Abstract

Purpose

The purpose of this study is to examine nurses' motivation for leadership, as well as to explore important challenges nurses face in leadership positions.

Design/methodology/approach

Semi-structured interviews were conducted with twenty nurses in leading positions. Thematic analysis was used to analyse the data.

Findings

Nurse leaders are recruited from clinical settings, and the transition process from clinical nurse to leader is demanding. Their motivation for leadership seems to be in human values and caring for others. Lack of strategic focus might be a challenge.

Nurses in leadership positions emphasize the importance of good relationships with the staff and require an increased focus on strategic leadership.

Originality

By identifying and understanding the specific challenges that nurse leaders face, this study can contribute to the development of interventions and strategies to improve leadership practices and thereby enhance organizational effectiveness.

Introduction

Studies have revealed the frustration associated with the role of a nursing leader (Cunningham & Kitson, 2000; Faugier & Woolnough, 2002). According to an evaluation of a clinical leadership development programme, nurses were found to be inadequately prepared for their roles. They had not experienced positive role models, they felt overwhelmed, and they regarded colleagues and nursing management structures as unsupportive (Cunningham & Kitson, 2000). A study conducted among nursing leaders in the Norwegian health and care services revealed that 75 per cent of nursing home managers were considering resigning from their current positions, and just under 40 per cent did not envision themselves in a leadership role in five years' time. This underscores the demanding nature of the leadership position. The reasons cited for contemplating resignation included excessive work pressure, inadequate support from superiors, workplace challenges and insufficient remuneration, thereby highlighting the challenging nature of the leadership role (Agenda Kaupang, NSF 2022). The quality of management affects employee productivity, well-being and health (Einarsen et al., 1994; Lee & Ashforth, 1993). Further, the style of leadership influences the quality of the work environment, nursing care, and patient outcome and satisfaction (Akbiyik et al., 2020; Alloubani et al., 2019; Kiwanuka et al., 2021; Tomey, 2009).

A health service without stable managers can threaten the safety of both patients and employees. The implementation and follow-up of improvement work becomes challenging when continuity in management is impaired (Duffield et al., 2011). It is also resource-intensive for an organisation to recruit and integrate new managers, and a constant replacement of managers can lead to organisational instability and uncertainty (Lin et al., 2019). Instability and uncertainty can affect employee motivation, and frequent changes in

management can therefore lead to higher employee turnover (Duffield et al., 2011; Scott, 2002).

Literature reviews support the view that relationship-focused leadership practices are linked to better outcomes for nurses with regard to work environments, their perception of and performance in their workplace, and their personal health and well-being (Cummings et al., 2018).

Various leadership practices can impact patient outcomes through the positive and negative influences on nursing staff and their work environment (Wong & Cummings, 2007; Wong et al., 2013). Job satisfaction has implications for nurses' intentions to stay or leave, and can influence cost of care provision, staff safety, continuity in care, and patient health outcomes such as mortality (Aiken et al., 2002; Russell et al., 2017).

Nurses in leadership positions need organisational and communication skills that can be applied to different groups of health professionals and a range of scenarios (Heinen et al., 2019). They are expected to make decisions, delegate, act as role models, and be aware of how high-quality nursing and treatment can be provided effectively.

The role of nurses in leadership positions within health services has changed from participating in patient care to also being responsible for finances, systems, human resources, and administration. The 21st century is a new timeframe and different timeframes demand different leadership approaches (Jooste, 2004). Therefore, nurse leaders must manage to change constructively. They must also have the confidence to challenge and motivate others to work effectively, and act respectfully with regard to clients (Fennimore & Wolf, 2017). Skills and competence to cooperate with and influence their employees and colleagues are highly important (Gopee & Galloway, 2014; Major, 2019). Integrative leadership, which

encompasses a variety of leadership styles and approaches to suit different situations, has been found to be the most effective form of leadership (Cook, 2001).

Gaining an understanding of the factors that contribute to effective nursing leadership is crucial to ensuring a sufficient supply of nursing leaders in the future (Cummings et al., 2008). The uncertainty among nurses about continuing in leadership positions underscores the need to explore the factors that may be pertinent in this context.

Purpose

The purpose of this study is to examine nurses motivation for leadership, as well as to explore important challenges nurses face in leadership positions.

Method

Design

To achieve the aim of the study, we used a qualitative approach, comprising semi-structured interviews with 20 nurse leaders. To analyse the data, thematic analysis was applied (Braun et al., 2014; Clarke et al., 2015). This methodology offers rich insights into the perspectives of the participants.

