapter, general considerations in qualitative research will be addressed, including

the researcher as an instrument, and power relationships in research. A constructivist approach,

and the qualitative content analysis utilized in this study, will be described in this chapter.

Following a discussion on content analysis, details of the research design from this study,

including sample and setting, data collection, data analysis, and interpretation will be described

in this chapter. The researcher will conclude this chapter with strategies adopted for enhancing

rigour and trustworthiness in this study.

3.2 General Considerations in Qualitative Research

Within this qualitative study, the researcher used a method based in "a relativist ontology

(multiple realities), a subjectivist epistemology (knower and respondent co-create

understandings), and a naturalistic (in the natural world) set of methodological procedures"

(Denzin & Lincoln, 2003, p. 35). Within this inquiry the researcher sought to understand the

meanings attached to individual experiences, which, according to Elliott (2005), correlates with

the constructivist paradigm. The researcher's beliefs aligned with the constructivist viewpoint

that the social world is constantly changing and is continually constructed by participants.

Within the constructivist paradigm, meaning is uncovered through interactions between

researcher and participants. The interactions in interviews create meanings, from which the

researcher may interpret the implications of the storied significant experiences of everyday lives

(Elliott, 2005). Bruner (1991) described the subjective nature of stories as including the

researcher's and participants' background knowledge. Bruner incorporated the components of storytelling, including the intention of the story, why, "how and when it is" (p.10) told, and how it is interpreted. Further, Bruner described that subjectiveness in stories is also influenced by the history, as well as the relationship between the researcher and participant. In all the texts in this study, participant's remembered experiences are influenced by the context of the past and current situations, the social environment, the historical social reality, and the interaction between researcher and participant. According to Denzin and Lincoln (2003) and Elliott, the aforementioned influencers within constructivism indicate that only through personal human interactions, can subjective meanings be uncovered and co-constructed. The researcher believed there is no objective reality to be known in the human experience.

Within constructivism, the researcher believed that experiences and meanings are ever-changing. In this study, the researcher sought to understand the meaning of multiple social constructions of knowledge, and to acquire various perspectives from RNLs in policy. Content analysis was therefore chosen as a method situated in the constructivist paradigm, as the researcher sought to understand RNLs experiences in policy. The researcher sought to expand the knowledge of professional nursing practice within the context of policy. Content analysis was used by the researcher to examine and interpret the participant's own words through textual data. The researcher's analytic lens focused on the subject of the stories, as well as the context. The interactions between the researcher and participants were valued in providing a highly personal and subjective encounter, co-creating knowledge in this study. Through the use of content analysis, the researcher was able to determine and communicate participants' viewpoints. Based on the previous literature examined, the researcher believed that using content analysis would preserve the data in textual form, providing thick descriptions of the participants' experiences.

3.2.1 Researcher as Instrument

Within qualitative research, Bogdan and Biklen (1998) and Denzin and Lincoln (2003) described the researcher's gaze as subjective, affected by a person's history, experience, values, and viewpoints, which influence how the researcher sees the world and acts within it. "All research is interpretive; it is guided by a set of beliefs and feelings about the world and how it should be understood and studied" (Denzin & Lincoln, p. 33).

The process of clearly defining the researcher's past experiences and assumptions, theoretical positioning, and analytic lens, assisted in portraying the researcher as instrument in this study. As previously stated in Chapter One, the researcher expressed the motives for pursuing the inquiry, as well as personal assumptions relating to RNLs, formal leadership, and policy. The theoretical positioning described previously, indicated personal relevance and experiences relating to RNLs in policy that contributed to the researcher's perspective. Researcher biases and assumptions contributed to development of the research objectives and aims, data collection procedures and rationale, and analysis and interpretation of the textual data, in the forms of interview transcripts, field notes, and reflective letters.

The concept of researcher as instrument was relevant to the credibility of this study. The research aim was to gain a deeper understanding, which the researcher assumed would be obtainable through stories about experiences in policy, as told by the potential research participants. The inquiry area of RNLs in policy was sought out based on the researcher's limited experiences in the area of policy. The researcher had previous interactions with some of the participants in this study, and the influence of the researcher-participant relationship was a factor in the research process. Choosing the interview as a data-gathering interaction with the participants was influenced by the researcher's valuing of communication and relationships

between human beings. The researcher believed the reflective letter would be valued by the participants, providing time to further reflect on a key idea from the interview. The textual data was accepted as the participants' reality, and the researcher viewed the reflective letter request as an important contributor to the data collection process, making time for a reflective process in this study. The researcher believed that the methods in this study would accurately describe the everyday social world, and the realities of RNLs experiences in policy.

3.2.2 Power Relationships in Research

Denzin and Lincoln (2003) stated qualitative researchers attempt to interact with study participants in a natural, unobtrusive, and non-threatening manner to establish equal power stances. Within the close interactions of qualitative interviews, power relationships and ethical considerations are imperative elements in research (Kvale, 2006). In order to enter into an "authentic personal relationship" (Kvale, p. 481), the researcher was upfront about the purpose of the research, and prior to beginning the interview engaged in self-disclosure regarding the personal relevance indicated in Chapter One. The researcher recognized the topic of interest set an agenda topic for the interview, and, according to Kvale, established power dynamics from the outset of the study.

Kvale (2006) cautioned researchers that "the dominant position of the interviewer may lead to an invasion of the subject's privacy, with a temptation to masquerade as a friend to get the information the researcher needs" (p. 497). The researcher recognized the participants' potential feelings of vulnerability, relating to how they were perceived and represented in the interpreted textual data. Kvale stated participants have counter measures to the potential power asymmetry in the interview, including not answering or deflecting a question, and talking about experiences they are comfortable in discussing.

Frank (2000) stated relationship building is a foundation of any story, including the relationship between the researcher and the participant, to uphold the veracity of various standpoints. Therefore, the interview schedule was modeled around questions that could be utilized in "conversation between two trusting parties" (Bogdan & Biklen, 1998, p. 35). In attempting to build trust (Kvale, 2006), the researcher maintained an unobstructed and open stance in the interview, facing the participant and making eye-contact, indicating active listening to the stories being told.

In an effective interview, both the researcher and participant feel good, satisfied, and rewarded by the process (Kvale, 2006). The researcher felt during the interviews there was an equal power balance, as the open-ended questions provided the participants control in how they told a story, and which story they wanted to tell. During the interviews, there was a free-flowing conversation and ease in communication between participant and researcher. Prior to the interviews, the researcher and supervisor discussed the potential for an unequal power balance, due to the formal leaders' roles and experiences. However, the researcher did not feel intimidated or situated in a lower power position during the interview process. The field notes described the researcher's thoughts on the power relationships, and reflected the researcher's 'sense' of being informally mentored by the study participants during the interview.

In order to ensure the interview knowledge was jointly constructed by the researcher and participant (Kvale, 2006), the researcher closed the interview by asking if there was anything further the participant thought was important to talk about that had not yet been discussed. As well, the researcher provided the participants a second opportunity through the reflective letters to include any thoughts or viewpoints that had not been revealed or made explicit through the interview.

3.3 Discussion of Methodological Approach

Many researchers, such as Graneheim and Lundman (2003), Lieblich, Tuval-Mashiach, and Zilber (1998), Miles and Huberman (1994), Pope, Ziebland, and Mays (2000), and Simons, Lathlean, and Squire (2008), described approaches to content analysis, using different techniques and wording components within social, health, and nursing research. Researchers applied content analysis to inductively generate categories or themes from textual data and describe the resulting explanations and interpretations (Lieblich et al.; Pope et al.; Simons et al.).

The method of content analysis has numerous variations, depending on the purpose of the study. Researchers used content analysis in objective and quantitative processing of narrative materials, ranking content categories, such as recording the number of times each category appeared in an individual account (Lieblich et al., 1998). Conclusions have then been drawn from the presence of a category, as well as the ranking of any category relative to other categories (Lieblich et al.). Group comparisons may then reveal differences between participants, but may lack the descriptive quality and richness acquired by a qualitative content analysis (Lieblich et al.).

Miles and Huberman (1994) described a difference in qualitative content analysis approaches, as researchers focus on content themes, as opposed to analysing the form of the text. Simons et al. (2008) described two key stages in their qualitative thematic content analysis on interview data regarding community mental health nurses' experiences. In the first stage of analysis, the researchers determined categories stemming from relevant literature and previous professional nursing experiences. Simons et al. assigned data to the pre-determined categories, ensuring appropriateness of fit. They explored categories to develop themes, to "detect conceptual similarities, to refine the differences between categories, and to discover patterns"

(Simons et al., p. 123). These authors then described a composite account of nurses' experiences, drawing on the strong and recurrent themes found across categories. Another group of researchers, Brownlee, Boulton-Lewis, and Berthelsen (2008), performed content analysis on interview data, using categories derived from previous research on the quality of child care. The categories were then changed and expanded on in this research, based on the study findings. Brownlee et al. were unique in using "data-driven and theory-led approaches" (p. 462) in content analysis, allowing the researchers to build upon previous knowledge, and expand on, or clearly differentiate categories emerging from their data.

Pope et al. (2000) described a different approach to qualitative content analysis. Whereas Simons et al. (2008) and Brownlee et al. (2008) derived categories from previous literature and personal experiences, Pope et al. advocated using categories developed from the textual data to reflect as many of the nuances in the data as possible. Pope et al. described five stages in analysis which researchers can use in completing analysis and interpretation of textual data through a thematic framework. The steps included familiarization, identifying a thematic framework, coding, charting, and mapping and interpretation.

Graneheim and Lundman (2003) described qualitative content analysis in nursing research and clarified various components of abstraction and content areas. The authors described that abstraction is completed in content analysis through emphasizing descriptions and interpretations, creations of codes/categories, and linking of themes. The authors further delineate categories as a descriptive level of content, and themes as connecting underlying meanings together from categories. According to Graneheim and Lundman, two types of coding clarify the difference in abstraction levels within the data. Specifically, *manifest content*, often presented in categories, includes what the text says; whereas, *latent content*, or what the text is

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talking about, is often relayed as themes (Graneheim & Lundman). Ericson-Lidman and Strandberg (2007) similarly utilized this type of qualitative content analysis when abstracting categories into themes, the researchers looked at threads of meaning across or through the text on an interpretative level. Categories represented the descriptive level of text, and themes described the interpreted meanings in the previously mentioned research by Ericson-Lidman and Strandberg, and Graneheim and Lundman.

In reviewing content analysis literature and processes, the researcher used the following elements to inform selection and application of qualitative content analysis with textual data in this study. The researcher explored supportive literature, and increased knowledge on the variety of ways content analysis may be approached in qualitative research. Aligning with the constructivist paradigm, the researcher was drawn to content analysis focused on the qualitative aspects of categories and themes, as delineated by Ericson-Lidman and Strandberg (2007), and Graneheim and Lundman (2003).

In this study, the researcher was interested in events and experiences recounted via textual data. Riessman (1993) described that content analysis may potentially develop a deeper understanding of people and the contexts in which they live and work. In alignment with Elliott (2005), the purpose of this study was to describe past events and relay meaning of the experiences from the participants' viewpoint. The researcher was not focused on the historical 'truth' of the accounts; rather the focus was on the meaning ascribed to the story of an individual's experience.

Mishler (1991) stated "through language we describe objects and events, explain how something works and why something has happened, express feelings and beliefs, develop logical arguments, persuade others to a course of action, and narrate experiences" (p. 67). In this study,

the researcher derived meaning from the dialogue with the participants. Participants are relaying meaning of experience, and one assumption is that people make sense of their experience most effectively by telling stories (Bruner, 1991). According to Bruner, "we organize our experience and our memory of human happenings mainly in the form of narrative" (p. 4), and the storied experience becomes an accepted version of reality.

A major component of content analysis is contextualization, as it is necessary for making sense of textual data and assigning meaningful interpretation by relating the emerging ideas to the social context (Elliott, 2005). Elliott explained that, in modern culture, events or individual experiences are chosen to be reported based on their emotional significance or unexpected qualities, and the experiences may then be related to the individual in a certain society, at a particular moment. Accordingly, "the inherently social nature of evaluation" (Elliott, p. 10) is rooted in understanding that stories relied on certain cultural norms, to be described and interpreted by both participant and researcher. The author further explained evaluation and interpretation of textual data sources are often based on broader societal norms and values, and can be utilized in examining and relating the participant's "contribution to the cultural fabric of society" (p. 51).

In this study, the researcher abstracted meaning from participant's words, interpreting the importance and relevance of the policy content. The content areas were linked with related situations in the literature to compare and contrast the data with other known realities. When thinking about the content areas, the researcher conceptualized the experiences of the RNLs in policy in relation to other literature, as well as the researcher's personal knowledge of the policy arena. The researcher's interpretation of meaning assigned to the storied content areas was influenced by the similarities and differences in stories from varying participants. The

contextualization of the experiences rooted in the historical and social constructs of RNLs in policy assisted in identifying similar meanings, or themes, across texts.

3.4 Details of Research Process

As mentioned in Chapter One, the researcher received ethics approval (Appendix A) and began a snowball sampling process to identify and contact select RNLs in policy, currently or recently in formal nursing leadership roles. The letters informed potential participants of the study purpose and objectives, and requested participation in the research. Participants were given a copy of the consent form and interview schedule in advance. If a potential participant agreed to participate in the study, an interview using open-ended questions was conducted. Field notes were taken and the interview was audio taped. Personal transcripts were returned to the participants for review. Transcript review was part of the research design, attempting to promote further reflection on the experiences described in the interview. Clarification or extension of textual contributions was also completed by the participants through a reflective letter to the researcher.

3.4.1 Setting and Sample

The study took place in various locations in Saskatchewan; the primary locations were urban centers. Interviews were completed at a location selected by the individual participant. In this study, snowball sampling allowed the researcher ease in identifying potential participants, and ensured participants represented select formal nursing leadership roles in policy. Elliott (2005) reported snowball sampling was effective in easily obtaining a selective sample of potential participants. Boyd (1990) stated with the use of interviewing as the primary data-gathering technique, fewer participants are sought for a sample size in qualitative inquiry. The researcher began the recruitment of participants by sending a letter (Appendix B) to a formal

RNL involved with a professional nursing association. The rationale for starting snowball sampling with that particular leader was that the role was known to the researcher and the thesis supervisor as having responsibilities for leadership in policy. This formal nursing leader then became a participant in this study and provided the names of four additional RNLs as potential participants. The researcher contacted two of the suggested formal RNLs in seeking a representative sample. With each of the first three consenting participants, the researcher repeated the snowball sampling process. Considering Saskatchewan's population and demographics, there was an ease in identifying RNLs in policy roles, and these participants were enthusiastic to recommend other formal nursing leaders in policy for involvement in this study.

The researcher requested the snowball recommendations prior to the interview, with the following inclusion criteria: able to speak, read, and write English fluently, and were living in Saskatchewan at the time of sampling. All participants met the inclusion criteria and were currently in or recently had been in a formal nursing leadership role relating to policy creation, policy implementation, and/or policy evaluation. Exclusion criteria included inaccessibility during the data collection period, unwillingness to participate in the study, failure to participate in the interview, not self-identifying as a formal RNL in policy, and/or a request to discontinue from the study.

The sample included six participants, seeking representativeness of select local, regional, provincial, or national RNLs in policy. Specifically, the formal leadership roles included education, professional nursing associations, government, regional RNLs, and senior leadership. The sample was representative of the domains of nursing administration, research, education, practice, and policy.

3.4.2 Data Collection

Following ethics approval by the University of Saskatchewan Behavioural Ethics Review Board (Appendix A), the researcher contacted formal RNLs in policy. The researcher provided the potential participant with the information letter (Appendix B), the consent form (Appendix C), and the interview schedule (Appendix D). Schon (1983) recommended that reflection on action is enhanced by a non-threatening approach; therefore, the participants were given the interview schedule before the interview date, enabling them time to reflect on their experiences as RNLs in policy.

3.4.2.1 Interview

Mishler (1991) described "the interview as a discourse between speakers and on the ways that meanings of questions and responses are contextually grounded and jointly constructed by interviewer and respondent" (p. 33). The researcher collected data by means of a face-to-face interview, guided by an interview schedule previously given to the participants. Mishler stated the advantages to use of an interview schedule include establishing the focus of interest of the study, clarifying inquiry intents, and providing a general, open-ended framework, potentially reducing interviewer bias. Elliott (2005) suggested open-ended questions provide an ideal method for discovering in-depth accounts of personal lives, while giving the participants the choice on how to describe significant experiences in various ways. The interviews with each of the RNLs were completed between March and April, 2008.

During the interview, the researcher adapted the order of the interview questions in response to the direction of the stories told by participants. According to Mishler (1991), this approach facilitates the flow of conversation in the interview process. Questions were open-ended and the interview length ranged from 35-60 minutes.

