The Power of Interim Chief Nursing Officers

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When an institution loses a chief nursing officer (CNO), the nursing department experiences a short-term crisis. The loss of an executive nurse leader is particularly alarming because the loss brings significant financial, operational, and clinical risk. Often after a CNO leaves, the organizational structure changes, projects change or are abandoned, and expectations are altered. When a CNO leaves, a strategy to mitigate the loss to an organization must be considered. The purpose of this article is to present an investigation of the self-reports by participants on the role of interim CNOs and their contributions to an organization experiencing a CNO leadership transition.

When an institution loses a chief nursing officer (CNO), the nursing department experiences a short-term crisis. The loss of an executive nurse leader is particularly alarming as the loss brings significant financial, operational, and clinical risk.[1] Often after a CNO leaves, the organizational structure changes, projects change or are abandoned, and expectations are altered.[1] When a CNO leaves, a strategy to mitigate the loss to an organization must be considered. The purpose of this article is to present an investigation of the self-reports by participants on the role of interim CNOs and their contributions to an organization experiencing a CNO leadership transition.

BACKGROUND

Hospitals throughout the United States have long experienced the challenges that the nursing shortage has placed on their organizations.[2] Typically, this shortage has been observed at the point of care in acute care settings. However, a rapidly expanding shortage is now being seen at all levels of nursing leadership, especially at the CNO level.[3] The reluctance of some hospital administrators to implement succession planning initiatives contributes to the decrease in available CNO leadership.[4] A formal succession plan is important to provide strategic leadership continuity at all levels.

In the year 2018, a 113% increase in the demand for interim leadership services occurred, and new executive interim models were introduced.[5] These new models included the interim role of CNO coach and CNO content experts. These models place the interim in roles as mentor, coach, educator, and expert. As the role of the interim CNO expands, a great impact can be seen in the organization at the unit level where the interim CNO acts as a guide and resource, while bridging the gap to a long-term replacement.[6] Batcheller[3] described CNOs as responsible for creating the framework for practice excellence and innovation at every level within a nursing organization. CNOs are also responsible for the creation of a strategic nursing vision, workforce development, business planning, and the implementation of a safe and reliable care model.[3] In a climate where health care is in constant change, the frequent turnover of the CNO may threaten organizational stability and functioning.[7] Leaving key leadership positions, such as the CNO role, open for extended periods can place a health system at risk. Interim CNOs offer hospitals the expertise and time needed to find the best candidate and ensure a smooth transition.[8]

THEORETICAL FRAMEWORK

Rogers' Diffusion of Innovations theory[9] was the theoretical framework that guided this project. The interim CNO role is an innovative option for a CNO transition. This framework can support the planning and adoption of interim leaders because the integration of interim leaders into a health system represents an innovative change in leadership for many team members. Change agents such

KEY POINTS

- **In 2018, the demand for interim executive leadership services increased 113%.**
- **The reluctance of some hospital administrators to engage in succession planning has resulted in an inadequate pipeline of qualified, experienced executive nurse leaders.**
- **Experienced interim CNOs can keep an organization moving forward and ensure a smooth transition for a permanent leader.**

General Interview Questions, Interim CNO

1) Can you explain your experience(s) working as an interim CNO?
   a. How many interim CNOs roles have you held?
2) What do you consider success in an interim CNO role?
   a. Were these measurable successes?
   b. What evidence did you draw from? (i.e., HCAP scores, staff retention, etc.)
3) Can you speak to your influence within the organization working as an interim CNO?
4) What are both the positive and negatives that someone should know if they were seeking an interim CNO role?
   List Positive:
   List Negative:
5) The AONL Core Competencies are communication and relationship management, professionalism, knowledge of the healthcare environment, business skills and principles, and leadership skills. Can you speak to how they are each applicable/valuable in an interim CNO role?
   a. Could you rank them in importance to you?
   b. Could you rank them in importance to the employer?

Figure 1. Questions Guiding Interviews

as early adopters can help promote the interim leader and encourage successful integration within the team.

THE PROJECT

Through this qualitative, descriptive, exploratory project, we explored whether interim CNOs brought value as an alternative to fill a gap in leadership. As illustrated in Figure 1, the investigator developed 5 main questions to guide the oral interview process. These questions were formulated based on a review of the literature concerning the impact interim CNOs had on organizations, demand for the role, and competencies considered necessary for success as an interim executive nursing leader. Content validity for the questions was obtained by a review of 2 nursing leaders with expertise in qualitative research and nursing executive leadership.

