

ORIGINAL ARTICLE

Experiential meaning of a decent quality of work life for nurse managers in a university hospital

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ABSTRACT

Objective: Successive reorganizations of healthcare system around the globe have placed enormous pressure on the work of nurse managers (NMs) and this has eroded their quality of work life (QWL). However, little is known about the meaning of NMs' QWL.

Aim: Inspired by Watson's Human Caring Science perspective, this study aimed to describe and understand the meaning of QWL among NMs working in a affiliated-university hospital.

Methods: A descriptive phenomenological method the Relational Caring Inquiry (RCI) was conducted to describe and understand the experiential meaning of QWL. This qualitative method was used to collect and analyze data from two semi-structured interviews with 14 NMs in an affiliated-university hospital in Quebec, Canada.

Results: The results have identified the following five Eidos-themes to describe and understand the experiential meaning of QWL: (1) actualizing leadership and political skills to improve the quality of nursing care; (2) contextual elements conducive to humanization of the organization; (3) organizational support promoting socioprofessional and personal fulfillment; (4) learning culture within the organization to encourage the development of nursing management skills; and (5) personalized support addressing the specific needs of new NMs. For NMs, the essence of the QWL experience is defined as a socioprofessional emancipation of NMs in their clinical-administrative practice in humanist organizations.

Conclusions: Taking an organizational humanization perspective, the results reveal sustainable and practical potential strategies aimed at optimizing QWL implementation programs.

Key Words: Human Caring Science, Humanistic management perspective, Phenomenology, Relational Caring Inquiry, Nurse manager's quality of work life

1. INTRODUCTION

The practice conditions of nurse managers (NMs) have deteriorated steadily over the years following multiple structural reforms to healthcare systems around the world, which risk to jeopardize their quality of working life (QWL). These multiple reforms have destabilized their work, creating uncertainty regarding NMs' role and responsibilities over the

years^[1-5] and appear to be a root cause of dissatisfaction and professional burnout.^[1,4-7] Shirey et al.,^[8] Mayrand Leclerc,^[11] and Villeneuve^[5] have claimed that restructuring of the healthcare system was responsible for the high rate of NMs' absenteeism and turnover. More specifically, several studies^[5-14] have reported that many NMs experienced sluggishness, suffering, and psychological distress in the

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workplace, which, over the long run, could have negative impacts on their emotional health and QWL. In the past decade, other studies^[13-19] have shown these emergent problems to be accompanied by demoralization, demotivation, and professional burnout. However, to our knowledge, none of these studies established a direct link with NMs' QWL, nor studied this phenomenon in depth.

1.1 NMs' scope of practice

NMs are supposed to provide transformational leadership in planning, organizing, and delivering care and services.^[1,20] They also play a political role in influencing decisions regarding the management of human, financial, material, and informational resources geared to achieving the organization's mission. According to the management practice standards of the American Nurses Association,^[20] in addition to performing their managerial duties and responsibilities, NMs must defend the interests of hospitalized clients by ensuring their wellbeing as well as care quality and safety. They must also regularly update their professional management skills to meet ministerial and organizational requirements for optimal management of the work environment for the benefit of nursing staff, on the one hand, and of both accessibility and continuity of care and services for the benefit of the population, on the other.^[21]

In reviewing the scientific literature,^[12-20] we found that a significant amount of NM time is spent on the administrative management of operations, including staff training, work schedule management, mentoring, substitutions, completion of forms of all kinds, participation in meetings, drafting of minutes, checking payroll, supervision, and mail delivery. Finally, striking a balance between their clinical and administrative roles was essential for NMs to assume their clinical-administrative leadership within the organization.^[11,22] For example, the NMs' administrative role consists of hiring and evaluating the performance of staff nurses, developing departmental budgets, and maintaining inventory of medicines, equipment, and nursing supplies.^[11,20-24] As to the clinical role of NMs, they must be able to mentor nurses' clinical practice, develop education programs, and contribute to the staff's professional development.^[20] For example, NMs also use strategies for risk anticipation and assessment to design, implement, and evaluate plans of care for a cohort of patients in a context of infection outbreaks.

1.2 Overview of the scientific literature on QWL in the discipline of nursing

In the field of nursing administration, our review of literature showed that various authors have only scratched the surface of the QWL phenomenon. Indeed, both quantitative and qual-

itative studies published in the field of nursing management have dealt with distress and suffering at work,^[2,6] structural factors,^[5] factors in employee attraction and retention,^[7] emotional health,^[9] organizational structure,^[14] factors that influence the NM's practice environment,^[1,3] and NMs' lack of influence at work.^[17-19] However, none of these studies have linked these factors to QWL specifically.

