Clinical Question: What is the quantity, quality, and consistency of the evidence for chief nurse executives’ roles and responsibilities in the acute care setting?

Conclusions: The evidence is inconsistent regarding the specific roles and responsibilities for chief nurse executives (CNE), as roles and responsibilities were often described as characteristics and competencies and vice versa. There were many areas of overlap for the four components, as well as an absence of individualized definitions, which reflects a lack of role clarity for 21st century CNEs. Dictionary-based definitions were obtained to provide structure and further categorization of the evidence (See Page 2). Specific CNE roles, responsibilities, characteristics, and competencies were then outlined and described in order to capture the body of the evidence for this clinical topic and present a well-rounded review (See Table Below, Figure 1, Tables 1, 2, 3, 4, and 5).

Key Summary of the Evidence: CNEs have a pivotal role in advancing high quality and safe patient care within evolving delivery systems due to their unique roles, responsibilities, characteristics, and competencies. The American Organization of Nurse Executives (AONE) competencies for CNEs and System CNEs provided the foundation for this article review. In May 2016, AONE published a white paper that described 3 additional focus areas for CNE competencies: 1) Adjusting to new models of care; 2) Shared leadership to improve interdisciplinary teams; and 3) Role of the Advanced Practice Registered Nurse. The AONE report, along with this evidence review, emphasizes the rapidly changing healthcare environment. A detailed summary of the evidence articulated the following:

- The CNE role has evolved over time, with an expanded focus that often veers away from traditional core nursing and now involves activities with no direct relationship to nursing (parking, laundry services, etc.)
- All CNEs have overarching roles with related responsibilities, characteristics, and competencies.

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
<th>Characteristics</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide leadership and clearly articulate a compelling vision</td>
<td>Create, support, and promote system mission, vision, values, philosophy for nursing</td>
<td>Support + operationalize organizational goals and objectives</td>
<td>Communication and Relationship-Building</td>
</tr>
<tr>
<td>Establish a nursing governance structure</td>
<td>Assume broad accountability for daily operations</td>
<td>Participate in system organizational strategy development</td>
<td>Knowledge of Healthcare and Technical Environments</td>
</tr>
<tr>
<td>Ensure high quality and evidence-based patient-centered care</td>
<td>Demonstrate and practice evidence-based healthcare</td>
<td>Drive leadership development</td>
<td>Healthcare Skills</td>
</tr>
<tr>
<td>Provide strategic nursing management</td>
<td>Be accountable for financial performance</td>
<td>Promote/maintain positive relationships</td>
<td>Personal Journey Disciplines</td>
</tr>
<tr>
<td>Foster staff development</td>
<td>Be knowledgeable about healthcare</td>
<td>Educated and Experienced</td>
<td>Healthcare Economics</td>
</tr>
<tr>
<td>Regulate nurse credentialing</td>
<td>Demonstrate leadership and management skills</td>
<td>Human Resource Management</td>
<td>Communication and Leadership</td>
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<tr>
<td>Establish and foster effective relationships, open communication, and collaboration</td>
<td>Establish partnerships with multiple disciplines</td>
<td>Participate in collaborative healthcare initiatives</td>
<td>Clinical Practice Knowledge</td>
</tr>
<tr>
<td>Provide operational efficiency and financial oversight</td>
<td>Participate in system development activities</td>
<td>Develop new programs and initiatives</td>
<td>Foundational Thinking Skills</td>
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</table>

A key determinant of CNE success is the development of a shared vision and shared expectations with nursing and hospital leadership. Although many CNEs are embarking on the Magnet® Journey, only one citation focused on Magnet® as a key component of a CNE’s roles, responsibilities, and/or characteristics.

Result limitations include a lack of gender and racial diversity, with only 2 male CNE perspectives and no discernable male/female minority representation or viewpoints.

The evidence appears to be of a homogenous nature (i.e., lack of heterogeneity), as 8 of the 17 articles were published by Nursing Administration Quarterly from 2008 to 2012. Therefore, the reported evidence may reflect the viewpoints of this particular journal during that narrow period of time.

The newer role of System CNE has 3 additional roles and 2 additional responsibilities that include:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Lead across complex healthcare systems, with dual titles that are often cross-organizational</td>
<td>Provide leadership and clearly articulate a compelling vision for patient care and professional nursing across healthcare systems</td>
</tr>
<tr>
<td>Become strategically placed within the reporting structures of the healthcare system structure</td>
<td>Assume wider span of control with multiple obligations</td>
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</tbody>
</table>
| Coordinate the work of entity CNE groups | }
Recommendations: The results of this review, as guided by the expertise of executive nursing leadership, have the potential to create a new blueprint for the development of the next generation of CNEs and System CNEs. CNE roles and their associated responsibilities/characteristics are difficult to measure; CNE competencies are more amenable to empirical measurement. Due to the lack of rigorous research studies regarding CNE skill sets, further research is needed for the continued examination of key roles, responsibilities, characteristics, and competencies for system and entity CNEs. Recommendations are sourced from evidence categorized as expert opinion and a summary of the descriptive literature rather than research studies. The following recommendations are offered for nurse executives and other clinical leaders to consider:

