



2014

Nurse Executive

Role Delineation Study Summary Report

May 2015

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Measurement Services Department Leaders

- Tim Sares, PhD, Assistant Director
- Jaehoon Seol, PhD, Assistant Director
- Lee Skinner, MA, Director

Measurement Services Staff Contributors

- Cheray Jones, Data Specialist
- Teresa Myers, Administrative Assistant
- Denise Mahone, Senior Administrative Assistant
- Gossie Nworu, MS, Data Specialist
- Chie Ohba, PhD, Survey & Data Analyst

Meeting Facilitators & Presenters

- Daria Ellis, PhD, Research Scientist
- Nichole Thomas, PhD, Research Scientist

Report Author

- Nichole Thomas, PhD, Research Scientist

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 of America. ANCC's 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 22,000 candidates took an ANCC certification examination or submitted a portfolio for ANCC certification in 2014. In addition to certification, ANCC provides services such as the Magnet and Pathways 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's current goal is to conduct a study of each advanced practice specialty approximately every four years, in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings of a role delineation study are used to update the content of a certification examination.

The 2014 Nurse Executive Role Delineation Study involved two sets of activities that ran 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 outline and item distribution for the certification exam.

Updated Test Content Outline

The results of this role delineation study were used in developing and updating the test content outline for the Nurse Executive Examination. Examination forms produced based on the Nurse Executive Test Content Outline developed through this study are scheduled to go into effect on January 12, 2016.

Role of the Content Expert Panel

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to nurse executive nursing to serve on content expert panels for this study. The internal qualifications and assembly criteria for the Nurse Executive CEP were met. All of the content experts serving on the CEP were certified by ANCC in

Nurse Executive Nursing and were invited to serve on the panel based upon their expertise in the specialty. The CEP 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 outline.

Survey Methodology

The 2014 Nurse Executive Role Delineation Study involved two sets of activities that ran concurrently: a national web-based survey and a linking activity. . 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. A role delineation study panel met for three days from July 28-30, 2014 to draft a pilot version of the survey and construct the initial map of KSAs relevant to the work activities included in the survey. Due to the significant overlap in the Nurse Executive and Nurse Executive – Advanced specialties, the panel for this meeting was comprised of six nurse executive content experts and four nurse executive – advanced content experts. The same national survey was used for both specialties, although the survey for each specialty was sent only to nurses board certified in the specialty for the respective exam. A linking activity was also conducted to identify the major KSA domains and subdomains required to successfully perform the work activities listed in the survey. The linking activity for this exam was completed by the 10 nurse executive CEP members. The results of both the survey and linking activity were used as foundational documents for updating the test content outline and item distribution.

Survey Chronology

The survey development, administration, and review spanned seven months.

July – September 2014

- The role delineation study panel along with ANCC staff drafted the survey.
- The survey was pilot tested and revised.

September - November 2014

- The CEP completed an activity to link all of the work activity survey items to the domains and subdomains in the KSA map.
- The final survey was administered on the web.

November – December 2014

- The survey activity results were analyzed, and activity weights were determined.
- The panel met to review the survey results and activity weights; and to discuss revisions to the test content outline and item distribution for the certification examination.

Sample Selection

In June of 2014, there were a total of 1,135 actively certified ANCC nurse executives with mailing addresses in the United States. One hundred of these nurses were selected via a stratified random sample, based on region, to participate in the pilot

survey and all other ANCC certified nurse executives were invited to participate in the national survey. Table 1 includes a geographic breakdown of the ANCC certified nurse executives selected to participate in the national survey from each region.

Table 1. Number of ANCC-certified Nurse Executives selected per Geographic Region

Geographic Region	Number of ANCC Certified Nurse Executives	Percent of Total Population
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	415	27.67
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	318	21.20
Other – AE, AP, APO	6	0.40
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	566	37.73
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	195	13.00
Total	1,500	100.00

Survey Development and Measures

From July 28-30, 2014 the CEP met in Silver Spring, MD in order to draft the national *Nurse Executive Role Delineation Study Survey* for the 2014 role delineation study. The CEP reviewed and discussed the American Nurses Associations' *Nursing Administration: Scope and Standards of Practice (2009)*, as well as the work activities which were used in ANCC's 2011 *Role Delineation Survey of Nurse Executive and Nurse Executive Advanced Nurses*. Across multiple sessions in the three-day meeting, the CEP discussed and deliberated on additions, deletions, and revisions that should be made to update the 2014 work activity list to reflect current practice in nurse executive nursing. As a result of this meeting, the panel reached consensus on a list of 78 work activities to be used in the 2014 survey. These work activities were divided into five domains: Structures and Processes; Exemplary Professional Practices; Transformational Leadership; New Knowledge, Innovations, 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 13 demographic questions, which are presented in Appendix B.

During this meeting, the panel also reviewed and approved three scales that survey 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 three questions associated with each work activity, 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, the importance of each scale to the performance of the work activity was considered. The Performance expectation scale was determined to be more critical than the other two scales for representing entry-level practice, and the performance expectation scale was specifically designed to distinguish entry-level skills from advanced skills. The consequence scale was regarded as less

Table 2. Survey Questions for Rating Work Activity Statements

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 nurse newly certified in nurse executive nursing 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: Considering your setting, how often does the nurse newly certified in nurse executive nursing perform this activity?

- Not performed (The nurse newly certified in nurse executive nursing never performs this activity)
- Seldom (The nurse newly certified in nurse executive nursing performs this activity a few times a year)
- Monthly (The nurse newly certified in nurse executive nursing performs this activity approximately once a month)
- Weekly (The nurse newly certified in nurse executive nursing performs this activity approximately once or twice a week)
- Daily (The nurse newly certified in nurse executive nursing performs this activity approximately every day or multiple times a day)

Consequences: Incorrect performance of this activity could cause the patient:

- Little or no physical or psychological harm.
- Moderate physical or psychological harm.
- Severe physical or psychological harm.

critical than the performance expectation scale, but 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 newly certified specialists and have the greatest impact on public health or safety. Thus this hierarchical scheme was used as the organizing mechanism for combining responses from the three survey scales into an overall measure of criticality.

Data Collection

Pilot Testing. Using the same procedures intended for administering the final survey, the survey was piloted in August and September of 2014. One hundred ANCC certified nurse executive nurses were selected using a stratified random sample from the entire population of board certified nurses in the specialty area. Sixteen of the nurse executives invited to take the pilot survey completed the survey. The results of the pilot test indicated that the work activities were appropriate and reflective of the job of the nurse executives. However, a post-pilot survey conference call was conducted to present the results of the pilot survey and provide CEP members with an opportunity to make any needed revisions to the survey.