O'Brien-Pallas and Baumann^[25] were the first to develop a theoretical model to examine the various QWL variables within the discipline of nursing. They sought to establish connections between the working environment of nurses, their experiences, the specific features of the healthcare system, and QWL. O'Brien-Pallas and Baumann^[25] took the various dimensions of the work environment and broke them down into two groups: internal and external to the healthcare facility. The organization's internal dimensions were structured into four groups of factors: (1) individual wellbeing, (2) social/environmental/contextual factors, (3) work organization, and (4) administration. For their parts, external dimensions included: (1) user demands, (2) healthcare policy, and (3) the labour market. Based on O'Brien-Pallas and Baumann's model of QWL, Lee, Dai and McCreary^[23] have developed their own conceptual framework for Chinese QWL scale. They have established significant positive relationships evidence of nurses' QWL between economic context, work environment, supportive milieu, professional recognition, workload, teamwork, and autonomy of nurses ($r = 0.72$, $p < .01$).

Nevertheless, to our point of view, this model fails to include the person at its core. Moreover, these authors created their model for staff nurses rather than NMs. Therefore, to our knowledge, no study had ever explored the meaning of QWL from NMs' viewpoint. Additionally, none of these previously mentioned studies have looked at QWL from Watson's Human Caring Science^[26-28] perspective. Considering the lack of knowledge about the NMs' QWL as well as the difficult working context of these professionals, it seems crucial to realize a qualitative study designed to describe and understand the meaning of the QWL for these professionals (NMs).

1.3 Aim and research question

Against this background and in light of the paucity of knowledge of NMs' QWL, we undertook a phenomenological study to describe and understand the experiential meaning of QWL for NMs working in a affiliated-university hospital in Canada. The research question of our study was: What is the meaning of QWL for NMs working in an affiliated-university hospital.

2. METHOD

Watson^[26–28] strongly recommended using an existential-phenomenological approach to nursing research to better explore and understand the meaning of phenomena as lived and perceived by research participants. We chose to use the method “Relational Caring Inquiry (RCI)” developed by Cara^[29] and also utilized in particular by Cara, O’Reilly and Brousseau,^[30] O’Reilly^[31] and Delmas, O’Reilly, Iglesias, Cara, and Burnier.^[32] Inspired by the work of several authors, including those related to caring philosophy and phenomenological methodology,^[29–38] this qualitative research method is employed to describe and understand phenomena in the field of nursing.^[29,35–39] Cara^[29] used Husserl’s phenomenology to mainly guide the data analysis and interpretation process, whereas the caring philosophy provided an important ontology to transform nursing research into a relational human process. In other words, the ontology of Caring invites this method to be relational, dialogical, and transformative.^[29,30,37]

2.1 Participants, setting, and ethics

In this qualitative research, a convenience sample was used.^[38–40] The target population for our study consisted of NMs working in a French-speaking affiliated-university hospital in Quebec, Canada. It should be noted that a caring-based approach had been implemented in this milieu since 2004.^[41]

After we received approval to conduct the study from both the Scientific Committee of the Faculty of Nursing of Université de Montréal and the Research Ethics Board (REB) of the hospital, a certificate of authorization was issued by the affiliated-university hospital in November 2010. Together with the Director of Nursing (DON), we held an information session for all of the establishment’s NMs (n = 30), at which time they were invited to participate in the study. The principal researcher was invited to present the project to the NMs and answer questions. After the departure of the DON, 14 NMs expressed a desire to participate in this research and signed the consent form, which also enabled the researchers to collect their socioprofessional data. Hence, the DON was not aware in any way of the identity of the 14 participants. The consent form explained the research project in detail, specifying purpose, terms, conditions of participation, benefits, inconveniences or discomforts, and potential risks. Finally, the NMs were free to withdraw without prejudice.

2.2 Data collection and analysis

The following segment will outline the process of the RCI developed by Cara,^[29] in seven phases. This phenomenological method^[29,32,33,37,42] was used to describe and understand

the QWL among 14 NMs working in an affiliated-university hospital in Québec, Canada.

Phase 1: Acknowledging the researcher’s worldview

This phase was inspired by Husserl’s^[34] notion of bracketing. It coincides to the acknowledgement of the researcher’s values, belief, context, and assumptions related to the QWL. Such procedure is useful in order to understand that one’s background and underpinnings influence one’s interpretations throughout the study.^[29,31,33–37] In other words, it promotes listening and honoring all participants’ stories regarding the phenomenon. This was especially necessary because the principal researcher developed preconceptions through his professional experiences as a nurse manager.

Phase 2: Seeking participants

This step corresponds to advocacy, ethical responsibility, and the selection of research participants.^[29,31,33,37] As recommended by Cara, the usual ethical procedures were realized to assure that confidentiality was respected. Therefore, each participant was requested to sign a written consent for the audio-taped interviews (two interviews took place), and its field notes.^[29,31,33,37] Although not needed, a resource was offered in case a participant would require to discuss with someone after the interview.^[29,31,33,37] As suggested by Lincoln and Guba,^[43] we were open to a variation of exemplars so to further data collection. In phenomenological research, Benner^[44] recommends to recruit until “redundancy” (similar to data saturation) is reached by the investigator.