- Incorporate new research knowledge and other types of evidence to support new emerging roles of the CNE
- Create a nurturing culture of CNE peer-to-peer mentoring that values and protects new CNEs as they use key characteristics to develop core competencies within ever-changing CNE roles and responsibilities\(^2,6,12\)
- Leverage CNE competencies and leadership strengths to manage evidence-based care across the evolving care continuum and accelerating healthcare transitions\(^2,7,8,9,10\)
- Incorporate lifelong learning, self-reflection, and survival skills to navigate the CNE journey; understand one's personal strengths and weaknesses while also learning from setbacks, failures and successes\(^1,2,5\)

*Definitions (source: www.merriam-webster.com)*

| Role: Pattern of behavior determined by CNE status | Characteristic: Special qualities or typical traits of CNEs |
| Responsibility: Duty or task required or expected of CNEs | Competency: An ability, skill, or expertise specific to CNEs |

NOTE: The evidence review was further expanded to include the newly described role of the system CNE. Any literature referencing chief nursing officers (CNO) was also included, as the CNE role is the same as the CNO role. Directors of Nursing (DON) were not included, as this role is specific for directors of nursing homes, convalescent facilities, and skilled nursing facilities.
Chief Nurse Executives’ Roles, Responsibilities, Characteristics, and Competencies
An Integrative Review of the Evidence

Figure 1.

CNE/CNO COMPETENCIES

9 MAJOR CNE/CNO COMPETENCIES AND
11 ASSOCIATED SUBCATEGORIES
Table 1. CHIEF NURSE EXECUTIVES’ (CNE) ROLES

**Role:** noun [http://www.merriam-webster.com](http://www.merriam-webster.com)

- **Full Definition of ROLE:**
  - Socially prescribed pattern of behavior usually determined by individual's status in a particular society
  - Synonyms: Business, capacity, function, job, part, place, position, purpose, task, work

**8 Primary Roles of the CNE/CNO** 2-10,12-14,16,17

1. **Provide leadership and clearly articulate a compelling vision for patient care and professional nursing** 3,4,7,8,10,13,16,17
   - A transformational leader who is the conscience of organization3,10
     - Is visionary, creative, innovative, and responsive to healthcare redesign, structural empowerment, and organizational excellence8-10,16
   - Able to develop, standardize, and implement best evidence-based nursing practices, education, research, workforce, and leadership development13
   - Unify support systems and create shared meaning, stability, and predictability between clinical performance, quality care, evidence-based practice, and resource management5,7
   - Use a strategic orientation to design and deploy systems and solutions to advance clinical practice and improve patient experience/outcomes3,7,10,16,17
     - Create unique structures, processes, tools, and relationships7 for new/innovative programs while remaining aware of an ever-changing healthcare environment3,7
   - Operate within a specialized span of influence4
     - Represent nursing care across the care continuum, with a major impact on nursing practice4

2. **Establish a nursing governance structure**3,9,13,14
   - Use structural unification that incorporates multidisciplinary team members5,7
     - Utilize a professional model of nursing care3 to establish and guide the nursing agenda14

3. **Ensure high quality and evidence-based patient-centered care**5,7-10,12,13,16
   - Contribute to optimal outcomes of safe, quality, patient-centered care12,10,16
     - Use evidence to lead/translate nursing care into daily practice throughout the care continuum7,9
   - Support patient needs, expectations, flow, and transition9
     - Incorporate a consulting/coaching role for quality patient safety13
   - Monitor, measure, and improve the productivity of nursing9
   - Assess variability in clinical practice to improve outcomes/efficiency7

4. **Provide strategic nursing management**6,10,13,16
   - Manage with autonomy while holding leaders accountable8,16 with same expectations of all5
   - Develop an infrastructure that promotes strategic initiatives13
     - Maintain an internal strategic position with an external focus5,13
     - Drive implementation across multiple settings13
   - Create line manager to examine care across continuum5

5. **Foster staff development**3,6,10,12,13,16
   - Encourage nurses to grow, recognize their excellence,3 and realize the potential of their career12
   - Role model professional involvement that inspires others in clinical environment and community6,10,12,16
     - Provide a consulting and coaching role for professional staff development13
     - Be own coach12 and set high expectations for own achievement10

6. **Regulate nurse credentialing**10,13

7. **Establish and foster effective relationships, open communication, and collaboration**5,10,13
   - Represent patient care/nursing perspective to governing bodies, and external audiences2
   - Include academic partners, chief physician executives, and chief financial officers5
   - Advance interprofessional competencies9
8. **Provide operational efficiency and financial oversight**¹⁰,¹³
   - Demonstrate strategic thinking, financial acumen, operational connection, and an awareness of the clinical care aspects of business plan development¹⁶

   **Determinates of CNE Role Success**¹³,¹⁴,¹⁷
   - Development of a shared vision and shared expectations¹³
   - Captures a clear vision of the CNE role that is developed over time¹³
   - Delivers value to corporate entity, member hospitals, nursing leaders, physicians, patients and families¹⁴
   - Awareness that the corporate CNE role is increasing, with an expanded focus away from traditional core nursing¹⁷
     - “Directors of Stuff”: May involve activities with no direct relationship to nursing (hospital parking, laundry services, etc.)¹⁷