National Survey. In October and November of 2014, the 1,500 ANCC-certified nurse executives invited to take the national web-based survey were sent at least two of 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 noted that respondents completing the survey would receive a five hour reduction of their continuing education requirement for ANCC recertification in the specialty area. The first follow-up reminder letter was sent about two weeks after the alert letter to all respondents. The reminder included language thanking individuals who had already submitted their completed survey, as well as language encouraging individuals to complete the survey, if they had not already done so. The final follow-up reminder letter was sent out only to individuals who had not yet responded to the survey and was sent out approximately two weeks prior to the end of the survey administration period.

Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the CEP, 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 includes a description of 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 certification as a nurse executive nurse, could cause severe negative consequences if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 39.

A score between 37.00 and 41.00 indicated that a work activity is generally expected to be performed within the first six months of certification as a nurse executive nurse and could cause severe negative consequences if incorrectly performed. A score between 32.0 and 36.99 suggests that a work activity is generally expected to be performed within the first six months of certification as a nurse executive nurse and could cause moderate negative consequences if incorrectly performed. 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 received an overall criticality score of 1 as the bottom row in Table 3 indicates.

Survey Results

The total sample of the national survey included 1,500 ANCC certified nurse executive nurses. A total of 355 surveys were returned, with 312 surveys completed yielding an overall response rate of 23.67% percent and a total usable response rate of 20.80%.

Table 3. Construction of the Overall Criticality Variable

Performance Expectations	Survey Response Options		Overall Criticality Ranking
	Consequences	Frequency	
Within the first 6 months of certification within the specialty	Severe negative consequences	Always	41
		Frequently	40
		Occasionally	39
		Seldom	38
		Never	37
	Moderate negative consequences	Always	36
		Frequently	35
		Occasionally	34
		Seldom	33
		Never	32
	Mild negative consequences	Always	31
		Frequently	30
		Occasionally	29
		Seldom	28
		Never	27
	No negative consequences	Always	26
		Frequently	25
		Occasionally	24
		Seldom	23
		Never	22
After the first 6 months of certification within the specialty	Severe negative consequences	Always	21
		Frequently	20
		Occasionally	19
		Seldom	18
		Never	17
	Moderate negative consequences	Always	16
		Frequently	15
		Occasionally	14
		Seldom	13
		Never	12
	Mild negative consequences	Always	11
		Frequently	10
		Occasionally	9
		Seldom	8
		Never	7
	No negative consequences	Always	6
		Frequently	5
		Occasionally	4
		Seldom	3
		Never	2
After the first 6 months of certification within the specialty (Continued)	No negative consequences	Never	1

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

Table 4. Number of Surveys Returned per Geographic Region

Geographic Region	Number Selected (Percent of total pop.)	Number Return (percent of total pop.)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	415 (27.67)	101 (32.37)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	318 (21.20)	76 (24.36)
Other – AE, AP, APO	6 (0.40)	2 (0.64)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	566 (37.73)	104 (33.33)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	195 (13.00)	29 (9.29)
Total	1,500 (100.00)	312 (100.00)

Demographic Information

Appendix B includes the nurse executive nurse survey responses to the 13 demographic questions, which included inquiry about the respondents’ background and practice settings.

Demographic Background

Results from the demographic portion of the survey indicated that 94% of the survey respondents were female, and 6% were male. Most respondents, 46%, were in the 55 to 64 age range; the 45 to 54 age range, in which 36% of respondents fell; or in the 35 to 44 age range, in which 11% of the respondents fell. In addition, 5% of respondents were 65 or older, and 2% of respondents were in the 25 to 34 age range. Ninety-four percent of respondents identified as white; four percent of respondents identified as black or African-American; one percent of respondents identified as Asian; and less than one percent of respondents identified as other.

For highest degree earned, respondents selected all response options that applied. Five percent of respondents selected doctorate, with 4% having earned a Doctor of Nursing Practice. One percent of respondents selected Doctor of Philosophy degree in nursing, and 1% selected doctorate in a program other than nursing. Fifty-seven percent of respondents selected a master’s in nursing, and 13% of respondents selected a master’s degree in a program other than nursing. In addition, 32% of participants selected bachelor’s degree in nursing; eleven percent selected B.A./M.S. in program other than nursing; and 11% of respondents selected other educational credentials.

Forty-six percent of respondents had fewer than between 30 and 39 years of experience as a registered nurse; thirty percent of respondents had between 20 and 29 years of experience as a registered nurse; thirteen percent of respondents had between 10 and 19 years of experience as a registered nurses; and twelve percent of respondents had between 40 and 49 years of experience as a registered nurse. In

terms of experience in a leadership role, 42% of respondents had between ten and nineteen years of experience; thirty percent had between 20 and 29 years of experience; fourteen percent had between one and 9 years of experience; thirteen percent of respondents had between 30 and 39 years of experience; one percent had between 40 and 49 years of experience; and less than 1% of respondents had more than fifty years of experience. The average number of years of experience the nurse executives had as an RN was 30 years. The respondents also held an average of 20 years of experience serving in a leadership role.

Practice Settings

For facility's primary service area, the majority of respondents indicated that the primary service area is regional. Eighty-nine percent of respondents indicated that their primary services area is regional. Seven percent of respondents indicated that their primary service area is national, and five percent of respondents indicated that their primary services area is international.

The primary employment setting of most participants was hospital – in patient. Seventy-two percent of respondents selected in-patient hospital as their primary employment setting. Twelve percent of respondents selected ambulatory care setting – hospital based as their primary employment setting.

The majority of respondents worked in Magnet or Pathways to Excellence designated facilities. Forty-eight percent of respondents worked in Magnet designated facilities. Five percent of respondents worked in Pathways to Excellence designated facilities. Forty-eight percent of respondents worked in facilities that were neither Magnet nor Pathways to Excellence designated facilities.

Nearly 80% of nurse executives have between one and 499 employees within their area of responsibility, with the total number of employees within your area of responsibility between one and 99 for 46% of respondents; between 100 and 199 for 16% of respondents; between 200 and 299 for 10% of respondents; between 400 and 499 for 5% of respondents; and between 300 and 399 for 3% of respondents.

Eighty-five percent of nurse executives have between one and 99 direct reports, with the number of direct reports between one and 99 for 32% of respondents and between 10 and 19 for 20% of respondents. The number of direct reports is between 100 and 199 for 6% of respondents. Only one percent of respondents have between 300 and 499 direct reports.

Most nurse executives reported to either a Chief Nursing Officer/Vice-President for Nursing or Director/Administrator. Forty-three percent of respondents indicated that they report to a Chief Nursing Officer/Vice President. Thirty-six percent of respondents indicated that they report a Director/Administrator. Seven percent of respondents indicated that they report to a Chief Executive Officer and 7% of respondents indicated that they report to a person with an "other" title; four percent of respondents indicated that they report to a Chief Operating Officer; and three percent of respondents indicated that they report to a Manager.

Practice Descriptions

Descriptive statistics (total counts, means, and standard deviations) for the three ratings of all 78 work activities, performance expectation, consequence, and frequency, as well as 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 data were 0.9371, 0.9808, and 0.9625, respectively. Cronbach's coefficient alpha, a measure of internal stability, ranges in value between zero and one.

