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The Relationship Between Job Challenge and Leadership Aspiration From the Perspective of the Entry Level Nurse Leader

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by

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Dedication

I dedicate this dissertation posthumously to my mother, Marian Johnson, a lifelong educator and learner. She would be so proud! I also dedicate this to my loving husband, Lovevill Johnson, II. Thank you for being there for me through the challenging times and for always supporting me to pursue my dreams. Last, but certainly not least, I dedicate this dissertation to my Lord and Savior, Jesus Christ. Thank you for saving me and completing this work in me. To God be the glory!

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Abstract

While the nurse leader plays an important and integral role in the success of healthcare organizations, the nurse leader pipeline has experienced a troubling and downward trajectory for several years. The lack of leadership aspiration among direct care nurses has been noted as one of several reasons for the downward trajectory. In addition, researchers identified the lack of understanding of perspectives of the various nurse leader roles and the lack of understanding of the effectiveness of experiential learning in the nurse leader role as potential contributions to the problem. The purpose of this quantitative, correlational research was to examine the relationship between developmental job experiences and leadership aspiration from the perspective of entry-level nurse leaders. The setting for the study was a multifacility healthcare system in North Texas. The Developmental Challenge Profile and Career Aspiration Scale were utilized to develop an online survey. A Pearson correlation analysis was conducted to examine the relationship between job challenges and leadership aspiration. Multiple regression analysis was conducted to examine how job challenge components predicted leadership aspiration. Multiple regression analysis was also used to examine the moderating effect of age and race between job challenges and leadership aspiration. The data suggest a statistically significant, positive relationship between job challenge and leadership aspiration, with managing work group diversity identified as a positive predictor of leadership aspiration. In addition, the data suggest a statistically significant, negative correlation between age and leadership aspiration and a stronger relationship between job challenge and leadership aspiration among White participants compared to non-White participants. The research findings support the use of structured, experiential learning under the supervision of an experienced nurse leader for the entry-level nurse leader.

The findings also provide several recommendations for nurse leadership practice, research, and education.

Keywords: nurse leader, developmental job challenge, leadership aspiration, entry-level nurse leader

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Chapter 1: Introduction

U.S. data indicate a troubling trajectory of nurse leader turnover, with expectations of up to 50% of nurse leaders leaving the profession by 2026 (Warden et al., 2021). As with many other issues, this problem intensified in the wake of the COVID-19 pandemic (Shields et al., 2022). In addition, several studies indicated a very low percentage of nurses willing to assume leadership roles (Al Sabei et al., 2019; MacPhail et al., 2015; Sherman et al., 2015; Warshawsky et al., 2022). The landmark Institute of Medicine (IOM; 2010) report on *The Future of Nursing: Leading Change, Advancing Health* stressed the importance of healthcare institutions maintaining a robust nursing leadership workforce and encouraged nurses to step into leadership roles. More recently, the updated report from the National Academies of Sciences, Engineering, and Medicine (Wakefield et al., 2021), *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, recognized the vital role of nurse leaders in providing health equity, health advocacy, and overall improved healthcare. Given the impact nurse leaders have on the delivery of safe and effective healthcare, researchers must explore this problem in an effort to implement strategies to reverse the downward trajectory of the nurse leader pipeline.

Background

The nurse leader plays an integral role in the success of any healthcare organization as the primary strategic lead for providing quality patient care (Shields et al., 2022). However, the aging nursing workforce is one of several indicators of a dwindling nurse leader pipeline as millions of nurse leaders are nearing retirement (Warden et al., 2021; Warshawsky & Cramer, 2019). In addition, several recent studies predict increasing turnover and intent to leave due to stress, burnout, fatigue, and excessive workload (Cunningham & Çayir, 2021; Hill et al., 2020; Labrague, 2020; Penconek et al., 2021; Prochnow et al., 2021; Rosa-Besa et al., 2021). The

practice environment also contributes significantly to job satisfaction and turnover of nurse leaders (Lake et al., 2019; Swiger et al., 2017; Penconek et al., 2021; Warden et al., 2021). According to Labrague et al. (2021), “More than 50% of nurses with leadership positions intend to leave within a 5-year period” (p. 2445).

Turnover rates for the general nursing population increased significantly since the COVID-19 pandemic to a record high of 18.7% in 2022 (Shields et al., 2022). Even prior to the COVID-19 pandemic, researchers identified increased workloads, increased number of subordinates, and expanded responsibilities as causes for reported increased levels of stress and burnout among nurse managers (Kelly et al., 2019; Simpson et al., 2017). Labrague (2020) reported nurse leader turnover as highly consequential to the organization, often resulting in a deterioration of quality patient care and an increase in adverse events. The author details the cost of replacing the nurse leader as 75% to 125% of their annual salary (Labrague, 2020). Nurse leader vacancies often take up to 6 months to fill and cost the healthcare industry upward of $8 million annually (Warden et al., 2021). Moreover, nurse leader vacancies cause a disruption and instability to the organizational system that is difficult to quantify (Warden et al., 2021).

In addition to the problems of an aging workforce and turnover, the lack of leadership aspiration among direct care nurses is impacting the nurse leader pipeline. Age, years of nursing experience, and race have been explored as contributing factors to leadership aspiration and willingness to lead (Branden & Sharts-Hopko, 2017; Iheduru-Anderson, 2020). Branden and Sharts-Hopko (2017) conducted research indicating direct care nurses have little interest in leadership, with less than 20% of direct care nurses surveyed aspiring to a managerial role, identifying age, ethnicity, education, and years of experience as demographic factors influencing

direct care nurse's willingness to lead. Evidence also suggests older nurses are less interested in holding leadership roles (Al Sabei et al., 2019).

Many organizations employ and promote entry-level nurse leaders with varying titles (supervisor, clinical coordinator, or patient care coordinator) as a part of the nursing strategy for succession planning; however, the role is poorly understood or defined (Glasofer & Lapinsky, 2019). The transition from direct care nurse to nurse leader is often unstructured and haphazard (Pilat & Merriam, 2019), relying primarily on experiential learning for competency development. Job challenges, activities that are demanding, stimulating, and new are a form of experiential learning and the primary method of leadership preparation in nursing (Cziraki et al., 2018; De Pater et al., 2009; Kuraoka, 2019; Sherman et al., 2015; Warshawsky & Cramer, 2019). However, little is known regarding the impact of job challenges on leadership aspiration. In other words, does experiential learning in the form of job challenges have an effect on the desire to remain or progress in leadership? The lack of structure and consistency regarding the entry-level nurse leader role has led to a dearth in the literature regarding the most effective methods for training and developing this important sector of most organizational succession plans (Glasofer & Lapinsky, 2019).

Statement of the Problem

Ample data exists from the perspective of the nurse manager regarding the importance of adequate developmental job experiences for successful competency development and role transition (Branden & Sharts-Hopko, 2017; Cziraki et al., 2018; Pederson et al., 2018; Kuraoka, 2019; Pilat & Merriam, 2019; Rosa-Besa et al., 2021; Warshawsky et al., 2022). However, no studies were found from the perspective of the entry-level nurse leader. Similarly, data regarding leadership aspiration exists from the perspective of direct care nurses. However, no studies

regarding leadership aspiration from the perspective of the entry-level nurse leader were found. The literature indicates that most direct care nurses promote to entry-level leadership positions with little or no formal leadership training and primarily learn from challenging job situations (Cziraki et al., 2018; Kuraoka, 2019; Sherman et al., 2015; Warshawsky & Cramer, 2019), although little is known as to whether or not job challenge immersion fosters or hinders leadership aspiration. Therefore, a lack of understanding exists regarding the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader. Understanding the relationship of factors influencing career decisions from the perspective of the entry-level nurse leader will aid executives and organizations in job design, role development, recruitment, and succession planning (Al Sabei et al., 2019; Branden & Sharts-Hopko, 2017; McCauley et al., 1994).

Purpose of the Study

The purpose of this quantitative, correlational research was to examine the relationship between developmental job experiences and leadership aspiration from the perspective of entry-level nurse leaders. The research was intended to provide guidance for organizational executives to support the recruitment, retention, and stabilization of the nurse leadership workforce.

Research Questions

RQ1: What is the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

RQ2: Which specific job challenge components have the strongest relationship with leadership aspiration from the perspective of the entry-level nurse leader?

RQ3: How does the age of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

RQ4: How does the race of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

Definition of Key Terms

Clinical nurse coordinator. A clinical nurse coordinator (CNC) is a registered nurse who ensures and delivers high-quality, patient-centered care and coordination of all functions in the unit or department during the designated shift (Healthcare System X, CNC Job Description, 2019).

Developmental job experience. Developmental job experience (DJE) refers to an individual's experience of carrying out challenging work assignments that offer opportunities for learning (McCauley et al., 1994)

Direct care nurse. Direct care nurses are employed by a healthcare organization to provide direct patient care in an inpatient or outpatient setting (Al Sabei et al., 2019).

Entry-level leader. The entry-level nurse leader refers to individuals responsible for clinical and administrative functions in support of, or in representation of, a unit or department and facility-based leaders on all shifts (Glasofer & Lapinsky, 2019).

Experiential learning. Experiential learning is defined as active learning or "learning by doing" (McCarthy, 2010, p. 136).

Job challenge. Job challenge is the experience of activities that are demanding, stimulating, new, and call on one's ability and determination (De Pater et al., 2009)

Leadership aspiration. Leadership aspiration represents the degree to which individuals aspire to leadership positions within their careers (Gray & O'Brien, 2007).

Nurse leader. The nurse leader is a registered or vocational nurse with responsibilities beyond a typical patient assignment. Titles may vary by organization, but generally, any nurse

officially assigned an expanded scope of responsibilities is considered a nurse leader (Warden et al., 2020).

Nurse manager. The nurse manager is a registered nurse with the accountability and supervision of all registered nurses and other healthcare providers who deliver nursing care in an inpatient or ambulatory care setting (American Nurses Credentialing Center [ANCC], 2023).

Practice environment. The nurse practice environment consists of factors that enhance or attenuate a nurse's ability to practice nursing skillfully and deliver high-quality care (Swiger et al., 2017).

Chapter Summary

Ample research supports the significance and importance of the nurse leader to a robust healthcare system (Wakefield et al., 2021). Additionally, ample data indicates the nurse leader pipeline is headed toward a downward trajectory (Labrague et al., 2021; Warden et al., 2021). Research suggests the looming shortage of nurse leaders will further intensify the challenge of recruiting and retaining future leaders (Penconek et al., 2021). The trending nurse leader turnover and dwindling nurse leader pipeline support this study in an effort to continue delivering quality nursing care. Since little is known from the perspective of the entry-level nurse leader, this research study proposes to deepen our understanding of the relationship of factors influencing entry-level nurse leaders' career aspirations to inform strategies to reverse this troubling trend.

Chapter 1 provided the background, scope, and rationale for the research from a national and local perspective. Chapter 2 will discuss the literature review search methods, the relevant and recent literature review, and the theoretical framework of the research.

Chapter 2: Literature Review

This study provides information regarding the influence of training and development on the decision to advance in leadership from the perspective of entry-level nurse leaders. The study delineated data across several demographic indicators. Prior researchers have studied the downward trajectory of the nurse leader pipeline from the perspective of current nurse leaders and direct-care nurses, but little is known from the perspective of entry-level nurse leaders (Al Sabei et al., 2019; Branden & Sharts-Hopko, 2017; Kelly et al., 2019; Labrague, 2020; Shields et al., 2022; Simpson et al., 2017). A review of relevant literature about nurse leader turnover and leadership aspiration results in the need for a better understanding of multiple aspects of the phenomena and demonstrates support for the need for this study.

