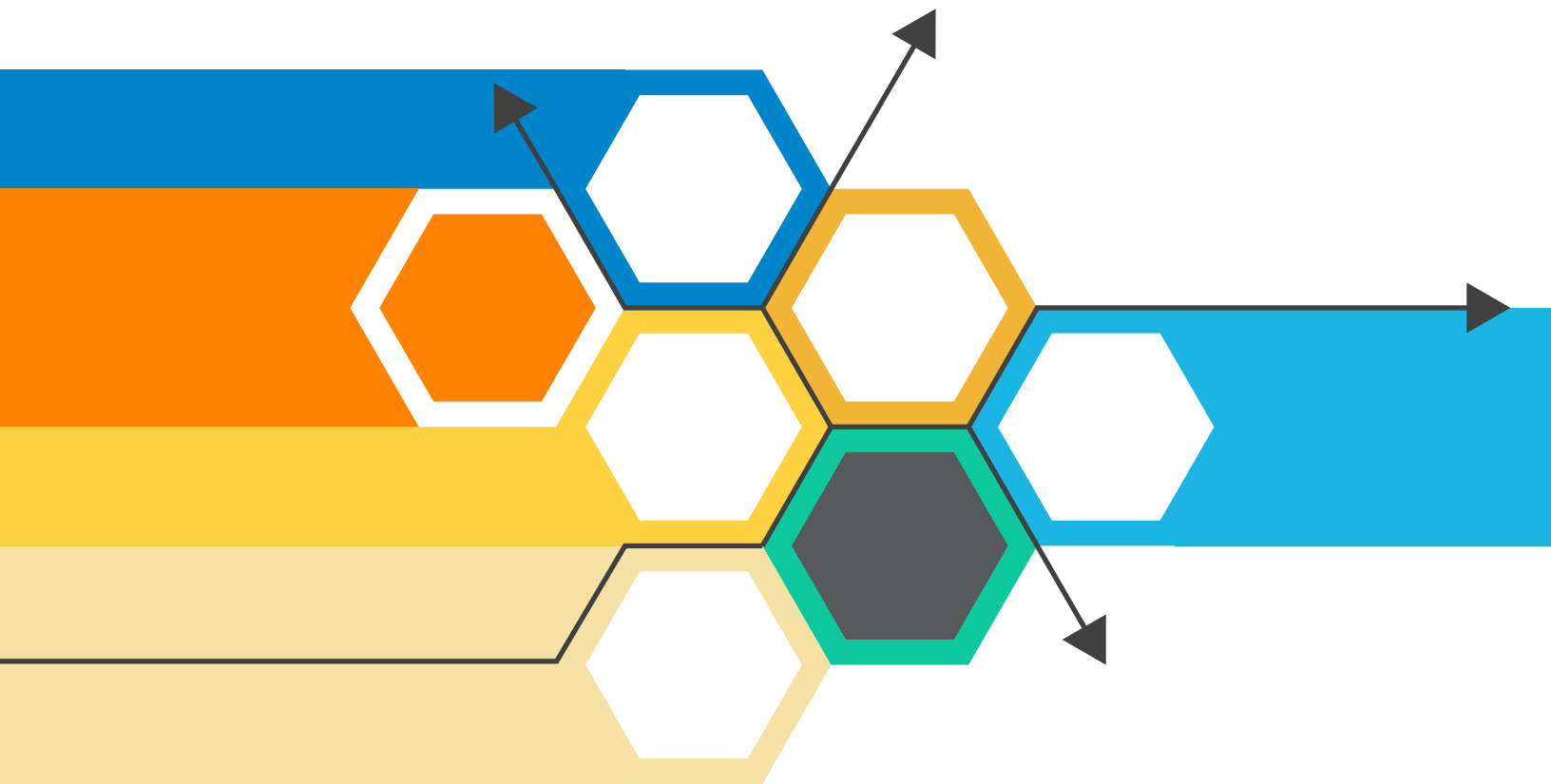


Leadership Survey

Nurses as Leaders: Broad Acceptance, Room to Grow

Stephen J. Swensen, MD, MMM, FACR Mayo Clinic College of Medicine
Susan Robel, RN, BSN, MAH, NEA-BC, CPXP Geisinger Health System