Phase 3: Being present to participants’ stories

This step is concerned with the interviewing moment.^[42] In the course of the interview, the principal open-ended question (first question from the interview guide) was shared with each participant: Tell me a story about a personal experience regarding the quality of working life as a NM? The semi-directed individual interviews were conducted in French during 60 to 90 minutes over a six-month period (February to July 2011) with 14 participants. All participants were asked to respond in the form of a story about a personal experience and to share it with the researcher.^[29,37] The researcher’s presence, openness, and compassion are essential at this step in order to foster the expression of their story.^[29,31,33,37,42,43]

Phase 4: Discovering the essence of the participants’ stories

Inspired by Husserl’s^[34] perspective, this phase is consistent with the analysis and interpretation of each participant’s stories in order to reveal its meaning. First level of analysis was done by proceeding to the transcription of all 14 interviews, then its transformation into a summarized story, followed by

an analysis and interpretation achieved to reach the essence of each NM’s QWL experience. As per Cara,^[29] a second level of analysis was realized for sub-themes to emerge in order to identify the elements describing the experiential meaning of the NMs’ QWL.

Phase 5: Reciprocating the participants’ stories

According to Cara,^[29] this phase is concerned with mutuality, between the researcher and each participant, assisting them to elucidate and expand their meaning related to the phenomenon. In fact, being informed by a relational caring ontology, we believe that additional interviews encourage participants to validate and co-create findings.^[29,31,32,37,42] Hence, before the second telephone meeting, a copy of the summarized story and its analysis were sent to each participant, so to bring forth any appropriate changes during the second interview.^[29] Giving them time to think can contribute to heighten their understanding of their own perceptions.^[29,32,33,37] We believe that it is fundamental to share the analysis and interpretation process with the participant, in order to promote a relational dialogue (RCI’s 6th phase) within the RCI.^[29,30,37,42] In our study, 13 of the 14 participants have responded to the second interview. Because the principal researcher was not able to reach the 14th participant, he had to rely on his own interpretation for all metaphors used by the NM during the first interview.

Phase 6: Relational caring process

This step corresponds to the second interview and is distinguished by the relational dialogue between each participant and the researcher.^[29,30,32,37,42] From the relational dialogue, the researcher looked for the participants’ perceptions about the data analysis and interpretation (validation of the summarized story and its analysis) and invited discussion and negotiation to seek a co-creation of meanings related to the phenomenon for each participant.^[29,30] During this phase, as mentioned by Cara, O’Reilly, and Brousseau,^[30] the principal researcher invited the participants’ advanced reflection or vision on how to improve or solve problems in regards to the QWL’s phenomenon. The third level of analysis and interpretation of the second interview’s dialogue was realized by the principal researcher and sent to the 13 participants for feedback. At the end of this step, the researcher expressed his gratitude to the research participants for their precious contribution.

Phase 7: Elucidating the essence of the phenomenon

This phase was consistent with the fourth level of analysis and interpretation^[31,32,39] of all participants’ stories in order to elucidate the essence or essential structures of the QWL for the NMs. Cara^[29] was inspired by Husserl’s^[34] eidetic

reduction in order to reach the essence, moving beyond each individual story, towards the emergence of the universal meaning (or essential structures) of the phenomenon. To fulfill the eidetic reduction, free or imaginary variation was utilized, consisting of questioning the place of each element within a group of data to facilitate the emergence of the universal essence of the phenomenon, as co-created meanings,^[29–32,37,42] in our case, QWL of NMs.

3. RESULTS

Data analysis was performed manually over a period of 11 months. This allowed identifying 14 themes, which were grouped into five Eidos-themes related to the experiential meaning of QWL for NMs. The redundancy was obtained with the 12th participant. According to Cara,^[29] “the word « Eidos » was used by Husserl,^[34] to represent the universal essence of a phenomenon” (p. 74-75) (see Table 1).

Table 1. Participants’ socioprofessional characteristics (N = 14)

Characteristics	N	(%)
Gender		
• Female	10	(71.14)
• Male	4	(28.57)
Age (years)		
• 20-29	1	(7.14)
• 30-39	6	(42.85)
• 40-49	5	(35.71)
• 50-59	2	(14.28)
• 60-69	0	-
Education Level		
• College	1	(7.14)
• University 1 st cycle Sc. of nursing or Accumulated certificates	4	(28.57)
• University post graduate studies 2 nd cycle (Higher Studies Diploma)	3	(21.42)
• Masters	6	(42.85)
Years of experience in nursing management		
• 0-3	4	(28.57)
• 3-5	5	(35.71)
• 5-10	3	(21.42)
• 10-15	1	(7.14)
• 15-20	0	-
• 20+	1	(7.14)
Line of practice		
• Surgery	2	(14.29)
• Perinatal	1	(7.14)
• Mental Health	3	(21.42)
• Critical Care	1	(7.14)
• Specialized Care	1	(7.14)
• Other	6	(42.85)
Position occupied		
• Head of Unit	10	(71.4)
• Care coordinator	1	(7.14)
• Head of Clinics	3	(21.42)

