

Experiences of Military Nurse Manager: Implication to Clinical Leadership

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Abstract. This study aimed to identify the characteristics of an effective leader in a Military hospital institution from the perspectives of military nurse-managers. The researcher extracted the different facets of leadership from the stories of six nurse-managers from a military hospital. The stories which are in pre-reflective stage convey an unbiased perspective from which clinical leadership may be defined. Using Phenomenology as a method of Research, the lived experiences of the military nurse-managers served as empirical data which were reflected upon until the formulation of insights. The insights from the co-researchers became galleys from which the characteristics of effective leadership in the clinical area were drawn. Military nurse managers in their stories revealed that leadership qualities are acquired and are polished by hard work: these qualities stand-out; clinical leaders served as committed, disciplined and dedicated staff nurses before they were appointed to leadership position; they are goal-oriented; they want people who can be trained and are fast learners; they carry out different strategies to earn the support of the people they work with; they want to be recognized as good leaders; they seek approbation; they all believe that they are doing their best in their work. These insights were synthesized through another layer of reflection that resulted to the knowledge about clinical leadership (a) clinical leaders develop their skills through experiences and hardwork; (b) clinical leaders are devoted; (c) clinical leaders are focused; (d) clinical leaders are good in interpersonal relationship; (e) clinical leaders are mentors; (f) clinical leaders seek affirmation and recognition; and (g) clinical leaders are responsible and dependable. The common themes that emerged from the nurse manager's stories showed that clinical leadership maybe attained if leaders possessed the following traits, (a) the gift to establish steadfast and firm management; (b) the proficiency to guide and encourage others towards the achievement of their goals and objectives; (c) the ability to instigate participative and collaborative work among his/her subordinates and (d) the aptitude and skill to address the institutional concerns in their unit. In conclusion, military nurse managers are effective clinical leaders who are faithful and loyal in their work and service; they are good nurses who are intellectually and skillfully competent, and disciplined; they have the strength to lead and guide; and they have the ability to commit themselves to accomplish their assigned works and tasks to the best of their ability. Future direction would be the establishment of an evidenced based practice for optimal clinical leadership that will promote effective and efficient nursing care environment.

Introduction

The essence of clinical leadership can be summed up in the vision provided by Florence Nightingale when she said "Let whoever is in charge keep this simple question in her head ... how can I provide for the right thing to be always done?" The best clinical leaders strive to do the right thing, to ensure their staff and support services always do the right thing for patients, but go further and look for a better way.

Clinical leadership that falls short results in low staff morale, higher rates of incidents and a poor patient experience (Fenton, 2012).

In this rapidly changing health care environment, nurse managers must develop leadership abilities to prepare themselves for necessary skills needed in planning patient care. The nursing

leadership is faced with the challenge of training nurse leaders and managers, developing them into becoming nurse professionals with characteristics and capabilities par excellence, and placing them in their most appropriate jobs and positions befitting their exceptional qualifications in the hierarchy of leadership (Espinosa, 2011).

Relatedly, the various nursing services particularly in the Military Nurses Corps are not spared from the present shortage of nursing leaders and managers. Basing from the pyramid of the Nurse Corps, Armed Forces in the Philippines (AFP), the sole provider of Nurse Corps Officers in the AFP. AFP Medical Center, the premier military medical center in the Philippines has Nurse Corps officers with the ranks of second lieutenants to first lieutenants, and junior captains who were designated as nurse managers in its various wards and special areas. Being nurse managers in the wards or special areas entail enormous responsibilities, taking into consideration that they have superiors to answer to, peers and colleagues to work with, subordinates to supervise and train, and patients to care for.

Hence, leadership can only be understood from the context of a leader's experiences so much so that it is only the person who wears the shoes of a leader can explicate the depth of leadership and what it means to fit in that shoe. Relative to this, the characteristic which defines a clinical leader can be best drawn from the stories of the military nurse managers themselves as they fulfill their tasks of leading the clinical area. It is in this context that this study is sought to identify the attributes which characterize the leaders of a military hospital institution with the end in view of providing an evidenced based practice for optimal clinical leadership and direction of future research in the field of nursing administration.