Participants and settings

The participants were specifically recruited from the Norwegian Nurses' Association's 'Mentoring programme', which was initiated by the Norwegian Nurses' Association to recruit and support nursing leaders. Mentoring is recommended as a method to support nurse leaders (Hodgson & Scanlan, 2013; Mathena, 2002).

Twenty nurses in leadership positions within the field of mental health services who participated in the mentoring programme were included in this study. The data used in this study was collected before the start of the mentoring programme.

These mental health trained nurses working as leaders in a variety of settings within psychiatric wards of a hospital or in the municipal psychiatric health service. Common to the psychiatric nurses in this study is that they have a leadership responsibility vis-à-vis a staff who have direct contact with patients.

The nurses who participated in the study were mostly women (16 woman and 4 men) with a background as a mental health nurse. The ages ranged from mid-30s to 60. The nurse leaders' time in leading positions in mental health services ranged from 2 years until almost 20 years. Ten leaders had more than 7 years' experience as leaders within mental health services. All had clinical experience from mental health services, and all had received management training.

The participants received written and verbal information about the research. All participants signed a confirmation of informed consent before inclusion in the study.

Data collection

Data was collected through individual telephone interviews. The data obtained were relate to self-perception of their motivation and leadership skills. The interviews were performed in September 2021. One interviewer conducted all interviews, using a semi-structured interview guide (see Figure 1). One interviewer (XX) conducted all, face to face interviews individually. The duration of each interview was about 45 minutes. The interviewer had knowledge of research and interviewing, and no previous relationship with the participants. Systematic notes were written under and after each interview. Statements were repeated. The participants thereby had the opportunity to correct and expand on their own statements. In this way, misunderstandings and ambiguities could be detected and corrected.

Further, all the interviews were analysed by two members of the research team (xx and xx). The analyses were carried out using the table tool in the Excel software. A code list was kept,

in accordance with the procedures and guidelines of the Norwegian Centre for Research Data (NSD) and Oslo Metropolitan University.

Figure 1 - Interview guide

1. Why do you want to be a leader? What is your motivation for leadership?
2. What leadership qualities do you think are the most important?
3. What do you think are your best leadership qualities?
4. What do you want to get better at?

Ethical considerations

Participants were provided with written and verbal information about the study. They gave written confirmation of informed consent prior to participating. Participation was voluntary, and participants had the right to withdraw from the study at any time, without any consequences. No participants withdrew from the study.

Neither of the authors nor the interviewer had any relationships with the participants that could pressure them to participate.

To ensure participant confidentiality, pseudonyms/numbers have been used when reporting quotes in the study.

Permission to conduct the study was obtained from the Norwegian Centre for Research Data, study reference 386161.

Data analysis

The data was analysed using a thematic analysis approach, as outlined by Braun and Clarke (2013), with six stages: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining the essence of themes, and writing up.

Step 1: Familiarisation with the data by each author individually, by reading through all interview transcripts multiple times and creating a matrix to organise the data (Miles et al., 2014). The matrix was used to support coding and analysis, allowing the iterative process between different levels of abstraction without the loss of grounding in the raw data.

Step 2. Generation by the authors of initial codes driven by the research question.

Step 3. Searching for themes by collating codes that fitted together into initial subthemes and organising into broader themes.

Step 4. Review of themes by re-reading the entire data set and modifying and developing the preliminary themes.

Step 5. Definition and naming of themes: giving names and descriptions to each theme and evaluating their relevance and significance in relation to the research question.

Step 6. Production of report/manuscript: preparing a report that describes the themes and their relationship to the research questions.

After completing independent preliminary analyses, the authors (xx and xx) met to compare and discuss their findings and reached a consensus on the final themes. There was great agreement on the preliminary results that each author had prepared in the preliminary analyses. Furthermore, the authors jointly discussed and selected the statements which are presented in the article. Conducting the analysis process in this way strengthened the study and the credibility of the results.

As the data material from the interviews was written down in the form of index entries, we chose to rephrase the statements in a personal form when presenting them as quotes. The statements were provided in Norwegian, and then translated into English by an authorised translator.

Findings

The systematic analysis process resulted in three main themes with associated subcategories.

The three main themes structure the further presentation and discussion.

