

Chief Nursing Officer Executive Development

A Crisis or a Challenge?

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The roles and responsibilities of nurses are expanding, as they become more involved in administration and leadership within their field. Nurses are taking on executive positions, which have become a crucial part of hospital organizations. With this expansion, an executive development program is necessary to provide nurses with the knowledge and competencies that these executive positions require. Their focus must evolve from singular bedside practice to the greater scope of health care administration. Leadership skills are extremely important, in addition to interpersonal, management, mentoring, and interprofessional skills. A number of nursing associations have worked to develop a set of curricula for nurse executive education, but a consistent and specific set of academic requirements has yet to be agreed upon. With the importance of the chief nursing officer's (CNO) role in the function of a hospital and the requirement of the knowledge of the changing health care system in the United States, it is essential that nurses are provided with proper education and training that will help them become successful nurse executives. Some suggestions include a dual MSN/MBA degree, a PhD in nursing, continuing education institutes, and mentoring programs. However, research must be done to clarify the best way to prepare CNOs for their roles. **Key words:** *chief nursing officer, educational pathways, role complexity*

THE ADVENT of health care reform as well as the recent Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*,¹ calls upon nurses to assume new and expanded roles in a redesigned health care system. This expansion in increased roles and responsibilities will require advances in education of nurses across all levels as well as leadership at all levels to deliver patient-centered, equitable, safe, high-quality care. The demand for the best use of the registered nurse (RN) means effectively

and appropriately increasing the number of nurses who will assume executive leadership roles; by executive nurse leader, we mean the chief nursing officer (CNO) or the institution's equivalent. This will require a new cadre of RNs who are prepared to assume senior executive positions and provide innovated solutions to care delivery.

Nurse executives are well positioned to provide strategic insight and influence over the new challenges for nursing emerging from the current crisis in health care delivery. As the nation's largest group of health care professionals, numbering approximately 3.1 million, nurses are the clinical backbone of the health care system. One way to build succession and encourage nurses to assume senior executive positions as CNOs, chief executive officers, or academic deans is to endorse the development of nurses as CNOs. This executive development will ensure that nurse leaders have the requisite knowledge, skill, and power to improve the health care

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system and provide seamless, affordable, quality care that is accessible to all and leads to improved health outcomes. This article provides a working foundation for understanding an executive development framework for nurses for the 21st century.

BACKGROUND

Nurse executives are vital and play a crucial role in hospital organizations and require a unique set of executive leadership and professional competencies.² Their executive-level decision making, power, and authority influence patient care delivery on the front-line. Currently, there are approximately 5000 CNOs in the United States who have professional and financial oversight for creating safe and reliable care in complex, heterogeneous health care organizations.³

WHO IS THE NURSE EXECUTIVE?

The American Nurse Credentialing Center (ANCC), an organization that is a subsidiary of the American Nurses Association, has substituted the term *nurse executive* for *nurse administrator*, which is the name given to the Master of Science in Nursing specialization in management.⁴ In their credentialing program, the ANCC recognized the increasing responsibilities of nursing administrators by substituting the term *nurse executive* for their examination that formerly entitled their program "Nurse Administrator." The ANCC changed the names of the Nursing Administration Certification examinations and updated the credentials to bring them in line with contemporary health care culture and terminology. The American Organization of Nurse Executives (AONE) also provides a Certification in Executive Nursing Practice (CENP) that is geared to nurse leaders who are engaged in executive nursing practice.

Requirements to become a certified nurse executive include a graduate degree, a degree in nursing, administrative work in the nursing profession, or a faculty position in a nursing school for 2 years before applica-

tion for the examination. To function as a successful member of the senior executive team, nurse leaders need to be able to recognize and be responsive to the daily chaos and challenges of hospital environments, including on-going budgetary battles and financial constraints; potential conflicts with senior leadership on labor, staffing, and other personnel matters; and patient satisfaction and quality outcome measures. Executive leadership requires the appropriate qualifications and preparation.

Today, most senior nurse executive positions require a minimum of a master's degree and at least 10 years of experience in administration and management with some level of experience with business, strategic, and Magnet Recognition Program planning, as well as demonstrated collaborative, interpersonal skills with physicians and others members of the executive suite. Although, the ANCC credentials and recognizes the advanced nurse executive, it is the CNO that we refer to as the nurse executive based on their title and role in the health care institution.

