

NURSE EXECUTIVES' EXPERIENCE OF LEADERSHIP: A critical incident technique study

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<p>Abstract</p> <p>Background: Currently, in the Republic of Kazakhstan there is a need to stimulate the capacity of nursing leadership and management in connection with a large nursing reform. Objective: To describe leadership skills of the nurse executives' and thus, to extend the knowledge of those skills needed in nursing leadership. Research questions: How do head and senior nurses describe their leadership skills and role as a leader? Research design: A qualitative method has been applied by using a critical incident technique. The participants consisted of 22 individuals. The written description of a critical incident was used for data collection. The data were analyzed by using inductive content analysis method. Results: Leadership skills and the role of nurse executives as leaders in managing were described in five distinct ways: (a) creating a favorable atmosphere in the team; (b) open communication for conflict resolution; (c) decision-making and problem solving; (d) acting like a perspective developer; and (e) acting like a protector. Conclusion: The results of the study show that the nurse executives of the one big medical organizations' Nur-Sultan city, faces situations as described in a study in which nurse executives demonstrate their leadership skills as leaders. Based on this, nursing leaders have some sufficient leadership experience that can contribute to the development of nursing in this medical organization. Nurse executives' experience of critical incidents was revealed for further use in nursing practice. Finally, for future research the critical incident technique can be applied to study a wider range of nurse leaders about barriers and prospects of nursing leadership in the Republic of Kazakhstan.</p>		
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1 Introduction

Leadership in modern management, including in the management of nursing, is of great importance in the professional activity of any manager, in this case nurse executives (Chobanuk 2015). An executive in any field of activity, including nursing, must be able to demonstrate certain qualities and skills in order to find a common language with colleagues and patients to achieve effective results in work (Ellis, & Abbott 2013). Achieving organizational goals is one of the most important and critical responsibilities of a nurse leader. Nurse leaders should influence the staff, colleagues, doctors, facility board members, and groups with the same interests. The role of leadership is the exchange of visions and the active involvement of others, which requires clarity of purpose and a special connection with people. (Plonien 2015.) In the changing environment of healthcare of the 21st century, nurse executives with leadership skills are vital for the promotion of high standards of the nursing practice by the way of adhering to values and trust, developing perspectives, ensuring a safe working environment to retain nursing staff, and increasing patient satisfaction (Carroll 2005). The leadership skills of nurse executives are important for maintaining and creating a competent nursing team by providing favorable working conditions (Raup 2008).

In the history of nursing, there have been a lot of prominent leaders among nurses who influenced the course of nursing care and helped its development. Florence Nightingale is one of them. She founded the first nursing school and is now recognized as the founder of modern nursing. This outstanding nurse played an exclusive role in developing policies and reforms in nursing. She demonstrated many leadership skills including being an effective communicator, courageous, creative, and collaborative in taking risks such as carrying out political lobbying. (Shariff 2015.) In the history of Florence Nightingale is recognized as one of the most famous women leaders who has shown herself as an innovator and inspirer in making decisions to make changes in nursing practice (Grimm 2010).

Nurse executives who possess great leadership skills can make changes, thus advancing reforms in nursing. Nurse executives as leaders can create a good working environment where everyone can take active part in making and sustaining change.

Therefore, lead nurses need to possess skills, which can empower respectful relationships in working environment. Leadership skills of the nurse can help to improve the quality of nursing care, reduce the time of hospitalization of patients and increase patients' and nurses' satisfaction level with the service. (Abazari 2017.) According to Pollard, Ross, and Means (2005), it has been suggested that leadership in nursing plays a key role in interprofessional collaboration. Pollard et al. (2005) refer to Ketefian (2001) when stating that the initiative can support nursing professionalization by promoting higher educational standards, increasing autonomy, responsibility, and recognition of the profession. Leadership plays a significant role in team building and teamwork. Many things depend on personal qualities and traits of character, style of the relation, microclimate, and psychological atmosphere in team – all of these in many respects are defined by leadership skills of the executives. (Pollard et al. 2005.)

Currently, in the Republic of Kazakhstan, nursing is undergoing an extensive reform, which is aimed at strengthening and developing nursing care in accordance with the international level. It is assumed that one of the problems hampering the development of nursing in the Republic of Kazakhstan is the insufficient leadership in nursing. In this regard, one of the tasks is to stimulate the capacity of nursing leadership and management in the conditions of the reform to improve the quality of the healthcare system. Consequently, there is a need to promote and strengthen nursing leadership, since leaders play a key role in supporting professional care, promoting higher standards of care, and recognizing nursing as a prestigious profession. (Comprehensive nursing development plan in Republic of Kazakhstan until 2019.) This study aims to describe leadership skills of the nurse executives' and thus, to extend the knowledge of those skills needed in nursing leadership. This can serve as the basis for further development of the capacity of nurse executives.

2 Theoretical Background

2.1 Leadership in nursing

Leadership is a complex process with a multitude of different dimensions. There are many definitions that describe the complex nature of leadership. (Stanley 2006;

Chobanuk 2015; Seitovirta 2017; Grimm 2010.) Chobanuk (2015) refer to Northhouse (2013) when stating that the process of leadership as a form of influence on people for achievement of goals. Vroom, and Jago (2007) defined leadership as an individual's behavior that involves and guides others towards common goals. Similar opinion of Ellis, and Abbot (2013) that leadership is a set of skills aimed at promoting a team to achieve certain goals. Nursing leadership contributes to the formation of the nurses' perception of their profession and work, which in turn has related with patient care outcomes (Tsaloukidis, Trifoni, Ouzounis, Papageorgiou, Marvaki, & Peponi 2012). In this study, the term “executive” refers to individuals in formal management roles including administrators, directors, managers, head, and senior nurses.

The concept of nursing leadership is defined analogously with the theory of management and organization. There is also a recent concept of leadership in the field of nursing, which implies the behavior and influence of nurse executives on the system of resource management, work environment and supporting the application of research results in nursing practice. (Gifford, Davies, Edwards, Griffin, & Lybanon 2007.) According to Seitovirta (2017), leadership nurse executives’ as the main motive power covering all aspects of nursing activities for maintaining and perfecting of nursing quality in accordance with modern requirements. Leaders in nursing are usually heads like administrative directors or managers. These roles are important in creating the vision of what is high quality nursing care. Bravery is especially important for being a leader. The nurse executive earns the status of a leader to become a role model. (Seitovirta 2017.)

Leadership is a complex concept, comprising of various qualities. For example, Porter-O’Grady (2003) believes that leadership is a set of people management skills that are transformed in line with changes in health care and aimed at achieving positive patient care outcomes. Grimm (2010) has described leader traits as confidence, purposefulness, bravery, ethics, and the ability to prioritize. Giltinane (2010) refers to Cook (1999) stating that leadership in nursing is an effecting on nurses practice and contributing to the promotion of quality care. The Azaare, and Gross (2011) study determined that leaders in nursing management must be resourceful, courageous, and independent, who are able to motivate nurses to

search data based on evidence-based nursing practice. They also argue that this mode of leadership inspires nurses to promote the image of the nursing profession. According to Sellgren, Ekvall, and Tomson (2006) study, leadership requires nurse executives to have an intelligible leadership style. The Azaare, and Gross (2011) refers to Bass, and Aviola (1994), stating that nursing leadership makes it easier for nurses adapting to change and inspire them to improve their care despite the difficulties and variability of the health system. In Australia's health care system, nursing leadership does not deserve recognition in change management. Despite this, nurse leaders are important not only at all levels of the Australian health care system, but also in government, national institutions and human rights advocacy organizations. Nursing leaders are able to strategically solve organizational issues, solve the composition of the organization's employees, plan future nursing care. (Australian College of Nursing 2015, 7-11.) Australian College of Nursing (2015, 11) notes that nurse leaders have great potential to build a competent nursing team, develop modern approaches to care and ensure patient safety. Leadership occupies a significant niche in achieving high results in health care organizations. An effective leadership process guarantees health organizations a successful future and implementation of high-quality medical care, providing culture and first-class service. (West, Armit, Loewenthal, Eckert, West, & Lee 2015, 23.)