In Appendix D, the overall criticality statistics are presented in rank order of criticality. As shown in Table 5, four work activity statements were rated by the 312 respondents as highly critical (with a mean overall criticality rank of 32 or above). Seventy-five percent of these work activities fell into three domains: *Exemplary Professional Practices* (50%); *Structures and Processes* (25%); and *Transformational Leadership* (25%).

Table 5. Number of Work Activities by Mean Overall Criticality Range for Nurse Executive Nurses

	Mean Overall Criticality Score								Total
	Between 37.0 and 41	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	number above 32.0
Number of Work Activities	1	3	21	25	15	11	2	0	4

Tables 6 and 7 include the 20 highest-ranked and the 20 lowest-ranked work activities by mean overall criticality respectively. The highest ranked task (#19 *Promotes workplace practices that protect employee and patient rights and safety*) received a criticality rank of 37.59. This work activity highlighted in Table 6 is listed under the domain *Exemplary Professional Practices*.

The lowest ranked work activity (#53 *Influences healthcare policy development through local, state, or national political advocacy*) received a criticality ranking of 11.03 and is highlighted in Table 7. This work activity is found within domain *Transformational Leadership*.

Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name	Overall Criticality	
	Mean	Standard Deviation
19.Promotes workplace practices that protect employee and patient rights and safety	37.59	6.31
1. Fosters a professional work environment of mutual respect, trust, and civility	36.55	5.74
22. Creates a climate to promote employee satisfaction and engagement.	34.15	8.16
73.Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice	33.27	10.11
56.Fosters an environment of transformational learning that promotes critical thinking and clinical judgment	31.11	10.56
54.Builds relationships with key stakeholders	30.7	11.24
37.Creates a vision for professional nursing practice that promotes patient and family centered care	30.02	11.04
29. Collaborates in establishing approaches to manage interdisciplinary conflict, such as chain of command and effective communication.	29.68	10.7
10.Allocates resources to provide care using a multidisciplinary approach	29.67	10.65
52.Creates an environment that is supportive of the development and implementation of the professional practice model which fosters excellence in care delivery	29.27	11.05
58.Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care	29.21	11.27
67.Supports outcome measurement and evidence-based practice through the use of nursing and healthcare related national benchmarks (e.g. National Database of Nursing Quality Indicators, Leapfrog, CDC)	29.05	11.47
47.Encourages innovative activities and actions for improving quality and safety	28.95	10.88
21.Creates a climate to promote professional development of staff	28.92	10.28
78.Prioritizes quality activities based on regulatory requirements, human resource needs and patient outcomes	28.87	11.63
11.Identifies organizational opportunities and priorities to facilitate a safe care delivery system for the populations served	28.77	11.97
32.Develops strategies to recruit, recognize, and retain a competent, engaged, and satisfied workforce	28.74	11.8
40.Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking	28.72	11.03
51.Ensures cultural competency that recognizes and includes diverse population and individual differences	28.7	11.28
18.Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice	28.67	12.29

Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name	Overall Criticality	
	Mean	Standard Deviation
31.Analyzes the effectiveness and efficiency of clinical and administrative processes	20.24	11.94
16.Establishes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	19.86	12.41
27.Collaborates within the organization and community to promote comprehensive patient focused healthcare delivery to the population served	19.16	11.61
26.Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process	18.82	13.44
7. Evaluates trends impacting nursing practice and the healthcare environment	18.81	10.82
60.Aligns nursing research and evidence-based practice with nursing and organizational strategic plans.	18.02	11.01
55.Represents the organization and the profession from a public relations perspective to the media and the broader community	17.36	13.36
48.Uses a variety of sources of power to change systems, structures, and policies to achieve alignment with vision	16.68	10.21
63.Develops innovative plans related to care delivery systems	16.60	10.22
20.Plans for succession by mentoring nurse leaders and direct care nurses	16.32	9.53
24.Establishes new roles and responsibilities based on the changing needs in patient population	16.16	10.05
13.Selects appropriate databases to measure and track desired outcomes.	15.71	10.68
25.Establishes new roles and responsibilities based on the changing needs in the healthcare environment	15.66	9.97
15.Develops the nursing strategic plan consistent with the organizational strategic plan	15.50	10.39
65.Establishes procedures to ensure the review of proposed research studies, including protection of the rights of human subjects	14.82	11.70
34.Implements business plans, including new programs and services	14.35	8.79
35.Evaluates business plans, including new programs and services	13.73	8.47
33.Develops business plans, including new programs and services	12.92	8.72
30.Establishes mechanisms to assess community healthcare needs specific to populations served (patients/clients/residents/community)	11.72	9.20
53.Influences healthcare policy development through local, state, or national political advocacy	11.03	7.46

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Appendix A
Work Activities Statements

2014 Nurse Executive Exam (10)
National Survey Tasks/Activities List
Role Delineation Study

Structures and Processes

1. Fosters a professional work environment of mutual respect, trust, and civility
2. Creates a practice environment of empowered decision-making, professional accountability, and autonomy
3. Facilitates active involvement of nurses in decision making related to professional standards of practice
4. Approves 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 and accreditation agencies
5. Develops policies and procedures that ensure regulatory compliance with professional standards and organizational integrity
6. Represents nursing as an advisor to an organization's decision-making body for planning and operations
7. Evaluates trends impacting nursing practice and the healthcare environment
8. Collaborates in the design, development, and improvement of information systems to ensure appropriate, effective and efficient patient and family centered clinical practice
9. Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources to achieve best outcomes.
10. Allocates resources to provide care using a multidisciplinary approach
11. Identifies organizational opportunities and priorities to facilitate a safe care delivery system for the populations served
12. Designs processes to establish and maintain standards consistent with the identified outcomes
13. Selects appropriate databases to measure and track desired outcomes.
14. Implements models such as just culture to promote a culture of high reliability and safety

Exemplary Professional Practices

15. Develops the nursing strategic plan consistent with the organizational strategic plan
16. Establishes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice
17. Promotes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice
18. Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice
19. Promotes workplace practices that protect employee and patient rights and safety
20. Plans for succession by mentoring nurse leaders and direct care nurses
21. Creates a climate to promote professional development of staff
22. Creates a climate to promote employee satisfaction and engagement.
23. Provides opportunities for staff education , based on 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
25. Establishes new roles and responsibilities based on the changing needs in the healthcare environment
26. Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process

27. Collaborates within the organization and community to promote comprehensive patient focused healthcare delivery to the population served
28. Collaborates on formal and informal performance appraisal processes for nursing practice
29. Collaborates in establishing approaches to manage interdisciplinary conflict, such as chain of command and effective communication.
30. Establishes mechanisms to assess community healthcare needs specific to populations served (patients/clients/residents/community)
31. Analyzes the effectiveness and efficiency of clinical and administrative processes
32. Develops strategies to recruit, recognize, and retain a competent, engaged, and satisfied workforce
33. Develops business plans, including new programs and services
34. Implements business plans, including new programs and services
35. Evaluates business plans, including new programs and services
36. Collaborates in developing workplace programs to promote and protect employee and patient rights and safety