Nurses as Leaders: Broad Acceptance, Room to Grow



Stephen Swensen, MD, MMM, FACR

Professor Emeritus, Mayo Clinic College of Medicine
Senior Fellow, Institute for Healthcare Improvement
NEJM Catalyst Leadership Theme Leader



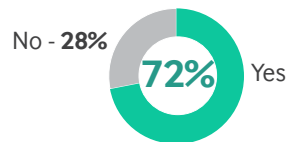
Susan Robel, RN, BSN, MAH, NEA-BC, CPXP

Executive Vice President and Chief Nursing and Patient Officer at
Geisinger Health System

Insights Report · December 2018

Nurses are traditionally the backbone of patient care. They form the largest percentage of the health care workforce, far outstripping physicians. But are nurses leaders as well as doers?

Should nurse leaders be considered the equal of physician leaders in care delivery?



Base = 682

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In a recent survey of the NEJM Catalyst Insights Council – comprising clinicians, clinical leaders, and health care executives – nearly three-quarters of respondents say nurse leaders should be considered the equal of physician leaders in care delivery. “I think organizations are now realizing leadership training and leadership positions for nurses are [very critical] investments to the success of their foundation, which is patient care,” says Susan Robel, RN, BSN, MHA, NEA-BC, CPXP, Executive Vice President, Chief Nursing Officer, and Chief Patient Experience Officer at Geisinger.

Yet there is work to be done to fill the pipeline of nurse leaders, from the patient floor to the C-suite, according to the survey. Nearly two-thirds of respondents (63%) estimate that less than a quarter of the leadership roles in their organizations are filled by nurses.

Stephen Swensen, MD, MMM, FACR, Professor Emeritus, Mayo Clinic College of Medicine, Senior Fellow, Institute for Healthcare Improvement, and Theme Leader for NEJM Catalyst’s Leadership theme, says if the lack of representation of nurses among the leadership ranks is not corrected, it will have a negative impact on an organization’s ability to transform care delivery.

The survey finds that disinterest in leadership roles runs high, with more than half of respondents (58%) estimating that fewer than a quarter of nurses are interested in leadership roles. “You’ve got these nurses who spend these years training, love what they do, and don’t want to move beyond it,” Swensen says, adding that organizations should entice nurses to leave the bedside and take on leadership roles.

Whether the disinterest comes from truly not wanting to do more than care for patients or because many nurses don't see a pathway to leadership in their organization is hard to pin down, Swensen says. As an example, non-nurse respondents (68%) were more likely to say there is a leadership career path at their organization than nurse respondents (48%).

There are also very real barriers to advancement, Swensen says, pointing to an inherent gender bias and nurses being perceived as "doers" rather than strategists – which respondents rank as the third-greatest barrier preventing nurses from entering leadership roles.

Robel sees change on the horizon. The whole pipeline of nursing development, from schooling to industry associations, is beginning to cultivate leadership skills among nurses.

For instance, Geisinger and its nursing academic partners have changed their internships and externships to be much more strategic, extending beyond patient care to leadership and team development at the bedside. "Students are being shown how to use their skills in prioritization and decision-making," Robel says.

Robel is the executive sponsor for Geisinger's Nurses Emerging as Leaders program "to plan the bench" for nurse leaders. Program participants receive training, mentorship, and advanced education. "If we're saying that we want nurses to be part of the C-suite and on a leadership track, well, we also have to invest in the education of that individual," she says. Popular advanced degrees are master's degrees in health care administration or business administration.

Integrated, team-based training is important but not widespread, Swensen says. "Leadership development should be team-based, not

discipline-based or professional-based," he says. Nurses likely would gain greater confidence in a multidisciplinary team environment, and others on the care team would become far more comfortable with nurses in a leadership role.

