

Nurse Clinician Leadership Development in One of Canada's Largest Tertiary Hospitals

by

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COMMITTEE APPROVAL

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Abstract

Informed by participatory action research, this thesis adhered to all Royal Roads University ethics guidelines and explored how Alberta Health Services might support the leadership development needs of nurse clinicians at one of Canada's largest tertiary hospitals. Through virtual one-on-one interviews and an online survey, the findings revealed nurse clinicians want to participate in leadership development opportunities and contribute their input and expertise on site initiatives. The findings also highlighted the multifaceted roles and responsibilities of nurse clinicians. Use of an appreciative lens in the study encouraged participant engagement and enabled nurse clinicians to express their perspectives in a constructive way. The recommendations for nurse clinician leadership development included creating mentoring opportunities, implementing an annual workshop, sponsoring the development of a nurse clinician community of practice, providing opportunities for nurse clinicians to contribute their input to site initiatives, and developing a standardized provincial job description for the nurse clinician position.

Keywords: participatory action research, healthcare leadership, professional development, communities of practice, mentoring

Land Acknowledgement

My thesis was completed both from my home in Waiparous Village, Alberta, on the traditional meeting place and home for many Indigenous Peoples, including the Blackfoot, Stoney Nakoda Tsuu'tina, Piikani, Cree, Dene, Inuit, and Métis Peoples, as identified in Treaty 7, and the Otipemisiwak Métis Government of the Métis Nation within Alberta. I attended residency on the Royal Roads University campus in Victoria, British Columbia, which is located on the traditional lands of the Lekwungen-speaking Peoples, the Songhees and Esquimalt Nations.

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Executive Summary

This thesis explored how Alberta Health Services (AHS) might support the leadership development needs of nurse clinicians working in acute care at one of Canada's largest tertiary hospitals. Nurse clinicians are increasingly taking on leadership roles within the complex health system—often without commensurate leadership development that is necessary to prepare nurse leaders for the challenges they are facing in today's healthcare system (Lavoie-Tremblay et al., 2024).

In this inquiry, I explored the following overarching inquiry question: How might Alberta Health Services support the leadership development needs of nurse clinicians in acute care at the Foothills Medical Centre (FMC)? I utilized four subquestions:

1. What is the current state of nurse clinician leadership development at the FMC?
2. What does the ideal future state of nurse clinician leadership development at the FMC look like?
3. What factors might enable nurse clinician leadership development at the FMC?
4. What strategies should AHS put into place to support nurse clinician leadership development?

Three literature topics informed my research: (a) effective nurse leadership development practices, (b) the impact of nurse leaders' contributions to the healthcare system, and (c) recruitment and retention of nurses. My thesis was informed by the participatory action research methodology and the use of appreciative inquiry principles. I gathered data using two methods: an online survey completed by 15 nurse clinicians and virtual one-on-one interviews with four participants.

To analyze the data, I used Clarke and Braun's (2013) six step data analysis process for thematic coding and in vivo coding (Jugessur, 2022) by using participants' own anonymized words. The results were cross-analyzed with NVivo to identify patterns, themes, and relationships within the data (Limna, 2023).

I applied triangulation to ensure validity of the data. Following Carter et al.'s (2014) advice, I described data collection methods, compared inquiry method results, and outlined the data integration process to ensure transparency and trustworthiness in data analysis.

The outputs of this study included recommendations for nurse clinician leadership development, a Make-it-Happen meeting, an infographic for study participants, and the thesis report. The findings revealed nurse clinicians want to participate in leadership development opportunities and contribute their input and expertise on site initiatives. The findings also highlighted the multifaceted roles and responsibilities of nurse clinicians. Use of an appreciative lens in the study encouraged participant engagement and enabled nurse clinicians to express their perspectives in a constructive way.

The study conclusions highlighted nurse clinicians would benefit from continuing education, peer support, and mentoring opportunities and want to contribute their input and expertise on site initiatives. The conclusions also identified the need for a standardized provincial job description for role clarification of the nurse clinician position.

The study recommendations included creating mentoring opportunities, implementing an annual workshop, sponsoring the development of a nurse clinician community of practice, providing opportunities for nurse clinicians to contribute their input to site initiatives, and developing a standardized provincial job description for the nurse clinician position.

Opportunities for further inquiry include exploring perspectives of nurse clinicians working in FMC ambulatory areas and those occupying their roles for less than 1 year.

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List of Abbreviations

AHS	Alberta Health Services
AI	Appreciative inquiry
CAQDAS	Computer-assisted qualitative data analysis software
CIHR	Canadian Institutes of Health Research
CNL	Clinical nurse leader
ED	Executive director
FMC	Foothills Medical Centre
HPSP	Health Professions Strategy and Practice
MAL-H	Master of Arts in Leadership-Health
NYP NLA	New York-Presbyterian Nursing Leadership Academy
PAR	Participatory action research
RN	Registered nurse
TPCS	Tri-Council Policy Statement

Chapter 1: Focus and Framing

Nursing leadership development “is necessary to ensure that nurse leaders of the future are well-equipped to tackle the challenges of a burdened healthcare system” (Lavoie-Tremblay et al., 2024, Abstract section, para. 1). Nurse clinicians are increasingly taking on leadership roles with expanded responsibilities within the complex health system—often without commensurate leadership development. Through this action-oriented thesis, I explore how Alberta Health Services (AHS) might support the leadership development needs of nurse clinicians at the Foothills Medical Centre (FMC) in Calgary, Alberta, Canada. In the following chapters, I frame the context for this study, present a literature review pertaining to nurse clinician leadership development, outline the methodology and methods I used in my study, and highlight my study findings, conclusions, and the implications of my inquiry.

In this chapter, I outline the focus and framing of my thesis, including the main inquiry and subquestions, the significance of my inquiry, and the organizational context and systems analysis. Lartey et al. (2023) argued a vast skill set is required for nurse leaders because of the complex nature of leadership in nursing and healthcare. Page et al. (2021) suggested leadership education prepares nurses to take on these complex clinical leadership roles and highlights the importance of leadership development programs for building leadership capacity, practice improvement, and enhancing patient care. In my study, I explored the leadership development needs of nurse clinicians at FMC. My organizational partner is the AHS executive director (ED) of the Medicine portfolio at FMC in Calgary, Alberta, and previously sponsored nurse leadership development at the FMC site.

Through my inquiry, I explored the leadership development needs of nurse clinicians in acute care at FMC. Teaching nurse clinicians the leadership skills they require to excel in their roles will have a positive impact on the healthcare system (AHS, 2018; Page et al., 2021; Salinas & Leger, 2024). In this inquiry, I refer to nurse clinicians at FMC as clinical nurse leaders (CNLs). Salinas and Leger (2024) asserted, “CNLs can greatly influence the care delivered and shape health care reform by utilizing their advanced skills in collaboration with other health care professionals to improve patient outcomes” (p. 237).

I am currently a lead for special projects with the Provincial Strategies and Performance, AHS – Emergency/Disaster Management team. Prior to September of 2025, I held various manager position within AHS. I am a registered nurse (RN) who has progressed in leadership roles from staff nurse through to charge nurse, educator, and manager roles. I have managed teams in acute care, ambulatory, and community settings. In my most recent manager role as a patient care manager, I managed a team of approximately 200 staff that included unit managers, clinical nurse educators, nurse clinicians, frontline registered and licensed practical nurses, healthcare aides, and administrative staff. I am passionate about developing the potential in others and have mentored and coached clinical nurse leaders, including nurse clinicians, in my role as a manager with AHS. Prior to this role, I worked in various roles at Foothills Medical Centre in Calgary, Alberta, where I conducted my inquiry.

Throughout my leadership roles, I have had a long-standing interest in leadership development, and I have facilitated clinical leader workshops at FMC. I have witnessed the expanded responsibilities that nurse clinicians assume in leadership roles as the acuity in acute care has risen. I explored leadership development in my study because it aligns with my

organization's goals and my personal passion to support nurse leadership development in healthcare. Page et al. (2021) argued nurse managers are integral in fostering leadership capacity in the next generation of nurses and that "understanding what comprises a successful leadership program would enhance leadership capacity building across the nursing profession" (p. 1395). Through my inquiry, I aimed to uncover the needs of nurse clinician leadership development at FMC to provide AHS with recommendations for a successful leadership development initiative at FMC.

Main Inquiry and Subquestions

In conducting this action-oriented thesis, I explored the following overarching inquiry question: How might Alberta Health Services support the leadership development needs of nurse clinicians in acute care at the Foothills Medical Centre? I utilized four subquestions:

1. What is the current state of nurse clinician leadership development at the FMC?
2. What does the ideal future state of nurse clinician leadership development at the FMC look like?
3. What factors might enable nurse clinician leadership development at the FMC?
4. What strategies should AHS put into place to support nurse clinician leadership development?

The scope of my thesis focused on the leadership development of nurse clinicians who work in acute care at FMC in Calgary, Alberta. In developing my subquestions, I considered the current state of nurse clinician leadership development, the ideal future state of nurse clinician leadership, and possible strategies that might be required to achieve systems change (Beckhard & Harris, 2009).

Significance of Inquiry

In conducting my thesis, I explored opportunities for nurse clinician leadership development in a complex healthcare system, specifically for nurse clinicians, who are CNLs employed within acute care at FMC. The purpose of my thesis was to explore nurse clinician leadership development needs and opportunities at FMC in collaboration with the participants in my study. It is important to cultivate nurse clinician leadership development in healthcare (Page et al., 2021). Salinas and Leger (2024) defined CNL practice development as “the attainment of competencies and enhancement of knowledge, skills, and abilities (KSA) which leads to effective CNL practice; it is explicit, structured, and its trajectory can be plotted over time” (p. 354). Nurse clinicians require leadership development in order to be better equipped to navigate complex problems and challenging situations in the workplace. At FMC, nurse clinicians report through to frontline unit managers who are primarily responsible for nurse clinician orientation and leadership development. Nurse clinicians, managers, and the healthcare system would benefit from increased nurse clinician leadership development opportunities at FMC as it will positively influence patient care (Page et al., 2021) and nurse leadership practice development. Salinas and Leger (2024) highlighted, “CNL practice development can facilitate the growth of CNLs from novice to experts and provide guidance in becoming effective leaders” (p. 354). Effective leaders in healthcare benefit everyone in the system.

My inquiry aligned with the *Four Foundational Strategies* of AHS (n.d.-a), my organizational partner. One of these strategies, the *Our People Strategy* (AHS, 2017), highlights four priorities: (a) a clear vision, shared purpose, and common goals; (b) a safe, healthy and inclusive workplace; (c) excellent leaders; and (d) empowered people. Through the *Our People*

Strategy, AHS (2018) suggests workforce engagement will be higher, and patient and family experiences will improve as a result. Some of the ways that AHS intends to accomplish this are through hiring, developing, and retaining excellent leaders at all levels of the organization and creating a culture of empowerment by giving people access to the resources and development opportunities they need to do their jobs effectively (AHS, 2018).

Organizational Context and Systems Analysis

Below I highlight the organizational context of my study, which includes the FMC hospital structure and healthcare services, nurse clinician roles and responsibilities, and current leadership opportunities offered at the FMC site. I also provide a systems analysis to include external and internal factors that impact the current healthcare system within AHS.

Organizational Context

FMC is one of Canada's largest hospitals with over 1,000 inpatient beds and approximately 53,000 admissions annually (Calgary Health Foundation, n.d.). FMC employs approximately 15,000 staff and 2,600 physicians (Calgary Health Foundation, n.d.). It is the tertiary specialized referral centre, providing advanced healthcare to more than 2 million people from Calgary, Southern Alberta, Southeastern British Columbia, and Southern Saskatchewan (Calgary Health Foundation, n.d.). FMC is a Level 1 trauma centre for Southern Alberta and comprises an Emergency Department, several Intensive Care Units that include multisystem, cardiac and neonatal critical care. The FMC site provides healthcare services from addictions and mental health programs to specialized surgery medicine, cardiac, trauma and neurology services (AHS, n.d.-b). FMC is also home to several operating rooms, a Postanesthetic Care Unit, a Day Surgery Unit, and multiple ambulatory services. FMC has one of the largest integrated teaching

and research programs in collaboration with the University of Calgary and the Cumming School of Medicine (Calgary Health Foundation, n.d.). FMC is the single Southern Alberta hospital that offers specialty services including trauma, clinical neurology, cardiac sciences, tissue and organ transplantation, complex general oncology surgery, and cancer care (Calgary Health Foundation, n.d.).

Nurse clinicians are integral to frontline leadership at FMC. They are responsible for charge nurse duties, along with additional nurse clinician responsibilities. Charge nurses often fill in for nurse clinicians when they are absent or on evenings and weekends, depending on the nurse clinician rotation. Experience as a charge nurse is often a requirement for becoming a nurse clinician. In their study of charge nurses' perceptions of frontline leadership in acute care settings, Sherman et al. (2011) highlighted that many charge nurses are ambivalent about seeking higher level leadership positions, are interested in developing their own leadership skills, and highly value professional development opportunities offered by their nurse leaders. This is important to consider for recruitment and retention of nurse leaders. Nurse clinicians are responsible for managing patient care assignments, patient flow within the system, and complex admissions and discharges and often take on managerial responsibilities after regular business hours. Nurse clinicians often preceptor new charge nurses and require advanced communication skills, given the extensive interaction and consultation required with physicians and the multidisciplinary team, both within their units and across the site.

Acute care inpatient and critical care units require nurse leaders to effectively manage patient flow in the system along with solving complex problems. They often provide support to staff as well as patients and their families while ensuring safe staffing assignments and patient-

and family-centred care. In conversation with other healthcare professionals, including managers and nurse clinicians, many expressed the FMC acute care system would benefit from building a stronger foundation of nurse clinician specific leadership development opportunities at FMC and within AHS. Leadership development was an important focus for my thesis and my organizational partner. Nurse clinicians require skills in critical thinking and prioritization, effective communication, team building, coaching, complex problem solving, change management, and conflict resolution to navigate their roles effectively. In this inquiry, I aimed to empower participants to contribute to improving nurse clinician leadership development at FMC.

Despite the leadership opportunities within AHS such as online courses that are available to nurse clinicians, there are no formal nurse clinician leadership initiatives specifically designed to support nurse clinician leadership development at FMC. Leadership development initiatives offer nurse clinicians the skills and tools needed to succeed in their roles, thereby increasing clinical nurse leader retention, improving job satisfaction, and enhancing patient care (AHS, 2018; Page et al., 2021; Salinas & Leger, 2024). Current support for nurse clinicians at FMC includes but is not limited to orientation, online leadership courses, and a charge nurse workshop. This 3-hour workshop is facilitated by frontline managers and is intended to support novice charge nurses at the FMC. I have been involved in facilitating these workshops in my previous role. The current workshop is designed for novice charge nurses entering the role and does not focus on the nurse clinician role or leadership development. There is no standardized orientation for nurse clinicians or an AHS-wide job description for the nurse clinician role.

Bradbury and Lifvergren (2016) suggested, “At the heart of healthcare action research is the endeavor to *learn by doing* with the participation of key stakeholders” (p. 269). The key

partners and participants included in my capstone project included my organizational partner, the ED of the Medicine Portfolio, study participants including nurse clinicians who currently work within acute care at FMC, my inquiry team comprising colleagues from the Master of Arts in Leadership-Health (MAL-H) leadership program, and a fellow manager who has facilitated the clinical leaders' workshop at the FMC.

Nurse clinicians report to unit managers who manage individual units at FMC and are responsible for the day-to-day running of the unit. Unit managers hire and organize orientation for new nurse clinicians, support their professional development, and often provide coaching and mentoring. Nurse clinicians are clinical experts and resource nurses within their areas. They provide an advanced level of supervision of staff and ensure safe staffing levels and patient assignments, coordinate complex workflows, and assist with smooth and efficient running of the unit. Unit managers report to patient care managers responsible for multiple areas within the FMC site and for the overall programs within their portfolio. To understand the current system in place at FMC, I completed a systems analysis.

A systems analysis is helpful for leaders to consider when leading change, enabling leaders to see how different factors interact within the system (Stroh, 2015). The scope of my inquiry focused on acute care at the FMC site, including all critical care and acute inpatient units. I chose to exclude other acute care sites within AHS from my research as I focused on nurse clinician leadership development opportunities exclusively at FMC.

Systems Analysis

In conducting the systems analysis, I considered many factors that influence the current healthcare system within AHS. These include external and internal factors.

External Factors. Some of the external factors affecting the current healthcare system within Alberta include managing a large, unionized workforce of nurses that require AHS as an employer to follow province-wide collective agreements. Nursing education and professional development days are negotiated within union contracts. Economic conditions and financial factors that influence political interests include the budget allocated for healthcare. A set amount of funds is available for various areas, and the budget for education and professional development is limited.

The population within Alberta also continues to grow (Alberta Government, 2025), impacting the healthcare system and resources required to support the health of Albertans. According to the provincial government, Alberta's population growth rate is the highest among the largest provinces in Canada (Alberta Government, 2025).

Internal Factors. AHS's (2018) organizational values are compassion, accountability, respect, excellence, and safety. Although these are excellent values, AHS employees may have personal values that may not always align with those of the organization, such as work-life balance, family, and personal career development goals.

The current organizational climate is important to consider. For example, there are many changes taking place in the healthcare system with the current restructuring of AHS into multiple organizations. This has created uncertainty within the workforce with multiple leadership changes and intermittent hiring freezes. This restructuring has an impact on a system already stretched to establish a consistent and qualified workforce.

Recruitment and retention are a challenge given the Canadian-wide nursing shortage (Canadian Nurses Association, 2024), highlighting why leadership development for nurse

clinicians is so important at this time. The population growth (Alberta Government, 2025) and aging population within Alberta has placed pressure on the current healthcare system (University of Calgary, 2023). Empowering nurse clinicians with enhanced leadership skills will provide them with the tools to support an efficient use of acute care beds and patient flow within the healthcare system, which is a significant part of their role.

Summary

In this chapter, I outlined the focus and framing of my thesis, outlining the foundation on which I carried out my study. In the next section, I outline the literature that contributes to my inquiry.

Chapter 2: Literature Review

To effectively navigate the complexities of today's healthcare system, nurse leaders require targeted leadership development opportunities. Lavoie-Tremblay et al. (2024) emphasized that developing nurse leadership is vital to ensure future nurse leaders are prepared to address the demands of the current healthcare system. In this chapter, I provide an overview of the existing literature relevant to my research inquiry that explores the leadership development needs of nurse clinicians in acute care at FMC. The following literature review topics support the findings, conclusions, and recommendations of this study: (a) effective nurse leadership development practices, (b) the impact of nurse leaders' contributions to the healthcare system, and (c) recruitment and retention of nurses.

Definitions

This literature review focuses on the leadership development of nurse clinicians. Within the literature, I noted many definitions of clinical leadership and CNLs in the literature. Joseph and Huber (2015) defined clinical leadership "as the process of influencing point-of-care innovation and improvement in both organizational processes and individual care practices to achieve quality and safety of care outcomes" (p. 56). Similarly, Salinas and Leger (2024) highlighted nurse leaders' impact on patient care and defined a CNL as "a clinical expert who provides and manages the care of individuals at the point-of-care" (p. 354). In the next section, I will review effective nurse leadership development practices.

Effective Nurse Leadership Development Practices

Given today's ever-changing healthcare environment, there is a need for healthcare organizations to strengthen nurse leadership capacity. Lartey et al. (2023) argued a vast skill set

is required for nurse leaders because of the complex nature of leadership in nursing and healthcare. It is essential to develop their leadership capacity because nurse leaders have an integral role in the healthcare system (Florencio et al., 2024; Page et al., 2021) and impact the quality of healthcare delivery (Debono et al., 2016). Joseph and Huber (2015) stressed the importance of effective nursing leadership given the complexity, continuous change, safety and quality issues, and workforce shortages that exist in the healthcare system. In addition, while effective nursing leadership is required for the delivery of safe, high-quality healthcare, Debono et al. (2016) found nurse leaders are often unprepared for their roles.

While it is important to identify strategies for leadership development, understanding who to include needs to be considered. In the following section, I explore the importance of developing nurse leaders throughout all levels of the healthcare system (Joseph & Huber, 2015).

Leadership Development at All Levels

Leadership development is needed across multiple levels and in a variety of nursing roles to strengthen healthcare delivery (Health Canada, 2024; Joseph & Huber, 2015; Lawson & Fleshman, 2020; Page et al., 2021). In their research exploring solutions to develop and educate nurse leaders, Joseph and Huber (2015) highlighted the need for clinical leadership development. Their work profiled the importance of supporting nurses with clinical leadership development at all levels of healthcare delivery. Similarly, Lawson and Fleshman (2020) focused on the importance of developing all nursing team members, as leaders. They maintained this would reduce management oversight and foster self-directed engagement in quality improvement. In their research on the impact of nurse leadership education on clinical practice, Page et al. (2021) argued all nurses should cultivate leadership capacity to become strong patient advocates,

actively engage in decision making, and enhance the quality of care. In the following section, I explore effective nurse leadership development strategies and programs.

