

# 2011

Nurse Executive, Advanced  
Role Delineation Study  
National Survey Results

## **About this Report**

This report pertaining to the practice of advanced nurse executives was based on the results of a national study of practice of nurse executives and advanced nurse executives.

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## **Background**

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association, is the largest nursing credentialing organization in the United States. Its vision is to drive nursing excellence, quality care and improved outcomes. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. More than 14,000 candidates take an ANCC certification examination each year. In addition to certification, ANCC provides services such as the Magnet and Pathway to Excellence recognition programs for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education and consultation services, and outreach to nursing organizations around the globe.

### **Role Delineation Study Overview**

Role delineation or job analysis studies are typically carried out at the national level with the goal of describing current practice expectations, performance requirements, and environments. ANCC has a current goal of conducting a study for each examination it develops approximately every three years in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings are used to update the content of its respective certification examinations.

The 2011 Nurse Executive and Nurse Executive, Advanced Role Delineation Study involved two sets of processes or activities that ran more or less concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities nurse executives actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

### **Updated Test Content Outlines**

The results of this role delineation study were used in the updating of the test content outlines for each examination contained within the study. Examination forms produced based on the Nurse Executive, Advanced test content outline updated through this study are scheduled to go into effect May 6, 2013. A copy of the test content outline is available on the American Nurses Credentialing Center website.

### **Role of the Content Expert Panels**

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to nursing administration to serve on content expert panels for this study. They developed the work activities and demographic items for the survey, linked knowledge and skill areas to the work activities list, and finalized the test content outlines for the respective certification examinations. All of the content experts serving on the panels were certified by ANCC as either a nurse executive or nurse executive, advanced and were invited to serve on the panels based upon expertise in the specialty.

## Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the work activities nurse executives actually perform in practice. Since the survey instrument that was used for the purposes of this study would be used for both the basic and advanced nurse executive levels, representatives from both role delineation study panels were asked to serve as members of a ten member initial study workgroup that acted as a sort of steering committee for the panels. This initial workgroup met for three days April 11-13, 2011 to draft a single pilot version of the survey and to construct the initial map of knowledge and skill areas relevant to the work activities included in the survey.

### Survey Chronology

The survey development and administration timeline was as follows:

April - May 2011

- The initial study workgroup along with staff from ANCC drafted the survey
- The survey was pilot tested and revised.

June - August 2011

- The final survey was administered on the web.

August - October 2011

- The survey activity results were analyzed, and activity weights were determined.
- Each panel met to review the survey results and activity weights.

### Sample Selection

On April 1, 2011, there were a total 2,671 actively certified ANCC advanced nurse executives. A random sample of 1,500 advanced nurse executives stratified by region was selected from the ANCC certification database. Table 1 presents the numbers of ANCC certified advanced nurse executives that were selected from each region.

**Table 1. Number of Surveys Mailed Out per Geographic Region**

<b>Geographic Region</b>	<b>Number of ANCC Certified Nurse Executives, Advanced Selected (percent of total pop.)</b>
<b>Northeast</b> – NY, CT, MA, NJ, ME, PA, NH, VT, RI	361 (24.1%)
<b>South</b> – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	643 (42.9%)
<b>Midwest</b> – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	281 (18.7%)
<b>West</b> – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	213 (14.2%)
<b>Other</b> – AE, AP, APO	2 (0.1%)
<b>Total</b>	<b>1,500 (100%)</b>

## Survey Development and Measures

On April 11-13, 2011, the initial study workgroup met in Silver Spring, MD in order to draft the national Nurse Executive and Nurse Executive, Advanced Role Delineation Study survey for the 2011 role delineation study. The panel members reviewed the work activities which had been used in the ANCC's 2006 Nursing Administration Role Delineation Study Survey and 2007 Nursing Administration, Advanced Role Delineation Study Survey as well as the following documents:

- The American Nurses Association's *Nursing Administration: Scope and Standards of Practice* (2009),
- *Magnet Recognition Program® Manual* (2008),
- *Pathways to Excellence Program Manual* (2009)

During the meeting, they discussed any additions, deletions, and changes they would make to develop the 2011 task list. The goal of this process was to create a comprehensive list of relevant work activities that were potentially performed by both levels of nurse executives. As a result of this meeting, the panel reached consensus on a list of 79 work activities to be used in the 2011 survey. These work activities were divided into five domains: Structures and Processes, Exemplary Professional Practices, Transformational Leadership, New Knowledge, Innovation, and Improvement, and Empirical Outcomes. The complete text of the work activities list is presented in **Appendix A**. The workgroup also identified and finalized a set of 16 demographic questions. (See **Appendix B**).

During the same meeting, the workgroup reviewed and approved three scales that respondents would use to rate the work activities listed in the survey — Frequency (the frequency with which a work activity is performed), Performance Expectation (how soon on the job the performance of an activity is expected), and Consequence (the consequence of performing an activity incorrectly). The performance expectation scale was specifically designed to distinguish entry-level skills. These three questions and the instructions for answering them are presented in Table 2.

The study design included combining each respondent's responses to each of the three rating scales in a hierarchical manner into one overall ranking of criticality. To select a procedure for combining the three scales, importance of each scale to the performance of the work activity was considered. Performance expectation scale was determined to be regarded as more critical than the other two scales for representing entry-level practice. The consequence scale was then regarded as more critical than the frequency scale. Therefore, the scales were combined so that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales. This hierarchical scheme emphasized the work activities that are required of new practitioners immediately on the job and have the greatest impact on public health or safety. Thus this scheme was selected as the organizing mechanism for combining the responses from the three survey scales into an overall measure of criticality.

**Table 2. Survey Questions for Rating Work Activity Statements**

As a certified advanced nurse executive, you were selected to complete this survey from the certified advanced nurse executive perspective.

As you complete this section of the survey, please respond from the perspective of a newly certified advanced nurse executive with the following qualifications:

- a current, active RN license
- a master's degree in nursing
- a current administrative position at the nurse executive level, with 2 years of experience within the last five years
- 30 hours of continuing education in nursing administration within the last three years

Please respond to each activity with three separate responses, one response in each category. When considering a response for one category, do not consider the other categories. For example: When considering the consequences of incorrect performance of an activity, do not worry about how frequently the activity is performed or whether it is expected to be performed. The possibility exists that an activity has severe consequences, even if it is rarely performed.

Performance Expectation: When is the newly certified advanced nurse executive first expected to perform this activity?

- Within the first 6 months of certification.
- After the first 6 months of certification.
- Never expected to perform this activity.

Frequency: How often does a newly certified advanced nurse executive perform this activity?

- Frequently
- Often
- Occasionally
- Seldom
- Never

Consequences: Does incorrect performance of this activity cause the organization:

- No negative consequences
- Minimal negative consequences
- Moderate negative consequences
- Significant negative consequences

## Data Collection

*Pilot Testing.* Using the same procedures intended for administering the national data collection, the survey was piloted in May 2011. One hundred ANCC certified advanced nurse executives randomly selected from across the nation were included in the sample. Overall, 48 (48 percent) of the advanced nurse executives invited to take the pilot survey responded.