Recordings of the interviews were transcribed verbatim by a transcriptionist. The researcher reviewed and compared the recordings with the textual data to ensure accuracy of the transcripts. The thesis supervisor reviewed the recorded interviews specifically examining the researcher's interviewing skills following the first, second, and third interview. Member checking was completed by returning the personal transcript to the participant to ensure accuracy and to provide the opportunity to delete, add, or change the text, and participants were requested to fill out the transcript release form (Appendix E). The review of the personal transcripts by the participants was also completed in order to provide an opportunity to reflect on the textual data, and encourage thinking about the development of a reflective letter.

3.4.2.2 Reflective Letters

After listening to the individual audio taped interview, the researcher chose a key idea or statement from the interview transcript for further clarification and/or expansion by the participant. Following validation by the supervisor, the researcher requested written text from the specific participant on the key idea or experience derived from their individual contribution to the research. The researcher held a similar viewpoint on reflection as Schon's (1983) statement, that reflection can bring about tacit understandings, and may allow for a change in practice, a change in meaning, or a new awareness regarding personal insights, for both participants and researcher.

Schon (1983) connected reflective practice to the policy arena, as professionals are key players in the field of policy, to "design, implement, and evaluate" (p. 339) policies, ensuring that a professional's reflection-in-action is translated into social progress. Through the letters, the researcher provided the participants an opportunity to move forward in their understanding, appreciation, and consideration of significant policy experiences.

The interview transcripts were returned prior to the question and letter request, as Schon (1983) suggested that a progressive and more in-depth reflection may be expressed in written form following a recent review of past experiences. The participants were requested to provide a written account, including their feelings, thoughts, and meanings ascribed to a selected experience or idea derived from their interview contribution. The participants were informed that the purpose of the letters in the inquiry was to provide another data source and potentially clarify or expand on a specific story. The question stemmed from the personal transcript and provided a framework on what to reflect on, allowing time to formally engage in thinking about a particular event or experience. According to Webster (2002), the consideration potentially assisted the participants in gaining further insight and 'sense-making' of past experiences. However, the researcher recognized that a potential risk is for participants to remain superficial in their accounts of the experience, or yielding an unwillingness or inability to reflect (Webster). The researcher did not specify a minimum amount of written text or a specific structure of data required. These open guidelines were encouraged by Schon and Webster, in order to be non-prescriptive regarding an individual introspective process.

3.4.2.3 Field Notes

It is imperative in qualitative research to acknowledge that all research accounts are partial (Elliott, 2005; Mishler, 1991), reflecting multiple views, including the researcher's and participant's meanings and interpretations of the human experience (Bruner, 1991). To address this partiality, one strategy undertaken by the researcher was the creation of field notes. During the iterative process of data collection, transcription, and data analysis, the researcher kept reflective field notes as per Bogdan and Biklen (1998), in order to enhance data analysis, dialogue with the thesis supervisor, as well as maintain an appropriate audit trail.

Initial field notes were first recorded immediately following the interview. The researcher recorded initial thoughts, potential content areas, researcher's emotional responses, and participant's non-verbal communication. The day following each of the interviews, the researcher added more reflective and content notes, and the researcher began to further delineate individual's key ideas or experiences.

Field notes were compared with the interview transcripts, assisting in creating a thick description of the participant's tone of voice, the physical environment, and non-verbal interactions between researcher and participant. More notes were added to the transcripts, and included the researcher's speculations, feelings, ideas, impressions, and/or biases, adding to the evolving analysis and interpretation, as per Bogdan and Biklen. The supervisor reviewed all the interview transcripts, all field notes were discussed, and feedback was received at each step of the research process.

3.4.3 Content Analysis

The content analysis utilized in this study was adapted from Ericson-Lidman and Strandberg (2007) and Graneheim and Lundman (2003), while incorporating clarifying components from Elliott (2005), Riessman (1993), and Lieblich et al. (1998). The researcher outlined how this was accomplished throughout the data analysis section and provided the steps in an appendix (Appendix F). Riessman suggested researchers use specific data reduction strategies to assist in transforming the transcript data into more manageable sections. The data reduction strategy of Gee (1986) was utilized by the researcher.

Data collection, transcription, analysis, and interpretation were done in an iterative process aligning with the recommendations of Elliott (2005), Mishler (1991), and Riessman (1993). In this study, the researcher pragmatically selected sections from the interview data, as

described by Graneheim and Lundman (2003). The researcher completed thorough multiple readings of the transcriptions, identifying differences, similarities, and emerging content. The researcher completed systematic coding, assigning concepts into content categories in order to organize and synthesize the data, as per Graneheim and Lundman. The systematic coding of the transcripts was completed to bring about meaning to the data (Elliott; Riessman).The process throughout the research included ongoing reading, reflection, and writing by the researcher (Appendices G and H).

3.4.3.1 Gee's Units of Discourse

The researcher drew from Gee's (1986) units of discourse analysis to aid in examination of the textual data. Gee encouraged attending to the participant's pauses in a text pattern, as "idea units are separated by short pauses" (p. 405) and that the longest pauses in the text most often indicate "major episodic or thematic boundaries" (p. 404). In identifying main sections of the text, the researcher looked at the speech pattern. Gee stated large topic units are defined by one topic, and usually have no internal changes in place, time, or major characters. Gee described that the ending tends to have a decrease in pitch, and the opening includes many hesitations or 'false starts'. The researcher began the analysis by creating a new copy of the transcripts, separating key sections of the text with notations, including aspects of oral text, such as pitch, pauses, and expressions in accordance with Gee (Appendix G).

3.4.3.3 Coding

The researcher completed thorough multiple readings of the individual transcriptions, identifying differences, similarities, and emerging content. The researcher completed systematic coding, assigning concepts into content categories in order to organize and synthesize the data, as per Ericson-Lidman and Strandberg (2007) and Graneheim and Lundman (2003). The researcher

started this process with the first transcript, completing the coding of one transcript at a time, continuing to add more codes with differing content areas. The systematic coding of the transcripts was completed to bring about meaning to the data (Graneheim & Lundman; Riessman, 1993) (Appendix I and Appendix J).

Elliott drew on work by Mauthner and Doucet (1998) and Holloway and Jefferson (2000) ensuring a reflexive approach is taken when revisiting and listening to the recorded interviews: the researcher listened to the interview recording, and identified what was noticed, why it is noticed, and how the researcher can interpret what was noticed. Introspection and reflexivity was documented by the researcher throughout the research process in the form of reflective field notes. Decisions for analysis and interpretation were documented in the field notes, including the researcher's emotional responses and contemplative processes (Appendix G) throughout the data analysis.

Lieblich et al. (1998) suggested researchers reading textual data should detect "meaning of the text", and the significance for the researcher will depend on the entire story and its context. Further, Graneheim and Lundman (2003), Lieblich et al., and Riessman (1993) encouraged researchers to develop codes consisting of categories from the content, providing a basis for analysis through the interpretation of the texts.

Graneheim and Lundman (2003) and Lieblich et al. (1998) described how the researcher should use broad themes of codes, highlighting words, sentences, or paragraphs containing aspects related to one another through the content and context. In the first level coding, Lieblich et al. encouraged identifying overall themes in the textual data, and then utilizing categories in the second level coding, to retain "the richness and variation of the text" (p. 113) in accordance with the research questions. In this study, the researcher completed first level coding of the

transcripts and reflective letters, focusing broadly on the overall content of the textual data. The researcher developed three major themes from the content, and assigned these to the story sections. This approach proved difficult, as many of the stories and reflective letters contained content from more than one major theme. The researcher then carefully re-read the text, and compared initial coding of content with the 'content to look for' categories. The second coding of the textual data provided the researcher confirmation of the three major themes of values, vision, and career path, and drew attention to potential categories (Appendix I).

This study described the experiences of RNLs in policy, in order to gain a deeper understanding of everyday lives. Ericson-Lidman and Strandberg (2007) and Graneheim and Lundman (2003) recommended highlighting the differences or similarities in the textual data and demonstrate associations through themes. The researcher identified and focused on three major themes; and two to five categories to underscore the depth in the content (Appendix H). The final coding framework included three major themes and ten categories.

Riessman (1993) described data analysis and interpretations are intertwined: "close and repeated listenings, coupled with methodic transcribing" and analysis "often leads to insights that in turn shape how we choose to represent an interview...in our text" (p. 60). In this study, the analysis steps in content identification aided in the abstraction and contextualization of the broad themes and focused categories.

3.4.4 Data Interpretation and Writing of the Experiences

To provide clarity on writing, Bogdan and Biklen (1998) and Denzin and Lincoln (2003) recommended qualitative researchers document and describe data alongside the interpretations. Providing a thick description, including portions of individual data to exemplify, illustrate, or illuminate points or themes (Sandelowski, 1998) from the data, was a useful tool to illustrate and

substantiate the interpretations and the 'truth' of the inquiry (Bogdan & Biklen; Denzin & Lincoln; Sandelowski). These authors recommended presenting quotes from participants and short sections from the field notes and other data generated in the research process. The researcher chose to present the content by categories, including participants' quotations, and the researcher's own descriptions, or quantitative substantiation of the number of participants indicating similar stories, as described by Bogdan and Biklen. The researcher chose to present the reflective letters separate from the interview text to further provide a thick description of the individual reflections.

As Lieblich et al. (1998) stated there are many variations on how the interpretation can be incorporated into the writing of the storied accounts:

> an interpretive viewpoint, asserts that narrative materials- like reality itself- can be read, understood, and analyzed in extremely diverse ways, and that reaching alternative... accounts is by no means an indication of inadequate scholarship but a manifestation of the wealth of such material and the range of sensitivities of different readers. (p. 171)

In summary, the researcher utilized strategies undertaken by Ericson-Lidman and Strandberg (2007) and Graneheim and Lundman (2003) in the content analysis. The researcher developed categories, or groups of content that shared a commonality, and themes, linking underlying meaning across categories. The use of qualitative content analysis was an appropriate methodology for this research. The researcher incorporated components outlined by various researchers regarding how to abstract meaning and contextualize stories of experiences. The researcher utilized interviews, field notes, and reflective letters as data sources.

Following transcription of the interviews, the researcher utilized analysis of content areas and units of discourse to begin identifying meanings, concepts, or key experiences. Reduction

strategies, such as deleting asides between teller and listener, assisted in creating manageable sections of text. As previously stated, within the textual data, codes began to emerge and the categories were further developed in consultation with the thesis supervisor. This process assisted the researcher's interpretation of the stories, in focusing on the meaning and content in the transcripts, as well as identifying connections and differences between and across the participants. The analysis and interpretation of the interview data, reflective letters, and field notes was conducted and produced three themes and ten categories from the experiences of select Saskatchewan formal RNLs in policy.

3.5 Rigour

Lincoln and Guba (1985) and Guba and Lincoln (1994) have established operational techniques supporting the rigour of research, to increase the likelihood that an accurate representation of the participants' experiences. In this study, the researcher employed various techniques to enhance *credibility, dependability, transferability, and confirmability*. To increase the likelihood of credibility, interviews and transcripts were reviewed by the supervisor to critique the researcher's interview technique, following the first, second, and third interviews. As well, member checking of personal transcripts and writing of reflective letters was completed by the participants. The use of multiple data sources has been noted to increase the likelihood of credibility in qualitative studies (Guba & Lincoln). Riessman (1993) suggested the use of various data collection methods, from field notes, reflective letters, and/or interview transcripts enhanced rigour in research. The author stated another data collection method, such as the letters from the participants, may elicit different kinds of information and ensured that the participants' were accurately represented.

Dependability of the data was enhanced through two data collection methods, the interview and participants' written reflections. As well, the field notes demonstrated dependability in data analysis, as the supervisor reviewed all field notes documenting analysis decisions. An audit trail was maintained including keeping all data, and field notes, including decision-making rationales to demonstrate confirmability of the findings in this study, as recommended by Lincoln and Guba (1985). Data triangulation of interview transcripts, field notes, and reflective letters assisted the researcher and thesis supervisor in confirming meaning, context, and content in this study. The field notes assisted the researcher's triangulation and documentation of the confirmability in this study. As well, the field notes documented the researcher's questions, and ideas, and decisions and were discussed with thesis supervisor to enhance rigour during this qualitative inquiry (Appendix G).

Transferability of the textual data was created by using the participant's own words in the selected quotations and written reflections and provided a thick description of the participants' experiences, as recommended by Denzin and Lincoln (2003), Guba and Lincoln (1994), Riessman (1994), and Sandelowski (1998). Transferability has also been related by Lincoln and Guba (1985) as fittingness of findings, or the probability that the study findings will have meaning to others in similar situations. The transferability of findings is made following the research completion, by readers or potential users of the study findings, according to Guba and Lincoln and Sandelowski.

Lincoln (2002) recently described eight elements of quality for qualitative and interpretive research. Although these are emerging quality elements, the researcher believes there is a high degree of overlap from the earlier trustworthiness criteria by Guba and Lincoln (1994) and Lincoln and Guba (1985). However, the researcher felt that the element of voice had

relevance in this study. Lincoln described that researchers must pay attention to voice, "To who speaks, for whom, to whom, for what purposes – effectively creates praxis, even when no praxis was intended" (p. 336). Lincoln stated "the extent to which alternative voices are heard is a criterion by which we can judge the openness, engagement, and problematic nature of any text" (p. 337). The presentation of the quotations, including experiences not common among all RNLs, were included to accurately represent unique perspectives in this study. The field notes served to describe the researcher's subjectivity, and are acknowledged in various places throughout this document. The researcher's gaze was actively open to multiple voices, and thus, the researcher's commitment to accurately represent the participant's voice is demonstrated in the next chapter.

CHAPTER 4

The six formal RNLs' experiences in policy were presented through direct quotations and reflective letters in this chapter. Alongside the rich stories and reflections, the interpretations of the experiences explained the nuances of the RNLs' experiences. The discussion relating the stories and concepts from this study to other literature served to further expand upon, refute, or discuss similarities to past research on RNLs in policy.

In considering the textual data, the researcher used content analysis to assist in interpreting the significant stories and reflective letters. Through the coding and interpretation, three themes of values, vision, and career path, were identified and common to all six formal RNLs in policy. As previously stated in Chapter Three, themes represented the interpreted meanings, and categories corresponded to the descriptive level of the textual data. Unique individual participant's stories were separated and presented following the three common themes. The reflective letters by participants, which were utilized by the researcher in the content analysis, are integrated intact at the end of this chapter (see also Appendix J).

The researcher recognized that the themes and categories were not pure, resulting in stories that often intersect and overlap. The researcher took into consideration the context and the way the stories were communicated in each interpretation of the textual data. Therefore, the themes and categories that 'spoke' to the researcher in this study, may take on differing meanings for others reading this document. Each of the themes and subsequent categories are defined, and fully explicated in this chapter. In maintaining confidentiality of the participants, the socio-demographic characteristics are not discussed in detail in this chapter; however, the

researcher noted that the profile of the RNLs in this study is similar to past research, as discussed in Chapter Two.

4.1 RNLs' Experiences

4.1.1 Values

Canadian RNs have a guiding document regarding nursing values, the CNA's *Code of Ethics for Registered Nurses* (2002). The Code of Ethics highlighted the importance of individuals' upholding certain values in ethical nursing practice. According to the CNA: "[A] value is a belief or attitude about the importance of a goal, an object, a principle, or behaviour. People may hold conflicting values and often may not be aware of their own values" (p. 7). The researcher utilized this definition when thinking about and abstracting the participants' words into the values theme.

Nursing values, such as valuing and advocating for quality practice environments, ensuring confidentiality, and promoting social justice (CNA, 2002/2008b), are noted to enrich the depth and breadth of the policy decision-making perspectives and processes (Rains-Warner, 2003). Values and storytelling are intertwined in one researcher's statement: "Perhaps the real power of stories lies in their reflection of ideas and values" (McDonough, 2001, p. 210). McDonough also pointed out that as stories reflect values, so must policy-makers, researchers, and practitioners determine the validity of the source of the story.

In this study, the representation of the RNLs' values was evident in shaping and guiding leadership in policy. For the RNLs values supported their viewpoints, decisions, and actions in leading policy creation, implementation, and evaluation. These categories underscored the importance of self-awareness, the complexity of the policy context, leadership in demonstrating

values in the policy process, the organizational influence on RNs' engagement in policy, and ideologies in policy processes.

4.1.1.1 Self-Awareness

The stories within this category focused on individual recognition or an awareness of one's own values, the need for self-reflection, lessons learned from leadership in policy, and relationships. RNs may not be aware of the values that they hold (CNA, 2002/2008b), yet according to the literature, values are transmitted into the policy decision-making process (Rains-Warner, 2003). Leners et al. (2005) stated "professional values are personal beliefs about the worth or quality of concepts and behaviours in a discipline.... [and] lead to the development of standards from which to evaluate and decide on action" (p. 504). Three of the RNLs in this study viewed their individual self-awareness about values as essential to successful leadership in policy. Past literature similarly stated that self-awareness was crucial to leadership and influence over followers (Gandz, 2006; Skelton-Green, Simpson, & Scott, 2007).