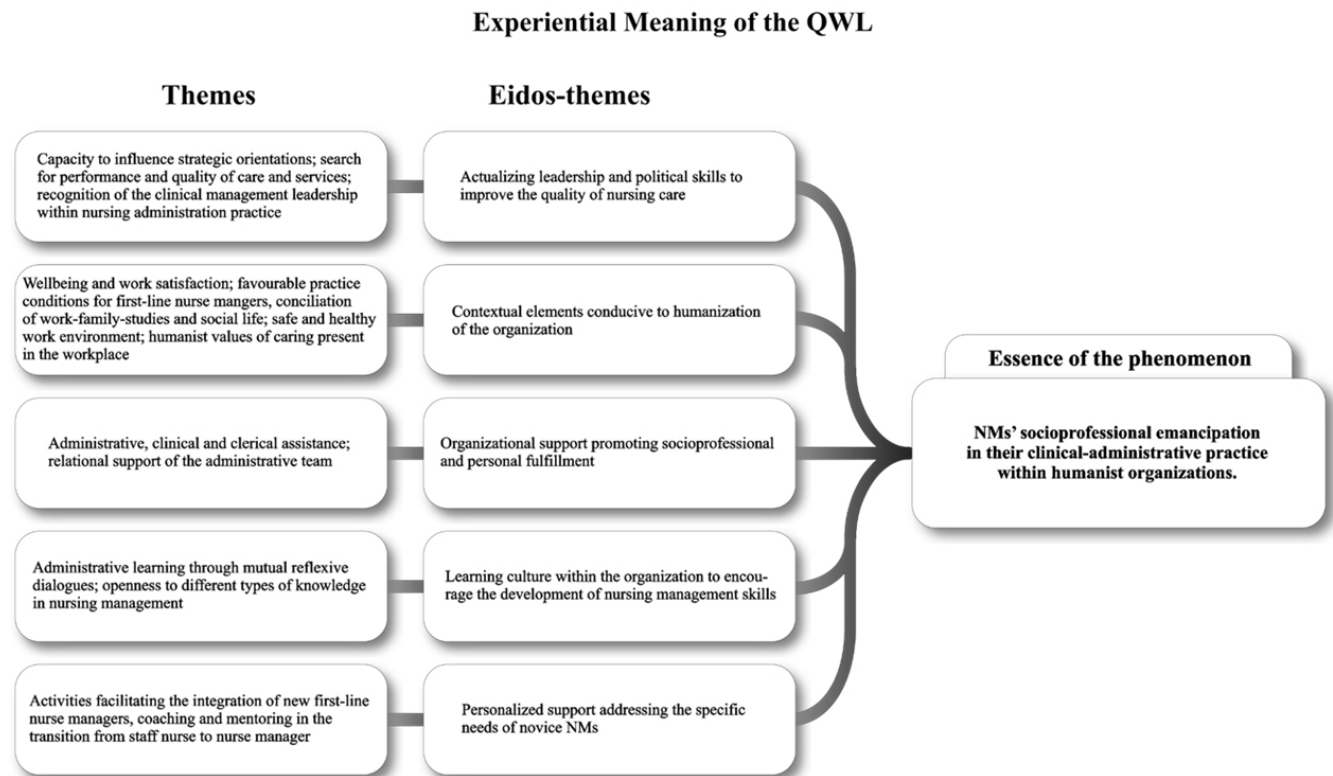


Figure 1. Five Eidos-themes illustrated by the 14 participants

The five Eidos-themes, expressed by the totality of the participants, are described by order of importance inside the Figure 1.

For NMs, the essence of the QWL experience is defined as: the NMs' socioprofessional emancipation in their clinical-administrative practice within humanist organizations. In other words, QWL corresponds to the ability to actively participate in administrative decisions and professional development activities in order to influence healthcare policy at all levels. NMs also stated that when they can openly demonstrate inspirational leadership and political skills to improve the quality of care practices, it enhanced their QWL. This can lead, in turn, to harmonious organizational transformations and encourage the socioprofessional emancipation of NMs. The contextual elements conducive to humanization of the organization are a function of an organizational climate characterized by humanism and reflecting caring values. These contextual elements are considered essential to creating a healthy, quality environment through harmonious accompaniment (empathy, listening) and are crucial for the preservation of NMs' QWL.