While academic centers and larger health systems have the ability to offer leadership tracks for nurses, Robel says the smaller hospitals will find it more difficult. Yet the ongoing consolidation of health care organizations can help in this regard. Geisinger acquired community hospitals "where nurses wore so many hats, they didn't have the time to go back to school," she says. The organization also couldn't afford their education or leadership training. "It's not that they didn't want to do the training. Some of them just didn't see the value of it. When we merged, the opportunities grew for those nurses."

Nurses may have to be willing to take on the education expense themselves when their organizations can't or won't, according to Swensen. "Most of the nurses in this country are in small-to-midsize community hospitals and don't have access to robust and formal leadership programs," he says. But the benefits that nurses will gain from advanced degrees and other professional training are worth the time and expense, he stresses.

Robel believes that much of the wariness among nurses to pursue education and leadership roles is dissipating as baby boomers retire and millennials populate the workforce. "Millennials are in a job for two or three years and they are ready to move on and get more training and more education. They are movers and shakers. They won't be at the same nursing job for 20 or 30 years," she says. "The ambition they have is truly inspirational."

Nurses as Leaders: Broad Acceptance, Room to Grow

Insights Report · December 2018

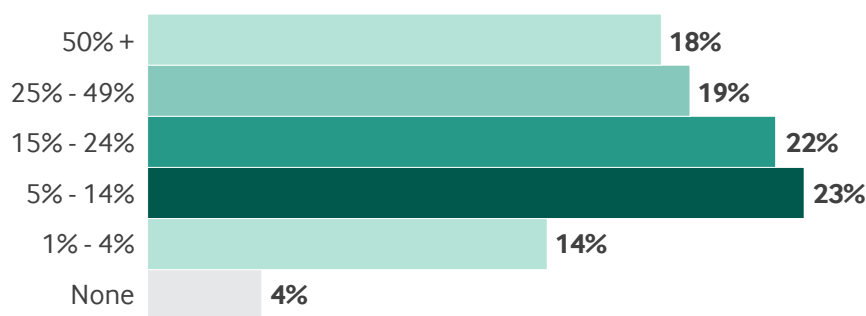
Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council — who comprise health care executives, clinical leaders, and clinicians — about nurse leadership. The survey explores the percentage of leadership roles filled by nurses and the percentage of nurses interested in leadership roles, recognition of nurses’ leadership abilities, Chief Nursing Officer inclusion in strategic decision-making, leadership career paths for nurses, formal training offerings for nurse leadership, barriers preventing nurses from leadership roles, and nurse leaders and physician leaders as equals in care delivery. Completed surveys from 682 respondents are included in the analysis.

Nearly two-thirds of Council members (63%) estimate that less than a quarter of the leadership roles at their organization are filled by nurses. But nurse respondents are more likely than non-nurse respondents to estimate the percentage of leadership roles at their organization at half or more. In a written comment, one clinician says, “Nurses, especially those with advanced degrees and experience, make skilled leaders because they have more experience at the bedside and can often see issues with a variety of solutions that may not be seen by someone who has less time available with the patients and the health system as whole.”

Nurses Fill a Quarter or Less of Leadership Roles at More Than Half of Health Care Organizations

What percentage of leadership roles (defined as Director-level and above) at your organization do you estimate are filled by nurses?



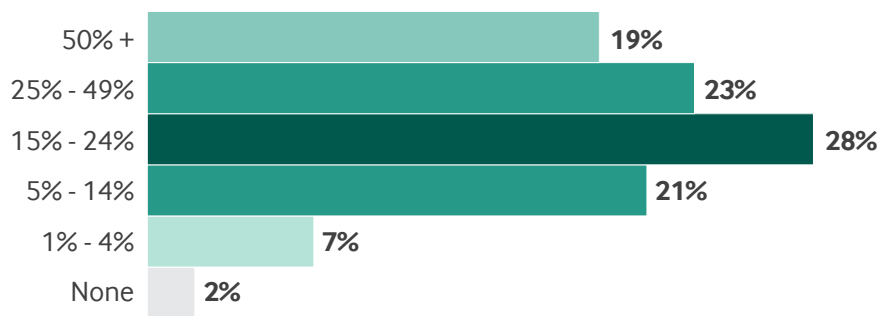
Base: 682

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Slightly fewer than 20% of respondents estimate that half or more of the nurses in their organization are interested in leadership roles. “Nurses have a broad sense of operations from bedside to boardroom. They also are connected to the patients and families and can direct change to address those needs,” an executive says. Meanwhile, a clinician says nurse leaders would be preferable to the “current milieu of non-medical administrators running hospitals.”