Methodology

Phenomenology was the method I selected for this study because my intent was to derive meaning from a human experience (Patton, 1990). The lived experience is a self-understanding of a phenomenon through the subjective knowing of the researcher. A purposeful, primary selection sampling strategy was used for this study, and the sample size was determined by saturation of emerging themes and categories from the data (Rossman & Rallis, 2003). Criteria for inclusion in the study was to be nurse manager who are in the position for at least six months to one year (whether new or old in their position); male and female; who have five or more staff nurses under him/her; and with the ranks of 2nd & 1st Lieutenants, Captains and Majors respectively. The participants will have to qualify for the requisites of this study as they adequately and appropriately supply the needed information the study yields to complete, therefore, they should be able to surpass and contribute the best information needed to validate the conceptual requirements.

Approval to conduct the study was granted by an internal review board from the institution. Permission to record the interviews was obtained from the participants, and an informed consent form was discussed and signed before the interview began. Additionally, the participants were informed that they could withdraw from the study at any time, and fictitious names were used in the transcripts in an attempt to protect each participant's identity. The interviews were conducted over a period of seven months from April 2013- October 2013.

Table 1 Description of Participants by Fictitious Name, Age, Position, Ward, Experience, Type of Unit, and Type of Employment

<i>Fictitious Name</i>	<i>Age</i>	<i>Position</i>	<i>Ward</i>	<i>Type of Unit (Ward)</i>	<i>Type of Employment</i>
(A)	36	Captain	MICU	Medical ICU	Full-Time
(B)	39	Captain	4A	Neuro- Surgery Ward	Full-Time
(C)	27	1Lieute-nant	SICU	Surgical ICU	Full-Time
(D)	34	Captain	7C	General Medical Male & Oncology ward	Full-Time
(E)	39	1Lieute-nant	6 A	Renal Ward	Full-Time
(F)	37	1Lieute-nant	3A	Orthopedic	Full-Time

I used a semi-structured interview process to gather contextual rich descriptions to uncover truth revealed through reflection of remembered experiences (Morse, 1994).

Data Analysis

I used the modified Van Kaam method as described by Moustakas (1994) for data analysis. I found this eight step approach effective in organizing, analyzing, and synthesizing the data.

Step One: Listing and Preliminary Grouping

I listed and conducted a preliminary grouping of the data by transcribing each audio tape verbatim. I did not omit any statement or word from the transcript, and considered each phrase equally relevant. This is known as horizontalization, viewing each statement as having equal value. Initial reflection brought out several themes which stood out in the text.

Step Two: Reduction and Elimination

I accomplished data reduction by repeatedly reading each transcript and eliminating statements that did not answer the guiding question. Overlapping, repetitive, and vague expressions were also eliminated. The remaining statements became the invariant constituents (the meaning units or horizons) of the experience, and described the phenomenon in exact descriptive terms. As participants were added, the invariant constituents increased. I have provided an example of how I reduced the data to the composite invariant constituents that answered the guiding question: *“What are your experiences as a military nurse manager?”* sets the tone of the interview. The themes were reflected upon for interpretations and reviewed by returning to the text for clarity. The themes from the first reflections were further reduced in the secondary reflections.

Step Three: Clustering and Thematizing the Invariant Constituents

I clustered the invariant constituents and defined the “core themes of the experience” (Moustakas, 1994, p. 121). The different themes were then synthesized until the formulation of the conclusion.

Step Four: Final Identification of the Invariant Constituents and Themes by Application: Validation

I checked the invariant constituents and the themes against each individual transcript to make sure the theme was expressed either explicitly or was compatible with the constituents. This process helped determine the relevancy of the experience.

Step Five: Construction of Individual Textural Description

I described what the nurse experienced using excerpts from the transcript. This was done essentially by explaining the themes in a narrative format. This process helped me to understand “what” the nurse experienced.