QWL also requires the development of nursing management skills through a learning culture within the organization. Our

results indicated that openness to different types of knowledge applicable in nursing management and learning management through thoughtful exchanges helps NMs achieve professional emancipation by participating in co-development sessions. Indeed, NMs mentioned that exchanges between colleagues help them share and solve management problems. Experiential learning is vital to stimulating, innovative, and creative ideas to address complex management phenomena. Personalized support that responds to the specific needs of novice NMs promotes administrative practices that organizations put in place to facilitate the transition from caregiver to manager, so that novice NMs can fully assume their duties. All participants interviewed have indicated that a mentorship program helped cope with stress more easily. This, in our opinion, contributes to QWL and leads to the professional emancipation of NMs. The next section describes the Eidos-themes that underly the essence of QWL.

3.1 Experiential meaning of NMs' QWL within the Eidos-themes

3.1.1 *Actualizing leadership and political skills to improve quality of nursing care*

For 12 of the 14 participants, actualizing their leadership and political skills helped them to better perform their duties

and thus, contributed to their QWL. The NMs deemed it essential, in the course of performing their duties, to exercise effective, authentic leadership that was both dynamic and inclusive. This fostered productivity, efficiency, and quality of care. Participant #1 had this to say on the subject: “What I like about my managerial position (...) and that contributes to my QWL is being able to mobilize and assemble teams to change care practices and having my leadership, as a NM, recognized” [free translation].

As for actualizing their political skills, interviewees maintained that participating in decision making that influenced the strategic direction of care, in conjunction with senior management, was key to their QWL. Participant #2 said: “As a NM, it’s important to influence decisions to improve quality of care. I think it’s important for my QWL (...) I get the feeling that I’m contributing to the improvement of care practices” [free translation]. Another participant (#7) added the following: “We represent front-line nurses (...) We need to be sharp in a political sense and to be aware of the influence we can wield as NMs. Developing this aspect of our job (...) would help our QWL” [free translation]. Our findings indicate that actualizing leadership and political skills to improve the quality of nursing care generated a sense of their role and responsibilities in addition to optimizing their QWL.

3.1.2 Contextual elements conducive to the humanization of the organization

All participants felt that a more humanized organization contributed to their QWL. For example, humanistic relationships characterized by active listening, collaboration, honesty, openness, and respect were perceived to elicit feelings of wellbeing and job satisfaction. Participant #5 provided the following testimony: “it’s the ‘caring’ aspect that we just talked about that makes me feel good and gives me satisfaction at work. (...) that is what raises my QWL” [free translation]. This Eidos-theme illustrated how imperative it was for the QWL of NMs to practice in a work environment informed by caring values. The comments of participant #6 confirmed the importance, for QWL, of embracing the humanistic philosophy of caring. This participant underscored her nursing director’s trust, understanding, and sharing with her. The interviewee added that the caring relationships at work contributed to develop a sense of belonging and loyalty within the nursing management team. Though the work was not easy at times, she still felt as follows:

“Where QWL is concerned, it’s essential in management to have quality relationships and to work in an environment that values a caring philosophy. It’s reassuring when you go through difficult times (...). I really like our nursing director

(...) she’s humane and we feel supported by her (...) this is what keeps me going in my job (...) plus, she encourages professional collaborative relationships and positive teamwork between professionals and NMs. I feel like I’m part of a team” [free translation].

In sum, this innovative finding highlights how organizational humanization can be beneficial to professional development and to the QWL of NMs.

3.1.3 Organizational support promoting socioprofessional and personal fulfillment

According to all participants, it was important to receive organizational support at the administrative, clinical, and clerical levels for NMs to grow and develop professionally and personally. All interviewees stated clearly that support from superiors, care teams, and healthcare professionals helped them do their job better and contributed to their QWL. Like all the others, participant #9 mentioned the need for support in order to fulfill his duties and responsibilities more effectively: “I believe that having better clerical support with managing emails would help improve the QWL of NMs. (...) It would go a long way towards helping us do our job better” [free translation]. Indeed, they mentioned that clerical support with email management could relieve professional stress and free up time for NMs to better plan the work management of their unit and to be more present among employees. Participant #8 described how relational support from the management team was essential to QWL: “During the unit’s reorganization, I had the support of the entire management team. The relationships are positive and people help each other out. This is important for my QWL” [free translation]. This unanimous finding suggested that when executive management promoted trust and provided support to them in the context of organizational change, they contributed to their development as professionals and, thus, facilitated their work in nursing management.

3.1.4 Learning culture within the organization to encourage the development of nursing management skills

The fourth Eidos-theme referred to the need for NMs to work in an organization that fostered the development of nursing management skills. For 10 of the 14 participants interviewed, an organization endowed with an infrastructure in support of continued learning and knowledge acquisition promoted leadership and teamwork among NMs. According to them, executive management must encourage NMs to apply knowledge not only to keep their management skills up to date but also to strengthen their credibility in the eyes of care teams when solving problems on the unit. In this regard, Participant #3 commented as follows:

“One situation that really contributed to my QWL was when

I thought I had a security breach on my unit. I did a review of the literature and prepared various options to solve the problem at a minimal cost. I had the impression of having used my knowledge and having demonstrated my worth to the care teams (...) as a manager I had the feeling of having achieved something new” [free translation].