The respondents of the pilot test in general indicated that the work activities were appropriate and reflective of the job of advanced nurse executives.

*National Survey.* In July and August 2011, the 1,500 advanced nurse executives selected to take the national web-based survey were sent three notifications via the United States Postal Service: an alert letter, and two follow-up reminders. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also notified that respondents completing the survey receive a 5 hour reduction of their continuing education requirement for their ANCC advanced nurse executive recertification.



The first follow-up reminder letter was sent approximately two-weeks after the alert letter. It thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already.

The final follow-up reminder letter was sent out only to those who had not yet responded to the survey and was sent out approximately two-weeks prior to the end of the survey.

## Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the initials study workgroup, the three rating scales were combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its frequency, performance expectation, and consequence. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of assuming the role of a nurse practitioner, could cause severe harm to the patient if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 39. A score of 32 suggests that a work activity is generally expected to be performed within the first six months of assuming the role of a nurse practitioner and have moderate consequences if incorrectly performed. Therefore, work activities with scores of 32 or higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as *never expected* on the performance expectation scale, it would receive an overall criticality score of 1 as the bottom row in Table 3 indicates.

**Table 3. Construction of the Overall Criticality Variable**

Performance Expectation	Survey Response Options		Overall Criticality Score
	Consequence	Frequency	
Within first 6 months	Significant Negative Consequences	Frequently	41
		Often	40
		Occasionally	39
		Seldom	38
		Never	37
	Moderate Negative Consequences	Frequently	36
		Often	35
		Occasionally	34
		Seldom	33
		Never	32
	Minimal Negative Consequences	Frequently	31
		Often	30
		Occasionally	29
		Seldom	28
		Never	27
No Negative Consequences	Frequently	26	
	Often	25	
	Occasionally	24	
	Seldom	23	
	Never	22	
After first 6 months	Significant Negative Consequences	Frequently	21
		Often	20
		Occasionally	19

**Table 3. Construction of the Overall Criticality Variable (Continued)**

Survey Response Options			Overall Criticality Score
Performance Expectation	Consequence	Frequency	
		Seldom	18
		Never	17
	Moderate Negative Consequences	Frequently	16
		Often	15
		Occasionally	14
		Seldom	13
		Never	12
	Minimal Negative Consequences	Frequently	11
		Often	10
		Occasionally	9
		Seldom	8
		Never	7
	No Negative Consequences	Frequently	6
		Often	5
		Occasionally	4
		Seldom	3
		Never	2
Never expected	All options	All options	1

## Survey Results

The total sample size of the national survey included 1,500 ANCC certified advanced nurse executives. A total of 560 usable advanced nurse executive surveys were returned for an overall response rate of 43 percent and a total usable response rate of 40 percent.

Table 4 shows the percent of surveys per population returned in each geographic region compared to the number of ANCC certified advanced nurse executives selected within the region.

**Table 4. Number of Surveys Returned per Geographic Region for Nurse Executive, Advanced**

Geographic Region	Nurse Executive, Advanced	
	Number Selected (percent of total pop.)	Number Return (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	361 (24.1%)	127 (22.7%)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	643 (42.9%)	256 (45.7%)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	281 (18.7%)	101 (18.0%)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	213 (14.2%)	74 (13.2%)
Other – AE, AP, APO	2 (0.1%)	2 (0.4%)
<b>Total</b>	<b>1,500 (100%)</b>	<b>560 (100%)</b>

### Demographic Information

**Appendix B** details the advanced nurse executive survey respondents' responses to the survey's sixteen demographic questions which included inquiry on the practitioner's background and practice setting.

#### *Demographic Background*

Approximately 92 percent of the respondents were female and more than 90 percent reported to be white. Approximately 90 percent of the overall sample fell into the age group of 45-64 years of age.

Approximately 61 percent of the advanced nurse executives indicated that they held a Masters in Nursing as one of their highest degrees. Nine percent indicated they held a Doctor in Nursing (Ph.D., DNS, DNS) and approximately five percent indicated they held a Doctor in Nursing Practice. Just over 14 percent indicated that had a Masters in Business Administration as one of their highest degrees.

The average number of years of experience the advanced nurse executive respondents had as a RN was over 32 years. The respondents also reported on average 16 years of experience practicing within a nurse executive role.

Forty three percent of the advanced nurse executive respondents indicated that they work in a director/administrator role. Twenty four percent of the respondents indicated they work in a chief nursing officer position. Six percent of the respondents indicated they worked in the position of chief operating officer/chief nursing officer.

### Practice Settings

Approximately 30 percent of the advanced nurse executive respondents indicated that the size of the primary service area that their facility served was between the 50,000 – 249,999. Another 29 percent of the advanced nurse executive respondents indicated that the facility they worked for had a primary service area of between 250,000 – 999,999. Eighty three percent of the advanced nurse executives indicated that their facility was considered a regional service area. Eleven percent of the respondents indicated working within a national service area facility and six percent indicated working in an international service area facility.

In terms of practice setting, the highest percentage of advanced nurse executive respondents indicating they practice in a hospital, in patient setting (60 percent). Thirty percent of the respondents indicated they work within a Magnet designated facility and five percent indicated they worked within a Pathway to Excellence designated facility. The number of beds within the facilities the advanced nurse executive respondents worked in varied widely with an average bed count of 431 beds. Sixty percent of the respondents indicating working in facilities with bed counts between 1 and 499 beds.

Eighty percent of the respondents indicated they had between 1 to 19 direct reports.

### Practice Descriptions

Descriptive statistics (means, standard deviations, and medians) for the three ratings of all 79 work activities—performance expectation, consequence, and frequency—and mean overall criticality are listed in **Appendix C**. The scales were highly reliable. Cronbach’s coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.9569, 0.9790, and 0.9306 respectively. (Cronbach’s coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.)

In **Appendix D**, the overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 11 work activity statements were rated by the advanced nurse executive respondents as highly critical (with a mean overall criticality rank of 32 or above).

**Table 5. Number of Work Activities by Mean Overall Criticality Range and Population for Nurse Executives, Advanced**  
Mean Overall Criticality Score

	37.0 and above	Between 32.0 and 36.9	Between 27.0 and 31.9	Between 22.0 and 26.9	Between 17.0 and 21.9	Between 12.0 and 16.9	Between 7.0 and 11.9	6.9 and under	Total number above 32.0
Number of Work Activities	2	9	19	28	16	5	0	0	11

Table 6 and 7 displays the 20 highest-ranking and the 20 lowest-ranking work activities by mean overall criticality respectively. The grey shading in Table 6 indicates the 11 work activities that received criticality ratings of 32.0 and above.

**Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality for Nurse Executives, Advanced**

<b>Work Activity Number and Name</b>	<b>Mean Overall Criticality</b>
1 Fosters a work environment of mutual respect, trust, and civility	38.3
20 Enforces workplace practices that protect employee and patient rights and safety	37.9
73 Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice	35.9
9 Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources	34.8
4 Authorizes plans, policies and procedures for the appropriate utilization of nursing personnel at all practice levels in accordance with the provisions of the state's nurse practice act, professional practice standards, and regulatory agencies	34.6
54 Builds relationships with key stakeholders	34.3
12 Identifies organizational problems and priorities to ensure a safe care delivery system for the populations served	34.0
5 Develops policies and procedures that ensure compliance with regulatory, professional standards, and organizational integrity	33.1
70 Collaborates in the identification of organizational problems and priorities to ensure a safe care delivery system for the populations served.	32.7
71 Integrate clinical, human resource, and financial data to support decision-making	32.3
11 Allocates personnel to provide care using a multidisciplinary approach	32.2
46 Encourages innovative activities and actions for improving quality and safety	31.3
35 Collaborates in developing workplace policy and procedures that protect employee and patient rights and safety	30.7
51 Develops strategies to recognize, recruit and retain an engaged and satisfied staff	30.6
64 Integrates evidence-based practice into clinical and operational processes	30.6
78 Prioritizes quality monitoring activities based on regulatory requirements, workload and quality of care	30.3
39 Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking	30.0
57 Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care	30.0
75 Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making	29.9
66 Facilitates the development and continuous improvement of organizational systems, processes, and/or practices	29.9

**Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality for Nurse Executives, Advanced**

<b>Work Activity Number and Name</b>	<b>Mean Overall Criticality</b>
42 Evaluates own leadership effectiveness related to the attainment of the strategic plan and the vision for professional nursing	21.4
55 Represents the organization from a public relations perspective to the media and the broader community	21.4
16 Develops the nursing strategic plan consistent with the organizational strategic plan	21.2
58 Creates an environment supportive of nursing research and scholarly inquiry	20.8
79 Creates balanced scorecard, which includes clinical and non-clinical outcomes	20.7
68 Determines the appropriate use of innovative applications and new technologies throughout the continuum of care.	20.4
27 Establishes formal and informal performance appraisal processes used in the organization	20.3
33 Implements business plans, including new programs and services	19.2
34 Evaluates business plans, including new programs and services	18.8
59 Advocates for resources that support nursing research and scholarly inquiry	18.4
63 Develops innovative plans related to care delivery systems	18.3
24 Establishes new roles and responsibilities based on the changing needs in patient population and the health care environment	17.6
14 Selects databases that reflect appropriate measures for desired outcomes	17.6
21 Plans for succession by coaching and mentoring nurse leaders and direct care nurses	17.6
32 Develops business plans, including new programs and services	17.1
29 Establishes mechanisms for the development of health care assessment elements and processes specific to populations served (patients/clients/residents/community)	16.9
60 Prioritizes nursing research to align with nursing's and the organizations strategic plan and objectives	16.7
65 Establishes procedures for the review of proposed research studies, including protection of the rights of human subjects	15.8
15 Develops databases that reflect appropriate measures for desired outcomes	13.0
53 Influences health care policy development through local, state, or national political advocacy	12.9

## **Appendix A**

### **Work Activities Statements**

## Task List for Final Survey

1. Fosters a work environment of mutual respect, trust, and civility
2. Creates an environment for empowered decision-making, professional accountability, recognition, and autonomy
3. Facilitates active involvement of registered nurses in decision making related to professional standards of practice
4. Authorizes plans, policies and procedures for the appropriate utilization of nursing personnel at all practice levels in accordance with the provisions of the state's nurse practice act, professional practice standards, and regulatory agencies
5. Develops policies and procedures that ensure compliance with regulatory, professional standards, and organizational integrity
6. Serves as member of the organization's highest decision-making body for strategic planning and operations
7. Evaluates trends impacting nursing practice and the health care environment
8. Collaborates in the design and improvement of information systems to ensure appropriate, effective and efficient clinical practice
9. Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources
10. Secures adequate resources for decision analysis in collaboration with appropriate departments
11. Allocates personnel to provide care using a multidisciplinary approach
12. Identifies organizational problems and priorities to ensure a safe care delivery system for the populations served
13. Designs processes to establish and maintain standards consistent with the identified outcomes
14. Selects databases that reflect appropriate measures for desired outcomes
15. Develops databases that reflect appropriate measures for desired outcomes
16. Develops the nursing strategic plan consistent with the organizational strategic plan
17. Establishes framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice
18. Promotes framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice
19. Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice
20. Enforces workplace practices that protect employee and patient rights and safety
21. Plans for succession by coaching and mentoring nurse leaders and direct care nurses
22. Create a climate to address the issues of professional development of staff and job satisfaction
23. Provides for educational opportunities for staff, based on multiple sources, such as learning needs assessment, informal feedback from staff, and program evaluation data
24. Establishes new roles and responsibilities based on the changing needs in patient population and the health care environment
25. Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process
26. Collaborates within the organization and/or community to improve comprehensive health care delivery, organizational performance, and safe/quality care
27. Establishes formal and informal performance appraisal processes used in the organization
28. Establishes mechanisms to manage interdisciplinary conflict, such as chain of command and just culture models in the workplace
29. Establishes mechanisms for the development of health care assessment elements and processes specific to populations served (patients/clients/residents/community)
30. Analyzes the effectiveness and efficiency of clinical and administrative processes
31. Leads implementation strategies to recognize, recruit and retain an engaged and satisfied staff
32. Develops business plans, including new programs and services
33. Implements business plans, including new programs and services
34. Evaluates business plans, including new programs and services
35. Collaborates in developing workplace policy and procedures that protect employee and patient rights and safety
36. Creates a vision to improve care
37. Creates a culture of pervasive leadership
38. Garner support for nursing strategic plans and other organizational initiatives
39. Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking
40. Removes barriers to effectively implement strategic plan to achieve vision