3 Additional Roles of the System CNE (SCNE)⁴,⁵ and/or Corporate Chief Nursing Officer (CCNO)¹⁰

1. **Lead across complex healthcare systems,⁵ with dual titles that are often cross-organizational⁴,⁶,⁷,¹¹**
   - Primary SCNE/CCNO role is to standardize, develop, and ensure appropriate translation of evidence-based care into daily practice throughout the healthcare system continuum¹⁰
     - Role model evidence-based leadership to promote empirical quality outcomes leading to effective patient-centered care⁹
     - Includes staff selection/hiring, evaluation, and ongoing development of system entity⁶
     - Possible national participation on specialty boards and committees⁸
     - Lack of standard role profile and competencies contribute to role turnover¹¹
   - Titles include Senior VP and CNO/CEO⁴,¹⁴
     - One-fourth to one-third hold the title of CNO at a flagship hospital⁴
     - Hold various system-level positions¹⁴
   - Encourage innovation at local facility versus need to manage risk of poor performance for the system⁷
     - Prioritize regional system level needs over individual local facility level needs⁶,⁷
       - Move from a single focus on nursing services to broader accountability for patient care services across the care continuum⁹
     - Disadvantages: System CNE is removed from the daily issues of patient care and local facility operations⁷

2. **Provide leadership and clearly articulate a compelling vision for patient care and professional nursing across healthcare systems²,⁶,⁷,⁹,¹⁰,¹²,¹³**
   - Encourage and support system wide boundary spanning while valuing and promoting risk taking²
   - Support system goals by leading and directing innovative strategies to improve clinical performance⁷,¹³
     - Establish processes to design clinical interventions⁷
     - Oversee implementation and measurement of organizational impact of change⁷,¹¹
     - Translate clinical performance demands into operating strategies and tactics⁷
   - Is a change agent¹⁴ and champion for patient safety, quality care, and evidence-based nursing practice⁷
     - Brand system-based clinical nursing practice that is consistent and principle driven²
     - Conceptualize, guide, facilitate, and enforce implementation of change⁷
   - Coach/mentor within a healthcare system for entity CNO⁶,¹²
   - Collaborates with all clinical disciplines⁷
     - Communicates key messages to direct caregivers and other change agents⁷
     - External advocate who can negotiate with pharmaceutical companies and testify before FDA⁷
   - Drive and represent the system and its policy agenda at local, state, and national levels²,¹³

3. **Become strategically placed within the reporting structures of the healthcare system structure⁴**
   - Often reports to a system president/CEO⁴
     - Larger systems, reports to COO⁴
   - Hospital-based CNO often reports to the SCNE and site CEO⁴
     - Strategic member of the healthcare system leadership team⁴
Table 2. CHIEF NURSE EXECUTIVES’ RESPONSIBILITIES

- The quality or state of being the person who caused something to happen
- Full Definition of RESPONSIBILITY:
  - A duty or task that you are required or expected to do; an obligation, duty, accountability, charge

8 Responsibility Foci of Entity CNE/CNO2,4-14,17

1. Create, Support, and Promote System Mission, Vision, Values, Philosophy for Nursing2,5-8
   - Advocate for nursing issues at entity level6,7
   - Align professional nurses core practices5,6
   - Engage entity staff2,6,8
   - Manage traditional versus emerging model gaps8
   - Articulate and promote corporate vision and perspective among nursing5,6
   - Role model to reinforce behavior and synergistic work5
   - Assess current environment that enables continuous progress to cultural competency2

2. Support and Operationalize Organizational Goals and Objectives2,4-8,13
   - Facilitate initiatives at entity level6
   - Develop a supportive structure8 to align standardized nursing/clinical practice2,5,13 across multiple locations5 and care continuum8
     - Create a community of support and networking2,4
   - Lead key system initiatives involving the patient care experience4
   - Prioritize new responsibilities to mirror activities of organization5

3. Assume Broad Accountability for Daily Operations5,6,9,13,14,17
   - Sustain a healthy work environment to improve quality care outcomes9
   - Share with all clinical leaders and board members17
   - Know and understand entity’s performance6
   - Be responsible for daily operations6
   - Provide nursing expertise for workforce development and business planning5
   - Ensure nursing care meets quality and safety targets established by system6
     - Manage complexity of nursing workforce14
     - Promote safe, reliable care5 and create outstanding outcomes13

4. Participate in System Organizational Strategy Development2,5,6,12,13
   - Quantify and highlight value of nursing12
   - Use recruitment/retention, education, and nursing models to drive nursing13
   - Create nursing presence at executive/board levels13
   - Support consolidation of resources in key areas6 and fairly allocate scarce human resources13 at the system level6
   - Advocate, acquire, allocate resources for learning opportunities/environment2
   - Create and set strategies for healthcare economics2
   - Test roles12