Under this same Eidos-theme, participants added that an organization that allowed for periods of experiential management learning through the use of mutual reflexive dialogue, such as participation in co-development could acquire knowledge through the sharing of experiences by fellow managers and by applying a heuristic approach. Participant #10 put it in the following terms: “Being involved in co-development reassured me; it helped us develop new ideas and learn to solve management problems with other experienced NMs in management practice (...) and that allowed us to share work experiences (...) we reflected on how to solve management irritants” [free translation]. Ultimately, these findings revealed that working as a NM in an organization promoting a culture of learning as well as sharing nursing and management knowledge between NMs workforce created a sense of professional validation and promoted their QWL.

3.1.5 Personalized support addressing the specific needs of novice NMs

The fifth and final Eidos-theme to emerge from the interviews dealt with personalized support to meet the specific needs of novice NMs. All NMs, novices or experts, pointed out that it was essential to adequately support the next generation of NMs in assuming their new responsibilities. In this regard, participants specified that the presence of an experienced colleague will greatly facilitate the integration and adaptation of novice NMs. Participant #12, a novice NM, had this to say: “It’s important that, when you start in management, you have someone there to help you integrate and adapt” [free translation]. Participant #4 affirmed that: “It is reassuring to know that there is someone to accompany you as a new NM” [free translation]. Furthermore, it was clear that this element was essential to their QWL as well as to attract and retain novice NMs. For its part, participant #13 clearly emphasized on the importance of mentorship in nursing management: “It’s important that we get personal and human mentoring to know how to manage. I need an intermediary who is there to back me up, that can meet my needs (...) that will guide us as we transition from nurse to nurse manager” [free translation].

The results indicated that providing a collective space for mentorship and individualized support were a very effective strategy that fostered the development of intuition, on-the-job decision making, and QWL of novice NMs. To sum up, those 5 Eidos-themes demonstrated the favorable elements

to the QWL of NMs. In the next section, we will compare those Eidos-themes with the scientific literature as well as our disciplinary perspective.

4. DISCUSSION

The discussion of the findings with the scientific literature will be presented for each Eidos-theme separately.

4.1 Actualizing leadership and political skills to improve quality of nursing care

Our research showed that when NMs exercise leadership and political skills and deploy their competencies to improve quality of care, it contributes considerably to their QWL. The literature regarding nursing management also recognized the importance of actualizing leadership and political skills to improve quality of nursing care. Our results are consistent with what Boykin, Schoenhofer, and Valentine^[45] in addition to Pipe,^[46] Williams, McDowell, and Kautz^[47] have written on issues affecting NMs’ leadership. These authors concurred in saying that a caring environment that recognizes NMs’ leadership can have a significant impact on inter-professional collaboration, efficiency, management innovation, performance, and productivity. Our findings also support the work of Oliver, Gallo, Griffin, White, and Fitzpatrick,^[48] who found that NMs’ active participation in decision-making significantly increased job satisfaction and enhanced quality of care. Similar to Fyffe^[49] and Paliadelis,^[17] our findings demonstrated the importance of developing a political sense and understanding the strategic organizational power of nursing leadership. In agreement with these authors, we also found that the awareness of NMs’ influence over issues and their ability to recognize who one’s allies within the organization are, can contribute to provide them with a sense of autonomy, utility, and control over their administrative practice. However, these authors did not establish a direct link with the NMs’ QWL.

4.2 Contextual elements conducive to the humanization of the organization

We found that practicing in a work environment that upheld humanistic caring values was essential for NMs’ QWL. This is in line with the work of Stein-Backes, Santos Koerich, and Lorenzini Erdmann,^[50] which indicated that humanization had positive effects on work conditions, socioprofessional relationships, and loyalty among health professionals. Likewise, our results corroborate several authors’ work on humanistic approach in nursing administration,^[51-59] mentioning that harmony and transparency in relationships between colleagues are characteristics of primary importance that go a long way towards improving life at work. In this regard, we agree with Cara,^[29] and Watson,^[60] who have mentioned

that such a caring context favored collegiality, collaboration, a sense of belonging, and enhanced the individual and collective commitment of nursing staff. In addition, as the work of Arbuckle,^[58] Cara, Nyberg, and Brousseau,^[57] along with Watson's work,^[60] have already indicated, two key elements contribute to enhance professional satisfaction: a work environment informed by humanistic values as well as the collaboration with the nursing team within an organization. However, these authors failed to link organizational humanization and NMs' QWL. We believe that this innovative result showed that the humanization of an organization is conducive to professional development and can contribute in a positive manner to the QWL of NMs.