Room for Growth in Nurse Leadership Roles

What percentage of nurses at your organization do you think would be interested in a leadership role (defined as Director-level and above)?



Base: 682

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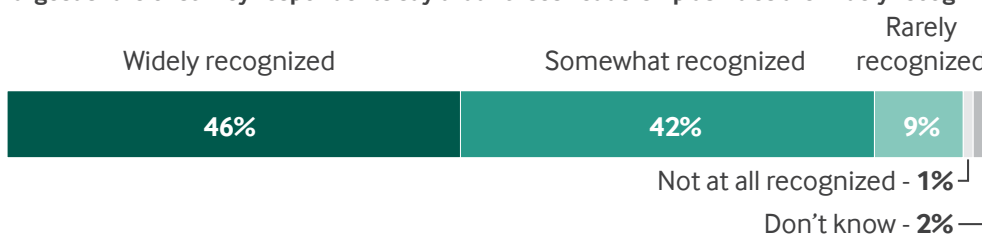
Nurses have a broad sense of operations from bedside to boardroom. They also are connected to the patients and families and can direct change to address those needs.

A higher incidence of executives (51%) and clinical leaders (50%) characterize nurse leadership ability as “widely recognized” compared to clinicians (41%). More than double the percentage of non-nurse respondents (51%) say nurse leadership skills are widely recognized at their organizations, compared to nurse respondents (24%). “Operationally, the nurse leaders have much greater scope and responsibility [than physician leaders],” an executive says. “The workforce that is the greatest in health care is the nursing workforce. Additionally, nursing is much more holistically focused and in tune than physicians.”

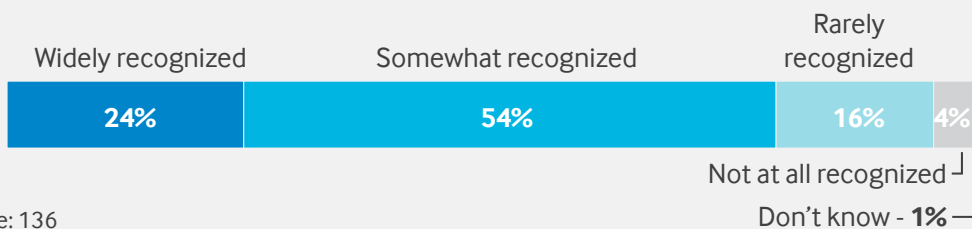
Varied Opinions on Recognition of Nurses’ Leadership Abilities

To what extent are nurses’ leadership abilities recognized at your organization?

The largest share of survey respondents say that nurses' leadership abilities are widely recognized ...



... but nurses themselves are less sanguine about organizational recognition of their leadership abilities.



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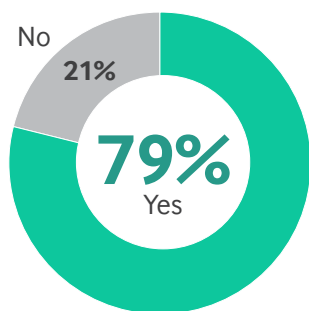
The workforce that is the greatest in health care is the nursing workforce. Additionally, nursing is much more holistically focused and in tune than physicians.

A large majority of respondents say their organization has a Chief Nursing Officer. One clinical leader writes, “Physicians take on a very different perspective in care delivery in comparison to nurse leaders starting in respective schooling and then in early clinical roles and responsibilities. There are marked differences in perspectives on patient care, CME, and other topics. Both complement the other in patient acute and long-term care. Administratively, CMO and CNO leadership is critical to assuage both specialties’ constituents and perspectives providing better outcomes in quality and equity of care.”