## Task List for Final Survey

41. Plans for sustained change
42. Evaluates own leadership effectiveness related to the attainment of the strategic plan and the vision for professional nursing
43. Creates an environment where staff engages in reflective nursing practice
44. Fosters an environment that supports life-long learning
45. Incorporates relevant research and evidence based principles into leadership practice
46. Encourages innovative activities and actions for improving quality and safety
47. Uses a variety of sources of power to change systems, structures, policies to be in alignment with vision
48. Leads change management initiatives
49. Leverages the value of nursing to influence other stakeholders
50. Creates a culture that recognizes and include diverse population and individual differences
51. Develops strategies to recognize, recruit and retain an engaged and satisfied staff
52. Creates an environment that is supportive of the development and implementation of the professional practice model that fosters excellence in care delivery
53. Influences health care policy development through local, state, or national political advocacy
54. Builds relationships with key stakeholders
55. Represents the organization from a public relations perspective to the media and the broader community
56. Establishes a framework for professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, efficient, quality patient care
57. Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care
58. Creates an environment supportive of nursing research and scholarly inquiry
59. Advocates for resources that support nursing research and scholarly inquiry
60. Prioritizes nursing research to align with nursing's and the organizations strategic plan and objectives
61. Disseminates research and evidence-based findings, guidelines and practices
62. Creates an environment that is supportive of nurse investigation, development, implementation, and systematic evaluation of standards of practice and standards of care
63. Develops innovative plans related to care delivery systems
64. Integrates evidence-based practice into clinical and operational processes
65. Establishes procedures for the review of proposed research studies, including protection of the rights of human subjects
66. Facilitates the development and continuous improvement of organizational systems, processes, and/or practices
67. Supports outcome measurement and evidence-based practice through participation in external programs of study (e.g. National Database of Nursing Quality Indicators)
68. Determines the appropriate use of innovative applications and new technologies throughout the continuum of care.
69. Facilitates interdisciplinary collaboration in data analysis and decision-making processes
70. Collaborates in the identification of organizational problems and priorities to ensure a safe care delivery system for the populations served.
71. Integrate clinical, human resource, and financial data to support decision-making
72. Facilitates interdisciplinary participation, including patients/clients/residents and families, in the identification of desired outcomes
73. Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice
74. Establishes baseline for process and outcome measures when developing new measures
75. Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making
76. Directs the identification of key indicators, including measures of quality, safety, and other outcomes of nursing practice
77. Evaluates process and outcome measures over time compared to baseline and national benchmarks
78. Prioritizes quality monitoring activities based on regulatory requirements, workload and quality of care
79. Creates balanced scorecard, which includes clinical and non-clinical outcomes

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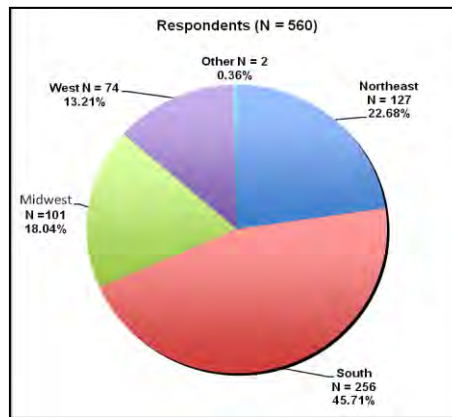
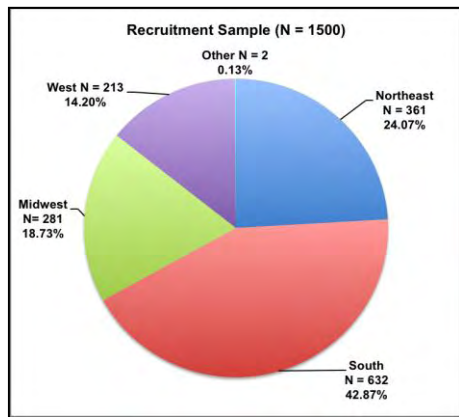
## **Appendix B**

### **Demographic Data Summary**

1. Please indicate the primary leadership role in which you are currently employed

	Count	Percent
COO/CNO	34	6.1%
CNO	139	24.8%
CEO	11	2.0%
Director/Administrator	243	43.4%
Manager	29	5.2%
Faculty	17	3.0%
Consultant	31	5.5%
Other	56	10.0%
<b>Total</b>	<b>560</b>	<b>100%</b>

2. Primary place of work



3. What is your gender?

	Count	Percent
Female	509	91.6%
Male	47	8.5%
<b>Total</b>	<b>556</b>	<b>100%</b>
<b>(Missing)</b>	<b>4</b>	

4. What is your age?

	Count	Percent
Under 25 years old	0	0.0%
25 - 34 years old	3	0.5%
35 - 44 years old	27	4.9%
45 - 54 years old	202	36.4%
55 - 64 years old	300	54.1%
65 and older	23	4.1%
	<b>Total</b>	<b>555</b>
	<b>(Missing</b>	<b>5)</b>
		<b>100%</b>

5. What is your race/ethnic background? (Optional)

	Count	Percent
White	496	90.7%
Black or African American	26	4.8%
American Indian and Alaska Native	2	0.4%
Asian	3	0.6%
Native Hawaiian and other Pacific Islander	0	0.0%
Hispanic or Latino	15	2.7%
Middle Eastern	0	0.0%
Other	5	0.9%
	<b>Total</b>	<b>547</b>
	<b>(Missing</b>	<b>13)</b>
		<b>100%</b>

6a. How many years have you been a registered nurse in the USA?

Number of Years	Count	Percent
0 to 9	1	0.2%
10 to 19	32	5.7%
20 to 29	126	22.5%
30 to 39	323	57.7%
40 to 49	74	13.2%
50 to 59	4	0.7%
	<b>Total</b>	<b>560</b>
		<b>100%</b>

6b. How many years have you been practicing in a nurse executive role?

Number of Years	Count	Percent
0 to 9	136	24.3%
10 to 19	233	41.7%
20 to 29	150	26.8%
30 to 39	40	7.2%
40 to 49	0	0.0%
50 to 59	0	0.0%
	<b>Total</b>	<b>559</b>
	<b>(Missing</b>	<b>1)</b>
		<b>100%</b>

6c. How many years have you been ANCC certified as a Nurse Executive or Nurse Executive, Advanced?

Number of Years	Count	Percent
0 to 9	355	63.9%
10 to 19	136	24.5%
20 to 29	62	11.2%
30 to 39	3	0.5%
40 to 49	0	0.0%
50 to 59	0	0.0%
	<b>Total</b>	<b>556</b>
	<b>(Missing</b>	<b>3)</b>
	<b>(Invalid</b>	<b>1)</b>
		<b>100%</b>

7. To whom do you report?

	Count	Percent
CEO	163	29.3%
COO/CNO	85	15.3%
CNO/Vice-President for Nursing	159	28.6%
Director/Administrator	48	8.6%
Manager	2	0.4%
Faculty	5	0.9%
Consultant	10	1.8%
Other	85	15.3%
	<b>Total</b>	<b>557</b>
	<b>(Missing</b>	<b>3)</b>
		<b>100%</b>

8. Do you hold any other certifications?

	Count	Percent
Yes	209	37.4%
No	350	62.6%
<b>Total</b>	<b>559</b>	<b>100%</b>
(Missing)	(1)	

9. What is the size of the primary service area your facility serves?

	Count	Percent
Less than 2,500	9	1.6%
2,500 - 49,999	48	8.6%
50,000 - 249,999	165	29.6%
250,000 - 999,999	163	29.3%
Greater than 999,999	106	19.0%
Unknown	66	11.9%
<b>Total</b>	<b>557</b>	
(Missing)	(3)	