METHODOLOGY

This study involved interviewing participants, and therefore prior consent was obtained. All interviews were deidentified as anonymous, remained confidential, and no participant or organizational names were used in the study results. All documentation was destroyed upon completion of the data analysis. The risks and negative consequences associated with this study were minimal. The project was received approval from the Texas Tech University Health Sciences Center Institutional Review Board before interviewing participants. Data were collected in the form of narrative stories with interviews and were captured via audio taping along with detailed notes. The audio tapes were transcribed using live data transcription to ensure accuracy and rigor. Data were collected until saturated with recurring themes and commonalities. To be accepted into this study, the participants had to have experience working as an interim CNO. There were no restrictions for exclusion by race, age, sex, ethnicity, or any other social or economic condition. Participants were found through known colleagues and by the use of snowball sampling. Confirmability of the data was ensured with an inquiry audit. This audit required the participants to clarify their responses as they were being obtained. When appropriate, clarifying questions were used, as described by Prestia,[10] and included questions such as; "May I repeat back what I think you said to me?" and "Can you expand on that?" Interpretation of the data through discussions, summaries, analysis, and rewrites was part of the process. Measurement of the data occurred by noting the repeated use of keywords and emerging themes. Interim placement firms were not interviewed to ensure no bias was introduced.

PARTICIPANT DEMOGRAPHICS

All participants were current interim CNOs or had been in the role within the last 5 years. All were 55 years of age when they assumed their first role as interim CNO, each had more than than 30 years of nursing experience, and all currently worked in acute care hospitals. The hospitals where they worked ranged in size from 25 to 550 beds. In total, 10 interim CNOs were interviewed. As a group, they averaged having served in 4 interim CNO roles. The majority of the group were married, and 8 were women and 2 were men.

ANALYSIS

Data were analyzed using thematic analysis. Data were reviewed separately by 2 nurse leaders with expertise in the study topic. The data were then compared for consistency of findings.

FINDINGS

Themes emerged from reliving the data by listening to and reading the transcribed texts. Six themes emerged, and they were as follows: focus and objectivity, chaos, relationships, content expert, influence, and sustainability. Figure 2 illustrates the discovered subthemes that were connected to each theme.

Focus and Objectivity

The participants found that the ability to identify priorities and maintain a sharp focus and objectivity created value for the organization. They believed that using an external interim CNO was an ideal option to bring this focus to the role as they arrived with a fresh set of eyes. As one interim stated, "The longer you are in a place, the less sharp your focus is, so that initial assessment is the most important and typically the most accurate." Interim CNOs also agreed that areas including measurable metrics such as quality improvement, financial responsibility, patient safety, and staff retention and engagement scores were all metrics they focused on heavily. Two interims noted that these metrics were measured before and after their assignments to ensure the organization had a measurable value increase in these defined areas. For all the participants, they agreed that interim stays past 6 months dulled their objectivity and focus. They believed that the longer the interim was in a role, the more they began to assimilate into established processes, organizational politics, and the status quo. Because interim CNOs are often brought in as change leaders, an awareness of this assimilation was vital for role performance and objectivity.

Chaos

Participants explain that "staying calm and collected while chaos reigned around them" is the hallmark of executive leadership. Interims were frequently brought into cultures that were in turmoil, and it was incumbent upon the interim to negate loss and contain damage. Commonly, the organizational culture was found to be dysfunctional due to a lack of strategic vision, and the interim was called upon to align physicians, nursing staff leadership, and other key stakeholders with clearly stated goals and direction. To create such an action plan, interims stated, "It was vital to assess an organization quickly," usually within 1 to 2 weeks after arrival. They also felt it was important to not go into an organization with guns blazing. Instead, they listened to the leadership and staff to develop purposeful agendas in which changes could be made and sustained after the interim's departure.