Literature Search Methods

The literature for this study was obtained from resources in the Brown Library collection at Abilene Christian University (ACU) in Abilene, Texas. The peer-reviewed articles were obtained from the OneSearch online database and with the assistance of research librarians. The key terms used for the search were *nurse leader*, *turnover*, *burnout*, *aspiring nurse leader*, *entry-level nurse leader*, *willingness to lead, barriers to leadership*, *developmental job experiences*, *mentoring*, and *succession planning.* A total of 40 articles were reviewed for the literature search.

Theoretical Framework Discussion

Experiential learning theory (ELT) contributes to the concept of learning processes and provides the theoretical underpinning for the research. Psychologist David Kolb developed the theory as a holistic approach in which learning is described as a process of grasping and transforming experiences that are influenced by one's cognition, environment, and emotions

(Kolb et al., 2001; McCarthy, 2010). The theory was influenced by the work of John Dewey, Kurt Lewin, and Jean Piaget, who all placed experience as an integral component of their theories of human learning and development (McCarthy, 2010). Kolb et al. (2001) explained experiential learning as a process with four learning modes. These include the following:

1. Experiencing (Concrete Experience): Learning begins when a learner uses senses and perceptions to engage in what is happening now.
2. Reflecting (Reflective Observation): After the experience, a learner reflects on what happened and connects feelings with ideas about the experience.
3. Thinking (Abstract Conceptualization): The learner engages in thinking to reach conclusions and form theories, concepts, or general principles that can be tested
4. Acting (Active Experimentation): The learner tests the theory and applies what was learned to get feedback and create the next experience.

The authors further explained the cycle as a spiral and contend the learner must go through the entire cycle in a pattern of creative tension between the four learning modes for experiential learning to occur (Kolb & Kolb, 2009). The authors also noted that humans develop preferred learning preferences because of differences in heredity, past life experiences, and their environment. These preferences basically fall into four learning style categories: accommodating, diverging, assimilating, and converging. Kolb et al. (2001) suggested that people who choose professions such as nursing are primarily diverging in their learning styles. The authors describe the dominant learning abilities of the diverging learning styles as concrete experience and reflective observation. They explain that people with this learning style view concrete situations from multiple lenses and are usually people-oriented and imaginative.

ELT is a highly regarded and widely used model in education (McCarthy, 2010). However, criticism of the theory includes the lack of attention to the nonreflective experience and the impact of the larger social group (McCarthy, 2010). The inattention to vicarious learning, as described by Hoover and Giambatista (2009), is also critical of the theory. The authors contend that vicarious experiential learning (VEL) is often more effective than direct experiential learning (DEL) as it allows for cognitive rehearsal and contemplation without the associated costs and risks.

Several authors referred to ELT as an integral and important factor in clinical skill development for direct care nurses. High fidelity simulation (HFS) and scenario-based learning have been adopted as effective teaching pedagogy to prepare bedside nurses for complex environments, and ELT has been recognized as a guiding principle for HFS and scenario-based learning because students learn through the experience of real-life situations (Dante et al., 2021; Lisko & O'Dell, 2010; Tutticci et al., 2016; Williams & Spurlock, 2019). HFS and scenario-based learning have both been recognized as effective for millennials as they are familiar with technology and prefer active learning approaches (Tutticci et al., 2016). Gamification in the form of escape rooms is another method of experiential learning utilizing the ELT that has been shown to increase engagement and knowledge retention (Wynn, 2021). The escape room learning approach provides learning for each learner type. These learning types include diverger, assimilator, converger, and accommodator while also facilitating vicarious learning through observation (Wynn, 2021). While utilization of the ELT has increased significantly in the preparation of direct care nurses, less research is available regarding the effectiveness of the theory in training nursing leaders.

Experiential learning plays an integral role in leadership development, although most organizations lack structure in applying the theory (Kolb & Kolb, 2009; McCarthy, 2010). While nursing educational preparation has seen significant advances in simulated and experiential learning, nursing leadership preparation remains unstructured and uncoordinated (Frangieh & Jones, 2022; Laschinger et al., 2013). Experiential learning is the method by which most nurse leaders learn their jobs, with very few organizations offering substantive formal training (Cziraki et al., 2018; Sherman et al., 2015; Warshawsky & Cramer, 2019). Therefore, ELT is an appropriate theoretical underpinning for the research.

Literature Review

Nursing turnover represents a significant construct of interest in the current literature, especially in the wake of the COVID-19 pandemic. While less research exists regarding nurse leaders, turnover and turnover intention represent a significant issue for this body of nursing professionals (Warden et al., 2021). The following section represents multiple facets of the phenomena identified in the literature.

Turnover and turnover intention present significant pressures on the nurse leader pipeline. During the height of the pandemic, data indicated that more than 50% of current nurse leaders intended to leave their current positions within the next 5 years (Warden et al., 2021). However, researchers warn that the postpandemic turnover may be even higher due to the pressure and challenges placed on the nursing workforce (Grubaugh et al., 2023). Dolinta and Freysteinson (2023) identified organizational support, job satisfaction, and age as significant influences on nurse manager turnover intention. Labrague (2020) described turnover intent as having two distinct classifications: organizational turnover, representing leaders leaving the organization; and professional turnover, representing leaders leaving their chosen profession. This section

includes several factors identified in the literature as major contributors to organizational and professional turnover.

Retirement

Warden et al. (2021) revealed variations in turnover intention by type of nurse leader, with retirement identified as a factor for 50% of nurse executives. The aging nursing workforce presents a significant loss of organizational wisdom, as data indicates 70,000 nurses are retiring annually (Warshawsky & Cramer, 2019). The authors explain this loss of organizational wisdom will disproportionately affect nursing leadership as a greater percentage of nurse leaders reach retirement age. The pace of retirement of baby boom registered nurses (RN) is expected to rapidly increase over the next few years, causing a significant loss of clinical expertise, knowledge, leadership, and potential disruptions to healthcare delivery unless addressed (Wakefield et al., 2021).

Burnout, Stress, and Fatigue

Burnout, work-related stress, and fatigue also contribute to turnover and turnover intention. Prochnow et al. (2021) defined burnout as "the depletion of energy and enthusiasm that workers experience after being in their roles for a period of time" (p. 34). Nurse leader burnout spans the globe, and a myriad of reasons contribute to the phenomena, including increasing demands, higher patient acuity, and the advent of digital devices that demand nurse leader availability 24 hours a day (Prochnow et al., 2021; Wei et al., 2020). Kelly et al. (2019) identified nurse managers as having overall less satisfaction, higher intent to leave, and higher compassion fatigue than direct care nurses. While most researchers examined organizational turnover, Labrague (2020) sought to examine factors that contribute to the nurse managers'

decisions to leave the profession altogether and identified low satisfaction, job stress, and work–family conflict as significant contributors to professional turnover intentions.

The COVID-19 pandemic intensified and exacerbated the rate and concern of burnout and work-related stress in all sectors of healthcare, with many organizations searching for innovations to reduce and decrease the risk of burnout (Cunningham & Çayir, 2021). One such innovation described in the literature consisted of a series of resilience retreats in which participants engaged in contemplative practices such as yoga, meditation, and mindfulness facilitated by trained instructors. Researchers measured the effectiveness of the intervention by administering a tool designed to assess the participants' perceived anxiety, and a statistically significant decrease in anxiety was noted as a result (Cunningham & Çayir, 2021). Additionally, Rosa-Besa et al. (2021) investigated an innovation to identify the relationship between nurse leaders' work-related stress and resiliency. The researchers conducted pre- and posttest surveys utilizing the challenge-hindrance stress model (CHM) and the Connor-Davidson Resilience Scale (CD-RISC) to evaluate the intervention of a one-day resiliency workshop. The postdata revealed a statistically significant improvement in resiliency and a reduction in challenge stressors as a result of the educational resiliency intervention.

The literature also identified fatigue as a major source of turnover and turnover intention for nurse leaders. Steege et al. (2017) were the early researchers to study nurse leader fatigue specifically, as most prior studies focused on direct care nurses. The mixed-methods study utilizing the Occupational Fatigue Exhaustion Recovery scale and semistructured interview questions identified fatigue as pervasive in nursing leadership, especially at the nurse manager level. Hill et al. (2020) sought to combat the detrimental effect of nurse leader fatigue by implementing an evidence-based fatigue risk management system (FRMS) focused on

identifying, monitoring, and reducing nurse leader fatigue. The quality improvement (QI) project was modeled after the airline industry implemented monthly round-table sessions of discussion topics aimed at facilitating fatigue reduction. Pre- and postroundtable assessments showed improvement in nurse leader reports of acute fatigue, chronic fatigue, and persistent fatigue (Hill et al., 2020). While the methodologies of these studies differed, both researchers assert the prevalence of nurse leader fatigue is a probable cause of both turnover and turnover intention (Hill et al., 2020; Steege et al., 2017).

Workload

Despite increasing complexity in patient populations and increased nurse leader responsibilities, nurse spans of control continue to increase due to healthcare financial constraints (Simpson et al., 2017). Increased spans of control significantly impact nurse leader workload and contribute significantly to increased nurse leader turnover (Penconek et al., 2021; Simpson et al., 2017). Simpson et al. (2017) explored efforts to mitigate the negative impact of large spans of control through an organizational improvement project and evidence-based measurement instrument to evaluate the effectiveness of the intervention. An interprofessional team developed a focused action plan to provide administrative support and transformational leadership development for nurse leaders with large spans of control. Nurse manager satisfaction and transformational leadership competency both showed statistically significant improvement as a result of the intervention (Simpson et al., 2017). Similarly, transformational leadership emerged as a solution to mitigate the negative effects of large spans of control in a systematic review by Penconek et al. (2021). Other innovative solutions identified in the literature review for increasing nurse manager job satisfaction included comanaging and increased administrative

support. Increased spans of control significantly impact nurse leader workload and contribute significantly to increased nurse leader turnover (Simpson et al., 2017).

Practice Environment

The Practice Environment Scale of Nursing Work Index (PES-NWI) is a multidimensional instrument developed by the American Nurses Association (ANA) to measure nurse work environments and is the most commonly used instrument to measure nursing practice environments (Swiger et al., 2017). The authors conducted a narrative review of quantitative studies utilizing the instrument and provided recommendations for use regarding design, sampling, practice settings, scoring, and reporting associations. Lake et al. (2019) utilized the PES-NWI to analyze data from 2,677 nursing units and 165,024 nurses. The data analysis identified consistent, significant associations between the nursing work environment and identified outcomes, with better work environments associated with lower odds of negative outcomes (Lake et al., 2019).

While the PES-NWI provides a comprehensive assessment of the nurse practice environment, other studies have investigated various elements of the practice environment and the relationship between turnover and turnover intention. Weaver et al. (2019) identified the importance of collaboration and professional relationships as a contributing factor to nurse manager turnover intention and job satisfaction. Warden et al. (2021) identified congruence with organizational culture, professional vulnerability, and professional relationships as factors related to turnover intention and job satisfaction. Social support and relationships among staff were found to influence both nurse manager job satisfaction and turnover intention in the systematic literature review by Penconek et al. (2021). The study also identified the importance of

understanding intergenerational differences among team members as a key factor influencing nurse manager turnover intention.

Leadership Aspiration. This study aimed to investigate leadership aspiration from the perspective of entry-level nurse leaders. This section of the literature review includes various categories found in the literature regarding nurse leader aspirations and identified elements for transitioning into a leadership role.