10. Which best describes your current primary employment setting?

	Count	Percent
Ambulatory Care Setting – Hospital Based	23	4.1%
Ambulatory Care Setting – Private Practice	5	0.9%
Ambulatory Care Setting – Surgical Center	0	0.0%
Community/Public Health (City/County/State/Federal Agency)	9	1.6%
Consulting Firm	17	3.0%
Correctional Nursing	1	0.2%
Day Treatment Center	0	0.0%
Home Health Care	9	1.6%
Hospice/Palliative Care	4	0.7%
Hospital, In Patient	341	60.9%
Hospital, Critical Access	24	4.3%
Managed Care (HMO, Blue Cross/Blue Shield)	2	0.4%
Skilled Nursing/Subacute/Long-term Care)	7	1.3%
Occupational Health	0	0.0%
Rural Health Clinic	0	0.0%
Other	47	8.4%

\*The percentage is computed using "Total = 560," however, the total count is larger than 560, as this question asks the respondents to choose all that apply

11. What is the number of beds in your facility (if applicable)?

Number of Beds	Count	Percent
0	15	3.4%
1 to 249	134	30.0%
250 to 499	137	30.7%
500 to 749	89	19.9%
750 to 999	48	10.7%
1000 to 1249	14	3.1%
1250 to 1499	1	0.2%
1500 to 1749	4	0.9%
1750 to 1999	2	0.5%
Above 2000	3	0.7%
	<b>Total</b>	<b>447</b>
	<b>(Missing</b>	<b>113)</b>
		<b>100%</b>

12. Is your facility's primary service area considered regional, national or international?

	Count	Percent
Regional	466	83.4%
National	61	10.9%
International	32	5.7%
	<b>Total</b>	<b>559</b>
	<b>(Missing</b>	<b>1</b>

13. Indicate your highest degree(s) earned. (Mark all that apply.)

	Count	Percent
Baccalaureate in Nursing	115	20.5%
Masters in Nursing	339	60.5%
Ph.D. in Nursing	40	7.1%
Doctor of Nursing (DNS/DSN/DNSc)	10	1.8%
Doctor of Nursing Practice (DNP)	29	5.2%
B.A./B.S. in Program Other than Nursing	12	2.1%
M.A./M.S. in Program Other than Nursing	86	15.4%
MBA	81	14.5%
Ph.D. in Program Other than Nursing	25	4.5%
Other	62	11.1%

\*The percentage is computed using "Total = 560," however, the total count is larger than 560, as this question asks the respondents to choose all that apply



14. What is the total number of employees within your area of responsibility? (If applicable)

Number of Employees	Count	Percent
0	15	3.0%
1 to 499 (see table below for break out)	315	62.6%
500 to 999	42	15.1%
1000 to 1999	59	11.7%
2000 to 2999	18	3.58
3000 to 3999	8	1.6%
4000 to 4999	4	0.8%
5000 to 10000	5	1.0%
Over 10000	3	0.6%
	<b>Total</b>	<b>503</b>
	<b>(Missing</b>	<b>57)</b>
		<b>100%</b>

15. Do you work within a Magnet or Pathways to Excellence designated facility?

	Count	Percent
Yes, Magnet designated	168	30.2%
Yes, Pathways to Excellence designated	28	5.0%
No	360	64.8%
	<b>Total</b>	<b>556</b>
	<b>(Missing</b>	<b>4)</b>

16. How many direct reports do you have?

Number of Direct Reports	Count	Percent
0	25	4.7%
1 to 19	431	80.4%
20 to 39	50	9.3%
40 to 59	17	3.2%
60 to 79	3	0.6%
80 to 99	2	0.4%
Over 100	8	1.5%
	<b>Total</b>	<b>536</b>
	<b>(Missing</b>	<b>24)</b>

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## **Appendix C**

### **Work Activities Descriptive Statistics**

**Nurse Executive, Advanced**

Survey Order	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
1. Fosters a work environment of mutual respect, trust, and civility	560	2.0	0.2	2.0	2.6	0.6	3.0	3.9	0.2	4.0	38.3	5.1
2. Creates an environment for empowered decision-making, professional accountability, recognition, and autonomy	560	1.6	0.5	2.0	2.2	0.7	2.0	3.7	0.5	4.0	29.0	11.1
3. Facilitates active involvement of registered nurses in decision making related to professional standards of practice	560	1.7	0.5	2.0	2.1	0.7	2.0	3.5	0.6	4.0	29.7	10.9
4. Authorizes plans, policies and procedures for the appropriate utilization of nursing personnel at all practice levels in accordance with the provisions of the state's nurse practice act, professional practice standards, and regulatory agencies	560	1.8	0.4	2.0	2.6	0.6	3.0	3.5	0.7	4.0	34.6	9.7
5. Develops policies and procedures that ensure compliance with regulatory, professional standards, and organizational integrity	560	1.7	0.5	2.0	2.6	0.6	3.0	3.2	0.8	3.0	33.1	10.4
6. Serves as member of the organization's highest decision-making body for strategic planning and operations	560	1.5	0.6	2.0	2.0	0.9	2.0	3.0	1.1	3.0	26.2	13.0
7. Evaluates trends impacting nursing practice and the health care environment	560	1.5	0.5	1.0	1.8	0.8	2.0	3.0	0.8	3.0	23.3	12.0
8. Collaborates in the design and improvement of information systems to ensure appropriate, effective and efficient clinical practice	560	1.4	0.5	1.0	2.0	0.8	2.0	2.7	0.8	3.0	22.7	11.8
9. Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources	560	1.9	0.4	2.0	2.4	0.7	3.0	3.6	0.6	4.0	34.8	9.0
10. Secures adequate resources for decision analysis in collaboration with appropriate departments	560	1.5	0.5	2.0	1.9	0.7	2.0	3.0	0.8	3.0	25.0	12.1
11. Allocates personnel to provide care using a multidisciplinary approach	560	1.8	0.4	2.0	2.1	0.8	2.0	3.3	0.8	4.0	32.2	10.4
12. Identifies organizational problems and priorities to ensure a safe care delivery system for the populations served	560	1.8	0.4	2.0	2.5	0.7	3.0	3.5	0.7	4.0	34.0	9.7
13. Designs processes to establish and maintain standards consistent with the identified outcomes	560	1.5	0.5	2.0	2.2	0.7	2.0	3.1	0.8	3.0	25.9	11.6
14. Selects databases that reflect appropriate measures for desired outcomes	560	1.2	0.5	1.0	1.6	0.8	2.0	2.3	0.9	2.0	17.6	11.2

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = minimal, 2 = moderate, 3= significant; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Nurse Executive, Advanced**