Clinical Leadership Development Strategies and Programs

Researchers have identified several strategies and programs as effective in supporting nurse leadership development (e.g., Brown-DeVeaux et al., 2025; Noar et al., 2023; Page et al., 2021). Practice development supports CNLs in progressing from novice to expert while offering guidance for effective leadership (Salinas & Leger, 2024).

Leadership Development Strategies. Strategies frequently cited that support nursing leadership development include mentoring, communities of practice, and continuing education opportunities. In this section, I explore these effective nurse leadership development strategies.

Mentoring. Researchers have found mentoring to be an effective leadership development strategy that promotes the personal and professional growth of nurse leaders (Brown-DeVeaux et al., 2025; Florencio et al., 2024; Lysfjord & Skarstein, 2024; Qiuahua & Tucker, 2024). In addition, mentoring opportunities foster a positive work culture and promote employee health and well-being (Brown-DeVeaux et al., 2025; Lysfjord & Skarstein, 2024), while providing nurse leaders with opportunities to strengthen their leadership skills and competencies (Brown-DeVeaux et al., 2025; Florencio et al.; 2024; Lysfjord & Skarstein, 2024). Ultimately, mentoring enhances nurse leadership capacity, which contributes to improved patient care outcomes (Brown-DeVeaux et al., 2025; Lysfjord & Skarstein, 2024).

In the literature, scholars frequently defined mentoring as a relational process that strengthens nurse leadership development (Brown-DeVeaux et al., 2025; Lysfjord & Skarstein, 2024). In their qualitative study involving 10 mentees and 10 mentors engaged in a mentorship

program for nurse leaders, Lysfjord and Skarstein (2024) defined mentoring “as a relationship between a senior and a junior person with the purpose of providing experience-based discussions, reflection, emotional support, and other assistance for career development for both beginners and leaders” (p. 445). Similarly, Brown-DeVeaux et al. (2025) highlighted the mentor role was assumed by an experienced nurse. They defined mentorship as “a structured, relational process in which experienced nurses provide guidance, emotional support, and knowledge to less experienced colleagues” (Brown-DeVeaux et al., 2025, Mentorship section, para. 1). Collectively, these definitions highlight mentoring as a structured, relational process through which experienced nurses provide guidance and support that enhances nurse leaders’ development.

Structured mentoring programs have been found to strengthen nurse leadership capacity. Lysfjord and Skarstein (2024) found mentorship increased nurse leaders’ coping skills, confidence, and motivation in their leadership roles. Furthermore, Qiu-hua and Tucker (2024) described the perspectives and experiences on leadership development and growth of the mentor and mentee relationship at the Midwest Nursing Research Society Leadership Academy. They maintained formal nurse leadership development programs build knowledge, skills, and self-confidence (Qiu-hua & Tucker, 2024). In addition, Florencio et al. (2024) highlighted structured mentoring, combined with innovative teaching, as an effective blended leadership development program. They claimed that structured mentoring programs showed improvements in nurse leaders’ skills, confidence, and engagement (Florencio et al., 2024). In their research, Brown-DeVeaux et al. (2025) found nurse leaders could empower teams to excel in patient care delivery. They argued mentorship, engagement, and community building are essential to

sustaining healthcare systems and positively influence staff morale, organizational culture, clinical outcomes, and professional satisfaction (Brown-DeVeaux et al., 2025). These authors cautioned the absence of mentoring supports can undermine the benefits of mentorship, resulting in reduced initiative, hesitancy to raise concerns, and apprehension about judgment (Brown-DeVeaux et al., 2025).

Different delivery modes of mentoring, such as group, individual one-on-one, and digital models, positively impact nurse leadership development. Florencio et al.'s (2024) study highlighted a group mentoring approach within their blended program, which contrasted with individual one-on-one mentoring described by Lysfjord and Skarstein (2024) and Qiu Hua and Tucker (2024). Florencio et al. maintained group mentoring fostered the development of leadership skills by facilitating safe, confidential, and respectful learning environments. In their study of the Norwegian Nurses Organization's mentor program, Lysfjord and Skarstein (2024) found mentoring programs to be effective in enhancing nurses' leadership development. They also introduced a digital component in which mentor and mentee conversations occurred virtually (Lysfjord & Skarstein, 2024). They found it to be a successful option because it was time efficient and provided additional opportunities for support (Lysfjord & Skarstein, 2024). Lysfjord and Skarstein maintained the program increased leadership awareness, motivation, stress-coping mechanisms, and confidence among mentees and mentors. Furthermore, Lysfjord and Skarstein argued mentoring programs strengthen leaders' communication skills and style, thereby contributing to supportive work cultures and improvements in patient care.

Communities of Practice. Communities of practice are recognized as an effective leadership development strategy that enhances nurses' leadership capacity, provides peer support

and networking opportunities, and improves patient care. In their systematic review exploring the aims and effectiveness of communities of practice in healthcare, Noar et al. (2023) defined communities of practice as “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis” (Abstract section, para. 1). These authors found healthcare communities of practice are effective in improving clinical outcomes (Noar et al., 2023). Health Canada (2024) introduced the *Inspired Leadership: Nursing Retention Tool Kit*, which offered recommendations for leadership training programs and practice tools to support nurses. They highlighted the benefits of communities of practice as a valuable tool for leadership competency development, and fostering mentorship and professional connections (Health Canada, 2024). In addition, Watson et al.’s (2025) research explored formal and informal methods of peer support within the nursing workforce. Peer support was identified as essential for nurses’ well-being and the delivery of quality patient care. They suggested both formal and informal peer support opportunities, such as communities of practice, promote a culture of caring and collaboration, foster professional development, and lead to improved patient outcomes.

Continuing Education. Continuing education is an effective leadership development strategy that prepares nurse leaders for complex roles while enhancing patient care (Page et al., 2021). Continuing education is offered through many forms, from formal leadership development programs to different modes of delivery, all with the aim to prepare nurses with the knowledge, skills, abilities, and confidence needed to navigate the complex healthcare system. In the following section, I explore effective nurse leadership development programs.

Leadership Development Programs. Developing effective programs that emphasize the importance of nursing leadership education can be challenging; therefore, understanding nurses' leadership development needs is fundamental for programs to be effective. Nurse leaders are vital to improving patient care (Page et al., 2021) and require resources and strategies to help them navigate the complex healthcare environment (Florencio et al., 2024). Various successful leadership development programs range from foundational programs developed for leaders by pioneers in leadership research, such as Kouzes and Posner's (2017) *The Leadership Challenge* (see also Hallock, 2019) to multicomponent programs (Debono et al., 2016; Florencio et al., 2024; Guibert-Lacasa & Vázquez-Calatayud, 2022). Hallock (2019) identified Kouzes and Posner's *The Leadership Challenge* as one model to support nursing leadership development, and Kouzes and Posner described it as a field guide and a manual for leaders to consult for advice and counsel along their leadership journey.

Designing effective leadership development programs is challenging because they need to be structured to prepare nurses with the essential skills, knowledge, and abilities required to assume complex roles (Joseph & Huber, 2015). Nurse leaders require strategies to navigate the complexities of the current healthcare environment and actively seek resources to support their development (Florencio et al., 2024). In addition, Page et al. (2021) stressed the importance of identifying components of successful leadership programs to support leadership development. They maintained leadership education prepares nurses to assume complex clinical leadership roles and emphasized the value of leadership development programs for building leadership capacity, improving practice, and enhancing patient care (Page et al., 2021). Furthermore, Page et al. argued education programs need to support nurses in developing the skills and behaviours

required to become clinical leaders and in applying their learnings to practice. They highlighted the necessity of delivering this education in an evidence-based manner with a focus on interprofessional collaboration and clinical practice challenges.

Effective leadership training programs need to equip nurse leaders for both formal and informal leadership roles (Health Canada, 2024) while preparing them to navigate present and future healthcare challenges (Joseph & Huber, 2015). In their US study, Joseph and Huber (2015) introduced the concepts of innovation and interdependency to support nurse leaders in developing their knowledge, skills, and abilities. To operationalize these concepts, they outlined several modes of education and development including a core CNL curriculum framework, in-service training, narrative thinking strategies, reflective practice, and continuing education. Their curriculum framework incorporated program components such as critical thinking, communication, ethics, cultural competence, global health care, professional development, accountability, assessment, nursing technology, and professional values, delivered through both didactic and clinical experiences. In addition, Florencio et al. (2024) outlined three key competencies that strengthen nursing leadership: “astute business management, empathetic people leadership, and reflective personal development” (p. 389). Florencio et al. found their multicomponent program to be successful in preparing nurse leaders for their roles. Providing nurse leaders with continuing education opportunities prepares them with the knowledge, skills, and abilities their roles require.

Evidence-Based Programs. Effective leadership development programs, whether unit-level or multicomponent, need to be evidenced-based to build nurses’ leadership capacity and enhance patient care. Patton et al. (2024) addressed how a unit-level leadership program

significantly improved nurse leaders' competencies and leadership skills following participation in the program. Patton et al. maintained healthcare executives need to advocate for leadership development initiatives grounded in evidence-based practice. Furthermore, Geerts et al. (2024) emphasized the importance of supporting healthcare leaders through evidence-based leadership programs. In their work on leadership program development, they described the novel Inspire Nursing Leadership Program and the process of incorporating gold standard evidence into its design, delivery, and evaluation. The multicomponent program included leadership impact projects, 360-degree assessments, blended interactive sessions, coaching, mentoring, and application and reflection exercises. Geerts et al. argued such leadership programs enhance nurse leaders' confidence, knowledge, skills, capabilities, engagement, well-being, job satisfaction, self-efficacy, and job performance.

Multicomponent Programs. In addition to evidence-based leadership development programs, programs comprising multiple components are effective in developing nurse leaders. These programs include a variety of modes of education delivery. In their work on the New York-Presbyterian Nursing Leadership Academy (NYP NLA) multicomponent leadership development program, Florencio et al. (2024) highlighted the benefits of using various innovative teaching methods to deliver education. The NYP NLA program was designed to empower nurse leaders with the necessary competencies required to thrive in healthcare. These methods included structured group mentoring, masterclasses and innovative workshops, project management training, self-reflection and assessment exercises, narrative nursing, and appreciative inquiry. Florencio et al. claimed these strategies provided in-depth expertise across diverse topics, enhanced nurse's learning and professional growth, and were instrumental to the

success of the overall program. Florencio et al. found participation in the NYP NLA program resulted in improvements in leadership skills, and an increase in nurse leaders' confidence and engagement. Both Florencio et al. (2024) and Debono et al. (2016) reinforced the benefits of multicomponent programs. While Florencio et al.'s NYP NLA model informed their multifaceted program for nurses in various roles, Debono et al.'s Take the Lead program focused specifically on strengthening the leadership capacity of nurse managers. The program components included a conceptual framework outlining roles, mechanisms to reduce administrative load, and five professional development modules that included communication, lean thinking, financial management, rostering and leadership (Debono et al., 2016). Participation in Debono et al.'s program showed improvements in job performance, leadership skills, patients' experiences of care; facilitated role clarification; and fostered peer-support and learning networks.

Guibert-Lacasa and Vázquez-Calatayud (2022) conducted a systematic review that aimed to identify the most effective interventions to facilitate nurses' clinical leadership in the hospital setting and highlighted the complexities of designing clinical leadership programs. Guibert-Lacasa and Vázquez-Calatayud maintained multicomponent, theory-based, and mixed-format programs, much like the programs outlined by Debono et al. (2016), Geerts et al. (2024), Joseph and Huber (2015), Florencio et al. (2024), Page et al. (2021), and Patton et al. (2024), are optimal programs for developing nurse leaders in the hospital setting. In addition, Duprez et al. (2024) conducted a review to identify strategies to support clinical nursing leadership development competencies among staff nurses. They found a multifaceted approach was effective in fostering clinical leadership development among nurses and stressed that these strategies would only be

successful if, they “combine learning by doing, by knowing, and by observing, and establish a responsive work environment” (Duprez et al., 2024, p. 1248). Strategies such as coaching and mentoring, reflective practices, and modelling leaders empowered nurses to be accountable, reflect on their clinical nursing leadership behaviours, and enhance their knowledge and confidence as clinical leaders (Duprez et al., 2024).

Summary of Effective Nurse Leadership Development Practices

In this section, I analyzed the literature related to effective practices in nursing leadership development. The literature highlighted the importance of developing nurses at all levels, and providing evidence-based, multicomponent programs and strategies aimed at preparing nurses for both formal and informal leadership roles in the complex healthcare environment (Brown-DeVeaux et al., 2025; Debono et al., 2016; Florencio et al., 2024; Kouzes & Posner, 2017; Lysfjord & Skarstein, 2024; Page et al., 2021). The next topic explores existing literature on nurse leaders’ contribution to the overarching healthcare system.

The Impact of Nurse Leaders’ Contributions to the Healthcare System

Preparing nurse leaders with the skills required to excel in their leadership roles has positive impacts on their personal and professional growth, patient care, and healthcare delivery (Page et al., 2021; Salinas & Leger, 2024). Nurse leaders play a critical role in influencing personal, patient, and organizational outcomes (Cummings et al., 2021), hence the importance of developing their leadership capacity. Key points explored in this topic include the impact of leadership development on nurse leaders as well as how developing nurse leaders’ capacity positively influences patient outcomes and the overall healthcare system.

Positive Impacts of Developing Nurse Leadership Capacity

In today's healthcare environment, it is important to identify factors that positively contribute to nurses' leadership development (Cummings et al., 2021). Nurse leaders are often unprepared for their roles (Debono et al., 2016; Emam et al., 2024; Lavoie-Tremblay et al., 2024). Nurse leaders require structured preparation and ongoing support to thrive in their roles (Emam et al., 2024; Lartey et al., 2023). Both Lartey et al. (2023) and Emam et al. (2024) pointed out the challenges nurse leaders face while leading in complex healthcare environments, with Lartey et al. highlighting the vast skill set nurse leaders require and Emam et al. emphasizing their lack of preparation for leadership roles. In addition to Lartey et al. (2023) and Emam et al. (2024), several authors reinforced the need for structured leadership development programs that prepare nurse leaders to navigate the healthcare system and positively impact care outcomes (Cummings et al., 2021; Salinas & Leger, 2024, Wong et al., 2013).

Nurse Leaders Personal and Professional Growth. Emam et al. (2024) evaluated the effects of a leadership development program that utilized 360-degree feedback to strengthen head nurses' leadership practices. They found nurse leaders are instrumental in the safe delivery of healthcare and that the integration of structured leadership development initiatives enhance leaders' capabilities, increase their self-awareness, and promote continuous professional development (Emam et al., 2024). In addition, Lartey et al.'s (2023) concept analysis, which examined the correlation between nurse leader's self-efficacy and their desire for formal leadership roles, found leadership training, individual traits, and organizational support influenced nurse leader's self-efficacy. They identified an increase in nurse leaders' confidence in their abilities, in part through leadership training, was associated with improved job

performance and greater motivation to pursue formal leadership roles (Lartey et al., 2023). In their conceptual model aimed at supporting nurse leaders to thrive at work, Frangieh et al. (2023) recommended pursuing continuous professional development and engaging in mentorship and coaching opportunities. They maintained nurse leaders are not currently thriving, and with the complex challenges and demands of today's healthcare system, they require highly developed skills to adapt (Frangieh et al., 2023). Frangieh et al. emphasized nurse leaders thrive through the interaction of vitality and continuous learning; without both, growth, engagement, and the ability to apply new skills are limited. The integration of vitality, which encompasses motivation and engagement, combined with ongoing growth and development, enables nurse leaders to excel. These benefits of ongoing growth and leadership development align with the various leadership development strategies and programs discussed in this literature review that prepare nurses to thrive within complex healthcare environments.

Healthcare Delivery and Patient Outcomes. Lavoie-Tremblay et al. (2024) maintained nurse leaders play a pivotal role in driving change within healthcare systems, influencing both team functioning and patient outcomes. In their integrative literature review that examined the correlation between clinical nurse practice development, care environments, and nursing care outcomes, Salinas and Leger (2024) asserted nurse leaders can significantly influence the delivery of care and improve patient outcomes. Salinas and Leger concluded establishing and implementing a CNL practice model, one that defines essential roles and competencies, fosters continuous learning, promotes role clarity, and enhances nurse leaders' knowledge, skills and abilities, is beneficial in advancing leadership capacity and improving care outcomes.

In their work examining factors that shape nursing leadership and the efficacy of interventions to strengthen it, Cummings et al. (2021) argued, given nursing workforce shortages and increasing complexity of healthcare delivery, it is crucial to identify factors that foster nurse leadership development to ease the challenges of the healthcare system. They highlighted the effectiveness of targeted educational interventions in developing nursing leaders and noted nursing leadership practices strongly influence organizational and patient outcomes such as nurse well-being, retention, and care delivery (Cummings et al., 2021). Cummings et al. cautioned few conclusions could be drawn on which factors most effectively contributed to the development of nursing leadership. In their integrative review aimed to identify the impacts nursing leadership practice development had on the care environment and nursing care outcomes, Salinas and Leger (2024) identified clinical leadership, clinical outcomes management, and care environment management as essential competencies for CNL practice. They emphasized staff development needs across various levels of expertise, highlighting the importance of nurse leadership development (Salinas & Leger, 2024). Salinas and Leger's review concluded that the CNL role contributes to higher patient and nurse satisfaction, improved care outcomes, and enhanced interprofessional communication and collaboration. In addition, Wong et al. (2013) highlighted a knowledge gap between nursing leadership and patient outcomes in their systematic review, emphasizing the need for effective leadership development. They noted stressful work environments, upcoming retirements of leaders, and workforce shortages necessitate strategies to strengthen nursing leadership, with evidence suggesting positive relational leadership styles are associated with higher patient satisfaction and improved patient outcomes (Wong et al., 2013).

Summary of the Impact of Nurse Leaders' Contributions to the Healthcare System

In this section, I reviewed the literature exploring nurse leaders' vital role in shaping patient outcomes and healthcare delivery. The research highlighted the need for structured leadership development (Emam et al., 2024; Lartey et al., 2023), with evidence showing that fostering nurses' leadership capacity promotes personal and professional growth and improves patient care and healthcare delivery (Page et al., 2021; Salinas & Leger, 2024). The following section examines literature on recruitment and retention of nurses.

Recruitment and Retention of Nurses

Recruitment and retention remain a challenge given the nationwide nursing shortage in Canada (Canadian Nurses Association, 2024), highlighting why leadership development for nurse clinicians is so important at this time. Leadership development initiatives offer nurse clinicians the skills and tools needed to succeed in their roles, thereby increasing retention, improving job satisfaction, and enhancing patient care (AHS, 2018; Page et al., 2021; Salinas & Leger, 2024). The key points explored in this topic include leadership development as a recruitment and retention strategy, the importance of strengthening Canada's workforce strategy, and nurse leader retention.

Recent workforce data has highlighted the mismatch between healthcare demands and the supply of the nursing workforce, threatening the sustainability of Canada's nursing workforce. The Canadian Nurses Association (2024) maintained the latest health workforce data confirmed the association's long-term forecast predicting a national nursing shortage of at least 60,000 RNs by 2022 (Canadian Nurses Association, 2009). The Canadian Institute for Health Information's (2024) report on the state of the healthcare workforce in Canada demonstrated how the health

workforce supply is challenged to keep up with the increased demand for health services, notably caused by the aging population. This mismatch between supply and demand results in decreased access to primary care for patients. The nursing workforce has significantly changed over the past decade. An increasing shift of nurses to the private sector has created an overreliance on nurses employed by private agencies, threatening the sustainability of Canada's healthcare system (Canadian Nurses Association, 2025).

Leadership Development as a Recruitment and Retention Strategy

Leadership development opportunities are factors that positively contribute to recruitment, retention, and patient care (Salinas & Leger, 2024). Given the ongoing healthcare system challenges, leadership development opportunities that strengthen recruitment, retention, and patient outcomes are essential (Canadian Nurses Association, 2024, 2025; Coventry et al., 2015; Geerts et al., 2024; Health Canada, 2024; Tomblin Murphy et al., 2022). To achieve a sustainable workforce capable of better care outcomes, Canada requires a coordinated national health human resources strategy (Canadian Nurses Association, 2025).