All of the RNLs interviewed in this study identified that process was imperative to leadership in policy. This point was evidenced by RNL F's statement that leaders should take the time to determine what they value. She spoke about being aware of the important role of values in guiding a leader's actions and behaviours in the policy environment. In her current formal leadership role, five values were articulated as being important to her in leading others: "Integrity …honesty, openness, transparency, accountability... And if you know what you will go to the wall for then you know what you will take risks for..." (RNL F). The leader addressed developing and determining her 'bottom line' in policy decision-making processes.

Leaders spoke about self-awareness and learning from experience. Five of the six RNLs spoke about the need for self-reflection as one strategy for enhancing successful leadership. One

area highlighted was the leader's responsibility in addressing crises: "If you don't carve out time for reflection, then you can become consumed by the fires of the day" (RNL C). The importance for self-reflection was reiterated often by the RNLs. They talked about the longer they worked in policy, the more they began to recognize that things do not change quickly or easily. One RNL recognized that "...you begin to realize that the more input is really valuable and that...slowing down gives you a much better end product; the big thing is probably to go fast, you need to go slow" (RNL D). They acknowledged that mistakes would be made; but, it was imperative that leaders learn from errors, and change their behaviours (RNL B, RNL C, and RNL F).

One of the challenges and dilemmas of 'being at the top' in a leadership role was that the RNLs' required detachment from their work. RNL F recognized that taking things personally was not a positive approach to dealing with the stress of formal leadership. "I have a lot of responsibility and accountability, and the awareness too... that when you're sitting on top of a hill you can get struck by lightning a lot easier" (RNL F). This sense of being a lightening rod, although stated in different words, was also repeated by other participants. The importance for self-reflection was reiterated often by the RNLs in policy.

Self-awareness was necessary when assuming a leadership role, since at times it was difficult to keep separate multiple roles in life (RNL C). The RNL told a story of when her young son asked her what had been 'done to her' that day, and she recognized that her work life was also affecting her home life: "I obviously was internalizing a lot more than I thought…and the politics of health were being obviously debated at our kitchen table a lot more than I understood....or that...it became too much about me" (RNL C).

RNL F spoke about the importance of the process of personal evolvement over in time relation to policy, and interacting in the policy environment. "With some of these formal tables

you need to earn your stripes and work your way into the room" (RNL F). After many years of working in policy, she came to the realization about how she was perceived, based on her communication. "Being a noisy gong....one of the biggest learning stories for me would be that I had to really learn that I wasn't making any progress....because I was speaking and not listening" (RNL F). The other RNLs reinforced the importance of leaders actively listening to others in the policy context.

One leader spoke about gaining awareness and learning skills such as active listening and 'being astute', as influencing RNL's credibility in the policy arena. Stereotypes or perceptions of RNs in politics have been described in past literature. In one study, Hofler (2006) found that politicians perceived RNs participated in policy discussions and united around a cause only when an issue was viewed as a professional threat. The influence of people's perceptions and how it mobilized them to action has also been documented in previous studies. Researchers have described that credentials, perceived expertise, status, and power influence the credibility of policy-makers (Deschaine & Schaffer, 2003; Falk-Rafael, 2005). In this study, the RNL recognized and changed her behaviours in the policy environment when she began to think about the perceptions of other policy-makers. She described becoming aware on how and when to "seize opportunities for change" and how having a really good debate often produced something remarkable (RNL F).

4.1.1.2 Policy Context

The stories in this category focused broadly on the policy context, how the leaders brought nursing knowledge to policy, and how conflicting values influenced the decision-making process. The researcher learned the policy context was viewed differently by the individual leaders in this study. When speaking about leading in policy, RNLs told stories about the

integration of their values into their work, but that this area was one that often created conflict for them. RNL E described "It is really the values piece that gets people, where people argue or disagree...If you can remain true to the value system that you hold and engage in processes and know that you are making a difference (in policy)" (RNL E).

The literature described the importance of values incorporating subjective and objective policy implications and impacts. Spenceley et al. (2006) stated "discursive policy intervention must stem from the values of nursing and incorporate the full range of nursing's knowledge of the lived human health experience" (p. 189). RNL A perceived the civil servants she worked with, at times, valued the objective impact(s) of policy over the subjective impact(s). A story by RNL A described her experience in communicating the reality of the current health care system when working in government:

> The public servants understand policy-making and that kind of objective approach to what makes the world a better place far more than I ever will. But…many of them had never set foot into a health care facility...there were tensions and there was dissonance over the course of the time but, I think over the long run, everybody would agree that it was the right combination to have....we will speak different languages when we are working with policy makers, we will have a lot to learn but it is worth the effort to....do that... (RNL A)

In RNL A's story, she utilized a language that Antrobus et al. (2004) explained as spanning across practice and policy; addressing the individual's and population's health by depicting the real and potential consequences, implications, and impacts of policy decisions (Rains-Warner, 2003). Researchers, such as Cramer (2002), Mason et al. (2002), and Rains-Warner (2003), described values, knowledge, and comprehension of decision-making outcomes, as underpinning

policy processes. RNL A believed that it was important to bring real life experience to the policy discussion, representing clients, health care employees, and the health care system in the policy arena:

> It is the understanding of society as client. In our Code of Ethics where we talk about all of our values....it is family, group, community, and I think more and more we are seeing society. And if you think about society as client, then being involved in nursing policy is the…obvious way to influence...because it is through policy development and implementation that you change the world that you live in. (RNL A)

The remarks emphasized RNL A's values, and she concluded that "making the world a better place is a really important place for RNs to be". Speaking out about her experiences in the complex policy context was also important to this leader.

RNL A spoke to students about her policy experiences. She stated nursing students learn from stories about experiences in policy, and this has the potential to shape and influence nursing students' values relating to the policy context. In the literature, Spenceley et al. (2006) similarly described how nursing students may be influenced by the way in which other RNs and educators construct and communicate policy within nursing discourse; the authors highlighted the value of policy and advocacy as gaining nursing students' interest in the policy arena. Leners et al. (2005) noted that individuals acquire values throughout a lifetime, yet nursing education is an opportune time to shape and instil nursing values.

Specifically in Canada, the CNA (2005) identified a gap in RNs educational preparation to deal with policy, pointing to an area for increased attention in nursing education. The RNL in this study similarly encouraged others to speak about their experiences in policy, to potentially shape nursing students' values relating to policy. This study echoed previous recommendations

by Reutter and Duncan (2002) and Gebbie et al. (2000), encouraging an increase in the development and implementation of policy education courses for nursing students and RNs.

4.1.1.3 Leadership

In the category of leadership, the stories focused on the importance of leaders' demonstrating their values through his/her behaviours, and the leaders' development over time. One RNL in this study argued that RNs could be doing better at participating in policy, and developing others when leading in policy, "We have totally lost the context in the middle that was about building leadership for the future, that was about supporting and encouraging ...to become future senior leaders" (RNL B). Similarly, the literature depicted RNs as a large group which could be rallied to support policy changes; however, as a profession, nursing has been slow to take action and leadership in the area of policy (Antrobus, 2003; Cramer, 2002; Davies, 2004; Gebbie et al., 2000). Although nursing is an essential part of health care, the number of prominent political leaders has been inexplicably low in relation to the total group nursing numbers (Mechanic & Reinhard, 2002; Wilson, 2002).

The RNLs' goals varied but they emerged from nursing practice. In describing her journey working in local, provincial, and national levels in policy, RNL E's main goals, in practice and policy, were health promotion and population health. She stated that community health nursing had shaped her outlook on leaders in policy, and she recommended that leaders must have recent practice experience to fully understand policy impact(s) and be effective policy leaders. RNL E's values aligned with the nursing values outlined by the CNA (2008), valuing health and well-being, and maintaining accountability in safe, competent, and ethical nursing care. RNL E demonstrated the theory-practice integration of her values, including the goal of population health promotion in policy processes. "There is a theme in my work...I am passionate

about public health....most of my work has been about trying to influence that broadly....ensuring that nursing is there, so it is about embedding that" (RNL E). Creating and implementing policy with the person or population at the centre will ensure success in policy (RNL E). This viewpoint is similar to Steiner's (2005) statement that "policy decisions should represent the concerns of the population affected by those decisions, not just those of the narrators of particularly inspiring or persuasive stories" (p. 2902). RNL E linked her values to that of Canadian citizens. She believed Canadians are altruistic in their values regarding everyone's health and well-being: "We have this Canadian piece about, beyond, it is not about ourselves, it is about the greater good.... it is really about if we want to have the best health for the population" (RNL E). RNL E's perception was that Canadians think of others in the population, implicating a national social justice agenda.

However, policy decision-makers and stakeholders have different viewpoints about what values are, and which values are important (Giacomini, Hurley, Gold, Smith, & Abelson, 2004). Values are not universally defined in the policy environment, and this may be contributing to the conflict arising from the prioritization of different values from various leaders and stakeholders in policy (Giacomini et al.).

4.1.1.4 Organizational Influence

The researcher gained insights about the ways in which the organizational culture identified acceptable values, and how structures within a workplace often influence policy engagement. In this study, two RNLs described specifically the influence of organizations they worked for, and spoke about experiences working in the health care system. The researcher became aware of the magnitude of the influence of organizations on individuals' values, and in

particular, the influence of an organization's structure and culture in shaping the leaders' and others' values.

According to Ballou (2000), subjectivity is required to address hegemonic practices or structures through social change, and related the importance of having individual and/or collective activism in policy to change traditional policy structures. One RNL addressed the hegemonic structures of the policy processes within her organization, in which only managers and administrators participated in policy processes (RNL D). RNL D described the constraints within an organization that affected the number of people available or chosen to attend or participate in meetings on policy-planning. When speaking about the formal organizational structure, RNL D reflected on the difficulties of engaging new and front-line RNs in the policy process:

> Do you think new RNs would be involved in policy...if they were asked to come out and be involved? ...who sits around our policy table....sometimes we are at too high of a level…and we need to change....you need a lot of front-line staff, but we tend to use a lot of managers…and some of it is because the front-line staff do not have time to come. And they are annoyed because they know their patients need them and here they are sitting at this...meeting. (RNL D)

In explaining the lack of participation (reasons which resonated with the researcher's own past experience and comments heard from front-line nursing colleagues on multiple occasions and in various work environments), RNL D emphasized time and human resources constraints within the health care system, and the level at which policy is created, implemented, and evaluated. The RNL believed that front-line RNs prioritize their time and concerns with individual client care. Boswell et al. (2005) similarly speculated that a lack of time, heavy

workloads, understaffing, and feelings of powerlessness in institutional settings contributed to decreased participation in policy by RNs. Specifically addressing organizational influences, research by McGillis-Hall and Kiesners (2005) found RNs experience a burden of guilt and over-commitment when issues in the work environment prevent them from providing quality care. These authors also stated organizational influences impinge on Canadian RNs' work satisfaction, recruitment and retention, and stress, which affects the individual's and others' work.

RNL D gained a greater appreciation for systems thinking and a more business-like viewpoint towards the health care system when she took a Master's in Business Administration. A business model was clearly in evidence when addressing policy in the health care system and quality of services provided:

> Health care really is a business, but sometimes we do not run it like a business and we get ourselves into problems...we are the managers or health care providers and we decide the quality...and so when you look at it from a business perspective and customer satisfaction, it changes the way you look at that RN-patient relationship.... yet we deliver all sorts of health services and we wonder why people don't come? It may not be what they want. (RNL D)

This leader's story challenged the historical way of always doing things, and advocating for clients who utilize health care services. She also stated that the leader greatly influences potential policy directions of an organization.

In advocating for social change, a number of RNLs found that their policy goals conflicted with those of the organization and/or government. For example, RNL B valued population health emphasizing a social justice agenda, as a major goal of public policy, which she felt should be supported by all the decision-makers in an organization. This leader became

animated and spoke louder when speaking, indicating her passion for this policy issue. But RNL B found that policy from the top down has driven the health care agenda:

> It is politics, politics, politics. That is part of what makes it so challenging...but once you get past that and start building some relationships, people believe that you really do want to do a good job and you really do care about what is happening….We currently have a federal government that is not terribly sympathetic to the plight of marginalized populations and also....is profoundly sensitive to how tax dollars are spent... So caught up in the financial rules and the accountability rules that we really are hard pressed sometimes to remember that there is that health care system…that is supposed to be at the basis of all this and that it is working with those communities and supporting those people... (RNL B)

RNL B stated she was a player in a system that is often bogged down with many policies that may be taking away from the focus on communities and people. She believed that while accountability is imperative in the health care system, financial means and ends, at times, have become a primary focus of national and provincial policies (RNL B). This shift in provincial and federal governments has been a source of conflict for her in the policy arena.

Prioritization is difficult in a system with scarce resources and expresses opposing objectives, rather than complementary ones (DesJardin, 2001). RNL B believed that a social justice agenda should be a priority for all policy decision-makers, signifying her valuing of marginalized populations within society. However, despite the strength of RNL B's convictions, Leners et al. (2005) could not find any research on the public's awareness or opinions of nursing values. Discovering the similarities and differences in the elected officials' and the public's opinion of nursing values may be valuable to further enhance understanding in the area of policy.

4.1.1.5 Ideologies

Finally, under the major theme of values, ideologies were found in the stories. In this category, stories focused on ideologies broadly, such as a way of looking at things, or abstract thoughts related to belief systems, or sets of aims or ideas. RNL E spoke about her policy experiences working with others in developing community health nursing practice standards. When describing a significant policy experience, she spoke of ideologies held by various stakeholders, and how RNs' input(s) have positively affected policy:

> That ability to shape, it has influenced policy because it is a direction that community health nursing has determined is the right way to go and a place where they want community health RNs to be in the future....it is meaningful because for me it was very leading edge, we were the first profession to be able to do that I think in the community health, or the public health field....to experience the wisdom around the table of other nursing leaders...and then to be able to see that to fruition and now see what's happening ...it is really about making a difference. (RNL E)

The researcher's field notes indicated the RNL's perceived excitement demonstrated through the storytelling of this experience. RNL became animated with her hand gestures and facial expressions. Opposing values, or a lack of awareness, or communication of values in policy discussions has resulted in her dissatisfaction with the policy direction on several occasions. The RNL believed that identifying and embedding her value system in policy processes would make certain she had aimed to positively influence policy directions through her ideologies.

When speaking of policy ideologies, Bryant (2004) asserted that governments subscribe to the viewpoint of individualism and this position greatly influences policy decision-making: "The notion of the collective responsibility to vulnerable populations is no longer part of the

political discourse" (p. 230). For example, in relation to low-income earning Canadians and the government housing policy, "The current political environment is not receptive to their concerns and impedes action on the social determinants of health such as housing from which these groups would benefit" (Bryant, p. 230).

Interestingly, RNL E's nursing values and ideologies is opposite to that of government ideologies regarding individualism. The RNL identified conflicting beliefs and values on policies affecting the determinants of health. The participants verified the importance of RNs speaking up in policy discussions due to conflicting ideas or aims in the policy context. In the past, RNLs have acknowledged and discussed the challenge of prompting collective action, primarily because it is opposite individualism (Rains-Warner, 2003).

In policy discussions, values and contextual influencers, such as the predominant social and political forces that affect and shape policy (Ballou, 2000; Falk-Rafael, 2005; Hughes et al., 2006), may be hinder the prioritization of nursing values such as social justice in policy decisions. Nursing researchers stated that nursing leadership and values must be upheld to ensure equity in the health care environments (Ballou; Deschaine & Schaffer, 2003). The storied experiences in this study describe leaders upholding their viewpoints and beliefs by making certain nursing values are present and enacted in policy decisions.

Three RNLs described how RNs do not appreciate the power of the collective in the relation to policy. Rains-Warner (2003) reported that RNs view the collective as not negating the individual responsibility, but strengthening individual action. RNs represent a collective history and body, which influences whether policy-makers listen to their input (Rains-Warner).

In this study, RNL A described the potential power of the collective. RNL A stated that by changing the current view of leadership in policy and nursing, more practicing RNs and

nursing students may be attracted to and interested in roles in policy. In the past, Ballou (2000) found that traditional views and early nursing ideology from the late 1800s when RNs were recognized as social activists based on a "moral obligation or duty related to the health of society" (p. 174). As well, historically, RNs have utilized strategies in gaining powerful allies, such as policy-makers, journalists, scientists, and the general public, conveying that an educated public opinion and ideologies can drive the government agenda (Ballou; Buresh & Gordon, 2006; Conger & Johnson, 2000; Falk-Rafael, 2005; Lewenson, 2002). When talking about the power of the collective RNL A aligned nursing values and ideologies with policy processes, through which RNs can contribute valuable information and perspectives to influence policy creation, implementation, and evaluation.