2.2 Leadership unlike management

The nature of leadership can be better understood when compared to management. Being a manager and being a leader is not the same. Managers compel subordinates to act while leaders lead their followers to accomplish tasks using certain behavioral and interaction skills. Despite this, managers with leadership skills can improve management. (Ellis, & Abbott 2013.) Australian College of Nursing (2015, 5) also stated that, by concept and activity, leadership and management are close, but there are still differences. Leadership is the maintenance of active implementation of changes, the resolution of complex issue and the prediction of the future. While management is oppositely focused on the coordination, control and regulation of the organization. Still, for effective management is necessary process of the leadership. (Australian College of Nursing 2015, 4-5.) Grimm (2010) refers to Benton (2005)

stating that leadership is a creative activity aimed at implementation of changes, and management is closer to science, which adheres to a certain system of organization.

Kotter (2001) states that leadership and management are two complementary activities with their own roles and exceptions. The role and peculiarity of management lies in overcoming complex tasks, observing order and complying with the basic format. Management copes with the complexity using planning, installation, and ways to accomplish tasks to complete the plan. Leadership is different from managing in that it is more focused on overcoming change with the help of a new strategy, direction and vision. (Kotter 2001.) Chuang (2013) defined the difference between leadership and management by describing that managers have subordinates whose work is to solve tasks and coordination, while leaders have followers, relationships and activities built on shared values, trust, respect, and achievement goals together. Both activities are aimed at achieving the well-being of the organization. In order for an organization to function effectively, managers need to strengthen and direct strong governance and leadership along the same course. (Kotter 2001.)

2.3 Styles of leadership

Nursing is a profession, which demands a joint approach to achieve the goals and objectives of the organization. Leadership is the main concept, which is of great importance in organizational management. Effective management demands effective heads with great leadership skills and style. (Qarani 2017.) Nurse satisfaction's with the conditions and work environment depends on the leadership style of the nurse executives exert (Saleh, & O'Connor 2018). The dissatisfaction of nurses can lead to the decrease in motivation or desire to work effectively and thus, affect quality of nursing care. The leaders in nursing need to know about the style of leadership and its effect on nurses. Leaders in nursing need to establish a strategy in the initiation, development, and support of the joint professional relations among nurses. Studying the nature of leadership styles and their influence on nurses can provide the best understanding of a concept of leadership. (Saleh, & O'Connor 2018.) The success of the leadership process is based on leadership qualities and styles (Grimm 2010). Nurse executives play an important role in influencing the provision of quality patient

care (Brady Germain, & Cummings 2010). The Brady Germain, and Cummings (2010) study shows that one of the factors that motivates nurses in productive work is leadership style. Following from this, nurse executives should understand the necessary behavior and actions that affect nurses to promote quality care and positive patient outcomes (Brady Germain, & Cummings 2010). There are numerous theoretical bases of leadership. Among them, the most widespread are situational, transactional, and transformational styles of leadership. (Chobanuk 2015.)

Transactional leadership

According to Lai (2011), in transactional leadership between a manager and a subordinate is often used a deal in the form of awarding for good work. Successful performance under this leadership style is based on a rewards and punishments (Lai 2011). Despite such a strict approach, this leadership can lead to task performance according to the task description. (Chobanuk 2015). Giltinane (2013) refers to Burke, Stagl, Klein, Goodwin, Salas, and Halpin (2006) stating that the transactional leadership style describes a relationship between leaders and employees, where leadership can affect productivity and job satisfaction employees' with rewards. Lai (2011) in its study offers an additional description of transactional leadership, such as the actions of leaders, aimed at protection from problems and managing existing problems. Giltinane (2013) refers to Bach, and Ellis (2011) stating that the transaction manager is usually concerned with management tasks; he or she does not define and adhere to the common values of the team. Thus, this style of care management can lead to inadequate patient care, as nurses' focus on performing tasks rather than providing care to patients.

According to Asiri, Rohrer, Da'ar, Al-Surimi, and Ahmed (2016), leadership styles has a significant power in the management of nursing staff, consequently it affects the attitude of staff to superiors and to work in general. They also claim that the transaction style of leadership emphasizes control, power, and strict observance of rules, obedience, and fidelity (Asiri et al. 2016). Often such style of leadership is not pleasant to the team, but under such management, the personnel work well and effectively as they create good structure, define what needs to be done, and provide remuneration for compliance, but punish for disobedience. However, the

transactional leader creates fear and stress in the team and often makes decisions without consultation with the team. (Asiri et al. 2016.) Roberts-Turner (2014) referred to Laohavichien, Fredendall, and Cantrell (2009) stated that transactional leadership includes an exchange process, which is a reward for achieving a goal, and punishment is used for failure or failure to achieve a goal.

Transformational leadership

The style of transformational leadership includes all the qualities necessary for effective management (Ellis, & Abbott 2013). According to a study by Nevine, and Waffa (2015), transformational leadership is a style of leadership, where leaders recognize the potential of followers and help to develop strengths. The result of the transformational leadership style of nursing leaders is a good and significant communication climate between nurses, which creates a satisfactory working environment, increases the motivation of nurse staff to achieve goals (Nevine, & Waffa 2015). Transformational leaders achieve huge success in work using their communicative skills, increase the self-confidence of their followers, inspiring them to do beyond their official duties and acting as mentors. Transformational approach of the management can help managers in nursing to empower a successful working environment. (Curtis, & O'Connell 2011.) Such approach enjoys wide popularity in clinical settings because it provides involvement of nurses in the improvement of the patients' treatment process (Nevine, & Waffa 2015). Rogers, and Reynolds (2003, 63) also confirm that in a field of patient care, transformational leadership is considered an effective leadership style. Transformational leadership in care focuses on core and meaningful values for the delivery of quality care, such as honesty, openness, respect for individuals, community interests, mutual aid, empowerment, and capacity development of employees. In addition, transformational leadership is aimed at creating and implementing a vision, which is quite important in leadership. (Rogers, & Reynolds 2003, 63-69.)

Transformational leadership style helps to create change to improve the quality of care in health care organizations and effectively manage the process of change. (McCaffrey, & Reinoso 2017). According to McCaffrey, and Reinoso (2017), the change consists of three stages: first, understanding the need for change. At this

stage, the leader discusses the need and importance of change together with participants in the process of change to solve complex issues. The second stage is a transition to change with a common vision and the provision of strong support from the leader throughout the process of change. The final stage aims to strengthen, adapt and effect change. The introduction of change requires the leader to be committed to vision and values, the ability to engage followers in active participation in the process of change, to compromise, to have good communication (McCaffrey, & Reinoso 2017). According to the results of Orabi (2016) study, transformational leadership contributes to the direction of followers to the development, effective work and achievement of the success of the organization. In the literature (Orabi 2016; Qarani 2017; Nevine, & Waffa 2015), four elements of transformational leadership are identified that contribute to effective management: individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence.

In terms of individualized consideration, nursing leadership plays a key role in developing and enhancing the professional skills of nurses, as well as their empowerment. In individualized consideration, nursing leadership and leadership strategies are focused on motivating nurses, supporting and unlocking their potential through mentoring, encouraging positive results and providing opportunities to develop competencies in line with modern requirements of nursing professions. (Qarani 2017.) Orabi (2017) referred to Zacher, Pearce, Rooney, and McKenna (2014) stated that individualized consideration views the leader as a caring leader who is able to support and help each employee.

