



TITLE Transformational Leadership Practices of Chief Nursing Officers in Magnet Organizations

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The Journal of Nursing Administration (2012)
Volume 42, Number 4, pp. 195-201

OBJECTIVE The purpose of the study was to describe the transformational leadership practices of Magnet chief nursing officers.

METHODOLOGY

An invitation to participate in the study was e-mailed to all (N = 384) members of the Magnet Recognition Program CNO listserv by the ANCC executive director and 225 completed the Leadership Practices Inventory and provided demographic information (response rate = 58.6%). The typical respondent was female (92.4%), with an average of 11+ years as a CNO, 8.4 years as Magnet designated, working in a nonprofit organization (91%), non-unionized (83.3%), and holding a graduate degree (75% masters and 25% doctorate). In this study, internal reliability of the LPI (Cronbach alpha) was .70 for Model, .66 for Inspire, .77 for Challenge, .74 for Enable, and, .87 for Encourage.

KEY FINDINGS

The most frequently reported leadership practices of CNOs was Enable, followed by Model, Inspire, Encourage, and Challenge. CNOs 60 years or older scored significantly higher than the other age groups on LPI total score, Inspire, and Challenge. No significant differences by age were found for the leadership practices of Model, Enable and Encourage. Significant correlations were found between total years as a CNO and the LPI total score and leadership practice of Inspire. CNOs with doctoral degrees (versus masters degrees) reported significantly higher scores on Inspire and Challenge. None of the five leadership practices were found to be significantly related to other demographic variables such as years as a CNO in current organization, years as a Magnet organization,

number of times designated, RN FTEs, nursing turnover rate, nursing vacancy rate, HCAHPS top box (%4s) scores, operating margin, union status, certification, or reporting relationship.

The authors conclude:

This study provides new evidence that the top 2 TL practices of CNOs in Magnet organizations are enabling others to act and modeling the way. By taking steps to ensure that nurses work in an empowering work environment and leading by example, Magnet CNOs create an esprit de corps -- foundational to creating a culture of collaboration, team-building, and shared governance and aligned with the Magnet model components of TL and structural empowerment. Aspiring and current Magnet CNOs and their organizations might want to consider using the LPI to assess current TL practices, identify gaps, create development plans, and support education.

This is the 1st study to examine the relationship between age and TL practices of CNOs in Magnet organizations. Older, more experienced Magnet CNOs are unique in how they enlist others in supporting a common vision (inspiring a shared vision) and seek new ways to change, grow, and improve (challenging the process) and would be excellent mentors for less experienced Magnet CNOs. The longer CNOs are in their roles, the more inspirational they are and the more they demonstrate a stronger TL style. Organizations may wish to take steps now to retain these CNOs; assess current organizational structures and support, including the development of formal succession programs; and consider associate CNO roles and flexible work schedules that could prevent CNO turnover and reduce overextension and burnout.

Chief nursing officers with doctoral degrees demonstrate higher levels of TL practices, particularly in the areas of inspiring a shared vision and challenging the process. This finding is aligned with the IOM Future of Nursing Report¹ recommendations on doubling the number of nurses with doctorates and supporting lifelong learning. Chief nursing officers can use this evidence to support their decision to go back to school and organizations may wish to consider sponsoring their CNO to do so (p. 200).