Willingness to Lead

Branden and Sharts-Hopko (2017) conducted research indicating direct care nurses have little interest in leadership, with less than 20% of direct care nurses surveyed aspiring to a managerial role, identifying age, ethnicity, education, and years of experience as demographic factors influencing direct care nurses' willingness to lead. Al Sabei et al. (2019) identified factors influencing direct-care nurses' willingness to lead by measuring participant's perception of the work environment using the 30-item PES-NWI. The data revealed younger nurses with less experience were more willing to lead, and those who perceived their practice environment as positive were more willing to lead. While similar data is cited by Branden and Sharts-Hopko (2017), the authors additionally identified the fear of failure as a significant concern for millennials and a contributor to their reluctance to assume leadership roles. Labrague et al. (2021) also examined the phenomena of willingness to lead in a descriptive, cross-sectional, multi-center study in which the authors identified nurse managers' authentic leadership as an influence on staff nurses' motivation to engage in leadership roles. The authors identified the nurse practice environment and leadership self-efficacy as partial mediators between authentic leadership and staff nurse's willingness to assume leadership roles (Labrague et al., 2021). In an earlier study, Laschinger et al. (2013) also identified leadership self-efficacy as significantly

influential to nurses' aspiration for management roles. Several studies indicated a very low percentage of nurses willing to assume leadership roles and described a lack of organizational support and lack of leadership readiness and preparation as contributors to the low level of leadership willingness in the nursing profession (Al Sabei et al., 2019; MacPhail et al., 2015; Sherman et al., 2015; Warshawsky et al., 2022).

Barriers to Leadership

While little is known regarding barriers to leadership from the perspective of entry-level nurse leaders, research does exist examining barriers from various other perspectives. Frangieh and Jones (2022) conducted a scoping review to identify facilitators and barriers to effective leadership and, consistent with the literature in the previous section of this report, identified the lack of training, education, and structural organizational support as barriers. The authors noted the importance of identifying and addressing barriers to effective leadership as integral to succession planning and pipeline development (Frangieh & Jones, 2022). Similarly, Wardani and Ryan (2019) highlighted cultural and structural challenges that presented barriers to leadership aspiration by conducting semistructured interviews of 10 direct care nurses and 10 nurse leaders from multiple hospitals in Indonesia. The authors identified the lack of leadership exposure, hierarchical cultural norms that reinforce a task-oriented mindset, and gender inequality as significant influencers to leadership aspiration (Wardani & Ryan, 2019). While nursing in the United States and other developed nations has progressed to be a more autonomous profession than nursing in Indonesia (Wardani & Ryan, 2019), structural and cultural challenges still present barriers to nursing leadership aspiration and transition in the United States. For example, Cottingham et al. (2018) identified the disproportionate emotional labor and depleted emotional resources nurses of color experience as a result of microaggression and internalized racism from

patients and coworkers. Participants provided audio diary recordings and were not asked to reflect on emotions as they relate to race, but race emerged from the data as a consistent theme (Cottingham et al., 2018). The authors contend that racialized emotional labor affects the well-being of nurses of color and, ultimately, the provision of patient care. Additionally, the pervasive unease and self-doubt serve as barriers and potentially suppress leadership aspiration for nurses of color. Iheduru-Anderson (2020) further examined the effects of race on leadership aspiration and advancement in an ethnographic study of 30 Black nurses across five U.S. states. The author explained that despite the increased number of Black nurses with advanced degrees, they represent a very small percentage of nursing leaders and executive positions (Iheduru-Anderson, 2020). The findings of the study suggest that perceived racial discrimination and the lack of Black nurses in leadership convey the message that Black nurses do not belong in leadership and executive positions, thus perpetuating the barrier to leadership advancement.

Job Challenges and Developmental Experience. DJE is a common practice for leadership development in many industries, with companies such as IBM, Ford, and NASA utilizing the strategy to facilitate on-the-job learning (Cao & Hamori, 2023; Dong et al., 2013). DJE was also found to be related to increased advancement potential and promotability (De Pater et al., 2009; Dong et al., 2013). Interestingly, research conducted by DeRue and Wellman (2009) contended that if an experience is too challenging, the value of the DJE is undermined, leading to diminished returns. Cao and Hamori (2020, 2023) further strengthened the argument of diminishing returns and identified employee needs as the inflection point, emphasizing the importance of an individualized developmental approach. Similarly, the concept was studied in the context of teamwork and identified to have a positive indirect relationship with job performance (Cao & Hamori, 2023). Finally, Ohlott et al. (1994) identified significant gender

differences in DJE in areas related to high levels of responsibility, indicating women may not be given key, high-stakes assignments at the same rate as men (Ohlott et al., 1994).

Nursing literature also supports developmental experiences as a method to promote nurse leaders' skills and competency. However, Warshawsky and Cramer (2019) described the historical and current practice of nurse leadership competency development as "highly stressful and haphazard" (p. 250). Branden and Sharts-Hopko (2017) contended that organizations could build the nursing leadership pipeline by encouraging and supporting development opportunities such as the charge nurse role or project and council leads. Encouragement and support for stretch assignments have been noted as vital to stimulating leadership interest and sustaining development (Branden & Sharts-Hopko, 2017). Similarly, assuming temporary management roles or leading projects that involved the development of new skills was found to significantly increase the nurses' leadership self-efficacy and motivation to lead and positively affect leadership career aspirations (Cziraki et al., 2018). Kuraoka (2019) measured experiential learning utilizing the Experiential Learning Inventory (ELI) on the job and nurse manager competency utilizing the Nurse Manager Competency Instrument (NMCI) after the completion of an experiential learning-based program for nurse managers in the early years of assuming a leadership role. The author used multiple regression analysis and identified a significant relationship between experiential learning and nurse leader competencies. The author also cited previous research demonstrating the significance of experiential learning over classroom training in developing leadership skills and data indicating the importance of novel and challenging job assignments to leadership growth and development (Kuraoka, 2019). Rosa-Besa et al. (2021) studied the effect of both challenge and hindrance stressors and found that challenge stressors, such as stretch assignments, increased resiliency and contributed to growth and development.

Additionally, during the second pandemic year, Raso et al. (2022) performed a cross-sectional, descriptive, correlational analysis, which highlighted the importance of nurse leaders developing relational competencies via experiential learning.

Formal Leadership Development

Research conducted by Warshawsky et al. (2022) underscored the importance of leadership development via a survey of 541 nurse managers across 47 hospitals in the United States. The researchers utilized both the PES-NWI and the Nurse Manager Competency Instrument for Research (NMCIR) described earlier. The PES-NWI examined the practiced environment, missed nursing care, and perceived quality of care, while the NMCIR assessed the nurse manager's perception of their competency. Nurse manager competency was associated with better work environments, lower rates of missed nursing care, and higher overall quality of care. The authors suggested organizations develop a multi-pronged approach for nurse leadership pipeline stabilization that includes support of educational attainment of advanced degrees, role transition, competency development programs, and a retention focus that allows the nurse manager time to develop and build competency over time (Warshawsky et al., 2022). Similarly, a literature review conducted by Dolinta and Freysteinson (2023) identified a lack of role preparation and challenges in role adaptation as significant influences on nurse leader turnover intention. The authors also suggested organizational training and development interventions to support the growth of nurse leaders.

While graduate education beyond the bachelor's degree appears frequently in the literature as a strategy and method for leadership development, there is some variance in the data. Research conducted by Fennimore and Warshawsky (2019) indicated skills needed to lead in the current complex environment are best achieved through graduate leadership education,

while a more recent study conducted by Warshawsky et al. (2022) revealed experience had twice the effect as advanced education in establishing improved practice environments and nursing care. While the two studies found contrasting data regarding the importance and impact of graduate leadership education, both studies stressed the importance of organizational support in training and development for nurse leaders to gain leadership competency. Pilat and Merriam (2019) conducted a phenomenological study of nurses transitioning from direct care to leadership positions and identified the lack of essential knowledge and skills as a recurring theme; however, the study supported graduate education as the masters' prepared nurses reported advanced education aided them in their transition to leadership.

The American Organization for Nursing Leadership (AONL) recently outlined the competencies needed to function in the current, complex healthcare environment into five core domains. The leader within serves as the anchor for the five core domains: business skills and principles, communication and relationship building, knowledge of the healthcare environment, professionalism, and leadership (American Organization for Nursing Leadership [AONL], 2023). In addition, the organization developed a competency validation tool with demonstrated reliability and validity—the NMCIR (AONL, 2023). González-García et al. (2021) identified 22 core competencies from an expansive literature review and recognized the AONL competency model as the most frequently utilized model. The researchers also advocated using identified competencies in the selection of nurse managers.

Finally, the literature supported formal programs for nurse leaders' growth and development. Simpson et al. (2017) explained the importance of nurse leader development and cited improved organizational and nurse leader outcomes as the result of programs using the foundational principles of transformational leadership. The authors explained the

transformational leadership style as one that enhances nurse leader relationships with staff while promoting collaboration and autonomy, thereby achieving greater nurse leader satisfaction and employee engagement (Simpson et al., 2017). Pederson et al. (2018) described a successful Nurse Leader Residency (NLR) program with a 10-year track record and a 97% retention rate. The NLR program is a 3-month immersive program consisting of classes, group meetings, reading assignments, and shadowing opportunities. The authors contend the constructs of social immersion, social learning, and social capital are key ingredients to the program's success (Pederson et al., 2018). Similarly, the Nurse Manager Residency program described by Ficara et al. (2021) was designed utilizing the AONL nurse manager competency framework to build competency within each of the three domains over the first 12 months of assuming the manager role. The authors report a 90% retention rate 1 year after completion of the program. Shields et al. (2022) described two programs developed for a healthcare system with the goals of preparing nurses to fill vacant and interim roles and developing skills needed for managerial roles. Each program provided select aspiring leaders with content for leadership development based on the AONL competency model discussed earlier. Preliminary data suggests the programs have aided in stabilizing nurse leader turnover and filling key vacant positions.

Chapter Summary

Researchers called for a better understanding of the factors influencing nurses' willingness to lead and barriers to leadership aspiration (Al Sabei et al., 2019; Branden & Sharts-Hopko, 2017). The review of relevant literature identified current research regarding turnover and leadership aspiration from the perspective of direct care nurses and nurse managers but none from the perspective of the entry-level nurse leader. The paucity of research in these areas from the perspective of entry-level nurse leaders supports the need to understand this subset of nurses

better. Completing a quantitative, correlational research study resulted in data regarding the decisions to advance in nursing leadership from the perspective of entry-level nurse leaders. Understanding the factors influencing the decisions from this perspective will aid nurse leaders, executives, and organizations in role development and support, recruitment, and succession planning (Al Sabei et al., 2019; Branden & Sharts-Hopko, 2017).

Chapter 3: Research Method

The evidence supports the importance of providing adequate training and developmental experiences through job challenge to ensure leadership skill and competency (Branden & Sharts-Hopko, 2017; Cziraki et al., 2018; Pilat & Merriam, 2019; Saifman & Sherman, 2019; Warshawsky et al., 2022). Evidence also suggests a small percentage of direct care nurses have leadership aspirations amid high turnover for nurse managers (Al Sabei et al., 2019; Branden & Sharts-Hopko, 2017; MacPhail et al., 2015; Sherman et al., 2015; Warden et al., 2021; Warshawsky et al., 2020, 2022). However, little is known about job challenge and leadership aspiration from the perspective of entry-level leaders. No studies were found investigating the relationship between these two variables: job challenge and leadership aspiration. Therefore, the purpose of this quantitative, correlational research is to explore the relationship between job challenge and leadership aspiration from the perspective of entry-level nurse leaders. The research questions were as follows:

RQ1: What is the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

RQ2: Which specific job challenge components have the strongest relationship with leadership aspiration from the perspective of the entry-level nurse leader?