Examples of statements	Subthemes	Themes
“I became a leader by coincidence” (P. 15) “I was asked to take on that role 20 years ago” (P. 12)	Became a leader by coincidence	The transition to a leadership role was unplanned and demanding.
“I was temporarily placed in a leadership position” (P. 19)	Was temporarily placed in a leadership position	
“I became a leader while filling in for a manager on sick leave, and liked it so I continued” (P. 14) “I was ‘thrown into the job’. It is expected that you will know everything immediately, even though there is a lot to familiarise oneself with. It is significant challenges to being new.” (P. 13)	I had not planned and prepared myself to become a leader. Demanding tasks Challenging role transition	

“I strive to be available, inclusive, patient, and always present” (P. 18) “It is important to be available and have an open-door policy” (P. 110) “Listening is crucial, as most people have the solutions to their own problems” (P. 12) “As a leader, it is important to be supportive, listen actively, and communicate clearly” (P. 17) “Leadership qualities include being inclusive and showing respect for employees” (P. 16) “An important leadership quality is to pursue values-based and relationship-oriented leadership” (P. 15)	Listening to the staff Trusting the employees Being supportive	Nurses in leadership positions emphasise the importance of good relationships with the staff
“As a leader, it is important to lead with a clear direction and make decisive decisions” (P. 17) “I would like to have more time to focus on developing the service” (P. 14)	Common goals Would like to be better at strategic processes and prioritising the identification of and working with important tasks	A need for strategic leadership and increased focus on important tasks

"I would like to improve my overall strategic thinking and my ability to manage tasks effectively" (P. 16)		

Table 2. Results of thematic analysis.

Theme 1: *The transition to a leadership role was unplanned and demanding*

One of the main findings of this study is that nurses in leadership positions within the field of mental health and substance abuse have primarily been recruited from clinical practice. According to the informants, this seems to be a result of coincidence on their part, rather than an active choice to pursue leadership roles. It is difficult to identify their motivation for being a leader. This is reflected in statements such as, "I became a leader by coincidence" (P. 15), "I was asked to do that 20 years ago" (P. 12), "I was temporarily placed in a leadership position" (P. 19), "I became a leader while filling in for a manager on sick leave, and liked it so I continued" (P. 14).

The informants further state that there can be challenges associated with taking a leadership role – one informant states the following:

"I was 'thrown into the job'. It is expected that you will know everything immediately, even though there is a lot to familiarise oneself with. It is significant challenges in being new" (P. 13).

Theme 2: Nurses in leadership positions emphasise the importance of good relationships with the staff

Being physically present and available to employees was cited as an important characteristic of a good leader. As one participant noted, “It is important to be available, to have an open-door policy” (P. 110).

The participants also emphasised the importance of being a leader who listens to their own employees. This was identified as one of the most important leadership qualities related to employees. With regard to the question, “Which leadership qualities do you think are the most important?”, one participant responded, “ Listening is crucial, as most people have the solutions to their own problems” (P. 12).

The ability to ensure good relationships with employees was also highlighted as a crucial quality of a good leader, as the participants widely used terms such as “co-determination”, “inclusion”, “availability”, “motivation”, “inspiration”, “patience”, “generosity”, “democracy” and “interpersonal skills” to illustrate this. Other leadership qualities that were mentioned as being highly important included care, respect, and equality in relation to employees. One of the interviewees succinctly summarised the participants’ responses by saying that, “An important leadership quality is to pursue value-based and relationship-oriented leadership” (P. 15).

Theme 3: A need for strategic leadership and increased focus on important tasks

The leadership qualities pertaining to strategic management were a topic of discussion among some participants. They emphasised the importance of directing employees towards a common goal, and the importance of the manager being able to make assertive decisions. One participant stated that, “I need to lead in one direction and make decisions” (P. 17). Another

participant highlighted their desire for development in relation to strategic management and task orientation, by saying that, “I would like to improve in overall, strategic processes and task orientation” (P. 16).

Discussion

Nurses in leadership positions are often recruited from the clinical environment, and place great emphasis on relational leadership. The transition to a leadership role is described as an unplanned and demanding experience. It is difficult to get insight into their motivation for being a leader. The leaders feel a need to be more confident and professional regarding strategic leadership, including the ability to identify and prioritise important leadership tasks.

Challenging role transition

The health organisations have become more extensive, and the staff has grown. These changes have led to many challenges and more complex organisations., and the role of nurse manager ranges from bedside to exclusive administrative work(Vasset et al., 2023).
The recruitment of nurses from clinical work to leadership positions can have important benefits for both the healthcare organisation and the nurses themselves. However, the transition process from clinical nurse to a leader can be challenging. Nurses who have clinical experience and expertise can be useful in understanding and addressing the challenges that arise in nursing practice, and this can increase the efficiency and quality of services provided. They have often well-established networks of colleagues and partners within clinical practice, which can be useful in implementing changes and improvements. They are also adept at having a ‘hands-on’ approach and understanding the daily operations of a department, which can be useful in resolving practical challenges and improving operations (Ferlie et al., 2000; Laschinger & Finegan, 2005; McGivern et al., 2015). However, the responsibilities, demands and tasks of the leadership position are different from those of a clinical nurse position. The nurse’s clinical responsibility and tasks are replaced with leadership responsibilities and

duties, which necessitates a change in attitude if they are to manage the transition to a leadership role.