4.3 Organizational support promoting socioprofessional and personal fulfillment

The systematic literature evidence review by Titzer, Phillips, Tooley, Hall, and Shirey^[59] underscored our finding that greater access to administrative and clerical support contributed to optimize the work of NMs and reduced their workload. Similar to our results, in their integrative review of the literature on job satisfaction, Lee and Cummings^[7] asserted that organizational support would reduce the workload of NMs faced with complex management problems. Moreover, our findings corroborate the work of Shirey et al.,^[8] as they concluded that people perceived organizational support to be encouraging, comforting, and reassuring, hence a major element contributing to attraction, retention, and professional fulfillment at work. Our research along with the above mentioned studies contributed to the evidence that organizational support fosters socioprofessional and personal fulfillment as well as NMs' QWL.

4.4 Learning culture within the organization to encourage the development of nursing management skills

Our findings demonstrated that organizations with strong learning cultures not only help build the managerial skills of NMs, they also contribute substantially to enhance their QWL. This result corroborates the writings of Galuska,^[61] Horton-Deutsch and Sherwood,^[62] as well as Watson^[63] that organizations supporting the creation of innovative projects and the transformation of clinical care practices help promote NMs' expertise and the development of their skills. Like Beard and Wilson,^[64] our study revealed that an organization that allows for experiential management learning through the use of mutual reflexive dialogue, such as co-development and resource sharing, can acquire knowledge through the sharing of experiences by fellow managers. Our findings also show that NMs who use different knowhow in nursing management, based on evidence or best practices, bring a sense of motivation and achievement to the work-

place.^[65-70] In this regard, our results are in line with those reported by Mackoff, Glassman, and Budin^[66] in their qualitative participatory action study with 43 NMs that examined the development of a learning laboratory based on knowledge and experiences. Their results indicated that a learning culture within the healthcare organization offered learning activities addressing the needs of NMs. Furthermore, they added that experiential learning promoted individual reflection and the transfer of experiences between participants by means of discussion, training scenarios, and case studies. Ultimately, like Warshawsky, Rayens, Lake, and Havens,^[3] our results revealed that a learning culture within an organization creates a sense of professional validation, boosts employee attraction, and contributes to NMs' QWL.

4.5 Personalized support addressing the specific needs of novice NMs

The results related to this last Eidos-theme suggest that the presence of an experienced colleague greatly facilitates the integration and adaptation of new NMs. It is clear, also, that such support is essential to their wellbeing at work and to employee attraction and retention in this field of management. The results of our study corroborate the empirical work of Benner,^[44] Shermont, Krepcio, and Murphy,^[67] Titzer and Shirey,^[68] showing that activities (orientation program, personalized coaching, and structured mentorship) facilitate the integration of novice NMs. These activities remain a prerequisite for role transition and enhance novice's attraction and retention. This is confirmed, also, by Anonson et al.^[70] in their works on transformational mentoring. According to Kelly, Wricker and Gerkins,^[71] Mayrand Leclerc,^[72] Shiparski and Authier,^[73] mentorship programs would better prepare NMs and give them the required boost to meet economic and humanistic requirements and learn to use new technologies. In addition, according to the writings of Varney,^[74] related to humanistic mentoring, and those of Wagner and Seymour,^[75] regarding mentoring based on the caring approach, this type of support opens up new perspectives on oneself, others, and the world. Moreover, these authors^[74,75] stated that humanist mentoring provided new opportunities for action and a broader view of the possibilities for transforming the healthcare system. They argued that health organizations that promoted mentoring contributed to greater staff satisfaction, leadership, and skills and, consequently, to nursing staff retention. Our findings highlight the fact that personalized mentoring creates opportunities to transfer organizational knowledge between experts and novices. This can encourage professional development and guide nurses in their career advancement by imparting a better understanding of the NM's role.^[69-77] Overall, the results of our study showed the importance of supporting nurses wishing to begin

a career in nursing management. The interviewed NMs in our study clearly stated that, in order for NMs to meet the new requirements of their role within the healthcare system, policymakers and senior management needed to provide significant support. To this end, it would appear relevant for them to establish a structured personalized support program that includes ongoing training, mentoring geared to fostering the development and maintenance of expertise in nursing management.^[3,70-77]

4.6 Trustworthiness and rigor

The qualitative criteria used in this study corresponded to those developed by Lincoln and Guba^[43] along with Whittemore, Chase, and Mandle.^[78] The criteria selected were the following: authenticity, credibility, researcher continuous critique, data integrity, and transferability. **Authenticity** of the data determines whether the results of the study adequately reflect the experiences expressed by the participants. In this regard, it should be mentioned that following the lack of response of one of the 14 participants, it was not possible to validate the interpretation of the metaphors used during the interview. Otherwise, using the logbook and field notes, combined with the content of the interviews, it was possible to remain as close as possible to all 14 participants' meaning to ensure the accuracy of the description and interpretation of the data.^[29,37,42,78]