5. Demonstrate and Practice Evidence-Based Healthcare for Nurses and Patients2,5,9,12,13
   - Advocate and lead in improving system to support EBP9/best practices13 and visibility of nursing in reform models12,13
   - Apply evidence from Institute of Medicine reports, healthcare information technologies, and evidence-based nursing decisions to achieve quality and safety targets2,9
   - Establish evidence-based standardized practices/policies to deliver comprehensive patient care programs5
   - Access resources to consolidate data to meaningful information13
6. **Drive Leadership Development (Identify, develop, support, and invest)**\(^4,6,8,14,17\)
   - Leadership team, future leaders, and executives\(^8,17\)
   - Nursing champion to energize nursing staff\(^14\)
   - Credentialing of advanced practice nurses\(^4\)

7. **Accountable for Financial Performance**\(^5,11,13,14\)
   - Advocate budget through relationships with entity and System Chief Financial Officer (SCFO)\(^5\)
   - Analyze financial outcomes\(^13\) and control costs\(^14\)
   - Oversight of fiscal management, quality of care, compliance, and organizational growth\(^14\)

8. **Promote/Maintain Positive Relationships (within and outside of the entity)**\(^4,6,9,10,12,13,16\)
   - Create/sustain academic relationships with schools of nursing\(^8\)
   - Establish/sustain collaborative relationships\(^4,9\) with clinical education, care management, pharmacy, clinical quality, patient safety, infection control, and ambulatory clinics\(^4\)
     - Effective intra-professional teamwork\(^13\)
   - Demonstrate involvement in local, regional, and statewide activities and professional organizations\(^6\)

2 Additional Responsibility Foci of System CNE/CNO\(^2,4,6,9,13\)

1. **Assume Wider Span of Control with Multiple Obligations**\(^5,6\)
   - Represent corporate authority and organizational voice of nursing throughout the system and at governing board meetings\(^5\)
   - Develop system-wide programs based on regulatory requirements to provide higher quality of care\(^5\)
     - Advocate for systems and processes to provide safe/effective care\(^6\)
     - Promote an interdisciplinary approach to structures and processes via collaboration with medical professionals\(^6\)
     - Implement consistent monitoring processes across all entities for compliance with standards\(^2\)
     - Standardize processes, policies, procedures for each care setting and patient population across the system\(^2\)
   - Monitor budget, allocations, and overall performance of entity\(^6\)
   - Support and align strategies with larger organization and between entities\(^6\)
   - Maintain current knowledge regarding State Nurse Practice Act in all states under scope of responsibility\(^2\)

2. **Coordinate Work of Entity CNE/CNO Group**\(^2,4,5,6,9,13\)
   - Communicate broad nursing strategy\(^6\)
   - Establish desired nursing outcomes in relation to nursing practice\(^6\)
     - Regionalize practices with regional CNE/CNOs\(^13\)
     - Engage and discuss payment systems, regulations, and private payers\(^2\)
     - Cascade patient care quality improvement goals and objectives to entity level leadership\(^2\)
     - Transfer acquired clinical practice knowledge to entity-based CNEs\(^2\)
   - Establish consistent processes to address non-compliance\(^2\)
   - Understand fundamentals of nursing practice environment (shared governance, interdisciplinary collaboration, leadership, quality, safety, professional development, and work-life balance)\(^2,9\)
     - Ensure shared governance\(^2,4,5\)
     - Hold entity-based CNEs accountable for patient care standards\(^2\)
     - Create a learning environment around healthcare policy\(^2\)
Table 3. CHIEF NURSE EXECUTIVES’ CHARACTERISTICS

**Characteristic:** adjective [http://www.merriam-webster.com/]
- Typical of a person, thing, or group: Showing the special qualities or traits of a person, thing, or group
- **Full Definition of CHARACTERISTIC:**
  - Revealing, distinguishing, or typical of an individual, character
  - Distinctive, typical, feature, attribute, individual