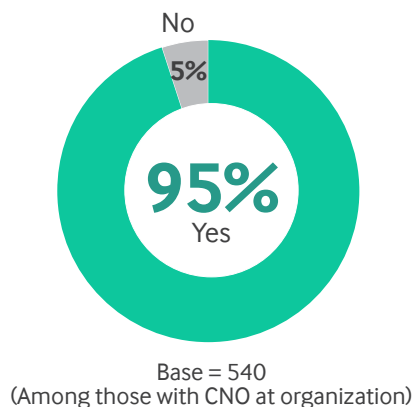
While 96% of non-nurse respondents say CNOs are involved in strategic decision-making at their organization, fewer nurse respondents (89%) feel similarly. An executive respondent states, “As we work to the top of our scope of license, nursing needs to be an equal foothold in the discussion.”

Most Organizations Have a CNO, Who Is Almost Always Part of Strategic Decision-Making

Does your organization have a Chief Nursing Officer (CNO)?



Is the CNO included in strategic decision-making?



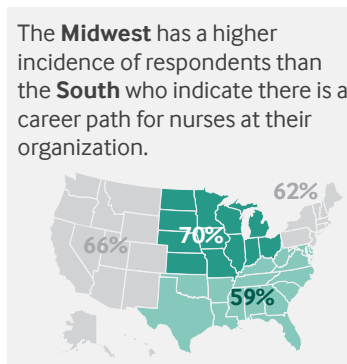
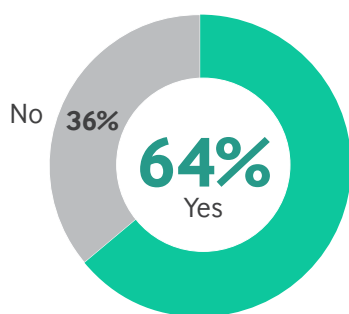
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When it comes to indicating a career path for nurses at their organization, respondents are split. A higher incidence of executives (68%) and clinical leaders (69%) than clinicians (59%) indicate that a career path exists at their organization. But fewer nurse respondents (68%) than non-nurse respondents (46%) feel their organization has a leadership career path for them. “If [nurses] are qualified for the position, the opportunity should be the same [as for physician leaders],” a clinician says.

Two-Thirds of Organizations Have a Nurse Leader Career Path

Is there a leadership career path for nurses at your organization?



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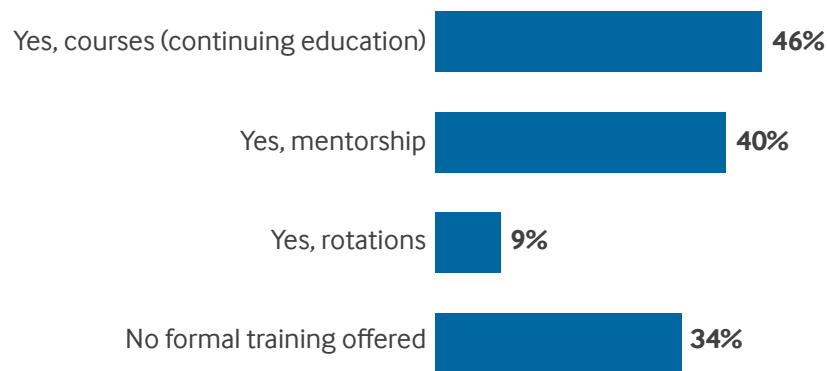


If [nurses] are qualified for the position, the opportunity should be the same [as for physician leaders].

“Nurses will need to augment their education and experience significantly to appreciate population care delivery and the science defining it,” a clinical leader comments. There is a higher incidence of clinicians (41%) than executives (29%) and clinical leaders (29%) who indicate that formal training for nurse leadership exists at their organization. One clinician says, “We need mentors and supporters to guide us through the organization culture so we don’t feel like we are swimming with the sharks.” Another clinician remarks, “In general, physicians have much more training. There may be cases in which a nurse may have more experience and training, but normally, holding age and years of work constant, a physician has more experience.”