Transformational Leadership:

37. Fosters a vision for professional nursing practice that promotes patient and family centered care
38. Cultivates an environment to promote leadership across all levels of nursing
39. Elicits support for nursing strategic plans and other organizational initiatives
40. Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking
41. Removes barriers to effectively implement strategic plan to achieve vision
42. Incorporates strategies for sustained change
43. Evaluates own leadership effectiveness related to the alignment and the attainment of the strategic plan and the vision for professional nursing
44. Creates an environment where staff engages in reflective nursing practice
45. Fosters an environment that supports life-long learning
46. Incorporates relevant research and evidence-based principles into leadership practice
47. Encourages innovative activities and actions for improving quality and safety
48. Uses a variety of sources of power to change systems, structures, and policies to achieve alignment with vision
49. Leads change-management processes
50. Leverages the value of nursing to influence other stakeholders
51. Ensures cultural competency that recognizes and includes diverse population and individual differences
52. Creates an environment that is supportive of the development and implementation of the professional practice model which fosters excellence in care delivery
53. Influences healthcare policy development through local, state, or national political advocacy
54. Builds relationships with key stakeholders
55. Represents the organization and the profession from a public relations perspective to the media and the broader community
56. Fosters an environment of transformational learning that promotes critical thinking and clinical judgment

New Knowledge, Innovations, and Improvement:

57. 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
58. Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care
59. Advocates for resources to support nurse investigation, development, implementation, and systematic evaluation of standards of practice
60. Aligns nursing research and evidence-based practice with nursing and organizational strategic plans
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 to ensure 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 practices
67. Supports outcome measurement and evidence-based practice through the use of nursing and healthcare related national benchmarks (e.g. National Database of Nursing Quality Indicators, Leapfrog, CDC)
68. Facilitates the appropriate use of innovative systems, applications and new technologies throughout the continuum of care

Empirical Outcomes:

69. Facilitates interdisciplinary collaboration in data analysis and decision-making processes
70. Collaborates in the identification of organizational opportunities and priorities to ensure a safe care delivery system for the populations served
71. Integrates clinical, human resource, and financial data to support decision-making
72. Facilitates interdisciplinary participation to include the voice of the customers 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 baselines for clinical and non-clinical processes and outcome 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 trends over time compared to baseline and national benchmarks
78. Prioritizes quality activities based on regulatory requirements, human resource needs and patient outcomes

Appendix B
Demographic Data Summary

2014 Nurse Executive (10)
National Survey Demographic Data
 Role Delineation Study

Q1: What is the state of your primary place of work?

	Recruitment		Respondents	
	Count	Percent	Count	Percent
Northeast	318	21.20%	76	24.36%
South	566	37.73%	104	33.33%
Midwest	415	27.67%	101	32.37%
West	195	13.00%	29	9.29%
Other	6	0.40%	2	0.64%
Total	1500	100.00%	490	100.00%

Q2: What is your gender?

	Count	Percent
Female	292	93.59%
Male	20	6.41%
Total	312	100.00%

Q3. What is your age?

	Count	Percent
25 - 34 years old	6	1.92%
35 - 44 years old	34	10.90%
45 - 54 years old	112	35.90%
55 - 64 years old	144	46.15%
65 and older	16	5.13%
Total	312	100.00%

Q4. What is your racial/ethnic background? (Optional)

	<u>Count</u>	<u>Percent</u>
White	287	93.79%
Black or African American	13	4.25%
American Indian and Alaska Native	1	0.33%
Asian	4	1.31%
Native Hawaiian and other Pacific Islander	0	0.00%
Hispanic or Latino	0	0.00%
Middle Eastern	0	0.00%
Other	1	0.33%
<hr/>		
Total	306	100.00%
Not Answered	6	

Q5. Indicate your highest degree(s) earned (Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Baccalaureate in Nursing	102	32.69%
Masters in Nursing	179	57.37%
Ph.D. in Nursing	3	0.96%
Doctor of Nursing (DNS/DSN/DNSc)	0	0.00%
Doctor of Nursing Practice (DNP)	11	3.53%
B.A./M.S. in Program Other than Nursing	34	10.90%
MBA	41	13.14%
Doctoral Program Other than Nursing	3	0.96%
Other	36	11.54%

*N = 312 was used to compute the percentage

Other (36 responses)

	<u>Count</u>
A.S. Nursing	1
BSN and MPH	1
Certificate in Nursing Administration	1
Certified as Clinical and Procurement Transplant Coordinator	1
Current graduate student for MSN	1
Currently enrolled in PhD in nursing program	1
MA	1
MA IN BUSINESS	1
Masters of Arts Community Counseling	1
MBA/TM	1
M.Ed.	1
Master Healthcare Administration	1
Masters Healthcare Administration	1
Masters Healthcare Administration	1
Masters in Health Administration	1
Masters in Health Administration	1
Masters in Health Administration	1
Master's in Health Care Administration	1
Masters in Healthcare Administration	1
Masters in Healthcare Administration	1
Masters in Health Care Administration, Licensed Health Facility	1
Masters of health science MHS	1
Master in Health System Administration	1
MPH - Healthcare Management & Policy	1
MS	1
MS in Healthcare Administration	1
M.S. in Healthcare Management	1
MS Health Services Administration	1
Master of Science degree in Human Resource Management	1
MS in Management Health Care Administration	1
MSA	1
MSA Healthcare	1
MSM	1
MSM also	1
Post Graduate Diploma in Education	1
Working on DNP	1

Q6. How many years of experience do you have:

	as a registered nurse		in a leadership role	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
Less than 1	0	0.00%	0	0.00%
1 to 9	1	0.32%	42	13.46%
10 to 19	40	12.82%	132	42.31%
20 to 29	92	29.49%	92	29.49%
30 to 39	142	45.51%	41	13.14%
40 to 49	36	11.54%	4	1.28%
More than 50	1	0.32%	1	0.32%
Total	312	100.00%	312	100.00%
Mean	29.75		19.78	

Q7. Which best describes your current primary employment setting? (Check all that apply)

	<u>Count</u>	<u>Percent</u>
Ambulatory Care Setting - Hospital Based	38	12.18%
Ambulatory Care Setting - Private Practice	4	1.28%
Ambulatory Care Setting - Surgical Center	4	1.28%
Behavioral Health In-Patient Setting	7	2.24%
Behavioral Health Out-Patient Setting	3	0.96%
Community/Public Health (city/county/state/federal agency)	1	0.32%
Consulting Firm	5	1.60%
Correctional Nursing	0	0.00%
Day Treatment Center	0	0.00%
Home Health Care	6	1.92%
Hospice/Palliative Care	9	2.88%
Hospital, In patient	226	72.44%
Hospital, Critical Access	10	3.21%
Managed Care (HMO, Blue Cross/Blue Shield)	1	0.32%
Skilled Nursing/Subacute/Long- Term Care	7	2.24%
Occupational Health	0	0.00%
Rural Health Clinic	0	0.00%
School or College Health	0	0.00%