With respect to the second component of transformational leadership, intellectual stimulation follows innovation and creativity in nursing (Qarani 2017). The strategy of intellectual stimulation consists in continuous improvement, moving forward, in studying and introducing new and evidence-based nursing practice. The role of leaders in this style is to stimulate employees to new and creative solutions, non-stop learning and improvement, providing the opportunity to use nursing profession in both practical and educational activities. (Qarani 2017.) Nevine, and Waffa (2015) referred to Ronald (2006) stated that intellectual stimulation provides employee satisfaction with work and strengthens the team spirit of employees.

In terms of the third component of transformational leadership, inspirational motivation concentrates on motivating employees not only to achieve the goals and objectives of the organization in providing quality medical care, but also to recognize and preserve nursing professions, as well as retain nurses (Qarani 2017). Orabi (2017) referred to Doody and Doody (2012) stated that the motivational process is to maintain the personal goals and interests of the followers by interacting with the goals of the organization.

Regarding the idealized influence of transformational leadership, it includes the behavior of a leader as a role model. Such leaders by their behavior involve nurses in devotion to the vision and mission of the organization. Nurses under the leadership of exemplary leaders show respect, admiration and a desire to follow him. (Qarani 2017.) Orabi (2017) referred to Chu, and Lai (2011) stated that individualized consideration contributes to building trust and respectful relations between a leader and followers, thereby facilitating the achievement of successful results in work.

Situational leadership

Theory of situational leadership style implies the adaptation of leaders to different situations (Giltinane 2013). The behavior of a leader in situational leadership is focused on the support, direction and development of followers (Grimm 2010). The leader's support is to build open and personal communication with followers. The leader's guiding behavior is reflected in the clear setting and distribution of the roles and tasks among followers and their ways of doing it. The leader applies the delegation of authority to followers when they have shown sufficient competence at a certain level of activity, thereby providing an opportunity to develop further. (Grimm 2010.) According to Chobanuk (2015), situational leadership is often used in the leadership process to manage different situations. Chobanuk (2015) referred to Northouse (2013) stated that situational leadership is flexible and applicable for the training of pushfulness leaders and the management of various situations. Giltinane (2013) referred to Whitehead, Weiss, and Tappen (2009) stated that leaders with a situational style tend to make decisions considering many different options despite the complexity of the situations. He also notes that the situational style because of its flexibility and ability to use different leadership styles has great advantages in

practical applications. Despite different theories of leadership style, nursing leaders need to adapt the management style to fit the situations (Giltinane 2013).

2.4 Core leadership competencies

Pidgeon (2017) suggests that nurse executives should have leadership competencies that lead to positive behavior, improve the quality of nursing care for patients and contribute to the professional development of nurses. This section discusses and describes in detail the elements of some core competencies that nurse executives should develop, such as strategic thinking, organizational skills, time management, decision-making, leadership skills, conflict resolution and problem solving, effective teamwork, and risk management (Pidgeon 2017). Consider the core competence of leadership in a little more detail.

In terms of strategic thinking, Pidgeon (2017) referred to van Winterfeldt (2013) stated that strategic thinking is a mental process applied by a person in the context of achieving success. Competence of strategic thinking in the healthcare system plays an important role to promote disease preventive measures or applying new methods of treating diseases (Pidgeon 2017).

Regarding the competence in organizational skills, it is based on effective communication and is a special element in building relationships with employees (Spaho 2011). Adequate work organization provides an opportunity to avoid serious problems and conflicts (Rahim 2002). Organizational leadership skills ensure employee satisfaction and cause desire to work (McCroskey, McCroskey, & Richmond 2005). According to Spaho (2013), organizational skills are necessary for a leader to cope with the resources of everyday life, such as time, finances, modern technology and labor force. These resources require planned, preferred and correct actions for the realization of productive results (Warner 2002, 5).

Concerning the competence of time management, according to Warner (2002, 1), time is a process with which we deal every day and how we use it affects the final result of our activity. Based on this, it is necessary to invest all efforts in time management in order to have the desired result and values (Warner 2002, 1).

Warner (2002, 1) argues that for the productive use of a time resource it is necessary

to possess certain skills such as temperament, preparation, organizational ability, stress management, delegation, managing interruptions, and results-orientation.

Regarding the competence of decision making and problem solving, decision-making can be applied through consultation and participation of employees or independently by the leader (Campbell, & Campbell 2011). Leading employees into discussion and decision making helps to solve problems quickly and efficiently. (Campbell, & Campbell 2011). Pidgeon 2017 referred to (West et al. 2015) stated that health care leaders often have to make decisions to solve both administrative and practical problems. According to Plonien (2015), leaders make decisions based on logical thinking and taking into account both their values and others. Logical decision-making is based on finding and studying the root causes of a problem in order to develop rules conducive to solving similar problems (Plonien 2015). Making decisions with considering values implies a comparison of oneself in the place of others to make the right choice or action (Plonien 2015).

In terms of leadership skills, a real leader is one who has many abilities and various qualities to motivate followers and impact the achievement of work success (Chuang 2013). According to the Stanley study (2006), nurse leaders must have such skills as clinical experience and knowledge, effective communication, decision making, employee motivation, and openness.

Another key skill in leadership is conflict resolution. Disagreement can happen in any organization and thus leadership demands the skill of conflict management and resolution. Conflict situations can be different and affect the team of employees and work process in different ways. However, conflicts in an organization can adversely affect the quality of work in general. (Chaudhry, & Asif 2015.) Effective conflict resolution depends on a conflict management strategy. A conflict management strategy consists of such criteria as organizational learning and effectiveness, the needs of stakeholders and ethics. (Rahim 2002).

Concerning the competence of effective teamwork, results of the Odunayo, and Obomanu (2018) study showed that teamwork in organizations implies independent thinking of the employees involved in it and their involvement in the overall work. Teamwork allows employees to uncover personal opportunities and direct a joint

effort to provide quality services, thereby ensuring customer satisfaction (Odunayo, & Obomanu 2018). To create and encourage teamwork, managers need to invest a lot of effort leading to changes in the overall work process (Fapohunda 2013). With the right teamwork approach, organizations achieve good results in their activities (Fapohunda 2013).

Competency in risk management means that it is the prediction of negatives consequences will come from follow-up actions, and planning to decrease these effects (Anderson 2014). Risk management is a complex process, as it involves a strategic and operational management approach and requires from manager complex of knowledge and skills (Sheppy, Zuliani, & McIntosh 2012). The risk management system can ensure the fulfillment of a number of management objectives of the health care organization (Cole, Chaudhary, & Bang 2014).

In conclusion, the managerial activity of executives in health care is manifested through knowledge, skills and leadership styles. The success of a medical organization depends on management and leadership; therefore executives need to continuously strengthen their leadership skills (Pidgeon 2017). According to Curtis, Vries, and Sheerin (2011), the leadership skills of nurse executives are important not only for management activities, but also for evaluating nursing practice. In this regard, leadership in nursing should be developed as a separate discipline in educational institutions (Curtis, Vries, & Sheerin 2011).

2.5 Role of nurse executives in the Republic of Kazakhstan

In medical institutions in Kazakhstan, the organizational structure of nursing executives consists of the deputy director for nursing/ head nurse and senior nurse. The head nurse belongs to the category of managers and reports directly to the head physician. His or her duties include organizational and managerial work, provision of workplaces for the institution with qualified nurses, and material and technical support. In addition, the head nurse is the chair of the hospital's nurses' board and a member of the attestation commission for employee compliance with the position held and determination of the level of remuneration. He or she engages experienced

nurses as mentors for young professionals to improve the quality of nursing care and nursing development.