Historically, Saskatchewan RNs have been influential in the development of professional nursing education, the provincial nursing association, and leadership to promote nursing as a profession (Robinson, 1968). RNL A's description pointed to RNs in policy being less visible or prominent, as compared with traditional views of RNs being social activists in policy. RNL A's story continues to depict a theory-practice gap, particularly since the ICN (2000) argued that all RNs should be participating in policy. However, it remains a small select group of RNs and RNLs who are interested in and participate in policy processes. RNL A believed that the valuing of leadership in policy may not be emphasized to its full potential within nursing's palette of roles. "RNs as a whole do not appreciate how powerful they are when it comes to…making a difference in policy and part of it is because we do not always see ourselves as having a big influence..." (RNL A).

Traditional or stereotypical perspectives of RN's roles have potentially deterred RNs' engagement in policy discussions. In contrast RNL A argued that she was not perpetuating

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stereotypes, and was optimistic about future RNLs in policy: "(That) RNs would see themselves in this [policy] role in a way that they haven't in the past....I am looking forward to great things as I see all these young leaders coming forward....who need a little support and sometimes some information" (RNL A). This finding is similar to past literature, which indicated more RNs must become more involved in policy to positively impact the policy decision-making process and uphold nursing values (Ballou, 2000; Conger & Johnson, 2000; Mechanic & Reinhard, 2002; Reutter & Williamson, 2000; Spenceley et al., 2006).

4.1.2 Vision

The CNA's document *Toward 2020: Visions for Nursing* (Villeneuve & MacDonald, 2006) addressed the future of health care and nursing in Canada. This document examined, analyzed, and predicted what the country and the world may look like in the year 2020 in regards to health care. The CNA document focused on such issues as increasing focus on community based services, requiring a vision and continuing change, and the increasingly complex roles of RNs (Villeneuve & MacDonald). Through this document, the nursing community in Canada has recognized the importance of looking forward and developing a vision for the future.

Grossman and Valiga (2005) considered vision as one of the essential traits of leaders; and suggested that vision is related to the leader's "ability to see a new world or a different world and mobilize others to help make it a reality" (p.9), and is a core element of nursing leadership. All six RNLs in this study described having a vision when leading in policy. According to the RNLs change is constant, and as leaders they have a responsibility to lead others in transitioning thinking and behaviours. Within the overarching theme of vision, RNLs discussed change management and leadership, as well as new directions specific to having a vision in policy and leadership.

4.1.2.1 Change Management and Leadership

The category of change management and leadership focused on vision stories relating to the human aspect of overcoming resistance to change, and effective transitions relating to policies. Change management was one area that was addressed by all six RNLs, including reflections on creating and communicating a vision, and the impacts, outcomes, or conclusions of policy changes. RNL C described the role of change management and leadership in developing and maintaining a vision that guided her behaviours and thoughts when developing and leading others:

> Leadership is about how…there is enough wisdom in a group of people to create some common goals to move an agenda forward.... I think…it is about the philosophy that people bring to the leadership role....it is also about development, talent, and succession planning – no organization should be unprepared for change and leadership needs to have it...because how do you develop the people that work with you. (RNL C)

According to RNL C, leaders must be attuned to developing others within an organization to promote succession planning and capacity building. Skelton-Green et al. (2007) also recommended leaders undertake a process in which they identify who might be influential in the uptake of a proposed change, as well as those who may be resistant, to have deliberate strategies to create support for a new policy.

One source of conflict for RNLs was a narrow definition of health and nursing. RNL B described her nursing as a major player in a health system relating to policy changes and management. She described her vision for the future of the nursing profession and nursing leadership in Saskatchewan. As noted earlier, RNLs believe that the emphasis on fiscal management has circumvented nursing's full scope of practice.

You have the skills that are critical to supporting the system... Let's talk about all the

things RNs know how to do, and do really well, that actually could change what happens

to a population....It is going back to the public health, the primary health care, the

education, the supports, the…counselling, the encouragement; it is nursing with your

hands in your pockets....It is teaching and talking and discussion...And to me, those are

important things...Where RNs actually make a contribution they are capable of

making....and stop nickel and diming us... 'Can we really afford that right now?'....Well,

you should afford that right now if it means for the next 25 or 30 years of all these other

things that really are important to our society and the citizens in this province. (RNL B)

When this RNL was speaking about this topic, she became animated in her non-verbal actions

and the tone and pitch of her voice increased. She seemed angry as reflected in both her speech

and non-verbal communication.

RNL B reinforced the unique perspective that a RNL in policy may provide to the policy

decision-making process. RNL B stated RNs have been encouraged to shift away from

prevention and education of populations, to treatment solutions. She described a focus on health

care economics and accountability, based on the policies of health care systems and

governments. The story emphasized previously suggested reforms to the health care system, such

as those by Romanow (2002), including moving away from a treatment-centered approach and

focusing more on a collaborative preventative health care system. Kendig (2002) stated all

aspects of community life affect peoples' health, and she purports that RNs should be providing

input on all policies that have "potential health-related ramifications" (p. 311).

Leaders' behaviours are noted as one important determinant in the uptake of transitions

and changes in others' behaviours (Seijits & O'Farrell, 2003). Similar to the stories in this study,

Seijits and O'Farrell described how leaders are agents of change through "their vision and charisma, passion, guidance, and their emotion" (p. 3). Working contexts were constantly transforming while she was leading change in policy, and RNL F believed that one role of the RNL is to instigate change and motivate others to move forward toward a vision:

> Leadership by its nature means that you must always be out there creating friction. That if a ship is moving in the water, it is creating friction and that is why leadership is organic....that if your goal is peace; don't try to be a leader. If you look at the environment, you look at life; it is about constant change. (RNL F)

She described a consensus-driven approach to leadership as non-effective in today's dynamic world. The RNL illustrated the importance of leaders' innovative thinking to create and support new policy changes. RNL F spoke about her belief that change is inevitable and necessary to keep policies moving toward a collective vision.

Challenging experiences related to past health care reformation and policy in Saskatchewan. RNL C found that change can negatively disrupt individual's identities. She told a story about lessons learned from regionalization in health care:

> You have to look after those very operational details...but first of all you have to take care of their souls.... it felt very chaotic and disjointed.... I think [the policy decision-makers] underestimated the impact emotionally on the health care providers, who, for some reason…had more difficulty dealing with transition....it was about the identity that people could not lose....and some policy impact will not play out until ten years later or fifteen years later. But I think what were not well thought through were the emotional impact(s), and the uptake, and the continued reluctance. So lessons learned and lessons lost…that is what policy is all about. (RNL C)

RNL C's story illustrated how the operational details of a change in vision must be thought through in order to minimize the emotional costs. Similarly, Skelton-Green et al. (2007) referred to transitions as how a change will feel to people. The authors stated strong leadership skills and personal insight into motivation for change is required for successful transitions. Individuals will consider altering their behaviours when they view a clear and sincere reason for them to change (Seijits & O'Farrell, 2003). Emotions and feelings are involved in an individual's risk assessment, decision, and commitment to change (Seijits & O'Farrell). This point, coupled with the past story, brings attention to the fact when modifications to structure and culture within an organization take place, it is essential for individuals to view policy changes as beneficial to them. Leaders must be cognizant of potential and recognized emotional impacts of transitions, particularly in guiding followers through major change(s).

A significant policy success story for RNL F was being part of a team that crafted legislative amendments to develop the role of and to empower nurse practitioners (NPs) in Saskatchewan. She described the importance of bringing RNLs together to communicate a collective vision for new policies. Extensive planning went into the legislative amendments to authorize NPs full scope of practice, and RNLs in Saskatchewan contributed a key perspective in policy creation and implementation (RNL F). She reflected on the success of a shared vision in what she termed 'finesse leadership':

> Where we had the finesse....we knew what we would go to the wall for and what we
>
> wouldn't ....and that you have really done your homework in terms of the extensive
>
> literature reviews, then you have looked at who are the key players that we need to get on
>
> board, that you always keep your policy planning circle open....it is shared vision, clarity

of the partnerships, open, transparent, inclusive…and strategic ...timing is everything.

(RNL F)

The story by RNL F reinforces Kendig's (2002) statement that upfront planning is imperative for understanding nuances in the policy environment when creating new policy directions. Passing the legislative amendments in this case was based on examining the potential impact of a new policy on various stakeholders and clients, as well as the nursing profession (Kendig).

In order to enhance nursing's vision and leadership, RNs have taken a leading role in relation to interdisciplinary policy planning:

One of the things that I think has had a tremendous impact on nursing's potential to influence public policy, or policy generally has been....an interdisciplinary ...collaborative effort....there has been increasing recognition by decision-makers that nursing does have something to say.... I think from a policy perspective…there have been some real different opportunities and some significant strides... (RNL B)

Leadership in interdisciplinary collaboration has been noted by RNL B as enhancing RNs' influence, and decision-makers are increasingly seeking out RNs' input on policy. However, nursing students, as observed earlier placed higher value on the RN-patient relationship rather than collaborative values (Leners et al., 2006). However, it is the latter collaborative efforts that RNL B viewed as gaining and increasing the credibility of RNs' in leading policy changes in Saskatchewan rather than the delivery of individual quality care.

Policy change is difficult and challenging for many people including RNLs. RNL F believed that the individual responsibility and accountability were required when leading others towards a collective vision. She stated that:

You know, you have got to stop and maybe have your rest, but you have got to know

where you are going next, that is one of the most critical elements of leadership...and

recognize that other people may fall beside you that you thought were there with

you…but try not to be critical of them, try to see it from their perspective and keep going

back to them....those are important things... but, I think our risk aversion came because

our parents had nothing and what they valued, what they lost was…money and

materialism. They gained so much more.... I think sometimes....we have not looked at the

impact of…what we value. (RNL F)

The RNL described developing and maintaining a vision was essential, while keeping in mind

that others may not stand behind the leader, or the leader's decisions. Therefore, leaders must

remember the 'why' of their and others' actions in order to stay true to the collective vision,

particularly since people are part of risk-averse society which often influences a leader's vision

and impacts the followers' commitment to a vision.

The CNA (2005) reported a gap between senior and junior RNLs, stating that junior

RNLs have to develop leadership knowledge and skills at a faster pace in today's work

environments. These skills develop over time, emerge from feelings of accountability, a

commitment to the nursing profession and are sustained by a network of colleagues.

It was linking with the profession and really getting engaged in the collective that was

exciting. You can never divorce yourself from the individual responsibility of policy

when you're...in a decision-making role.... the network I've built up and the colleagues

and the people and the opportunity for staying connected with all that has been

important....the policy obligations as a senior manager, as someone who is obliged to

make tough decisions, in an organization context where policy is much more

operational... the actions that follow from that thinking, and so what happens when you

operationalize a policy are really different, because your responsibility is much more.

(RNL B)

Leaders must accept the individual responsibility of policy decisions within an organizational

context (RNL B). Similarly, the literature reported that effective leaders in nursing have

attributes such as courage, confidence, perseverance, effective communication, strategic and

long-term thinking, and visioning (Grossman & Valiga, 2005; ICN, 2005; CNA 2005; Shaw,

2007). Furthermore, intentionally investing in RNLs has been recommended, such as fast-

tracking candidates through leadership programs, to promote effective leadership through

capacity building (Antrobus, 2003; CNA; Mass et al., 2006).

One memorable experience for RNLs in Saskatchewan was the establishment of

baccalaureate as entry-to-practice for RNs. The RNL believed that RNs required a certain

educational preparation for working in the dynamic health care system. Memories of managing

this policy change described the engagement and leadership demonstrated by the nursing

students. In RNL F's view, the success of this initiative was based on having a collective vision

which required all the nursing leaders, nursing students, and RNs, to buy into:

The clarity that is needed in governance, outcomes, and the importance of...talking about

the same goal....Major research...on occupational regulation for the 21st century talked

about the importance of standardized entry. For a profession, that is critical in the public

interest....We worked very hard to use the community development approach to get a

political action plan in place for the baccalaureate (as entry-to-practice).... in the event

that there was backlash on it....I will never forget in the boardroom we had so many

nursing leaders around the table.... and the *piece du resistance* was the student leadership.

It was absolutely unbelievable. (RNL F)

The previous story echoed Hofler's (2006) findings that a consistent, clear message and vision communication is imperative for decision-making and influencing the policy environment. The importance of maintaining a collective vision was achieved by bringing in leaders who would work together to guarantee achievement of this goal (RNL A and RNL F). The RNLs inspired passion and action in other RNs and nursing students who were all committed to this policy outcome. These stories reinforced the notion that policy advocacy for all RNs and nursing students is an accessible and relevant role (Spenceley et al., 2006). RNL A spoke about the importance of nursing students becoming involved in the policy process:

You were so articulate,...so focused, you had no other agenda, you wanted to be the best RNs you could be….and you knew what was going to get you there, so I guess that was as good a confirmation as we could ever have for introducing the baccalaureate education....and the decision was actually overturned on March 13 of 2000, and the Minister would say that was the fastest change in policy that she had ever experienced in many years in government....why this is an important story is that it has all of the elements of what I think is important for good policy-making. You have to have engaged citizens who understand and communicate what they believe is the best and why. You have to have politicians who are prepared to reverse a decision or to make a different decision even if politically it is not in their best interest....that this was the right idea at the right time and I think in policy with RNs, that happens many, many times... (RNL A)

The experiences describing the baccalaureate as entry-to-practice policy challenges demonstrated the power of Saskatchewan RNs, RNLs, and nursing students working together on collective action.

4.1.2.2 New Directions

Within this category, the stories focused on new courses of thought(s) or action(s), and described experiences in guiding or motivating others in a new direction. Three leaders told stories of working in government and the challenges of working in a system with changing leadership. Not all initiatives are successful, and in times of health care reform, maintaining a vision was important when looking at new directions for health policy:

> I tried to create a nursing council that involved not only nursing and all the associations, but also physicians and…consumers and…I finally got that approved and we started working on a whole set of papers around primary health care, and nobody was interested .... But what was interesting is to watch how the system came totally 180 (degrees) and...then changes in the structure of the regional health authorities, the kind of dismantling of the central authorities….I just watched all that...and even though I felt like I never got any place or accomplished anything, and even though governments changed, the ministers came and went…I had the right idea. I just was in the wrong place at the wrong time but I had the right idea. So…sometimes it is what you do not get done as much as what you do get done. (RNL B)

By establishing an interdisciplinary collaboration, RNL B hoped to enhance RNLs visibility as leaders. Hofler (2006) similarly agreed there should be RNs in leadership roles in policy, so that all policies are shaped and influenced by the perspective of a RN. But, the timing was not right for successful policy creation on primary health care (PHC). Following RNL B's time in that

formal policy role, however, the broad changes of regionalization were eventually implemented by the next provincial government policies. So, while she had difficulty in bringing stakeholders together to discuss moving PHC forward, her vision of the policy change was eventually realised.

In addition to lobbying government, the RNLs spoke about memorable experiences working with or in government. For example, one RNL was very excited the first time that the government addressed nursing in the federal budget, and when the budget created the research chairs, and the nursing research fund; "Nursing was finally getting the recognition it had been working so hard for, and that (nursing)....was moving a different agenda" (RNL B). She spoke about the excitement of that moment, since the nursing community's vision had been acknowledged. She stated nursing was being addressed as an important research contributor, and how the fiscal rewards were recognizing the need to support nursing research.

In taking new directions, one RNL felt that it was important to create and support a safe workplace for people to take risks in an innovative policy environment:

> In policy…if you have enough passion....and enough vision, I believe anything is possible....it is about not being easily discouraged…it is about creating networks....part of the biggest success factor for me has been whether I have created it myself or the.... organization... has created is a sense of safety to be able to take risks. (RNL E)

Similarly, RNL C believed in the importance of engaging stakeholders and collecting information from various sources when developing a new policy. As a leader, she tried to remain true to including others' viewpoints when developing and implementing policy:

> I am ambitious, and I think I was never afraid to put my opinions on the line, they are not always right....You have to have someone to bounce your ideas off....good policy is

about…reflection, conversation…and deliberation… because the first cut on policy…is

not what you have at the end of the day because it has to be workable for a whole variety

of stakeholders. (RNL C)

Like these RNLs, Boswell et al. (2005) concluded that it is essential for RNs to communicate the

ideas and the reasoning for decisions, and include differing views and perceptions from many

stakeholders in policy processes.

The literature review acknowledged interprofessional working groups are challenging

because many professionals have varying philosophies and values (Freeman, Miller, & Ross,

2000). They recommended shared learning should focus on the benefits for clients. Focusing on

developing a shared vision, learning about, understanding and valuing each other's roles, and

addressing team communication are priorities for interprofessional teams (Freeman et al.).