*N = 312 was used to compute the percentage

(continued)

	<u>Count</u>	<u>Percent</u>
School/College of Nursing	4	1.28%
VA/Armed Forces	12	3.85%
Others	11	3.53%

*N = 312 was used to compute the percentage

Q8. Do you work within a Magnet or Pathways to Excellence designated facility?
(Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Yes, Magnet designated	150	48.08%
Yes, Pathways to Excellence designated	16	5.13%
No	150	48.08%

*N = 312 was used to compute the percentage

Q9. How would you describe your facility's primary service area?
(Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Regional	277	88.78%
National	23	7.37%
International	16	5.13%

*N = 312 was used to compute the percentage

Q10. What is the number of beds in your facility (if applicable)?

		<u>Count</u>
0		3
1-499		183
	1-99	21
	100-199	40
	200-299	39
	300-399	43
	400-499	40
500-999		67
	500-599	32
	600-699	12
	700-799	12
	800-899	5
	900-999	6
1000-1499		10
1500-1999		1
2000 and over		2
Other		6
	500+	2
	>550	1
	700+	1
	900+	1
	1000+	1
<hr/>		
Total		272
N/A		7
Not Sure		1
Not Answered		32

Q11. To whom do you report? (Choose all that apply)

	<u>Count</u>	<u>Percent</u>
CEO	22	7.05%
COO	12	3.85%
CNO/Vice-President for Nursing	135	43.27%
Director/Administrator	112	35.90%
Manager	9	2.88%
Dean	4	1.28%
Consultant	1	0.32%
Other	23	7.37%

*N = 312 was used to compute the percentage

Other (23 responses)

	<u>Count</u>
ACNO	1
Associate Chief Nursing	1
Associate Chief Nurse	2
AVP for Nursing	1
Chief Business Development Officer	1
CMO	1
Divisional Director	1
dotted line to CNO	1
Executive Director	1
Executive Director of Medical-Surgical Services	1
Executive Vice President	1
Legal	1
None - Own Consultant Firm	1
physician	1
President	1
Regional Market CEO	1
Senior Vice President of Nursing and Clinical Services	1
Sr V.P. Patient Care Services	1
SVP	1
VP Ambulatory Care Services	1
Vice President of Emergency Services	1
Vice President for Transplant Services	1

Q12. What is the total number of employees within your area of responsibility
(if applicable)?

		<u>Count</u>
0		5
1-499		245
	1-99	142
	100-199	49
	200-299	30
	300-399	9
	400-499	15
500-999		22
	500-599	6
	600-699	5
	700-799	2
	800-899	3
	900-999	6
1000-1499		3
1500-1999		1
Over 2000		3
Other		5
	50+	1
	>56	1
	350 +	1
	375+	1
	400+	1
<hr/>		
Total		285
N/A		7
Not Answered		20

Q13. How many direct reports do you have?

			<u>Count</u>
0			24
1-99			264
	1-9	101	
	10-19	61	
	20-29	15	
	30-39	15	
	40-49	15	
	50-59	16	
	60-69	11	
	70-79	16	
	80-89	11	
	90-99	3	
100-199			18
	100-109	6	
	110-119	1	
	120-129	4	
	130-139	0	
	140-149	2	
	150-159	3	
	160-169	0	
	170-179	0	
	180-189	2	
	190-199	0	
200-299			0
300-399			1
400-499			1
Other			2
	25+	1	
	50+	1	
Total			310
N/A			2

Appendix C
Work Activities Descriptive Statistics

Nurse Executive Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
1. Fosters a professional work environment of mutual respect, trust, and civility	312	1.96	0.21	312	3.89	0.34	312	2.31	0.74	312	36.55	5.74
2. Creates a practice environment of empowered decision-making, professional accountability, and autonomy	312	1.56	0.50	312	3.53	0.54	312	1.88	0.69	312	26.12	11.02
3. Facilitates active involvement of nurses in decision making related to professional standards of practice	312	1.59	0.49	312	3.31	0.59	312	1.79	0.69	312	26.08	11.46
4. Approves 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 and accreditation agencies	312	1.51	0.54	312	3.05	0.92	312	2.09	0.78	312	26.11	12.40
5. Develops policies and procedures that ensure regulatory compliance with professional standards and organizational integrity	312	1.44	0.55	312	2.88	0.94	312	2.16	0.80	312	24.83	12.58
6. Represents nursing as an advisor to an organization's decision-making body for planning and operations	312	1.34	0.53	312	2.80	0.95	312	1.69	0.64	312	20.44	11.55
7. Evaluates trends impacting nursing practice and the healthcare environment	312	1.32	0.50	312	2.69	0.82	312	1.49	0.59	312	18.81	10.82
8. Collaborates in the design, development, and improvement of information systems to ensure appropriate, effective and efficient patient and family centered clinical practice	312	1.36	0.54	312	2.56	0.94	312	1.66	0.65	312	20.43	11.85
9. Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources to achieve best outcomes	312	1.59	0.52	312	3.14	0.82	312	1.96	0.70	312	27.00	11.83
10. Allocates resources to provide care using a multidisciplinary approach	312	1.74	0.47	312	3.24	0.80	312	1.90	0.72	312	29.67	10.65
11. Identifies organizational opportunities and priorities to facilitate a safe care delivery system for the populations served	312	1.66	0.49	312	3.21	0.89	312	2.05	0.80	312	28.77	11.97
12. Designs processes to establish and maintain standards consistent with the identified outcomes	312	1.41	0.52	312	2.88	0.84	312	1.77	0.65	312	22.05	11.62
13. Selects appropriate databases to measure and track desired outcomes	312	1.15	0.57	312	2.28	1.09	312	1.42	0.56	312	15.71	10.68
14. Implements models such as just culture to promote a culture of high reliability and safety	312	1.53	0.53	312	3.10	0.94	312	2.05	0.78	312	25.98	12.58
15. Develops the nursing strategic plan consistent with the organizational strategic plan	312	1.08	0.54	312	2.17	1.21	312	1.67	0.66	312	15.50	10.39
16. Establishes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	312	1.27	0.61	312	2.49	1.22	312	1.78	0.72	312	19.86	12.41
17. Promotes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	312	1.57	0.55	312	3.15	1.03	312	1.91	0.72	312	26.43	12.15
18. Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice	312	1.67	0.52	312	3.13	1.12	312	1.98	0.78	312	28.67	12.29
19. Promotes workplace practices that protect employee and patient rights and safety	312	1.95	0.21	312	3.80	0.47	312	2.55	0.67	312	37.59	6.31
20. Plans for succession by mentoring nurse leaders and direct care nurses	312	1.17	0.44	312	2.72	0.89	312	1.58	0.62	312	16.32	9.53
21. Creates a climate to promote professional development of staff	312	1.73	0.44	312	3.42	0.68	312	1.77	0.70	312	28.92	10.28
22. Creates a climate to promote employee satisfaction and engagement	312	1.88	0.33	312	3.68	0.53	312	2.20	0.73	312	34.15	8.16