The criterion of **credibility** allows the researcher to observe the extent to which the results of this study adequately reflect the phenomenon at hand.^[29,37,44,78] Credibility was achieved by ensuring that: (1) a diversified group of participants has been selected (see Table 1), (2) redundant data have been obtained, (3) the data from the process and the analysis have been validated (by other researchers), (4) the researcher has engaged in free imaginary variation and eidetic reduction, and (5) the phenomenon has been recognized by an expert.^[29,37,44,78]

The researcher's **critical attitude** – drawn upon to acknowledge preconceptions – was crucial to ensure rigor.^[78] This was achieved by constantly reviewing the logbook as well as consulting and validating the data with the expert in phenomenology (C. Cara). The goal was to find Eidos-themes, themes, and alternative sub-themes through the ambiguities that may have been found when reading and rereading the data.^[29,37,78]

Integrity remains key to the analysis of the data when participants' stories are used in research.^[29,37,78] It takes the form of the researcher's concern for properly validating his interpretations, based on the data. As suggested by Cara,^[29] appropriate use of the logbook and field notes, validating

the data collected without interpreting it too hastily, and validating the interpretations of the verbatim of 13 of the 14 participants during a second telephone interview were done to promote data integrity. Finally, as recommended by Lincoln and Guba,^[43] through careful and detailed description of the data and the social context, the transferability of the results to similar contexts involving QWL in administration might be possible.

4.7 Research limitations

This qualitative study has some limitations. One relates to the setting where the research was conducted. It is possible that the French speaking affiliated-university hospital environment and the nursing organizational structure were not representative of NMs working in other healthcare establishments (e.g., community health and social services centers and rehabilitation centers) around the world. Hence, this limits the transferability of the research findings. Another limitation has to do with the sample. In this regard, as one of the 14 participants did not respond to any of our follow-up emails, the principal researcher could not validate his interpretation of the metaphors this person used during the first interview. Despite these limitations, our study met specific research requirements, including the use of logbooks, bracketing, validation of data analysis by a phenomenological expert, and validation of 13 out of 14 summarize stories by the participants themselves during a second interview.

4.8 Implications for nursing management

The results of this study have made it possible to identify key elements for improving NMs' QWL. These elements provide relevant and useful leads to both policymakers and healthcare administrators for promoting the QWL of novice and expert NMs from a humanistic perspective. The results of our study show the importance for NMs to actualize their political skills and have their leadership properly recognized. Healthcare facilities might benefit from structured programs to welcome new NMs in order to facilitate their integration in management teams. Based on our results, we invite healthcare organizations to implement concrete measures to humanize the administrative experience,^[63] so that NMs can achieve a sustainable QWL. It appears necessary to review the training programs for novice NMs, including those offered by academic institutions. Based on our results, it could be advantageous to include learning from reflexive practice, occupational health, leadership, health policy interventions, and humanistic approaches in administration in a training program. The opportunity to learn and experience humanistic management practices has the potential to enhance employees' attraction and retention for NM positions. The contribution of our study lies in providing a better under-

standing of the meaning of NMs' QWL. To our knowledge, there is an urgent need to invest economically in creating a humanistic work environment that facilitates the adaptation of NMs and their personal and professional development as they transition to management practices based on caring attitudes and values (e.g., compassion, gentleness, mutual respect).^[49,50,52-57] As professionals, nurse executives and administrators can make caring the norm and can help attain the dual goal of fiscal responsibility and optimal patient care.^[58] Some of our findings enrich the existing knowledge found in the literature, while innovative results add to the body of knowledge related to the advancement of nursing management. Finally, the information obtained in the course of our research provides guidance for promoting the QWL of both novice and expert NMs and a more humane way of managing healthcare facilities.

5. CONCLUSIONS

In conclusion, the results that emerged from our study provide innovative solutions for the continuous improvement of work conditions and, consequently, the QWL of NMs. We

invite nurse executives, in collaboration with NMs, to develop nursing administration scope and standards of practice based on our findings. Politicians at all network levels could establish attractive and healthy work conditions for novice and expert NMs alike that go beyond mere economic and salary considerations. Despite the efforts of some institutions to improve the QWL of NMs, the message from politicians regarding austerity may undermine the sustainability of organizational humanization. In this light, we invite managers to focus on real administrative practices that are humanistic and decentralized. Also, we recommend them to review their management philosophy to predicate it squarely on humanistic values and principles. Finally, our phenomenological research reveals that healthcare establishments that emphasize humanistic management—where NMs are at the core of the decision-making process—promote their QWL and, by the same token, perpetuate the health of nursing management teams.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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