RQ3: How does the age of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

RQ4: How does the race of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

This section includes the research design and method. In addition, the chapter includes a discussion regarding the population, sampling methods, materials, data collection and analysis, ethical considerations, limitations, and delimitations.

Research Design and Method

The intent of the proposed study was to determine the level of leadership aspiration in a convenience sample of entry-level nurse leaders and to determine an association between their developmental job challenges and leadership aspiration. The study required a design that examines the relationships between variables, and therefore, correlational research is the chosen methodology for the proposed study. Correlational research is a type of quantitative, nonexperimental research that investigates the relationship between variables by using correlational statistics and is a significant part of nursing research (Curtis et al., 2016). The survey research design was chosen as it is an efficient, cost-effective method to study the relationship between variables (Muijs, 2011). When applying the theoretical framework of Kolb and Kolb's (2009) ELT, correlations between the two variables provide insight into the effectiveness of experiential learning in addressing the nurse leader pipeline.

Population

Similar to other organizations, Healthcare System X (pseudonym), a large healthcare provider in the North Texas region with 16 hospitals and 6,000 registered nurses, reported increased turnover for all levels of nursing since 2020 (Healthcare System X, HR Analytics Data, December 2022). Healthcare System X employs nurse leaders at various levels of the organization, and the CNC represents the entry-level position in nursing leadership. While the unit manager assumes 24-hour responsibility for nursing unit functions, the CNC assumes responsibility for the direction and coordination of all functions of the nursing unit on their

designated shift. The CNC model is a part of the organizational nursing strategy designed specifically to expand the nursing leadership pipeline and reduce the time to fill nurse leader positions by allowing the CNC the opportunity to learn, grow, and develop with the oversight of an experienced nurse manager (Healthcare System X, Nursing Strategic Plan, 2022).

Each CNC employed at Healthcare System X is a registered nurse with a Bachelor of Science in Nursing (BSN) and a minimum of 2 years experience as a direct care nurse (Healthcare System X, CNC Job Description, 2019). The primary participant inclusion criteria included:

1. Currently employed with a job code of CNC.
2. In the role, a minimum of 90 days at the time of survey.
3. In the role, a maximum of 3 years at the time of survey.

The exclusion criteria were as follows:

1. Part-time or PRN (as needed) status.
2. Employees on leave of absence.

Directly prior to sending the initial email, I provided the human resources (HR) business partner with the inclusion and exclusion criteria to obtain the number of potential participants from the HR analytics database. The number of potential participants on the opening day of the survey was 87.

Study Sample

G*Power 3.1.9 (Heinrich Heine Universität Düsseldorf, 2023) was used to determine the minimum sample size required to find statistical significance. In order to ensure adequate power for a multiple regression with three predictors and a small to moderate effect size ($f^2 = .12$), a power analysis indicated that a minimum of 95 participants would be required. However,

according to the HR analytics database accessed on day one of the survey by the HR business partner, there were only 87 CNCs matching the eligibility requirement.

Specific recruitment techniques were utilized to obtain a sufficient sample size. Those included selecting the previously validated shorter version of both tools so that busy nurses would not have to commit more than 10–15 minutes to complete. Additionally, the survey open date coincided with the CNC monthly meeting, and a QR code to the survey link was included on the recruitment flyer so participants had the option to take the survey on their phone during the meeting if they chose.

Materials and Instruments

This quantitative research involved data collection via an online survey sent to the employer-issued email address of each CNC facility lead to disseminate at their respective facilities. Recruitment strategies included a flyer, initial and follow-up emails to potential participants, and the support of the CNC council executive sponsor, who agreed to present the information. After institutional review board (IRB) approval, the recruitment flyer was shared at the monthly meeting of the CNC council on the survey open date (see Appendix A). The executive sponsor sent the initial email to each facility lead of the council (see Appendix B). Since responses were confidential, a reminder email was sent to all potential participants 7 days after initial contact (see Appendix C). The survey remained open for 10 days.

The first section of the survey was designed to obtain informed consent as approved by the IRB for both ACU and Healthcare System X (see Appendix D). The informed consent process is discussed in greater detail in the ethical considerations section of this paper. The second part of the survey sought demographic data (see Appendix E). The questions regarding gender were developed in accordance with recommendations from the Pew Research Center

(2020). The demographic questions regarding race and ethnicity were developed as per the Standards for the Classification of Federal Data on Race and Ethnicity (University of Florida, n.d.). Age, gender, race, and years of nursing were each noted in the literature review as important variables in leadership development and aspiration (Cottingham et al., 2018; Coventry & Hays, 2021; Iheduru-Anderson, 2020; Keith et al., 2022; Kollman et al., 2020).

The survey questions were selected from two validated and reliable tools designed to measure the two study variables: job challenge and leadership aspiration (see Appendix E). The survey was administered by SurveyMonkey®, a free online survey platform. The survey link was embedded in the initial and follow-up emails to each potential participant. The anonymous responses collector option was utilized to protect the confidentiality of the participants. By utilizing this feature of SurveyMonkey®, respondent IP addresses were not shared with the collector (SurveyMonkey, 2023).

Data Collection and Analysis Procedures

Operational Definitions of Variables

Correlational research seeks to explain the correlation between variables and whether or not a change in one variable reflects a change in the other variable (Creswell, 2015). Therefore, in this correlational research, the two variables for this study were job challenge, as measured by the Developmental Challenge Profile (DCP; McCauley et al., 2019), and leadership aspiration, as measured by the Leadership Aspiration subscale of the Career Aspiration Scale-Revised (CAS-R; Gregor & O'Brien, 2016).

Job Challenge

McCauley et al. (1994) developed the DCP as a tool for studying challenging developmental components. The tool, also referred to as the Job Challenge Profile, was based on

the premise that leaders were more likely to learn when faced with challenging situations (McCauley et al., 1994). The original tool consists of 10 components that foster job learning and growth. Several researchers have utilized the DCP and condensed versions of the DCP to evaluate developmental job experience in various contexts (Cao & Hamori, 2020, 2023; De Pater et al., 2009; DeRue & Wellman, 2009; Dong et al., 2013; Ohlott et al., 1994). This study utilized the condensed version of the DCP as developed and described by Cao and Hamori (2020, 2023). The authors tested the following five components as the core construct of the job challenge (test reliability included). Each component contained five questions.

- Unfamiliar responsibilities—measures the leader's experience functioning in new job junctions or transitions ($\alpha = .73$).
- Creating and managing change—measures the leader's experience implementing change in strategy or structure ($\alpha = .70$).
- High levels of responsibility (high stakes)—measures the leader's experience in jobs that are of great importance to the organization, highly visible, or large scale and scope ($\alpha = .77$).
- Working across boundaries—measures the leader's experience managing non-authority relationships ($\alpha = .84$).
- Managing work group diversity—measures the leader's experience working with coworkers of diverse gender, national, cultural, or ethnic backgrounds ($\alpha = .83$).

The tool uses a 5-point Likert scale ranging from 0 = *Not at all descriptive of my current job* to 4 = *Very descriptive of my current job*. The survey contains a total of 25 items, and the score for each survey will be obtained by calculating the mean of all items. Each component or subscale of the DCP was also scored by calculating the mean of the subscale items (see

Appendix C). A high mean score indicates the perception of a high job challenge (0–1 = low job challenge; 2–3 = medium job challenge; 3–4 = high job challenge). Subsequently, a high mean score in either of the components indicates a high level of job challenge in that particular component. Both the total mean score and the score of each component were examined for correlation with leadership aspiration. Permission to use the scale was obtained from the Center for Creative Leadership® via email (McCauley et al., 2019; see Appendix F).

Leadership Aspiration

Leadership aspiration, the second variable of the study, was determined by utilizing the CAS-R (Gregor & O'Brien, 2016). The Career Aspiration Scale (CAS), developed by O'Brien in 1996, was designed to measure the degree to which women value their careers and aspire to leadership positions (Gray & O'Brien, 2007). The original scale consisted of eight items divided into two subscales, which included leadership/achievement aspiration and educational aspiration. Psychometric properties investigated in 2007 determined acceptable reliability $\alpha = 0.77$ (Gray & O'Brien, 2007). The scale was later revised in 2016 to increase validity and reliability and divided into the following three subscales: achievement aspiration, leadership aspiration, and educational aspiration (Gregor & O'Brien, 2016). Each subscale was evaluated for test and retest reliability and included achievement $\alpha = .74–.80$; education $\alpha = .81–.87$; and leadership $\alpha = .74–.82$ (Gregor & O'Brien, 2016). The CAS-R has been previously used to assess the career aspirations of predominantly White women, which is a limitation that is discussed later in this paper. The leadership aspiration subscale is of particular interest for this current research as it measures the degree to which women aspire to a leadership position within their chosen career field.

The CAS-R scale measures leadership aspiration on a 5-point Likert scale ranging from 0 = *Not at all true of me* to 4 = *Very true of me*. For this study, the leadership aspiration subscale was used as a continuous variable. The subscale contains a total of eight items, and the participants' scores were obtained by calculating the mean of all items (see Appendix C). The higher the mean score, the more achievement, education, or leadership aspiration the respondent possesses (0–1 = low aspiration; 2–3 = medium aspiration; 3–4 = high aspiration). Permission to use the scale was obtained from the author via email (see Appendix G).

Data Analysis Procedures

Initially, all variables were checked for normality assumptions (i.e., skewness and kurtosis values within values of -1 and +1). No issues were noted regarding variable distributions, and no extreme outliers were present. Correlation analysis was conducted to examine the bivariate relationship between each job challenge and leadership aspirations to address Research Question (RQ) 1. Next, multiple regression analysis was conducted to examine how the five job challenges predicted leadership aspirations. Finally, hierarchical regression analysis was used to test the moderating effects of age and race on the relationship between job demands and leadership aspirations.

This approach allows researchers to assess the influence of moderating variables by introducing them in different steps of the regression model and helps understand how the moderating variable affects the relationship between the independent and dependent variables (Cohen et al., 2003).

Validity and Reliability

Validity and reliability are the two main criteria for evaluating quantitative research (Creswell, 2015; Leavy, 2017). Vogt (2007) defined validity as "the relevance of the design or

the measurement" (p. 118). As previously discussed, Pearson's correlation coefficient (*r*) was used to determine the strength and direction of a relationship between the two variables (Creswell, 2015; Godshall, 2016). This is a measure of statistical validity (Leavy, 2017). Vogt (2007) noted there are external and internal threats to validity, several of which will be discussed in the limitations section of the paper.

Leavy (2017) defined reliability as "consistency of results" (p. 113). Each operational definition has been thoroughly defined, as this is important to establishing reliability, or replicability, according to Vogt (2007). Cronbach's α was calculated to examine the internal consistency reliability for each variable and subscale, as follows:

- Leadership Aspiration: $\alpha = 0.910$
- Job Challenge: $\alpha = 0.865$
    - Unfamiliar Responsibilities: $\alpha = 0.742$
    - Creating and Managing Change: $\alpha = 0.826$
    - High Stakes: $\alpha = 0.793$
    - Working Across Boundaries: $\alpha = 0.576$
    - Managing Work Group Diversity: $\alpha = 0.831$

Ethical Considerations

Prior to data collection, IRB approval was obtained from ACU (see Appendix H) and Healthcare System X (see Appendix I). Potential participants received informed consent prior to taking the survey, and the survey was designed to end immediately if potential participants chose not to participate. Potential participants were assured they were under no obligation to take part in the study and that participation would not impact their employment status. In order to provide security and confidentiality of the survey responses, IP addresses were not shared.