Nurse Executive Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
23.Provides opportunities for staff education , based on learning needs assessment, informal feedback from staff, and program evaluation data	312	1.58	0.53	312	3.03	0.81	312	1.71	0.65	312	25.47	11.23
24.Establishes new roles and responsibilities based on the changing needs in patient population	312	1.19	0.48	312	2.33	0.89	312	1.51	0.59	312	16.16	10.05
25.Establishes new roles and responsibilities based on the changing needs in the healthcare environment	312	1.15	0.50	312	2.23	0.92	312	1.53	0.59	312	15.66	9.97
26.Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process	312	1.23	0.71	312	2.17	1.26	312	1.58	0.71	312	18.82	13.44
27.Collaborates within the organization and community to promote comprehensive patient focused healthcare delivery to the population served	312	1.34	0.54	312	2.48	0.99	312	1.52	0.65	312	19.16	11.61
28.Collaborates on formal and informal performance appraisal processes for nursing practice	312	1.71	0.46	312	3.06	0.79	312	1.84	0.67	312	28.33	10.56
29.Collaborates in establishing approaches to manage interdisciplinary conflict, such as chain of command and effective communication.	312	1.74	0.44	312	3.08	0.85	312	1.95	0.75	312	29.68	10.70
30.Establishes mechanisms to assess community healthcare needs specific to populations served (patients/clients/residents/community)	312	0.95	0.55	312	1.75	1.09	312	1.32	0.51	312	11.72	9.20
31.Analyzes the effectiveness and efficiency of clinical and administrative processes	312	1.34	0.53	312	2.60	0.97	312	1.69	0.65	312	20.24	11.94
32.Develops strategies to recruit, recognize, and retain a competent, engaged, and satisfied workforce	312	1.63	0.50	312	3.20	0.81	312	2.15	0.75	312	28.74	11.80
33.Develops business plans, including new programs and services	312	1.01	0.47	312	1.87	1.00	312	1.51	0.61	312	12.92	8.72
34.Implements business plans, including new programs and services	312	1.09	0.43	312	2.05	0.89	312	1.57	0.60	312	14.35	8.79
35.Evaluates business plans, including new programs and services	312	1.05	0.45	312	2.02	0.94	312	1.54	0.59	312	13.73	8.47
36.Collaborates in developing workplace programs to promote and protect employee and patient rights and safety	312	1.56	0.52	312	2.75	0.97	312	1.98	0.76	312	26.05	12.18
37.Fosters a vision for professional nursing practice that promotes patient and family centered care	312	1.72	0.46	312	3.45	0.77	312	2.02	0.72	312	30.02	11.04
38.Cultivates an environment to promote leadership across all levels of nursing	312	1.55	0.52	312	3.19	0.87	312	1.78	0.71	312	25.19	11.95
39.Elicits support for nursing strategic plans and other organizational initiatives	312	1.40	0.53	312	2.69	0.93	312	1.68	0.64	312	21.43	11.63
40.Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking	312	1.69	0.48	312	3.35	0.77	312	1.92	0.74	312	28.72	11.03
41.Removes barriers to effectively implement strategic plan to achieve vision	312	1.33	0.52	312	2.78	0.93	312	1.76	0.69	312	20.51	11.44
42. Incorporates strategies for sustained change.	312	1.40	0.51	312	2.96	0.76	312	1.85	0.67	312	22.35	11.37
43.Evaluates own leadership effectiveness related to the alignment and the attainment of the strategic plan and the vision for professional nursing	312	1.44	0.52	312	3.07	0.86	312	1.83	0.75	312	23.09	11.76
44.Creates an environment where staff engages in reflective nursing practice	312	1.48	0.55	312	3.04	0.92	312	1.67	0.69	312	23.41	12.20
45.Fosters an environment that supports life-long learning	312	1.67	0.50	312	3.34	0.82	312	1.70	0.70	312	27.39	11.17
46.Incorporates relevant research and evidence-based principles into leadership practice	312	1.56	0.52	312	3.08	0.84	312	1.71	0.70	312	24.92	11.71
47.Encourages innovative activities and actions for improving quality and safety	312	1.71	0.45	312	3.26	0.74	312	1.88	0.71	312	28.95	10.88

Nurse Executive Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
48. Uses a variety of sources of power to change systems, structures, and policies to achieve alignment with vision	312	1.20	0.47	312	2.57	0.91	312	1.56	0.66	312	16.68	10.21
49. Leads change-management processes	312	1.44	0.52	312	2.81	0.84	312	1.78	0.69	312	22.50	11.85
50. Leverages the value of nursing to influence other stakeholders	312	1.39	0.54	312	2.82	0.88	312	1.67	0.64	312	21.28	11.70
51. Ensures cultural competency that recognizes and includes diverse population and individual differences	312	1.70	0.47	312	3.19	0.88	312	1.90	0.75	312	28.70	11.28
52. Creates an environment that is supportive of the development and implementation of the professional practice model which fosters excellence in care delivery	312	1.70	0.46	312	3.40	0.75	312	1.97	0.75	312	29.27	11.05
53. Influences healthcare policy development through local, state, or national political advocacy	312	0.93	0.47	312	1.67	0.99	312	1.36	0.57	312	11.03	7.46
54. Builds relationships with key stakeholders	312	1.75	0.46	312	3.29	0.88	312	2.06	0.78	312	30.70	11.24
55. Represents the organization and the profession from a public relations perspective to the media and the broader community	312	1.15	0.70	312	1.96	1.38	312	1.64	0.75	312	17.36	13.36
56. Fosters an environment of transformational learning that promotes critical thinking and clinical judgment	312	1.77	0.42	312	3.49	0.65	312	2.05	0.78	312	31.11	10.56
57. 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	312	1.39	0.57	312	2.93	1.02	312	1.96	0.75	312	23.05	12.06
58. Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care	312	1.67	0.47	312	3.43	0.71	312	2.06	0.74	312	29.21	11.27
59. Advocates for resources to support nurse investigation, development, implementation, and systematic evaluation of standards of practice	312	1.36	0.52	312	2.75	0.98	312	1.69	0.67	312	20.60	11.90
60. Aligns nursing research and evidence-based practice with nursing and organizational strategic plans.	312	1.24	0.49	312	2.63	0.96	312	1.63	0.67	312	18.02	11.01
61. Disseminates research and evidence-based findings, guidelines and practices	312	1.39	0.55	312	2.63	0.90	312	1.63	0.65	312	21.12	11.96
62. Creates an environment that is supportive of nurse investigation, development, implementation, and systematic evaluation of standards of practice and standards of care	312	1.51	0.51	312	2.96	0.91	312	1.68	0.66	312	23.56	11.89
63. Develops innovative plans related to care delivery systems	312	1.20	0.50	312	2.37	0.96	312	1.54	0.60	312	16.60	10.22
64. Integrates evidence-based practice into clinical and operational processes	312	1.63	0.51	312	3.18	0.81	312	1.92	0.72	312	27.40	11.59
65. Establishes procedures to ensure the review of proposed research studies, including protection of the rights of human subjects	312	0.98	0.62	312	1.82	1.29	312	1.77	0.84	312	14.82	11.70
66. Facilitates the development and continuous improvement of organizational systems, processes, and practices	312	1.49	0.54	312	2.95	0.93	312	1.82	0.71	312	24.05	12.15
67. Supports outcome measurement and evidence-based practice through the use of nursing and healthcare related national benchmarks (e.g. National Database of Nursing Quality Indicators, Leapfrog, CDC)	312	1.69	0.48	312	3.22	0.84	312	1.97	0.72	312	29.05	11.47
68. Facilitates the appropriate use of innovative systems, applications and new technologies throughout the continuum of care	312	1.46	0.55	312	2.83	0.89	312	1.65	0.63	312	22.59	11.85

