



CEO/CNO Relationships: Survey Findings

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In recent years, heightened focus on high-profile issues such as patient safety and the nursing shortage have helped raise awareness of the role of the chief nursing officer. More hospital leadership teams now recognize that the CNO has a direct impact on major strategic initiatives such as improving recruitment and retention, ensuring quality and safety, controlling costs, and enhancing services. Increasingly, there are fewer and fewer areas in which the CNO does not provide valuable input.

The CNO was not always accepted as a full-fledged member of the senior management team. Anecdotal accounts indicate that under financial pressures during the late 1990s, some hospitals implemented a service line model of nursing leadership, thus distancing the CNO from senior leadership and lessening the impact he or she had on the hospital's strategic direction. But a new survey by the American College of Healthcare Executives and the American Organization of Nurse Executives finds that the relationship between the CNO and senior leadership, particularly the CEO, is strong and positive. Following are results from the survey.

Survey Findings

Both CEOs and CNOs feel their relationship is good.

Perhaps the most significant finding of the survey is that 99 percent of hospital CEOs and 95 percent of CNOs report that their relationship with each other is good (see fig. 1). Nearly as many said that the relationship between the CNO and other members of the senior executive management team is also good. Positive relationships between CNOs and CEOs indicate that the value of the CNO role is being recognized at the highest levels of the organization. In addition, a strong CEO/CNO relationship increases the level of input that the CNO has in issues that drive the organization's strategic direction.

Three out of four CNOs report directly to their CEO.

Most CNOs in the survey report to the CEO; most of the remainder report to the COO. Reporting relationships are significant because they can further underscore the importance of the CNO role. CNOs who report directly to the CEO naturally have a stronger relationship with the CEO because they have frequent, direct communication with one another. The survey also found that CNOs meet with the CEO one-on-one about once a week and about six times a month in a group setting (with other senior executives).

Only about 40 percent of CNOs report to the board at every meeting.

While more than 80 percent of chief financial officers give regular reports at every board meeting, only about 40 percent of CNOs report to the board that often (see fig. 2). Most CNOs report less than every other board meeting. If we divide hospital functions into a financial side and a clinical side, then we might expect that CNOs would have significant levels of board contact, just as CFOs do. But the survey clearly demonstrates that this is not the case.

The CNO is generally the contact for physician complaints.

Ninety percent of CEOs said that typically, physicians on the hospital's staff who have a complaint about

nursing care are asked to contact the CNO. However, a sizable minority (21 percent) of the CNOs surveyed said that physicians are asked to report the problem to the director of nurses of the appropriate department or other individual first.

Some CNOs say they get more support from their supervisor than do their colleagues.

When asked if they get more support from their supervisor than their colleagues do, 30 percent of the CNOs agreed and 36 percent disagreed. But only 17 percent of CEOs agreed that CNOs get more support than other members of the senior management team, suggesting that the level of support may be a matter of perception.

CEOs and CNOs are ambivalent about the CNO's opportunity to advance.

Perhaps the most troubling finding of the survey was a perceived lack of career opportunities for CNOs within their current organizations. CEOs were split, with 41 percent saying that there were limited career advancement opportunities for CNOs at their hospital, while 46 percent disagreed. CNOs were also divided, with 48 percent agreeing and 36 percent disagreeing. While these results can appear negative, it is important to note that a CNO position is considered the pinnacle of a nursing career. Many chief nurses may be satisfied in their current role and may not be looking to advance. Further, many CNOs continue to develop and grow by expanding the scope of their responsibilities, even if their job title does not change.

Survey Implications

Although the ACHE/AONE survey demonstrated a positive relationship between the CNO, CEO, and other members of the hospital management team, the findings also reveal new opportunities for the field. Following are some ways that the survey results can be used to maximize the effectiveness and the satisfaction of chief nurses.

CEO/CNO Relationships: Survey Findings

Explore strategies for enhancing the CNO's level of contact with the board.

The survey demonstrated that the CNO is not as visible to the board as the CFO. Organizations such as Columbus (GA) Regional Healthcare System are currently exploring how CNOs can be more engaged at the board level. One challenge in this area is determining what type of information is appropriate for the CNO to give to the board, so that the board is not getting duplicate reports. Hospitals should evaluate the types of information that the chief operating officer and chief medical officer report to the board to determine if some of this information would be more appropriate coming from the CNO.