Assumptions

I assumed the participants would answer the research questions honestly, free from inducements, and to the best of their recollection. I also assumed participants would answer questions free from distraction or workplace stressors. The normality for all variables was tested for skewness and kurtosis. Overall, variables can be considered normally distributed. Skewness and kurtosis scores were within acceptable ranges (see Appendix J). There were minor floor and ceiling effects for some variables

Limitations

One of the limitations of correlational studies is the inability to apply causal effects (Bloomfield & Fisher, 2019; Curtis et al., 2016). The results and analysis were reported as relational, and care was taken not to infer anything further. Leedy and Ormrod (2019) suggested that the choice of an internet survey may introduce bias toward individuals who are not computer literate. In addition, the authors suggest the self-report nature of the survey instrument is a limitation because it relies on memory and perception.

Additionally, I am employed as a nurse leader in the organization in which the study will take place. While I do not have oversight over any participants, the employment status could introduce unintended bias as nurses may choose not to participate due to fear of retaliation. Leedy and Ormrod (2019) recommended researchers demonstrate integrity by being transparent with bias in every stage of the research process and deem it unprofessional for a researcher to fail to identify and concede the possibility of bias. In order to minimize the risk of this bias, I will reiterate the promise of confidentiality with each communiqué to the participants.

As mentioned previously, the CAS-R survey instrument has been primarily used to assess the career aspirations of predominantly White women (Gregor & O'Brien, 2016). While the

author recommends including men and people of color in future studies, it remains a limitation of this current study. According to the National Council of State Boards of Nursing (2023), the registered nurse workforce is 81% White/Caucasian and 9.4% male. The current study will be open to all registered nurses with the CNC job code at Hospital System X, with race and gender identified in the demographic data, so the limitation of the instrument will be considered when analyzing the data.

Finally, there are threats to the research validity due to the multiple variables associated with the study (Vogt, 2007). Applying sound statistical procedure and analysis as previously described will minimize threats to external, construct, and control validity. The nature of the study makes it vulnerable to the threats of self-selection and volunteer effects, as people are not likely to self-select randomly (Vogt, 2007). Additionally, Creswell (2015) noted there are also confounding variables that will not be measured but may influence outcomes. Examples of such variables that could possibly be present in this study included attitudes about current or past leaders, workload, and morale in nursing units and the organization.

Delimitations

The delimitations of this study are related to the study population. The subset of entry-level nurse leaders in the study each has similar educational backgrounds (minimum bachelor's degree) and work settings. Any correlations identified may not apply to entry-level leaders in rural settings or different educational preparation.

Chapter Summary

This quantitative, correlational research study was designed to explore the relationship between job challenge and leadership aspiration from the perspective of entry-level nurse leaders. The participants included entry-level nurse leaders in the CNC job code at Healthcare

System X. Reliable and validated instruments to examine the two variables, job challenge and leadership aspiration, guided the development of the survey for the research. Participants provided informed consent, and sound statistical procedures were employed to contribute insight and guidance for organizational executives to support the nurse leadership workforce. In the next chapter, the study's results, including a detailed data analysis, are provided.

Chapter 4: Results

The purpose of this quantitative, correlational research was to examine the relationship between job challenges and leadership aspiration from the perspective of the entry-level nurse leader of a healthcare system. Specifically, the aims were to assess whether there was a statistically significant relationship between the two variables and assess for the moderating effect of age and race on the relationship. While the entry-level nurse leader is a part of most organizational succession plans, little is known about the most effective methods for leadership development and whether or not the current method of experiential job challenges is impactful to their leadership aspiration.

The research was conducted utilizing two validated and reliable tools, the DCP and the CAS-R, to examine two variables of job challenge and leadership aspiration. This chapter's purpose is to report the findings of the data analysis and to answer the four research questions posed for this study. The first section describes the sample of the participants in the survey. The subsequent sections describe the correlational and regression analysis performed for each research question.

Sample

There were 87 CNCs matching the eligibility requirements on the survey open date. A total of 56 CNCs completed the electronic survey for a completion rate of 64%. Two eligible participants opted out after reviewing informed consent. There were no missing values, and no respondents were eliminated from the analysis. The sample was relatively diffuse in terms of the level of experience, with the largest number of participants falling in the 1–5-year window (26.8%). Of the respondents, 48 reported as women (85.7%) and five as men (14.3%). The sample was fairly homogenous, with 41 (73.2%) describing themselves as White, seven (12.5%)

describing themselves as Black or African American, and six (10.7%) as Asian. There were five (8.9%) participants with Hispanic, Latino, or Spanish origin, and two (3.5%) preferred not to respond to questions of race and ethnicity. There were no participants who reported their age as less than 25 years. The largest percentage of the sample reported ages between 25–34 (33.93%), followed closely by ages 35–44 (30.36%; see Table 1).

Table 1

Demographic Statistics

Characteristic	*n* (%)
Years of Nursing Experience	
1–5 years	15 (26.8)
6–10 years	10 (17.9)
11–15 years	9 (16.1)
16–20 years	8 (14.3)
21–25 years	6 (10.7)
26–30 years	4 (7.1)
31 or greater	4 (7.1)
Sex	
Female	48 (85.7)
Male	8 (14.3)
Race	
Asian	6 (10.7)
Black/African American	7 (12.5)
White	41 (73.2)
Prefer not to respond	2 (3.6)
Age	
25–34 years	19 (33.9)
35–44 years	17 (30.4)
45–54 years	13 (23.2)
55–64 years	5 (8.9)
65–75 years	2 (3.6)

Cronbach's α was calculated to examine the internal consistency reliability for each subscale. Table 2 presents the minimum, maximum, mean, and standard deviation for each subscale.

Table 2

Summary of Job Challenge Scale

Subscale	Cronbach's α	*M* (*SD*)	Min	Max
Overall Job Challenge	0.87	2.72 (0.53)	1.64	4.16
Unfamiliar Responsibility	0.74	1.70 (0.73)	1.00	4.20
Creating and Managing Change	0.83	1.79 (0.77)	1.00	4.00
High Levels of Responsibility	0.79	3.39 (0.89)	1.20	5.00
Working Across Boundaries	0.58	2.74 (0.59)	1.60	4.40
Managing Work Group Diversity	0.83	3.97 (1.07)	2.00	5.00
Leadership Aspiration	0.91	3.49 (1.07)	1.38	5.00

Research Questions

RQ1: What is the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

A correlation analysis was conducted to examine the bivariate relationships between leadership aspiration and the five job challenge components. Results indicated that leadership aspiration had significant, positive correlations with creating change (r = .27, p = .04), high levels of responsibility (r = .36, p = .01), and managing work group diversity (r = .42, p = .001). There were no statistically significant relationships between leadership aspirations and both

unfamiliar responsibilities (r = .06, p = .65) and working across boundaries (r = .25, p = .07; see Table 3).

Table 3

Bivariate Relationships Between Job Challenge Components and Leadership Aspiration

Variable	1.	2.	3.	4.	5.	6.
1. Unfamiliar Responsibilities	-					
2. Creating and Managing Change	.71**	-				
3. High Levels of Responsibility	.28*	.57	-			
4. Working Across Boundaries	.21	.40**	.34*	-		
5. Managing Work Group Diversity	-.15	.13	.42**	.32*	-	
6. Leadership Aspiration	.06	.27*	.36**	.25	.42**	-

Note. *p < .05, two-tailed. **p < .01, two-tailed.

RQ2: Which specific job challenge components have the strongest relationship with leadership aspiration from the perspective of the entry-level nurse leader?

A multiple regression analysis was conducted to examine how the five job challenges predicted leadership aspirations. Results indicated that the analysis was statistically significant, F (5, 50) = 3.08, p = .02, and explained 24% of variance in leadership aspiration. The standard error of .98 is relatively low, indicating minimal variability in the model's prediction. Overall, the model's goodness of fit is acceptable. When examining specific predictors, only managing diversity significantly, positively predicted aspirations, β = .32, p = .04 (see Table 4).

Table 4

Summary of Hierarchical Regression Analysis Predicting Leadership Aspiration

Challenge	R^2	*b*	*SE*	*β*	*t*	*p*
Overall Model	.24*					
Unfamiliar Responsibilities		-0.10	0.28	-0.07	-0.35	0.73
Creating and Managing Change		0.26	0.30	0.19	0.86	0.40
High Levels of Responsibility		0.15	0.20	0.12	0.27	0.79
Working Across Boundaries		0.07	0.26	0.04	0.27	0.79
Managing Work Group Diversity		0.37	0.17	0.32	2.17	0.04

Note. *$p < .01$

RQ3: How does the age of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

Multiple regression analysis was used to examine the moderating effect of age on the relationship between job challenge and leadership aspiration while controlling for diversity. Overall, the analysis was significant, F (2, 53) =10.79, $p < .001$, $R^2 = .29$. The standard error of .93 is relatively low, indicating minimal variability in the model's prediction. Overall, the model's goodness of fit is acceptable. When examining specific predictors, age significantly, negatively related to aspirations, β = -.34, $p = .005$. Job challenges significantly, positively related to leadership aspirations, β = .38, $p = .002$. However, the interaction term was not statistically significant, β = .04, $p = .73$, indicating that a moderating effect was not present (see Table 5).

Table 5

Summary of Hierarchical Regression Analysis Examining Moderating Effect of Age

Variable	R^2	*b*	*SE*	*β*	*t*	*p*
Step 1	.29*					
Age		-0.37	0.13	-0.34	-2.91	0.005
Overall Job Challenge		-0.9	0.4	0.37	3.2	0.002
Step 2	.29*					
Age		-0.36	0.13	-0.34	-2.86	0.01
Overall Job Challenge		0.41	0.13	0.38	3.19	0.002
Age * Overall Job Challenge		-0.05	0.16	-0.04	-0.35	0.73

Note. *$p < .01$

RQ4: How does the race of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader?

A second multiple regression analysis was used to examine the moderating effect of race on the relationship between job challenge and leadership aspiration. Due to the small number of non-White participants, race was coded as 1 = White, 0 = Non-White. Overall, the analysis was significant, F (2, 53) =5.18, p = .003, R^2 = .23. The standard error of .97 is relatively low, indicating minimal variability in the model's prediction. Overall, the model's goodness of fit is acceptable. When examining specific predictors, race was not a significant predictor of leadership aspirations, β = .06, p = .08. Likewise, the main effect for job challenges was not statistically significant, β = .16, p = .40, and the interaction term was not statistically significant, β = .35, p = .07 (see Table 6).

