

Authentic Work Experiences of Chief Nursing Officers: A Phenomenological Inquiry

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Disclosure Slide

- Author: Charlene Ingwell-Spolan, PhD, RN
- Conflict of Interest: None
- Employer: University of Maine School of Nursing
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- Learner Objectives:
 - The learner will examine the CNOs' experiences within the executive team where decisions are made concerning healthcare initiatives and patient care delivery.
 - The learner will be able to discuss each CNO's work experience as the leader, voice and advocate for the professional nurse and, ultimately, for the patient in the acute care setting.
 - The learner will be able to identify the CNOs' challenges, as well as their successes, to enhance patient care outcomes.

Statement of the Problem

In the acute care setting of today:

- Patient care and outcomes are suffering (Sorensen, Iedema, & Severinssons, 2008)
- 32% to 61% of new nursing graduates are leaving the profession within 1 to 3 years of graduation (Florida Center of Nursing, 2010)
- Increasing turnover and decreasing retention of Registered Nurses (RN) are still occurring (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010)

Statement of the Problem

Professional nurses today, at the point of care in the acute care setting, have an unhealthy work environment, defined in the literature as:

- Cannot give quality patient care
- Lack decision making
- Do not feel valued
- Mistrust between colleagues
- Bullying among nurses

This unhealthy work environment among professional nurses at point of care has not changed significantly in ninety years

(Helmstadter & Godden, 2011; Keddy, Jones, Jacobs, Burton, & Rogers, 1986; Selanders, 2012; University of Virginia School of Nursing Center for Historical Inquiry, 1930).

Statement of the Problem

- It is all about leadership
- The Chief Nursing Officer (CNO) is the professional nurses' leader
- The absence of effective leadership or voice for nursing in the acute care setting is noteworthy (Hinno, Partanen, & Vehvilainen-Julkunen, 2011)

Background

The CNO's other challenges include:

- New healthcare initiatives have been unsuccessfully sustained, both locally and nationally
- CNO must communicate total, net worth impact for both the nursing areas and the organization in order to be heard (Spitzer, 2006)

Background

- Currently, the turnover of a CNO still occurs within 3 to 5 yrs. (first identified in Kippenbroek's original survey study conducted in 1995)
- The pool of qualified CNO applicants is too small and, thus, the disorganization and state of flux remain (Batcheller, 2011)

Objectives of the Study

1. Explore the lived experience of the CNO as the lead voice for the professional nurse in the acute care setting
2. Help identify the scope of the CNOs' contribution to the nursing profession
3. Help determine how CNOs will be even more successful as an effective advocate for the professional nurse

Literature Review

- No studies were found in the literature regarding the qualitative, phenomenological lived experience of the CNO
- All CNO studies found in relation to leadership (only 4 of them) were quantitative, in a self-survey format, which could limit transparency and authenticity
- A definite gap therefore existed

(Clement-Obrien, Polit, & Fitzpatrick, 2011; American Organization of Nurse Executives, 2006; Kippenbrook, 1995; Jones, Havens & Thompson, 2008)

Methodology

Moustakas' Transcendental Phenomenology Approach

- Individual textural descriptions (what was experienced) and Individual structural descriptions (how it was experienced) were obtained after each face-to-face interview
- A composite textural and structural descriptions were written
- Synthesis:
 - Integration of the composite textural and composite structural descriptions
 - Yielding a true meaning or essence of the phenomenon studied

Data Gathering

Setting:

- Acute Care Facilities in Southeastern USA- Florida, Kentucky & Tennessee

Sample Size:

- Purposive Sampling
- 10 CNOs were interviewed at location of choice - office

Demographic Data Questionnaire

- Pseudonyms to protect identity
- Both males and females
- Ages – mid forties to late sixties
- Education – at least a master's degree level
- Corporate, Community, Education, Rural and Government facilities
- 25 beds to over 1,000 beds
- Primarily Caucasian
- Generally held several CNO positions in past decade

Demographic Questionnaire Data

- Every CNO responded they had very good or excellent relationship with their current CEO
- Interviews found - Their CEO relationships were often problematic

Demographic Questionnaire Data

- Rated relationships with directors/managers as very good to excellent
- Interviews found - did not trust their directors/managers to fully communicate their vision and directives to the professional nurse
- Rated leadership styles as transformational or participative
- Interviews found - also autocratic decision making

Themes

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graph LR; A[Challenging] --- B[Battling]; A --- C[Morphing]; A --- D[Relating];
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Challenging

Battling

Morphing

Relating

Battling

These CNOs performed to the best of their abilities. Battling strains the already demanding workday of the CNO.