Formal Training Offered for Nurse Leadership

Does your organization offer formal training for nurse leadership?



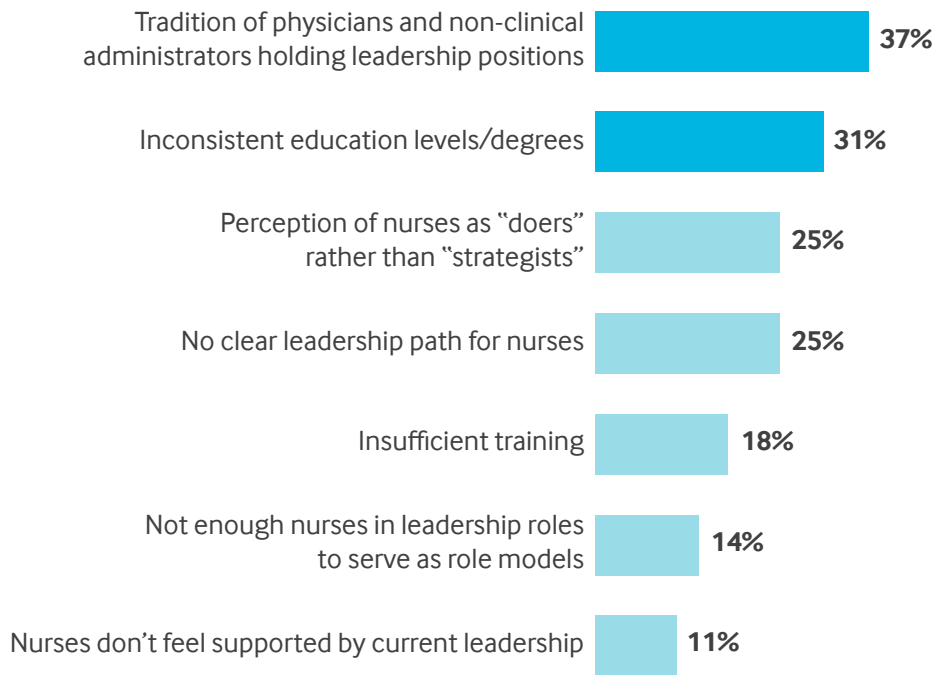
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No clear leadership path for nurses is cited as a top barrier by a quarter of respondents, a belief held more by clinicians (29%) than clinical leaders (18%). A higher incidence of respondents in the West (30%) than the Northeast (21%) consider the perception of nurses as doers rather than strategists as a top barrier. For one executive, it comes down to the following: “There is a limit to the impact any non-MD can have in reaching the MD audience.”

Tradition Is the Main Barrier Preventing Nurses from Leadership Roles

What are the top two barriers that are preventing nurses from being in leadership roles?



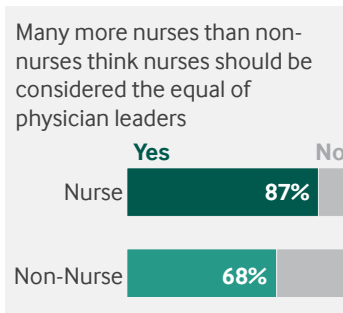
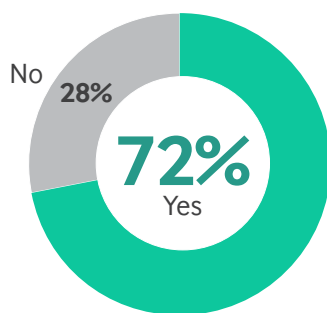
Base: 682 (multiple responses)

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Many respondents are emphatic that the amount of training it takes to become a physician makes it impossible to consider nurse leaders equal to physician leaders. Others say the amount of time nurses spend directly with patients qualifies them to be considered equal partners in care delivery. One executive respondent, who is a proponent of nurse leaders and physician leaders being viewed and treated as peers, says, “by providing equal status among clinical leadership, nurse retention can also be enhanced.” Conversely, a clinician argues, nurse leaders are “not necessarily equal, but should be present and participatory. [They] should be heard and be part of the decision-making.”