Implementing leadership development programs for nurse leaders strengthens workforce retention. Both Geerts et al. (2024) and Tomblin Murphy et al. (2022) emphasized the importance of leadership development in addressing recruitment and retention challenges. Geerts et al. (2024) demonstrated such leadership development programs enhance retention and performance. Tomblin Murphy et al.'s (2022) review provided findings and recommendations to guide a sustained national focus on recruitment and retention efforts in Canada and the implementation of sustainable workforce strategies. They stressed the urgency of organizations to support nurse leadership development and noted recruitment and retention are essential given

the current workforce challenges. Similarly, Sylvain Brousseau, past Canadian Nurses Association president, highlighted retention as a top priority, followed by recruitment, and argued nurses need to work to their full scope of practice (Canadian Nurses Association, 2024). Collectively, these perspectives highlight the importance of nurse leadership development as a strategy for building a resilient nursing workforce capable of meeting Canada's current and future healthcare challenges.

Coventry et al. (2015) highlighted barriers to nurse leaders' participation in leadership development opportunities in their integrative review exploring the impact of healthcare organizations' supply of nurses and nursing workload on the continuing professional development opportunities of RNs in acute care hospitals. These authors revealed organizational barriers limit nurses' participation in continuing professional development, thereby affecting the quality of care (Coventry et al., 2015). They found staffing levels, workload, and organizational culture hindered attendance and identified challenges including difficulty in obtaining leave, reliance on personal time, and lack of leadership support (Coventry et al., 2015). These barriers not only undermine recruitment and retention, but also negatively impact nurses' competency, patient care, maintenance of professional registration, and job satisfaction. They emphasized the critical role of organizational leadership in supporting nurses to attend continuing professional development opportunities (Coventry et al., 2015).

Nurse leaders face an increasingly complex and evolving healthcare system, prompting some to pursue opportunities outside of formal leadership roles. The importance of nursing leadership development is reflected in the work completed by the Canadian Nurses Association's (2025) *Policy Road Map for 2025 and Beyond* and Health Canada's (2024) *Inspired Leadership:*

Nursing Retention Tool Kit, both highlighting recruitment and retention as critical priorities for strengthening Canada's nursing workforce.

Health Canada (2024) introduced three initiatives to strengthen nurse recruitment: fostering a culture that empowers nurse leadership at all levels, enhancing leadership competencies through targeted training, and identifying and supporting emerging nursing leaders. The culture change initiative seeks to reduce leadership turnover, improve retention, and create healthier work environments that promote belonging and leadership opportunities (Health Canada, 2024). The competency development initiative focuses on equipping nurses to lead across all roles and settings, amplifying the nursing voice within organizations, and expanding mentorship and training opportunities (Health Canada, 2024). Finally, the emerging leaders' initiative aims to identify and support nurse leaders in diverse roles and settings (Health Canada, 2024). Health Canada's goals aim to equip nurses across all areas of healthcare to become leaders and find fulfillment in their work. In addition, Tomblin Murphy et al. (2022) stressed the importance of including nursing perspectives and expertise at planning and decision-making tables and creating opportunities for frontline nurses to voice their needs to organizational leadership and partners. Tomblin Murphy et al. emphasized strengthening Canada's workforce requires recognizing nurse leaders' critical role in driving quality improvement and acknowledging the broader benefits of strong nurse leadership for the healthcare system.

In their umbrella review, Kiptulon et al. (2025) identified five effective interventions for retaining a skilled nursing workforce worldwide, including strategies relevant to nurse leaders. Their work aimed to uncover the effectiveness of interventions and strategies for retaining a skilled nursing workforce: onboarding and early career interventions; leadership; work

environment and organizational factors; individual factors; and the use of innovation, technology, and robotization (Kiptulon et al., 2025). These authors emphasized the need for immediate, collaborative efforts to improve nurse retention and highlighted several effective approaches such as preceptorship and mentorship programs, residencies and internships, orientation and transition to practice programs, and career advancement education opportunities (Kiptulon et al., 2025). Similarly, Lartey et al.'s (2014) systematic review evaluated the effectiveness of strategies for retaining experienced RNs and found that teamwork, mentoring, leadership, and in-depth orientation were effective in retaining experienced nurses. Consistent with many studies highlighted in this literature review (Debono et al., 2016; Geerts et al., 2024; Guibert-Lacasa & Vázquez-Calatayud, 2022; Florencio et al., 2024), Kiptulon et al. (2025) emphasized, "No single intervention works in isolation; but rather, a network of strategies and interventions is necessary to effectively reduce turnover and retain nursing staff" (Conclusion section, para. 1). In addition, Lavoie-Tremblay et al. (2024) examined nursing leaders' perceptions of a Strengths-Based Nursing and Healthcare Leadership program across five Canadian healthcare organizations, which included 121 participants. Key themes identified by participants 3 months postprogram included mentorship, human connections through story-sharing, and a focus on strengths (Lavoie-Tremblay et al., 2024). Participants in Lavoie-Tremblay et al.'s study also reported seeking out diverse perspectives to improve teamwork and fostering positive work environments that show staff appreciation. They argued,

It is imperative to target the development of nursing leadership to strengthen the healthcare systems and to prepare current and future nurse leaders for their roles if the

current crisis in healthcare delivery with the retention of nurses are to be addressed.

(Lavoie-Tremblay et al., 2024, Introduction section, para. 2)

Strengthening Nursing Workforce Strategies

Strengthening Canada's nursing workforce is essential for improving recruitment and retention of nurses, as highlighted in recent studies and reports (Canadian Nurses Association, 2025; Health Canada, 2024; Tomblin Murphy et al., 2022). Following the recent 2025 Canadian federal election, the Canadian Nurses Association (2025) outlined five priorities for federal action, urging the Canadian government to invest in proven strategies to retain nurses. One of the priorities, to improve access and quality by implementing bold policy levers (Canadian Nurses Association, 2025), proposed updating legislation, creating a national licensure framework, supporting ethical international recruitment, and strengthening national workforce planning to optimize nursing care. A second priority focused on unleashing the true value of the nursing workforce to meet population health needs (Canadian Nurses Association, 2025), highlighting the importance of investing in nursing leadership, education, and digital health to achieve better outcomes at a lower cost and empower nurses to work to their full potential. In addition, Tomblin Murphy et al. (2022) emphasized the need for sustainable, national nursing workforce strategies to strengthen nurse retention and recruitment efforts in Canada. Current concerns about recruitment and retention of nurses in Canada are evident in calls from the Canadian Nurses Association (2025) urging the federal government to commit to building a stronger, more accessible, equitable, and sustainable health system by leveraging nurses' full potential.

Summary of Recruitment and Retention of Nurses

In this section, I analyzed the literature related to the recruitment and retention of nurses. The literature highlighted the importance of optimizing recruitment and retention strategies (Canadian Nurses Association, 2024; Tomblin Murphy et al., 2022), with nurse leadership development being a key strategy (Canadian Nurses Association, 2024, 2025; Coventry et al., 2015; Geerts et al., 2024; Health Canada, 2024; Tomblin Murphy et al., 2022).

Implications for Research

More research is needed to understand and evaluate the correlation between nursing leadership and patient outcomes (Wong et al., 2013). Further investigation is needed to understand how nurse leadership education contributes to changes in practice (Lysfjord & Skarstein, 2024; Page et al., 2021). With the increasing complexity of the healthcare system, nurse leaders require research-based leadership development strategies to support them in their evolving roles.

Summary

In this chapter, I reviewed literature on nurse leadership development, demonstrating its critical role in building leadership capacity across all levels of the healthcare system (Joseph & Huber, 2015; Lawson & Fleshman, 2020; Page et al., 2021). The evidence highlighted the interconnectedness of recruitment and retention challenges (Cummings et al., 2021; Health Canada, 2024) as well as leadership development practices, strategies, and frameworks (Cummings et al., 2021; Salinas & Leger, 2024). The literature revealed the urgency of structured nurse leadership development programs to address workforce shortages and strengthen healthcare delivery (Florencio et al., 2024; Lysfjord & Skarstein, 2024; Qiuhua & Tucker, 2024).

Advancing nurse leadership development is a strategic priority for sustaining Canada's nursing workforce and ensuring high-quality patient care (Canadian Nurses Association, 2025; Health Canada, 2024; Tomblin Murphy et al., 2022). The next chapter outlines my thesis methodology and engagement methods of inquiry.

Chapter 3: Methodology

My thesis is an action-oriented, engaged inquiry informed by participatory action research (PAR; Shani & Coghlan, 2019). In this chapter, I outline my thesis methodology, project participants, study conduct, and data collection methods and analysis. I also highlight project challenges, ethical implications, outputs and knowledge mobilization, and contribution and application of my study.

Methodology

My thesis was informed by the PAR methodology and the use of appreciative inquiry (AI) principals. These are outlined in the subsections that follow.

Participatory Action Research

PAR is an action-oriented research methodology that places high value on equitable participation between researchers and the communities being studied, actively engaging and collaborating with participants impacted by the issue for the purpose of action or change (Benjamin-Thomas et al., 2018; Vaughn & Jacquez, 2020). It is a flexible approach that can be applied in a variety of contexts in which local ownership of research is valued (Cornish et al., 2023). PAR has relevance in many areas including problem solving in the workplace (Chevalier & Buckles, 2019) and can be used in research to support health professionals to reflect and improve on their own practices (Cornish et al., 2023). It was an ideal methodology as healthcare professionals participated in and contributed to my research. While PAR informed my inquiry, the methodology was time intensive. Given that time was limited with my current research and the MAL-H program timelines, I was only able to partially implement this methodology.

One of the strengths of PAR is the high level of inclusiveness and engagement with the participants involved in the research (McDonald, 2021). Nurse clinicians, who comprised the study participants, identified leadership development needs and opportunities at FMC throughout the inquiry. Their participation and input helped inform my study recommendations. Given the importance of collaboration with participants and PAR's cyclical nature and long trajectory, I found it important to address the potential power imbalances and time required to complete my thesis. If I had been able to complete a full iteration of the PAR process, I could have conducted additional cycles of inquiry and engaged more participants in group-based inquiry methods. It is my hope is that this report will motivate nurse clinicians to collectively pursue a larger, more fulsome PAR project in the future. One of the strengths and a hallmark of PAR is its ability to overcome power imbalances. I attempted to share power and decision making (McDonald, 2021) with the participants by offering opportunities to contribute to the study through review of the survey and interview themes and to provide their input in shaping my recommendations.

Appreciative Lens

In addition to PAR, I used an appreciative lens that included principles of AI in my inquiry methods. Whitney et al. (2019) defined AI as “a process for positive change. It is a fully affirmative, high engagement, dialogic process used by organizations and communities, large and small, to create whole system transformation” (p. 163). AI offers a strengths-based appreciative approach to research and is used to discover the best in people, organizations, and communities (MacPherson, 2015; Stavros et al., 2018). In this inquiry, the incorporation of an AI lens was useful in building on the strengths of nurse clinician leadership development in order to propose realistic changes to systems and processes. Through the use of the constructionist,

simultaneity, poetic, anticipatory, and positive core AI principles (The Center for Appreciative Inquiry, n.d.-b), I realized I could draw valuable insights from nurse clinicians who are experts in their field and understand what is working well within the current climate in healthcare. Nurse clinicians were able to share their experiences and stories, which informed my findings and recommendations. AI is an ideal approach to support change in human systems and processes and can build on the root causes of success (MacPherson, 2015; Stavros et al., 2018). In this study, I incorporated the define, discovery, dream, and design phases of the AI 5-D change model (The Centre for Appreciative Inquiry, n.d.-a). During the discovery phase, I used positive questioning in the survey and interviews to encourage nurse clinicians to reflect on and share their experiences. I explored the dream and design phases through additional positive questioning that invited participants to describe their ideal workday and identify strategies and initiatives they believed would support their leadership development. By using a methodology informed by PAR for my thesis, along with an appreciative lens, I was able to engage my participants in this action-oriented research.

Data Collection Methods

In this inquiry, I used two data collection methods: an online survey followed by virtual one-on-one interviews. I developed inquiry questions for both the survey and the interviews using an appreciative lens while acknowledging the importance of engaging participants in the change process (Stroh, 2015). The interviews provided an opportunity to confirm and augment observations from the survey data. Paradis et al. (2016) asserted, “Data collection methods are important, because how the information collected is used and what explanations it can generate are determined by the methodology and analytical approach applied by the researcher” (p. 263).

The inquiry methods were conducted with nurse clinicians within acute care at FMC to gain insight into the needs required for nurse clinician leadership development and to explore potential initiatives to support this development.

Survey

Surveys are a data collection method that provide participants with a structured, predetermined series of questions (Saldaña & Omasta, 2021). I chose this data collection method to obtain preliminary suggestions from nurse clinicians on the topic of nurse clinician leadership development needs, opportunities, and initiatives.

There are strengths and limitations in the use of surveys. One strength of conducting surveys is the ability to reach many predetermined participants while documenting key perceptions, attitudes, beliefs, or knowledge (Paradis et al., 2016; Wu et al., 2022). The survey was an ideal data collection method for my research given the large sample size of nurse clinicians within FMC. It allowed me to reach many potential participants and provided me with preliminary data needed to further explore with participants during the one-on-one interviews. In addition to the advantages to conducting surveys, it was important to consider some of the limitations in order to mitigate potential errors that could have arisen in my research. Surveys are powerful research tools that require careful construction, implementation, and management to create meaningful data (Slattery et al., 2011). I took care to consider these points in the creation of the survey.

One strategy to improve response rates among healthcare professionals is the use of financial incentives, although doing so may add to the cost of administering a survey (Cho et al., 2013). I offered a \$10 coffee card as a small incentive for completing the survey, and many

participants took advantage of it. In addition, I invited interview participants to take part in a draw for two \$100 gift cards.

Additionally, Ponto (2015) recommended strategies to prevent coverage, sampling, measurement, and nonresponse errors that may occur when using a survey as a data collection method. I used these strategies in the development of my survey and the inclusion and exclusion criteria. These included ensuring a clearly identified population of interest, employing diverse participant recruitment strategies, the use of a reliable survey platform, and a user-friendly survey design. The disadvantages of conducting a survey were mitigated by the benefits of incorporating a second data collection method. I followed up the survey with one-on-one interviews to refine the recommendations of my thesis.

One-On-One Interviews

Following the online survey, I held one-on-one interviews with participants. While my original intent was to conduct focus groups as a second research method, I changed to one-on-one interviews due to recruitment challenges. Specifically, my inquiry team members were unable to schedule focus groups due to participant availability and last-minute cancellations. Inquiry team members made numerous attempts to accommodate potential participants' schedules. Flynn et al. (2018) highlighted recruitment of healthcare professionals across dispersed areas as one of the challenges of conducting focus groups. I experienced this challenge during my inquiry as many FMC nurse clinicians are dispersed throughout the site on individual units and work various hours and shifts.

I chose virtual one-on-one interviews as a backup for the second inquiry method as it provided the opportunity to delve deeper into themes that surfaced in the survey. I was able to

utilize questions I had prepared for my focus group, apart from a team exercise. Anonymized survey data were used to inform the interview questions. A member of my inquiry team facilitated the one-on-one interviews to mitigate any perceived power-over dynamics. During the interviews, the facilitator presented high level themes from the survey and used an appreciative lens to further explore the inquiry subquestions.

The interviews provided rich data, both supporting the survey themes and offering additional themes and input. Although interviews lack the ability to assess data from a group's collective experiences (Paradis et al., 2016), they bring out the unique knowledge of the individuals being interviewed (Slattery et al., 2011), in this case focusing on nurse clinicians who were the participants in the inquiry. I compiled the anonymized data and sent an email to interview participants with the final themes from both the survey and one-on-one interviews. This provided additional opportunity for feedback. The data compiled from both inquiry methods helped to inform my findings and recommendations.

Project Participants

The study participants included nurse clinicians that currently work at FMC in Calgary, Alberta, with a total of approximately 30 potential participants spanning multiple units. In total, approximately 25 acute care inpatient units and three critical care units are located at FMC. My goal was to have the largest response rate possible for both the survey and interviews. Inclusion and exclusion criteria for both methods are presented in Table 1.

Table 1

Inclusion and Exclusion Criteria

Method	Inclusion Criteria	Exclusion Criteria
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Survey	<ul style="list-style-type: none"> • FMC nurse clinicians who work in acute FMC inpatient and critical care units that have worked in their roles for a minimum of 1 year. 	<ul style="list-style-type: none"> • FMC nurse clinicians who have not worked in their roles for at least 1 year or are on a current leave of absence. • FMC nurse clinicians who do not work in inpatient or critical care units.
One-on-One Interviews	<ul style="list-style-type: none"> • FMC nurse clinicians who work in acute FMC inpatient and critical care units that have worked in their roles for a minimum of 1 year. • FMC nurse clinicians who have completed the survey (first inquiry method). 	<ul style="list-style-type: none"> • FMC nurse clinicians who have not worked in their roles for at least one year or are on a current leave of absence. • FMC nurse clinicians who do not work in inpatient or critical care units. • FMC nurse clinicians who have not completed the survey (first inquiry method).

Inquiry Team

My inquiry team included two members of my MAL-H 2023 cohort and both supported and facilitated my inquiry methods. Further, one patient care manager within FMC who supports nurse leadership development agreed to be a part of my inquiry team. However, due to time limitations and role commitments, their participation in my inquiry was limited to reviewing survey themes. The inquiry team members signed a letter of agreement outlining their roles and responsibilities (see Appendix A).

Study Conduct

During my inquiry, I engaged partners and participants from different levels of my organization, which included senior leadership, managers who support clinical nurse leadership development at FMC, and nurse clinicians working in acute care areas at the site. Once the partner letter of agreement was signed and I received ethics approval from both Royal Roads University and Alberta's Health Research Ethics Board, I began the recruiting process. In this section, I cover the study conduct, which includes pilot testing, participant recruitment, inquiry methods and sequencing, data collection and analysis, and shared project ownership.

Pilot Testing

I pilot tested both my inquiry methods with my inquiry team to identify and address any potential issues prior to sending out my survey and scheduling one-on-one interviews. I pilot tested the survey to ensure that the questions were clear, understandable and the survey could be completed in the allotted time.

The Office of the Auditor General of Canada (1998) provided insight on conducting surveys and stated the importance of pretesting questionnaires so the researcher can determine if questions are clear, assess participants' understanding of the questions, and ensure the survey is filled out appropriately. Pretesting surveys also provides an opportunity for the researcher to revise the survey accordingly. As such, I pilot tested the one-on-one interviews to assess if revisions were required and to support the facilitators with a practice run. The pilot ensured questions were clear and asked with an appreciative lens, that speaking points were consistent, and the time allotted for the interview was appropriate. In addition, I conducted a dry run of the Zoom platform to avoid technical problems that could arise with online audiovisual methods (Sullivan, 2012). I allotted extra time into scheduling the one-on-one interviews in case any technological issues arose, as suggested by Flynn et al. (2018).

Participant Recruitment

I invited potential participants through an information letter (see Appendix B) and invitation poster (see Appendix C) which was sent by an administrative assistant within FMC. I also arranged for the administrative assistant to post a recruitment poster in the FMC elevator cabinets. The research invitation letter outlined the two inquiry methods and the inclusion criteria for participation in the inquiry methods. Originally, participants were required to complete the

initial survey prior to participation in an interview; however, as I experienced recruitment challenges, I offered interviews to all nurse clinicians at FMC who met the inclusion and exclusion criteria.

As previously noted, I offered survey participants a \$10 coffee card as an incentive to take part. I also included interview participants in a draw for two \$100 gift cards. As the survey was anonymous, I informed participants at the end of the survey to reach out to the administrative assistant of the organizational partner via email to obtain the \$10 gift card. I supplied the administrative assistant with the \$10 gift cards to distribute accordingly. At no time was I or my organizational partner aware of the names of the study participants.

Inquiry Methods and Sequencing

On my behalf, my organizational partner sent the study invitation letter and poster to potential participants via email (see Appendix D). The invitation letter included a link to the survey preamble and survey and stated that completion of the survey implied consent (see Appendix E). The survey comprised 16 questions, including demographic, quantitative, and qualitative data: 13 were Likert scale and three open ended.

To meet Royal Roads University requirements, I conducted the online survey using the SurveyMonkey (n.d.) survey platform, a web application for building and managing online databases and surveys with data stored securely on the university server. SurveyMonkey allows the user the ability to design their own data collection surveys, manage the participants, and access the data (SurveyMonkey, n.d.). A member of my inquiry team received the survey responses and anonymized the data prior to sending them to me for analysis. Once the survey was closed, I analyzed the anonymized data using thematic analysis.