The leadership role can be difficult for clinical nurses, and the new leadership role can cause a reduced sense of security when working with familiar tasks that are combined with recognition of something new, such as a new leadership identity (Zheng & Muir, 2015). Changing or developing a new role can change the social group identity. Separation from the profession can be seen as one of the biggest challenges in developing a new identity, because this could trigger an identity conflict and underpin negative feelings related to the individual. In other words, there may be a conflict with competing identities (Croft et al., 2015). Building a new leadership identity requires work experience and development, which affects feelings and requires the maintenance, revision and strengthening of new constructions.(McGivern et al., 2015; Vasset et al., 2023).

Nevertheless, the development of leader identity can also be a positive transition if it reduces conflict and negative feelings (Croft et al., 2015). Support from the organisation is crucial when developing an identity as a leader (Sartirana et al., 2019).

In their leadership, the participants emphasised humane values, which are in line with and very central to their professional practice as nurses. These values seem to be so strongly grounded that they will affect their development and motivation as leaders (Bondas, 2003). It is also possible that it is in the care of people, staff, and patients, that the motivation to be a leader is grounded. This can underpin conflicts between different requirements for nurses in leadership positions, such as when financial cutbacks might affect patients negatively. It is well known that nurse leaders experience difficult ethical dilemmas, which in turn can be experienced as personally burdensome and cause stress. (Birkholz et al., 2022; Cooper et al., 2004; Zydziunaite et al., 2013).

To support a role transition, it is important to clearly communicate the expectations and responsibilities of the new position, to provide feedback and follow-up, to offer mentoring or coaching support, to provide training and development, to give access to resources, and to be available for questions and inquiries. This can help to position the new leader in order to be successful in the leadership role and to handle challenges that may arise (Burr et al., 2011; Fox, 2010; Jackson et al., 2009).

Relational leadership

The results shows that nurses in leadership positions place a great emphasis on the importance of relational leadership. The participants in our study had surprisingly little focus on leadership with regard to goals, financial issues, task orientation, development of employees or strategic planning.

The nursing profession has always been characterised by the provision of care, and this has been a fundamental part of the nurse's role and responsibility (Bondas, 2003). It is therefore not surprising that nurses value relational leadership, which is a development of human relations-leadership theories that focus on interpersonal relationships (Northouse, 2019; Yukl & Mahsud, 2010). Relational leadership, which emphasises strong relationships and the promotion of a positive work environment, can have both positive and negative impacts. Strong relationships can lead to increased trust and collaboration among team members, thereby improving communication, collaboration and overall team performance (Cummings et al., 2010). A positive work environment can increase employee engagement, motivation and job satisfaction, leading to higher productivity, creativity and innovation (Zhang et al., 2014). Caring and supportive leadership is positively related to employees' well-being and low stress levels (de Zulueta, 2016), positive patient outcomes (Wong et al., 2013) and

increased job satisfaction and attachment to the job, which in turn leads to increased organisational commitment and less turnover of staff (Cummings et al., 2010). On the other hand, too great a focus on relational leadership can cause a lack of focus on tasks and goals, leading to poor performance and missed deadlines. Strong relationships between the leader and certain team members can lead to favouritism and the exclusion of others, causing resentment and damaging team dynamics (Vriend et al., 2020). Leadership style affects the emotional climate in groups, which in turn has an effect on the group's performance (Pirola-Merlo et al., 2002). In conclusion, relational leadership can be beneficial when balanced with other leadership styles, such as task-oriented and transformational leadership. However, if not properly managed, it can negatively impact team performance and organisational success.

Our participating nurse leaders are well-educated and experienced as leaders on different levels. However, they speak little about goals and strategies. Some say that they lack competence in strategic management. Nurse leaders require strategic competence as leaders to lead and manage the healthcare organisation or department for which they are responsible. Strategic competence provides nurse leaders with the ability to think in the long term and to set goals for the department or organisation, as well as to develop plans to achieve these goals (Waxman & Massarweh, 2018). It also grants the ability to make leadership decisions and to communicate and implement changes within the department or organisation. There should therefore be an emphasis on meeting nurse leaders' needs for increased strategic competence.