In times of continuing health care reform, education has been described as a key

component that will promote a successful system change (Romanow, 2002). Specific to working

in PHC, RNL D talked about the challenges of health professionals working together and

developing a united vision:

Now they are having to come up with some...common goals...And there certainly have

been some struggles but we are facilitating them through some of that....primary health

care is the way to go....because it really is all about everybody working together....they

know what they are doing in their...area is 'Okay' but they know it can be so much more

and they're willing to share resources. (RNL D)

Although the desired goal is for "everybody working together," a teamwork approach is

challenging for practitioners who are used to working in silos (Hall, 2005), as evidenced by RNL

D's story. But, facilitating a team approach can be immensely rewarding as RNL D discovered.

I definitely enjoy it....the best part is listening to other peoples' ideas...and everybody will

add a piece to it, and then you come up with something really, really good....You know

what, it is all prevention, and we need to be working together...and so we are starting to

do some of that and it is also exciting to watch other people get excited. We just want

people to be healthier... (RNL D)

The difficulties in implementing PHC have been, in part, due to the socialization differences

among the professions (Hall, 2005). Each professional school uses different educational

methods, such that physicians traditionally learn in a highly competitive environment and are

educated to assume responsibility for decisions (Hall). Whereas RNs learn early on to work as a

team, collectively addressing problems and finding solutions by exchanges of information. The

literature described RNs as attuned to working together (Hall), and this was evidenced in RNL

D's experience in facilitating team work.

Health promotion and prevention, and the outcome of a healthier community or society

are the policy goals of PHC (RNL D). The RNLs in this study indicated that they experienced

high degrees of satisfaction in working together on a common vision for PHC, and working with

other health care professionals to actively engage them in PHC team building processes. Overall,

RNL D believed that improving on teamwork will produce more favourable outcomes for clients

over the long term. This RNL's viewpoint on teamwork is similarly described in the literature on

successful interprofessional teamwork (Freeman et al., 2000; Hall, 2005; Romanow, 2002).

4.1.3 Career Path

For all six of the participants, a career in leadership and policy was not something they

had originally planned to do. However, after having had experiences in leadership and policy

processes, the RNLs came to appreciate and enjoy this aspect of nursing, and felt they wanted to

continue working in policy in some capacity. This finding echoes previous research where RNLs believed that serendipity was involved in getting them to their current nursing policy leadership positions. Their involvement in policy emerged over time. This study indicated that there has been no change in the patterns of career paths of RNLs in policy over the past eight years when compared with the findings from Gebbie et al. (2000).

Five of the six RNLs in this study indicated that their graduate education played a major role in their thinking about nursing, leadership, policy, and organizational contexts while two RNLs (RNL B and RNL D) indicated that their understanding led them to become involved. Under the main theme of career path, the RNLs described significant experiences about their personal experiences, mentoring and succession planning, and work-life balance which the RNLs shared found challenging (Ferguson-Pare et al., 2002).

Perseverance, persuasion, and networking were seen as essential components in RNLs' careers that produced beneficial policy outcomes (Rains-Warner, 2003). The RNLs in this study illustrated these same elements, and further recommended that leaders discover their passion(s), build up a network (personal and professional), develop credibility (credentials, perceived expertise, status, and power), demonstrate valuing of others, develop long-term goals, and be prepared to speak about their vision often and over a long period of time.

4.1.3.1 Personal Experiences

Personal experiences influenced or changed outlooks on a potential career in policy. In particular, dedication to the nursing collective and how the perception of belonging influenced the leaders' choice in career direction. Leadership, for one of the RNLs in this study, was not something she felt she had been called to do (RNL D). The other five RNLs viewed leadership as a process, something that developed from their aptitudes and evolved with opportunities to lead

others. Two of the six RNLs believed that they came to a certain point in their career and recognized that there were many opportunities in policy work, and to influence broadly or improve the population's health or the health care system.

For the RNLs, the process of becoming a nursing leader was grounded in the commitment to the nursing collective. For example, RNL A's career path started within the broader nursing community where she gained confidence and self-assurance, and then moved more broadly outside of nursing policy into public policy. For RNL B, the nursing collective inspired her career goals and vision, and exposed her to the way in which the collective may affect others' career path(s):

> I think for a lot of RNs, part of what turns on the light for them is that first real…
> perception of themselves as part of the professional collective. Being one in a whole
> community of like-minded people and one in a profession that has a voice....you really
> have to stop far short of those really big policy things, because you really have to be part
> of a collective to accomplish those things. And unless you are willing to...hang your
> opinions and values out there in the collective and really say what you think and who you
> are....So we have to be brave, we need to be a little braver. (RNL B)

Having the sense of being part of something bigger than one individual encouraged RNL B to be brave and "hang your opinions and values out there (in the collective)". But, for RNL F, being part of collective meant being involved in nursing organizations. RNL F described herself as a socially engaged person, connecting with others in the nursing collective. She spoke about the significance of networking in social settings, and how this lead to her commitment to a formal leadership role:

How did I get into these leadership positions? Reluctantly into formal roles…and...I

mean, I was always going to chapter meetings, or if there was anything... when I worked

as an educator I was engaged in the union. I was just always a person that if I went into

something I committed to it. And I did not go into anything lightly. (RNL F)

In addition to her personal involvement and a commitment towards many nursing organizations, RNLF indicated that she enjoyed the social interactions she had with others in the profession (RNL F). But contrarily, Rains-Warner (2003) found networking was not seen as something that RNs were comfortable doing, nor do RNs actively work on seeking out new working relationships or maintaining current ones. However, the RNL in this study believed that networking across the professional collective was a key success factor for her leadership development.

Previously, the literature found that nursing students begin adapting to the cultural and socialized norms and values established (Ballou, 2000), but through personal experiences in nursing practice, individual's thoughts and behaviours are significantly shaped and changed. This point clearly demonstrated the importance of practice in the evolvement of a RNs viewpoints relating to nursing leadership and career path. "You really do have a lot of influence, and that if you have that kind of influence, you also have a responsibility to use it wisely and appropriately" (RNL D).

In today's society, the longevity of policy development is not attractive to the upcoming leaders (RNL A). Individual passion(s) may need to be prioritized, as policy viewpoints are often repeated in policy meetings (RNL A). One RNL commented on the satisfaction derived from the successful implementation of her vision:

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I think it is a very privileged position....it is a real privilege when you see a particular

piece of literature or evidence or an idea that someone has move through to fruition. You

can see the benefits of it and...there is a lot of satisfaction....patience and perseverance, it

is a long process, most policy doesn't change over even a year or two, the benefits are not

immediate but when you get them and when you see that the changes have happened it is

really worthwhile. It is worth the effort that has gone into it... (RNL A)

The RNLs encouraged RNs to become engaged in the collective. RNL A similarly viewed a

collective vision as being influential; however, she described the leader's responsibility in

keeping focused on a vision, anchored in your individual passion(s):

You have to say I feel strongly enough about this that I am prepared to do briefing notes

and have meetings, and keep telling people what my story is or what my vision is over

and over and over again....the perseverance piece is not very exciting or sexy for people

because we live in a society where we really want instant gratification. (RNL A)

4.1.3.2 Mentoring and Succession Planning

Within this category the RNLs described the importance of mentors in influencing their

careers, and the need for succession planning while cultivating the viewpoints of the followers.

4.1.3.2.1 Mentoring. Five out of six participants interviewed spoke about a mentor or a

leader whom they had looked up to for support, encouragement, or inspiration. Three RNLs were

exposed to a certain person or people who not only inspired then, but gave them opportunities to

participate in leadership roles. "I really believe that the reason I got involved with policy is that I

was mentored into those roles and provided a variety of opportunities...to participate in

administrative nursing functions" (RNL C). As a result, this RNL was able to develop her skills

over time within an organization, a process which is recognized in the business literature (Cohn,

Khurana, & Reeves, 2005; Groysberg, 2008; Kaplan, 2007). Cohn et al. encouraged

organizations to grow talent from within, and if leadership development is not a priority from the

senior management team and the board of directors, many organizations may have to look

'outside' for upcoming leaders. These same authors stated a leadership development process can

"build a clear and attractive identity" (p. 64) that may attract future leaders, as well as providing

a clear advancement path for those within an organization.

Researchers encouraged leaders to engage, challenge, and nurture future nursing leaders

(Wieck et al., 2002), and a change to policy and practice may result in increasing RNs' interest

and participation in policy processes. One RNL described an inclusive environment conducive to

engaging RNs, and suggested that mentoring and succession planning could be enhanced by

changing the traditional policy environments (RNL D). She spoke about the potential unique and

informed contributions that new graduate RNs may make to policy decisions:

> I guess listen to them, ...if you are looking at a policy committee, do not bring one new
>
> RN in…they need to feel that they have some support, right?…We often do not give new
>
> RNs the recognition for how much they know....we have a certain reality and that is what
>
> has gone on in our past... and that colors everything we see. But the new grads coming
>
> out have a totally different reality.... It is tough to get people excited about policy....if you
>
> can make new staff somehow understand how much leverage a policy really has in an
>
> organization, and how it can direct different things in different ways depending on how it
>
> is written....but policy is not sexy. Maybe we need to call it something else. Maybe part
>
> of it is because it is called policy. (RNL D)

Successful policy outcomes are usually a result of a long period of hard work, but the

research suggested that the upcoming generation prefers a more rapid decision-making process

(Sherman, 2005); which may also influence RNs' interest in policy creation, implementation, and/or evaluation.

All the RNLs in this study attempted to provide informal mentoring, but RNL B believed that current leaders could be doing more to bring in RNs into the leadership circle, helping to incite passion for becoming involved:

> If there is no arena for that, or there is no invitation for that....at the same time that there is no support in the workplace for that, then we are moving the body of nursing away from the senior leadership people who should be…one of the biggest influences on the profession and bringing some of those people into...the leadership ring....I mean part of learning, that responsibility and managing is about taking the smaller steps that build on your confidence, your experience, your supports, your networks and sort of move into .....I don't think that the opportunity for RNs …is really a very big part of the system at all these days. (RNL B)

Other researchers similarly stated the importance of mentoring when it comes to nurturing and developing nursing leaders within the health care system (Contino, 2004; Ferguson-Pare et al., 2002; Reutter & Duncan, 2002; Wieck et al., 2002). The RNL believed that the nursing profession was not emphasizing knowledge sharing, the advancement of responsibilities, and the skill development required of future leaders (RNL B). She also believed that the systems that RNs work in have been contributing to the lack of opportunities and flexibility in roles afforded to young RNs.

One RNL described how she had the opportunity to be part of a formal leadership development process, and how the sessions addressed preparing leaders from within an organization. She continued on about mentoring:

Our regions in the province have only really started working on succession planning very

recently....(we) need to start taking some of these...young women and young men who are

in their twenties, and are really interested in leadership...I think we need to do more of

that informal stuff....maybe if you had someone else to mentor you and to support you,

that you could get more excited, and maybe you could get more involved in some

different pieces...if you can engage them a bit and actually give them work to do...to say,

you know what, we need to figure out this policy, could you take this piece, maybe you

and another colleague do some drafts, because I think if they feel they are actually

contributing something and not just sitting at the meeting....for the rest of the group....it is

that openness. (RNL D)

A more open policy environment was described as being inviting and purposeful to support the

inclusion of the younger generation of RNs (RNL D). The leader suggested that a policy may be

broken down into smaller parts, encouraging more people to contribute to policy, potentially

increasing interest and getting others 'hooked' on policy.

    4.1.3.2.2 Succession planning. Deschaine and Shaffer (2003) found that it was important

to recruit staff with system-level change and policy development education, as well as building

capacity within. The challenge is to find ways to encourage staff members to become more

involved in community and system policy issues. When speaking about leadership, three RNLs

addressed succession planning which can be described as the system and supports that allow

junior leaders to advance in their leadership skills and competencies (Mass et al., 2006; Cohn et

al., 2005). The literature described many successful leaders are actively planning for their own

exit (Cohn et al.). Similarly in this inquiry, one RNL stated that it was important to know when

to move on from a leadership role in relation to policy changes:

When do you enter an organization and when do you know how to leave....Because the person that does the hard work, sometimes they are too closely aligned to what happened and then...someone else comes in, they continue the policy and it is not a problem anymore. (RNL C)

Constantly evolving working environments may cause tensions for the leader who is assisting others in moving forward (Henrikson, 2005; Kerfoot, 2000). Leadership was described by the RNLs as incorporating development of followers, succession planning, and energizing or inspiring others. Two of the participants expressed that leadership was about other people, and providing them with enough resources and a safe, supportive environment to be creative and innovative in leading change (RNL E and RNL C).

Leadership, it is not about the courage of one person, it is about having a way to support a whole group of people so they have courage to move forward, to change... I think that succession planning is about... trying to get enough people, a variety of experiences, so they can choose; do they want to go forward? And also that a variety of people will be adequately prepared to compete, but not necessarily that they have been crowned.... because it is a very delicate dance.... (RNL C)

Henrikson (2005) stated that key ingredients for great nursing leadership are developing and maintaining a sense of trust, developing and communicating a vision, taking care of your people, and modeling the way to name a few. RNL C similarly talked about how the actions of the leader are crucial to the way followers perceive the leader and the organization.

If they think things are not fair, you are dead. You do think differently....from my perspective, I see different people with different things. I hear different things. They resonate with me….it is about opportunity and timing, right? …it is so easy to be, to be

unfair, even unconsciously….I also think that succession planning is about a message.

(RNL C)

In her view, fairness was a key element in leadership, and that people who are attuned to injustices in life expect their leaders to treat others with respect and equality in succession planning. The researcher found parallels to RNL C's story in the business literature, as Gandz (2006) stated leaders are 'coaches' in mentoring others:

These coaches know what competencies are needed for success. They keenly observe their people, learn what turns them on and turns them off, look for their natural strengths and weaknesses, work on the former so that the strengths lead to excellence and on the weaknesses so that they become adequate, and encourage them to strive for personal bests. (p. 1)

Antrobus and Kitson (1999) stated leaders' knowledge derived from practice was integral to effective nursing leadership in policy, and leaders were aware of the contribution RNs made to a public health agenda. These researchers found that broader perspectives acquired in practice allowed RNs to understand and influence policy discussions with nursing knowledge.

In the populist view of nursing, RNs are viewed as only being concerned with operational issues within health care delivery (Antrobus & Kitson, 1999). However, contrary to this view, RNs in this study described themselves as having a great deal to offer in areas outside of the Department of Health (RNL E). When telling the story of her experience, RNL E argued that RNs participated mostly in health policy discussions and that succession planning is focused in health policy. But RNL E argued that RNs and RNLs should broaden their policy experiences:

In terms of nursing…it is critical for RNs to be in the policy position,...I think sometimes RNs get 'pigeon-holed' into parts of the system, you would see nursing policy leaders in

the Ministry of Health – probably across the country....I believe that nursing would have

a very unique voice to offer to…other places in other policy arenas; education, social

services...some of those human service organizations that deal with policy. I would be

encouraging RNs to…think creatively about how they can influence policy, in different

kinds of ways....I think having a public health nurse, for instance, who has worked at the

school level, who understands how to engage community beyond the school, would be an

important perspective…that education could benefit from. I think that has added to the

richness of policy...it is more reflective of the broader community. (RNL E)

RNL E reinforced the ICN's (2000) position on increasing nursing's involvement and credibility

in policy. Although a nursing voice in public policy is lacking, the ICN stated RNs need to

demonstrate and promote their important contributions "to participate and to be effectively

utilized in health planning and decision-making...and public policy development" (p. 1). ICN

recommended that RNs heighten awareness to the contextual influences, such as the social

determinants of health that affect society. RNL E's advice to other RNs may inspire a broadening

of perspectives not only for RNs, but for other health professionals, to engage outside typical

policy areas to represent the broader community in society.

4.1.3.3 Work-Life Balance

The focus of this category was on stories on the RNLs' commitment to policy and formal

leadership and their relationship to work-life balance (or imbalance). RNLs described the formal

leadership role in policy as strenuous, with long working hours, and time away from their

families. Sherman (2005) found that nursing leadership requires working long hours to

accomplish goals and a willingness to make sacrifices in order to be in a leadership role. Two

RNLs in this study described a willingness to make sacrifices in their personal lives in order to

be in a formal leadership role. Formal leadership roles at times require travelling away from their families and spending more than full-time hours working at their jobs. RNL F's story of her experience represented her commitment to the formal leadership role and the costs that it entailed:

> That is one thing I found in nursing is I have been able to goal set....as you...start thinking about retiring…my family have always had to stand back because I have been in a formal nursing role...I have had to let that lead in a lot of cases; there is some things that would never trump.... I said....you have not looked after yourself. You do not have your top five goals for your own personal well-being. I would not say I am balanced.... you know, I am more at work. (RNL F)

The RNL depicted the formal leadership role as strenuous, and at times, the leader struggled to achieve a work-life balance. Ironically, RNL F observed that creating healthy work environments often led to unhealthy lifestyles for RNLs. "Let's make this a healthy workplace, because I do not think it is so healthy some days because we are all so committed" (RNL F). She paused often, and spoke quietly when reflecting on her formal role in relation to her family. She spoke about having ease in identifying her priorities in her work life, yet described how she was not as good at attending to her personal life.