The survey preamble included an invitation to participate in a focus group. Interested participants were asked to contact the third-party facilitator via email. The focus group consent form (see Appendix F) and meeting invitation (see Appendix G) were sent to participants who expressed interest in participating in the group session (see Appendix H). However, as previously mentioned, I was unable to conduct a focus group, even though numerous attempts were made to schedule one. Subsequently, I offered interviews to those who expressed interest in attending the focus group.

I held one-on-one interviews on Zoom; I planned for each interview to be 60–90 minutes in length. I engaged a member of my inquiry team to be a third-party interview facilitator and requested a second inquiry member record notes. The interviews allowed participants to contribute ideas and opportunities for nurse clinician leadership development at FMC through open discussion and to share their perspectives and stories through an appreciative lens.

After I analyzed the survey data, I requested the facilitator share the overarching themes with the interview participants, asking a series of appreciative questions to stimulate conversation. The goal of the interviews was to identify and prioritize nurse clinician leadership initiatives and to achieve consensus on the survey themes. Once the interviews were concluded, the facilitator anonymized the data collected to ensure there were no identifiers and then sent me the anonymized data to analyze using thematic analysis. After I analyzed the interview data, I requested the facilitator send the final themes and suggestions back to interview participants for their feedback. One of the four interview participants responded, stating they had nothing further to add.

Data and Data Analysis

The data collected from my inquiry methods included both quantitative and qualitative data from the survey and qualitative data from the interviews. I worked with my thesis advisor and inquiry team to complete the data analysis both after the initial survey and once the one-on-one interviews were concluded. At the beginning of each interview, the facilitator shared high-level survey themes with participants to promote a rich discussion around nurse clinician leadership development needs, opportunities, and initiatives. I used the anonymized survey data to further refine the interview questions. Through thematic analysis, I analyzed the quantitative survey data and qualitative interview data by integrating the themes identified across both data sources. I used the combined data from both methods to inform recommendations regarding nurse clinician leadership development at FMC.

Shared Ownership

Shared ownership of my project was an important part of my methodology and study. I summarized the themes from my inquiry methods and shared them with my inquiry team, the interview participants, and my organizational partner for review and feedback. I provided the opportunity for participants to receive the thesis executive summary and developed an infographic with highlights of the study to share with nurse clinicians at FMC. I held a virtual Make-it-Happen meeting with my organizational partner and other leaders within FMC to share study findings and collaboratively prioritize and confirm recommendations with my partner organization. Finally, I completed my thesis report. Shani and Coghlan (2019) asserted, “The most important factor to fuel innovation is engaging people at all levels” (p. 533). Engaging stakeholders and fostering collaboration with partners was essential for identifying the leadership

development needs of nurse clinicians at FMC, proposing strategies and initiatives that address clinical nurse leadership development, and ensuring that the recommendations were realistic and actionable.

Research Challenges

Some of the challenges I anticipated with my thesis included lack of participation, power over relationships, and timeline considerations. I developed a backup plan for my second inquiry method that I would consider in the event some of these challenges arose. I did not have enough participants for the focus groups, and therefore enacted my plan to have my inquiry team conduct a smaller sample size of four to six one-on-one interviews with the study participants. In the end, my inquiry team was able to complete four interviews. The interviews yielded rich information from participants. My plan to address potential power-over challenges is addressed in the Ethical Implications section found later in this chapter. Finally, I closely followed the projected milestones to complete my thesis within the Royal Roads University thesis timeline, which enabled flexibility when unexpected challenges arose.

Data Analysis and Validity

Data analysis is an important stage in the inquiry process and where data takes on meaning and understanding from the data sets collected during the action research (Coghlan & Brydon-Miller, 2014). The inquiry data collection methods included an online survey and four one-on-one interviews. Due to the sequencing of my methods, the survey data required analysis prior to conducting the interviews. I reviewed the anonymized interview data for themes and then synthesized all the data from the survey and interviews into overarching themes. I analyzed the online survey and one-on-one interview data using thematic analysis which entailed

evaluating patterns of meaning in the data set. I used Clarke and Braun's (2013) six step data analysis process coding framework for thematic analysis to identify themes and patterns in the data. The framework steps include familiarization of data, generation of codes, combining codes into themes, reviewing themes, determining significance of themes, and reporting of findings (Clarke & Braun, 2013). I also incorporated in vivo coding (Jugessur, 2022) by using participants' own anonymized words from the one-on-one interviews. After I conducted a thematic analysis using the above six steps, I analyzed the data using a computer-generated software NVivo, which provides support for thematic coding to identify patterns, themes, and relationships within the data and helps to streamline the analysis process (Limna, 2023). Using computer-assisted qualitative data analysis software (CAQDAS) in addition to using thematic analysis helped make my research more robust. Many of the themes identified through my thematic analysis were supported by the NVivo software, which I used to compare and confirm the words, phrases, and themes I generated. O'Kane et al. (2021) suggested CAQDAS, such as NVivo, "can support qualitative researchers in their efforts to present their analysis and findings in a transparent way, thus enhancing trustworthiness" (p. 104). They cautioned, "While CAQDAS is helpful in better understanding and representing data, it should not replace getting close to the data, creating idiosyncratic manual visuals, and having wide-ranging conversations among research team members" (O'Kane et al., 2021, p. 133).

It is important to ensure trustworthiness and authenticity when conducting qualitative research. I built in a process to consult with participants throughout the inquiry and ongoing consent was incorporated when possible through information letters, consent forms, and opportunities to withdraw from both the survey and interviews. I shared themes gathered from

the survey and interviews with the participants to provide opportunities for feedback and to align my analysis with the themes nurse clinicians saw as relevant. As Coleman (2015) advised, the action researcher needs to be able to articulate their position and defend it in most academic contexts.

To ensure validity of my data, I used triangulation as a qualitative strategy. Triangulation makes use of multiple methods or data sources to develop a comprehensive understanding of phenomena and is viewed as a qualitative research strategy that tests validity through the convergence of information from different sources (Carter et al., 2014). I made use of two inquiry methods and combined the data from both the online survey and the one-one-one interviews to help understand nurse clinicians' perspectives on their leadership development at FMC. These methods enabled me to share high-level themes with participants, review findings and recommendations with my inquiry team, and deliver my final thesis report that drew on multiple sources of data collection.

Throughout my thesis, I described both methods of data collection, compared the study results from each method, and outlined how the data was integrated to arrive at my study findings (Carter et al., 2014). As a result of using this strategy, I ensured that my research data analysis was transparent and trustworthy.

Ethical Implications

Researchers have an ethical responsibility to ensure an equilibrium of power (McDonald, 2021). I maintained awareness of my positionality as a patient care manager within the system and the potential biases associated with the role to avoid influencing the research process and outcomes.

A key ethical consideration in my thesis was the potential power-over relationships between me and the participants. While I do not work at FMC, the site where I conducted my inquiry, I took additional steps to minimize a perception-of power over with the study during the study duration. These included anonymizing survey results through one member of my inquiry team and using a third-party facilitator to conduct the one-on-one interviews. Below I address the principles of respect for persons, concern for welfare, and justice that guided this study, as outlined in the *Tri-Council Policy Statement* (TCPS; Canadian Institutes of Health Research et al., 2022).

Respect for Persons

The TCPS principle of respect for persons recognizes the intrinsic value of individuals and their autonomy. It highlights the importance of ensuring participants have the information available to them to make an informed choice to participate in research. This includes knowledge of the risks of participation in research as well as the purpose and potential benefits of the research. Researchers must value and respect each individual's choice to participate or to continue to participate in the research without any interference (CIHR et al., 2022). I ensured consent to participate in my research was clear as the fundamental process for respecting autonomy. I provided the participants with a research information letter, outlining the study and provided them with the freedom to make an independent and informed decision about participating in my research. I also provided the opportunity for potential participants to ask questions about the research and provided clarity on their ability to withdraw consent during the study.

Concern for Welfare

The TCPS principle concern for welfare considers the quality of a person's experiences of life, such as their physical, mental, and spiritual health, and their physical, economic, and social circumstances. Privacy, the control of information about a person, and the treatment of human biological materials are other contributing factors to welfare (CIHR et al., 2022). I aimed to protect the welfare of participants and did my best to mitigate any foreseeable risks associated with research. I provided participants with information to assess risks and potential benefits associated with their participation in the research (CIHR et al., 2022).

Concern for Justice

The TCPS principle concern for justice refers to the obligation to treat people fairly and equitably by ensuring participants are not unduly burdened by the harms of research or denied the benefits of the knowledge that may be generated (CIHR et al., 2022). I ensured all participants had the opportunity to contribute their ideas and that the recruitment process was fair and equitable by designing a clear invitation letter and consent form. Participation in my research was based on clearly defined inclusion and exclusion criteria consistent with my research question (see Table 1 presented earlier in this chapter). I considered the ethical principle of justice in relation to the imbalance of power that may have existed between me, as the researcher, and the nurse clinicians who participated in this study. I attempted to manage power imbalances and conflicts of interest, whether real, potential, or perceived, by defining inclusion and exclusion criteria, providing information about my inquiry in a research invitation letter, and ensuring participants provided consent prior to taking part in both inquiry methods. I guaranteed methods were in place to maintain confidentiality and anonymity. I ensured personal and

identifiable information and the collection, use, and disclosure of data collected were kept confidential. To minimize any real or perceived power-over or conflicts of interest that may have existed, I limited information about the study and any necessary communication with participants to a neutral third party, who was a member of my inquiry team. This third-party facilitator managed all outgoing emails, posters, communications, and collected information. The inquiry team collected the data and removed all identifiers before providing it to me for analysis. I safeguarded anonymized survey and interview data on a dedicated hard drive in my home office.

Outputs and Knowledge Mobilization

The inquiry yielded several proposed outputs. One output for my thesis included recommendations for a nurse clinician leadership development initiative at FMC. By collaborating with nurse clinicians through the data collection methods, participants were able to contribute their expert opinions on the needs of nurse clinician leadership development at FMC. A second output included conducting a virtual Make-it-Happen meeting with my organizational partner and other leaders within FMC. The purpose of the meeting was to share study findings and collaboratively prioritize and confirm recommendations with my partner organization. Third, I shared a thesis summary via an infographic with the participants of my research study (see Appendix I). The infographic highlighted the study inquiry question, the inquiry methods, the findings and conclusions, and the recommendations of the research. Nurse clinicians also had the opportunity to request additional information and my final thesis report. Additionally, I will consider completing a manuscript for journal publication. Stroh (2015) stressed the importance of building collaborative capacity by balancing advocacy and inquiry. Engaging participants

throughout my inquiry provided those impacted by the recommendations with the opportunity to participate in the change process. Participants had opportunities to share their own perspectives, ideas, and solutions, while considering their colleagues' insights on nurse clinician leadership development at FMC. In conducting this thesis, I adopted an action-oriented approach by actively involving participants and organizational partners throughout the research process. I invited participants to provide feedback on study themes, findings, and recommendations and potential avenues for implementation.

Contribution and Application

This inquiry provided a roadmap to advance recommendations related to nurse clinician leadership development at FMC. FMC leadership can share my recommendations with the AHS executive leadership team to provide an opportunity to implement my recommendations throughout the organization. This thesis may contribute to leadership development for clinical nurse leaders. Finally, the inquiry recommendations have the potential to inform a new nurse clinician leadership development initiative at FMC that will support change and practice development and can be actioned throughout acute care hospitals and other areas within AHS.

Summary

In this chapter, I outlined my thesis methodology, project participants, study conduct, data collection methods and analysis process. I have also included project challenges, ethics implications, outputs and knowledge mobilization, and contribution and application. I provided the process in which I conducted my study using an ethical and action-oriented approach. In the next section, I review the inquiry findings and conclusions and the study's scope and limitations.

Chapter 4: Inquiry Findings and Conclusions

In this chapter, I review the study findings, conclusions, scope and limitations of my inquiry. In conducting this action-oriented thesis, I explored the following overarching inquiry question: How might Alberta Health Services support the leadership development needs of nurse clinicians in acute care at the Foothills Medical Centre? I utilized four subquestions:

1. What is the current state of nurse clinician leadership development at the FMC?
2. What does the ideal future state of nurse clinician leadership development at the FMC look like?
3. What factors might enable nurse clinician leadership development at the FMC?
4. What strategies should AHS put into place to support nurse clinician leadership development?

Method-Specific Study Findings

The scope of my thesis focused on the leadership development of nurse clinicians who work in acute care at FMC in Calgary, Alberta. The inquiry uncovered multiple nurse clinician leadership development opportunities and initiatives. The study findings were informed by the quantitative and qualitative data derived from the inquiry methods. The study conclusions were developed from the study findings and the literature relevant to my inquiry. I used thematic analysis to analyze the data in the study. To maintain anonymity, I assigned the identification codes SP1 through to SP15 for online survey participants and the codes IP1 through to IP4 for one-on-one interview participants.

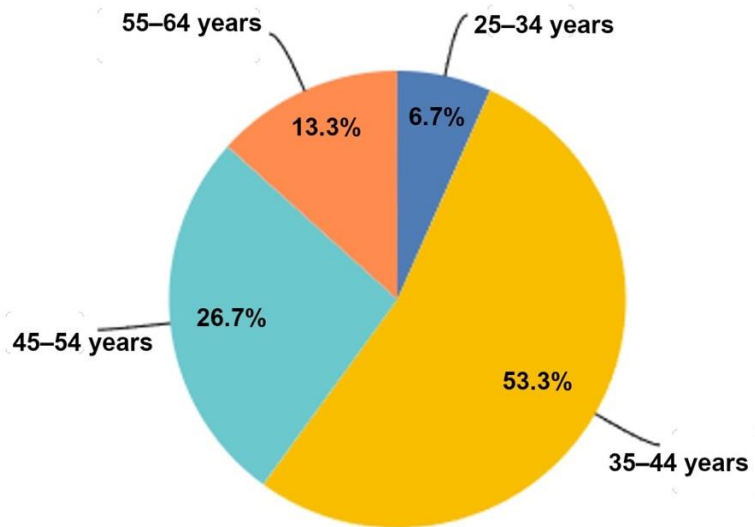
Online Survey Findings

In total, I received 15 responses from a pool of approximately 30 nurse clinicians who met the inclusion and exclusion criteria of my inquiry. The data collected highlighted nurse clinicians' perspectives and experiences regarding their leadership development at FMC. The anonymous online survey consisted of 16 questions, which included demographic data as well as quantitative and qualitative data (see Appendix E). Thirteen Likert scale questions and three open-ended questions comprised the online survey.

Online Survey Demographic Data. Online survey respondents ranged in age from 25 to 64 years (see Figure 1), with more than half of the respondents ($n = 8$) being in the 35–44 year age group. Nurse clinicians from surgery, medicine, critical care, and speciality areas, which included neurology, neonatal intensive care, and rehab, completed the online survey (see Figure 2). Survey respondents worked in their nurse clinician role from a period of 2 years to greater than 15 years (see Figure 3). Nurse clinicians' education levels ranged from a nursing diploma to a master's level, with the majority of respondents ($n = 11$) having a baccalaureate degree in nursing.

Figure 1

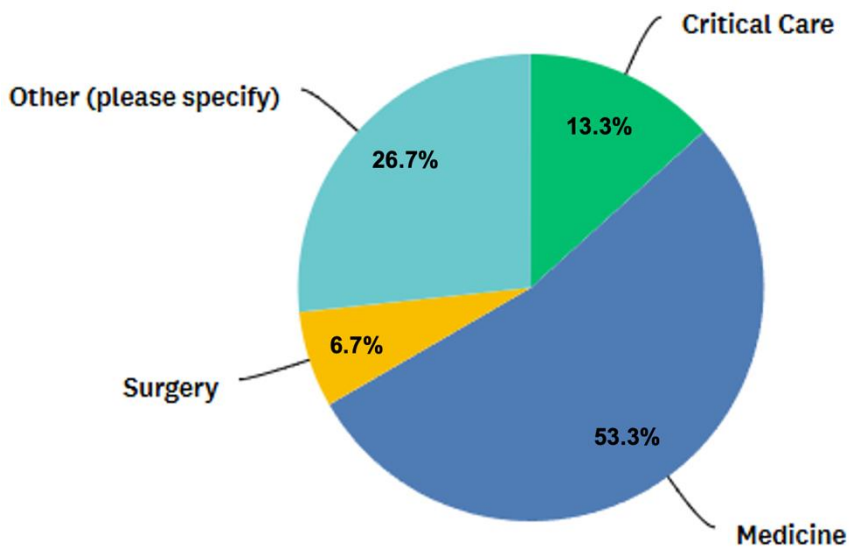
What is Your Age Group?



Note. N = 15.

Figure 2

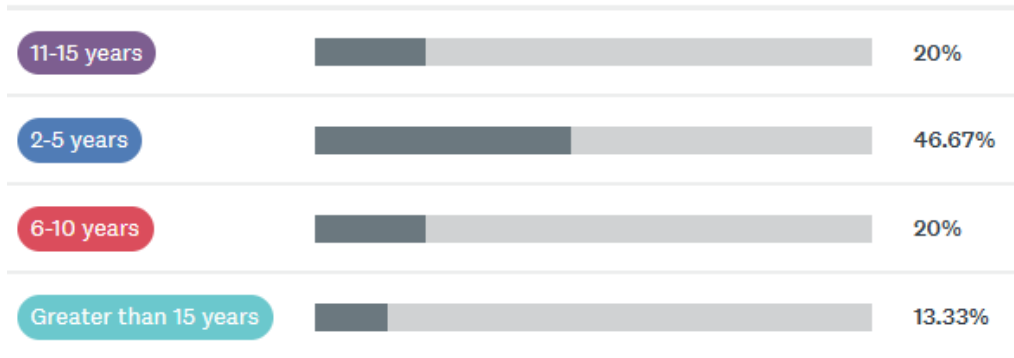
What Area of Nursing do you Work in at the Foothills Medical Centre?



Note. N = 15.

Figure 3

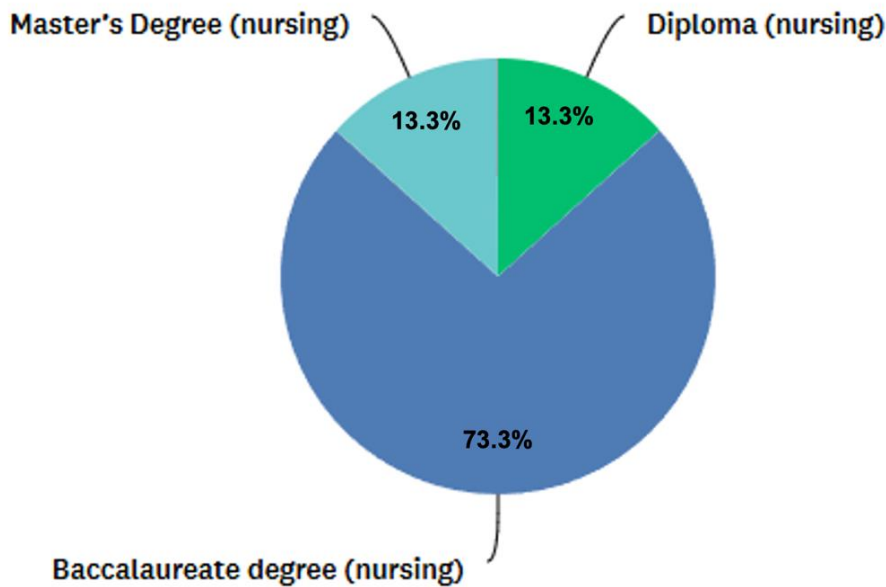
How Many Years Have You Worked in your Current Position?



Note. $N = 15$.

Figure 4

What is Your Highest Education Level?