Nurse Executive Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
69.Facilitates interdisciplinary collaboration in data analysis and decision-making processes	312	1.48	0.53	312	2.72	0.83	312	1.66	0.65	312	22.71	11.88
70.Collaborates in the identification of organizational opportunities and priorities to ensure a safe care delivery system for the populations served.	312	1.57	0.53	312	2.95	0.92	312	1.88	0.75	312	25.99	12.48
71.Integrates clinical, human resource, and financial data to support decision-making	312	1.64	0.49	312	3.16	0.77	312	1.97	0.67	312	27.96	11.08
72.Facilitates interdisciplinary participation to include the voice of the customers in the identification of desired outcomes	312	1.55	0.55	312	2.90	0.91	312	1.79	0.68	312	25.11	12.27
73.Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice	312	1.81	0.40	312	3.47	0.70	312	2.30	0.74	312	33.27	10.11
74.Establishes baselines for clinical and non-clinical processes and outcome measures	312	1.42	0.56	312	2.71	0.91	312	1.75	0.67	312	22.21	12.02
75.Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making	312	1.58	0.50	312	3.04	0.80	312	1.80	0.64	312	25.74	11.37
76.Directs the identification of key indicators, including measures of quality, safety, and other outcomes of nursing practice	312	1.52	0.56	312	2.95	0.88	312	1.90	0.69	312	25.07	12.29
77.Evaluates process and outcome trends over time compared to baseline and national benchmarks	312	1.37	0.52	312	2.79	0.83	312	1.74	0.64	312	20.99	11.47
78.Prioritizes quality activities based on regulatory requirements, human resource needs and patient outcomes	312	1.67	0.49	312	3.20	0.80	312	2.05	0.75	312	28.87	11.63

Appendix D
Work Activities Mean Overall Criticality – Rank Order

Task/ Activity Statement	Overall Rank by Mean		
	N	Mean	Std Dev
19.Promotes workplace practices that protect employee and patient rights and safety	312	37.59	6.31
1. Fosters a professional work environment of mutual respect, trust, and civility	312	36.55	5.74
22.Creates a climate to promote employee satisfaction and engagement.	312	34.15	8.16
73.Facilitates the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organizational standards of practice	312	33.27	10.11
56.Fosters an environment of transformational learning that promotes critical thinking and clinical judgment	312	31.11	10.56
54.Builds relationships with key stakeholders	312	30.70	11.24
37.Creates a vision for professional nursing practice that promotes patient and family centered care	312	30.02	11.04
29.Collaborates in establishing approaches to manage interdisciplinary conflict, such as chain of command and effective communication.	312	29.68	10.70
10.Allocates resources to provide care using a multidisciplinary approach	312	29.67	10.65
52.Creates an environment that is supportive of the development and implementation of the professional practice model which fosters excellence in care delivery	312	29.27	11.05
58.Promotes professional nursing practice that is built on innovation, evidence-based practice, and new knowledge that ensures safe, quality patient care	312	29.21	11.27
67.Supports outcome measurement and evidence-based practice through the use of nursing and healthcare related national benchmarks (e.g. National Database of Nursing Quality Indicators, Leapfrog, CDC)	312	29.05	11.47
47.Encourages innovative activities and actions for improving quality and safety	312	28.95	10.88
21.Creates a climate to promote professional development of staff	312	28.92	10.28
78.Prioritizes quality activities based on regulatory requirements, human resource needs and patient outcomes	312	28.87	11.63
11.Identifies organizational opportunities and priorities to facilitate a safe care delivery system for the populations served	312	28.77	11.97
32.Develops strategies to recruit, recognize, and retain a competent, engaged, and satisfied workforce	312	28.74	11.80
40.Fosters an environment of transparency, appreciative inquiry, innovation and risk-taking	312	28.72	11.03
51.Ensures cultural competency that recognizes and includes diverse population and individual differences	312	28.70	11.28
18.Integrates the ANA Bill of Rights for Registered Nurses and Code of Ethics with Interpretive statements into daily practice	312	28.67	12.29
28.Establishes formal and informal performance appraisal processes for nursing practice	312	28.33	10.56
71.Integrates clinical, human resource, and financial data to support decision-making	312	27.96	11.08
64.Integrates evidence-based practice into clinical and operational processes	312	27.40	11.59
45.Fosters an environment that supports life-long learning	312	27.39	11.17
9. Collaborates with administrative and clinical peers in determining the acquisition, allocation, and use of fiscal and human resources to achieve best outcomes	312	27.00	11.83
17.Promotes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	312	26.43	12.15
2. Creates a practice environment of empowered decision-making, professional accountability, and autonomy	312	26.12	11.02
4. Approves 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 and accreditation agencies	312	26.11	12.40
3. Facilitates active involvement of nurses in decision making related to professional standards of practice	312	26.08	11.46
36.Collaborates in developing workplace programs to promote and protect employee and patient rights and safety	312	26.05	12.18