- Battling experienced by all 10 participants of the study
 - bullying and unwritten hierarchy in the Corporate Suite (C-Suite)
 - unprepared to fully communicate in financial, business terms

Results

Battling :

- “you come to work and you have to be the very skilled warrior, where skills are honed and refined”
- “It seems like all I do is fight. I have to fight, it’s a constant battle and usually it’s financial, about costs. Nursing is a cost center.”

Results

These CNOs experienced bullying and unwritten hierarchy in the Corporate Suite.

- “we were the sacrificial lamb...she was a bully (CEO). I think she was a bully.”
- “By virtue of the organizational chart, the CEO is the daddy. He owns the home. I report directly to the CEO, as does the CFO. However, I would tell you there is a leveling there as CFO is a higher position, as he holds all the goodies. ..”

Results

- “It is not written, but there is an unwritten hierarchy... I think that there is a non-clinical C-suite. People often, I think, don’t think nurses are smart enough for them. I’ll be perfectly honest with ya. You don’t have a business; don’t understand business, you just know nursing; you just know patient care, you don’t understand business. And I think there is some validity to that... So you kind of came across that you couldn’t speak the language and you didn’t understand the finances and, so, if you can’t do that, you’re sunk, you’re sunk.”

Results

- “A couple times I can remember someone saying you’re too emotional. I think I get my feelings hurt when you can just sort of tell there’s a different agenda and they’re just picking an idea apart for the sake of picking it apart and it’s not based in science.”

Results

These CNOs are unprepared to fully communicate in financial, business terms.

- “If you can’t do that, then you’re not really speaking the language and you won’t be heard. You’re just whining...”
- “I have to speak their language in three sentences or less. Don’t ask too often.”
- “When I first started, they were speaking in tongues...now I’m the CNO. I do feel I’ve learned it, though I could have learned more.”

Results

- Clinical decisions in the health care business are often made by the financial and business executives without full and adequate input from the CNO

Implications/Significance of the Study

- This study has begun to fill the void of phenomenological research of CNOs
- Nursing Executives are not fully prepared for their leadership positions - Leadership Tracks - Areas of Graduate Leadership & Financial Education should be enhanced and standardized with expected outcomes
- As CNOs evolve into a more effective leader, further positive outcomes in nursing and patient care will occur and stimulate even more research

Strengths & Limitations

Strengths

- Wide geographic area- Southeastern United States
- The CNOs faced the same challenges - perspectives their own, but similarities were uncanny
- Variety of the healthcare systems and size of facilities
- Participants were transparent and forthcoming
- Researcher's background afforded her the opportunities to gain access to the world of the CNO

Limitations

- Time constraints of the busy executives
- Might be some regional differences as the study progresses outside of the Southeastern United States
- Responses to the email invitations were far less than 100% . Many of the CNOs were willing to fill out a survey, but not participate in a one to one interview

Recommendations for Future Study

- Studies in other geographic regions
- Confirmation of the findings and themes of this study in quantitative, qualitative and mixed methods
- Standardizations of CNO leadership education and what this would entail

Conclusions

- These committed CNOs faced the challenges of their constantly changing world
- Their families, faith, and strong clinical skills allowed them to be grounded when their world became extremely difficult
- Understanding their world will allow the nursing profession to move even further ahead as nursing leadership roles will be even more effective
- It is all about the leader
- We greatly respect and honor them for their commitment and hard work for the nursing profession

Thank you!



Questions ?

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