Step Six: Construction of Individual Structural Description

For each participant I incorporated into the textural description a structure explaining how the experience occurred. As I wrote the textural description I reflected on the conditions that precipitated what the nurse manager experienced. This process helped me to understand “how” the experience occurred. I used “acts of thinking, judging, imagining, and recollecting, in order to arrive at a core structural meanings” (Moustakas, 1994, p. 79). By using imaginative variation, imagining the experience occurring in a variety of structures, I perceived the experience occurring in different circumstances and identified the conditions that accompanied the experience. This helped me understand how the military nurses manager experiences came to be what they were and the conditions that made them develop their clinical leadership.

Step Seven: Construction of a Textural-Structural Description

For each participant I merged the two narratives (textural and structural) that were created from steps five and six. The finished narrative description included my understanding of “what” (texture) occurred, and “how” (structure) the experience occurred for each participant. After an exhaustive imaginative and reflective study, I explained the experience according to how I understood it, from my vantage point, and described the essence of the experience. According to Moustakas (1994), the result of deriving meaning to a phenomenon is to be aware of the essence or the condition which must be present for a phenomenon to occur.

Step Eight: Composite Description Textural-Structural

I used synthesis to create a composite textural and structural description. This process helped me to determine the essence of the overall experience. For example, the nurse managers feelings and attitudes toward their responsibilities and the circumstances or structure of the situation that they have experienced within the clinical environment. I constructed a model to graphically depict my understanding of the relationships between themes, and to illustrate the lived experience of Military nurse managers.

Result And Discussion

The experiences of the informants revealed several insights on being a nurse manager of a military hospital institution. A double layered reflection enabled the researcher to streamline these insights into an all-embracing theme on clinical leadership.

Primary Reflection

Leadership qualities are polished by hardwork. "Leaders aren't born they are made." And they are made just like anything else, through hard work. And that's the price we'll have to pay to achieve that goal, or any goal according to Vince Lombardi.

Nurse Manager A recalled: *"I remembered that there were times that we have limited resources in the ward (materials and equipment)."* She and her staffs tried to innovate and use other means to offer the relief that the patient needs and they became successful. She realized that as a leader she can lead her staff to work on something that can be done just be creative and use innovations"

Moreover, Nurse managers C and F's experiences are more or less similar to nurse manager A. Nurse manager C is 27 years old single and she's very hardworking and she desires to improve her craft even more. On the other hand, nurse manager F is strong willed, hands on manager and committed. He recalled, *"I did my best to study and prepare myself for where I am now. Everything I have now is because of hardwork."* Although there were problems in the ward at times, good working relationship and communication with staffs is important.

Experiences on hardships and struggles have been instrumental in shaping the leadership skills of the co-researchers. This finding was supported by the quotes from Philip Emeagwali, *"The hardships that I encountered in the past will help me succeed in the future."*

People possessing leadership qualities stand out: None of the nurse managers aspired to be leaders. Nurse manager C said *"I did not imagine myself becoming where I am now."* Nurse managers A, B, E and F described themselves as a disciplined and committed worker; to become a nurse leader is a privilege for them. They rose from the ranks of aspiring nurses. A leader cannot just be a face in the crowd. A leader needs to stand out, showing commitment to work, dedicated, and trustworthy.

Prospective leaders are because of their excellent performance and they are consequently promoted to leadership position. *"A leader is like gold coin amidst an array of silver, the gold will always shine"*. The nurse managers started-out as staff nurses. They proudly recalled the days when they were still staff nurses in the ward. They were able to provide the best care to their patients. Nurse manager D said, *"I was determined to set as an example to my staff and because of it I received awards and recognitions. My dedication to my work paved the way for more opportunities."*

They exerted their best effort to be good role models. One example is that of Nurse manager E where his experiences was so intense, where he faced life with challenges and problems and it taught him to be more responsible and devoted to his duty.