The senior nurse supervises the department of the hospital and reports to the head of the department and the head nurse. The terms of reference of the head nurse are very broad, and the work of the entire department is practically based on it. The activity of the senior nurse is aimed at the rational organization of the work of nurses and junior medical staff, monitoring the quality of their work, providing the department with medicines and supplies, as well as ensuring proper sanitary conditions of the hospital department. That is, the functions of the senior nurse are carried out in four areas: organizational work, quality control of medical care provided, work with staff, and methodological work.

Currently, in the Republic of Kazakhstan, nursing is developing not as an independent discipline, but as an auxiliary medical unit. In this regard, it is planned to significantly demarcate the functions and powers of nurses in the conditions of the nursing reform in the Republic of Kazakhstan. These changes will serve the effective management of nursing staff and the participation of nurse executives in the formulation of state nursing policy to improve the quality of nursing care. (Comprehensive nursing development plan in Republic of Kazakhstan until 2019.)

3 Purpose, Objectives, and Research Questions

The purpose of this study is to describe the leadership skills of nurse executives' and thus to extend the knowledge of those skills needed in nursing leadership. This can serve as the basis for further development of the capacity of nurse executives. The objective of this study is to find out what is the nurse executives' experience of using leadership skills and how they describe their role as a leader.

The research questions are as follows:

1. How do head and senior nurses describe their leadership skills?
2. How do head and senior nurses describe their role as a leader?

4 Research methodology

This study applied a qualitative method using a critical incident technique (hereinafter CIT). The qualitative research method is aimed at understanding and presenting the experiences and actions of people when they encounter, interact, and live through situations. CIT describes procedures for collecting observed incidents that have particular importance and meet defined criteria. (Fitzgerald, Sue Seale, Kerins, & McElvaney 2008.) This study describes the experience of nurse executives in situations where, from their point of view, they have shown their leadership and acted accordingly using their leadership skills. The qualitative research method using CIT has an important point: it is not limited by strict rules and variables, which could limit research, but instead flexible methods are used to execute data collection and analysis (Fitzgerald et al. 2008). CIT is a well-established qualitative research tool used in the education system and many areas of healthcare, including nursing. The technique consists in observing the behavior of a person in a certain situation in order to collect and analyze the indicated actions to solve practical problems. (Fitzgerald et al. 2008.)

The hallmark of a CIT study is a focus on 'real' events, rather than abstract concepts. It typically involves asking respondents to recount actual incidents (Taylor, Bradbury-Jones, Kroll, & Duncan 2013). By an incident is meant any observed human activity that is sufficiently complete in itself to draw conclusions and predictions about the person performing the action (Taylor et al. 2013). CIT is one of the methods that can encourage nurses to reflect on their practice (McAteer, Hallett, & Murtagh 2010). In this study, a critical incident is defined as any considerable event in which the activities of nurse executives had a significant impact on the outcome of their work. Nurse executives describe their story, reflecting on the positive or negative leadership experience they have had acting as a manager. Using this method assumes that an incident is the main unit of analysis, providing rich data collection in the participants' own words. It should be noted that using written text as data, participants have sufficient time and confidentiality to carefully analyze the critical incident from their point of view. (Hopia, & Heino-Tolonen 2018.)

CIT uses a flexible set of questions to identify events that are of particular importance to the participants. Questions can be modified and adapted for a specific situation. By collecting actual reports made by participants, researchers can build a picture of the situation in question. (Chipeta, Chimwaza-Manda, Bradley, & McAuliffe 2016.) CIT is appropriate in studying problems of nursing in clinical settings, including the interaction of nurses (Byrne 2001). In addition, CIT is capable to encourage nurses to reflect over the practice. This is a reflection on the actions performed and the consequences of a particular situation (Keatinge 2002.) CIT as an explorative qualitative approach was chosen because it allows to understand human behavior and is flexible in the choice of tools for data collection and the subsequent analysis. CIT consists of five basic steps: 1) identifying general aims, 2) planning, 3) collecting the data, 4) analyzing the data, and 5) interpreting and reporting the results. (Fitzgerald et al. 2008.) These steps were followed in this thesis study.

4.1 Research ethics

The ethics of this study was reviewed, monitored, and approved by the local ethical commission of the Kazakh medical university of continuous education, Almaty (Extract from the protocol №1 dated April 20, 2018). Permission to conduct the study in one of the large Nur-Sultan medical organizations was obtained from the Deputy Director of Nursing (Appendix 1). Access to participants was provided to the researcher in three branches of the Nur-Sultan medical organization.

All participants were informed verbally and in writing of the aim of the study, about the principles of voluntary participation and anonymity, and that their continued care and treatment would not be affected if they chose to stop their participation. Participants gave their written informed consent and accepted participation in the study (Appendix 2). All participants were mailed a form with questions for the written description of a critical incident (Appendix 3). Anonymity and confidentiality were guaranteed, since the description of the critical incident was reported without identifying information. Participants were given three calendar days to fill out the form with questions for the written description of a critical incident. All data collected during the study was stored in the original on electronic media, in a separate coded folder available only to the researcher.

4.2 Strengths and limitations of research

Recently, there has been frequent use of CIT in qualitative research, which indicates wider recognition and acceptance of qualitative analysis methods (Fitzgerald et al. 2008). Critical incidents can be both positive and negative events that are collected in such a way as to conduct an analysis (Fitzgerald et al. 2008). Although qualitative methods and especially the critical incident technique is quite an unknown data collection method in nursing in Kazakhstan, the participants provided detailed and rich descriptions with valuable and important aspects of leadership in their daily practice as nurse executives. This can be considered as one of the strengths in this study.

The critical incident technique is a useful tool for conducting qualitative research. Data is collected in the participants' own words and is therefore useful for obtaining inexpensive and rich information. In this study, the participants were encouraged to describe their own leadership experience during their entire work activity as nurse executives. However, there are also some disadvantages here. This technique is based on participants' memory about experiences, so information can be distorted or not very accurate. This was taken into account in this study so that the participants had enough time, i.e. three days, to reflect upon the critical incident. In addition to this, they were given a nine-question form that helped describe the critical incident in more detail and may have helped to structure their experiences of leadership. The value of a critical incident in health care research is the popularity of a story. However, it cannot be the only basis for a sophisticated research. A critical incident as a method of research encourages the natural aspiration of people to tell stories, which increases significance of data. (Keatinge 2002.) In terms of this study, the collected data from participants allowed the researcher to build a picture of the situation in question and answer the research questions. It is important to note that the findings of this study cannot be generalized due to uncertainty whether participants' narratives represent the larger group of nurse leader professionals in the Republic of Kazakhstan.

5 Data

5.1 Participants and data collection

The participants consisted of 22 individuals: two directors of nursing and 20 senior nurses working in three branches of the Nur-Sultan medical organization. Table 1 presents the participants' background characteristics.

The researcher discussed and explained to the participants about the purpose and procedure of the study on the meeting of senior nurses at the beginning of data collection. Each participant received informed consent to participate in the study and a form with questions to describe a critical incident. Form with questions for the written description of a critical incident was sent to the postal address of participants. In this study the concept "critical incident" was not defined as clinical emergencies or medical errors, since the participants were asked to recall the situation/event or working moments where, from their point of view, they had shown their leadership and acted accordingly using their leadership skills. A filled-out form describing a critical incident was sent by participants to the email address of the researcher. Data collection took place from September to November in 2018.

Table 1. Participants' background characteristics.

