

HealthLeaders Exchange Research

Lived Experiences of Chief Nursing Executives During the Covid-19 Pandemic

CNO EXCHANGE

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Attention has focused on the stress of the nursing workforce resulting from the pandemic. But what about the nurses who lead them?

PRINCIPAL INVESTIGATORS:

Katie Boston-Leary, PhD, RN, Director of Nursing Programs and Healthy Nurse Healthy Nation, American Nurses Association

Linda Hofler, PhD, RN, Clinical Assistant Professor- ECU College of Nursing and former SVP- Nurse Executive - Vidant Health

LEAD RESEARCH ANALYST:

Michelle Messing, MS-HSM, Lead Research Analyst, HealthLeaders Exchange

There are 4.2 million registered nurses in the U.S. by the latest estimates, with almost another million LPNs and LVNs. Nursing makes up the largest workforce in the healthcare sector.

Those nurses made heroic effort and have felt much of the devastating impact of the COVID-19 pandemic. While much in industry literature has rightly focused on the impact on bedside nurses during the pandemic, less attention has been focused on the impact the COVID-19 pandemic has had on chief nurse executives. CNEs are nurses themselves, and not just by virtue of their training. CNEs may think of themselves as nurses first and executives second, with their role being the leading, nurturing and protection of their peers in scrubs. Perhaps because of this connection, CNEs have felt much of the same impact in terms of mental exhaustion and career burnout.

This study by HealthLeaders Exchange, with leadership from principal investigators Katie Boston-Leary, PhD, RN, Director of Nursing Programs and Healthy Nurse Healthy Nation, American Nurses Association, and Linda Hofler, PhD, RN, Clinical Assistant Professor, East Carolina University College of Nursing and former chief nurse executive of Vidant Health, found troubling indicators.

PURPOSE:

To understand the lived experiences of CNEs during the pandemic.

- The study aims to understand the challenges within the role and identify best practices for future use.
- Current lack of research on the topic.

PARTICIPANTS:

- 48 CNE survey respondents
- 20 CNEs interviewed on video

DEMOGRAPHICS:

- 92% female; 8% male CNEs
- 66% age 50+; 25% age 40-49; 8% age 30-39
- Average tenure as a nurse: 28 years; average tenure as a CNE: 10 years
- Predominantly hospital-based CNEs (77%), as opposed to system-based CNEs (23%)
- Highest level of education: DNP (35%) & Masters (31%).
 - CNEs of 'rural' organizations most common degree: DNP
 - CNEs of 'urban' organizations most common degree: Masters or DNP
- 98% were permanent employees during the pandemic and 83% have a reporting relationship to their CEO



Results of the research were presented at the annual HealthLeaders CNO Exchange. Pictured, from left to right: **Linda Hofler, PhD, RN**, Clinical Assistant Professor- ECU College of Nursing and former SVP- Nurse Executive - Vidant Health | **Michelle Messing, MS-HSM**, Lead Research Analyst, HealthLeaders Exchange | **Katie Boston-Leary, PhD, RN**, Director of Nursing Programs and Healthy Nurse Healthy Nation, American Nurses Association

The survey found that 75% of hospital and 64% of health system-based CNEs are “stressed, dissatisfied or intend to leave their role.” Of that group, the most “stressed” group is the female CNEs aged 50-59 (63%).

Overall, the top 3 challenges cited by CNEs during their time leading through the pandemic were:

- **Staffing**
- **Burnout**
- **Turnover**

The results of the survey were presented by Drs. Boston-Leary and Hofler, along with HealthLeaders Exchange lead researcher Michelle Messing, at the annual HealthLeaders CNO Exchange, held in Austin, Texas in November.

Both the survey results and discussion at the forum indicate concern that chief nurse executives face challenges on several conflicting fronts: a nurse workforce that was already under pressure pre-pandemic, growing nurse labor costs due to pandemic staffing needs as well as current workforce mobility and a perceived lack of internal support or nursing leadership from the health system executive team and board.