The nurse managers are goal-oriented. Leaders realized the importance of setting goals for their respective units. Nurse manager B said, *"My vision is for my staff to have high morale and to serve the patients to the best of their ability. When I became a nurse manager experienced a lot of changes in my responsibility. I am very shy and I tend to avoid getting angry. I tried my best to understand my staffs and work with them very well. I facilitated some changes in the area and with the help of an open communication with my staff, there was a successful innovations in the Neuro-surgery ward"*

The nurse managers were guided by their aspiration for their staffs to improve and do their best to serve the stakeholders as well as the patients. All of them want their units/ward to be one of the best wards that provides holistic care.

The nurse managers want to work with people who will support them. For them, to lead is to deal with people. To make their subordinates work with them, leaders need people who share their ideals and beliefs. To achieve this end, leaders literally select people who empathize with them. Nurse manager E said, *“I need to open my heart to my staffs and share to them my goals and objectives so that together we can achieve it.”* His move was unpopular but it allowed an open communication. This enabled him to listen to his staffs and learn from them.

Sinha (1995:145) said, *“Legitimate power is vested in the authority of the position and a person avails of it because s/he occupies a particular position”*. The power one has over the others may be attributed to authority or control of resources. Regardless of the source power, leaders should show respect over dominance to their subordinates.

The nurse managers carry-out different styles and strategies to make people work with them. Nurse managers C and F believes that to be able to work well with their subordinate, they have to mingle and listen to them. According to nurse manager C, *“One has to be part of the crowd, to feel their sentiment, experience their woes, listen to their pains and share their joys.”*

Nurse manager A described herself as a charismatic leader: *“I am a charismatic leader. I believe that my unit will not prosper unless everybody supports my decisions.”* Nurse managers B and F shared the same beliefs. Leaders must reach out to their subordinates by using varied approaches. Nurse manager D believed in using the participative style of leadership in order to get the consensus of everyone.

The nurse managers obey their superiors and seeks approval. The nurse managers could not make major decision without the approval of their superiors. It is because they are accountable to authorities higher than them. The nurse managers seek approbation. The nurse managers are elated when their superiors praise and recognizes their efforts. The appreciation is important to their self-esteem. Nurse managers A, B, C, D, E and F were gratified by the support of the administrators. The support is a sign of empowerment. Nurse manager D recalled being recognized and praised for a job well done. He felt an affirmation of his ability to lead. Criticism or apathy maybe an indication that the nurse managers have lost the trust and confidence of their superior. Indifference and censure may either motivate the nurse managers to work harder to vindicate themselves or depress them to the point that they would become counterproductive. In being a leader, there are many challenges, but you have to turn these challenges to opportunities.

Secondary Reflection

Nurses are likely to engage in a range of leadership activities in their daily routine. Some will naturally adopt an effective leadership style, while others may find the concept of leadership or seeing themselves as leaders difficult to understand. Effective leadership is critical in delivering high-quality care, ensuring patient safety and facilitating positive staff development. The leader's leadership type plays an important role in the achievement and performance of the organization. The leader's ability to adapt to internal and external environment changes and lead a group of cordial subordinates to work together is the key to success (Arevalo, 2013).

Clinical leaders develop their skills through experiences and hardwork. Nurse manager D believed that her experiences as a nurse had prepared her to where she is right now. She remembered her experiences when she was just starting. As a novice nurse she is placed under observation as 2nd Lieutenants. She was given designations that required her to show her abilities and true enough she was trusted with different positions and designations. From being one of the nurse trainees, she became a nursing assistant wherein her work is more on clinical focus. She also became a secretary to the Chief of staff that led her to more designations and promotions. The SOI (summary of information) – about her designation counts a lot for promotion along with attending seminars and trainings. Because of the opportunities she had, she became a training officer specializing in Oncology. Aside from being the head nurse she is now training the nurse trainees.

