Nurse Leaders Face Incongruent Measures of Success by Their Upward Reports, Peers, and Downward Reports

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Abstract

The purpose of this descriptive qualitative study was to describe differences in how upward reports, peers, and downward reports measure nurse leader success. We found that upward reports most valued business skills and knowledge of the healthcare environment. Downward reports most valued communication, leadership skills, and professionalism.

Nurse Leaders Face Incongruent Measures of Success by Their Upward Reports, Peers, and Downward Reports

The nurse leader role has evolved over time to meet the demands of ever changing and more complex health care environment.[1,2] While the role of nurse leaders has been elevated in stature, the perception remains that nursing leaders are still less influential than others in healthcare.[3] It is not completely clear why nurse leaders are perceived to have less influence than others, despite their demonstrated impact on healthcare systems, primarily through their influence over professional practice environments,[4] which are linked to improvements in staff[5] and patient outcomes.[6,7] We think that one of the reasons that nurse leaders' perceived influence over health system outcomes lags behind others is the notion, that in their role, they must interact with multiple constituent groups, all whom have different expectations of nurse leaders. While nurse leaders intuitively know this, there is scant empirical evidence that describes differences in how upward reports such as senior executive managers, peers, and downward direct and indirect reports measure nurse leader success.

The purpose of this descriptive qualitative study was to address this gap in varying measures of nurse leader success. Within the context of this study we defined nurse leaders as nurses with direct reports responsible for overseeing care within an acute care institution including chief nurses, associate chief nurses, directors, managers, associate managers, and others with like titles. We realize there is a wide disparity between chief nurse and associate manager functions, responsibilities, and roles. However, within this study we aimed to understand perceived measures of success across the hierarchical spectrum of nurse leader roles.

To meet the recommendations set forth by the Institute of Medicine (IOM)[1] for nurses to become more influential leaders in transforming the health care system, nurse leaders must form successful partnerships with diverse constituent groups and be able to tailor their leadership to a particular context. Our findings can inform nurse leader interactions with constituencies from boardroom to bedside to help facilitate successful collaborations necessary in daily practice and in strategic work to transform the health care system.

Incongruent Expectations of Nurse Leader Success

While the American Organization of Nurse Executives (AONE) Nurse Executive Competencies[8] outline key areas or roles and responsibilities for nurse leaders, this important work may have not been disseminated organizationally to reach different constituents with whom nurse leaders interact. Thus, it is guidance for nurse leaders alone and it does not reconcile incongruence in expectations from different constituents, which makes it difficult for the nurse leader to appear uniformly successful.

This is demonstrated in a 2003 study conducted by the Advisory Board Company aimed at constituent evaluation of chief nurses.[9] The study found that staff nurse ratings of the chief nurse performance were significantly less (21% rated nurse leader's performance as strong) than the chief executive officer ratings of chief nurse performance (56% rated nurse leader's performance as strong). Additionally, only 14% of staff nurses were very satisfied with senior nursing leadership.[9]

More instances of discrepancy among upward reports, peers, and downward reports about the expectations from nurse leaders are noted. From upward reports' perspective, individuals pursuing nurse leader roles are sought and valued by their administrative counterparts, chief executive officers, chief operating officers, and chief financial officers, for their administrative and financial skills, with less attention focused on their nursing knowledge and ability to develop excellence in care delivery each day.[10] Interestingly, half of today's senior nurse leaders have degrees in business or healthcare management and oversee the greatest percentage of an organization's budget.[11] However, requirements for senior nurse leader positions include licensure as a registered nurse and master's preparation in nursing at a minimum emphasizing a commitment to nursing knowledge.[12]

Furthermore, from peers and downwards reports' perspectives, traditionally, nurse leaders have had the responsibility for overseeing the nursing workforce, and sustaining a practice environment that promotes high quality, safe, effective, timely, efficient, and equitable patient and family focused care.[13] Additionally, nursing research has made significant advancements assisting nurse leaders in identifying, understanding, and justifying what staff nurses need.[1-17] Within this context, the nurse leader is seen by their peers and downward reports as the person responsible for developing professional autonomy, control over practice, and interpersonal communications with physicians. In doing so, nurse leaders are expected to foster an environment supportive of nurses serving as integral members of the

interdisciplinary team, with effective and constructive means to resolve workplace conflicts and while providing culturally sensitive and competent care.

In our study, we add to the existing literature on incongruent expectations of nurse leader success by asking a group of nurse leaders themselves to share their perceptions of how their success is measured by senior executive managers, their peers, direct and indirect reports.