The role that nurse leaders play is increasingly recognised as being critical to the success of the organisation. They represent and provide leadership for the largest group of employees in healthcare organisations, and they play a key role in retention and recruitment, and in the ensuring the satisfaction of both staff and patients. It is vital that investment in this critical

resource is recognised as being crucial to the success of the organisation. Education and investment in the professional development of nurse leaders will prepare them for the rapidly changing roles within the healthcare system in general and within each organisational unit (Mathena, 2002).

Nurse leaders need to possess competencies in quality improvement, finance, change management, risk management, communication and collaboration (Huston, 2008; Waxman & Massarweh, 2018). This is part of good strategic leadership, which is important in ensuring that the healthcare organisation or department is effective and efficient in the provision of high-quality healthcare services. It is worrying that nurse leaders do not have a stronger focus on relating their efforts to task-oriented strategic management. The management team should work systematically to promote strategic thinking at all levels of the organisation. Nursing leaders must have both a significant overview and a deep understanding of their own organisation's responsibilities and opportunities, as well as knowing which priorities should be set to resolve challenges effectively.

The participants emphasise the importance of relational leadership and this seems to come at the expense of strategic leadership. Prioritising leadership tasks seems to be a substantial barrier to their professional development, and they struggle with the need to balance their responsibility to their employees and their organisation with their own personal professional development needs. An environment that is supportive of and conducive to the dedication of a reasonable amount of time for professional development is essential. The establishment of models of role support that include access to an identified mentor and others willing to impart their shared wisdom is viewed as strongly conducive to successful learning.

These findings and the literature suggest that, to increase nurses' competence in leadership, it is important to provide them with opportunities for self-development in a leadership role, and to focus on leadership competencies, including both strategic and relational leadership tasks.

Various training programs for new leaders have been shown to have positive effects in improving the leadership skills of nurses with leadership positions, Duygulu and colleague recommend mandatory management training for newly hired leaders. (Duygulu & Kublay, 2011). Spiva and colleagues evaluated the effectiveness of a standardized training program for nurses, which included personal learning to promote leadership skills and nurture resilience. They concluded that Charge Nurse Pilot Training was an effective program that led to improved leadership style in the form of higher satisfaction with leadership behaviors, followed by effectiveness and their motivational ability(Spiva et al., 2020).

In addition to training programs for new leaders, a supportive transition program that includes didactic training for knowledge development and coaching of new nurse leaders in the transition to a new leadership role is essential (Abraham, 2011; Warshawsky et al., 2020).

Developing leadership competence takes time, findings suggest that nurse leaders rate themselves as competent for the first 6 years as a nurse manager. They begin to reach proficiency by year 7. Experience had the strongest association with nurse manager competence, followed by graduate leadership education (Warshawsky & Cramer, 2019). This could mean that organized manager support would be appropriate, for example in the form of mentoring could be an intervention which supported nursing managers over longer periods of time (Sittler & Criswell, 2019).

In line with our findings, we will suggest that nurse leaders offer programs which prepare nurses for a leadership position. Such programs should include knowledge and training in combining relational leadership with strategic leadership. The transition to a leadership role is described as an unplanned and demanding experience. Therefore, in transition to a leadership position the management should pay attention to the new nurse leader and offer support when needed.

Implications for nursing management

The role of leaders has changed over time. There are now increasing requirements and objectives with regard to laws, action plans, improvement projects and cost-effectiveness. A nurse leader has both many tasks and great responsibility. Good leadership relies on skilled nurse leaders meeting statutory requirements in patient care and delivering good quality and patient-safe services.

With a view to further research, it is important to both identify leadership challenges and also beneficial interventions to develop leadership competence in nurses. Further, there is a need for longitudinal studies to explore effects of leadership development programmes, e.g. mentoring programs.

Conclusions

This study shows that nurses in leadership positions emphasise the importance of quality relationships between employees and leaders, which underpins well-being among employees and successful patient outcomes. However, they appear to place less emphasis on strategic leadership. There are increasing requirements and objectives with regard to laws, action plans, improvement projects and cost-effectiveness within healthcare organisations. Nurse leaders must therefore have a significant overview and a deep understanding of their own organisation’s responsibilities and opportunities. Good leadership relies on skilled, forward-looking leaders in order to meet statutory requirements in patient care, while at the same time delivering high-quality and patient-safe services. Therefore, nurse leaders must pay more attention to broader strategic management, including a greater task-oriented focus. Support from the management team and process-oriented guidance, such as mentoring, should be provided.