The next generation however may not be willing to make the same sacrifices. Sherman (2005) found that younger RNs had different views on work-life balance; for them work is often viewed as a means to accomplish other goals in life outside of work. In the future, job descriptions and roles may need to be reassessed and changed for the next generations of nursing leaders. In order to recruit this new generation to leadership positions, Sherman, as did the RNLs

in this study, found that a major incentive is the belief that they can make a widespread

difference to the system through their formal nursing roles (RNL B, RNL D, and RNL F).

4.1.4 Individual Participant's Experiences

Unique to a few individual participants, stories pertaining to gender and marginalization

were separate categories. The researcher listened to the RNLs stories that described personal

feelings and emotions relating to challenges and experiences in the policy environment. While

the stories overlap with the other categories, the researcher felt that these were distinctive and

carried meaning exclusive to one or two RNLs.

4.1.4.1 Gender

Fletcher has stated that it is important to be cognizant of the contexts of professions, and

the broader societal and political ideologies, which shape personal and public viewpoints. Each

profession has a different culture which includes values, attitudes, customs, and behaviours

(Hall, 2005). The relationship between gender and nursing has a long history, and gender has

influenced public health nursing leaders' ability to influence public policy development

(Deschaine and Schaffer 2003). The impact of gender was addressed directly by two RNLs in

policy. Socialized roles and the public's view of a female-dominated profession have had an

impact on RNL C's experiences in policy, which at times she has found challenging when faced

with gender bias:

> You know often many RNs, we are women and…we hesitate to tell people we are
>
> ambitious. That our career path includes leadership at the most senior levels and let us not
>
> kid ourselves, our society is still just beginning to accept this....everybody understood our
>
> roles as women in the home, in a variety of other roles but senior leadership and control
>
> of a significant number of human resources, financial resources....there is a real worry – I

mean it is about gender, right? The gender politics...We might do it differently…but we

will get there. The outcome will be the same. (RNL C)

One of the influences why RNs may not to be attracted to leadership roles in policy is that policy

work is structured by societal gender stereotypes of women as leaders.

Women and RNs have historically not been viewed and accepted as effective senior

leaders (RNL C). Furthermore, the literature described historical and current conflict between

professionals as linked to gender and social class issues (Hall, 2005).

One concrete way in which gender politics was demonstrated was the government's

decision to not recognize the baccalaureate as entry-into-practice. But they did not anticipate the

backlash from the nursing community and were forced to reverse this decision.

I had to give the [policy] message in a way that people understood that it was not my

message and.... after the communication, the senior communications person was with me

... and I said 'It was, you know, it was a heavy handed, unconscionable kind of decision.

You did it'...and I just said to him, 'You did it because it was women; you thought there

was not going to be any push back'. (RNL A)

Within the professions, stereotyping and sexism is still evident, as Muldoon and Reilly

(2003) found. Nursing sub-disciplines are sex-typed which has had an impact on nursing

students' career preferences. However, increasing numbers of women are entering leadership

roles, and demonstrating that they are valued and effective leaders (Eagly, 2007). "Given the

profound changes taking place in women's roles and in the cultural construal of good leadership,

it is clear that women will continue their ascent toward greater power and authority" (Eagly, p.

9).

4.1.4.2 Marginalization

RNs working outside of mainstream, such as in policy roles or as an elected government official, are often marginalized and feel alienated not only outside the profession, but also outside. In Saskatchewan's policy environment, nursing leaders in policy have not always been supported and valued by other RNs:

> Rather than recognizing how they can complement that (policy) role, we have alienated those people and they have been left often on their own. Whereas having that person....in that role means that she's not just able to talk about nursing issues, she has been able to talk...about all issues in health and public policy from the perspective of RNs and you actually want those people at the table. (RNL A)

Nursing culture privileges the 'typical RN' whilst others are marginalized and discriminated against by other RNs (Giddings, 2005a). These issues are highly visible in nursing since stories of difference and fairness continue to be discussed, alongside racism, sexism, heterosexism, and other forms of discrimination within the profession (Giddings, 2005a). Giddings (2005b) highlighted patterns of oppression and 'lateral violence' within the nursing. The author stated that feeling 'different' is a common human experience, and the person's difference is further defined by his or her status in a group. Giddings (2005b) recommended RNs must be active in challenging social injustices within the profession, in order to collectively create "the space for change" (p. 226) that is needed to lessen the impact of these current practices.

4.2 Reflective Letters

All six of the RNLs interviewed were given an opportunity to provide a letter of reflection based on their experiences in policy creation, implementation, and/or evaluation. Three of the six RNLs chose to participate in the writing, and the following are excerpts of their

reflections on their experiences of leadership in policy. The researcher sent the RNLs various reminders via e-mail and phone calls, regarding the reflective letters, and believed the receipt of only three letters indicated the RNLs had busy schedules and time constraints.

4.2.1 RNL A

The researcher requested that RNL A reflect about working with government, on various types of policy, and how she viewed nursing and policy.

> *When working in government, I continued to use my 'nursing gaze' as I addressed issues, taking with me, rather than abandoning, my significant nursing experience and expertise....While these two different 'gazes' or perspectives could be quite complementary and integrated, often they were seen to be in opposition....During my interview...I expressed to the interviewing committee...the congruence of my nursing background with who I am as a person and a leader, and with my vision for the future. They indicated they wanted and valued my extensive nursing experience, so during my time in government I did not waver from bringing that perspective to my position. I was challenged frequently....but I was transparent and honest about my positions, and I believe, fair in my assessments of the perspectives, challenges and diversity in the nursing community...my views were dismissed by some as being too closely tied to nursing....Others in government, however, valued my intimate understanding and inside view of the issue, and were interested in learning from me to better understand the issues....I know I contributed positively to decision-making on complex issues, bring a health system and health professions view that few of the public servants had....I believe that government departments...are strongest when they have a good mix of objective, analytical policy 'wonks' and experienced, expert health professionals, particularly RNs.*

I learned that I was respected for my positions, even when others did not agree with me,

because I did not waver in the expertise and wisdom I had to bring from the nursing

perspective.

The reflective letter by RNL A described how she did not ever waver from bringing a

nursing perspective to policy discussions, and was further respected for standing up for her

positions. A good mix of policy makers with expertise and wisdom, from varying experienced

professionals, was what RNL A believed was required for a high quality policy environment.

The letter by RNL A similarly reflected the category of policy context, whereby stories

highlighted the importance of bringing nursing knowledge to policy; and ensuring nursing values

are embedded in policies.

4.2.2 RNL D

In the interview data, RNL D spoke briefly about one certain policy that she had

contributed to as a formal RNL. The researcher asked the RNL to elaborate on her comments

alluding to a certain significant policy experience. The interview data briefly mentioned her

perception of the complexity of policy work.

We know there is a link between nutrition, health and school performance...Healthy

nutrition policies can contribute to a healthier school and workplace...Not only is a

policy a statement of philosophy it is also a guide for action. It ensures proper nutrition

is both promoted and practiced...it is important to develop a relationship with

administrators and staff so you can begin to work towards developing a policy- this

relationship building is very time intensive and with each step forward there may be steps

backwards. Patience is essential....Policies cannot succeed without support at many

levels...There is much work to be done during and after the policy development to ensure

the policy is understood and implemented....Regular policy evaluation is also key as

changes may be required as time goes on...In the future we hope that the school nutrition

policy will have an impact on the rate of chronic diseases....I must say that it was most

exciting to be involved in the policy development and it was a very happy day when the

policy was approved...it finally felt like the staff had understood. I now feel we have a

solid partnership with the schools when it comes to nutrition- the health region is no

longer the 'food police', but are a resource for the school....The policy has made a true

partnership...and has made working together on nutrition issues a pleasure.

RNL D reflected on relationship building as important in policy development, policy

implementation, and policy evaluation. In her reflective letter, RNL D illustrated a development

process, describing how the policy helps to establish a true partnership between varying

contributing parties. RNL D's reflective letter described the policy context, and how the

organizational culture, such as those values reflected in policies, enhances the relationship

between differing organizations to work together.

4.2.3 RNL E

The researcher asked RNL E if she could further reflect and expand on how her values

related to public health and policy have contributed to the length of time she has worked as a

formal leader in policy.

Being a leader is about making a difference in a way that is true to your values. The

policy arena allows me to make a difference at a larger 'table' than my work in the

field/locally. For me, influencing policy in the public health sector, which is my passion,

is key- the values of public health are consistent with my own personal values of equity,

social justice, meaningful participation, working in collaborative partnerships, etc. This

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marriage of values, passion, and the ability to influence broadly brings significant

satisfaction in my quest to make a difference....working as a RN in the field honed my

skills in scanning the environment, assessing the situation, looking at the data,

developing options, determining a solution, and then reflecting on my practice. These

skills, along with the 'arts' of team building, working collaboratively, community

development, and facilitation have served me well in the policy arena.

The reflections by RNL E described her values, as enacted in the policy arena. She further expressed and elaborated on her values, such as equity, social justice, meaningful participation, and working in collaborative partnerships, when leading in policy. She described a marriage of values, passion, and the ability to influence as bringing her satisfaction when working in policy and nursing. RNL E's reflective letter described self-awareness and leadership when demonstrating her values in policy.

The reflections provided by the participants revealed their feelings and thoughts regarding leading in policy. Various contexts of policy decision-making processes were described through the letter excerpts. The three RNLs who chose to share their reflections aptly described the experiences common and individual in their past and present nursing leadership in policy. The researcher's reflective letter coding revealed the same categories and themes, serving to provide evidence of triangulation of the multiple data sources.

In summary, this chapter has been a compilation of stories and reflective letters, and the interpreted experiences of six select Saskatchewan formal RNLs in policy. The RNLs spoke about values, vision, and career paths. Within the overarching theme of values, there were many experiences addressing the categories of self-awareness, policy contexts, leadership, organizational influence, and ideologies. The RNLs spoke about many aspects, such as the need

for self-reflection, identification of values, learning from one's mistakes, developing one's leadership skills over time, and being passionate. Change management and leadership, and new directions for policy were included under the theme of vision. The RNLs highlighted areas such as valuing others in the organization, developing long-term goals, and helping others transition through policy changes. The third theme of career path included categories pertaining to personal experiences, mentoring and succession planning, and work-life balance. The RNLs discussed topics such as the evolution of their careers, being a role model to others, involving the younger generation of RNs in policy, and the challenges of a formal leadership role. The RNLs illustrated unique individual perspectives, as well as summarized a common experience. The varying topics in the stories depicted the diversity within nursing leadership and addressed many contexts in which policy decision-making was situated.

CHAPTER 5

The experiences storied in this study pointed to recommendations for research, practice, administration, education, and policy with many overlapping implications presented in this chapter. For ease of reading, the researcher has included a summary of the findings, and addressed recommendations for the most inter-related dyads of 'practice and administration', and 'education and research', yet policy and research implications are intertwined and juxtaposed throughout these areas.

5.1 Summary of Findings

The complexity of the policy environment highlighted the importance of having a good debate, the long length of time required for policy changes, and the importance of including various stakeholders' viewpoints in the policy.

Challenges in being a leader in policy presented as the need for detachment from work, the time required for personal leadership evolvement, learning from negative or unsuccessful experiences, changing and growing through self-reflection. The leaders also discussed the importance of juggling multiple roles in life, developing self-awareness regarding values in policy, addressing the feelings of individual responsibility, incorporating knowledge from practice and real life experiences, and continually developing a vision for the future.

Outcomes from nursing's participation in policy has gained federal government recognition for funding towards nursing research, increased nursing's contributions being sought out and incorporated in key policy changes (such as NP legislation in Saskatchewan), and has shaped and influenced nursing students' values and participation in the policy context.

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Recognition as RNs as major players in a health system relating to policy changes and management demonstrated that RNs have gained more credibility, RNs' input(s) have positively affected policy, and that RNs have taken a leading role in interdisciplinary policy planning, focusing on producing favourable health outcomes for clients over the long-term.

Changes in policy were associated with negative disruptions in individual's identities. The importance of having practice experience to fully understand policy impact(s), and demonstrating the theory-practice integration of values in policy to be effective leaders was mentioned as contributing to success in policy changes.

In this study, RNLs encouraged increasing the development and delivery of policy education courses for nursing students and RNs, increasing the number of RNs participating in policy, and increasing formal mentoring and succession planning for upcoming leaders in policy.

Policy participation and engagement was influenced by organizational structure and culture, constraints within an organization (such as human resources and time), a lack of invitation to new RNs or front-line RNs, the level at which policy processes are conducted (often managerial or administrative levels), the openness of the policy environment to newcomers, the priority clash between cost-effectiveness and quality, the focus on economic means and ends provincially and nationally, and conflicting beliefs and values on policies affecting the determinants of health. Leaders spoke about the perception of belonging in the nursing collective, conflicting ideas or aims in the policy context, and RNs' perceptions of having power and influence, and the importance of using it wisely in policy processes.

In this study, the patterns in RNLs career paths in policy were influenced by their aptitudes and evolved with opportunities to lead others, including being a socially engaged person, and having a mentor who encouraged the leader's development. RNs in policy are not

always visible or prominent in areas outside of health, and often RNs in policy roles are marginalized or alienated by other RNs.

The RNLs in this study provided some insight into the underrepresentation of RNLs in policy. Some reasons influencing the number of RNs who participate in policy processes were the public's image of gender related to leadership in policy and nursing, the perseverance required for leaders to be successful in policy, and the work-life imbalance resulting from being in a formal leadership role. The importance of a leader's individual responsibility and accountability leading change, while living in a risk-averse society was another challenge of leadership. The emphasis on fiscal management has been noted to circumvent nursing's full scope of practice, which may deter RNs from becoming leaders in policy.

5.1 Implications and Recommendations

5.1.1 Practice and Administration

Leadership development should be viewed as necessary for growing the future nursing leaders (CNA, 2003) in all areas including research, practice, administration, education, and policy. A large number of RNs in the workforce will be retiring within the next two decades (Canadian Institute for Health Information [CIHI], 2007), and there needs to be an opportunity for them to pass on knowledge prior to them leaving an organization (CNA).

In 2006, RNs, employed in full-time or casual positions, averaged 45.1 years old in Canada, and an average of 44.7 years for those employed part-time (CIHI, 2007). "The average age of managers was 49.5 years in 2006, compared to an average age of 43.9 years for staff RNs" (CIHI, p. 40), which includes administration and management positions. Practice environments may look at career path advancement to create innovative capacity building from within organizations.

The participants' stories indicated the importance of having mentors in the profession and developing this area in relation to policy. Networking outside the profession was not discussed; however, it has been previously found as an important factor on successful policy outcomes by past nurse activists in policy (Rains-Warner, 2003). The same author found that RNLs in policy were not comfortable with networking (Rains-Warner), however the participants in this study did not express this view.

Policy development and changes to current leadership positions and job descriptions may be useful in changing traditional roles and requirements for management and administration. Policy changes may be beneficial for organizations looking to recruit and retain the future leadership workforce. But, long working hours and dedication to the workplace may deter a new generation of potential leaders becoming involved. Past research on the upcoming generation of leaders has described that maintaining a work-life balance is more important to them than present leaders (Sherman, 2005).

The importance of promoting a different image of nursing was revealed in the stories, as well as valuing RNs who participate and lead in policy (RNL A). The RNLs argued that more RNs should become leaders in policy to help shape the future of the profession and the health care system. Increased visibility and media attention may promote RNLs role and image within and outside of the profession. The researcher argues that more research might enhance understanding of the image of RNLs in policy nationally and globally. Also, do front-line RNs know what roles and competencies are expected of RNLs in policy? If so, do they value this role? These are questions which remain unanswered in this study and are areas for further research.

Dealing with gender issues in the workplace is mentioned in two of the leaders' stories, alongside marginalization of RNLs in policy, by whom the experiences did not include celebrating the contribution that RNLs in policy make to the nursing profession, the policy arena, the education system, or the practice setting. This lack of acknowledgment perpetuates RNs' undervaluing of policy leadership. Another research question may address how recognition, mentoring, and networking in policy are affected by large geographical boundaries, such as in Saskatchewan?

Within nursing practice, hegemonic structures shaped policy creation, implementation, and evaluation. One RNL described that only managers and administrators are included in the policy work, maintaining the distance that front-line staff has from shaping or influencing policy (RNL D). One RNL suggested that policies be broken down into pieces (RNL D), so that front-line RNs may be able to take one part and contribute to the whole policy. She also recommended creating a more inclusive and open policy environment, one that is open to having newly practicing RNs participating in policy creation, implementation, and/or evaluation.