Assessing Nurse Leader Perceptions of How Others Measure Their Success

We used a descriptive qualitative design to conduct the study.[18] The Partners Healthcare institutional review board approved the study through an exempt status. Our sample included attendees at the 2007 Institute for Nursing Healthcare Leadership (INHL) Conference. The INHL Conference was an annual invitational conference of nursing leaders hosted by Joyce C. Clifford, PhD, RN, FAAN, in Boston MA. There were 211 registrants to the INHL conference in 2007. We invited all registrants to participate in a voluntary survey distributed as part of the conference materials. Data were collected using the Identifying the Perceptions of Nursing Leadership Success survey. The survey consisted of a series of demographic items and four open-ended qualitative questions: What are criteria used to measure your success as nurse executive by the following groups…:

1. …the person to whom you report to directly?
2. …nurse peers outside of your organization?
3. …nurses reporting directly to you?
4. …nurses reporting up to you through another manager?

Several reminders to complete the survey were given by presenters during the conference. Each completed survey was given to the conference coordinator and numbered, then entered into an electronic database by a research assistant for data analysis.

The AONE Nurse Executive Competencies, including: communication and relationship-building, knowledge of the health care environment, leadership, professionalism and business skills[8] served as a framework for directed content analysis. Directed content analysis is a method, in which preexisting themes and structures are used to capture and represent data.[19] One doctorally prepared nurse and two nurses with a master's degree performed the analysis, in which 1,316 written responses to the four questions described above were categorized into one of the AONE's competencies. As part of the first

round of analysis the team had 72% agreement on coding of items into the AONE Core Competencies framework. After convening in person and reviewing the differences in codes, the team arrived at 100% agreement.

One hundred and fifty four nurse leaders answered the four qualitative questions from the survey. As noted in Table 1, typical survey respondents were 46-55 year old females from the New England region with graduate nursing education. The majority of respondents (78%) were in care delivery management roles as vice president/chief nursing officer, associate vice president, director, or manager, primarily in hospitals and/or medical centers (81%) in major metropolitan areas (52%). Most of the survey respondents (62%) had five years or less experience in their current employment position, with 80% having less than ten years of experience in their current role.

Table 1: Demographics of Study Participants (N =154)

	Number	Percentage
Age:		
25 – 35 Years	5	3%
36 – 45 Years	21	14%
46 – 55 Years	87	56%
56 – 65 Years	39	25%
> 66 Years	2	1%
Gender:		
Female	150	97%
Male	4	3%
Employing organization size:		
0-200 Beds	36	29%
201-400 Beds	39	31%
401-600 Beds	15	12%
601-800 Beds	19	15%
801-1000 Beds	15	12%
>1000 Beds	2	2%
Primary title:		
Vice President/ CNO	41	27%
Associate Chief Nurse/ Associate Vice President	12	8%
Director	52	34%
Manager	13	9%
Dean/ Faculty	12	8%
Other	22	14%
Employment community		
Major metropolitan area	78	52%
Mid sized city	34	23%
Small city or town	34	23%
Sparsely populated rural area	4	3%
Highest education (any):		
Associates degree	2	1%
Bachelors degree	9	7%
Masters degree	84	62%
Doctoral degree	41	30%
Years experience in current		
0 to 5 years	95	62%
6 to 10 years	27	18%
11 to 15 years	13	8%
16 to 20 years	10	7%
> 20 years	8	5%

Measures of Nurse Leader Success Vary From One Constituent Group to Another

Using directed qualitative analysis to the four questions, responses were categorized as represented in Figure 1. Respondents' comments about the importance of business skills decreased based on organizational hierarchy, from upward reports who were thought to see business skills as more important compared to downward reports who were perceived to see business skills as less important. Respondents placed an increased emphasis on the importance of leadership and communication skills from upward to downward reports. Thus, nurse leader respondents perceived their success as being defined differently by varying constituencies as represented in Table 2.

Figure 1: **Nurse Leaders Perceptions of Constituent Expectations**
(150 respondents - 1315 unique concepts)

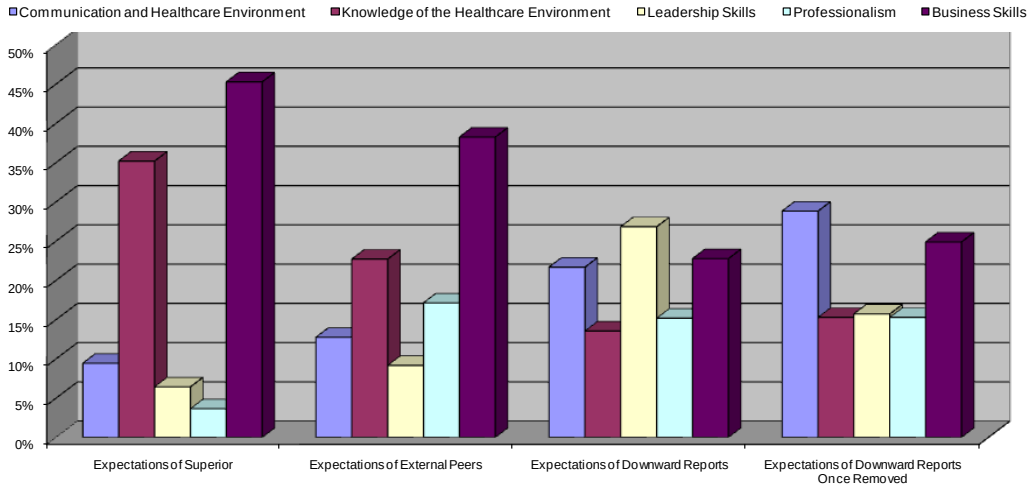

Table 2: Nurse Leader Perceptions of Measure of Success Categorized by the AONE Nurse Executive Core Competencies (N = 154)