Clinical leaders are devoted. The nurse managers set the goal of their wards which is to be prioritized. Goals take its root from intentions. Leaders openly talked of their intention for their units. Nurse manager A upon assuming office said, “*I have to work well with my staff.*” Sokolow and Houston (2008: wards16) consider intentions as powerful forces in attracting people, material resources, and other agencies to transform vision to reality. Bridging practice and vision is the challenge of the clinical heads.

Clinical leaders are focused. Nurse managers B, C and E describes the extent on which a leader can be committed to a vision. “The tasks and challenges of everyday duty must be done at its best, because I take it as an opportunity to be of help to the patients,” says nurse manager C. The nurse managers want to be recognized as leaders with a vision. Staying focus and determined counts a lot because strength does not come only from winning. According to the quotes by Arnold Schwarzenegger, “*Your struggles develop your strengths. When you go through hardships and decide not to surrender, that is strength.*”

Clinical leaders are good in interpersonal relationship. The nurse managers believed that it is their task to foster a good working relationship with their subordinates. This is supported by Agezo (2008) who said leaders depend more on their relational skills than on their authority to tell others what to do.

One nurse manager said, “*As much as possible, I mingle with my staff.*” Another commented, “*I treat them like human beings with feelings and needs,*” while another remarked, “*You begin to listen to their concerns.*”

Reflection of the statements implies that the nurse managers see themselves as “equal” to their subordinates. “*I mingle with them*” connotes that the speaker is speaking would like to be one with their subordinates. “*I treat them like human beings with feelings and needs*” indicates that the speaker is thoughtful to the needs and feelings of their staffs and the phrase “*you begin to listen to their concerns*” alludes humbleness and sensitivity. The leaders are subconsciously saying that they are “*equal with their subordinates.*”

Clinical leaders are mentors; leading other to lead. Mentoring is more than giving directions or instructions. Mentoring happens when those who are more experienced, provide opportunities to those who are less experienced to develop their skills and knowledge (Cy, 2006: 200). Nurse manager D said, “*As a training officer specializing in Oncology, I teach nurse trainees to prepare them for their future assignments.*” Mentorship does not only prepare prospective leaders for their role as future administrators. It is also a way wherein leaders lighten their workload by sharing their responsibilities to each other. Leaders, by assigning task to a subordinate, are ‘hitting two birds with one stone’—mentoring and reducing their workload.

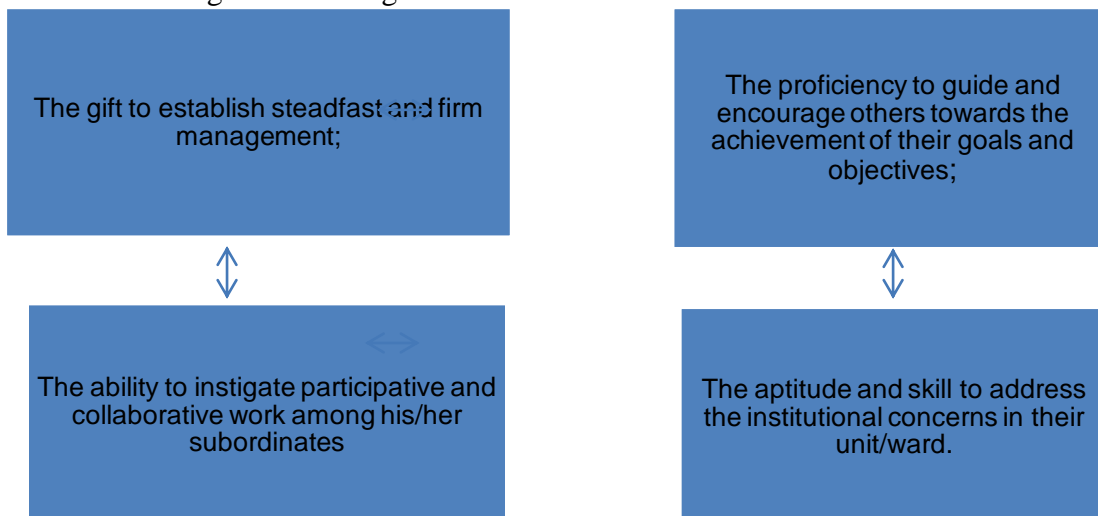


Figure 1 Model representing the composite thematic and structural description of the lived experience of Military nurse managers.