Characteristics	Participants (n=22)
Gender	22 female
Age (years)	36 (median)
	26-50 (range)
Working experience as nurse executives	8 years (median)
	3-15 years (range)
Position	2 directors of nursing/head nurses
	20 senior nurses

5.2 Analysis

The data consisted of 28 pages (spaced 1.5, font size 12) of critical incidents described by the participants. Each participant described one case. The data were analyzed using the inductive content analysis method of text data, observing particular instances to interpret the general meaning, which is suitable for studying human experience (Erlingsson, & Brysiewicz 2017). In nursing research, content analysis is well suited for analyzing the multifaceted, important, and sensitive phenomena (Elo, & Kyngas 2007). Content analysis was used to determine categories regarding the participants' leadership experiences in different situations and their role as leaders. Content analysis consists of two stages: (a) coding the content, which generates the data; and (b) analysis of the findings and developing interpretations of the findings (Tejero 2016). Before the first phase, the researcher read all the data to get an idea of the content. This process helps produce initial thoughts and ideas and gain insight into the whole picture. Then from the data were identified meaningful expressions of participants who answer the question of the study. According to Bengtsson (2016), the researcher analyzes the text with an open mind to identify meaningful subjects when answering a research question. At this stage, 46 source meaning units were obtained from the data. The unit of data was one or more sentences that participants used to describe their leadership experience. The resulting meanings were condensed to 36 units. Further, these meaning units were studied and grouped into codes that could be linked. A total of 31 codes were produced. When the dataset was fully encoded, the next step was to analyze and form meaningful categories by code to illuminate possible links and patterns. A total of 16 preliminary categories were released. The example of the coding procedure is presented in Table 2. In the end, five main categories were developed. Five final categories were confirmed as representing the leadership experience of nurse executives, namely leadership skills from head and senior nurses' point of view and their role as a leader. At the final stage, each main category was carefully studied and described with supportive quotes in italics by a coding system (participant number). The data analysis was based on the purpose of this study, which consists of describing the leadership skills of the nurse executives' and thus to extend the knowledge of those skills needed in nursing leadership.

Table 2. An example of inductively derived categories.

Meaning unit	Condensed meaning unit	Codes	Categories	Main categories
After communicating with foreign colleagues, the idea of joining the work of health innovators strengthened in me, to practically support the policy of our state, to radically change the situation in nursing.	Desire to develop nursing through new idea	Initiator implementation changes in nursing practice	Innovator	Perspective developer

6 Findings

Nurse executives' leadership skills and their role as a leader in nursing management.

The participants described leadership skills and their role as a leader in five distinct ways (Figure 1.): (a) creating a favorable climate in the team, (b) open communication for conflict resolution, (c) decision-making and problem solving, (d) acting like a perspective developer, and (e) acting like a protector.

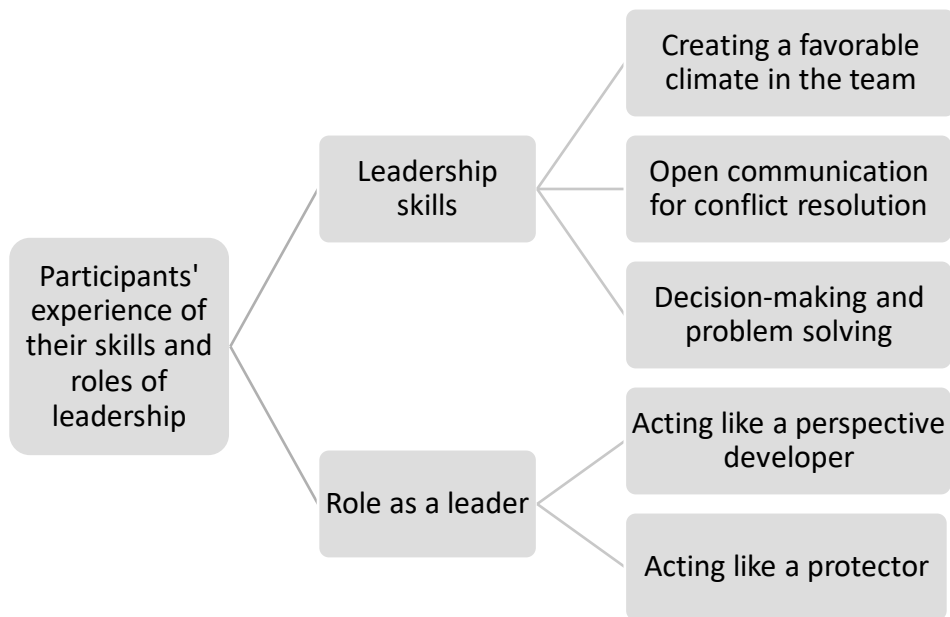


Figure 1. Participants' experience of their skills and roles of leadership.

6.1 Creating a favorable climate in the team

According to the participants, the creation of a favorable climate in the team is one of the most important competencies of the nurse executives since problems in the work environment hamper the quality of care, patient safety, and employee satisfaction. Some of the participants described conflicts between nurses, in which the psychological, moral atmosphere in the team depended on their actions and decisions. Participants told that one of the best solutions was to involve nursing staff in the development of shared values. According to the participants, creating a favorable atmosphere in the team is not an easy task since the team is comprised of different personalities with the possession of varying degrees of professional ability. Participants, based on their experience, indicate that the creation of a favorable atmosphere in a team depends largely on the culture, the effectiveness of the educational function of the leader and their ability to motivate, and to increase the morale of employees.

One participant reflects on this: *“One of the competencies of the senior nurse is to create a friendly atmosphere in a team where human relationships are built between colleagues such as respect, trust, and responsibility.” (P 12)*

Some participants believe that a favorable work environment supports professional nursing practice and quality patient care.

“Currently, I have drawn a conclusion: there must be kind human relations among colleagues for a successful work therefore, one of the competencies of the senior nurse is to create a friendly atmosphere in the team.” (P 21)

Some participants described critical situations in which it was impossible to cope alone. Then the nurse executives gathered the nursing team and solved the problems together. Therefore, participants believe that teamwork is one of the ways to achieve goals, create a professional and favorable environment that supports nursing practice and quality patient care.

“Having gathered all my will into a fist, I called all the nurses and coordinated their actions. I think, to some extent, I showed leadership qualities. The result was a concerted action by a team of professionals.” (P 19)

In addition, participants noted that the organization of teamwork contributes to the cohesion of nursing staff, which in turn is the most important factor affecting the team’s microclimate.

“I think, thanks to the coordinated work of our team, we coped with the task. I realized that despite the risks and fears I could give confidence to the success of my nurses. Each time, concentrating all my efforts on uniting nurses to perform tasks, our nursing team becomes more friendly and cohesive.” (P 10)

In this context, participants also demonstrated the ability to motivate a team to a positive outcome.

6.2 Open communication for conflict resolution

Some of the participants described conflict situations between nurses, in which a discussion with all parties to the conflict on the causes of the problem helped to resolve the misunderstandings and come to a consensus. Participants note that when

they had separate conversations with participants in the conflict, everyone tried to hide the real reason or slandering a colleague. Whereas, inviting all parties to the conflict to discuss the current situation did not allow to hide the basic facts and everyone could express their opinions and feelings. Participants expressed that such an approach allows everyone to assess the situation objectively, realize the guilt, and make the right decisions and conclusions. In addition, participants admitted that during open communication with nurses, they assess their shortcomings in communication or omissions in working with the team. Participants were of the opinion that this makes it possible for the nurse executives to explain misconduct to nurses and take the right steps to resolve the conflict while avoiding unfair punishment.