	Business skills	Communication and healthcare environment	Knowledge of the healthcare environment	Leadership skills	Professionalism
Expectations of upward reports	211	44	164	30	17
Expectations of external peers	96	33	57	23	43
Expectations of downward reports	84	80	50	99	84
Expectations of once removed reports	57	66	35	36	57

Note. The numbers in the table represent the number of themes ....

Strategies for Nurse Leaders to Meet Incongruent Expectations of Their Constituents

In this study we illuminated differences in perceptions from nurse leaders of how varied constituents measure their success. The differences we discovered illustrate the complexities associated with nurse leaders' role and further stresses the challenges in defining and measuring their success. Below we offer two key strategies - *tailoring work and interaction* and *finding common expectations* - that nurse leaders can use to help them optimize their success across a spectrum of constituent groups.

Tailoring work and interactions

Based on our findings, one strategy that nurse leaders can employ is to tailor their interactions depending on the context or the constituent group. When interacting with or working with peers and downward reports, it would be important for nurse leaders to focus more on their communication, leadership skills, and professionalism. Referring to the AONE Nurse Executive Competencies[8] some specific examples of communication behaviors when working with peers and subordinates include: resolving and managing conflict, building trust and collaborative relationships, celebrating successes and accomplishments, asserting views in non-threatening and non-judgmental ways, engaging staff and others in decision making. Nurse leaders need to serve as professional role models and mentors, support staff during times of difficult transitions, serve as change agents, assisting others in understanding importance, necessity, impact, and process of change. In terms of professionalism – nurse leaders are expected to coach others in developing their own career plans, create an environment that has a reputation for high ethical standards and assure that clinical perspective is included in organizational decisions.

When working with upward reports, nurse leaders should emphasize their business knowledge and skills and their understanding of the healthcare environment. Specific examples of behaviors from the AONE Nurse Executive Competencies[8] for these two domains include: showing competence in articulating business models for health care, analyzing financial statements, interpreting legal and

regulatory guidelines, analyzing market data, reading and interpreting benchmarking, financial, and occupancy data.

Finding common expectations

The other key strategy that nurse leaders can use is finding common expectations or measures of success among various constituent groups. It has previously been suggested that the criterion of the professional practice environment can be used as the universal measure in the evaluation of nurse leader success[4] by all constituents - executives, peers and downward reports. The professional practice environment is defined as an organizational culture that advances the clinical practice of nurses and other health professionals by ensuring unity of purpose and organizational alignment. The professional practice environment is especially valued because all of the components are measurable, can be correlated to patient and organizational outcomes, and can be measured across the span of any nurse leader's practice. While robust evidence exist that staff nurses greatly care about the quality of their practice environment[5,14-17] there is also emerging evidence that hospital boards are increasing focusing on "quality and responsiveness to public."[2] Therefore, the influence that nurse leaders have over professional practice environments as a vehicle for achieving quality patient outcomes might be a measure of success that will be recognized and valued by diverse constituent members.

Caveats and Next Steps

There are a few limitations related to this study. As this was an invitational conference, the sample was initially identified as high performing nurse leaders potentially not representative of the entire global or national population of nurse leaders. Therefore the findings should be generalized with caution. In this study we did not ascertain views from various constituents themselves, but asked for nurse leaders' perceptions of how others view their success. Future research should compare the views of nurse leaders about how others view their success to the views of senior executive managers, peers, direct and indirect reports themselves about how they perceive nurse leader's success. Additionally, directed content analysis does not necessarily identify or quantify new themes rather it provides a descriptive/ thematic categorization using a pre-existing structure. Therefore, the findings either in volume or trends may not be representative of actuality. Lastly, these data were collected in 2007. While the

researchers are confident that the integrity and themes would hold at present, a replication study would prove valuable.

To date evaluating the success of nurse leaders has been challenged by inconsistencies, uneven expectations and an absence of standardized measures to provide needed data across time, settings, and constituencies. Our study confirmed that discrepancies exist in how senior executive managers, peers, direct and indirect reports define nurse leaders' success. To respond to these divergent expectations and build a more uniform perception of success across different groups, nurse leaders can customize their interactions with different constituent groups, based on what each group values the most. Additionally, the professional practice environment ratings can serve as a uniform measure of nurse leader success, because the quality of nurse practice environment has been linked to key quality patient outcomes, which senior executive managers value and at the same time it is a precursor of positive staff outcomes, thus making it relevant to nurse leaders' peers, direct and indirect reports.

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