4 Key Characteristics/Traits and Associated Attributes of the CNE/CNO\(^1\text{-}^3,^5,^6,^8\text{-}^16\)

<table>
<thead>
<tr>
<th>4 Overarching Traits</th>
<th>Individual Attributes</th>
</tr>
</thead>
</table>
| **Super Integrator**\(^9,^10,^13,^16\) | - Advocate\(^1,^9\)  
  - Advances discipline of nursing\(^9\)  
  - Adopter\(^13\)  
  - Change Agent\(^14\)  
  - Change Agent\(^14\)  
  - Accelerates change\(^1,^2,^6,^11,^13\)  
  - Coach\(^2,^9,^11\)  
  - Collaborator\(^2,^8,^9,^10\)  
  - Communicator\(^2,^9,^10\)  
  - Connector\(^1,^2,^9\)  
  - With staff/colleagues\(^1,^2,^9\)  
  - Facilitator\(^9\)  
  - Facilitates design of patient care delivery\(^9\)  
  - Integrator  
  - Dissimilar nursing philosophies/practices into unified practices\(^13\)  
  - Nursing information and technology across systems\(^1,^5,^8,^13\)  
| - Juggler\(^13\)  
  - Organizational accountabilities, nursing specific actions, and regulatory/operational activities\(^16\)  
  - Manager of coordinated outcomes\(^9\)  
  - Mentor\(^1,^2,^6,^9,^11,^12,^13\)  
  - Negotiator\(^3\)  
  - For patient-centered care in order to meet internal and external priorities\(^3\)  
  - Relationship builder\(^1,^2,^9\)  
  - Strategic interpersonal relationships\(^9\)  
  - Role Modeler of stewardship\(^9\)  
  - Savvy\(^16\)  
  - Operational awareness of clinical care\(^16\)  
  - Transformer\(^9\)  
  - Visionary\(^2,^5,^6,^8,^13,^16\) |
| **Dynamic,\(^10\) Driven, and Determined,\(^5,^12,^16\)** | - For a culture of safety\(^1,^5,^9,^11\)  
  - To support organizational and personal mission and vision\(^5\)  
  - Focused on the Magnet® journey\(^16\)  
  - Strategic and goal-driven in order to make a meaningful difference\(^6,^12\)  
  - Establish goals and clearly defined targets to achieve them\(^10\) |
| **Realistic\(^12\)** | - About time, opportunities, deficiencies, skills, and abilities\(^12\) |
| **Educated\(^10\) and Experienced\(^6,^10\)** | - Extensive time as an executive in a variety of healthcare settings/locales\(^6,^10\)  
  - Educationally prepared with minimum master’s degree in nursing\(^10\)  
  - Proven track record of achieving goals in highly matrixed organizations\(^10\)  
  - Nationally certified as nurse executive\(^10\) |
Table 4. CHIEF NURSE EXECUTIVES’ COMPETENCIES

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<tbody>
<tr>
<td>• Synonyms: Capability, capableness, capacity, skill, competency, faculty, ability, aptitude, expertise</td>
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<tr>
<th>Communication and Relationship-Building¹,²,4,5,9,12,13,14</th>
<th>Knowledge of Healthcare and Technical Environments¹,²,3,9,10,11,13,14</th>
<th>Leadership Skills¹,²,3,4,6,7,9,11,13,14,16</th>
<th>Healthcare Economics¹,²,6,8 and Business Acumen/Skills¹,5,9,10,11,13,14</th>
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<tr>
<td>• Develops credibility and trust with individual system hospital CNEs and executive leadership²</td>
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<td>• Manages relationships with medical colleagues, staff, and community¹,²,4,6,9,13</td>
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<td>• Demonstrates effective people skills,⁵ communication,⁵,12,14 team building,⁵ and shared decision-making¹,²</td>
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<td>• Develops/implements communication plan to inform and educate leaders regarding linkages²</td>
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<td>• Clinical expertise,¹¹ laws/regulations,²,¹¹ and practice knowledge¹</td>
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<td>• Current industry, market, and competitive trends¹¹</td>
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<td>• Healthcare economics and policy¹,²</td>
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<td>• Delivery models¹</td>
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<td>• Work design¹</td>
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<td>• Emerging healthcare¹¹</td>
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<td>• Evidence-based practice + quality improvement processes, outcomes, and metrics⁹,¹⁰,¹³</td>
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<td>• Governance¹,²,3,9,13,14</td>
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<td>• Risk management and patient safety¹,¹²,¹³</td>
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<td>• Utilization/case management¹</td>
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<td>• Diversity²</td>
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<td>• Good understanding in:</td>
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<td>o Broad strategic implications⁸</td>
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<td>o Change agent/management⁷,¹⁴</td>
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<td>o Critical thinking skills¹,²</td>
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<td>o Mentoring¹,²,6,9,11,12,¹³</td>
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<td>o Situational awareness¹⁶</td>
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<td>o Succession planning¹</td>
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<td>o Systems thinking¹</td>
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<td>o Achieves values-based results¹¹</td>
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<td>o Challenges status quo²</td>
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<td>• Inspires/engages people¹¹</td>
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<td>• Models integrity and values¹¹</td>
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<td>• Manages behavior change by influence, not authority²,¹³</td>
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<td>• Leads organizational change¹¹ and agility¹⁴</td>
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<td>• Effective decisions¹¹</td>
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<td>• System loyalty²</td>
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<td>• Growth/development of emerging leaders²,³,⁶,¹⁰,¹²,¹³,¹⁶</td>
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<tr>
<td>• Financial acumen⁵,¹¹,¹²,¹⁴</td>
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<td>• Understands human resources, marketing, strategic management¹</td>
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<tr>
<td>o Payment systems, regulations, private payers²</td>
<td></td>
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<tr>
<td>• Partners with finance colleagues for appropriate methodology related to resource allocation²</td>
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<tr>
<td>• Understands information management and technology¹,⁵</td>
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<tr>
<td>• Utilizes information technology to enhance practice and support knowledge⁸</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Practice Knowledge²,³,⁶,¹⁰,¹²,¹³,¹⁶</th>
<th>Foundational Thinking Skills¹,²,4,5,6,⁸,¹⁰,¹³,¹⁴,¹⁶</th>
<th>Shared Decision-Making²,⁸,¹³</th>
<th>Professionalism¹,⁴,⁸,¹¹,¹⁴</th>
<th>Personal Journey Disciplines¹,²,⁵,¹²,¹⁷</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Applies knowledge to formation, revision, and standardization of evidence-based policies and procedures²,¹³</td>
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<tr>
<td>o Ensures consistency across the care continuum for each patient population²</td>
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<tr>
<td>• Provides learning opportunities for leadership and staff across care settings and patient populations²,³,⁶,¹⁰,¹²,¹³,¹⁶</td>
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<tr>
<td>• Creates and aligns a strategic system vision and action orientation for nursing and patient care across all settings²,⁴,⁵,⁶,⁸,¹⁰,¹³,¹⁶</td>
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<tr>
<td>o Articulates clear, meaningful plan to achieve vision¹⁰</td>
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<td></td>
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<tr>
<td>o Implements and aligns system entities with organizational strategic vision²,⁵,¹⁰</td>
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<tr>
<td>• Understands organizational culture¹⁴</td>
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<tr>
<td>• Aligns and ensures input is received from stakeholders across the system²</td>
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<tr>
<td>• Engages stakeholders and leaders to develop collaborative care teams⁶</td>
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<tr>
<td>• Ensures stakeholders understand role definition⁶,¹³</td>
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<tr>
<td>• Commits to:¹¹</td>
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<td></td>
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<tr>
<td>o Advocacy¹</td>
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<tr>
<td>o Career planning¹</td>
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<tr>
<td>o Ethics¹</td>
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<tr>
<td>o Evidence-based practice¹</td>
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<tr>
<td>o Personal/professional accountability¹</td>
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<tr>
<td>o Quality, research, and safety¹¹</td>
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<tr>
<td>• Personal integrity²</td>
<td></td>
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<tr>
<td>• Exposure to regional/national participation/professional organizations⁶</td>
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<tr>
<td>• Demonstrates value of lifelong learning through own example² and well-rounded portfolio¹,¹²</td>
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<tr>
<td>o Pursues learning opportunities¹²</td>
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<tr>
<td>o Values personal excellence¹²</td>
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<tr>
<td>o Credentialing, certifications, publications, presentations⁸,¹²,¹⁷</td>
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<tr>
<td>o Professional organization memberships¹</td>
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<tr>
<td>• Seeks mentorship from respected colleagues regarding strengths and weaknesses while also learning from setbacks, failures and successes⁷</td>
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<tr>
<td>• Assesses personal, professional, and career goals and undertakes career planning²</td>
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<tr>
<td>• Develops personal survival skills and attributes⁵</td>
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</tbody>
</table>
### Table 5. CHIEF NURSE EXECUTIVES’ COMPETENCIES