The Council on Graduate Education for Nursing Administration (CGEAN)⁵ has recently helped to differentiate the key terms that often comprise the domain of nursing leadership to include such terms as administration, leadership, and management. These terms are often used interchangeably among experts in nursing and health care. The CGEAN defines administration as "working with and through others to achieve the mission, values, and vision of an organization."⁵ Administration is an executive function with accountability toward defining and achieving the organization's strategic plan. The charge of the CNO's team is to designate responsibility for implementing the organizational mission and goals. The term *management* includes planning, organizing, motivating, monitoring, and evaluating human and material resources. Management or managers are also responsible for the process of aligning and allocating organizational resources. It is the manager who is involved in the daily process of aligning resources, with needs to attain

specific goals of the organization. More often than not, the title of manager and leader are used to describe the same function and position. However, in an organization, the person who has the titled position of manager may not be a leader. Leadership is the process of influencing others toward the attainment of 1 or more goals. Leadership may include formal and informal leaders.⁵

The AONE, a subsidiary of the American Hospital Association, is a national organization of nurse leaders who design, facilitate, and manage care.⁵ The organization provides leadership, professional development, advocacy, and research to advance nursing practice and patient care, promote nursing leadership excellence, and shape health care public policy. The AONE as a membership organization is composed of a few thousand RNs, who hold, aspire to hold, or function in a leadership role. These members of the AONE are considered full members and represent hospital and health system leaders; deans, directors, and faculty in graduate and undergraduate nursing programs; consultants in nursing administration and management practice; those who work in professional associations, regulatory agencies, accrediting health care organizations; and editors of professional journals.

SCOPE OF PRACTICE: ROLES AND RESPONSIBILITIES OF THE NURSE EXECUTIVE

The transition from the bedside to the boardroom is not always a seamless one. The problem is that clinical expertise and experience rarely provide sufficient training for the role of CNO. Nurses in executive positions have evolved from a singular focus on nursing services to broader accountability for patient care services across the health care continuum. This expansion in the scope as well as in the role and responsibilities of today's nurse executives as members of the senior leadership team has changed dramatically. A major component of a CNO includes

interpersonal relationships, collaboration, coaching, mentoring, communicating, and coordinating outcomes management, as well as interprofessional competencies.

Chief nursing officers are expected to facilitate the design of patient care delivery, advance the discipline of nursing, build strategic relationships and connections with staff and colleagues, and model stewardship. The requisite knowledge, skills, and abilities needed by senior executive nurse leaders must be grounded in an executive framework that provides the core competencies of leadership: knowledge of the health care delivery system and organizational environment; health care finance, policy, and management; communication and relationship management; and diversity and professionalism.⁶

Through the years, the American Association of Colleges of Nursing,⁷⁻⁹ the CGEAN,¹⁰ and the AONE,^{11,12} along with health executive professional associations,¹³⁻¹⁵ have reached consensus and developed important documents that identify the key competencies required by current and future nurse executive. These documents have been used both by practice and education to develop nurse executive and management curricula.¹⁶ With the expansion in knowledge and new science, evidence-based leadership has helped to advance the profession to analyze data, scrutinize evidence, and identify areas of action and direct development. To ensure that nurse executives are prepared to assume senior leadership positions, development of these CNOs must be grounded in the science of leadership: a science that creates and nurtures curiosity and creativity while emphasizing strategic planning, action research, monitoring, evaluation, and review. Nurse executives who learn to lead with evidence become transformational leaders who provide structural empowerment toward exemplary professional practice that is driven by new knowledge, innovations, and improvement. Evidence-based leadership promotes empirical quality outcomes that lead to effective patient-centered care.^{17,18}

EXECUTIVE LEADERSHIP DEVELOPMENT: LEADING WITH THE EVIDENCE

Without the prerequisite knowledge, skills, and abilities, the CNO can easily be rendered ineffective and powerless. The power and ability to make executive decisions and leverage strategic alliances while managing patient care services and relationships are critical to the role of the nurse executive. At the core of the nurse executive development is the understanding of the fundamentals of the nursing practice environment—one that is supported by shared governance, interdisciplinary collaboration, leadership, quality, safety, professional development, and work-life balance. To prepare future nurse leaders for the role of CNO as well as for stewards of the profession, educational programs must stand ready to equip them with the knowledge, and necessary skills and abilities to meet the demands and pressures of the health care market place, as well as to serve the needs of society. The nurse executive must lead with evidence.

The role of the nurse executive in administrative practice has evolved over time. This evolution has been influenced by leading evidence that has dramatically changed the nursing practice in hospitals, including (1) the acknowledgement of nursing excellence driven by ANCC magnet designation; (2) a number of reports issued by the IOM related to patient quality and safety, including *Health, Professions Education: A Bridge to Quality*¹⁹ and *Keeping Patients Safe: Transforming the Work Environment of Nurses*²⁰ and the establishment of the American Association of Critical-Care Nurses (AACN) *Standards for Establishing and Sustaining Healthy Work Environments*²¹; and (3) health care policy and economy of the United States.