Overall Rank by Mean

Task/ Activity Statement	N	Mean	Std Dev
70.Collaborates in the identification of organizational opportunities and priorities to ensure a safe care delivery system for the populations served	312	25.99	12.48
14.Implements models such as just culture to promote a culture of high reliability and safety	312	25.98	12.58
75.Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making	312	25.74	11.37
23.Provides opportunities for staff education , based on learning needs assessment, informal feedback from staff, and program evaluation data	312	25.47	11.23
38.Cultivates an environment to promote leadership across all levels of nursing	312	25.19	11.95
72.Facilitates interdisciplinary participation to include the voice of the customers in the identification of desired outcomes	312	25.11	12.27
76.Directs the identification of key indicators, including measures of quality, safety, and other outcomes of nursing practice	312	25.07	12.29
46.Incorporates relevant research and evidence-based principles into leadership practice	312	24.92	11.71
5. Develops policies and procedures that ensure regulatory compliance with professional standards and organizational integrity	312	24.83	12.58
66.Facilitates the development and continuous improvement of organizational systems, processes, and practices	312	24.05	12.15
62.Creates an environment that is supportive of nurse investigation, development, implementation, and systematic evaluation of standards of practice and standards of care	312	23.56	11.89
44.Creates an environment where staff engages in reflective nursing practice	312	23.41	12.20
43.Evaluates own leadership effectiveness related to the alignment and the attainment of the strategic plan and the vision for professional nursing	312	23.09	11.76
57.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	312	23.05	12.06
69.Facilitates interdisciplinary collaboration in data analysis and decision-making processes	312	22.71	11.88
68.Determines the appropriate use of innovative systems, applications and new technologies throughout the continuum of care	312	22.59	11.85
49.Leads change-management processes.	312	22.50	11.85
42. Incorporates strategies for sustained change.	312	22.35	11.37
74.Establishes baselines for clinical and non-clinical processes and outcome measures	312	22.21	12.02
12.Designs processes to establish and maintain standards consistent with the identified outcomes	312	22.05	11.62
39.Elicits support for nursing strategic plans and other organizational initiatives	312	21.43	11.63
3. Facilitates active involvement of nurses in decision making related to professional standards of practice	312	26.08	11.46
36.Collaborates in developing workplace programs to promote and protect employee and patient rights and safety	312	26.05	12.18
70.Collaborates in the identification of organizational opportunities and priorities to ensure a safe care delivery system for the populations served.	312	25.99	12.48
14.Implements models such as just culture to promote a culture of high reliability and safety	312	25.98	12.58
75.Uses internal and external benchmarking data to evaluate performance and support best practices and decision-making	312	25.74	11.37
23.Provides opportunities for staff education , based on learning needs assessment, informal feedback from staff, and program evaluation data	312	25.47	11.23
38.Cultivates an environment to promote leadership across all levels of nursing	312	25.19	11.95
72.Facilitates interdisciplinary participation to include the voice of the customers in the identification of desired outcomes	312	25.11	12.27
76.Directs the identification of key indicators, including measures of quality, safety, and other outcomes of nursing practice	312	25.07	12.29
46.Incorporates relevant research and evidence-based principles into leadership practice	312	24.92	11.71

Overall Rank by Mean

Task/ Activity Statement	N	Mean	Std Dev
5. Develops policies and procedures that ensure regulatory compliance with professional standards and organizational integrity	312	24.83	12.58
66.Facilitates the development and continuous improvement of organizational systems, processes, and practices	312	24.05	12.15
62.Creates an environment that is supportive of nurse investigation, development, implementation, and systematic evaluation of standards of practice and standards of care	312	23.56	11.89
44.Creates an environment where staff engages in reflective nursing practice	312	23.41	12.20
43.Evaluates own leadership effectiveness related to the alignment and the attainment of the strategic plan and the vision for professional nursing	312	23.09	11.76
57.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	312	23.05	12.06
69.Facilitates interdisciplinary collaboration in data analysis and decision-making processes	312	22.71	11.88
68.Determines the appropriate use of innovative systems, applications and new technologies throughout the continuum of care	312	22.59	11.85
49.Leads change-management processes.	312	22.50	11.85
42. Incorporates strategies for sustained change.	312	22.35	11.37
74.Establishes baselines for clinical and non-clinical processes and outcome measures	312	22.21	12.02
12.Designs processes to establish and maintain standards consistent with the identified outcomes	312	22.05	11.62
39.Elicits support for nursing strategic plans and other organizational initiatives	312	21.43	11.63
50.Leverages the value of nursing to influence other stakeholders	312	21.28	11.70
61.Disseminates research and evidence-based findings, guidelines and practices	312	21.12	11.96
77.Evaluates process and outcome trends over time compared to baseline and national benchmarks	312	20.99	11.47
59.Advocates for resources to support nurse investigation, development, implementation, and systematic evaluation of standards of practice	312	20.60	11.90
41.Removes barriers to effectively implement strategic plan to achieve vision	312	20.51	11.44
6. Represents nursing as a member or an advisor to the organization's highest decision-making body for strategic planning and operations	312	20.44	11.55
8. Collaborates in the design, development, and improvement of information systems to ensure appropriate, effective and efficient patient and family centered clinical practice	312	20.43	11.85
31.Analyzes the effectiveness and efficiency of clinical and administrative processes	312	20.24	11.94
16.Establishes a framework for professional practice built on mission, vision, philosophy, core values, evidence, and standards of practice	312	19.86	12.41
27.Collaborates within the organization and community to promote comprehensive patient focused healthcare delivery to the population served	312	19.16	11.61
26.Participates in the evaluation and regulation of individuals as appropriate through credentialing, privileging, or certification process	312	18.82	13.44
7. Evaluates trends impacting nursing practice and the healthcare environment	312	18.81	10.82
60.Aligns nursing research and evidence-based practice with nursing and organizational strategic plans	312	18.02	11.01
55.Represents the organization and the profession from a public relations perspective to the media and the broader community	312	17.36	13.36
48.Uses a variety of sources of power to change systems, structures, and policies to achieve alignment with vision	312	16.68	10.21
63.Develops innovative plans related to care delivery systems	312	16.60	10.22
20.Plans for succession by mentoring nurse leaders and direct care nurses	312	16.32	9.53
24.Establishes new roles and responsibilities based on the changing needs in patient population	312	16.16	10.05

Overall Rank by Mean

Task/ Activity Statement	N	Mean	Std Dev
13.Selects appropriate databases to measure and track desired outcomes	312	15.71	10.68
25.Establishes new roles and responsibilities based on the changing needs in the healthcare environment	312	15.66	9.97
15.Develops the nursing strategic plan consistent with the organizational strategic plan	312	15.50	10.39
65.Establishes procedures to ensure the review of proposed research studies, including protection of the rights of human subjects	312	14.82	11.70
34.Implements business plans, including new programs and services	312	14.35	8.79
35.Evaluates business plans, including new programs and services	312	13.73	8.47
33.Develops business plans, including new programs and services	312	12.92	8.72
30.Establishes mechanisms to assess community healthcare needs specific to populations served (patients/clients/residents/community)	312	11.72	9.20
53.Influences healthcare policy development through local, state, or national political advocacy	312	11.03	7.46

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8515 Georgia Avenue
Suite 400
Silver Spring, MD 20190-4392

1.800.284.2378
301.628.5000 tel
301.628.5004 fax

www.nursecredentialing.org/

2014 Nurse Executive Role Delineation Study Summary Report

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