**Competency:** noun [http://www.merriam-webster.com/]

- **Synonyms:** Capability, capableness, capacity, skill, competency, faculty, ability, aptitude, expertise

11 Associated Subcategories of Competencies for CNE/CNO

<table>
<thead>
<tr>
<th>Delivery Models/Work Design</th>
<th>Quality Improvement/Metrics</th>
<th>Risk Management</th>
<th>Utilization/Case Management</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2,7</td>
<td>1,2,7</td>
<td>1,2,7</td>
<td>1,2,7</td>
<td>1,2,7</td>
</tr>
</tbody>
</table>

- Leads redesign efforts to develop, implement, evaluate innovative multisite care delivery models 1,2,8,12,13
  - Determines when new models are appropriate 2
  - Partners with academic/others to explore alternative models and learning opportunities 2
- Discusses benchmarking and shares best practices with internal/external colleagues/audiences 2
- Builds capacity to evaluate, adopt, and translate research into practice 2

- Establishes scorecards to track and monitor progress 2  
  - Employs Six Sigma, Lean or other strategies to improve processes 2
- Defines care setting/patient population specific outcomes 2
- Creates culture of interprofessional team work to identify national quality initiatives, metrics, and goals, with a recognition and rewards program 2,7

- Leads efforts to correct identified areas of potential liability 2
- Articulates clear expectations of risk management/compliance issues and reporting of potential liability issues 2
- Disseminates results of mitigated actions 2
- Accountable for compliance with policies, procedures and regulatory requirements 2

- Partners with system CNOs/others leaders to create/implement effective UM practice models 2
- Creates/leads interprofessional teams to meet patient care needs across care continuum 2
- Educates CNEs governance processes/functions/reporting 2
- Seeks appointment to board committees, task forces, and work groups; encourage entity CNEs to do the same 2
- Establishes a model/governance structure for diffusion/spread of knowledge and best practices 2

<table>
<thead>
<tr>
<th>Community Involvement</th>
<th>Medical/Staff Relationships</th>
<th>Academic Relationships</th>
<th>EBP/Outcome Measurement</th>
<th>Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Major: Communication and Relationship-Building)</td>
<td>(Major: Communication and Relationship-Building)</td>
<td>(Major: Communication and Relationship-Building)</td>
<td>(Major: Communication and Relationship-Building)</td>
<td>(Major: Communication and Relationship-Building)</td>
</tr>
<tr>
<td>1,2,5,7,12,14</td>
<td>1,2,5,10,13</td>
<td>2,5,6</td>
<td>2,9,12,16,17</td>
<td>2,12,13</td>
</tr>
</tbody>
</table>