Table 6

Summary of Hierarchical Regression Analysis Examining Moderating Effect of Race

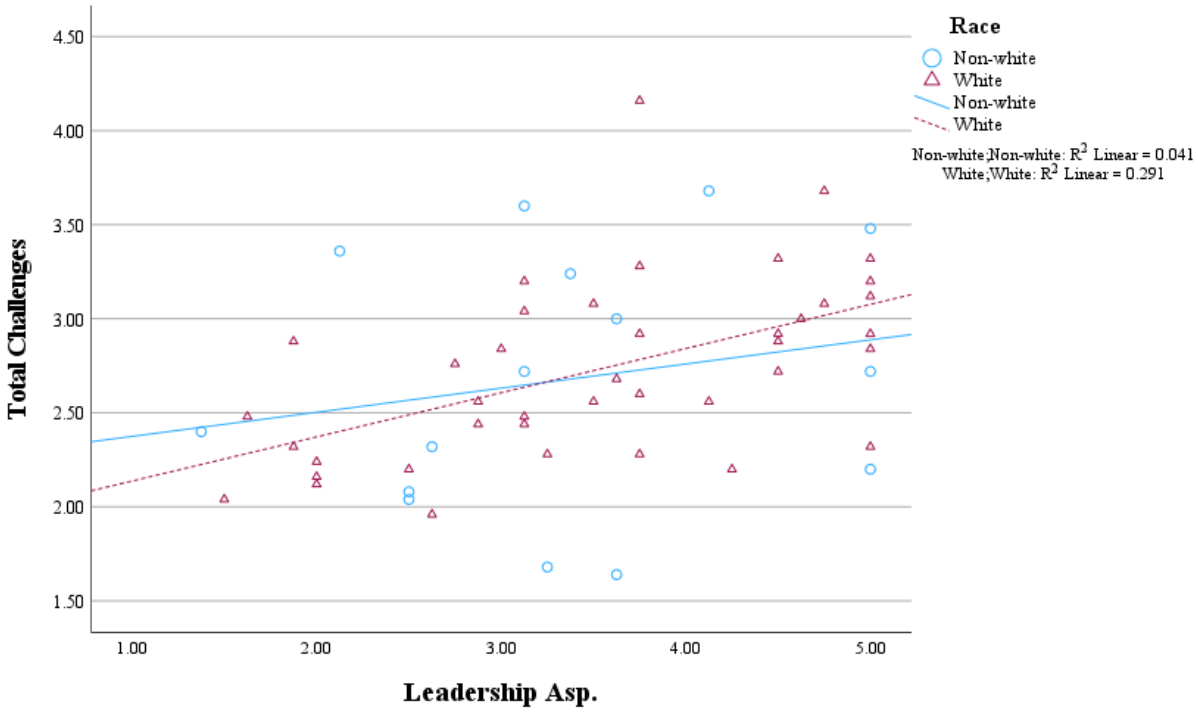
Variable	R^2	*b*	*SE*	*β*	*t*	*p*
Step 1	.23*					
Overall Job Challenge		0.45	0.13	0.42	3.35	0.002
Race		0.13	0.30	0.06	0.45	0.66
Step 2	.23*					
Overall Job Challenge		0.17	0.20	0.16	0.84	0.40
Race		0.15	0.29	0.06	0.51	0.61
Race * Overall Job Challenge		0.49	0.26	0.35	1.86	0.07

Note. *$p < .01$

Since there were few ($n = 15$) non-Whites in the sample, a plot was created to explore further the relationship between job challenge and aspiration between the two racial groups. As indicated in Figure 1, there was a stronger relationship between job challenge and leadership aspiration for White participants compared to non-White participants.

Figure 1

Scatterplot of Job Challenge and Leadership Aspiration: By Racial Group



Chapter Summary

This research sought to examine the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader of a healthcare system. Sufficient statistical evidence was obtained to address RQ1: What is the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader? Correlational analysis indicated that leadership aspiration had significant, positive correlations with creating change (r = .27, p = .04), high levels of responsibility (r = .36, p = .01), and managing work group diversity (r = .42, p = .001).

Sufficient statistical evidence was obtained to address RQ2: Which specific job challenge components have the strongest relationship with leadership aspiration from the perspective of the

entry-level nurse leader? When examining job challenge components, managing work group diversity significantly, positively predicted leadership aspirations ($\beta = .32$, $p = .04$).

Insufficient statistical evidence was obtained to address RQ3: How does the age of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader? While age significantly, negatively related to leadership aspiration ($\beta = -.34$, $p = .005$), a moderating effect was not present.

Insufficient statistical evidence was obtained to address RQ4: How does the race of the leader moderate the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader? While the moderating effect was not found to be present ($\beta = .35$, $p = .07$), a scatter plot identified a stronger relationship between job challenge and leadership aspiration for White participants compared to non-White participants. Additionally, increasing the number of variables could improve the model's predictive accuracy.

Chapter 5: Discussion, Conclusions, and Recommendations

Prior to the COVID-19 pandemic, there were troubling indications the nurse leader pipeline was dwindling. However, the problem has been exacerbated in the postpandemic era of healthcare due to the aging workforce, stress, burnout, excessive workload, and insufficient work–life balance (Grubaugh et al., 2023; Shields et al., 2022). Compounding this problem is ample data indicating fewer nurses aspire to leadership positions. (Al Sabei et al., 2019; Branden & Sharts-Hopko, 2017; MacPhail et al., 2015; Sherman et al., 2015; Warden et al., 2021; Warshawsky et al., 2022). Entry-level nurse leaders are a part of most organizational succession plans, although there is no data to be found regarding the most effective methods for leadership development and whether or not the current method of experiential job challenges impacts their leadership aspiration.

The purpose of this quantitative, correlational research was to examine the relationship between job challenge and leadership aspiration from the perspective of the entry-level nurse leader of a healthcare system. Specifically, the aims were to assess whether there was a statistically significant relationship between the two variables and assess for the moderating effect of age and race on the relationship. As previously discussed, limitations included the inability to apply causal effect with correlational research, the fact that I am a nurse leader at the organization in which the research was conducted, and the fact that the tool to assess leadership aspiration has primarily been used to assess the aspiration of White women.

This chapter includes a discussion of the results and findings from Chapter 4 in relation to past literature. Conclusions are drawn from the findings and limitations for the research are discussed. Additionally, implications for practice and recommendations for future research are offered.

Discussion of Findings in Relation to Past Literature

Findings from this study indicated overall job challenges significantly, positively related to leadership aspiration. Specifically, leadership aspiration had significant, positive correlations with the following job challenge components: creating change, high stakes, and diversity. Additionally, diversity significantly, positively predicted leadership aspiration. There was no statistically significant evidence to suggest that the age or race of the nurse leader moderated the relationship between job challenge leadership aspiration. However, age significantly, negatively related to aspiration, and a stronger relationship between job challenges and leadership aspiration for White participants compared to non-White participants was identified.

Job Challenge and Leadership Aspiration

The first research question examined the relationship between job challenge and leadership aspiration from the perspective of CNCs at Healthcare System X. Results indicated that leadership aspiration had significant, positive correlations with creating and managing change, high levels of responsibility, and managing work group diversity.

Creating and managing change is one of the five components of the DCP developed by McCauley et al. (1994, 2019). The component is defined as the ability to lead or adapt to organizational change (Cao & Hamori, 2023). This particular developmental job challenge provides the employee with a motive and opportunity for learning and is most effective when the goal is clear, but the employee has the freedom to choose the mechanisms for achieving the goal (McCauley et al., 1994). DeRue and Wellman (2009) explained creating and managing change enhances strategic leadership skills by forcing individuals to identify drivers to change, remove barriers, and strategically appraise the allocation of organizational resources. Notably, the AONL (2023) identified change management as a core competency for all nursing leaders. Consistent

with the results of this study, Kuraoka (2019) identified a statistically significant, positive relationship between experiential job challenges and developing skills for creating and managing change.

McCauley et al. (1994, 2019) defined the job challenge component of the high level of responsibility (high stakes) as one that measures the leader's experience in jobs that are of great importance to the organization, highly visible, or large scale. Ohlott et al. (1994) further described high stakes as one of the most powerful components of job challenge due to the visibility and opportunity of considerable impact on the organization. The authors further contended that many organizations do not provide women with high-stakes assignments, thus perpetuating the glass ceiling phenomenon. This is notable because the ability to handle job challenges with high stakes becomes much more important at higher organizational levels (Ohlott et al., 1994). Nursing remains a predominantly female profession, consistent with the gender demographics of this study (85.7% female; 14.3% male). In contrast to previous literature, there may not be a gender difference in the assignment of high levels of responsibility among this particular research sample. However, the statistically significant, positive correlation between high levels of responsibility and leadership aspiration identified in this research study suggests that exposing entry-level nurse leaders to job challenges with high stakes and visibility within the organization may help foster their desire to aspire to higher leadership roles.

Predictor of Leadership Aspiration

The second research question examined which of the specific job challenges had the strongest relationship with leadership aspiration from the perspective of CNCs at Healthcare System X. When examining specific predictors, only managing work group diversity significantly, positively predicted leadership aspiration.

Managing work group diversity is described as the leader's experience working with coworkers of diverse gender, national, cultural, or ethnic backgrounds (McCauley et al., 1994). The importance of leading and managing a diverse workforce will continue to be an important leadership skill as society continues to become more diverse (Scott & Klein, 2022). The authors explained diversity should be a core issue of concern for every organization with a broadened focus from race and gender, but to include ethnicity, social class, age, disability, and military experience. In addition, the authors call for all traditional, current, and emerging leadership theories to incorporate diversity into the theoretical framework (Scott & Klein, 2022).

The National Academies of Sciences, Engineering, and Medicine (Wakefield et al., 2021) advocated for a robust, diverse nursing workforce that is educationally prepared to respond to the challenges of social determinants of health (SDOH) such as food insecurity, poverty, and limited access to healthcare. The authors explained that the nursing workforce will need new knowledge to meet these challenges, and the workforce should reflect the populations served (Wakefield et al., 2021). The National Academies recognize there has been an increase in diversity among younger generations of nurses but also call for a new generation of nurse leaders who recognize the importance of diversity (Wakefield et al., 2021). Additionally, the understanding and promotion of diversity, belonging, and inclusion are included as vital leadership components for advancing health equity and SDOH and are included in the AONL Nurse Leader Core Competencies (AONL, 2023).

Age and Leadership Aspiration

The third research question examined whether or not the age of the leader moderated the relationship between job challenge and leadership aspiration from the perspective of CNCs at Healthcare System X. Age significantly, negatively related to leadership aspiration, indicating

younger nurses have increased leadership aspiration. However, the moderator did not significantly influence the relationship between the variables.

Consistent with previous research, this study found that younger nurses have increased leadership aspiration. While most literature has highlighted direct care nurses, little is known from the perspective of the entry-level nurse leader. Al Sabei et al. (2019) identified younger nurses with less experience are more willing to lead. The author contended this may be due to older nurses having a better understanding of the leadership role expectations and having experienced more job-related stress. Similarly, Laschinger et al. (2013) identified younger nurses as more interested in pursuing leadership roles, as experience in the nursing field may act as a deterrent to leadership aspiration. Millennial nurses, currently ages 27–42, comprise the largest demographic of this research sample. Branden and Sharts-Hopko (2017) identified the fear of failure as a significant concern for millennials and, therefore, impacted their willingness to assume a leadership role. Waltz et al. (2020) identified similar findings regarding millennial nurses and explained that while they are significantly less satisfied compared to other generations in the nursing profession, they strongly desire professional development. Cziraki et al. (2018) also pointed to the importance of opportunities to develop new skills and increase leadership self-efficacy for this large and important demographic sector of the nursing workforce.

Race and Leadership Aspiration

The fourth research question examined whether or not the race of the leader moderated the relationship between job challenge and leadership aspiration from the perspective of CNCs at Healthcare System X. Race was not a significant predictor of leadership aspirations, nor did the moderator significantly influence the relationship between variables. To further examine, a

scatterplot was created, indicating a stronger relationship between challenges and aspirations for White participants compared to non-White participants.