One participant describes her own case: *“To solve the incident, I gathered all the participants to discuss all the problematic issues and allowed each nurse to say who had offended whom.” (P 2)*

Another participant wondered about self-esteem *“I am a “mother” and I perceive all personnel errors as my own mistakes, it means I did not fully explain, did not finish, and did not finish my thoughts.” (P 16)*

One of the participants described his/her experience in the following way: *“It was necessary to take immediate action and find out whose fault there is. I believe my employees, because they are specialists in their field of activity and when they identify any errors, they always call, invite me and show flaws, writing them down in a journal with an indication of their signature... As a senior nurse, I praised the nurse for telling everything honestly and admitting her mistake.” (P 15)*

Participants noted that the loyalty and trust of subordinates is based on effective communication with management. The ability of nurse executives to listen, be open, and have direct and honest communication, regardless of the situation, is of crucial importance.

6.3 Decision-making and problem solving

Participants in various critical situations have demonstrated the ability to assess objectively the situation for making decisions that solve problems at work. Some of

the participants believe that the ability to make decisions in various situations is acquired with many years of experience: *"As soon as we had an incident, age and life experience played a positive role, and I am glad that at that moment I did not dismiss the employee."* (P 13)

Some of the participants, on the contrary, believe that the ability to make the right decisions is an indicator of effective leadership, which must constantly evolve, despite the experience. For example, one of the participants described that during the nursing leadership training they were taught to make decisions quickly and boldly, not to give up, not to be influenced by anyone, to be open and fair, and, most importantly, to be able to take responsibility in various situations, remaining human.

"Yes, experience comes over the years, and our daily actions and decisions make us stronger. However, in order to make the right decisions and act, you need to constantly learn, develop, and work on yourself!" (P 11)

However, in both cases, respondents agree that the ability to make decisions that help solve problems in different situations strengthens their leadership. Most of the participants faced serious problems, the solution of which required the help and support of the hospital's top management. Sometimes, however, top management does not agree with how to solve problems. In this regard, some participants believe that the ability to effectively interact with top management, to convince, and to defend their own point of view are the most valuable tools of a true leader. For example, participants narrated that, after finding out the true cause of the problem, they decided to develop and implement nursing practice projects that contributed to process improvement. However, according to the participants, in order to apply these projects in nursing practice, it was necessary to cooperate with administrative and management personnel to prove the expediency and effectiveness of the changes.

"In 2012, many comments were made at our hospital on the use of medications by nurses. I have decided to develop and implement the department of centralized drug management. I submitted a project for discussion to the top management of our hospital, justifying all the positive aspects. The project received permission to

implement. The nurses began to pay more attention to patient care, and medical errors decreased as the pharmacists were involved in drug management.” (P 22)

During the occurrence of force majeure situations, participants found solutions by interacting and receiving support from top management’s other medical organizations in the city.

One of the participants described his/her critical case and his/her decision: *“There was a failure of equipment in the central sterilization department. Two important equipment stopped working. As a result, the hospital runs the risk of being left without sterile instruments and dressings. I instructed medical technicians to determine the cause of the equipment breakdown. In addition, in order not to stop operations and other medical procedures, I agreed with other clinics on the transfer of medical devices for sterilization for the period of equipment repair. As a result, the work process in the hospital did not stop, continued to work.” (P 20)*

Some participants narrated that in order to make the right management decision, it is necessary to assess the criticality of the situation, choose the preferred action among the alternatives, get a result, and evaluate it. Participants also noted that factors such as lack of time during the decision-making period to solve life situations that require urgent action, anxiety and doubt could affect decision-making. Therefore, in the opinion of the participants, it is necessary to remain calm, reasoning objectively and acting decisively: *“A panic will never help, it is better to look at the situation soberly and to weigh the pros and cons. The situation taught me quick action and logical thinking.” (P 9)* According to the participants, working as executive and leader requires the continuous development of critical thinking skills and the ability to use these skills. Participants believe that critical thinking can have a strong influence on decision making and solving the problems that nurse executives face daily.

6.4 Acting like a perspective developer

Many of the participants described their role as innovators. Various situations encouraged them to create new things and introduce progressive ideas into nursing practice. Some participants reported that they were inspired to make changes to

develop the capacity of nurses and nursing care after sharing experiences with foreign colleagues. They note that the innovations they made to nurses' work contributed to the expansion of their capabilities, job satisfaction of staff, and most importantly, patient and family satisfaction with the quality of nursing care.

One of the participants describes her/his case: *"After communicating with foreign colleagues, the idea of joining the work of health innovators strengthened in me, to practically support the policy of our state, to radically change the situation in nursing. Upon arrival, for a start, I changed shifts and the load of nurses. There are four wards for one nurse that is from 8 to 10 patients, whereas there used to be a 1:20 ratio. After monitoring, I saw positive results. Patients and their relatives are satisfied with the quality of care, and nurses have the strength and more time to provide patient-oriented care."* (P 18)

Other participants introduced innovations in work to solve a number of problems. The discovery of new ways, the initiation of the introduction of ideas, contributed to the transformation and improvement of the nursing process. In addition, participants believe that the leader often assumes the responsibility of creating methods and means by which the team achieves lofty goals.

Participants also described their role as a mentor. They described situations in which they discovered the practice of mentoring. Their mentoring came with the introduction of changes, such as the expansion of the functional activities of nurses. Participants narrated that during changes, there are continuous flows of all kinds of information, and that it is extremely important to maintain the guidelines of the final goal. The best way to adapt nurses to changes which is able to direct or teach nurses the new and useful. Participants believe that a leader is a good mentor, which does not stand aside when changes or difficulties occur in the work, but on the contrary, helps his followers to overcome them and adapt to them. Moreover, participants further state that through mentoring they managed not only to expand the functional activities of nurses but also to improve the outcome of patients.

One participant shared his mentoring experience: *"The nurses were afraid to hold practical lessons to patients, they were afraid that they would not be able to answer additional questions that they would get confused. As the senior nurse of the*

department, I took the initiative, and I myself began to conduct patient education. Then all the nurses of the department saw that all the classes were interesting, exciting, and easy, the patients had a desire to learn how to live with their disease correctly. Since then the nurses themselves conduct all practical classes. I actually do that had to be done, in my opinion. When I have a strong opinion about the need to implement something, I act and help nurses.” (P 17)

In addition, some participants note that mentoring, in the first place, should take place in an atmosphere of equality and friendliness, and not in the form of commands and instructions. *“I am sure that if a leader as a mentor himself observes a law and rules, then nurses can turn to him/her for help in any situation and he / she is an example for others.” (P 4)* The participants told that employees seek to work with exemplary leaders, and they follow their example, not because they have to, but simply because they like it.

6.5 Acting like a protector

For some participants, their leadership largely plays the role of protector. Participants reported that they were acting as a protector of the team during critical periods in the hospital, when unfair accusations of nurses arise or when it is more difficult for nurses to not only move forward but to even remain in their position.

“I directed my powers to solve that problem and to find the optimal way out of the current situation. Nurses are under my control (their work). Who if not me will protect them when difficulties arise in work. Nurses are behind my back. I am the leader, and they are my army. As a head nurse I must be a reliable defense for my nurses.” (P 8)

In this context, participants believe that the role of protector is to take care of employees, uphold rights, and possess a strong value system.