Nurse Leaders and Physician Leaders Should Be Considered Equals in Care Delivery – but Views of Nurses and Non-Nurses Differ

Should nurse leaders be considered the equal of physician leaders in care delivery?



Base = 682

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By providing equal status among clinical leadership, nurse retention can also be enhanced.

Verbatim Comments from Survey Respondents

Should nurse leaders be considered the equal of physician leaders in care delivery? Why? Repondents who say no:

“Different expectations regarding productivity etc., not to say they are not valuable and bring great ideas, but there is a qualitative difference.”

— *Clinician at a midsized for-profit physician organization in the West*

“Differences in level of education, clinical expertise and experience.”

— *Associate Chief of a government organization in the Northeast*

“At this point, nurses do not have either the necessary background and sorry to say are not really mentored by senior nurses who covet their role and do not desire more competition from either other females and particularly male nurses.”

— *Director of a large nonprofit hospital in the Northeast*

“Different roles, different educational backgrounds, make cross coverage difficult. If all physicians are not equally skilled in ALL aspects of medicine does it not follow that an individual without regard to the academic letters of achievement after their name would not be universally capable in all areas? The thoughtless push towards equality and diversity mandated by quota has the capacity to dumb down a system best illustrated by the aphorism if your only tool is a hammer the whole world is a nail.”

— *Clinician at a large nonprofit health system in the Midwest*

“Some should just like some MDs should not. But in general the MDs are the subject matter experts in care delivery.”

— *Program director at a large for-profit teaching hospital in the South*

“Non-physician professionals, while important, should never dictate medical care and protocols done by physicians.”

— *Director of a small community hospital in the West*

“Nurse training is certainly valuable in healthcare – but it’s not as deep or wide as physicians’ training. When it comes to administration, though, physicians receive little beyond doing as I was done to – and this may not be very helpful in creating a healthy organization.”

— *Clinician at a small nonprofit clinic in the West*

“Each individual case is, of course, different. But since the question is general, then the answer must be general. If one takes into consideration the entire nursing work force and the entire physician workforce, I think the latter has more knowledge, understanding, appreciation and wisdom about the health care world and society. It’s the nature of the application and admission process and the training.”

— *Director of service line at a small nonprofit teaching hospital in the Midwest*

“They can and do lead health systems but they are not the equal of physician leaders – they are capable of doing this no doubt, but bring a set of experiences and perspectives that are not the same as what a physician brings.”

— *Executive at a large nonprofit health system in the South*

Respondents who say yes:

“Because nursing is a research-based science and our scope of practice, as well as our preparation, is different from that of an MD/DO. This perspective and training means nursing brings a more holistic approach to patient care. I am employed at a comp cancer center and there are many aspects of patients’ lives – and the quality of those lives – that are untouched by a purely medical approach to treatment.”

— *Clinician at a midsized nonprofit teaching hospital in the Northeast*

“Because they provide more of the care on a daily basis and account for more of the staff and resource requirements.”

— *Director of service line at a large nonprofit teaching hospital in the West*

“Because medicine is a team sport.”

— *Executive at a small nonprofit community hospital in the Northeast*

“Because....they are!”

— *Clinician at a large nonprofit health system in the Midwest*

“Better trained to deal with needs of patients. The gap continues to widen due to neglect of meaningful clinical training in medical schools. In my opinion, this is primarily attributable to the emphasis on EVIDENCE-based medicine.”

— *Chief of service line at a nonprofit teaching hospital in the West*

“Doctors and nurses should be leadership partners in healthcare delivery. Major academic medical centers may attract patients and grant money by recruiting doctors who are leaders in their field. Nursing, however, is what drives every day patient care. If the nursing care at an organization is sub-par, patients will not come for care no matter how prestigious the doctors are.”

— *Director of a small nonprofit teaching hospital in the Northeast*

“Many more nurses get advanced degrees in management than physicians, they are trained from the beginning to work as team members and lead team members who have lower levels of training. We get very little formal training in this.”