Emphasize the career options for CNOs.

Because most executives regard the CNO role as the optimal end point in a nursing career, there has not been a lot of discussion on how CNOs can progress. But career options do exist. CNOs can move to chief nursing positions in larger hospitals, they can take on entrepreneurial or consulting roles, and they can move into COO and CEO positions if they obtain the broader experience necessary for those positions.

By discussing career options for CNOs, healthcare organizations can increase CNO satisfaction and ensure that the chief nursing role remains an attractive one.

Encourage CEOs to mentor CNOs.

Because the CEO/CNO relationship may have a dramatic effect on the CNO's career, CEOs should be encouraged to mentor CNOs and to work closely with them to develop their skills. The CEO has direct access to information that the CNO needs to be successful in his or her job; conversely, the organization will suffer if the CNO's knowledge and perspective is not shared with the CEO. Further, mentoring CNOs can be a way for organizations to ensure that chief nurses are developing the broader organizational mind-set necessary to transition to a COO or CEO level.

Broaden the survey's scope and sample.

The survey was conducted using a sample of CEOs and CNOs who belong to their respective professional associations, ACHE and AONE (see "About the Survey" below). Because this is a select group, the results may differ from the general population.

About the Survey

In January 2004, ACHE and AONE sent comparable fax questionnaires to 1,000 CEOs and 776 CNOs who were members of ACHE and AONE, respectively. Response rates were 57 percent for CEOs (569 responses) and 59 percent for CNOs (460 responses); there were 291 cases where both the CEO and the CNO from the same hospital responded. Following are additional data about the respondents.

- More than 90 percent of the CNOs in the study are female; 14 percent of the CEOs are female.
- Nearly everyone in the sample is white, and more than 90 percent have a master's degree or doctorate.
- Ten percent of the CEOs indicated that they were trained as nurses.
- More than three-quarters of the CEOs and CNOs work in not-for-profit settings; about half work in hospitals with more than 200 beds.
- In the most recent fiscal year, the hospitals represented in the survey had a median net operating margin of 3.3 percent, placing them above the national average.
- The median nurse vacancy rate among the organizations surveyed was 6 percent; the median nurse turnover rate was 10 percent.

ACHE and AONE plan to repeat the survey in the future, using an expanded sample. The follow-up survey may also explore additional aspects of the CNO role, including:

- CNO turnover—how often CNOs are leaving their jobs and why; how these results compare with those of other senior executives
- CMO/CNO relationships—how the chief nurse and the chief medical officer work together to improve the quality of care
- Financial factors—whether the financial health of the organization affects the CEO/CNO relationship
- Age—whether the age of the CEO and CNO affects their relationship
- Tenure—whether the length of time that the CEO and CNO have worked together affects their relationship
- Impact of reporting to the CEO—whether CNOs who report directly to the CEO have a more positive relationship with the CEO and whether it enhances their career development
- Hiring relationship—whether the CEO/CNO relationship is stronger if the CEO personally hires the CNO

As elected leaders of our respective associations, we are pleased that the ACHE/AONE study revealed largely positive relationships between CEOs and CNOs. This study demonstrates the alignment between healthcare management issues and nursing issues. We should not miss the opportunity to use these results to further align CEOs and CNOs in their daily practice in the field.

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Fig. 1 CEO/CNO Relationship Is Good

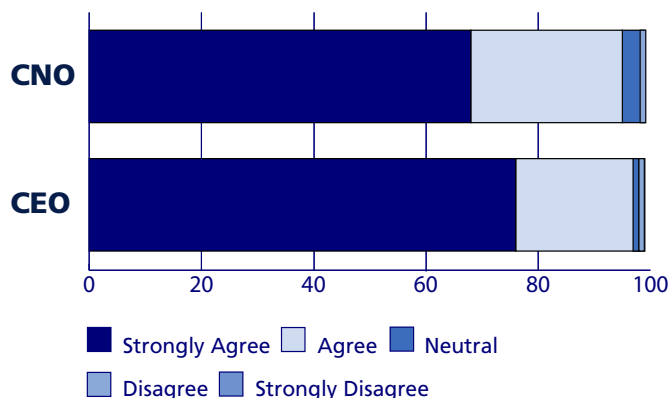


Fig. 2 Presentation to the Board