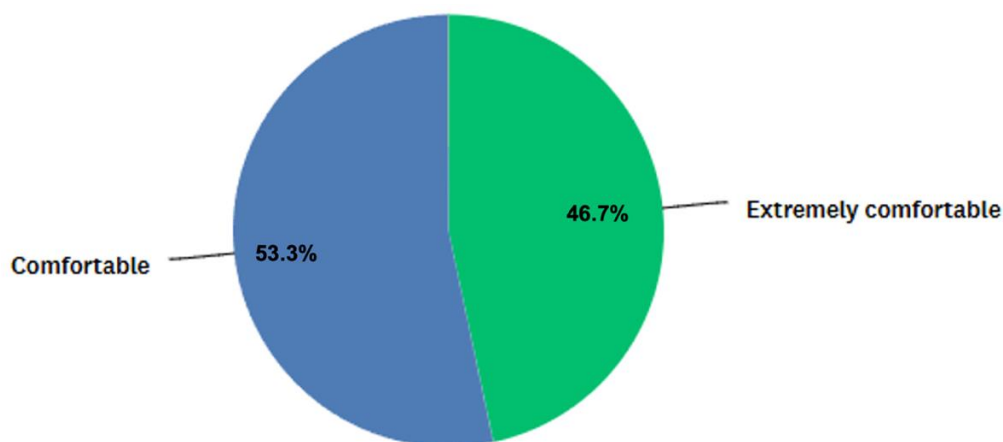


Online Survey Data. In response to the question, “How comfortable do you feel in your leadership role at FMC?” 100% of respondents ($n = 15$) felt either comfortable ($n = 8$) or extremely comfortable ($n = 7$; see Figure 5). However, nurse clinicians expressed the lack of

adequate leadership development opportunities available to them at FMC (see Figure 6). Of the 14 nurse clinicians who responded to the question on the importance of nurse clinician leadership development, 100% ($n = 14$) identified that nurse clinician leadership development was either extremely important ($n = 12$ respondents) or important ($n = 2$ respondents) to them. One participant skipped this question (see Figure 7). When nurse clinicians were asked if they participated in continuing education or professional development sessions related to leadership within the last 2 years, the majority of respondents ($n = 11$) respondents said yes (see Figure 8). The education sessions did not include nurse clinician specific education opportunities offered at FMC. These included online learning courses such as leadership insights, situational awareness, conflict management, working with difficult people, debriefing, leadership development, accountable leadership, and coaching courses. One nurse clinician reported they attended monthly leadership days with their unit leadership team (SP6).

Figure 5

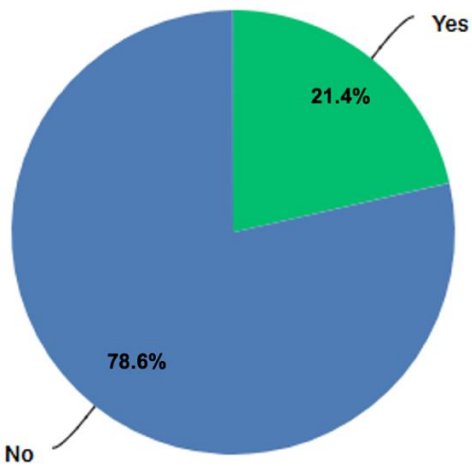
How Comfortable Do You Feel in Your Leadership Role at FMC?



Note. $N = 15$.

Figure 6

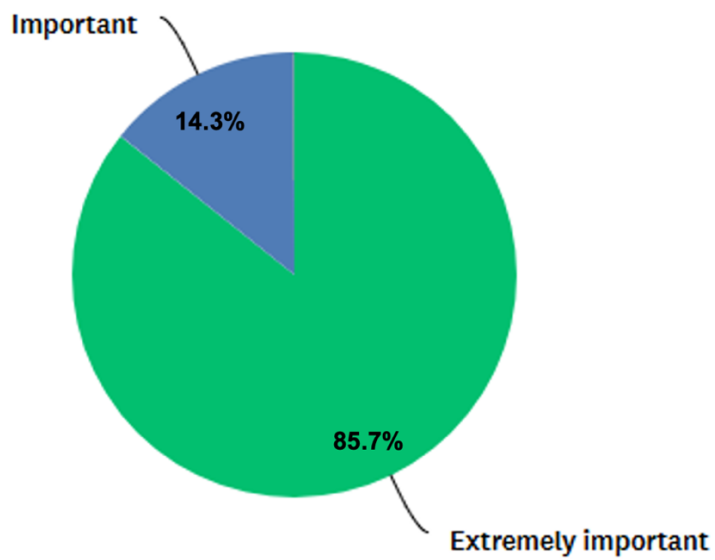
Currently Do You Think There Are Adequate Leadership Development Opportunities Available for Nurse Clinicians at FMC?



Note. N = 14.

Figure 7

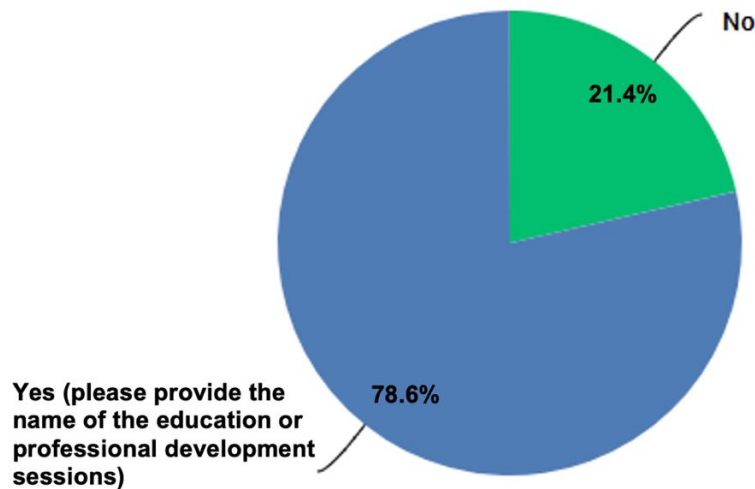
How Important is Nurse Clinician Leadership Development to You?



Note. N = 14.

Figure 8

Have You Participated in Continuing Education or Professional Development Sessions Related to Leadership Within the Last 2 Years?



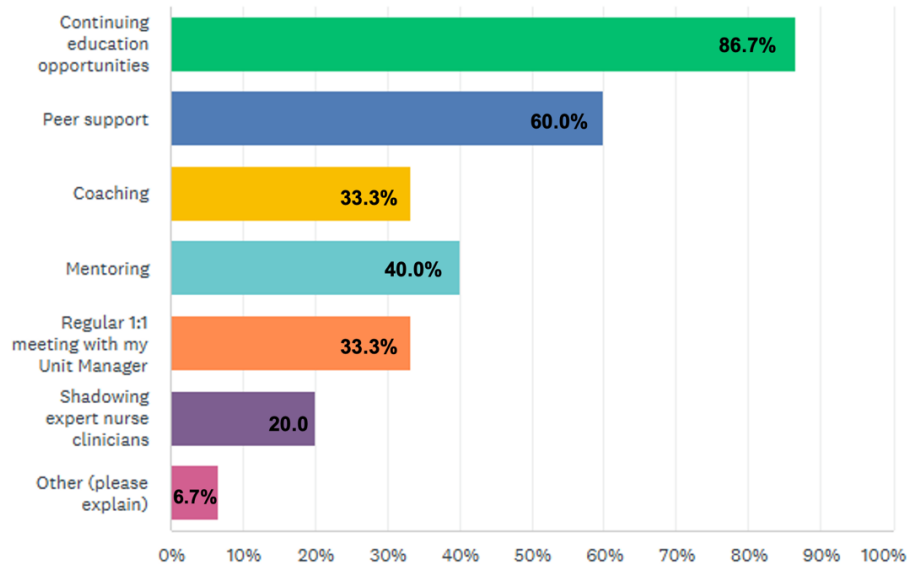
Note. $N = 14$.

In response to the question, “What might make you more comfortable in your leadership role?” the top three opportunities identified by nurse clinicians included continuing education opportunities ($n = 13$), peer support ($n = 9$), and mentoring ($n = 6$; see Figure 9).

I asked nurse clinicians to rank leadership development topics they felt would be most helpful in their leadership role (see Figure 10). The prioritized leadership development topics identified by nurse clinicians included team collaboration and conflict management ($n = 9$), followed by time management and priority setting ($n = 10$), and communication ($n = 9$).

Figure 9

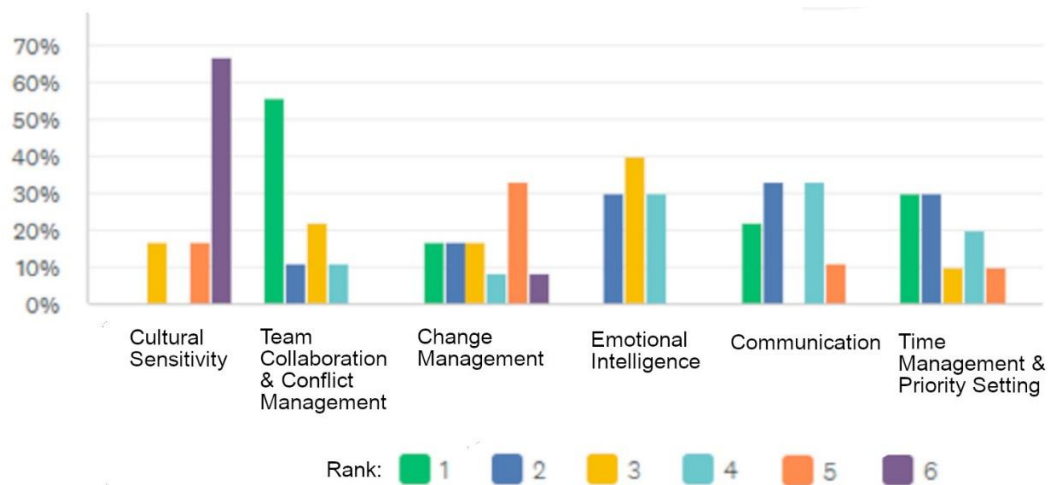
What Might Make You More Comfortable in Your Leadership Role? Check All That Apply?



Note. N = 15.

Figure 10

Rank Each of the Following in Order of Preferred Leadership Development Topic You Feel Would Be Most Helpful to You in Your Leadership Role as Nurse Clinician (One Being Your Most Preferred)

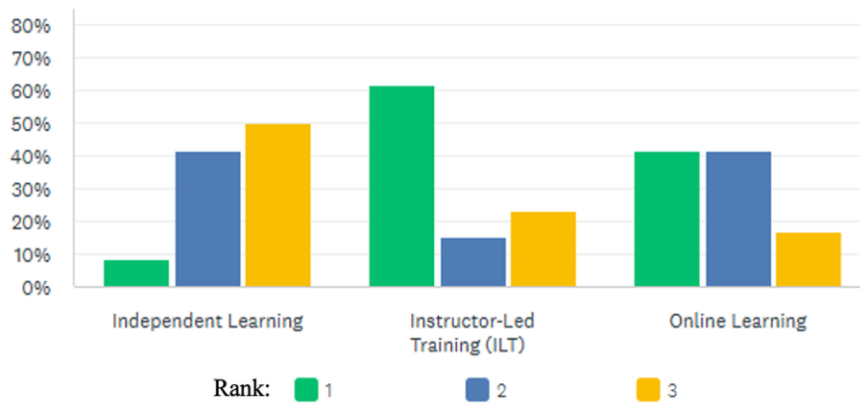


Note. N = 14.

The preferred learning format ranked by nurse clinicians (see Figure 11) was instructor-led training ($n = 13$), followed by online learning ($n = 12$). Participants identified workshops as their preferred delivery method of education sessions ($n = 11$), followed by community of practice ($n = 10$; see Figure 12).

Figure 11

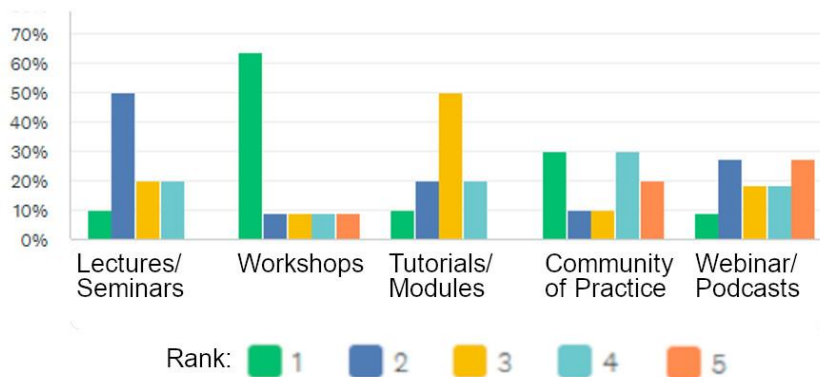
Rank the Following in Order of Your Preferred Learning Formats (1 Being Your Most Preferred)



Note. $N = 14$.

Figure 12

Rank The Following in Order of Preferred Delivery of Education Sessions (1 Being Your Most Preferred)



Note. $N = 14$.

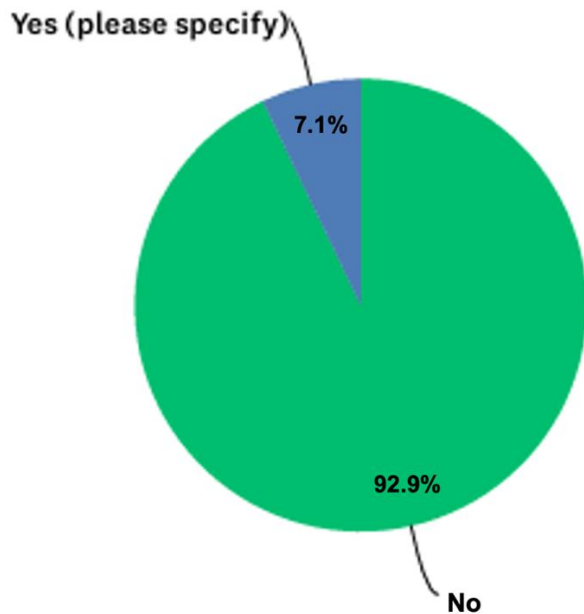
Qualitative Online Survey Data. Three of the online survey questions were open ended and provided qualitative data. I asked nurse clinicians if there were any additional leadership topics they felt would be helpful in their leadership role as nurse clinician, and they identified the following:

- “Team development/ coaching with a purpose” (SP15).
- “Leadership” (SP9).
- “Site flow” (SP8).
- “Dealing with difficult situations and death and dying” (SP7).
- “Clinically complex medical scenarios. Team dynamics/conflict” (SP5).
- “Facility processes (site manager/bed placement roles, expectations of moving patients out of emergency), clerical training (how to book transport, facilitate patient activity/tests/discharge), leading debriefs (after codes or difficult events)” (SP3).
- “Mentoring and education. Site/bed flow within FMC. Navigating difficult/unusual situations such as outbreak management, emergency code training (white, orange, black, grey, etc.). Incarcerated patients’ processes. Admin on call” (SP2).

When I asked nurse clinicians if there were any additional education delivery sessions they would like to see offered, a significant majority of respondents said no ($n = 13$), and with only one participant responding yes (see Figure 13). I asked those who had answered yes to the question to specify any additional education delivery sessions they would like to see. One nurse clinician responded that “sharing knowledge across units” would be helpful (SP8), and one survey participant skipped this question.

Figure 13

Are There any Additional Education Delivery Sessions You Would Like to See Offered (Yes, Please Specify)



Note. $N = 14$.

The survey invited nurse clinicians to identify what other support needs or resources they thought would be helpful for their leadership development and several common themes surfaced. Respondents suggested opportunities for peer support, including “peer coaching” (SP15), “a community of practice to share with other programs/units—it would help with communication, collaboration and relationship building” (SP13), and “a yearly or twice a year touch base with other clinicians at the site or zone” (SP7). Team collaboration was another need identified to support leadership development, with participants proposing “more regular nurse clinician meetings with whole NC [nurse clinician]/management team to address unit concerns” (SP5), “more connection management and other nurse clinicians” (SP10), and “staff involvement” (SP9). Finally, another theme that arose was the need for management support. This included

“support from management” (SP8) and “more check-ins with management” (SP5). Other comments regarding the need for additional support or resources included the following disparate points: “Being a valued/respected member of the team” (SP13), “Removing menial tasks, i.e. checking glucometers, checking/refilling emergency equipment-AED [automated external defibrillator]-red airway bags, being the downtime champion” (SP3), and “additional training on safe staffing and creative scheduling” (SP2).

Lastly, the survey asked nurse clinicians if there were additional areas or considerations they thought were important and had not been addressed in the online survey. One nurse clinician suggested, “Meeting with and collaborating with other clinicians on the other units at FMC could be considered to allow nurse clinicians to share challenges, collaborate, and learn together” (SP10).

Nurse clinicians contributed their perspectives and experiences regarding their leadership development at FMC through the anonymized online survey data. The second inquiry method, one-on-one interviews, allowed nurse clinicians to share their personal stories and additional perspectives, which I explore further in the next section.

One-on-One Interview Data

After analyzing the online survey data, I arranged for a third-party facilitator (an inquiry team member) to conduct the second inquiry method, one-on-one interviews. During these interviews, she shared the preliminary survey data and the six themes harvested from the survey with participants. This process provided participants with the opportunity to reflect on the results and themes from the online survey and offer their perspectives. It enabled them to confirm congruence between the survey results and their personal experiences. The online survey themes

shared with the interview participants included nurse clinician connection, manager support, continuing education, communication, team collaboration, and navigating difficult situations.

During the one-on-one interviews, the third-party facilitator encouraged participants to reflect on the survey results and their personal experiences. Specifically, she asked about alignment regarding their comfort in their leadership role (see Figure 5), availability of adequate leadership development opportunities at FMC (see Figure 6), and the importance they placed on leadership development (see Figure 7). Additionally, the facilitator asked nurse clinicians to validate initiatives that would make them more comfortable in their leadership role (see Figure 9), education topics that would be most helpful in their leadership development (see Figure 10), their preferred learning formats (see Figure 11), and delivery of education sessions (see Figure 12). The facilitator reviewed these six themes with participants, and all four participants (IP1 to IP4) expressed alignment with the preliminary online survey findings. They offered further input, highlighted below in the additional five themes gleaned from the one-on-one interviews, all of which were congruent with the initial six survey themes.

One-on-One Interview Themes. The one-on-one interviews contributed to more in-depth discussion regarding navigating a complex system, the value of mentoring and self-leadership, the importance of nurse clinician contributions, and their vast roles and responsibilities. In this section I discuss the five themes that arose: (a) navigating a complex system, (b) mentoring, (c) self-leadership, (d) nurse clinician contributions, and (e) nurse clinician roles and responsibilities.

Navigating a Complex System. Throughout the one-on-one interviews, participants highlighted the challenges of navigating the complex healthcare system. The discussion topics

included change management, communication, and FMC site collaboration on site-specific initiatives and changes. One theme that participants further explored included examples of nurse clinicians' experiences with managing difficult situations and their desire for support navigating them. These included managing emergency code situations; supporting staff with end-of-life conversations; providing assistance to staff, patients, and families; and addressing staffing issues. Nurse clinicians also discussed opportunities that might increase nurse clinician specific leadership development at FMC. One nurse clinician shared that managing challenging situations was the theme they related to most and their ideal work day would include "navigating those difficult situations that may pop up with ease" (IP2). Mentoring surfaced as a key theme in the interviews, with participants identifying it as an important leadership development initiative that could support nurse clinicians with navigating the complex acute care system.

Mentoring. Participants identified three levels of mentoring as being important to them. This included nurse clinicians mentoring staff, senior nurse clinicians mentoring novice nurse clinicians, and managers mentoring nurse clinicians. Participants suggested providing nurse clinicians with mentoring education opportunities that would support them with coaching and mentoring staff at a unit level. One nurse clinician spoke about having the skill set to "effectively motivate, inspire them [staff], and remind them . . . why they chose nursing in the first place, and the impact they are having" (IP2). This same interviewee shared their "goal as a nurse clinician is always to be that safe place, and then to walk hand-in-hand with bedside nurses, whether they are a junior or senior nurse, and help them and teach them each step of the way" (IP2). The participants also highlighted the importance of sharing experiences and benefiting from peer

support and connection through nurse-clinician-to-nurse-clinician mentoring. One participant suggested pairing new nurse clinicians with experienced mentors (IP3).

Participants also discussed the importance of manager-to-nurse-clinician mentoring and highlighted the benefit of taking part in one-on-one meetings, receiving feedback, and being mentored by their manager. Nurse clinicians stressed the importance of manager feedback and noted the need for their support with navigating challenging situations on the unit. One interviewee stated, “I think what has been most helpful to me has been the management support piece” (IP1). Another participant added,

Having that management support, . . . it’s a big piece, you know, having the manager checking in and seeing how you’re doing, or how I’m doing, or you know what’s working, what’s not working, and how else they can support me, which I think is very crucial. (IP3)

In addition to expressing the benefits they felt mentoring at all levels would provide, nurse clinicians emphasized the value they placed on self-leadership.

Self-Leadership. Self-leadership arose as a theme in the one-on-one interviews. Pursio et al. (2025) defined self-leadership as “a process of comprehensive self-influence” (p. 1) and argued self-leadership is associated with meaningfulness of work, commitment, and job satisfaction and positively influences nurses’ work performance and well-being. These authors maintained that practising self-leadership encourages nurses to work proactively to improve patient care and enhance work environments. These discussions on self-leadership, uncovered the importance and benefits nurse clinicians placed on personal and professional development, leadership skills, and reflective practice.