Theme	Subtheme
Focus	Focus creates measurable value
	Interim stays past 6 months dulls focus/assimilates
	Success depends on keeping objectivity sharp
Chaos	Stays calm
	Incumbent upon the interim to negate loss and contain damage
	Must quickly assess the organization (within a week) and create a defined action plan
Relationships	Relationships are established by purposeful listening, creating personalization, bringing positivity to the culture, quickly adapting, self-awareness, and providing honest feedback
	Aligns with the CEO and key stakeholders
	An "emotional bank account" says "I care" and helps the interim to be an effective coach and mentor to developing leaders
Content Expert	Created a sense of order and unity
	Identifies "hotspots"
	Data-driven change
	Case for change made prior to arrival
	Expected to bring immediate value
	Not "benchwarmers" or "baby sitters"
Influence	Strong decision makers, understands their strengths, are aware of expectations, and are experts in their field
	Had a "large voice", became the "voice of change", fellow leaders listened
	Purposeful and mindful of actions
	Accepted quickly
Sustainability	"Plays the long game" to build foundations that support innovation, change, new policies, and keeps staff "on track"
	Paves the way for success for permanent leader
	Hardwires new processes

Figure 2. Themes and Subthemes

Relationships

As illustrated in Figure 3, the group rated the ability to establish positive relationships as the number 1 competency. The participants believe that culture and organizational change is supported by establishing strategic relationships and, ultimately, aligning with the CEO to support an organization in transition. One participant stated she created an "emotional bank account" in which she could draw upon when difficult conversations were necessary. This bank account helped in establishing personalization with the team and created a positive foundation in which culture change would then be built. Many of the participants commented that "getting to

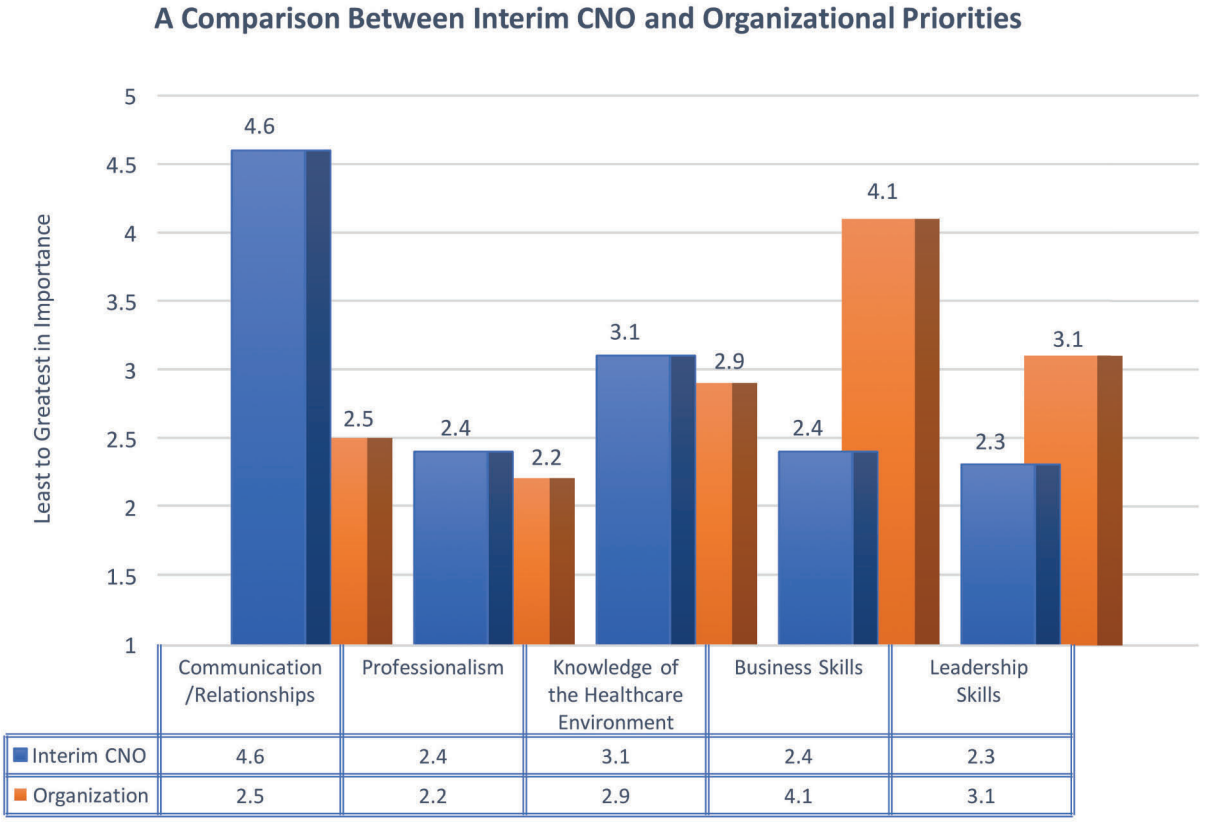

Figure 3. Ranking of AONL Competencies

know the staff on a personal level and taking the time to really understand what was going on" enhanced the interim's ability to create a thoughtful and purposeful agenda for the organization. The interims also stated that the "Most difficult part of my assignment was to get progress going and see the team grow, and then leave behind the relationships that had been created."