7 Discussion

The main findings of the study consisted of the five orientations towards nurse executives' leadership skills and their role as a leader in nursing management. In this study, the skill of nurse executives to create a favorable atmosphere in the team was defined as one of the most important competencies of the manager since problems

in the work environment hamper the quality of care, patient safety, and employee satisfaction. Some participants believe that nurse executives, as leaders, should take certain initiatives to maintain a healthy and supportive work environment. Participants claim that one of the good decisions was to involve staff in the development of shared values in their work. According to Boynton (2012), nurse executives, as leaders in nursing, can take certain initiatives in creating a well-organized working environment for developing shared values. He further claims that a healthy and favorable work environment is the reason why employees feel the support of the nurse executives. Aliso Viejo (2005) also states that nurse executives can help create a deeply satisfying organizational culture in the workplace, involving staff in the development of shared values. Moreover, Aliso Viejo (2005) argues that a healthy work environment cannot exist without nurse executives who maintain its importance, truly live it, and involve others in its achievement. These above-mentioned results are in line with the findings of this thesis study.

The skills of nurse executives to communicate openly with nurses contributed to the resolution of conflict situations in the workplace. One of the reasons for which the nurse executives' communication skills are often required is conflict management (Brinkett 2010). Brinkett (2010) underlines that conflict in a healthcare context can be costly in terms of care outcomes and can lead to mistakes and poor care, and that constant conflict can have long-term implications for individual and group morale, job satisfaction, and productivity. Thus, from the participants' point of view, conflict management skills are important in the workplace. Some participants reported that inviting all parties to a conflict to discuss the current situation allows everyone to express their opinions and feelings, objectively assess the situation, realize the guilt, and make the right decisions and conclusions. This is consistent with what has been found in a previous study of Alper, Tjosvold, and Law (2012) which indicated that one of the important elements of preventing or managing workplace conflicts is to ensure that nurses can speak freely when difficulties arise. In accordance with the findings of this thesis study, other researchers agree that nurse executives should organize staff meetings to resolve conflicts and use open, friendly, and flexible approaches to their interaction with nurses (Alper et al. 2012; Drach-Zahavy 2004). Moreover, in the participants' opinion, during open communication they have the

opportunity to assess their shortcomings in their communication or omissions in working with the team. As earlier studies of Robertson-Malt and Chapman (2008) and Malabi (2015) show, a key aspect is how nurse executives assess the quality of their relationships with their employees, how they control their own effectiveness as communicators, and how they create systems that allow them to improve their relationship and management of nurses. Self-monitoring and self-assessment is an important element that nurse executives must take into account when resolving conflicts (Robertson-Malt, & Chapman 2008; Malabi 2015).

For some participants, the ability to make decisions and solve problems in different situations strengthens their leadership. According to research by Abazari (2017) and Hughes, Carryer, Boldy, and Jones (2018), decision-making skills for solving problems are important in improving management effectiveness. Some participants of this study believe that the ability to make decisions in various situations is acquired with many years of experience; others have argued that the possession of these skills is an indicator of learning and leadership development. According to a study by Kocoglu, Duygulu, Suheyla Abaan, and Akin (2016), in today's fast-paced and challenging healthcare environment, particular attention should be paid to educating nurse executives' the ability to make a right decision and problem solving in order to meet the requirements of the health system and provide safe and high-quality medical care. Some participants described problem situations at work, the solution of which was facilitated by their effective interaction with top management. Participants believe that the ability to convince, defend their point of view for cooperation with top management in solving problems is a valuable tool. Kerfoot (2011) argues that leadership implies cohesion and joint management of all leaders of the organization in taking reasonable steps to solve problems and realize goals. Some participants said that making the right management decision is the ability to assess the criticality of the situation and the choice of the optimal action among other alternatives. In accordance with the findings of this thesis study, other authors agree that decision making is the process of establishing criteria by which nurse executives can develop and select a course of action from a group of alternatives, and then manage through implementation to achieve goals. Effective decision making is one of the attributes of an effective leader. (Cathcart, Greenspan, & Quin 2010; Tatum, Eberlin, Kottraba, &

Bradberry 2003.) Nurse executives who are able to think critically are in a good position to assume a leadership role and create the changes that will achieve positive outcomes in health care organizations. Skills that characterize critical thinking include analysis, evaluation, inference, deductive and inductive thinking, and contributing to improved decision-making strategies. (Zori, & Morrison 2009.) Participants also noted that factors such as the lack of time during the decision-making period to solve life situations that require urgent action, anxiety and doubt can affect the right decision making. Therefore, in the opinion of the participants, it is necessary to remain calm, reasoning objectively and acting decisively. Studies of Chapman (2006) and Hartley and Phelps (2012) confirms that making the right decisions requires making calm decisions free from worries.

Some participants described various situations in which they acted as perspective developers. Some acted as perspective developers by showing innovation, others practiced the role of mentor. Participants who described their role as mentors told that their mentoring came with the introduction of changes, such as the expansion of the functional activities of nurses. They believe that their role as a mentor has helped nurses adapt to change, learn new things and, consequently, develop new competencies. Moreover, as participants further states through mentoring, they managed not only to expand the functional activities of nurses but also to improve the outcome of patients. According to Bally (2007), mentoring is one of the methods that can increase staff satisfaction and skills, helping nurses to adapt to new and different roles. She further claims that the qualities associated with leadership and mentoring are closely related and important for overall organizational stability and effectiveness. A similar conclusion was reached by Vatan and Temel (2016) and Zanchetta and Maheu (2015) that the role of mentoring leading nurses in an executive position involves continuing professional nursing growth, strengthening the practice and care culture to improve the provision of more advanced and effective nursing care. In addition, some participants note that mentoring, in the first place, should take place in an atmosphere of equality and friendliness, emphasizing the desire of employees to work with exemplary leaders. Stoddart, Bugge, Sherherd, and Farquharson (2012) suggest that nurse executives with leadership skills are role models that demonstrate clinical competence in making decisions, effective

communication, and building trust. The literature of Geijssel, Slegers, Leithwood, and Jantzi (2003) and Callahan and Ruchlin (2003) describe one of the initiatives called inspiring motivation, which improves mentoring. This initiative focuses on inspiring all nurses in the work environment to understand and use mentoring. Inspiring motivation in mentoring involves building collaborative partnerships to achieve a goal and realize a vision. Motivation and inspiration help overcome barriers to the successful implementation of mentoring and gaining employee commitment.

Other participants, who described their role as innovators, said that different situations encouraged them to create new things and introduce progressive ideas into nursing practice. For example, some were inspired by the exchange of experience with foreign colleagues, while others introduced innovations to work to solve a number of problems. According to the participants, the innovations they made to nurses' work contributed to the expansion of their capabilities, job satisfaction of staff and most importantly, patient and family satisfaction with the quality of nursing care. A study by Shariff (2015) indicates that nurse executives with leadership skills are able to inspire change and participate in influencing the process of developing health policy. Namely, participation in the development of programs aimed at the safety, efficacy, and availability of nursing care. Participants believe that the leader often takes responsibility for creating methods and means by which the team achieves goals. Elenkov and Manev (2005) have revealed leadership factors, such as the support and commitment of nursing leaders, who have a strong influence on innovation in health care organizations.

Some participants described their leadership experience as a protector of nursing staff. Participants reported that they were acting as a protector of the team during critical periods in the hospital, when unfair accusations of nurses arise or when it is more difficult for nurses to not only move forward but to even remain in their position. According to Jakubik, Eliades, Weese, and Huth (2016), nursing staff needs to feel safe and supported by the nurse executives' in order to carry out their practice. Protection from nursing managers provides nurses with a work environment in which there is support in problem solving, professional development opportunities, cultural relationships, and a sense of reliability (Jakubik, Eliades, Weese, & Huth 2016). Participants believe that the role of protector is to take care of

employees, uphold rights, and possess a strong value system. Similarly, Knudson (2014) defines that nurse executives, using leadership qualities, can provide support and protection to employees who are confronted with an unpleasant situation and with an attitude that violates their rights.