Survey Order	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
15. Develops databases that reflect appropriate measures for desired outcomes	560	1.0	0.6	1.0	1.4	0.9	1.0	1.8	1.1	2.0	13.0	10.2
16. Develops the nursing strategic plan consistent with the organizational strategic plan	560	1.3	0.5	1.0	2.0	0.8	2.0	2.6	0.9	2.0	21.2	11.1
17. Establishes framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	560	1.4	0.5	1.0	2.0	0.8	2.0	2.6	0.9	3.0	22.9	11.7
18. Promotes framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	560	1.5	0.5	2.0	2.1	0.8	2.0	3.1	0.9	3.0	25.5	11.8
19. Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice	560	1.6	0.5	2.0	1.9	0.9	2.0	2.9	1.1	3.0	27.7	12.4
20. Enforces workplace practices that protect employee and patient rights and safety	560	1.9	0.3	2.0	2.7	0.6	3.0	3.7	0.7	4.0	37.9	6.7
21. Plans for succession by coaching and mentoring nurse leaders and direct care nurses	560	1.2	0.4	1.0	1.8	0.8	2.0	2.8	0.8	3.0	17.6	9.8
22. Create a climate to address the issues of professional development of staff and job satisfaction	560	1.6	0.5	2.0	2.1	0.7	2.0	3.3	0.7	3.0	27.4	11.5
23. Provides for educational opportunities for staff, based on multiple sources, such as learning needs assessment, informal feedback from staff, and program evaluation data	560	1.4	0.5	1.0	1.8	0.8	2.0	2.9	0.9	3.0	22.8	11.7
24. Establishes new roles and responsibilities based on the changing needs in patient population and the health care environment	560	1.2	0.4	1.0	1.7	0.7	2.0	2.4	0.8	2.0	17.6	10.1
25. Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process	560	1.6	0.6	2.0	1.9	0.9	2.0	2.7	1.1	3.0	26.6	12.8
26. Collaborates within the organization and/or community to improve comprehensive health care delivery, organizational performance, and safe/quality care	560	1.4	0.5	1.0	1.9	0.8	2.0	2.8	0.9	3.0	23.2	12.9
27. Establishes formal and informal performance appraisal processes used in the organization	560	1.3	0.6	1.0	1.7	0.8	2.0	2.4	1.1	2.0	20.3	12.6
28. Establishes mechanisms to manage interdisciplinary conflict, such as chain of command and just culture models in the workplace	560	1.6	0.5	2.0	2.2	0.8	2.0	2.8	0.9	3.0	27.0	12.1

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = minimal, 2 = moderate, 3= significant; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Nurse Executive, Advanced**

Survey Order	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
29. Establishes mechanisms for the development of health care assessment elements and processes specific to populations served (patients/clients/residents/community)	560	1.2	0.6	1.0	1.6	0.9	2.0	2.1	1.0	2.0	16.9	12.0
30. Analyzes the effectiveness and efficiency of clinical and administrative processes	560	1.5	0.5	2.0	2.0	0.8	2.0	3.0	0.9	3.0	25.7	12.2
31. Leads implementation strategies to recognize, recruit and retain an engaged and satisfied staff	560	1.6	0.5	2.0	2.3	0.7	2.0	3.2	0.8	3.0	28.5	11.6
32. Develops business plans, including new programs and services	560	1.2	0.4	1.0	1.8	0.8	2.0	2.3	0.8	2.0	17.1	9.7
33. Implements business plans, including new programs and services	560	1.2	0.5	1.0	2.0	0.7	2.0	2.4	0.8	2.0	19.2	10.4
34. Evaluates business plans, including new programs and services	560	1.2	0.5	1.0	1.9	0.7	2.0	2.5	0.8	2.0	18.8	10.2
35. Collaborates in developing workplace policy and procedures that protect employee and patient rights and safety	560	1.7	0.5	2.0	2.3	0.8	2.0	2.9	0.9	3.0	30.7	11.0
36. Creates a vision to improve care	560	1.5	0.5	2.0	2.2	0.8	2.0	2.9	1.0	3.0	26.0	11.9
37. Creates a culture of pervasive leadership	560	1.5	0.5	2.0	2.0	0.8	2.0	3.2	0.9	3.0	25.3	12.5
38. Gathers support for nursing strategic plans and other organizational initiatives	560	1.5	0.5	2.0	2.1	0.8	2.0	3.2	0.8	3.0	26.0	11.9
39. Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking	560	1.7	0.5	2.0	2.1	0.8	2.0	3.5	0.7	4.0	30.0	11.0
40. Removes barriers to effectively implement strategic plan to achieve vision	560	1.4	0.5	1.0	2.1	0.8	2.0	3.0	0.8	3.0	23.3	11.4
41. Plans for sustained change	560	1.4	0.5	1.0	2.1	0.7	2.0	3.1	0.8	3.0	23.8	11.4
42. Evaluates own leadership effectiveness related to the attainment of the strategic plan and the vision for professional nursing	560	1.3	0.5	1.0	2.0	0.8	2.0	3.0	0.9	3.0	21.4	11.2

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = minimal, 2 = moderate, 3= significant; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Nurse Executive, Advanced**

Survey Order	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
43. Creates an environment where staff engages in reflective nursing practice	560	1.4	0.5	1.0	1.7	0.8	2.0	2.9	0.9	3.0	22.1	12.6
44. Fosters an environment that supports life-long learning	560	1.6	0.5	2.0	1.8	0.8	2.0	3.3	0.8	3.0	26.9	11.7
45. Incorporates relevant research and evidence based principles into leadership practice	560	1.6	0.5	2.0	2.0	0.8	2.0	3.2	0.8	3.0	27.9	11.6
46. Encourages innovative activities and actions for improving quality and safety	560	1.8	0.4	2.0	2.1	0.8	2.0	3.4	0.7	4.0	31.3	10.4
47. Uses a variety of sources of power to change systems, structures, policies to be in alignment with vision	560	1.4	0.5	1.0	1.9	0.8	2.0	3.0	0.8	3.0	21.8	11.5
48. Leads change management initiatives	560	1.5	0.5	2.0	2.0	0.7	2.0	3.1	0.8	3.0	25.6	11.8
49. Leverages the value of nursing to influence other stakeholders	560	1.6	0.5	2.0	2.0	0.8	2.0	3.1	0.8	3.0	26.2	12.0
50. Creates a culture that recognizes and include diverse population and individual differences	560	1.7	0.5	2.0	2.0	0.8	2.0	3.2	0.8	3.0	29.8	10.6
51. Develops strategies to recognize, recruit and retain an engaged and satisfied staff	560	1.7	0.5	2.0	2.3	0.8	2.0	3.3	0.8	3.0	30.6	11.0
52. Creates an environment that is supportive of the development and implementation of the professional practice model that fosters excellence in care delivery	560	1.6	0.5	2.0	2.2	0.8	2.0	3.4	0.7	3.5	28.4	11.5
53. Influences health care policy development through local, state, or national political advocacy	560	1.1	0.4	1.0	1.4	0.8	1.0	2.0	0.9	2.0	12.9	8.7
54. Builds relationships with key stakeholders	560	1.9	0.4	2.0	2.3	0.8	3.0	3.6	0.7	4.0	34.3	9.9
55. Represents the organization from a public relations perspective to the media and the broader community	560	1.4	0.6	1.0	1.7	1.0	2.0	2.2	1.1	2.0	21.4	13.2
56. Establishes a framework for professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, efficient, quality patient care	560	1.4	0.5	1.0	2.2	0.7	2.0	2.9	0.8	3.0	23.8	11.4
57. Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe,	560	1.7	0.5	2.0	2.2	0.7	2.0	3.4	0.7	3.0	30.0	11.0