One nurse clinician highlighted the importance of “focusing on your personal growth” (IP4) and continuing “to pursue your own goals and opportunities” (1P4). Similarly, a second interviewee added the necessity of “developing their own practice” and shared, “I think self-reflection has been pretty valuable” (IP1). A third participant added, “When something happens, it’s always nice to have that time to reflect on it and think about what could I have done differently, or how can I improve” (IP3). A fourth nurse clinician added the importance of “taking initiative to ask for resources” (IP4). Nurse clinicians expressed the importance they placed on self-leadership and contributing their input on FMC site initiatives and changes.

Nurse Clinician Contributions. During the one-on-one interviews, nurse clinicians’ contributions related to their input and expertise on FMC site initiatives and changes was identified as important to participants. The discussions included the significance nurse clinicians placed on contributing their input to site initiatives and quality improvement projects from the onset. One nurse clinician shared,

I’ve been involved in a few different projects as well, and it’s just nice to have that opportunity to be at the table with these people, offering my clinical experience and just starting these projects right from ground zero to roll out. (IP1)

Similarly, another nurse clinician shared it would be helpful for nurse clinicians to be involved in “hospital-wide goals and initiatives” (IP2). A third interviewee expressed the importance of a culture that values the nurse clinician role and shared, “I think everybody wants to feel appreciated and valued in a way and acknowledge that what you’re doing is making an impact” (IP3). Throughout the interviews, nurse clinicians described the diverse roles and responsibilities

they encounter in their daily routines and how their expertise is of value to the overall teams they work with.

Nurse Clinician Roles and Responsibilities. Lastly, participants discussed nurse clinicians' roles and responsibilities during the one-one-one interviews and highlighted the integral role they have within the acute care system and the multifaceted nature of their responsibilities. The discussion included the importance participants placed on role definition. The respondents identified roles and responsibilities such as increased responsibilities after hours, managing patient flow and capacity, staffing and supplies, and supporting patients, families, and staff on the unit. One nurse clinician observed their role is often expanded based on the current needs of the unit and shared, "Especially if you're working nights, weekends, holidays, or if your managers are not there, then you are actually kind of the acting manager at that time" (IP4). This participant discussed responsibilities that included "supply management, staff management, family management, patient management" (IP4).

Merging the Data

As discussed in Chapter 3, I arranged for a third-party inquiry team member to anonymize the one-on-one interview data and send them to me to analyze. Once I had analyzed the data using thematic analysis, the facilitator sent the final themes to interview participants for their feedback and provided them with an opportunity to add additional suggestions. Four overarching themes surfaced from my analysis of both the online survey and one-on-one interview themes: nurse clinician connection, manager support, continuing education, and team collaboration. Both the synthesized online survey and one-on-one interview data contributed to my study findings outlined in the next section.

Synthesis of Study Findings

Through analysis of the data from both the online survey and the one-on-one interviews, four themes arose from my inquiry. I then arranged for the finalized themes to be reviewed by my inquiry team, the one-on-one interview participants, and my organizational partner. Data from the inquiry and relative literature contributed to the following four study findings:

1. Nurse clinicians want to participate in site-specific nurse clinician leadership development opportunities at FMC. This finding included two subfindings: (a) nurse clinicians expressed the need for continuing education, peer support, and mentoring opportunities to enhance their leadership development and (b) nurse clinicians identified face-to-face instructor-led workshops as their preferred method of continuing education.
2. Nurse clinicians would like to contribute their input and expertise on initiatives and changes that impact the FMC site.
3. The nurse clinician role impacts various levels of patient care within the acute care system at FMC.
4. Utilizing an appreciative lens in the study encouraged participant engagement and supported them to express their perspectives on nurse clinician leadership development in a constructive way, enabling them to share their vision for positive change.

Finding 1: Nurse Clinicians Want to Participate in Site-Specific Nurse Clinician Leadership Development Opportunities at FMC

In both the online survey and the one-on-one interviews, nurse clinicians identified leadership development as important (see Figure 7). Although nurse clinicians at FMC report feeling comfortable in their leadership roles (see Figure 5), the majority indicated there are inadequate nurse clinician leadership development opportunities available to them at FMC (see Figure 6).

One nurse clinician shared, “AHS offers other leadership development, but nothing specifically for nurse clinicians” (IP4). Similarly, a second interviewee reported a lack of nurse clinician leadership development opportunities at FMC: “There is not much site-specific [opportunities] anymore” (IP1) and “there is no standardization or other opportunities I am aware of” (IP1). This participant went on to express that they would like to see “site-specific” (IP1) leadership development opportunities. A third nurse clinician suggested offering “more education opportunities on site [at FMC], so we can . . . learn together and grow together” (IP2).

Given the important role of nurse leaders in the healthcare system, it is essential to develop their leadership capacity (Florencio et al., 2024; Page et al., 2021). In today’s healthcare environment, it is important to identify factors that positively contribute to nurses’ leadership development as “nursing leadership plays a vital role in shaping outcomes for healthcare organizations, personnel and patients” (Cummings et al., 2021, p. 1).

Nurse Clinicians Expressed the Need for Continuing Education, Peer Support, and Mentoring Opportunities to Enhance Their Leadership Development. Nurse clinician respondents in the online survey and one-on-one interviews indicated that offering continuing

education, peer support, and mentoring opportunities at FMC, would make them feel more comfortable in their leadership roles (see Figure 9). Nurse clinicians specified that providing education on team collaboration and conflict management, time management and priority setting, and communication, would be most helpful in their leadership roles (see Figure 10).

Continuing Education. Nurse clinicians identified continuing education opportunities as the top opportunity they felt would make them more comfortable in their leadership role (see Figure 9). Online survey respondents indicated team collaboration and conflict management, time management and priority setting, and communication (see Figure 10) as the top three preferred leadership development topics they identified that would be most helpful in their leadership role. Additional continuing education topics suggested by nurse clinicians on both the online survey and one-on-one interviews included navigating difficult situations and conversations (SP2; SP3; SP5; SP7; IP1; IP2), and education on FMC site processes such as patient movement and flow through the system (SP2; SP3; SP8). Clinical leadership development and education opportunities are important across the continuum of care to support nurses to lead at the unit, program, and microsystem level (Joseph & Huber, 2015).

Peer Support. Participants indicated collaborating and learning with their fellow nurse clinicians at FMC was important to them (see Figure 9). Suggestions for peer support opportunities included peer coaching and support (SP15), regular site-wide nurse clinician meetings (SP7; IP1; IP2), and creating a nurse clinician group or community of practice (SP13). One nurse clinician suggested creating a community of practice with other units and programs would help with “communication, collaboration and relationship building” (SP13). Similarly, one interviewee added having a “nurse clinician connection group” (IP1) and “seeing how

another unit handles things would be valuable” (IP1). Watson et al. (2025) argued that peer support within the nursing workforce is essential for the well-being and efficacy of the team. Nurse clinicians offered many suggestions for peer support opportunities and indicated these would support them in their leadership development.

Mentoring. Nurse clinician respondents indicated that mentoring across all roles would benefit their leadership development. One survey respondent suggested education on mentoring staff would be helpful to their leadership role and viewed mentoring staff as a part of their nurse clinician responsibilities (SP2). Another participant suggested, “Pairing a junior nurse clinician with a more senior nurse clinician” (IP1) could provide advice, and stated, “If you’re ever not sure how to handle something, or you’re just looking for a little advice, or you want to run a conversation by someone completely anonymous, that would be nice” (IP1). Multiple nurse clinicians noted management support would be beneficial to their leadership development (SP5; SP8; SP10; IP1–IP4). Survey respondents identified mentoring as one of the top three opportunities that would make them more comfortable in their role (see Figure 9). Participants from both the online survey and one-on-one interviews highlighted the benefits of receiving feedback and participating in one-on-one check-ins with their manager (SP5; SP8; SP10; IP1; IP3). Nurse clinicians indicated that manager support with navigating difficult situations on the unit would be beneficial and that being mentored by their manager has been beneficial (IP1; IP3). Brown-DeVeaux et al. (2025) suggested, “Mentorship is important in career progression, as it fosters job satisfaction and professional confidence” (p. 3).

Nurse Clinicians Identified Face-to-Face Instructor-Led Workshops as Their Preferred Method of Continuing Education. Nurse clinician responses in the online survey

and one-on-one interviews supported this finding. Instructor-led training (see Figure 11) through the delivery method of workshops (see Figure 12) is the preferred learning format of nurse clinicians. One interviewee shared their top preference for learning would be workshops because they provide “hands-on learning” (IP3) opportunities. A second nurse clinician added they preferred “lecture style” (SP12) sessions and identified the lack of available spaces and shift work hours as some of the challenges of attending.

Page et al. (2021) stressed the importance of designing education that supports nurses to develop the appropriate skills required to become clinical leaders, while ensuring that leadership education programs provide the best value and are delivered in an evidence-based manner. Patton et al. (2024) argued leadership development programs can significantly improve the competencies and leadership skills of unit-level nursing leaders and that healthcare executives should advocate for leadership development that focuses on evidence-based practice. Participants in this study highlighted the opportunity for nurse clinicians to advance their leadership development through continuing education, peer support, and mentoring opportunities at FMC.

Finding 2: Nurse Clinicians Would Like to Contribute Their Input and Expertise on Initiatives and Changes that Impact the FMC Site

Nurses want to actively engage in site-wide initiatives and decision-making processes, ensuring their frontline insights and expertise help to inform changes. Multiple nurse clinician responses from both the online survey and the one-on-one interviews highlighted their desire to collaborate with FMC leaders and contribute their input and expertise.

The online survey data showed that team collaboration (see Figure 10) was one of the top leadership development topics prioritized by nurse clinicians (55.56%; $n = 9$). One nurse clinician stated,

There are hospital-wide goals and initiatives that are kind of passed down to us, but we're never actually involved when we're the ones that are actually on the frontline and who have experience on what works and what doesn't when things are rolled out. I think it would be helpful for us to be involved. (IP2)

A second nurse clinician added,

I hoped that with quality improvement initiatives and change management that clinicians would be invited to the table to take part in some of these, because I think they bring a very valuable clinical experience knowledge to the table, and, quite frankly, these are the people that are going to be leading the change. (IP1)

A third nurse clinician expressed the importance of "having a culture that values [the] nurse clinician role, not just as a resource on the unit" (IP3), and shared, "I think everybody wants to feel appreciated and valued in a way and acknowledge that what you're doing is making an impact" (IP3). Similarly, when another nurse clinician was asked what additional supports they thought would be beneficial to their leadership role, they responded, "Being a valued respected member of the team" (SP13). Tomblin Murphy et al. (2022) conducted a review to investigate the impact of the pandemic on the nursing workforce in Canada with the aim to inform planning and implementation of sustainable workforce strategies in Canada. One of the key findings of their report was "the overwhelming perspective of nurses that they are undervalued" (Tomblin Murphy et al., 2022, p. 1059). Tomblin Murphy et al. (2022) argued

nurses' perspectives and expertise are critically important and need to be represented at planning and decision-making tables.

Finding 3: The Nurse Clinician Role Impacts Various Levels of Patient Care Within the Acute Care System at FMC

Nurse clinicians shared the multifaceted responsibilities of their role throughout the online survey and one-on-one interviews. The nurse clinician role impacts various levels of patient care within the acute care system at FMC. Nurse clinician roles and responsibilities reflect the complexity of their positions. The online survey and one-on-one interview participants shared multiple examples of how the nurse clinician leadership role is integral to the efficient and smooth functioning of the acute care system. These nurse clinician roles and responsibilities extend across various levels of the system, including the frontline patient care level, the unit level, and the site and organizational level. At the frontline patient care level, nurse clinicians reported they consult on challenging patient care issues and coordinate the care of all the patients on the unit (IP1–IP4). On a unit level, nurse clinicians indicated they oversee the smooth flow of admissions and discharges to and from the unit, lead the team during emergencies, and ensure adequate supplies are available for patient care (SP2–SP5; SP7; SP8; IP1; IP2; IP4). They also coach, mentor, and support frontline staff (IP2; IP4). At a site and organizational level, nurse clinicians commented on how they support the implementation of quality improvement initiatives and changes, assist with hospital capacity and flow, and often assume manager responsibilities when working after hours on evenings, nights, and weekends (IP4).

Some of the nurse clinician roles and responsibilities highlighted from the online survey and one-on-one interviews included increased responsibilities after hours (IP4), staffing (SP2;

IP4), supply management (IP4), patient, family and staff support (IP2; IP4), and patient flow and capacity (SP2; SP3; SP8; IP4). Other responsibilities included unit tasks such as glucometer and emergency supply checks, and championing connect care downtime procedures (SP3). One nurse clinician discussed their role in mentoring and coaching new and experienced staff (IP2). A second nurse clinician suggested having “a clear, defined, nurse clinician role” (IP3) that includes “duties and responsibilities about things that you should be doing” (IP3) would be beneficial.

During off-hours or in the absence of managers, nurse clinicians often assume management responsibilities that may not be captured in unit level job descriptions. The nurse clinician role impacts various levels of patient care within the acute care system at FMC. Their multifaceted responsibilities contribute to the complexities they face while navigating the acute care system. Brown-DeVeaux et al. (2025) stated that “nurse leaders are not solitary figures but integral to the success of processes across the health care system” (p.1).

Finding 4: Utilizing an Appreciative Lens in the Study, Encouraged Participant Engagement and Supported Them to Express Their Perspectives on Nurse Clinician Leadership Development in a Constructive Way, Enabling Them to Share Their Vision for Positive Change

In conducting this study, I employed an appreciative lens, informed by AI, which is an approach that supports engagement and positive change. Stavros et al. (2018) highlighted the use of AI for productive and meaningful engagement. Utilizing an appreciative lens in the development of the survey and interview questions enabled nurse clinicians to focus on the

strengths of their roles, responsibilities, and experience, and offer their perspectives on opportunities for positive change.

Nurse clinician respondents in the online survey and one-on-one interviews supported this finding. Through one-on-one interview discussions, nurse clinicians expressed immense pride in their roles. In asking nurse clinicians to respond to a moment when they were proud of their work, one nurse clinician expressed feeling a strong sense of accomplishment after navigating a difficult conversation with a patient and family. They shared, “When you find yourself in a difficult situation and you handle it in a way that at the end of the day, you’re proud of it” (IP3). A second nurse clinician shared a rewarding moment while supporting staff:

Every single day people’s lives are in our hands, and sometimes you feel like it’s on your shoulders, and you don’t want to feel like you’re alone in it, and want to make people feel like they’re less alone, and so those are the moments when we share those intimate moments together. It’s very rewarding. (IP2)

Whitney et al. (2019) stated that AI “is a future-focused, world-making process of discovery, dream, design and delivery, with generative potential for large-scale learning, transformation and social innovation” (p. 163). Using an appreciative lens in the study enhanced nurse clinician engagement and readiness to take part in change. It offered nurse clinicians an opportunity to envision leadership development through this future-focused framework.

Study Conclusions

I derived the following study conclusions based on the findings as well as the literature reviewed:

1. Nurse clinicians would benefit from targeted site-specific continuing education, peer support, and mentoring opportunities at FMC. This conclusion includes three key insights: (a) nurse clinicians prefer face-to-face instructor-led workshops to support their leadership development; (b) as a part of their leadership development, participants expressed their desire for a nurse clinicians community of practice at FMC; and (c) nurse clinicians indicated mentoring staff and being mentored by their managers or experienced colleagues would support their leadership development.
2. Nurse clinicians would like opportunities to provide their input and expertise on initiatives and changes that impact the FMC site.
3. An appreciative lens encouraged nurse clinician engagement and supported them to express their perspectives on their leadership development in a constructive way, enabling them to share their vision for positive change.
4. Participants noted the need for a standardized provincial job description for role clarification of the nurse clinician position.

Conclusion 1: Nurse Clinicians Would Benefit From Site-Specific Continuing Education, Peer Support, and Mentoring Opportunities at FMC

The findings from the study indicated participants wish to participate in site-specific nurse clinician leadership development opportunities at FMC. These development opportunities include continuing education, peer support, and mentoring. Nurse clinicians spend a significant amount of their time navigating the complex acute care system and require more leadership development opportunities to support them. Nurse clinicians would also benefit from site-specific continuing education, site-wide peer support, opportunities to connect with fellow nurse

clinicians, and mentoring from managers and/or their experienced nurse clinician colleagues. In their article, Joseph and Huber (2015) outlined the importance of preparing nurses for present and potential future opportunities in healthcare and highlighted continuing education as one leadership development strategy to support innovation and interdependency of evolving nurse leadership roles. Providing nurse clinicians with site-specific leadership development opportunities such as continuing education, peer support, and mentoring at FMC aligns with the inquiry subquestion of strategies AHS could use to support nurse clinician leadership development.

Nurse Clinicians Prefer Face-to-Face Instructor-Led Workshops to Support Their Leadership Development. Nurse clinicians identified instructor-led training (see Figure 11) through the delivery method of workshops (see Figure 12) as their preferred learning format. An FMC face-to-face instructor-led workshop would support nurse clinician leadership development by providing them with the opportunity to learn about the topics they feel would benefit their growth as leaders. Throughout the inquiry, nurse clinicians offered many recommendations for continuing learning topics they felt would support them in their leadership development. The top three education topics identified by respondents included education on team collaboration and conflict management, time management and priority setting, and communication (see Figure 10). Additional education themes generated from the online survey and one-to-one interviews included navigating difficult situations and conversations and education on FMC site processes and patient flow throughout the system. Florencio et al. (2024) highlighted the benefits of using innovative workshops to deliver education and argued such sessions may provide nurses with the leadership tools required to thrive in healthcare. Florencio et al. stated various teaching

strategies, including workshops that provide in-depth expertise on various topics, enhance nurses' learning and professional growth.

As Part of Their Leadership Development, Participants Expressed Their Desire for a Nurse Clinician Community of Practice at FMC. A community of practice would provide an opportunity for peer-to-peer support between nurse clinicians at the FMC site. Respondents in the online survey and one-on-one interviews expressed their desire to work with other nurse clinicians at the site level. Participants identified peer support as one of the top three opportunities that would make nurse clinicians feel more comfortable in their role (see Figure 9), and the top leadership development topic nurse clinicians felt would be most helpful in their leadership role was team collaboration and conflict management (see Figure 10). Nurse clinicians identified a community of practice as their second preferred education delivery method (see Figure 12), following workshops.

One of the initiatives highlighted in Health Canada's (2024) *Inspired Leadership: Nursing Retention Tool Kit* focused on creating leadership training programs and tools for nurses. One key leadership competency outlined was the development of communities of practice to foster mentorship, connections, and support leadership development (Health Canada, 2024). As a survey respondent shared, creating a community of practice with other units and programs at FMC would help with "communication, collaboration and relationship building" (SP13). Nurse clinician respondents indicated meeting with their fellow colleagues (SP5; SP10; IP1–IP4) would support their leadership development.

Nurse Clinicians Indicated Mentoring Staff and Being Mentored by Their Managers or Experienced Colleagues Would Support Their Leadership Development. Nurse clinicians

expressed their desire for mentoring opportunities at FMC. Respondents indicated mentoring staff and being mentored by their managers and/or their fellow experienced nurse clinicians, would provide them with leadership development opportunities and support. In their work on the importance of engagement and structured mentorship in nursing leadership, Brown-DeVeaux et al. (2025) maintained, “When nurse leaders incorporate mentorship and engagement into organizational strategy, the results are far-reaching: elevating staff morale, reinforcing a resilient culture, and driving sustainable improvements in clinical outcomes and professional satisfaction” p. 1). According to Florencio et al. (2024), nurse leaders who participated in structured mentoring programs showed improvements in leadership skills, confidence, and engagement. Mentors can serve as role models to new leaders and offer individualized advice and guidance to foster leadership development and growth (Qiuhua & Tucker, 2024).

Conclusion 2: Nurse Clinicians Would Like Opportunities to Provide Their Input and Expertise into Initiatives and Changes that Impact the FMC Site

Providing nurse clinicians with opportunities to collaborate with FMC leadership by seeking their input and expertise into initiatives and changes that impact the FMC site would benefit nurse clinician leadership development and the greater FMC teams. Nurse clinician respondents from the online survey and one-on-one interviews expressed their desire to provide their input on quality improvement and site initiatives at the FMC site. One of the Canadian Nurses Association’s (2025) five priorities for federal action to strengthen Canada’s healthcare system included unleashing the true value of the nursing workforce to meet population health needs. This priority highlighted the need to invest in nursing leadership, education, and digital health to achieve better outcomes at a lower cost and to recognize the full potential of the highly

qualified and skilled nursing profession. Seeking nurse clinicians' input and expertise into initiatives and changes that impact the FMC site aligns with the inquiry subquestion of strategies AHS could use to support nurse clinician leadership development

Conclusion 3: An Appreciative Lens Encouraged Nurse Clinician Engagement and Supported Them to Express Their Perspectives on Their Leadership Development in a Constructive Way, Enabling Them to Share Their Vision for Positive Change

Using an appreciative lens helped to highlight nurse clinicians' vision for positive change at FMC. The data from both the online survey and one-on-one interviews consistently demonstrated nurse clinicians' passion for their roles and their desire for positive contribution to enhance nurse clinician leadership development at FMC. Through the one-on-one interviews and the appreciative lens used in the study design, participants shared stories of their proudest moments as nurse clinicians and what their ideal workday looked like. They suggested strategies and leadership development initiatives they would like to see instituted at FMC. Finally, in discussing the experience of supporting staff in difficult situations, one nurse clinician observed that this is "really rewarding, and I think that's the biggest thing for me is just seeing people grow and learn and being that safe place and walking alongside them as they grow" (IP2).