THE JOURNEY TOWARD NURSING EXCELLENCE: MAGNET-DESIGNATION ORGANIZATIONS

The journey toward nursing excellence began in 1983 when the American Academy

of Nursing's Task Force on Nursing Practice in Hospitals conducted a study of 163 hospitals to identify and describe variables that created an environment that attracted and retained well-qualified nurses who promoted quality patient/resident/client care.²² The finding from this study reported that 41 of the 163 hospitals were described as "magnet" hospitals because of their ability to attract and retain professional nurses. The ability of these organizations to attract and retain nurses became to be known as "Forces of Magnetism."²²

As of 2011, there are 386 hospitals credentialed as Magnet-designated organizations. The Magnet Recognition Program is based on quality indicators and standards of nursing practice, as defined in the newly revised third edition of the *ANA Nursing Administration: Scope & Standards of Practice* (2009). The nurse executive must have the competencies to lead change and manage the professional hospital environment toward a vision of excellence in nursing practice. As a result, CNO aligns the patient care environment with the institutional financial and regulatory goals, objectives, and resources to achieve nursing excellence. To endorse the journey toward excellence and prepare nurse leaders in administrative practice, a collaboration was forged between AONE and the CGEAN to create a graduate curricular framework that addressed the knowledge and skills needed by nurse leaders for the 21st century.¹⁶ This collaboration led to the AONE/CGEAN document, Three Dimensional Administration Curriculum Model 2006, which is supported by a quality-and-safety net structure of patient care.¹⁶

The continued realization of the important role that nursing care plays in delivering quality health care was once again emphasized in the IOM report on *The Future of Nursing: Leading Change, Advancing Health*.¹ This report as well as the reports from the IOM related to patient quality and safety, which include, *Health, Professions Education: A Bridge to Quality*¹⁹ and *Keeping Patients Safe: Transforming the Work Environment*

of Nurses,²⁰ demonstrate the crucial role the nurse executive has in monitoring, measuring, and improving the productivity of nursing. The level of accountability and ownership for the attainment of patient and nurse satisfaction outcomes begins with senior leadership. A key to success in achieving quality and safety targets lies in the ability of the CNO to apply the evidence from the IOM reports as well as the health care information technologies available in hospital today that may provide information for evidence-based nursing staffing decisions.^{23,24} Using information technologies to help to drive care decisions and staffing and productivity benchmarks from the National Database for Nursing Quality Indicators,²⁵ the nurse executive demonstrates how nursing care at the bedside impacts not only quality and safety but also the financial health of the hospital. The ability to connect the care environment to quality and financial outcomes is critical to navigating the changing landscape health care reform and the Center for Medicare and Medicaid Services reimburse requirements.

In 2001, the AACN actively promoted and supported the creation of healthy work environments that fostered excellence in patient care wherever acute and critical care nurses practice.²¹ Their dedication to optimal patient care and understanding that nurse shortage cannot be reversed without healthy work environments support excellence in nursing practice. Unhealthy work environments contribute to medical errors, ineffective delivery of care, and conflict and stress among health care professionals. A healthy work environment ensures patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability.

The AACN's *Healthy Work Environment* initiative has proven to be a comprehensive approach to engage nurses, hospitals, and the nursing profession in recognizing the importance of team work and collaboration. The standards are evidence-based principles of professional performance and are aligned directly with the core competencies for health care professionals recom-

mended by the IOM.¹⁹ They support the education of all health care professionals "to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics." The standards further endorse the education of nurse executives and managers to acquire the core competencies of self-knowledge, strategic vision, risk taking and creativity, and interpersonal and communication effectiveness.

Sustaining healthy work environments is a key priority for CNOs if they are going to improve quality care outcomes for patients and their families. Nurse executive must link the evidence from the *AACN Standards for Establishing and Sustaining Healthy Work Environments* between healthy work environments and patient safety and between nurse retention and recruitment to their institutional vision, mission, and goals. Applying the AACN standards have helped nurses improve their communication, understand true collaboration, use effective decision making and appropriate staffing, and provide meaningful recognition and authentic leadership.¹⁹ It is the responsibility of the CNO to advocate and lead in improving systems to support evidence-based practice. The *AACN Standards for Establishing and Sustaining Healthy Work Environments* is just the evidence.