The perception of policy work as being inaccessible to front-line staff could be further explored in practice and research. Similarly, the openness and approachability of leaders in policy could be examined through research. Are leaders in policy open and approachable to other practicing RNs or nursing students interested in policy processes? Is there any formal or informal mentoring of protégés or organizational structures that may support mentoring? It may also be beneficial for working environments to be explored for possible changes that may enhance collaborative relationships in the workplace.

There are areas left unexplored in this study that could be addressed in future research. Research on the relationship between government ideologies warrants further investigation. Is

the nursing perspective different than objective policy makers' perspectives, who may not currently consider policies that different from their standpoints, such as individualism? Research on the lay public's opinions on nursing values is an area yet to be examined, although it has been previously recommended by Leners et al. (2006).

Further study of RNs and other policy decision-makers may reveal insights into RN's perceived credibility in policy processes. As well, the composition of professionals working together on policy creation, implementation, and/or evaluation may be useful in determining the appropriate mix or representativeness of professionals in varying policy areas. Research examining the ideologies, backgrounds, and knowledge of policy decision-makers may be useful, as a RNL in this study recommended that policy environments be representative of the broader community. A comparison of health professionals and policy-makers values may provide insights on differing ideologies. As well, contextual differences may be examined by researching differing policy-making milieu throughout Canada and elsewhere.

5.1.2 Education and Research

Educational requirements and support for continuing education in policy leadership may be an area for exploration. The participants referenced graduate work as important experience in shaping their views on leadership. The fact that participants in this study did not cite graduate nursing education as influencing their decision to pursue leadership in policy deserves research attention, because further education is seen to be an avenue for promotion to influential policy positions (Contino, 2004). Enhancement of graduate education in policy may increase interest in, visibility of, and the numbers of RNs in policy leadership roles.

"In 2006, 44.3% of managers had obtained a baccalaureate in nursing, and 6.7% had obtained a master's or doctorate degree in nursing" (CIHI, 2007, p.41). As with this study, policy

education of nursing leaders could be explored to address career paths in multiple organizations. Similar to past literature (Cramer, 2002; Reutter & Duncan, 2002; Spenceley et al., 2006), this study recommends the purposeful educating, socializing, and mentoring of potential nursing leaders in policy.

Investigation on the education and socialization of nursing students into activism and leadership in policy may provide insight into current undergraduate and graduate educational practices and provide direction for emphasizing this area in nursing practice. In this study, continuing education for practicing RNs was not discussed as a possible avenue for stimulating RNs' interest in policy within this study, and may be an area to consider in research or practice. Many practicing RNs have unique insights from the client experience, organizational structures, and practice environments that may impact policies.

In Canada, there has been the development of a leadership program for RNs (Skelton-Green et al., 2007). However, none of the nursing leaders in this study mentioned having attended specific leadership programs. There may be other methods for developing leaders in policy. Leadership development may be further investigated, as there are other leadership capacity building efforts being developed for practicing RNs within Canada. One example of a leadership development program is that of the Winnipeg Regional Health Authority's *Nursing Leadership Development Program* (n.d.), which is a self-directed internet-based program accessible to all RNs in an organization. One of the RNs in this study described being a part of a leadership development program within Saskatchewan, but due to the confidentiality concerns of the participant, the researcher is unable to direct the reader more specifically as to which organization. Similar opportunities for leadership development accessible and relevant to RNs in

various positions and roles may provide more wide-spread capacity building of RNs interested in policy and leadership.

The provincial nursing association was cited as having an impact on two RNLs, in embracing the collective and inspiring them to work in the policy environment. Additional research or pilot projects providing more educational opportunities with the professional association may help to enhance the number of RNs engaged in policy work in Saskatchewan. Research by professional associations in relation to socialization and education of nursing leaders within an organization may be of benefit to the upcoming generation of nursing leaders.

Within this study, policy leadership roles represented areas of nursing administration, management, government policy positions, professional associations, and education. However, it may be beneficial to separate the contexts and study them separately, gaining deeper insights into specific formal or informal policy leadership roles.

The researcher also has questions left unanswered in this study. Are RNs effectively participating and gaining credibility in the policy arena with an ideology opposite to the current government opinion? If so, does this matter or make a difference within health policy decisions and the health care system in Canada? Do nursing leaders recognize the significant perspective they may be bringing to the hegemonic practices of policy-making? Do nursing values differ across contexts, geographies, roles, genders, and responsibilities? Lastly, is there awareness by RNLs that RNs' values may not be similar to policy makers' values? These are questions yet unanswered by this study and may be areas for future research.

In summary, there are many potential areas for future research and policy changes throughout nursing practice, administration, and education. This qualitative inquiry on RNLs in policy has brought visibility to this area which is generally lacking in Canadian research.

Leadership in policy is not a priority of practicing RNs (Kendig, 2002), and participation in policy is not valued by undergraduate nursing students (Rains & Barton-Kriese, 2001; Reutter & Duncan, 2000). Many of the opportunities for change outlined in this chapter may help to develop and sustain a larger pool of visible nursing leaders in Canada, as recommended previously in the literature (CNA, 2005; Ferguson-Pare et al., 2002). The researcher has presented these aforementioned implications and recommendations to potentially influence and change nursing practice, administration, education, research, and policy relating to RNLs in policy.

5.2 Limitations

5.2.1 Design Related Limitations

The sampling frame poses potential limitations. The participant population was restricted to Saskatchewan and this may have produced a homogenous group of nursing leaders with analogous stories from a similar culture. The participant group was limited to those leaders who have undertaken a formal leadership position.

The use of snowball sampling technique has potential limitations in any study. Sixsmith, Boneham, and Goldring (2003) stated that snowball sampling has the drawback of potentially limiting the participants to those of similar backgrounds and beliefs. In this study, the approach may have narrowed the insights gained by the researcher based on the inherent challenges of snowballing. Further, it is noted that the stories may be portraying a single gender viewpoint for nursing leadership in policy within Saskatchewan, as all participants were female. In remaining true to the sampling technique, there were no formal male nursing leaders in policy recommended, so none were sought. The snowball sampling decreased the generalizability and transferability of the RNLs stories. The use of triangulation and multiple data sources was an

attempt to address this potential limitation. For the purposes of this research, the experiences will not be generalizable to RNLs outside of Saskatchewan nor to informal RNLs. In considering the small nursing community within Saskatchewan, the researcher was unable to include socio-demographic characteristics of the sample, and this may be considered a limitation in the inquiry. However, the researcher felt strongly against including this type of information to increase the likelihood of maintaining confidentiality.

The short, single face-to-face interview time may have also limited the depth and scope of stories told by the participants. Interviews were conducted with six RNLs to address this concern, with the intent of gaining depth and scope through the diverse range of participants. It is recognized however, that this representation is limited and may not have allowed for variation in contexts and significant experiences.

The reflective letters produced limitations in this study. The researcher chose a key idea from each individual interview for the respective participant to reflect on via letter format. It is recognized that the reflective letters may have yielded varying information if the participants had self-selected the ideas for reflection. The seven month time frame may have restricted or influenced the reflective letter responses by the leaders. The researcher received reflections from three of the six RNLs. The letters of reflection revealed similar information and descriptions of experiences as the interviews. While serving the purpose of triangulating the multiple data sources, the participants' reflective letters revealed no new insights.

The researcher acknowledged some limitations of the research design, as the participant's perspective will privilege certain stories, and suppress others. Memory is individual and selective (Elliott, 2005) and the leaders in this study may have had difficulty with recalling experiences or articulating aspects of significance. The retrospective approach to this qualitative inquiry

acknowledged that the participants told stories from their memories of experience, that memory is fluid, and parts of the story may be incorrectly remembered. A retrospective approach can be a limitation of data collected, due to the possibility of memory revisions and forgetfulness over time. Elliott noted significant experiences are shaped by emotional responses; therefore, the stories chosen to be told by the participants are often limited to unusual occurrences or events.

5.2.2 Researcher Related Limitations

Lastly, the interpretive reality of the qualitative inquiry produced a singular interpretation and analysis of the textual data by this researcher. A limitation of the analysis and interpretation is described by Elliott (2005), as elements of the interview stories may be implicit and not readily examined or interpreted by the researcher. The review of the interviews, reflective letters, and field notes by the thesis supervisor was completed to address the potential limitation of novice researcher's analysis and interpretation.

The interpretation has been shaped by the researcher's personal experiences, values, thoughts, vision, and position as a novice researcher, graduate student, and life-long learner. The researcher remained explicit in the writing of the stories indicating when the participant's voice and telling of the experience (through quotations) is intermixed with the researcher's voice and interpretation of the experience as it was told. However, it is a limitation of this study that there may be differing interpretations of the experiences.

5.3 Researcher Reflections

Generally, I will begin by reflecting on the research process as a whole. I learned a lot about myself and how I am drawn to stories of real life experiences. I think that utilizing qualitative inquiry with content analysis as a methodology challenged my thinking and my perspective. As a researcher, I had to remain cognizant in staying true to the methodology, when

at times I wanted to be too prescriptive with the whole process. My thoughts reflect a journey that I greatly enjoyed, and I have gained a broader understanding and perspective on many aspects of leadership and policy. I had to set out time to reflect on my subconscious attitudes, beliefs, ideals, thoughts, and how these influenced the research process. I felt drawn to the stories of positive experiences and outcomes in policy. The RNLs spoke about many negative experiences and I had to represent this reality with RNLs leading in policy development.

Overall, I think that the research may have been enhanced by taking more time to develop a working relationship with the participants, as they may have taken more time to reflect on their experiences. However, I can only speculate as a novice researcher as to how that may have affected the stories told by the participants.

Reflections about the research process have changed my thinking about the leaders, their experiences, my interpretations, and the presentation of the experiences. The first area of reflection during my data collection was the experience of interviewing. I remember thinking that I could not believe that the participants were disclosing such personal, insightful stories. I learned something 'from' and 'about' each RNL. It was clear to me from the tone of their voices, the hand gestures, the warm handshakes received, and the openness in communication that these RNLs were interested in speaking about their experiences. I listened to stories about personal lives and the struggles that they had encountered over the past years, as well as absorbing their enthusiasm and passion for the leadership role. I was completely engaged in the emotions and ardour displayed through each RNL's story.

Within my reflective field notes, I wrote often about the feeling of being informally mentored, and the field notes served to enhance my personal reflections and self-appraisal, incorporating my increased knowledge and changed understanding of what it is like for nurse

leaders in policy. A particular moment early on in the process reflected my evolving position as a researcher, when one of the participants told me she could not wait to see this research in a publication and how she believed I would be influencing others due to the interpretation of the stories. I began looking differently at the textual data, and examining how and why all the various nuances in the stories meant something significant to me. I began the process of 'wondering what it all meant' to the RNLs, myself, and others.

The field notes reinforced the relevance and significance in the category of self-awareness for me, as a personal reflective process was prompted through the stories. I began the process of reflecting, exploring, and articulating personal values related to nursing leadership and policy, and work-life balance in the reflective field notes. I perceived that the RNLs had many negative experiences, yet they gained insight and learned the most from these challenges. I believed a few stories were communicated due to the research relationship between me and the RNLs. The stories pertaining to inclusive policy environments for front-line RNs interested in policy, RN and nursing student collaboration and participation in baccalaureate as entry-to-practice policy processes, and perseverance against such gender politics in policy environments.

I was overwhelmed by the amount of data generated by the interviews and letters. Coding of the content in the interviews seemed like a daunting task, and I had much angst in developing the codes and themes. As well, analysis and interpretation of the qualitative data was a learning process, as the researcher struggled on assigning meaning to the texts. Peshkin's (1988) observation that subjectivity is the basis of researchers making a distinctive contribution, one which results from the subjectivity of the researcher and the data, decreased my concerns during this phase. Each reading of the textual data produced more thoughts regarding the content, the participants' meanings, and the interpreted meaning I ascribed to the content.

The interview and the interview schedule elicited participants' experiences in a non-threatening manner, allowing for the participants to tell their stories. On the other hand, the reflective letters seemed to reiterate statements made previously by the participants, and little new information was gained. I spent much time requesting the reflective letters and sending reminders to the participants. The researcher recognized that the participants have busy schedules and the reflective letters may have produced more or varying reflections if done differently, such as in-person or in a group setting. I feel that there was some difficulty for me with scholarly writing in relaying all of the nuances of the stories when described via the written word. Therefore, it is my hope that I have included as much of the participants' stories necessary for multiple reader's interpretations.

Some of the interviews rubbed up against my own personal philosophies. When analyzing and presenting the stories, I was cognizant of wanting to 'keep the stories clean' or exclude the parts that made me slightly uncomfortable. However, I believe that embracing multiple viewpoints is necessary as a researcher to challenge my previously and currently held values and behaviours. At times I felt uncomfortable and had to step back and reflect on the reasons why. When I reflected on my feeling and emotions I assessed my assumptions through my multiple roles as a woman, a researcher, and a RN. It was evident to me that my preconceived ideas of nursing leaders specific to policy were being challenged. I accepted this new knowledge as shaping my perspective as a researcher, and I remained open to the differing ideas and opinions displayed in the stories. I translated the differing viewpoints of the participants into the interpreted stories, stating similarities and differences, or unique individual stories.

I view RNs as playing an integral role in leadership in policy, and tend to value stories describing positive experiences. However, I learned many things about leadership and the policy decision-making processes, and the leaders spoke unsuccessful experiences in policy. I know that being a woman in a leadership role is difficult at times in a society that does not always embrace and accept women leaders. Yet, I feel that women should not be discriminated against for having a different leadership style than men. However, gender bias is evident in two of the stories and is significant for these RNLs who have provided leadership in health and public policy in this province.

Prior to the interviews with the nursing leaders, I viewed the policy contexts I was exploring as very similar; however, the stories depicted a vividly different reality. I am aware of patriarchal relations in government and health care leadership and policy structures. While I should not be surprised, as I experience the same structures in my nursing work life, I am disappointed. The nursing literature of the past recommends that RNs should be more involved in policy and politics, but how do RNs feel like they want to be a part of this context?

None of these RNLs spoke negatively about the organizations they work in, or the work that they do; however there were many negative stories in relation to policy. As well, the RNLs were excited about the research that I am doing, as the leaders thought this study may bring increased attention to this area and become of interest to the younger generation of RNs. I feel somewhat dubious about a leadership career in policy. I feel passion for nursing and for making this world a better place for others, yet does this mean that my own personal life is sacrificed? One does wonder about the emphasis on working long hours and having multiple role requirements on the relation to stress in one's life. I have listened to these RNLs speak about how their roles have often taken precedent over things in their personal lives. I wonder if it is a

generational difference in work ethic, as I do not view my career as being the thing that defines me. Thinking about my goals in life, keeping in mind work-life balance, and the considerable 'work' time required of a nursing leader, this study will undoubtedly influence my career choices for the future.

5.4 Concluding Remarks

Historically, Florence Nightingale is one RN renowned for pioneering policy activism in the 1800s (Ballou, 2000; Falk-Rafael, 2005). In Saskatchewan nursing's history, there are RNLs who participated in shaping policy, creating new directions for the nursing profession and the health care system (Robinson, 1968). However, the nursing literature has encouraged the development of a larger and more visible group of Canadian RNLs in policy (Falk-Rafael; Ferguson-Pare et al., 2002; Spence Laschinger et al., 2008).

Within this qualitative inquiry the research questions were addressed by a select group of formal RNLs in Saskatchewan involved in policy creation, implementation, and/or evaluation. It explored their perceptions of their experiences and revealed their stories or insights about nursing leadership in policy. Bruner (1991), Elliott (2005), and Schon (1983) have illustrated that stories allow others to view individual personal aspects in professional contexts.

Through the selection criteria, the researcher identified and selected six female RNLs representing various formal leadership roles in policy. The participants described their experiences in terms of their values, vision, and career paths. The researcher embarked on an interpretive journey, and the stories emerged with meaning and implications for practice, education, research, administration, and policy. Alterations to post-secondary and continuing nursing education programs may have the potential to promote further interest in this area.

Through changes to practice settings, nursing leadership in policy may become a more attractive career choice for RNs.

The six RNLs shared their experiences with the researcher and have provided rich insights into the policy context in Saskatchewan. Stories depicted the past realities for the RNLs, and provided potential transformations to the culture, the milieu, and the systems in which policy decision-making takes place. In today's world of impending human workforce shortages, the implications from this inquiry are pertinent to educating, socializing, recruiting, and retaining future RNLs in policy within Saskatchewan, Canada, and across the World.

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Appendix A

UNIVERSITY OF SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

PRINCIPAL INVESTIGATOR	DEPARTMENT	BEH#
June M. Anonson	Nursing	07-253

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED (STUDY SITE)
University of Saskatchewan
Saskatoon SK

SUB-INVESTIGATOR(S)
Sandra Bassendowski, Pammla Petrucka

STUDENT RESEARCHERS
Sarah Sundquist

SPONSOR
UNFUNDED

TITLE
Leadership journey: A narraitive inquiry with select Saskatchewan formal nursing leaders in policy.