- Participates in regional/national external activities for visibility and representation of system’s role in professional nursing and broader healthcare forums 2
- Represents the system in appropriate advocacy efforts/activities at regional and national levels 5,6
- Implements a system strategy for continuing development of interprofessional relationships 2,5,10,13
- Partners with physicians/others to articulate healthcare issues and acquire necessary system-wide support and resources 2
  - Supports standards/care practices for patients/populations managed across traditional boundaries 5 within patient centered strategic plans and quality initiatives 2
- Designs future functions/roles to facilitate 21st healthcare delivery systems 2,7,10,13

- Leads a comprehensive long term workforce development plan with academic partners to meet future system needs and its healthcare delivery model 2
- Cultivates strategic partnership networks with nursing academic organizations that align with system’s workforce plan and future needs 2,6,7
- Partners with academic colleagues to create life learning opportunities for self, nursing leaders, and staff 2

- Articulates current literature findings to facilitate discussion on best practices 2
- Seeks self and other nursing leaders to engage in evidence-based/outcome measurement practices, establish a monitoring process, and hold leaders accountable 2,10,12,16
- Publishes research findings in peer reviewed journals 2
- Disseminates research findings at national/international conferences and other forums 2

- Develops/monitors/evaluates a system-wide patient safety program via engagement of interprofessional content experts 2
- Holds entity CNEs accountable for all aspects of patient safety program 2
- Creates a culture of safety across all entities and engages staff in these processes via specific CNE-developed approaches 2
- Establishes a process of continued regulatory readiness across all entities 2

<table>
<thead>
<tr>
<th>Diversity</th>
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<tbody>
<tr>
<td>(Major: Knowledge of Healthcare and Technical Environments)</td>
<td></td>
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<tr>
<td>1,2,5,10,11,13</td>
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</table>

- Creates a care environment that recognizes/values differences in staff, physicians, patients and communities 2
  - Analyzes population data to identify cultural clusters 2
- Assesses current environment that enables continuous progress to cultural competency 2

- Defines diversity (gender, race, religion, ethnicity, sexual orientation, age, etc.) and implements a proactive workforce plan that incorporates cultural beliefs into care 2
- Confronts inappropriate behaviors and attitudes toward diverse groups 2
Evidence Search Strategies

Evidence Search Strategies: An integrative review on the selected clinical question was conducted from March 2015 to August 2016. This review examined the evidence for the quantity, quality, and consistency of the evidence for the roles and responsibilities of Chief Nurse Executives (CNE), also known as Chief Nursing Officers (CNO). Characteristics and competencies of the CNE were also explored due to overlap of the four components. An electronic database search from 2004 to 2015 and/or Open Years search was conducted via PubMed, CINAHL, and American Organization of Nurse Executives (AONE). Search terms were broad and included “Roles and Responsibilities,” “Chief Nurse Executive,” “Chief Nursing Officer,” and/or “Director of Nursing,” either alone or in combination. Searches were individualized for each database. (See Database Search Methodology, Pages 14). The evidence review was further expanded to include the newly described role of the system CNE. Literature referencing CNO was also included, as CNE role is the same as the CNO role.

This review yielded 34 relevant hits and 2 unpublished contextual manuscripts. Two duplicates were eliminated during the database search. Thirty-four articles were selected for inclusion. After careful examination, 14 articles and 2 unpublished contextual manuscripts were eliminated as they did not answer the clinical question, were outside the acute care environment, and/or focused on components other than CNE/CNO roles, responsibilities, characteristics, or competencies. One article was unobtainable. Citations related to Directors of Nursing (DON) were not included, as the literature published for the DON is specific for directors of nursing homes, convalescent facilities, and skilled nursing facilities. Seventeen articles were identified that pertained to the clinical area of inquiry. The articles were ranked using the Academy of Evidence-Based Practice Evidence Leveling System and graded using the Johns Hopkins Evidence Appraisal tools (See Page 12). The strength of the evidence was graded as low quality.