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = minimal, 2 = moderate, 3= significant; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Nurse Executive, Advanced**

Survey Order	N	Performance Expectation			Consequence			Frequency			Overall Rank		
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	
quality patient care													
58. Creates an environment supportive of nursing research and scholarly inquiry	560	1.4	0.5	1.0	1.7	0.8	2.0	2.8	0.8	3.0	20.8	11.6	
59. Advocates for resources that support nursing research and scholarly inquiry	560	1.3	0.5	1.0	1.5	0.8	2.0	2.5	0.9	2.0	18.4	11.5	
60. Prioritizes nursing research to align with nursing's and the organizations strategic plan and objectives	560	1.2	0.5	1.0	1.6	0.8	2.0	2.3	0.9	2.0	16.7	10.6	
61. Disseminates research and evidence-based findings, guidelines and practices	560	1.5	0.5	2.0	1.7	0.8	2.0	2.8	0.9	3.0	24.1	12.5	
62. Creates an environment that is supportive of nurse investigation, development, implementation, and systematic evaluation of standards of practice and standards of care	560	1.5	0.5	2.0	1.9	0.7	2.0	3.0	0.8	3.0	25.0	11.8	
63. Develops innovative plans related to care delivery systems	560	1.2	0.5	1.0	1.8	0.7	2.0	2.5	0.8	2.0	18.3	10.4	
64. Integrates evidence-based practice into clinical and operational processes	560	1.7	0.5	2.0	2.2	0.8	2.0	3.2	0.8	3.0	30.6	10.9	
65. Establishes procedures for the review of proposed research studies, including protection of the rights of human subjects	560	1.1	0.6	1.0	1.7	1.0	2.0	1.8	1.1	2.0	15.8	11.7	
66. Facilitates the development and continuous improvement of organizational systems, processes, and/or practices	560	1.7	0.5	2.0	2.2	0.8	2.0	3.3	0.8	3.0	29.9	11.3	
67. Supports outcome measurement and evidence-based practice through participation in external programs of study (e.g. National Database of Nursing Quality Indicators)	560	1.6	0.5	2.0	1.9	0.8	2.0	3.1	0.9	3.0	26.7	12.3	
68. Determines the appropriate use of innovative applications and new technologies throughout the continuum of care.	560	1.3	0.5	1.0	1.7	0.8	2.0	2.6	0.9	3.0	20.4	11.5	
69. Facilitates interdisciplinary collaboration in data analysis and decision-making processes	560	1.6	0.5	2.0	1.9	0.8	2.0	3.0	0.8	3.0	26.1	12.2	

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = minimal, 2 = moderate, 3= significant; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently



**Nurse Executive, Advanced**

Survey Order	N	Performance Expectation			Consequence			Frequency			Overall Rank	
		Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
70. Collaborates in the identification of organizational problems and priorities to ensure a safe care delivery system for the populations served.	560	1.8	0.4	2.0	2.4	0.7	2.0	3.3	0.7	3.0	32.7	10.5
71. Integrate clinical, human resource, and financial data to support decision-making	560	1.8	0.4	2.0	2.3	0.7	2.0	3.5	0.7	4.0	32.3	10.7
72. Facilitates interdisciplinary participation, including patients/clients/residents and families, in the identification of desired outcomes	560	1.6	0.5	2.0	1.9	0.8	2.0	2.9	0.9	3.0	26.7	12.3
73. Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice	560	1.9	0.3	2.0	2.5	0.7	3.0	3.6	0.7	4.0	35.9	8.3
74. Establishes baseline for process and outcome measures when developing new measures	560	1.5	0.5	2.0	1.9	0.8	2.0	2.7	0.9	3.0	24.3	12.1
75. Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making	560	1.7	0.5	2.0	2.0	0.7	2.0	3.2	0.7	3.0	29.9	10.6
76. Directs the identification of key indicators, including measures of quality, safety, and other outcomes of nursing practice	560	1.7	0.5	2.0	2.2	0.7	2.0	3.2	0.8	3.0	29.7	11.0
77. Evaluates process and outcome measures over time compared to baseline and national benchmarks	560	1.5	0.5	1.5	2.0	0.8	2.0	3.1	0.8	3.0	25.1	12.0
78. Prioritizes quality monitoring activities based on regulatory requirements, workload and quality of care	560	1.7	0.5	2.0	2.2	0.7	2.0	3.2	0.8	3.0	30.3	10.9
79. Creates balanced scorecard, which includes clinical and non-clinical outcomes	560	1.3	0.5	1.0	1.8	0.8	2.0	2.7	1.0	3.0	20.7	11.9

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = minimal, 2 = moderate, 3= significant; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

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**Appendix D**  
**Work Activities Mean Overall Criticality – Rank Order**

**Nurse Executive, Advanced**

**Rank Order**

		Overall Rank		
		N	Mean	Std Dev
1	Fosters a work environment of mutual respect, trust, and civility	560	38.3	5.1
20	Enforces workplace practices that protect employee and patient rights and safety	560	37.9	6.7
73	Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice	560	35.9	8.3
9	Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources	560	34.8	9.0
4	Authorizes plans, policies and procedures for the appropriate utilization of nursing personnel at all practice levels in accordance with the provisions of the state's nurse practice act, professional practice standards, and regulatory agencies	560	34.6	9.7
54	Builds relationships with key stakeholders	560	34.3	9.9
12	Identifies organizational problems and priorities to ensure a safe care delivery system for the populations served	560	34.0	9.7
5	Develops policies and procedures that ensure compliance with regulatory, professional standards, and organizational integrity	560	33.1	10.4
70	Collaborates in the identification of organizational problems and priorities to ensure a safe care delivery system for the populations served.	560	32.7	10.5
71	Integrate clinical, human resource, and financial data to support decision-making	560	32.3	10.7
11	Allocates personnel to provide care using a multidisciplinary approach	560	32.2	10.4
46	Encourages innovative activities and actions for improving quality and safety	560	31.3	10.4
35	Collaborates in developing workplace policy and procedures that protect employee and patient rights and safety	560	30.7	11.0
51	Develops strategies to recognize, recruit and retain an engaged and satisfied staff	560	30.6	11.0
64	Integrates evidence-based practice into clinical and operational processes	560	30.6	10.9
78	Prioritizes quality monitoring activities based on regulatory requirements, workload and quality of care	560	30.3	10.9
39	Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking	560	30.0	11.0
57	Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care	560	30.0	11.0
75	Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making	560	29.9	10.6