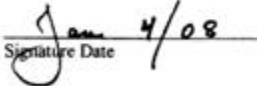| APPROVAL DATE	EXPIRY DATE	APPROVAL OF:
02-Jan-2008	01-Jan-2009	Ethics Application
		Consent Protocol

CERTIFICATION
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: *http://www.usask.ca/research/ethical.shtml*

John Rigby, Chair
University of Saskatchewan
Behavioural Research Ethics Board

Signature Date — Jan 4/08

lease send all correspondence to:

Ethics Office
University of Saskatchewan
Room 306 Kirk Hall, 117 Science Place
Saskatoon SK S7N 5C8
Telephone: (306) 966-2084   Fax: (306) 966-2069

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Appendix B

Letter to Potential Participants

[Current date]
Dear [potential participant],
Re: Project title: A qualitative inquiry with select formal Saskatchewan RNLs in policy

Sarah Sundquist, RN, Masters Student……………………......................Tel: (306) 382-5268
Dr. June Anonson, Assistant Dean, NEPS, Prince Albert site....Tel: (306) 765-3333 ext.7514

I am writing this letter to invite your participation in a research study. I am a graduate student in Nursing at the University of Saskatchewan in Saskatoon. My research is aimed at learning more about the experience of Saskatchewan nursing leaders in policy.

If you agree to be in the study, I will ask you to participate in an audio recorded one-on-one interview, which will last approximately 60-90 minutes. Our conversations will be completely confidential and your name will not be used in the study. The actual tapes will be heard by me, my thesis supervisor, and a transcriptionist. The thesis supervisor will be listening to the interviews to critique and improve upon my interviewing skills. I will request that you review the transcripts of the interview to ensure authenticity of the recording and transcription. The taped interviews will then be destroyed. The typed record of our interview will be stored in a secure place by the researcher for five years following the end of the study and then destroyed. As well, after listening to the audio taped interview, I will extract an idea or statement from the primary data that I intend for you to expand on. Following validation of the question by the thesis supervisor, I will ask that you write a succinct, reflective letter to expand on this topic. This letter will be a second data source and will be included in the analysis.
If you would like to participate in this study, please read the attached consent form. If you have any questions, please feel free to contact the researcher or the supervisor at the phone numbers indicated above. Please find attached the interview guide to stimulate direction for your thoughts in relation to the research topic. Please sign the consent form and return it to the researcher at the address indicated below or before the interview.

Please contact the researcher (by phone or e-mail) and provide availability for an in-person interview at a location that is convenient for you. I look forward to hearing from you and thank you in advance for your time.

Sincerely,

Sarah Sundquist, RN, BSN, MN(C)

Appendix C

Consent Form

Behavioural Research Ethics Board (Beh-REB) Consent Form

You are invited to participate in a study entitled, "A qualitative inquiry with select formal Saskatchewan RNLs in policy". Please read this form carefully, and feel free to ask questions you might have.

Researcher: Sarah Sundquist, RN, BSN, Masters Student, College of Nursing, University of Saskatchewan, 107 Wiggins Road, Saskatoon, Saskatchewan, Phone: (306) 966- 6221.

Purpose and Procedure: The purpose of the research is to explore and describe the meaning(s) of experiences of select nursing leaders in policy in Saskatchewan. The objective of the study is to gain a deeper understanding of the experience of select Saskatchewan nursing leaders in the policy arena. The interview will take approximately 60-90 minutes. There may be a need for a second interview for clarification or to address areas unexplored in the initial interview. The participants will be asked to review transcripts from the interview for accuracy.

From the interview, the researcher will draw out an idea or statement for further exploration. The thesis supervisor will review the idea or statement for further exploration. The participant is then asked to write a short reflection to expand on the idea or statement derived from the interview narrative.

Potential Risks: Risks to participants are minimal. Interview questions will be provided prior to interview. Informed consent will be obtained and deception will not be used. Potential risks include the possibility of emotional upset during the interview process. Other potential risks include political repercussions or criticism by peers for participating in the research study. Saskatchewan is a very small environment, so I cannot guarantee anonymity and I will be very conscientious in maintaining your confidentiality.

Potential Benefits: This study will explore the nursing leadership experience from the view of current nursing leaders in policy. Participants may be better able to understand and articulate the leadership experiences that they are involved in. Consciousness-raising may alter the socialization and mentoring of future nursing leaders in policy. The research study may help participants advance their career and may influence their future behaviours in policy leadership.

This study may have an impact on undergraduate, graduate, and continuing nursing education. The findings may also be useful for interprofessional education on health policy. As well, the findings may provide government officials with knowledge of nursing's unique participation and leadership in the policy arena.

Storage of Data: The data collected will be stored in a locked cabinet at the researcher's office for the duration of the study. Following the completion of the study, the data collected will be stored at the University of Saskatchewan in a locked cabinet in the researcher's office for a period of five years following completion of the study. Consent forms will be stored separately from data collected.

Confidentiality: If presentations and publications result from this study, only general role descriptions of the participants will be included without identifying information. A report in the form of a thesis will be compiled and the data reported will remain in aggregate.

For the purposes of quoting statements in future research, scholarly work, or publications, the researcher may utilize the interview data as personal communication and the participants' name may be revealed only if permission is sought out and granted at that time.

Right to Withdraw: Participation is voluntary, and may be withdrawn without penalty or repercussions. If you withdraw from the study at any time, any data that you have contributed will be destroyed at your request.

Questions: You can contact the researcher at the number provided above if you have questions at a later time. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 2, 2008. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect. Do you wish to receive a copy of the summary of the findings of this study? If so, please provide an email address or mail address for the results to be sent to you at the completion of the study (anticipated for November 2008).

Consent to Participate: I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, and I understand that I may withdraw this consent at any time.

I consent to participate in this study.

_____ _____

(Name of Participant)   (Date)

_____ _____

(Signature of Participant)   (Signature of Researcher)

I consent to being contacted following the thesis completion. At that time informed consent may be sought for the disclosure of my name and quotations in future scholarly work.

_____   _____

            (Signature of Participant)   (Date)

Appendix D

Interview Schedule

1. How did you come to be a nursing leader in policy?

Prompt: What is your sense of why you wanted to become a nursing leader?

2. Tell me a story about what influenced your thinking about policy and nursing.

3. What is it like being a nursing leader in relation to policy creation, implementation, and/or evaluation?

4. Tell me about an experience in nursing leadership in relation to policy that is significant to you.

5. Can you describe a key success factor for your nursing leadership in policy creation, implementation, or evaluation?

6. Is there anything else you would like to tell me about your experience in policy leadership?

Appendix E

Transcript Release Form

Research Ethics Boards (Behavioural and Biomedical)

TRANSCRIPT RELEASE FORM

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Sarah Sundquist. I hereby authorize the release of this transcript to Sarah Sundquist to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_____   _____

Name of Participant   Date

_____   _____

Signature of Participant   Signature of researcher

Appendix F

Data Analysis Steps

This appendix contains the steps in analysis utilized by the researcher:

1. Listened to whole interview 2 times. Made reflective field notes on overall transcript while listening to interview (Elliott, 2005; Riessman, 1993).

2. Made a new copy of transcripts with notations on oral text, looking for large topic units to assist in separating content, in accordance with Gee (1986).

3. Reflections regarding similarities, differences, and unique individual data. Discussion for analysis and coding (Bogdan & Biklen, 1998).

4. Development of codes from broad content areas by reading interview transcripts (Ericson-Lidman & Strandberg, 2007; Bogdan & Biklen). Coding identified three major themes. Searched out literature to assist in contextualizing data.

5. Re-read textual data (interview transcripts, field notes, and reflective letters), looking at meaning. Identified categories under each major theme. Coded according to themes and categories (Graneheim & Lundman, 2003; Lieblich et al., 1998).

6. Conceptual map to identify major themes/categories and visualize content in qualitative data. Compared to other literature to search for similar or differing research.

7. Textual data organized according to themes in original format, to provide thick description and keep data in format as told to the researcher as suggested by Sandelowski (1998) and Bogdan and Biklen.

Appendix G

Excerpts from Interview Transcripts

This appendix contains an excerpt from an interview transcript (RNL C).

[Following a story on how she came to be a nursing leader in policy]

R: What do you think for you has been a success factor for leadership in policy?

P: I think it's about um…I, I think it is very much about adequate preparation. Um…and I'm not trying to be an academic snob – I am not – but if I had my druthers, I would be prepared at the PhD level because I do think, but timing there is everything also. You have to be…timing to spend the appropriate time to obtain your preparation is everything, right?

R: Mmhmm.

P: And depends…what other issues are in your life but so I think its academic preparation. Um, the Masters for me…preparation has provided me with a much wider…you know, appreciation of all of the issues – the ability to…around research.

R: Mmhmm.

P: But it most of all, my academic preparation has led me to a variety of opportunities also and it's your network. So it's your preparation, it's your network and it's, and it is about your own internal fortitudes.

R: Mmhmm.

P: You know and, and…you know, I don't think, you know often many RNs we're women and…we hesitate to tell people we're ambitious. That we have a…a career path that includes, um, success... …that includes um…leadership at the most senior levels.

R: Mmm.

P: And sometimes, and, and let's not kid ourselves, our society is still just beginning to accept this. Um, we, everybody understood our roles as women in the home, in a variety of other roles but senior leadership…and control of a significant number of human resources, financial resources, there is a real worry – I mean it's about gender, right? The gender politics   …is do we have the intestinal fortitudes to make the hard decisions. We might do it differently…but we will get there. The outcome will be the same.

The following is an excerpt from interview transcript (as above). Markings include Gee's (1986) units of discourse and field notes (including researcher's observations on participant's non-verbal actions, facial expressions, tone of voice changes). The transcript also includes researcher's reflections and thoughts on content and context, and researcher's thinking about similarities/differences to assist with coding and development of themes.

\\- falling contour in speech

... – pause

Success factor for leadership in policy?

preparation has provided me with

a much wider appreciation of...

all of the issues\\ *(leaning forward)*

...and has led me to a variety of opportunities...

it's your network and internal fortitudes...\\

 (tone strong, raising eyebrows, touching chest, major pause at end of this statement and she begins leaning back in chair)

Content re: career path and success

I think you know often many RNs... we're women and…

we hesitate to tell people we're ambitious.\\

That we have a…a career path that includes, um, success...

…that includes, um…leadership at the most senior levels.

(transition from content of gender/ambition in career to society in next unit)

...and let's not kid ourselves...

our society is still just beginning to accept this.\\

everybody understood our roles as women in the home...

in a variety of other roles..\\

but, senior leadership and control of a significant number of human resources...

financial resources...\\ *(signifying with hands and gesturing about the room)*

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there is a real worry – I mean it's about gender, right?\\

The gender politics...

…is do we have the intestinal fortitudes to make the hard decisions.

(very long pause. Drink of water. Constant eye contact. Sitting straight up and clasping hands together.)

We might do it differently…but we will get there... *(strong voice, tone rising)*

The outcome will be the same...\\

Content gender as a major theme, with career path/leadership/values intertwined...specifically addressing administration.

Questions for myself:

Is this similar to any other story describing gender??Will gender be a major theme?

Do others address gender specifically? Do others address contextual influence such as society??

One other participant also described an experience with gender as an influence (RNL A).

Appendix H

Field Notes and Researcher Reflections

This appendix contains an example of field notes and reflections from the researcher from an interview transcript (RNL F):

My top five, well...they are probably the values that I would go for which is…integrity …honesty, openness, transparency, accountability – I think those are the top five of what I will go the wall for in my values.

I think a lot of it is the, that a lot of people don't take the time to decide what is my top five....And know what you'll go to the wall for. And if you know what you'll go to the wall for then you know what you'll take risk for.

I'll push for that if you ask me about the health system... I think I could name a top five which would be primary health care, aboriginal health, rural and remote, um.....aboriginal, the girl child.... it's the social justice agenda....

At home I might have to stop and think about…the top five. I know what those top five are but the routine stuff, you know.... I said ...you haven't looked after yourself. You don't have your top five goals for your own personal. (RNL F)

It appears that the RNL is mainly speaking about where she is at this point in her career, reflecting on what she values and holds as priorities at work, contextually also about her personal life and how she has not been maintaining a work life balance/priorities in her personal life.

Major- values (But, this is not just about values, it is also clearly about where she is at in her role and her evolving thoughts re: leadership and life.). Priorities for policy that she would go to the wall for.....how she recommends others have a list of what is important to them.

career path, as she leads into this story by speaking about how her experiences in policy have shaped her views

Minor- Work-life balance

Why did none of the other participants describe values in list of what they value in policy work/leadership? Hmm. I specifically encouraged this RNL to expand on her priorities for policy and leadership and life, and she described the impact of what people value and related to her own thoughts....

Is she the only one who talked about not looking after herself while in formal leadership role??

Appendix I

Coding Framework

This appendix contains the three themes, and the categories that were derived from the actual data in the transcripts.

Values

V- Self-Awareness   V-SA

V-Policy Context   V-PC

V- Leadership   V-L

V- Organizational Influence   V-OI

V- Ideologies   V- I

Vision

VI- Change Management and Leadership   VI- CM&L

VI- New Directions   VI- ND

Career Path

CP- Personal Experience   CP- PE

CP- Mentoring and Succession Planning   CP- M&S

CP- Work-Life Balance   CP- WLB

Appendix J

Example of Coding in Transcripts and Reflective Letters

This appendix is an example of the coding of the interview transcripts (RNL A).

how did you come to be a nursing leader in policy

domains of nursing, we've always talked about clinical practice, education, research, and administration and I'd say probably in the last five years we've added policy as the fifth domain, which I think has started to give it more…a…visibility in the nursing community

realized that as a professional regulatory body, um, a lot of its mandate was…influencing and, and even developing policy, certainly policy for nursing but influencing the government, the broader government policy. And I became quite intrigued.

it's the understanding of society as client. In our code of ethics where we talk about all of our values, we talk about that it's not just the individual person, its family, group, community, and I think more and more we're seeing society.

And if you think about society as client, then being involved in nursing policy is the…obvious way to influence that is, because it's through policy development and implementation that you change the world that you live in.

Not just health policy but public policy in the larger sense so…I recognized....that I had a lot of…uh, competencies coming out of nursing that were very well suited to doing policy work.

(V- PC, V- I)

I had not thought about working in government.

I'd always been intrigued about the relationship between the nursing community and government

I recognized that I had a huge learning curve, I'd walk in sometimes and sort of say like you just have to laugh because everything is so unusual and so different from my experience.

why this is an important story is that I knew much more about the health care system that most of the public servants that I worked with and they knew much more about the machinery of government than I knew.

public servants understand policy-making and that kind of objective approach to what makes the world a better place far more than I ever will. But…many of them had never set foot into a health care facility and the government at that time was not hiring, at least in the health department, people who had health professions background. (V-PC)

They were to be objective policy makers and I couldn't do that and refused to do that so I actually brought what I would consider lived experience from the health care system to government and I think that it, there were tensions and there was dissonance over the course of

the time but I think over the long run, everybody would agree that it was the right combination to have.

we'll speak different languages when we're working with policy makers, we'll have a lot to learn but it's worth the effort to, to do that.

making the world a better place is a really important place for RNs to be.

(V- PC, V-L)

What is it like being a nursing leader in policy?

I think it's a very privileged position.

it's a real privilege when you see a particular piece of, of literature or evidence or an idea that someone has move through to fruition. You can see the benefits of it and you know that it, that that vision that you had and it's usually not an individual vision, it's usually collective

there's a lot of satisfaction

the patience and perseverance, it's a long process, most policy doesn't change over even a year or two, the benefits are not immediate but when you get them and when you see that the changes have happened it's really worthwhile. It's worth the effort that's gone into it.

(CP- PE, VI- ND)

RNL D-- Reflective Letter Coding

It is very important to involve as many people as you can who will be affected by the policy otherwise it will be difficult to have buy in. Even though the process was very time consuming in the end we learned 'you have to go slow to go fast'. I do believe it took about two years to develop the policy.

(V- OI; V-PC; VI-ND)

Policies cannot succeed without support at many levels therefore involving all stakeholders is key. If you develop a policy in isolation you will be unsuccessful therefore consulting those affected by the policy is key.

(V-PC; VI-CM&L)

You want to have a variety of strategies including meetings, presentations, focus groups and surveys. Listening to stakeholders is important you cannot develop a policy you're your own preconceived notions.

Just because you write a policy does not mean people will change their practice. There is much work to be done during and after the policy development to ensure the policy is understood and implemented. If there is consultation and participation with those affected by the policy there will be more likelihood of buy in and a greater chance that people will understand the policy and support it. If consultation of stakeholders does not occur policy implementation will be problematic.

(V- PC)

The school nutrition policy was widely communicated to those affected by it. After the policy is developed and implemented successfully there is still a need for ongoing education.