Based on the results of this study, here are some recommendations for nurse leaders:

Recognize and nurture inherent human values:

Nurse leaders should acknowledge that their motivation for leadership often stems from human values and caring for others. They should continue to nurture and embrace these values, as they are crucial in healthcare leadership. This can be achieved through personal reflection and emphasizing the human side of leadership.

Strategic leadership development:

Nurse leaders should invest in their own development of strategic leadership skills. Nurse leaders can enrol in relevant leadership courses, attend workshops, or seek mentorship to enhance their strategic thinking and planning abilities.

Transition support:

Recognize that the transition from clinical nurse to leader is demanding. Organizations can provide additional support and resources for nurse leaders during this transition. This support may include mentorship, coaching, and formal leadership training programs.

Team building and staff development:

Nurse leaders should focus on team building and staff development, as good relationships with the staff are emphasized. Encouraging teamwork, communication, and professional growth can enhance the overall performance of the nursing team.

Mentorship and networking:

Nurse leaders should consider engaging in mentorship programs and networking opportunities. This can provide them with the guidance, support, and insights they need to further develop their leadership skills and strategic thinking.

By implementing these recommendations, nurse leaders can enhance their leadership and contribute to improved patient care and healthcare outcomes.

Source of funding

This study has not received any funding.

Strengths and limitations

This study explores the perceptions of twenty nurses in leadership positions. The study includes both experienced and less experienced managers. Common to these is that they participate in the mentoring programme as mentors or mentees. It would have been useful to include more mentees and mentors in the study. However, as participation in the mentoring programme was an inclusion criterion, this limited the number of potential participants. One possible weakness of the study is that the participants themselves had applied to participate in the mentoring programme, which means that one must be cautious about generalising the results. The composition of the sample has been assessed (Skelton et al., 1995), which makes it possible to consider the transferability to which the findings can be ascribed (Söderlund et al., 2000). The study has clarified the analysis process for the reader so that the path from data to results is made available (Miller, 1992; Nessa, 1995).

The nurses who participated in the study were mostly women, which makes it difficult to investigate gender differences in experiences of leadership. The greater inclusion of male nurse leaders could have provided a broader understanding of the topic and an opportunity to identify possible gender differences. The strength of the sample is that a semi-structured interview guide was used, and that one interviewer interviewed all the participants, thereby increasing the probability of following a uniform procedure. The analysis is based on a structured, recognised method, which increases the validity of the process and our results (Clarke et al., 2015). The sample is small, and the results cannot therefore be generalised. Nevertheless, this study can provide useful perspectives on challenges that may be faced by new nurse leaders.

Conflicts of interest

The authors declare that they do not have any conflicting interests.

References:

Abraham, P. J. (2011). Developing nurse leaders: a program enhancing staff nurse leadership skills and professionalism. *Nursing administration quarterly*, *35*(4), 306-312.

Akbiyik, A., Korhan, E. A., Kiray, S., & Kirsan, M. (2020). The effect of nurses' leadership behavior on the quality of nursing care and patient outcomes. *Creative Nursing*, *26*(1), e8-e18.

Alloubani, A., Akhu-Zaheya, L., Abdelhafiz, I. M., & Almatari, M. (2019). Leadership styles' influence on the quality of nursing care. *International journal of health care quality assurance*.

Birkholz, L., Kutschar, P., Kundt, F. S., & Beil-Hildebrand, M. (2022). Ethical decision-making confidence scale for nurse leaders: Psychometric evaluation. *Nursing Ethics*, *29*(4), 988-1002.

Bondas, T. E. (2003). Caritative leadership: ministering to the patients. *Nursing administration quarterly*, *27*(3), 249-253.

Braun, V., Clarke, V., Terry, G., Rohleder, P., & Lyons, A. (2014). Qualitative research in clinical and health psychology. In: London, England: Palgrave Macmillan.

Burr, S., Stichler, J. F., & Poeltler, D. (2011). Establishing a mentoring program: Transforming organizational culture and improving nurse retention. *Nursing for Women's Health*, *15*(3), 214-224.

Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *Qualitative psychology: A practical guide to research methods*, *222*, 248.

Cook, M. J. (2001). The attributes of effective clinical nurse leaders. *Nursing Standard (through 2013)*, *15*(35), 33. https://doi.org/https://doi.org/10.7748/ns2001.05.15.35.38.c3027

Cooper, R. W., Frank, G. L., Hansen, M. M., & Gouty, C. A. (2004). Key ethical issues encountered in healthcare organizations: the perceptions of staff nurses and nurse leaders. *JONA: The Journal of Nursing Administration*, *34*(3), 149-156.