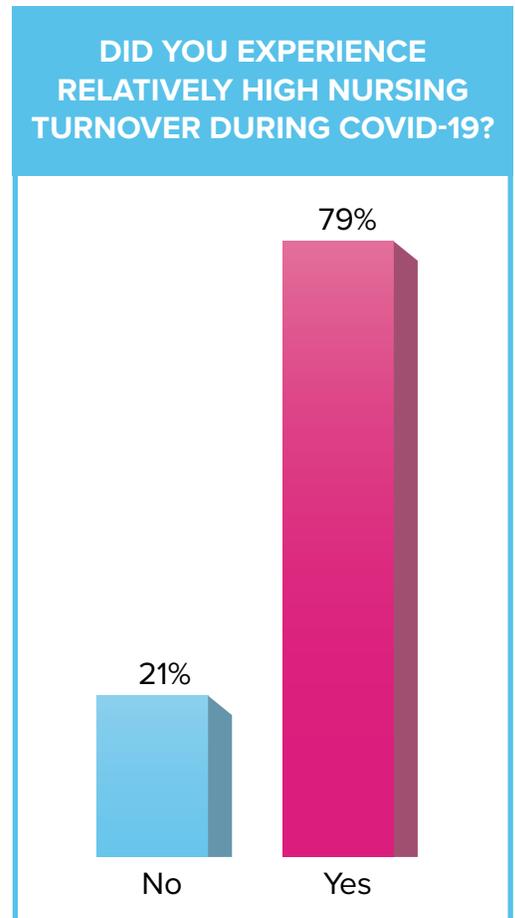
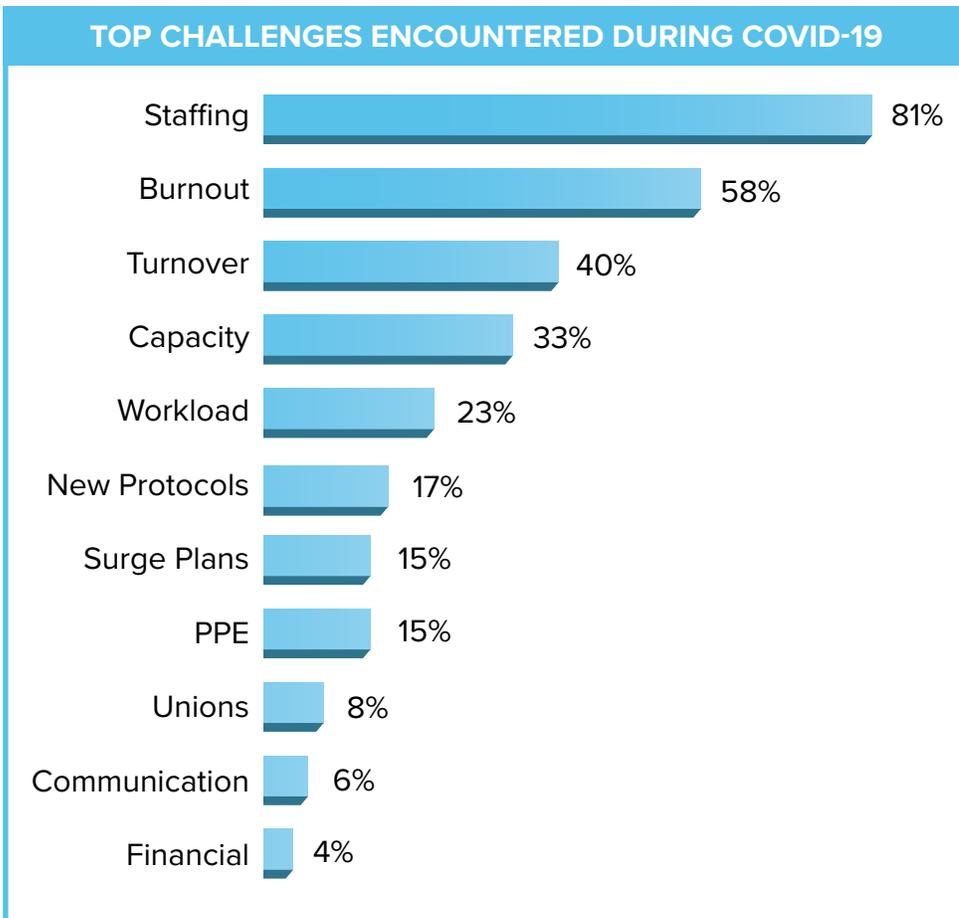
Balancing those concerns are a strong sense of CNEs connection to their teams. Moving forward, CNEs expressed the need for more discussion and creativity around nurse roles and staffing.