Clinical leaders seek recognition and affirmation. Bowman (2004) states that the most professional need to feel important. This explains why the nurse managers seek recognition and affirmation. Recognition boosts morale while affirmation empowers.

Clinical Leaders are accountable and responsible. The nurse desire to succeed in life motivated them to excel. In the process, their ability to lead with full accountability and responsibility was harnessed and polished. *Nurse managers A, B, C, D, E and F's* principle in life: *"Do unto others what you want others do unto you..."* demonstrated their leadership skills in the time when it was really needed. Their hardwork coupled with ambition helped all the Nurse managers to develop their leadership potentials. Their experiences echoed what Colin Powell said, *"Great leaders are almost always great simplifiers, who can cut through argument, debate and doubt, to offer a solution everybody can understand."*

Themes

Data analysis revealed the Military nurse managers experiencing varying experiences and is dependent on the structure or circumstances within the clinical environment. I gained an understanding of what are the experiences of the nurse managers and how it was developed. Circumstances influenced the way they handle leadership roles and how they perform their tasks in the clinical area. The development of the common themes such as: *The gift to establish steadfast and firm management; the proficiency to guide and encourage others towards the achievement of their goals and objectives; the ability to instigate participative and collaborative work among his/her subordinates and the aptitude and skill to address the institutional concerns in their unit/ward* can be noted in the study.

Conclusion

The military nurse managers are effective clinical leaders who are faithful and loyal in their work and service; they are good nurses who are intellectually and skillfully competent, and disciplined; they have the strength to lead and guide; and they have the ability to commit themselves to accomplish their assigned works and tasks to the best of their ability.

It implies that for a person to be a good leader in a hospital institution, s/he must possess attributes befitting of a leader who has full knowledge, competent skills and proper attitude. Along with these, the nurse leaders should have patience, emotional intelligence, and intellectual capability. Some of these traits may be inherent while some may have been nurtured through formal training and experiences. But for a leader to head a nursing ward/unit, inherent and nurtured leadership skills do not suffice. A nurse manager must be able to transcend self and be able to manage his/her fellow nurses on the strength of intellectual competency and relational dynamism. The key is to be holistically competent individual gifted with the sensitivity of the social context of his/her position.

Symbolism



Figure 2 Model representing the Symbol of the Experiences of the Military Nurse managers.

A clinical leader may be likened to a bird flying on a V formation.

Most of us take delight on seeing a fleet of geese flying in a V- shaped formation, and often take it as a sign of victory. Birds can be likened to a nurse leader who wants to lead his/her people and who works hard setting the pace and direction which the other birds must follow. If the lead bird falters, the other birds will be affected and they honk to encourage it to continue flying.

Just like the lead bird, the nurse managers set the pace and the direction to which the nursing staff should follow to attain the fulfillment of a common goal. They build relationships that will make sure that all the members of the hospital community will work together towards one goal hence, the nurse manager must be intellectually and relationally competent. If the lead bird is encouraged by the honking of the birds behind, it connotes that the military nurse leaders need the recognition and support of the staffs and administrators to go on.

Future Directions

Clinical leaders should continually adapt an evaluation program on how they relate socially with their subordinates, the result of which can be used as a basis in developing strategies on relationship enhancement. Empowering nurses by allowing them to voice their opinions and concerns regarding assignments, role expectations, and workload issues while working may strengthen relationships and foster positive, professional socialization attitudes among nurses. Incorporation of collaborative strategies that promote professional socialization attitudes of nurse managers who work with staff nurses has the potential to improve the quality of their proficiencies by enhancing positive clinical experiences.

Finally, the establishment of an evidenced based practice for optimal clinical leadership should be the direction of future research in the nursing administration to help improve the health care system.

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