Croft, C., Currie, G., & Lockett, A. (2015). The impact of emotionally important social identities on the construction of a managerial leader identity: A challenge for nurses in the English National Health Service. *Organization Studies*, *36*(1), 113-131.

Cummings, G., Lee, H., Macgregor, T., Davey, M., Wong, C., Paul, L., & Stafford, E. (2008). Factors contributing to nursing leadership: a systematic review. *Journal of health services research & policy*, *13*(4), 240-248. https://doi.org/https://doi.org/10.1258/jhsrp.2008.007154

Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., Muise, M., & Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *International journal of nursing studies*, *47*(3), 363-385.

Cunningham, G., & Kitson, A. (2000). An evaluation of the RCN clinical leadership development programme: part 2. *Nursing Standard (through 2013)*, *15*(13-15), 34.

Duffield, C., Roche, M., Blay, N., Thoms, D., & Stasa, H. (2011). The consequences of executive turnover. *Journal of Research in Nursing*, *16*(6), 503-514.

Duygulu, S., & Kublay, G. (2011). Transformational leadership training programme for charge nurses. *Journal of advanced nursing*, *67*(3), 633-642. https://doi.org/https://doi.org/10.1111/j.1365-2648.2010.05507.x

Einarsen, S., Raknes, B. r. I., & Matthiesen, S. B. (1994). Bullying and harassment at work and their relationships to work environment quality: An exploratory study. *European journal of work and organizational psychology*, *4*(4), 381-401.

Faugier, J., & Woolnough, H. (2002). National nursing leadership programme. *Mental Health Practice*, *6*(3).

Fennimore, L., & Wolf, G. (2017). Nurse manager leadership development. *The Journal of nursing administration*, *47*(10), S20-S26.

Ferlie, E., Fitzgerald, L., & Wood, M. (2000). Getting evidence into clinical practice: an organisational behaviour perspective. *Journal of health services research & policy*, *5*(2), 96-102.
Fox, K. C. (2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *The Journal of Continuing Education in Nursing*, *41*(7), 311-316.
Gopee, N., & Galloway, J. (2014). Opinions of families, staff, and patients about family participation in care in intensive care units. *Leadership and Management in Health Care (2nd edn). London: Sage*.
Heinen, M., van Oostveen, C., Peters, J., Vermeulen, H., & Huis, A. (2019). An integrative review of leadership competencies and attributes in advanced nursing practice. *Journal of advanced nursing*, *75*(11), 2378-2392. https://doi.org/https://doi.org/10.1111/jan.14092
Hodgson, A. K., & Scanlan, J. M. (2013). A concept analysis of mentoring in nursing leadership. *Open Journal of Nursing*, *3*(05), 389.
Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management*, *16*(8), 905-911.
Jackson, S. E., Schuler, R. S., & Werner, S. (2009). *Managing human resources*. South-Western Cengage Learning Mason, OH.
Jooste, K. (2004). Leadership: a new perspective. *Journal of Nursing Management*, *12*(3), 217-223.
Kiwanuka, F., Nanyonga, R. C., Sak-Dankosky, N., Muwanguzi, P. A., & Kvist, T. (2021). Nursing leadership styles and their impact on intensive care unit quality measures: An integrative review. *Journal of Nursing Management*, *29*(2), 133-142.
Laschinger, H. K. S., & Finegan, J. (2005). Empowering nurses for work engagement and health in hospital settings. *JONA: The Journal of Nursing Administration*, *35*(10), 439-449.
Lee, R. T., & Ashforth, B. E. (1993). A further examination of managerial burnout: Toward an integrated model. *Journal of Organizational Behavior*, *14*(1), 3-20.
Lin, S.-H., Scott, B. A., & Matta, F. K. (2019). The dark side of transformational leader behaviors for leaders themselves: A conservation of resources perspective. *Academy of Management Journal*, *62*(5), 1556-1582.
Major, D. (2019). Developing effective nurse leadership skills. *Nursing Standard*, *34*(6), 61-66. https://doi.org/https://doi.org/10.7748/ns.2019.e11247
Mathena, K. A. (2002). Nursing manager leadership skills. *JONA: The Journal of Nursing Administration*, *32*(3), 136-142.
McGivern, G., Currie, G., Ferlie, E., Fitzgerald, L., & Waring, J. (2015). HYBRID MANAGER–PROFESSIONALS'IDENTITY WORK: THE MAINTENANCE AND HYBRIDIZATION OF MEDICAL PROFESSIONALISM IN MANAGERIAL CONTEXTS. *Public Administration*, *93*(2), 412-432.
Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). Qualitative data analysis: A methods sourcebook. 3rd. In: Thousand Oaks, CA: Sage.
Miller, W. L. (1992). Routine, ceremony, or drama: an exploratory field study of the primary care clinical encounter. *J Fam Pract*, *34*(3), 289-296.
Nessa, J. (1995). From a medical consultation to a written text: 1. Transcribing the doctor-patient dialogue. *Scandinavian journal of primary health care*, *13*(2), 83-88.
Northouse, P. G. (2019). *Introduction to leadership: Concepts and practice*. Sage Publications.
Pirola-Merlo, A., Härtel, C., Mann, L., & Hirst, G. (2002). How leaders influence the impact of affective events on team climate and performance in R&D teams. *The leadership quarterly*, *13*(5), 561-581.
Sartirana, M., Currie, G., & Noordegraaf, M. (2019). Interactive identity work of professionals in management: a hospital case study. *Public Management Review*, *21*(8), 1191-1212.
Scott, J. (2002). Management retention in the NHS. *Journal of Management in Medicine*.
Sittler, L. F., & Criswell, J. R. (2019). Using a dyad model for mentoring: the role of the CNO in growing the next generation of executive nurse leaders. *Nurse leader*, *17*(4), 321-324.
Skelton, A., Murphy, E., Murphy, R., & O'Down, T. (1995). General practitioner perceptions of low back pain patients. *Family practice*, *12*(1), 44-48.
Spiva, L., Davis, S., Case-Wirth, J., Hedenstrom, L., Hogue, V., Box, M., Berrier, E., Jones, C., Thurman, S., Knotts, K., & Ahlers, L. (2020). The Effectiveness of Charge Nurse Training on Leadership