**Nurse Executive, Advanced**

**Rank Order**

		Overall Rank		
		N	Mean	Std Dev
66	Facilitates the development and continuous improvement of organizational systems, processes, and/or practices	560	29.9	11.3
50	Creates a culture that recognizes and include diverse population and individual differences	560	29.8	10.6
76	Directs the identification of key indicators, including measures of quality, safety, and other outcomes of nursing practice	560	29.7	11.0
3	Facilitates active involvement of registered nurses in decision making related to professional standards of practice	560	29.7	10.9
2	Creates an environment for empowered decision-making, professional accountability, recognition, and autonomy	560	29.0	11.1
31	Leads implementation strategies to recognize, recruit and retain an engaged and satisfied staff	560	28.5	11.6
52	Creates an environment that is supportive of the development and implementation of the professional practice model that fosters excellence in care delivery	560	28.4	11.5
45	Incorporates relevant research and evidence based principles into leadership practice	560	27.9	11.6
19	Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice	560	27.7	12.4
22	Create a climate to address the issues of professional development of staff and job satisfaction	560	27.4	11.5
28	Establishes mechanisms to manage interdisciplinary conflict, such as chain of command and just culture models in the workplace	560	27.0	12.1
44	Fosters an environment that supports life-long learning	560	26.9	11.7
67	Supports outcome measurement and evidence-based practice through participation in external programs of study (e.g. National Database of Nursing Quality Indicators)	560	26.7	12.3
72	Facilitates interdisciplinary participation, including patients/clients/residents and families, in the identification of desired outcomes	560	26.7	12.3
25	Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process	560	26.6	12.8
49	Leverages the value of nursing to influence other stakeholders	560	26.2	12.0
6	Serves as member of the organization's highest decision-making body for strategic planning and operations	560	26.2	13.0
69	Facilitates interdisciplinary collaboration in data analysis and decision-making processes	560	26.1	12.2
36	Creates a vision to improve care	560	26.0	11.9

**Nurse Executive, Advanced**

**Rank Order**

		Overall Rank		
		N	Mean	Std Dev
38	Garners support for nursing strategic plans and other organizational initiatives	560	26.0	11.9
13	Designs processes to establish and maintain standards consistent with the identified outcomes	560	25.9	11.6
30	Analyzes the effectiveness and efficiency of clinical and administrative processes	560	25.7	12.2
48	Leads change management initiatives	560	25.6	11.8
18	Promotes framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	560	25.5	11.8
37	Creates a culture of pervasive leadership	560	25.3	12.5
77	Evaluates process and outcome measures over time compared to baseline and national benchmarks	560	25.1	12.0
10	Secures adequate resources for decision analysis in collaboration with appropriate departments	560	25.0	12.1
62	Creates an environment that is supportive of nurse investigation, development, implementation, and systematic evaluation of standards of practice and standards of care	560	25.0	11.8
74	Establishes baseline for process and outcome measures when developing new measures	560	24.3	12.1
61	Disseminates research and evidence-based findings, guidelines and practices	560	24.1	12.5
56	Establishes a framework for professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, efficient, quality patient care	560	23.8	11.4
41	Plans for sustained change	560	23.8	11.4
40	Removes barriers to effectively implement strategic plan to achieve vision	560	23.3	11.4
7	Evaluates trends impacting nursing practice and the health care environment	560	23.3	12.0
26	Collaborates within the organization and/or community to improve comprehensive health care delivery, organizational performance, and safe/quality care	560	23.2	12.9
17	Establishes framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	560	22.9	11.7
23	Provides for educational opportunities for staff, based on multiple sources, such as learning needs assessment, informal feedback from staff, and program evaluation data	560	22.8	11.7

**Nurse Executive, Advanced**

**Rank Order**

		Overall Rank		
		N	Mean	Std Dev
8	Collaborates in the design and improvement of information systems to ensure appropriate, effective and efficient clinical practice	560	22.7	11.8
43	Creates an environment where staff engages in reflective nursing practice	560	22.1	12.6
47	Uses a variety of sources of power to change systems, structures, policies to be in alignment with vision	560	21.8	11.5
42	Evaluates own leadership effectiveness related to the attainment of the strategic plan and the vision for professional nursing	560	21.4	11.2
55	Represents the organization from a public relations perspective to the media and the broader community	560	21.4	13.2
16	Develops the nursing strategic plan consistent with the organizational strategic plan	560	21.2	11.1
58	Creates an environment supportive of nursing research and scholarly inquiry	560	20.8	11.6
79	Creates balanced scorecard, which includes clinical and non-clinical outcomes	560	20.7	11.9
68	Determines the appropriate use of innovative applications and new technologies throughout the continuum of care.	560	20.4	11.5
27	Establishes formal and informal performance appraisal processes used in the organization	560	20.3	12.6
33	Implements business plans, including new programs and services	560	19.2	10.4
34	Evaluates business plans, including new programs and services	560	18.8	10.2
59	Advocates for resources that support nursing research and scholarly inquiry	560	18.4	11.5
63	Develops innovative plans related to care delivery systems	560	18.3	10.4
24	Establishes new roles and responsibilities based on the changing needs in patient population and the health care environment	560	17.6	10.1
14	Selects databases that reflect appropriate measures for desired outcomes	560	17.6	11.2
21	Plans for succession by coaching and mentoring nurse leaders and direct care nurses	560	17.6	9.8

**Nurse Executive, Advanced**

**Rank Order**

		<b>Overall Rank</b>		
		<b>N</b>	<b>Mean</b>	<b>Std Dev</b>
32	Develops business plans, including new programs and services	560	17.1	9.7
29	Establishes mechanisms for the development of health care assessment elements and processes specific to populations served (patients/clients/residents/community)	560	16.9	12.0
60	Prioritizes nursing research to align with nursing's and the organizations strategic plan and objectives	560	16.7	10.6
65	Establishes procedures for the review of proposed research studies, including protection of the rights of human subjects	560	15.8	11.7
15	Develops databases that reflect appropriate measures for desired outcomes	560	13.0	10.2
53	Influences health care policy development through local, state, or national political advocacy	560	12.9	8.7



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The mission of the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), is to promote excellence in nursing and health care globally through credentialing programs. ANCC's internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas. It recognizes healthcare organizations that promote nursing excellence and quality patient outcomes, while providing safe, positive work environments. In addition, ANCC accredits health care organizations that provide and approve continuing nursing education. It also offers educational materials to support nurses and organizations as they work toward their credentials.

ANCC's Certification Program enables nurses to demonstrate their specialty expertise and validate their knowledge to employers and patients. Through targeted exams that incorporate the latest nursing-practice standards, ANCC certification empowers nurses with pride and professional satisfaction.



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