Whitney et al. (2019) maintained, "AI involves the art and practice of asking unconditionally positive questions that strengthen a system's capacity to apprehend, anticipate and heighten positive potential" (p. 165). AI questions draw upon people's lived experiences and ask about what is most valued and desired, empowering participants to create new meaning and ways of doing things that make sense to them (Whitney et al., 2019). This use of an appreciative lens supported participants to express their hopes and dreams for nurse clinician leadership

development at FMC and aligned with inquiry Subquestion 2, which explored what the ideal future state of nurse clinician leadership development could look like at the FMC.

Conclusion 4: Participants Noted the Need for a Standardized Provincial Job Description for Role Clarification of the Nurse Clinician Position

The organization lacks a standardized provincial job description for the nurse clinician position that identifies minimum standards, duties and responsibilities, related experience, qualifications, and certifications for the role. Nurse clinicians would benefit from the development of a standardized provincial job description that would provide clear outlined roles, responsibilities, and expectations to help inform their leadership development. There are multiple definitions of nurse leadership roles and responsibilities. Joseph and Huber (2015) defined clinical leadership as “the process of influencing point-of-care innovation and improvement in both organizational processes and individual care practices to achieve quality and safety of care outcomes” (p. 56). Creating a standardized provincial job description for the nurse clinician position aligns with the inquiry subquestion of strategies AHS could use to support nurse clinician leadership development.

Study Scope and Limitations

The scope of my study included nurse clinicians at the FMC who work in acute care with a minimum of 1 year in the nurse clinician role. The study did not include areas outside of acute care within FMC or other hospitals within AHS. While conducting this research, I noted several limitations of my inquiry, including recruitment challenges and limiting inclusion criteria.

Recruitment Challenges

Recruitment challenges included timing of the study and scheduling nurse clinicians for the proposed inquiry methods which included focus groups and interviews. This study spanned the end of June into the early summer months, a time of year when many staff take vacation time. Scheduling challenges arose with nurse clinicians' inability to take time off their busy units given their frontline roles and shift work and due to vacation time. While 15 nurse clinicians responded to the survey, I found it difficult to recruit participants to focus groups. Following the survey, I had planned several focus groups; however, due to last-minute cancellations and no shows I arranged for the third-party facilitator to conduct one-on-one virtual interviews instead. These recruitment challenges highlighted the complexity of scheduling nurse clinicians and bringing them together given their shift work, busy frontline roles, and lack of email distribution and communication forums at FMC. The cancellation of the focus groups impacted the ability for nurse clinicians to come together in a group for discussion, and as a result, the study findings were based on the survey and individual interviews versus group consensus.

Limiting Inclusion Criteria

The inquiry excluded novice nurse clinicians who were new to the role. This limited the number of nurse clinicians who could participate in the study. While I attempted to ensure clear inclusion and exclusion criteria and a narrowed scope, in retrospect I could have expanded the criteria to all nurse clinicians at FMC, including those in their roles less than 1 year and those working in areas outside of acute care. I later learned many nurse clinicians were newly appointed, which may reflect a changing workforce. As a result, limiting participation to nurse

clinicians with at least 1 year of experience in acute care at the FMC site reduced the overall pool of eligible participants.

Summary

This inquiry uncovered four overarching themes from the online survey and one-on-one interviews that contributed to the study findings and conclusions along with the relevant literature explored in Chapter 2. I discussed the findings and conclusions along with the study limitations in this chapter. The study recommendations, informed by the finding, conclusions, and literature, are outlined in the next chapter.

Chapter 5: Inquiry Implications

In conducting this action-oriented thesis, I explored the following overarching inquiry question: How might Alberta Health Services support the leadership development needs of nurse clinicians in acute care at the Foothills Medical Centre? I utilized four subquestions:

1. What is the current state of nurse clinician leadership development at the FMC?
2. What does the ideal future state of nurse clinician leadership development at the FMC look like?
3. What factors might enable nurse clinician leadership development at the FMC?
4. What strategies should AHS put into place to support nurse clinician leadership?

In this chapter, I review five recommendations that resulted from the data analysis, findings, and conclusions outlined in Chapter 4. I also discuss the organizational implications, implications for further inquiry, and first-person learning and reflection. Prior to their finalization, I reviewed the recommendations with my organizational partner at a dissemination and action planning meeting.

Study Recommendations

Grounded in the inquiry outcomes and the literature reviewed, I formed the following five study recommendations after careful consideration of their practicality, ability to implement in a fiscally responsible way, and ease of implementation while gaining the most value:

1. Expand the existing FMC leadership mentoring program to include FMC nurse clinicians. This recommendation includes the following suggested actions: (a) provide mentoring education and resources to nurse clinicians to support them with mentoring

- staff at the unit level and (b) offer nurse clinicians the opportunity to mentor novice nurse clinicians and to be mentored by managers or experienced nurse clinicians.
2. Implement an annual continuing education, face-to face instructor-led workshop for FMC nurse clinicians. The organization can engage nurse clinicians in the development of this workshop by conducting an annual online survey to assess nurse clinicians' ongoing education needs.
 3. Consider sponsoring the development of a nurse clinician community of practice at FMC.
 4. Invite FMC nurse clinicians to provide their expertise and input on site initiatives. The organization can create an FMC nurse clinician email distribution list to allow for streamlined communication.
 5. Engage Health Professions Strategy and Practice (HPSP) to develop a standardized provincial job description for the nurse clinician position.

Recommendation 1: Expand the Existing FMC Leadership Mentoring Program to Include FMC Nurse Clinicians

Study respondents indicated the need for education to support mentoring staff at the unit level. Nurse clinicians also expressed having opportunities to be mentored by their managers or experienced nurse clinicians would support their leadership development. In their work on the importance of mentorship in nursing leadership, Brown-DeVeaux et al. (2025) claimed mentorship fosters job satisfaction and instills professional confidence.

Provide Mentoring Education and Resources to Nurse Clinicians to Support Them With Mentoring Staff at the Unit Level. Structured mentoring is a successful leadership

development strategy (Florencio et al., 2024). In this inquiry, nurse clinicians expressed their desire to participate in mentoring and to learn more about their role in mentoring staff.

Mentoring can support nurse clinicians with their leadership development. Brown-DeVeaux et al. (2025) maintained growing future nurse leaders is important and that mentorship plays a pivotal role in cultivating a culture of community. Providing nurse clinicians with tools to support staff mentorship can in turn foster collaborative working environments at the unit level.

Offer Nurse Clinicians the Opportunity to Mentor Novice Nurse Clinicians and to be Mentored by Managers or Experienced Nurse Clinicians. Study responses indicated nurse clinicians felt mentoring from their managers or an experienced colleague would support their growth as leaders. Although informal mentoring may be taking place, there is no formal mentoring program offered to nurse clinicians at FMC. Nurse clinicians indicated the support provided by their managers and peers would benefit their leadership development. Qiuhua and Tucker (2024) maintained a formal leadership development program such as mentoring fosters leadership skills and knowledge and provides an excellent opportunity to better prepare novice leaders.

Given that FMC has an established leadership mentoring program, this recommendation requires minimal cost and easy implementation, while supporting FMC nurse clinicians' leadership development. The inclusion of nurse clinicians in this mentoring program at FMC would benefit nurse clinician leadership development and foster leadership capacity across the FMC site.

Recommendation 2: Implement an Annual Continuing Education, Face-to-Face Instructor-Led Workshop for FMC Nurse Clinicians

While AHS provides online education and a site clinical leaders workshop, these education opportunities are not targeted to nurse clinicians working in acute care at FMC. There is an opportunity to provide site-specific continuing education opportunities at FMC that specifically support nurse clinician leadership development. Professional and leadership development opportunities are factors that positively contribute to recruitment, retention, and patient care (Coventry et al., 2015; Salinas & Leger, 2024). Nurse clinicians provided multiple continuing education topics in this inquiry. These included opportunities to practise difficult conversations and complex situations that they encounter and see as challenging in today's healthcare system.

Engage Nurse Clinicians in the Development of this Workshop by Conducting an Annual Online Survey to Assess Nurse Clinicians' Ongoing Education Needs. Conducting an annual survey to assess nurse clinician leadership development needs would provide nurse clinicians with the opportunity to contribute their input on topics they see as most beneficial to them. Florencio et al. (2024) asserted, "Nurse leaders are striving and seeking proper resources to help them cope with the demands of the current times" (p. 388). Although this recommendation may require resources for the development and facilitation of an annual workshop, providing this continuing education opportunity would benefit nurse clinicians' leadership development.

Experienced nurse clinicians could be engaged in the development and facilitation of the workshop, which would in turn support their leadership development. Leadership training

programs and tools should prepare nurse leaders for both formal and informal leadership roles and be focused on developing key leadership competencies (Health Canada, 2024).

Recommendation 3: Consider Sponsoring the Development of a Nurse Clinician Community of Practice at FMC

The findings of the inquiry concluded nurse clinicians value peer support as an integral part of their leadership development and would benefit from a nurse clinician community of practice at FMC. Noar et al. (2023) maintained communities of practice are an effective form of knowledge management increasingly utilized in healthcare settings.

A community of practice could be established in which nurse clinicians at FMC have opportunities to explore common interests, pose questions regarding complex situations, and share information about current trends and practices. A community of practice would create opportunities for nurse clinicians to foster mentorship, connections, and support leadership development (Health Canada, 2024).

Team collaboration (see Figure 10) and peer support (see Figure 9) were identified as top priorities for nurse clinicians through the inquiry. Inquiry participants put forward multiple recommendations for peer collaboration and support from colleagues at a site level in the form of a site-wide nurse clinician meeting. A community of practice could provide opportunities for sharing resources, experiences, and learnings across units, programs, and the FMC site. Watson et al. (2025) suggested providing structured formal peer support opportunities help create a culture of caring and collaboration and work “to build a resilient, cohesive, and efficient healthcare workforce” (p. 33). Although this recommendation requires resources for the initial

development and implementation, sponsoring the development of a community of practice would provide nurse clinicians with invaluable peer support opportunities within the FMC site.

Recommendation 4: Invite FMC Nurse Clinicians to Provide Their Expertise and Input on Site Initiatives

The inquiry findings concluded nurse clinicians want to provide their input on initiatives at FMC, including quality improvement and changes at a site level. In their review, “Investing in Canada’s Nursing Workforce Post-Pandemic: A Call to Action,” Tomblin Murphy et al. (2022) investigated the impact of the pandemic on the nursing workforce in Canada to inform planning and implementation of sustainable nursing workforce strategies; they recommended nursing perspectives and expertise be represented in planning and decision-making processes at multiple levels, including clinical and policy spaces.

Create an FMC Nurse Clinician Email Distribution List to Allow for Streamlined Communication. Creating an FMC nurse clinician email distribution list could provide opportunities for improved communication and collaboration between nurse clinicians and FMC leaders throughout the site. FMC does not currently have a nurse clinician distribution list; therefore, no formal communication platform exists at the site. Such a list could provide FMC leaders with an efficient communication tool to reach all nurse clinicians at the site. This may also provide the opportunity to improve collaboration between the nurse clinician group at the site and serve as a communication platform for nurse clinicians to communicate with colleagues outside their areas.

An expression of interest distributed via an FMC nurse clinician distribution list could provide a platform to reach all nurse clinicians at FMC and offer opportunities to participate and

contribute their input and expertise on site-wide initiatives and changes. This is congruent with Tomblin Murphy et al.'s (2022) suggestion to recognize and value nurses' contributions to care and their wealth of expertise when engaging them in planning and decision-making processes.

This recommendation is practical, requires minimal cost, and would benefit nurse clinicians' leadership development. Initially, the creation of a nurse clinician email distribution list would require resources; however, providing opportunities for input and expertise on-site initiatives is important to nurse clinicians and would benefit the site as a whole.

Recommendation 5: Engage Health Professions Strategy and Practice to Develop a Standardized Provincial Job Description for the Nurse Clinician Position

A standardized provincial job description for the nurse clinician position would outline accountabilities, professional standards, and minimum requirements. By engaging the HPSP team, the job description could be developed with input from clinical and operational leaders. HPSP develops all provincial job descriptions to align with the organization's strategic direction, values, mission, and accreditation, as well as AHS's (2018) *Our People Strategy*, and the applicable regulatory and professional standards (AHS, 2025). The provincial job description also identifies minimum standards and typical duties and responsibilities for the particular healthcare provider role within AHS. Once created, an opportunity exists to include responsibilities, related experience, qualifications, and certifications required for specific areas that may not be captured in the standardized provincial job description (AHS, 2025).

This recommendation is practical, requires minimal cost, and offers ease of implementation, while benefiting nurse clinicians' leadership development. The organization's existing process for the development of standardized provincial job descriptions could be utilized

and would provide clarity on the roles and responsibilities, expectations, and experience required for nurse clinicians to thrive in these leadership roles.

The implementation of these five recommendations, provide the opportunity to support nurse clinician leadership development at FMC. I outline some of the organizational implications in the next section.

Organizational Implications

As recruitment and retention of nurses is at the forefront of Canadian provincial and territorial health ministers, there may be an opportunity to support the retention of nurse clinicians with this study's findings and recommendations. On October 17 and 18, 2025, the federal government hosted a 2-day meeting of the provincial and territorial health ministers from across Canada in Calgary, Alberta. The agenda included discussion on the need for federal funding to support the increased demands on the current healthcare system, interprovincial credential recognition for healthcare workers, and the retention and recruitment of nurses ("Provincial Health Ministers," 2025).

Over the course of my thesis, I met with my organizational partner several times, and they consistently offered support for this inquiry. Throughout various points in the inquiry, I presented formative information, preliminary findings, and final themes generated from the online survey and one-on-one interviews to my organizational partner. Our meetings presented opportunities to discuss potential recommendations that surfaced from the inquiry. Throughout the study, my organizational partner consistently responded with receptivity to the suggestions brought forward by nurse clinicians.

Prior to finalizing my thesis report, I convened a 30-minute virtual Make-it-Happen meeting with my organizational partner and other leaders within FMC. I invited nurse clinicians at the site; however, none were able to attend. The purpose of the meeting was to share study findings and collaboratively prioritize and confirm recommendations with my partner organization. I provided a brief overview of the study, including the main inquiry question and subquestions, followed by a summary of the key findings and proposed recommendations. To engage the group, I asked them to reflect on the following questions:

1. What findings resonate with you?
2. What recommendations do you see as a priority at FMC?
3. Who is inspired to further explore these recommendations?

The dialogue generated valuable insights, such as appreciation for the research and strong support for the recommendations. These included mentoring opportunities, the development of a community of practice, and face-to-face continuing education sessions. The discussion with the group highlighted the importance of fostering connections among nurse clinicians across the site and emphasized the passion nurse clinicians bring to their roles. My organizational partner expressed agreement with the final recommendations and their prioritization and noted none of the findings or recommendations were surprising and no adjustments were required. They acknowledged ongoing challenges in scheduling nurse clinician leadership development and creating opportunities for nurse clinicians to contribute to site-wide initiatives. The meeting concluded with my offer to present my research to teams, should they find it helpful in implementing the recommendations.

The inquiry and the recommendations in this report align with AHS's (2018) *Our People Strategy*, which highlighted four priorities: (a) a clear vision, shared purpose, and common goals; (b) a safe, healthy and inclusive workplace; (c) excellent leaders; and (d) empowered people. These recommendations are timely for all partners given the current restructuring of the Alberta healthcare system and the national trends in nursing.

The recommendations put forward to the organization may require change in some site practices and processes. While these recommendations may have impacts on the organization and system, key considerations in their development included practicality, ability to implement in a fiscally responsible way, and ease of implementation while contributing to nurse clinician leadership development. If the recommendations are not implemented by the organization, possible impacts could include diminished engagement in site initiatives and changes at FMC, decreased recruitment and retention for nurse leadership roles, and decreased job satisfaction. Organizational leaders at FMC and throughout the organization have the opportunity to advance these recommendations, include nurse clinicians in the implementation process, and ultimately contribute to nurse clinician leadership development.

Implications for Future Inquiry

This inquiry explored the perspectives of nurse clinicians at FMC who are passionate about their roles and responsibilities and want to engage in positive change through their leadership development. The recommendations proposed in this thesis report provide tangible initiatives that may support nurse clinician leadership development at FMC. Creating awareness within the organization around the benefits of clinician leadership development at FMC opens up opportunities for future inquiries.

One potential area to further explore includes the perspectives of novice nurse clinicians who have been in their role for less than 1 year. My study inquiry excluded this group as the inclusion criteria required nurse clinicians to be in their roles for a minimum of 1 year. During this inquiry, I discovered there are a number of novice nurse clinicians in these roles. This group of nurse clinicians may have different needs and preferences as it relates to their leadership development. Similarly, a second potential inquiry might examine the leadership development needs of all nurse clinicians working at FMC. My inquiry included nurse clinicians working in acute care at FMC and excluded nurse clinicians working in ambulatory and outpatient areas.

First-Person Learning and Reflection

Through this inquiry, I was reminded of the calling that is innate within the nursing profession to provide the best care to the patients we serve. This can be challenging for nurse leaders to navigate in an increasingly complex healthcare system. The ability to provide nurse clinicians with learning development opportunities such as the ones put forward in my recommendations is not always easy to achieve and may require innovative strategies to implement. It is important to prioritize nurse leadership development given the many competing priorities in acute care hospitals. Dr. Greta Cummings (as cited in Tomblin Murphy et al., 2022) asserted, “We must continue to grow our nursing leaders of tomorrow for clinical excellence, knowledge development and application, and for every health policy table and boardroom” (p. 1054).

I have acquired many learnings along the journey of completing a thesis. Although the end product is rewarding, I have found the process and the learnings I have attained along the way to be even more valuable. I have enhanced my leadership skills in communication,

collaboration, and critical thinking. I have a renewed systems perspective that will enable me to advocate and support sustainable, positive change in healthcare. The process has provided me with greater insight into how complex system change can be and that small groups, such as the nurse clinicians at FMC who participated in my inquiry, have the ability to help inform broad system change. My hope is that the recommendations outlined in my thesis report support positive change for nurse clinician leadership development opportunities at FMC. I have made myself available to my organizational partner to share my study findings and recommendations with AHS teams, and I hope to support awareness and implementation of the study recommendations.

Thesis Summary

Nurse clinicians have an important role in the acute care health system, especially within a large tertiary hospital such as FMC. My aim in conducting this inquiry was to explore how AHS might support the leadership development needs of nurse clinicians in acute care at FMC. Through the inquiry methods, the online survey and one-on-one interviews, nurse clinicians at FMC shared their thoughts, suggestions, expertise, and personal stories, which helped to inform the final study recommendations. The literature on nurse clinician leadership development contributed to the final study recommendations, along with consideration of their practicality, ability to implement in a fiscally responsible way, and the ease of implementation while benefiting nurse clinicians' leadership development. I applied an appreciative lens to inform the online survey and one-on-one interview questions, which provided an opportunity for participants to share their personal accounts of the ideal future state of nurse clinician leadership

development at FMC. I look forward to seeing the implementation of my recommendations and the positive impact they might have on nurse clinician leadership development at FMC.

Today's healthcare system is continuously changing (Florencio et al., 2024) and overburdened with nursing workforce shortages and increased complexity of patient care (Cummings et al., 2021). Nurse clinicians are navigating a complex healthcare system which necessitates leadership development opportunities that provide them with the tools and resources they need to thrive in their roles. Identifying factors that support nurse leadership development can support them in navigating the increased complexity of patient care and shortages in the nursing workforce (Cummings et al., 2021).

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Appendix A: Inquiry Team Member Letter of Agreement

In partial fulfillment of the requirement for a Master of Arts in Leadership degree at Royal Roads University, Sandy Manuel (the student) will be conducting an inquiry study at Alberta Health Services to explore the needs of nurse clinician leadership development at FMC. You can confirm the student's registration at Royal Roads University by contacting the Program Head, Niels Agger-Gupta at [email address]. The purpose of my thesis is to explore nurse clinician leadership development needs at FMC in collaboration with the participants in my study.