Content Expert

Having prior diverse experiences and past established successes, the interims considered themselves content experts in their field. The theme of content expert was predominant in the interviews. Because each interim averaged more than 30 years of nursing experience, they felt this enabled them to quickly determine policy hotspots, develop plans of action, and create a sense of staff unity. The interims believed that their years of experience had prepared them to competently "stabilize staffing, promote patient safety, increase staff engagement, and prepare the organization for regulatory surveys." As a content expert, they were expected to bring immediate value and data-driven change to the organization.

Influence

Mastering the ability to be influential was essential to the group. They believed that establishing personal capital through being mindful and purposeful in their actions helped them to be accepted quickly and build influence. Several participants stated that they had a large voice within the organization and that they became the voice of change. Therefore, other leaders listened to what they had to say. Repeated statements such as "The organization's key leaders listened to me and were fully engaged in my suggestions" were noted during the interviews. At least half of the group acknowledged they had greater influence as an interim, rather than a permanent leader, because they were brought in to drive measurable change. Not conflicted by workplace loyalties, the group felt they were accepted as a neutral party with innovative suggestions.

Sustainability

The importance of sustainability was another central theme. Although the interim CNOs were viewed as temporary, they considered their interim roles as full-time careers and were in their roles for the long game. This meant that it was important to them to build foundations where change could be sustained. As 1 interim so aptly stated, "The measure of success is not how well you did while you were there, rather the measure of success is how well you did after you left." Interim CNOs did not view themselves as benchwarmers, but rather as productive members of the executive team. Hard-

wiring processes were subthemes that frequently arose. The participants believed it was important to teach the how and the why of a new process so that the leaders could sustain the process once the interim had left. The interims consistently stated they wanted to pave the way for success for the permanent incoming CNO leader.

DISCUSSION

The American Organization for Nursing Leadership (AONL) has developed competencies within 5 domains that are considered essential to the role of executive nursing leadership.[11] These 5 domains are communication and relationship management, knowledge of the health care environment, professionalism, leadership, and business skills and principles. These skills were ranked in level of importance to the interim CNO role by the study participants. A ranking of 5 was the most important to the role, and a ranking of 1 was the least important. The participants were additionally asked to rank the domains, not only in their perception of the level of importance to their role, but also in what was emphasized as important to the organizations in which they were assigned. Figure 3 illustrates the comparison between what the participants believed to be important for the role and what they found to be organizational priorities. The interim CNOs overwhelmingly believed the top priority for success was the establishment of relationships and communication skills. Given the financial climate in health care today, the group was not surprised to learn that the top competency for an organization is to possess business skills. Although the interims stated professionalism was important, they rated it the lowest because they believe that professionalism is an expectation and an everyday part of executive leadership.

ADVANTAGES AND DISADVANTAGES

All leadership roles have advantages and disadvantages, and this is no different for the interim role. Long periods away from family, navigating hectic airports, dealing with poorly designed electronic health records (EHRs), and stereotyped as "only a figurehead" were reported as negatives. Interestingly, the most frequently cited frustration was managing poorly designed EHRs that created workflow inefficiencies and process breakdowns. The interims described the flexibility of the role and being able to decide when and where they would work as an advantage. They expressed regret that they could not stay alongside their new team but were joyful to be able to mentor and see other leaders bloom in their roles. They also expressed joy in not being immersed in the organization's political culture.

SUMMARY

Interim CNOs can be engaged for all or part of a new activity, may serve as change agents, advocates, content experts, educators, and problem solvers. They bring a richness to the role that comes from years of experience serving as experts in nursing leadership. Administrators are recognizing the advantages of hiring an interim who brings creative solutions based on experiences from other organizations. Although the issue of interim CNOs has become increasingly important due to the continued shortage of executive nurse leaders, as well as a lack of succession planning, the stories reported by the participants emphasized the increasing instability in health care and the great responsibility nurse leaders have in the decisions made in the delivery of health care. It is hoped that in the telling of their stories, the interim role will be considered valuable to organizations that are experiencing a gap in CNO leadership.

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