THE HEALTH CARE POLICY AND ECONOMY OF THE UNITED STATES

A challenge confronting health care systems is the American economy. The challenge is driven by the United States' slow recover from the most severe recession since the Great Depression. A consistently high levels of unemployment at 9%, coupled with more than 47 million Americas uninsured or underinsured, keeps health care out of reach for many Americas. A recent Gallup Poll reported that the percentage of Americans who are getting health insurance from their employers has declined steadily over the past 3 years, dropping to a low of 44.6% in

February 2011.²⁶ Over the same time, the percentage of Americans covered by government health care—Medicare, Medicaid, or military/veterans' benefits—has been increasing and now includes slightly more than 1 in 4 American adults. In addition, government health care coverage has increased among all age groups, not just seniors, suggesting that unemployment rather than aging baby boomers is contributing to the increased number of Americans with government health care.

The Health and Human Services Department expects that the health share of gross domestic product (GDP) will continue its historical upward trend, reaching 19.5% of the GDP by 2017.^{27,28} In 2009, the US federal, state, and local governments; corporations; and individuals together spent \$2.5 trillion, \$8047 per person, on health care. This amount represented 17.3% of the GDP, up from 16.2% in 2008.²⁹ Health costs are rising faster than wages or inflation³⁰; this presents both a crisis and a challenge for today's CNO. To meet the economic, political, and policy forces of the 21st century, nurse executives must have the requisite knowledge to engage and represent nursing's voice at all levels. The CNO development begins with the acquisition of knowledge and skill performance in both health care and public policy arenas.

PERCEPTIONS OF THE REQUISITE KNOWLEDGE

In spite of the need for executive development about the role, knowledge, and skills required for the CNO, most do not agree with the prerequisite priorities recommended for the position. A study by Trehearne presented the value of the CNO as expressed by one of the informants "When executive teams make decisions, the patient must be first and the Chief Nurse Executive (CNE) is closest to the realities of taking care of patients."^{31(p88)} However, nurse executives expressed that their work organization measures success according to their ability to meet financial targets.

Likewise, informants also reported that patient, physician, and employee satisfaction and clinical quality were viewed as important in their evaluation, but they still felt that these were secondary to meeting financial targets. In addition, most identified physician satisfaction with the nursing staff and CNO as a determinant of their success in the long run. As 1 participant stated, "The docs go wherever it is easier for them to do their work. When decisions are made, I know who the important players are: docs."^{31 (pp77-78)}

The difference between the values held by the CNO and those of the organization were made clear in this study. As 1 participant said "corporate views my success as making budget and making physicians happy. I would identify success as better staff accessibility to the CNE."^{31(p78)}

REQUISITE KNOWLEDGE

Given the changing health care climate, the additional demands on CNOs by senior-level hospital administrators and the reductions in health care system budgets, executive nurse leaders require exceptional skills. The basic expectations are that the CNO will demonstrate leadership and management skills, along with critical thinking, decision-making, and communication skills, business acumen, and professionalism. In addition, they are being asked to design models of patient care delivery, advance the profession, and serve as stewards of the discipline, as well as participate in political advocacy for patient care and the profession and leverage new technologies.

Where does the CNO learn the requisite knowledge and gain the necessary skills? There have been changes in the educational approaches and preferences. In 1989, a survey by Scalzi and Anderson³² determined that 52% of the CNOs had a master's degree in nursing, 16% a master's degree in health administration and 12% an MBA. Those surveyed, however, recommended a difference in preference of education for marketability, with 75% proposing that nurse executives earn the dual

degree MSN/MBA, 17% thought that the MSN with a business minor was preferable, and 8% recommended PhD. In spite of the length of time to earn a double master's degree, most CNOs thought that the dual degrees of MSN/MBA were not only preferable but also resulted in more marketable skills and preparedness for the position. However, today, some nursing programs are offering a dual degree in nursing administration and public administration to address the expanded knowledge required in health policy, non-profit management, labor relations, and fiscal/human resource administration.

Seven years later, AACN and AONE³³ recommended that education for the nurse executive be in a master's degree program in nursing, incorporating an emphasis on business skills. A new skill was included: research. These recommendations were written jointly by the American Association of Colleges of Nursing and the AONE and were adapted to incorporate *The Essentials of Master's Education for Advanced Practice Nursing*.⁷ This document describing the nursing administration specialty assumes that graduates of programs of study in nursing administration would complete the graduate nursing core required by all master's degree nursing students: research; policy; organization and financing of health care; ethics; professional role development; theoretical foundations of nursing practice; human diversity and social issues; and health promotion and disease prevention, as well as the business and management knowledge necessary for the role.