8 Conclusions

The results of the study show that the nurse executives in one big medical organizations in Kazakhstan applied their leadership skills in situations such as conflict management, changes in work, solving complex tasks and the need to develop nursing competencies. Although the results of this study provide limited views on the nurse executives' experience of leadership caused by the quite small amount of the sample, these results are valuable because this is how the nurse leaders' voice have been heard, and their experience of critical incidents was revealed for further use in nursing practice.

The ability to create a favorable atmosphere in the team was identified as one of the important leadership skills for nurse executives, which means that nurse leaders should involve nursing staff in the development of common values, respect, trust, and responsibility through motivation and teamwork. Nurse leaders can motivate nurses with their decisive actions and ability to coordinate situations. In addition, to create a favorable climate in a team, nurse leaders should involve nurses in working together to solve tasks and problems. In teamwork, the nurse leaders should give each nurse personal support, defining their actions according to his/her abilities and capabilities, allowing the nurses to feel meaningful and indispensable. This is the most important condition for job satisfaction, creating friendly and responsive nursing staff.

The skill of open communication in the resolution of conflict situations means a joint discussion of the causes and ways of resolving conflict situations. In order to develop open communication, the participants were of the opinion that nurse leaders ought to have opportunities and positions to create this kind of discussion platforms where each nurse can share the causes of the conflict, their problems in the work, and freely express their point of view about the situation. This kind of practices should be

encouraged and created in the work place to find out and eliminate the true cause of the conflict, as well as to prevent such situations. For the effective use of this skill, it might be useful if the nursing leaders can use self-reflection, self-assessment, or collect feedback from nurses to develop their communication skills.

Decision making and problem solving are defined as skills that strengthen leadership, and therefore, nurse executives need to develop these skills through leadership education or training. Finally, for future research, the critical incident technique can be applied to study a wider range of nurse leaders about barriers and prospects of nursing leadership in the Republic of Kazakhstan.

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Appendices

Appendix 1. Agreement on bachelor's/master's thesis cooperation

AGREEMENT ON BACHELOR'S/MASTER'S THESIS COOPERATION

Dear Deputy Director for Nursing

I, Zainulina Jamila Adilbekovna, work as an expert in nursing at the department of quality management and patient safety in the one of big Nur-Sultan medical organization.

Currently, I am a second-year undergraduate student in a general two-level scientific and pedagogical master's program in nursing at the University of Applied Sciences (JAMK), Finland (Jyväskylä) and the Kazakh Medical University of Continuing Education (KAZMUCE), Kazakhstan (Almaty).

In the master's program I spend collecting data for the writing of the thesis under the guidance of the chair of the dissertation committee Dinara Ospanova, associate professor, PhD., (KAZMUCE) and Hanna Hopia, PhD., (JAMK) which the conditional title "Nurse executives' experience of leadership: a critical incident technique study". The purpose of this study is to describe leadership skills of the nurse executives' and thus, to extend the knowledge of those skills needed in nursing leadership. This can serve as the basis for further development of the capacity of nurse executives.

I ask you to give permission to conduct a study with the participation of Deputy Directors of nursing and senior nurses of your medical organization. Directors of nursing and 100 senior nurses will be invited to participate in the study. Data will be collected through an online written description of the critical incident. A form with questions to describe the critical incident will be sent to the participants by mail after receiving informed consent to participate in the study. The description of the critical incident will take no more than one hour. Participants are given three calendar days to return a written report.

If you would like more information about this study, please contact my supervisor Dinara Ospanova at this email address dinara.ospanova@mail.ru

Signatures

Representative of the Host Company _____

Place and Date (dd.mm.yyy) _____

Appendix 2. The informed consent to participation in the research

THE INFORMED CONSENT TO PARTICIPATION IN THE RESEARCH

Name of a research: Nurse executives' experiences of leadership: a critical incident technique study

The 2nd year undergraduate student of the Kazakh-Finnish Nursing Master's Science and Education Program invites you to take part in a scientific study, the purpose of which is the description of leadership skills of the nurse executives' and thus, to extend the knowledge of those skills needed in nursing leadership. This can serve as the basis for further development of the capacity of nurse executives.

Initiator of the research: Zainulina Jamilya Adilbekovna

In this research participate will be Deputy Directors of nursing and senior nurses of the one big Nur-Sultan medical organization. Before you make the decision on participation in this research, examine with given by the document of consent containing information on scientific research.

Voluntariness of participation

Your participation in scientific research exclusively voluntarily

You can make the decision not to participate in a research without any negative consequences.

Confidentiality

Participation in this research won't result in any risks and inconveniences as all information provided by you will remain confidential and is reported anonymously without identification information. All data collected during the research will be stored on the electronic medium, in the separate coded folder and are available only to the researcher. All results will be represented only in the general massif, but not individually. After completion of a research all collected data will be destroyed.

This research is considered and approved by Locally Ethical Committee of the Kazakh medical university of continuous education, Almaty.

Procedure of the research

It will be offered to you to describe in writing situation/story which has occurred ever for all the time of your work and it was especially remembered by you where you applied leadership skills. The situation/history can be both negative, and positive. For the help in the description of situation/story the form with questions on which you can follow will be offered you. For obtaining the form with questions you need to specify your operating postal address _____ Description of your situation/story needs to be provided to the researcher on the below-specified postal address not later than three calendar days from the moment of

obtaining the form with questions.

Benefits

Participation in a research doesn't assume receiving monetary or material compensation by the respondent, or any other sure gain. However, information obtained during this research will be very useful and informative for me. I will be very grateful to you if you find time for the description of situation/story following my questions. To you own signed and dated copy of this document will be handed out.

If you have any questions concerning a research, you can communicate to the address djamilya_89@bk.ru

CONFIRMATION OF THE INFORMED CONSENT TO PARTICIPATION IN THE RESEARCH

Signing this form of the informed consent, I confirm that I have read and have understood the purposes, the procedure of a research. I had an opportunity to ask all questions interesting me. I have received satisfactory answers and specifications on all questions interesting me in connection with this research. I don't refuse the legitimate rights, signing this document. I give the consent to participation in a research voluntarily.

Signature of the participant of a research	Data: « ____ » _____ 2018r.
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I have explained to the respondent the form of the informed consent offered above and also have answered all questions of the respondent concerning participation in a research. His (her) decision to participate in a research isn't imposed by someone, and is conscious and voluntary about what consent is received.

Full name and signature of the researcher	Data: « ____ » _____ 2018r.
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Many thank you for your cooperation!

Appendix 3. Form with questions for the written description of a critical incident

FORM WITH QUESTIONS FOR THE WRITTEN DESCRIPTION OF A CRITICAL INCIDENT

Good afternoon!

I ask you to describe a bright, effective situation/story which especially to you was remembered and you have occurred ever for all the time of your work where you applied leadership skills. The situation/story can be both negative, and positive. I want to note that there is no correct or wrong answer. You can follow the below-specified questions which will help you to describe your situation/story. There is no limit for length of your description. You can describe one or several considerable incidents which occurred with you and as you consider have applied leadership skills in this situation. Please, provide as much as possible details.

Your answers will be very useful and informative for me. I will be very grateful to you if you find time, and describe the situation/story.

Please, specify the following:

Gender _____ Age _____

Place of work _____

Position _____

Education _____

Working experience
as nurse executives _____

Date (dd.mm.yyy) _____

What happened, where and when? Give a brief story of the incident.

What is it that made the incident "critical"?

What were your immediate thoughts and answers?

How do you think you used the leadership skills to solve the incident?

Why do you think so?

Describe the impact of your actions on this incident?

What do you think now? What has changed / developed your thinking?

What did you learn about (your) practice from this?