The literature provides some insight as to why non-White participants may possess less leadership aspiration than their White colleagues. The literature is also clear that while many studies have exposed racism among all non-White nurses and various ethnic minorities, Black and African American nurses have experienced the most severe racism dating back to colonialism and the institutionalized practices of the first formal nursing educational programs (Iheduru-Anderson, 2021). As previously discussed, nurses of color have been reported to expend disproportional emotional labor and have depleted emotional resources as a result of microaggressions and internalized racism from patients and coworkers (Cottingham et al., 2018). Additionally, perceived racial discrimination and the lack of Black nurses in leadership convey the message that Black nurses do not belong in leadership and executive positions, thus perpetuating the barrier to leadership advancement (Iheduru-Anderson, 2020). According to the 2023 National Nursing Workforce Survey conducted by the National Council of State Boards of Nursing (NCSBN), nurses from minority backgrounds represent 19.4% of the total population of nurses (Smiley et al., 2021). Additionally, nursing students from minority backgrounds comprised 38.9% of master's students and 38.9% of Doctor of Nursing Practice (DNP) students (Smiley et al., 2021). However, the AONL (2023) reported that less than 4% of nurse executives in the United States are nurses of color. Iheduru-Anderson (2020) contended the lack of Black and Brown nurses in executive and C-suite roles fuels the belief and perception that they are not preferred in those roles, thus discouraging them from advancing in leadership (Iheduru-Anderson, 2020).

More recently, in the wake of the highly publicized murders of George Floyd and Ahmaud Arbery, researchers and thought leaders have once again taken a very close look at the issue of race within the nursing profession. The American Academy of Nursing and the American Nurses Association released a joint statement announcing a commitment to work at eliminating systemic and institutional racism and increasing diversity within the nursing profession (Sullivan-Marx, 2020). Hiring practices have been identified in the literature as a mechanism that blocks entry and advancement in nursing leadership for nurses of color. Beard et al. (2020) identified familiarity bias as a driving force in hiring practices. For example, nursing leaders typically seek applicants who look like them and share their world views, often using code words like "not a good fit" to disguise a racially motivated mindset (Beard et al., 2020). The authors bring attention to the normalized culture of nursing leadership that labels the non-White nursing professional who challenges the status quo as a "troublemaker" and explain this normalization leads to the perception by Black and Brown people that the playing field is not level. Iheduru-Anderson (2021) conducted qualitative research that identified the theme of nurse leader dynamics (NLD), defined as "a complex network of beliefs, social actions, strategies, and maneuvers that work together to maintain the white/black hierarchy" (p. 419). The research provides insight into how NLD influences the perception of racism or racial bias and how this perception negatively affects the motivation of non-White nurses to seek leadership advancement.

Theoretical Alignment

This study supports and aligns with the theoretical framework of the ELT and the importance of experiential learning in competency development. Since the CNC at Healthcare System X works directly under the supervision of a nurse manager, VEL is also occurring. While

the literature supports experiential learning for nurse leaders, there is also criticism that most organizations lack the structure for experiential learning to be effective (Cziraki et al., 2018; Sherman et al., 2015; Warshawsky & Cramer, 2019). However, this study supports experiential learning in the form of job challenges, especially in terms of leading change, high levels of responsibility, and managing work group diversity.

Limitations of the Results

While this study contributes to the body of knowledge for nursing leadership and increases understanding of the relationship between job challenges and leadership aspiration, it has several limitations. First, results may not generalize to the larger nursing population. Findings may not be replicated in other healthcare systems or other industries because this study was conducted in a single healthcare system. A second limitation stems from the fact that self-selection was used to recruit participants. It is possible that highly motivated nurse leaders with high leadership aspiration chose to participate, while those with less leadership aspiration chose not to. It is not possible to know whether the self-selection process influenced the current results.

An additional limitation was that the DCP and the CAS-R were not developed specifically for healthcare workers. If the participants were unable to relate to the questions in the tool, this could have led to some of the floor and ceiling effects noted in the data. Similarly, the current study only measured one independent variable—job challenge. It is possible that several other variables predict leadership aspiration or may interact with the relationship between job challenges and leadership aspiration.

Implications

While no studies were found measuring the two variables of job challenge and leadership aspiration, the significantly, positive correlation between the variables aligns with the past

literature related to the significance of job challenge to leadership development. The implication supports a purposeful, strategic focus to provide experiential learning opportunities for entry-level nurse leaders with opportunities to influence and manage change and opportunities to work with a diverse team. The current findings also support a focus on diversity initiatives as a mechanism for strengthening the nurse leader workforce. Finally, the research findings support a more aggressive strategy identifying nurse leaders at a younger age and earlier in their careers while leadership aspiration is highest.

Recommendations

Recommendations for Practice

The first recommendation is for nursing leadership and organizational executives to strategically position the entry-level nurse leader for opportunities to learn experientially and vicariously under the supervision of an experienced nurse leader. Experiential learning plays an integral role in leadership development, although most organizations lack structure in the application of the theory (Kolb & Kolb, 2009; McCarthy, 2010). Organizations should strive to structure entry-level nurse leaders' experiential learning in the form of job challenges that provide the ability to effect and manage change while leading a diverse team of caregivers. Examples may include scenario-based learning and gamification similar to that currently in use with clinical nurses. Additionally, entry-level nurse leaders should be encouraged and empowered to lead rapid cycle improvement strategies at the unit level. Entry-level nurse leaders should be actively involved in shared governance councils, and organizational diversity strategies should be cascaded down to the unit level with significant involvement from the entry-level nurse leader.

Secondly, nursing education could provide more robust, realistic preparation for nursing leadership with the incorporation of experiential learning into the curriculum. Lisko and O'Dell (2010) contended learning outcomes, especially those involving critical thinking, are improved when learning styles are incorporated into the experience. According to Dante et al. (2021), involvement in the experience, discussion, feedback, and practice of real-life contexts affords learners increased levels of critical thinking and the capacity to connect theoretical knowledge with real-world application. While nursing educational preparation has seen significant advances in simulated and experiential learning, nursing leadership preparation remains unstructured and uncoordinated (Frangieh & Jones, 2022; Laschinger et al., 2013). The positive correlation between experiential learning and leadership aspiration identified in this study adds to the body of literature, indicating both organizations and nursing educational institutions should consider incorporating experiential learning as preparation for nursing leaders.

Additionally, organizations should begin or continue to focus on developing a diverse nursing workforce, as recommended by Wakefield et al. (2021). The understanding and promotion of diversity have been identified as a core competency for nurse leaders by the AONL (2023) and identified in this research as a statistically significant predictor of leadership aspiration. Organizations should look closely at hiring practices and other systemic barriers to increasing workforce diversity (Beard et al., 2020). The diversity lens should also be widened to ethnicity, social class, age, disability, and military experience (Scott & Klein, 2022). Healthcare organizations and executives should recognize the focus on diversity as a strategy to strengthen the nurse leader pipeline.

Lastly, organizations should strategically target younger nurses for leadership growth and development opportunities. This research supports previous research that younger nurses have

more leadership aspiration, and organizations should recognize and support their aspiration and willingness to lead. Organizations should be mindful that while millennials (currently aged 27–42) may comprise a large segment of the nursing workforce, they have also been reported as the least satisfied demographic and have a strong desire for organizational support in their leadership growth and development (Saifman & Sherman, 2019; Waltz et al., 2020).

Recommendations for Research

While the results of this research study indicated a significant positive correlation between job challenges and leadership aspiration, the results cannot be generalized. For hospital executives to better understand the relationship, further research is needed. The first recommendation for future research is to conduct this study with a larger sample. A larger sample would minimize the possibility of Type II error and allow researchers to investigate the potential moderating effect of age and race further. Additionally, increasing the number of variables could improve the predictions of the model.

The second recommendation for future research is to conduct this study in a rural hospital setting. This current research was conducted in an urban hospital setting in which the workforce is relatively diverse, and a rural setting would most likely be less diverse. While managing work group diversity significantly, positively predicted leadership aspiration in this study, a comparative study in a rural setting may provide valuable, additional insight.

Additionally, a qualitative exploration of the entry-level nurse leader's perceptions of their experiential job challenges and their impact on their leadership aspiration is recommended. A qualitative study may further inform the knowledge surrounding the entry-level nurse leader's aspiration through thematic analysis without the confinement of a quantitative tool.

Finally, the research could provide a deeper understanding of experiential learning with a study in which the researchers conduct a learning style inventory (LSI) for each participant. The results of the LSI could be used to expand the research to evaluate whether certain learning styles moderate the correlation between job challenges and leadership aspiration.

Chapter Summary

The purpose of this quantitative, correlational research was to examine the relationship between job challenges and leadership aspiration from the perspective of the entry-level nurse leader of a healthcare system. The research was intended to provide guidance for nurse leaders and organizational executives to support the stabilization of the nurse leadership workforce as the healthcare community faces the headwinds of an aging workforce, burnout, and fallout from the COVID-19 pandemic. Traditionally, nursing leadership training consists of on-the-job experiential learning, facing and solving a myriad of job challenges. However, little research exists regarding the impact of this type of learning, especially from the perspective of the entry-level nurse leader.

This study's findings indicated that experiential learning in the form of job challenges had a significant, positive correlation with leadership aspiration. Specifically, the job challenge components of creating change, high levels of responsibility, and managing work group diversity were found to have positive correlations with leadership aspiration, and working with a diverse team was identified as a predictor of leadership aspiration. Additionally, the research identified a significant, negative correlation between age and leadership aspiration and a stronger relationship between job challenge and aspiration for White participants compared to non-White participants.

The study findings align with previous research and support the use of structured, experiential learning under the supervision of an experienced nurse leader. The findings also support a focus on building a diverse healthcare workforce, as well as a strategic focus to identify and support nursing leaders younger and earlier in their careers.

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Appendix A: Informational Flyer

Clinical Nurse Coordinators Invited
to participate in nursing leadership research

Overview

My name is Rose Johnson and I am a doctoral student at Abilene Christian University. I am conducting an online research study about job challenges and leadership goals.

Eligible Participants

Fulltime CNCs in role from 90 days to 3 years

Ineligible

Part-time, PRN, Leave of Absence

Time Commitment

Survey open from 9/22/2023 until 10/6/2023

Takes approximately **10-15 minutes to complete**

What will I need to do?

Complete a 6-question demographic questionnaire with age, gender, years of nursing experience, race and ethnicity (optional)

Complete a 33-question survey about your current position

If you have questions for me, please email me at [redacted] You can also call me at [redacted] Thank you for your consideration in assisting me with this research. The survey closure date is October 6, 2023

Appendix B: Initial Email

From: Earls, Jenny <xxxxxxxxxxxxxx>
Sent: Friday, September 22, 2023 1:05 PM

Dear Clinical Nurse Coordinator,

My name is Rose Johnson, and I am a doctoral student at Abilene Christian University (ACU). I am conducting an online research study about job challenges and leadership goals. I would like to invite you to participate in my research. In order to be included in this study, you must meet the following criteria:

- Full-time CNC
- In role for at least 90 days and no more than 3 years

You cannot participate if you are:

- Part-time or PRN
- On a leave of absence

If you participate in this research, you will be asked to:

- Answer five demographic questions in which you will be asked about your age, gender, years of nursing experience, race, and ethnicity. Your response to this information is voluntary and optional.
- Complete a 33-question survey about your current position to be completed at your convenience.

CLICK HERE FOR SURVEY

If you have any questions, please email me at xxxxx@acu.edu. You can also call me at xxx-xxx-xxxx. Thank you for considering assisting me with this research. The survey closure date is October 6, 2023.

Warm regards,
Rose Johnson, EdD(c)

Appendix C: Reminder Email

From: Johnson Rose-Frisco
Sent: Friday, September 29, 2023 11:20 AM
Subject: CNC Research: Survey Link and QR Code Enclosed

Dear Clinical Nurse Coordinator,

The purpose of this email is to remind you about the opportunity to take part in an online research study about job challenges and leadership goals. If you have already completed the survey, thank you very much!! If you opened the survey but did not complete it, I hope you will consider completing it by using the link or the QR code below. It will take approximately 10 minutes, and your voice is greatly needed.