Style and Resiliency. *JONA: The Journal of Nursing Administration*, *50*(2), 95-103. https://doi.org/10.1097/nna.0000000000000848

Söderlund, A., Skoge, A. M., & Malterud, K. (2000). " I could not lift my arm holding the fork..": Living with chronic fatigue syndrome. *Scandinavian journal of primary health care*, *18*(3), 165-169.

Tomey, A. M. (2009). Nursing leadership and management effects work environments. *Journal of Nursing Management*, *17*(1), 15-25.

Vasset, F., Fagerstrøm, L., & Frilund, M. L. (2023). Nurse leaders' changing roles over 25 years: A qualitative study. *Leadership in Health Services*, *36*(1), 125-139.

Vriend, T., Said, R., Janssen, O., & Jordan, J. (2020). The dark side of relational leadership: Positive and negative reciprocity as fundamental drivers of follower's intended pro-leader and pro-self unethical behavior. *Frontiers in Psychology*, *11*, 1473.

Warshawsky, N., & Cramer, E. (2019). Describing Nurse Manager Role Preparation and Competency: Findings From a National Study. *JONA: The Journal of Nursing Administration*, *49*(5), 249-255. https://doi.org/10.1097/nna.0000000000000746

Warshawsky, N. E., Caramanica, L., & Cramer, E. (2020). Organizational Support for Nurse Manager Role Transition and Onboarding: Strategies for Success. *JONA: The Journal of Nursing Administration*, *50*(5), 254-260. https://doi.org/10.1097/nna.0000000000000880

Waxman, K. T., & Massarweh, L. J. (2018). Talking the Talk: Financial Skills for Nurse Leaders. *Nurse leader*, *16*(2), 101-106. https://doi.org/https://doi.org/10.1016/j.mnl.2017.12.008

Wong, C. A., Cummings, G. G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: a systematic review update. *Journal of Nursing Management*, *21*(5), 709-724.

Yukl, G., & Mahsud, R. (2010). Why flexible and adaptive leadership is essential. *Consulting Psychology Journal: practice and research*, *62*(2), 81.

Zhang, T., C. Avery, G., Bergsteiner, H., & More, E. (2014). The relationship between leadership paradigms and employee engagement. *Journal of Global Responsibility*, *5*(1), 4-21.

Zheng, W., & Muir, D. (2015). Embracing leadership: A multi-faceted model of leader identity development. *Leadership & Organization Development Journal*, *36*(6), 630-656.

Zydziunaite, V., Lepaite, D., & Suominen, T. (2013). Leadership styles in ethical dilemmas when head nurses make decisions. *International Nursing Review*, *60*(2), 228-235.

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