— *Clinician at a small for-profit physician organization in the Midwest*

“Nurses have an unparalleled opportunity to speak for best practices in patient care since they are the only group at the patient bedside 24/7/365. Nurses tend to put patients first before personal gain and hospital politics.”

— *Manager at a large community hospital in the Northeast*

“Nursing is a distinct profession which interacts with, serves, and educates patients more than any other healthcare profession. Nurse leaders should, at the least, be considered equals with physician leaders in health system leadership and strategic care delivery.”

— *Director of a community hospital in the South*

Methodology

- The Nurse Leaders survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In August 2018, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 682 completed surveys are included in the analysis. The margin of error for a base of 682 is +/- 3.8% at the 95% confidence interval.

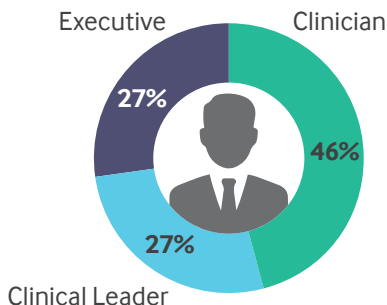
NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

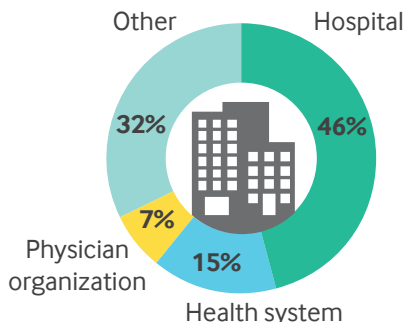
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile

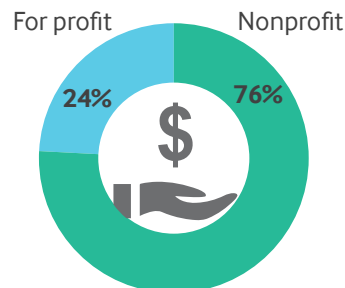
Audience Segment



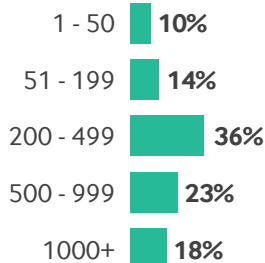
Organization Setting



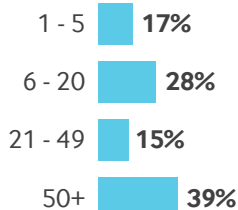
Type of Organization



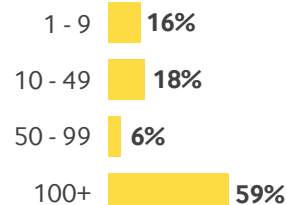
Number of Beds (Among hospitals)



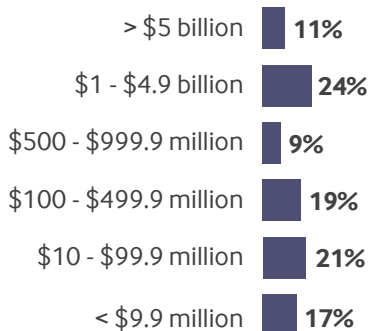
Number of Sites (Among health systems)



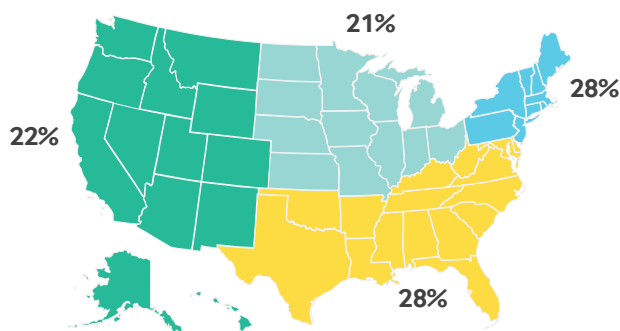
Number of Physicians (Among physician organizations)



Net Patient Revenue



Region



Base = 682

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