In order to be included in this study, you must meet the following criteria:

- Full-time CNC
- In role for at least 90 days and no more than 3 years

You cannot participate if you are:

- Part-time or PRN
- On leave of absence

If you participate in this research, you will be asked to:

- Answer five demographic questions in which you will be asked about your age, gender, years of nursing experience, race, and ethnicity. Your response to this information is voluntary and optional.
- Complete a 33-question survey about your current position to be completed at your convenience.

CLICK HERE FOR SURVEY

If you have any questions, please email me at xxxxx@acu.edu. You can also call me at xxx-xxx-xxxx. Thank you for considering assisting me with this research!

Warm regards,
Rose Johnson, EdD(c)

Appendix D: Informed Consent

Consent

You may be able to take part in a research study. This form provides important information about that study, including the risks and benefits to you as a potential participant. Please read this form carefully and ask the researcher any questions that you may have about the study. You can ask about research activities and any risks or benefits you may experience. You may also wish to discuss your participation with other people, such as your family doctor or a family member.

Your participation in this research is entirely voluntary. You may refuse to participate or stop your participation at any time and for any reason without any penalty or loss of benefits to which you are otherwise entitled.

PURPOSE & DESCRIPTION: I am conducting research about job challenges and leadership goals among the Clinical Nurse Coordinators (CNC) at xxxxxxxxxxxxxxx. I want to have a better understanding of the relationship. I hope to provide information to hospital administrators about entry-level nurse leaders' needs. We may be able to make things better for future nurse leaders.

You are eligible if you have been a full-time CNC for at least 90 days but no more than 3 years. You CANNOT participate if you are part-time or PRN. If you agree to participate, I will ask you to complete an online survey about your current job. The survey will take approximately 10–15 minutes to complete.

RISKS & BENEFITS: All studies have the risk of breach of confidentiality. Additionally, below is a list of the possible risks, including the seriousness of those risks and how likely they are to occur:

You may become uncomfortable when considering the challenges of your job.

You may feel that your responses could affect your job or reputation. These risks are unlikely. The research is entirely voluntary and confidential.

Benefits: There are potential benefits to participating in this study. Such benefits may include knowing that you've helped future nurse leaders. We cannot guarantee that you will experience any personal benefits from participating in this study.

PRIVACY & CONFIDENTIALITY: Any information you provide will be confidential to the extent allowable by law. Some identifiable data may have to be shared with individuals outside of the study team, such as members of the ACU Institutional Review Board. You will be identified in the research records by a code name or number. There will be no list that links your identity with this code. The primary risk with this study is breach of confidentiality. However, we have taken steps to minimize this risk. I will ask about your age, gender, years of experience, race, and ethnicity. This information is optional. Since the survey is anonymous, this information will not be personally linked to you. Also, SurveyMonkey® will not share the IP addresses with

me. However, SurveyMonkey® may collect information from your computer. You may read their privacy statements here: https://www.surveymonkey.com/mp/policy/privacy-policy/.

CONTACTS: If you have questions about the research study, the lead researcher is Rose Johnson, a doctoral student at Abilene Christian University, and may be contacted at xxxxx@acu.edu. If you are unable to reach the lead researcher or wish to speak to someone other than the lead researcher, you may contact Dr. Lawrence Santiago at xxxxx@acu.edu. If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU's Executive Director of Research, Qi Hang, at xxxxx@acu.edu.

Please click the button below if you voluntarily agree to participate in this study. Click only after you have read all of the information provided and your questions have been answered.

1. Select your answer to consent to the survey:

- ◯ Yes
- ◯ No

Appendix E: Survey

Welcome to My Survey

Thank you for participating in our survey. Your feedback is important.

2. What is your present age in years?

*3. What are your years of experience as a nurse?

- 1–5 years
- 6–10years
- 11–15 years
- 16–20 years
- 21–25 years
- 26–30 years
- 31 or greater years
- Prefer not to respond

4. Are you of Hispanic, Latino, or Spanish Origin?

- Yes
- No
- Prefer not to respond

5. How would you describe yourself?

- American Indian or Alaska Native Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to respond

6. How do you describe yourself?

- Man
- Woman
- Some other way
- Prefer not to respond

* 7. You lack experience important to carrying out some aspect of your job (for example, financial or market analysis, negotiation, or budgeting)

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 8. You have to manage something such as a function, product, technology, or market in which you are unfamiliar

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 9. Others question whether you are "ready" for this job

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 10. Compared to previous people in this job, you do not have the credentials, background or experience expected for this job

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 11. You are doing a type of work that is dramatically different from what you have done before

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 12. You have to carry out a major reorganization as a result of a merger, acquisition, downsizing or rapid growth

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 13. You have to make major strategic changes in the business direction, structure, technology or operations

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 14. You are trying something the organization has never tried before. No one knows for sure how to do it or how it will turn out

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 15. The job includes launching new organizational ventures such as product lines, acquisitions or facilities

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 16. You have to create or establish new policies or procedures

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 17. Your success or failure in this job will be evident to higher management

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 18. You are responsible for decisive action in a highly charged environment

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 19. You are being tested by higher management

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 20. There are clear deadlines by which your key objectives must be accomplished

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 21. There is pressure to complete a major piece of your job quickly

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 22. The customer base you work with is extremely varied

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 23. To achieve your most important goals, you must influence people outside the organization

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 24. You manage relationships with government officials or regulatory agencies

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 25. You must deal with diverse clients or customers

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 26. You have to carry out formal negotiations with an outside body (i.e. unions or joint venture partners

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 27. In terms of demographics, you have a diverse group of direct reports

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 28. You are part of a diverse workgroup

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 29. You are responsible for developing people of different genders and ethnic groups

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 30. You have to get people from different racial, religious, cultural or ethnic backgrounds to work together

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

* 31. You must make personal decisions about employees who differ from you in terms of race and gender

Not at all descriptive of my current job	Slightly descriptive of my current job	Moderately descriptive of my current job	Quite descriptive of my current job	Very descriptive of my current job
○	○	○	○	○

The remaining questions are used with permission from the Career Aspiration Scale. Please read each question carefully.

* 32. I hope to advance as a leader in my career field

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 33. I do not plan to devote energy to getting promoted to a higher leadership position in the organization in which I am working

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 34. As I become established in my career, I want to manage other employees

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 35. Advancing as a leader in my job is not at all important to me

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 36. I want to have responsibility for the future direction of my organization

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 37. Attaining leadership status in my career is not that important to me

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 38. I hope to advance in leadership within my organization

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

* 39. I hope to rise to the top leadership position within my organization

Not at all true of me	Slightly true of me	Moderately true of me	Quite a bit true of me	Very true of me
○	○	○	○	○

Appendix F: Approval for Use of DCP

Re: [External] Website Submission Notification: Request to Reprint & Republish

Helton, Carrie <xxxxx@ccl.org> May 16, 2023, 5:46 PM

To me, Lauren

Hi Rose.

You are welcome to use our academic research, including the DCP, in your own study as long as you cite the source for the DCP model.

Carrie Helton (she/her)
Center for Creative Leadership
xxxxx@ccl.org
time zone: Eastern Standard (U.S.)

From: Web Submission Notification xxxxx@ccl.org
Sent: Saturday, May 13, 2023 8:31 AM
To: Republish Requests <xxxxx@ccl.org>
Subject: [External] Website Submission Notification: Request to Reprint & Republish

Request to Republish Submission:

Where do you intend to republish CCL content?
I am a doctoral student at Abilene Christian University in Texas, and I am interested in conducting a correlational research study entitled: The Relationship Between Developmental Job Experiences and Leadership Aspiration From the Perspective of the Entry-Level Nurse Leader. I am seeking permission to survey entry-level nurse leaders utilizing the shortened version of the Developmental Challenge Profile (DCP)

List the titles of the articles you would like to republish.

Please indicate if you are seeking permission to republish articles on an ongoing basis.
McCauley, C. D., Ruderman, M. N., Ohlott, P. J., & Morrow, J. E. (1994). Assessing the developmental components of managerial jobs. *Journal of Applied Psychology*, *79*(4), 544–560. https://doi.org/10.1037/0021-9010.79.4.544

Appendix G: Approval for Use of CAS-R

Karen O'Brien
March 27, 2023, 6:19 AM

Rose,

You have my permission to use the revised CAS-R in your research.
http://counselingpsychologyresearch.weebly.com/career-aspiration-scale---revised.html
Good luck with your study!
KOB
--
Karen M. O'Brien, Ph.D.
Professor, Department of Psychology
Faculty Ombuds Officer, Office of the President
University of Maryland, College Park, MD 20742
xxxxx@umd.edu xxx.xxx.xxxx
Pronouns: She/Her/Hers

RESEARCH WEBSITE:

Rose Johnson <xxxxx@acu.edu>
March 26, 2023, 5:50 PM

To xxxxx @umd.edu

Hello Dr. O'Brien,

My name is Rose Johnson, and I am a doctoral student at Abilene Christian University. I am interested in conducting a correlational research study entitled: The Relationship Between Job Challenge and Leadership Aspiration From the Perspective of the Entry-Level Nurse Leader. I am seeking permission to survey entry-level nurse leaders utilizing the Leadership Aspiration subscale of the Career Aspiration Scale–Revised (CAS-R).

I read in the appendix of one of your earlier publications permission to replicate the original version of the tool; however, I was unable to find information regarding the licensure of the revised product. Please advise if this is permissible or if you need any additional information.

Thanks in advance.
Rose Johnson

Appendix H: ACU IRB Approval

IRB #: IRB-2023-201
Title: The Relationship Between Job Challenge and Leadership Aspiration from the Perspective of the Entry Level Nurse Leader
Creation Date: 8-29-2023
End Date:
Status: Approved
Principal Investigator: Rose Johnson
Review Board: ACU IRB
Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Exempt	Exempt

Appendix I: Healthcare System X: IRB Approval

Johnson Rose - Frisco

From: Anne Garsea <no-reply@irbnet.org>
Sent: Thursday, September 21, 2023 11:35 AM
To: Johnson Rose - Frisco
Subject: {EXTERNAL} IRBNet Board Action

Follow Up Flag: Follow up
Flag Status: Flagged

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Please note that Healthcare System X Institutional Review Board has published the following Board Document on IRBNet:

Project Title: [2102460-1] The Relationship Between Job Challenge and Leadership Aspiration From the Perspective of Entry-Level Nurse Leaders
Principal Investigator: Rose Johnson

Submission Type: New Project
Date Submitted: September 9, 2023

Document Type: Initial Approval Letter (Exempt)
Document Description: Initial Approval Letter (Exempt)_Rose Johnson EdD_CNC Survey Study Publish Date: September 21, 2023

Should you have any questions, you may contact Anne Garsea at xxxxx@xxxxx.com.

Thank you,
The IRBNet Support Team

https://urldefense.com/v3/__http://www.irbnet.org__;!!LgPfcEISpGU!qqib6nBTSPGwBnnsWsu1XYs0n80j1uiR9N_rO7GITKOHPMXTfCffzaxAbGiEka2R-uoMpZ4$

Appendix J: Test for Normality and Homogeneity

Measures of Normal Distribution for the Variables of the Sample

Variable	Skewness	Kurtosis
Unfamiliar Responsibilities	1.384	1.545
Creating Change	1.446	1.440
High Stakes	-0.357	-0.265
Boundaries	0.711	0.613
Diversity	-0.583	-0.936
Leadership Aspiration	-0.134	-0.992