With the advent of the Doctor of Nursing Practice (DNP), another venue for the preparation of the nurse executive has emerged. The DNP was designed to provide an educational advancement opportunity for the clinician, originally for the nurse practitioner and/or the clinical specialist. However, in some states, the definition of "nursing practice" has been expanded to include nursing administration. For example, the University of Minnesota offers the DNP in Nursing and Health care Systems Administration.³⁴

The PhD in nursing is the preferred degree at the research doctorate level.³⁵ An example of the PhD with a focus on nursing service administration is the PhD at the University of Iowa School of Nursing. According to their bulletin, "Nursing administration research is the study of organizational factors and management practices and their impact on nurses, nursing delivery systems, and patient outcomes. Nursing administration research is concerned with establishing the costs of nursing care, examining the relationships between nursing services and quality patient care, and viewing problems of nursing service delivery with the broader context of policy analysis and delivery of health care services."³⁶

Continuing education programs or institutes are another option to develop skills. For example, the Harvard University Executive Development Program is offered each summer. The institute includes extensive reading, classes, seminars, networking, and mentor support. Participation consists of leaders from many disciplines and is quite expensive. Similar to the Harvard program is the J&J/Wharton Fellows Program in Management for Nurse Executives housed at the University of Pennsylvania. This program is a 3-week intensive program that includes case studies, simulations, and group work, and the emphasis is on business and business skills and includes experts in diverse business disciplines who provides in-depth knowledge in core business areas.³⁷

Another opportunity is the Robert Wood Johnson Foundation program for CNOs that uses a combination of strategies, including mentoring, education, experiential learning, and group support. The RWJF Executive Nurse Fellows program is designed for nurses who hold senior-level positions in settings such as educational, health sciences, or national governmental or policy organizations.³⁸ The program is a highly competitive, 3-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. The goal is for the fellows to strengthen their leadership capacity and their

abilities to lead teams and organizations in improving health and health care. This is a highly selective program that awards 20 fellowships for each award cycle. The program also requires collaboration and support from those in high-level positions in the organization. An added benefit is that fellows remain in their positions, undertaking a major leadership project with support, assistance, and mentoring from seasoned nurse executives.

RECOMMENDATIONS FOR CURRICULUM

Is there 1 way to prepare nurses for the senior executive role? There are currently formal degree programs as well as continuing education with certificates and lengthy fellowship opportunities. There seems to be no research available that provides direction for the best approach for the development of the CNO. Research needs to be done to further clarify what nurse executives find most beneficial in preparing them for their role. The most valuable research method would be one that utilizes a variety of perspectives, including both qualitative and quantitative. This can be done through a series of focus groups. Focus groups with membership are both homogeneous by the types of situations and heterogeneous, mixing the type of organization by size, acuity, geography. Another approach would be to conduct in-depth interviews with selected nurse executive leaders as well as ethnographic observations and interviews. Qualitative findings as well as the results of surveys would provide further insight into determining the best approaches for executive development for CNOs.

The roles and responsibilities of the CNO of today are numerous and complex. In response to these changes, nursing education has modified curricula and programs in an attempt to meet these needs. In addition, there are a number of certificate and/or continuing education programs that are also in effect that offer either additional knowledge and skills

or preparation for the nurse executive. The work of CGEN has clearly spelled out the competencies necessary for the nurse executive to function at the highest level. Since these are relatively new, conducting qualitative studies with nurses currently in the executive position determine the comprehensiveness and relevance of the competencies. It would also be helpful to interview former nurse executives to understand their perceptions of skills that are needed, that they had, as well as those that were lacking. The qualitative studies could be designed as interviews, critical incidents, and focus groups, as well as a Delphi survey to establish priorities. A key component of these studies will be the sampling that is used to include nurse executives who have a variety of degrees as well as those who have attended postgraduate seminars, workshops, and intensive programs.

SUMMARY AND GENERAL RECOMMENDATIONS

The executive development to become a successful CNO is not a straight line, given the changes in the health care system and financial constraints. The recommendations for formal education suggest a minimum of a master's degree, primarily in nursing, but must include courses related to the business aspects of management. Also recommended is the dual degree, MSN/MBA. Additional continuing education in the form of certificates or fellowships is often used to supplement formal education. The need for mentoring is a consistent theme expressed by most CNOs as well as for comprehensive knowledge and skill working with the financial aspects of hospital, nursing, and patient care administration. Furthermore, there is a need to reevaluate the education and role development of CNOs within the nursing curriculum. The findings of in-depth research are needed to inform and guide curricular changes that will meet the needs of the future CNOs.

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