Inquiry Team Member Role Description

As a volunteer Inquiry Team Member assisting the student with this project, your role will include the following: piloting data collection methods, refining survey and focus group questions, validating data analysis techniques and findings, mitigating research bias, anonymizing survey and focus group data (RRU Students only) focus group facilitation (RRU Students only), and reviewing and providing feedback on final thesis recommendations. During these activities, you may be privy to confidential inquiry data.

Confidentiality of Inquiry Data

In compliance with the Royal Roads University Research Ethics Policy, under which this inquiry project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team members will only be used in the performance of the functions of this project and must not be disclosed to anyone other than persons authorized to receive it, both during the inquiry period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information.

Personal information will be collected, recorded, corrected, accessed, altered, used, disclosed, retained, secured and destroyed as directed by the student, under direction of the Royal Roads Academic Supervisor.

Inquiry Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with [Sandy Manuel], the student.

Statement of Informed Consent:

I have read and understand this agreement.

Name (Please Print)

Signature

Date

Appendix B: Research Information Letter

Nurse Clinician Leadership Development at Foothills Medical Centre: Pro00153924

Nurse Clinician Leadership Development at FMC

Dear [Prospective Participant],

This letter is to invite you to be part of a research project exploring the needs of Nurse Clinician Leadership Development at FMC.

My name is Sandy Manuel, and this research project is part of the requirement for a Master of Arts in Leadership - Health at Royal Roads University. You can confirm my registration at Royal Roads University by contacting the Program Head, Dr. Niels Agger-Gupta [email address].

Purpose of the study and sponsoring organization

The purpose of my research project is to provide answers to the research question, “How might AHS support leadership development needs of nurse clinicians in acute care at the Foothills Medical Centre (FMC)?” by exploring the following questions:

- What is the current state of nurse clinician leadership development at the FMC?
- What does the ideal future state of nurse clinician leadership development at the FMC look like?
- What might enable nurse clinician leadership development at the FMC?
- What strategies should AHS put into place to support nurse clinician leadership development?

Your participation and how information will be collected

The research will consist of an on-line survey and virtual focus groups. The questions in both the survey and focus groups are intended to help understand the needs of Nurse Clinician leadership development at FMC and to identify potential Nurse Clinician leadership development initiatives.

Online Survey: The online survey will take approximately 15–30 minutes to complete depending on the level of feedback you provide. The survey will open on June 2, 2025, and close on June 22, 2025.

Virtual Focus Group: The focus group will be conducted virtually via Zoom® and is tentatively scheduled for May or June 2025. A third party (Andrew Mardell and/or Natalie Samaco, RRU MAL-H students who are on my inquiry team) will facilitate up to four focus group sessions depending on interest. During the focus group, they will present themes that were harvested from the survey to focus group participants. Focus group participants will subsequently have an opportunity to identify and prioritize recommendations for nurse clinician leadership

opportunities and initiatives. The focus group will consist of up to 10 participants who will be selected on a first come, first served basis by the facilitator. The focus group is anticipated to last between 60–90 minutes. Participants will be reminded of the importance of confidentiality and will be asked not to disclose identifying information, or who was in attendance during the focus group to others outside of the focus groups.

Benefits and risks to participation

Benefits to Participation: As the researcher, I will benefit from this research as it is a requirement for my Master of Arts in Leadership – Health Specialization degree. This study will contribute to the body of knowledge regarding leadership development in nursing. Your input is important to help inform the needs of nurse clinician leadership development at FMC. This will result in a set of actionable recommendations that Alberta Health Services may implement to support Nurse Clinician leadership development at FMC and possibly beyond. The recommendations will be provided to AHS senior leadership who are sponsoring this research.

Risks to Participation: This project is deemed to be of low risk to participants. There is a risk that participants have expectations that AHS will implement the recommendations generated by this study. While AHS is supportive of this inquiry, there is no guarantee that participant recommendations will be acted upon, or that recommendations will be implemented to the satisfaction of participants. Another risk is a breach of confidentiality with participation in the on-line focus group as there will be up to ten participants in the group. I will ensure to set clear expectations of confidentiality within the focus group participants prior to online focus group sessions. There is a slight risk that your participation may trigger uncomfortable memories or feelings. Please consider this as part of your decision on whether or not to participate. Many supportive resources are available through AHS: Contact Employee & Family Assistance Program (EFAP): [telephone number] | homeweb.ca | e-AP; Available 24 hours a day, 7 days a week.

By providing these risks and benefits, I hope to enable potential participants to assess whether the benefits outweigh the risks and determine whether or not you wish to participate in my study.

Inquiry team

My inquiry team consists of two fellow classmates from the Master of Arts in Leadership - Health program and two fellow AHS Managers who will provide support to me throughout this study. They will help me validate data analysis techniques and findings, review recommendations, and provide critical feedback as I develop my final thesis report. The AHS Managers and me, as the principal researcher, will not participate in focus groups and will only receive anonymized data from the survey and focus group sessions. This means that there will be no personal identifiers presented in summarized data. MAL-H students will receive and anonymize the survey data and facilitate the focus group sessions. They will ensure that all data and information from the survey and focus group sessions are anonymized prior to analysis of the data by me, the principal researcher.

Real or Perceived Conflict of Interest

I am a Patient Care Manager with AHS. I am the principal investigator of this study; I will conduct the survey and have a third party (Andrew Mardell, a RRU MAL-H student who is on my inquiry team) receive and anonymize the data. I will have a third party (Andrew Mardell and/or Natalie Samaco, RRU MAL-H students who are on my inquiry team) facilitate the focus groups. I will not have any direct reports participating in my study and do not currently work at the FMC site. I will benefit from the study as part of completion of my Master of Arts in Leadership – Health degree. I disclose this information here so that you can make a fully informed decision on whether or not to participate in this study.

Confidentiality, security of data, and retention period

I will work to protect your privacy throughout this study. All information collected will be maintained in confidence. Anonymized data will be stored on a password protected computer on my home computer. Any electronic data (such as transcripts or audio files) will be stored on a password protected computer by the third party facilitator (Andrew Mardell and/or Natalie Samaco, RRU MAL-H students who are on my inquiry team). Information will be audio and video recorded, and, where appropriate, summarized, in anonymous format, in the body of the final report. At no time will specific comments be attributed to any individual unless specific agreement has been obtained beforehand. No data will be stored on the Zoom platform. Audio and video recordings will be transcribed via Zoom AI Companion and anonymized by a third party (Andrew Mardell and/or Natalie Samaco, RRU MAL-H students who are on my inquiry team). Survey data will be recorded in an anonymous online survey platform through a Royal Roads University SurveyMonkey account. Focus group data will be auto-transcribed using Zoom AI Companion and aggregated and anonymized in the body of the final report. Quotations may be used but will not be attributed to any individual. All documentation will be kept strictly confidential.

Raw and analyzed data will be kept until five years after the report has been handed in, and then it will be destroyed. Any identifiable information pertaining to an individual who has withdrawn from the study will not be included in the anonymized data collected. I will use Zoom® for the online focus groups.

Sharing results

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership - Health, I will also be sharing my research findings with Alberta Health Services. The data collected will potentially be used in scholarly or professional articles, books, or conference presentations. My research report will be disseminated within AHS. Study participants may obtain a copy by contacting me at [email address]. The research results will be published in public outlets, including a thesis that will be published in RRU's Digital Archive, Pro-Quest and Library and Archives Canada.

Procedure for withdrawing from the study

You are not required to participate in this research project. If you choose to participate, there are many opportunities for you to withdraw, without prejudice.

Online Survey Withdrawal:

By responding directly to the online survey, you indicate that you have read and understood the information provided here and give your free and informed consent to participate. You are free to withdraw from the online survey at any point up until you click the Submit button at the end of the on-line survey. As your responses will be anonymous, once you submit, it will not be possible to withdraw them from this study.

Focus Group Withdrawal:

If you have expressed interest in participating in the focus group and have received an invitation, you can withdraw by notifying the third party facilitator (Andrew Mardell at [email address]; a RRU MAL-H student who is on my inquiry team) via email at any time before the focus group begins. You may also withdraw at any time during the focus group.

You are not required to participate in this research project. By your participation in the on-line survey and your expression of interest to participate in the focus group and signing the focus group consent form you indicate that you have read and understand the information above and give your free and informed consent to participate in this project.

If you have any questions regarding your rights as a research participant, please contact the Royal Roads University Office of Research Ethics at [email address] or University of Alberta Ethics Office at [email address].

Please contact Andrew Mardell with any questions regarding the survey or the study at: [email address]

The online survey is live as of June 2, 2025, and will be available until June 15, 2025 at: [survey link]

Please keep a copy of this information letter for your records. Completion and submission of the survey implies consent to participate.

Sincerely,

Sandy Manuel RRU MAL-H Student
[email address]

Appendix C: Invitation Poster



Inviting NURSE CLINICIANS To Participate in a LEADERSHIP DEVELOPMENT STUDY

Would you like to contribute to Nurse Clinician Leadership Development ?

Are you a Nurse Clinician working in acute care or critical care at FMC and have been in your role for at least one year?

ON-LINE SURVEY ✓

VIRTUAL FOCUS GROUPS ✓

For More Information:

Scan the QR Code



Alberta HREB #Pro00153924



SURVEY PARTICIPANTS MAY RECEIVE A \$10 COFFEE CARD & FOCUS GROUP PARTICIPANTS WILL BE ENTERED IN A DRAW FOR A CHANCE TO WIN A \$100 GIFT CARD



OR Contact:

[email address]

Royal Roads University Master of Arts in Leadership-Health Student

Appendix D: Email Invitation

I am contacting you on behalf of Sandy Manuel, a Master of Arts in Leadership-Health student at Royal Roads University.

Manager/UM Action: Please forward this invitation to participate in this study to inpatient and critical care Nurse Clinicians in your area who have been in their role for at least one year and are currently working in an inpatient or critical care unit at FMC.

Dear Nurse Clinicians,

I would like to invite you to be part of a research project that I am conducting on Nurse Clinician Leadership Development at FMC. This project Nurse Clinician Leadership Development at Foothills Medical Centre: Pro00153924, is part of the requirement for my Master of Arts in Leadership-Health degree, at Royal Roads University. This project has been approved by Rachel Rouble, Executive Director at FMC, AHS, and I have been given permission to contact potential participants for this purpose.

Purpose

- The purpose of my research is to identify the needs of Nurse Clinician leadership development at FMC and to collaborate with participants to make recommendations for Nurse Clinician leadership development initiatives and opportunities at FMC.
- This phase of my research project will consist of an initial on-line survey, followed by virtual focus group(s).

Participation: What does it look like?

- Your participation is entirely voluntary
- This phase of my research project will consist of an initial on-line survey, followed by a virtual focus group(s).

Research Information Letter

- The attached Research Information Letter contains further information about the study conduct and will enable you to make a fully informed decision on whether you wish to participate. Please ensure you review this information letter before participating.

Survey Link

Please click on the link or QR code to participate in the on-line survey: [link to survey]

[QR code]

Sincerely,

Sandy Manuel RRU MAL-H Student

[email address]

Appendix E: Online Survey Preamble and Questions**Nurse Clinician Leadership Development at Foothills Medical Centre: Pro00153924****Online Survey: Leadership Development Needs of Nurse Clinicians at FMC****June 02, 2025****Preamble:**

My name is Sandy Manuel, and this research project, *Leadership Development Needs of Nurse Clinicians at FMC* is part of the requirement for a Master of Arts in Leadership - Health at Royal Roads University. The research includes this online survey and is estimated to take 15-30 minutes to complete depending on the level of feedback you provide. The purpose of my research is to identify the needs of Nurse Clinician leadership development at FMC and to collaborate with participants to make recommendations for Nurse Clinician leadership development initiatives at FMC. The information you provide will be summarized, in anonymous format, in the body of my final thesis report. High level themes will be presented to focus group participants (please see invitation to participate at the end of this online survey). At no time will any specific comments be attributed to any individual. All data received will be kept confidential. Please note that as the research, I will only see anonymized data. The inquiry team (Andrew Mardell, a RRU MAL-H student on my inquiry team) will collect the data and remove all identifiers, before providing it to the researcher.

Procedure for withdrawing from the study

You are not required to participate in this research project. If you choose to participate, there are many opportunities for you to withdraw, without prejudice.

By responding directly to the online survey, you indicate that you have read and understood the information provided here and give your free and informed consent to participate.

You are free to withdraw from the online survey at any point up until you click the *Submit* button at the end of the online survey. As your responses will be anonymous, once you submit, it will not be possible to withdraw them from this study.

Your completion of this online survey will constitute your informed consent.

Section ONE: Demographic Information

1. What is your age group?
 - 18–24
 - 25–34
 - 35–44
 - 45–54
 - 55–64
 - 65 + years

2. What area of nursing do you work in at the Foothills Medical Centre (FMC)? (Please check)
 - Critical care
 - Medicine
 - Surgery
 - Other _____

3. How many years have you worked in your current position?
Number of Years _____

4. What is your highest education level?
 - Diploma (nursing)
 - Baccalaureate degree (nursing)
 - Baccalaureate degree (non-nursing)
 - Master's Degree (nursing)
 - Master's Degree (non-nursing)
 - Doctorate
 - Other (please specify) _____

Section TWO: Leadership Development for Nurse Clinician Role

5. How comfortable do you feel in your **leadership** role at FMC?
 - Extremely comfortable
 - Comfortable
 - Somewhat uncomfortable
 - Extremely uncomfortable

6. What might make you more comfortable in your **leadership** role? Please click all that apply.
 - Continuing education opportunities
 - Peer support

- Coaching
- Mentoring
- Regular 1:1 meeting with my Unit Manager
- Shadowing expert nurse clinicians
- Other (please explain):

Section THREE: Nurse Clinician Leadership Development Education

7. How important is Nurse Clinician leadership development to you?
- Extremely important
 - Important
 - Somewhat important
 - Not important
8. Have you participated in continuing education or professional development sessions related to leadership within the last 2 years?
- Yes
 - No
 - If yes (please provide the name of the education or professional development sessions):

9. Currently, do you think there are adequate leadership development opportunities available for Nurse Clinicians at FMC?
- Yes
 - No

- 10 Rank the following in order of your preferred leadership development topic you feel would be most helpful to you in your leadership role as a nurse clinician (1 being your most preferred).

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Cultural Sensitivity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Team Collaboration & Conflict management | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Change Management | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Emotional Intelligence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Communication | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- Time management & Priority setting 1 2 3 4 5

11. Are there any additional leadership topics you feel would be helpful in your leadership role as Nurse Clinician?

12. Rank the following in order of your preferred learning formats (1 being your most preferred).

- Independent Learning 1 2 3
- Instructor-Led Training (ILT) 1 2 3
- Online Learning 1 2 3

13. Rank the following in order of your preferred delivery of education sessions (1 being your most preferred).

- Lectures/ Seminars 1 2 3 4 5
- Workshops 1 2 3 4 5
- Tutorials/Modules 1 2 3 4 5
- Community of Practice 1 2 3 4 5
- Webinar/ Podcasts 1 2 3 4 5

14. Are there any additional education delivery sessions you would like to see offered?

- No
- Yes (please specify)

Section FOUR: Additional supports for Nurse Clinician Development and Consideration

15. What other support needs or resources do you think would be helpful for your leadership development?

16. Are there additional areas or considerations that you think are important and have not been addressed in this survey? If so, please provide your comments below.

If you are interested in participating in a **60–90-minute focus group** focused on nurse clinician leadership development, please email: [email address] to indicate that you would like to be included.

If you are interested in obtaining a **\$10 coffee card for your participation**, please email administrative assistant [email address] to pick up your gift card. Please note, this will be kept confidential and will not be shared with the researcher or organizational partner.

If you would like an executive summary from my final thesis report, please email Sandy Manuel: [email address]

Appendix F: Virtual Focus Group/Interview Consent

By signing this form, you agree that you are over the age of 19 and have read the information letter for this study. Your signature states that you are giving your voluntary and informed consent to participate in this research project and data you contribute, used in the final report and any other knowledge outputs (general presentations, conference presentations, newsletters, etc.).

The Virtual **Focus Group/Interview** will be audio-recorded, with all the confidentiality and anonymity provisions as described above, for the single purpose of creating an anonymous transcript of the session, after which the recording will be deleted. By consenting, you have not waived any rights to legal recourse in the event of research-related harm.

Giving your informed consent to participate below, also indicates you agree your focus group session will be audio and video-recorded, with all the confidentiality and anonymity provisions as described above, for the single purpose of creating an anonymous transcript of the session, after which the recording would be deleted.

- I consent to quotations and excerpts expressed by me through audio, Zoom®, and written transcription be included in this study, provided that my identity is not disclosed.
- I consent to the material I have contributed to and/or generated in the focus group through my participation in the focus be used in this study and beyond (as per the information letter).
- I commit to respect the confidential nature of the focus group by not sharing identifying information about the other participants outside of the group.

Name: (Please Print): _____

Signed: _____

Date: _____

To consent to participation, please return this signed form to [email address].

Appendix G: Virtual Focus Group Invitation**Nurse Clinician Leadership Development at Foothills Medical Centre: Pro00153924**

Dear [Prospective Participant],

Thank you for your interest in your participation in 60–90-minute online focus group on Nurse Clinician leadership development at FMC.

Please RSVP by Friday, June 20, 2025

Insert Zoom® Invitation:

The purpose of my research is to identify the needs of Nurse Clinician leadership development at FMC and to collaborate with participants to make recommendations for Nurse Clinician leadership development initiatives at FMC.

This phase of my research project will consist of the on-line focus groups. The attached document (Research Information Letter) contains further information about the study conduct and will enable you to make a fully informed decision on whether you wish to participate. Please ensure you review this information letter before your participation in the focus group.

Procedure for withdrawing from the Virtual Focus Group

Please be aware that you are not required to participate in this research project and, should you choose to participate, your participation would be entirely voluntary. If you choose to participate in a focus group, you can withdraw up until the focus group is scheduled, without prejudice. If you have expressed interest in participating in the focus group and have received an invitation, you can withdraw by notifying the facilitator via email at any time before the focus group begins. During the focus group, you may withdraw by dropping off the focus group and notifying the facilitator via email. Your participation in a focus group will only be known by facilitators and other participants in that focus group. Please note that once the focus group is completed, I will not be able to remove individuals' data, therefore, if you decide to withdraw from the study, this must take place prior or during the focus group. All data collected from the focus group will be anonymized and kept confidential.

Please contact Andrew Mardell with any questions regarding the focus group or study at **[email address]**.

Sincerely,

Sandy Manuel
RRU MAL-H Student
[email address]

Appendix H: Virtual Focus Group Outline & Questions

Online (Zoom®) Focus Group: Leadership Development Needs of Nurse Clinicians

Note: These questions may change depending on analysis of survey data and high-level themes that are harvested from the survey data.

(Approximately 60-90 minutes)

Please be aware that you are not required to participate in this research project and, should you choose to participate, your participation would be entirely voluntary. If you choose to participate in this focus group, without prejudice. Your participation in this focus group will only be known by the facilitators and the other participants in the focus group. Please note that once the focus group is completed, I will not be able to remove individuals' data, therefore, if you decide to withdrawal from the study, this must take place prior to the start of this focus group. All data collected from the focus group will be anonymized and kept confidential. You can withdraw by dropping off the focus group and notifying the facilitator via email [email address] at any time during the focus group.

Introduction:

- Welcome, introductions and Land Acknowledgement
- Discuss consent and withdrawal process
- Provide overview of research project
- Discuss expectations of confidentiality

Interview:

- Provide outline and agenda (include break)
- Provide summary of survey themes

DRAFT Questions:

1. Could you share a story of a time you were most proud of being a nurse clinician and a leader? What happened that time?
2. What stands out to you from the themes presented?
 - a. Is there anything you would like to add to these themes?
3. Close your eyes and think forward to the ideal workday where you as a nurse clinician are feeling confident in your leadership skills
 - a. What is happening?
 - b. What can you say is different from today?
4. What Nurse Clinician leadership development initiatives would you like to see at FMC?
 - a. *Use a liberating structure to come to consensus on initiatives (1, 2, 4, All)*

- i. *Use Zoom® break out groups on Zoom®*
5. What strategies and resources do you think would help support Nurse Clinician leadership development at FMC?
6. Is there anything else you would like to say about leadership and leadership development as a nurse clinician, that I have not asked?

Conclusion:

- Thank group for their participation
- Share my contact information if participants have questions
- Share next steps and sharing recommendations
- Share that participants will be added to a draw for a gift card
- Reminder of confidentiality and anonymity

Appendix I: Thesis Summary Infographic