Evidence Review Results: The evidence consisted of 1 survey description,4 2 professional organizational guidelines on competencies,1,2 and 14 articles ranging from expert opinion to commentary to editorial statements.3,5-17 There was inconsistency concerning CNE roles, responsibilities, characteristics, and/or competencies, with much overlap across categories.1-17 (See Tables 1, 2, 3, 4, and 5). Result limitations include a lack of gender and racial diversity, with only 2 male CNE perspectives8,10 and no discernable male/female minority representation or viewpoints. An additional limitation was the homogenous nature of the evidence (i.e., lack of heterogeneity) as 8 of the 17 articles were published by Nursing Administration Quarterly from 2008 to 2012.5-7,9,11,13,15,16 Therefore, the reported evidence may reflect the viewpoints of this particular journal during that narrow period of time. Some articles were specific to the United Kingdom and may not be generalizable to the United States. Finally, the current evidence is dated, with 5 articles published between 2007 and 2009,3,7,8,14,16 8 articles published between 2011 and 2012,1,5,6,9-11,13,17 and only 4 articles published in 20142,4,8 and 2015.12 New knowledge for emerging and ever-changing roles of the CNE/CNO is needed by the generation of robust research studies and other types of evidence. However, the information in this review provides the best available evidence to date for executive nursing leaders regarding the unique roles, responsibilities, characteristics, and competencies of entity CNE/CNO and system CNE/CNO in the acute care setting. It is possible that these four components can be translated to other healthcare settings providing daily patient care under the direction of executive nursing leadership.
## Academy of Evidence-Based Practice®
### Evidence Leveling System (ELS)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>DESCRIPTION</th>
<th>RELEVANT ARTICLES</th>
<th>ARTICLE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Meta-analysis of multiple large sample or small sample* randomized controlled studies, or meta-synthesis of qualitative studies with results that consistently support a specific action, intervention, or treatment</td>
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<tr>
<td>B</td>
<td>Well-designed controlled studies, both randomized and nonrandomized, prospective or retrospective studies, and integrative reviews with results that consistently support a specific action, intervention, or treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Qualitative studies, descriptive, or correlational studies, integrative reviews, systematic reviews, or randomized controlled trials with inconsistent results</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>Peer-reviewed professional organizational standards, with clinical studies to support recommendations</td>
<td>2</td>
<td>1,2</td>
</tr>
<tr>
<td>E</td>
<td>Theory-based evidence from expert opinion or multiple case reports, case studies, consensus of experts, and literature reviews</td>
<td>14</td>
<td>3,5,6,7,8,9,10,11,12,13,14,15,16,17</td>
</tr>
<tr>
<td>MA</td>
<td>Manufacturer’s recommendation; Anecdotes</td>
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<tr>
<td>LR</td>
<td>Laws and Regulations (local, state, federal; licensing boards; accreditation bodies, etc.)</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
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</table>

### Johns Hopkins Evidence-Based Practice Research/Non-Research Appraisal Grading

**High Quality: No articles**
(Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence OR expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader in the field)

**Moderate Quality: No articles**
(Reasonably consistent results; sufficient sample size for the study design; some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence OR expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions)

**Low Quality: Articles #1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17**
(Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn OR expertise is not discernable or is dubious; conclusions cannot be drawn.

**Final Summary of the Body of Evidence = Low Quality**

Cecelia L. Crawford, DNP, RN; Diana McHale, MSN, RN; ©Kaiser Permanente SCAL Nursing Research Program, August 2016
References

   http://www.aone.org/resources/leadership%20tools/PDFs/AONE_NEC.pdf

   http://www.aone.org/resources/leadership%20tools/PDFs/SystemCNEpacket.pdf


Cecelia L. Crawford, DNP, RN; Diana McHale, MSN, RN; ©Kaiser Permanente SCAL Nursing Research Program, August 2016
## Electronic Database Search Methodology

**Searchable question:** What is the quantity, quality, and consistency of the evidence for the roles and responsibilities of the Chief Nurse Executive?

**Date(s):** 3/26/2015 to 04/01/2015

<table>
<thead>
<tr>
<th>Database</th>
<th>Key Word(s) and/or Controlled Vocabulary Terms #</th>
<th>Total References Identified (hits)</th>
<th># of Relevant References</th>
<th># of Total Duplicate Articles</th>
<th># of Articles Selected for Review</th>
<th># of Articles Excluded</th>
<th>Final Total Relevant References</th>
</tr>
</thead>
</table>
| Name: PubMed  
Years: 2004-2015 | “Roles and responsibilities” AND Chief Nurse Executive OR Chief Nursing Officer OR Director of Nursing | 185 | 24 | 0* | 24 | 8 | 16 |
| Name: CINAHL  
Years: 2004-2015 | “Roles and responsibilities” AND Chief Nurse Executive OR Chief Nursing Officer OR Director of Nursing | 12 | 8 | 2 | 6 | 5 (1 not obtainable) | 1 |
| Name: AONE  
Years: Open | Chief Nurse Executive | 2 | 2 | 0 | 2 | 2 | 0 |
| **TOTALS** | | **199** | **34** | **2** | **32** | **15** | **17** |

* Controlled vocabulary (subject terms, MESH terms, tagged terms specific to database)

*Use the first database as the main comparison for subsequent database searches and identifying duplicate articles

### Additional articles/information found in references lists and/or article review

**Inclusion Criteria:** Chief Nurse Executive (CNE); Chief Nursing Officer (CNO); Director of Nursing (DON – later excluded); roles; responsibilities; competencies; characteristics; acute care

**Exclusion Criteria:** Setting other than acute care (nursing homes, ambulatory care); succession planning; turnover, DON (after discovering this title is specific to directors of nursing homes, convalescent facilities, and skilled nursing facilities)

**Limitations:** Includes several citations from the United Kingdom, which may not be generalizable to the United States; see Page 11 for other limitations.

Adapted from Toolkit for Promoting Evidence-Based Practice Form 4/Appendix G© Research, Quality and Outcomes Management, Marita G. Titler, PhD, RN, FAAN, Director, Research, Quality, Outcomes Management Created April 2011, ©Kaiser Permanente Southern California, Regional Nursing Research Program; Updated April 2013 by C. Crawford, RN, DNP; F. Chu, MSN, MLIS, and K. Gonnerman, MLS
Purpose/intended Audience

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