SURVEY QUESTIONS

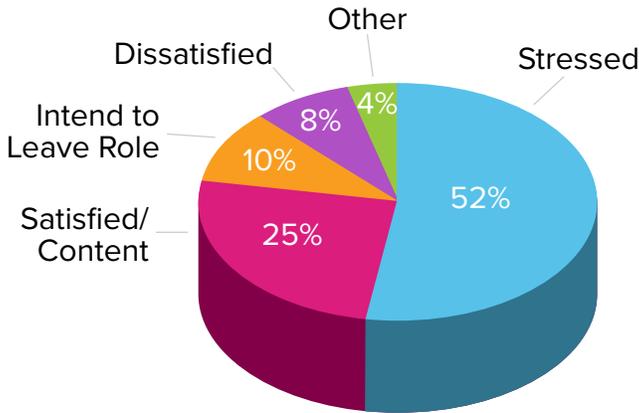
- 1** What is your name, where do you work, and how long have you been a CNE?
- 2** What did you do as a CNE to prepare yourself to respond to the pandemic?
- 3** What types of support were provided for you at your organization during COVID-19?
- 4** What were some strategies that you found to be effective while leading your organization through COVID-19?
- 5** How can we best measure success moving forward- what is the metric that matters?
- 6** Did your job status change based on the effects of the pandemic?
- 7** What are some of the things CNEs need to do now to ensure they are prepared for future crises?
- 8** How can current CNEs make sure the next generation of leaders are prepared for future crises?

KEY TAKEAWAY #1

- The Covid-19 pandemic exacerbated existing stresses in the nursing workforce, resulting in unprecedented levels of burnout and turnover that threaten recovery and rebuilding.
- “I think that all of us are struggling with the nursing shortage, we knew it was coming and the pandemic further exacerbated it.”
- **62.5% of respondents did not have adequate nursing staff to care for their Covid-19 patients**
 - Nursing shortage was most critical in ICU, ED, and Med/Surg
- 79.1% of respondents experienced high nursing turnover and had to amend or create new care delivery models during COVID-19
 - *Team models of care and use of non-nursing personnel on the care team were most utilized models of care*
 - *Staffing models most applied were the nurse-to-patient ratio and patient acuity models*
 - *Consecutive, staggered, 12-hour shifts were the most utilized scheduling practice*



HOW ARE YOU FEELING RIGHT NOW?



KEY TAKEAWAY #2

- Nurse executives have felt a deep-seated personal impact from supporting and leading their teams through the pandemic, resulting in a duality of increased loyalty to team and mission but also to stress, dissatisfaction and thoughts of leaving their roles.
- “I don’t know if I can do this.”
- “I love the work and I love my team.”
- If not us, who?”

KEY TAKEAWAY #3

- Nurse representation in C-suite decisions and internal support for nurses from a cultural, financial and developmental perspective is inadequate to address the workforce shortage, nurses’ well-being needs or prepare for future pandemics.
- There was limited mention of how CNEs got support from other executives outside their professional networks.
- “I dug into the connections I made professionally throughout the region and even the state.”

Reporting Relationship to CEO?	How are you Feeling Right Now?	
No	Other	2%
	Satisfied/Content	4%
	Stressed	10%
Yes	Dissatisfied	8%
	Intend to Leave Role	10%
	Other	2%
	Satisfied/Content	21%
	Stressed	42%