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# Identifying the barriers and opportunities of the executive nurse director role in the UK: a scoping review

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## Abstract

The executive nurse director (END) role is complex and varies greatly in the expectations and responsibilities placed upon it. The main function of the role is to deliver the nursing agenda and ensure that safety and quality remain the focus of the executive board. However, it is unclear what evidence exists concerning the challenges and opportunities experienced by ENDs. This scoping review, as part of the Stronger Study, explores published evidence about the challenges and opportunities affecting the END's ability to deliver the nursing agenda in the UK. It identified factors that affected the END's ability to deliver the nursing agenda, and that the importance attached to the END role is not matched by the amount of research available.

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## Keywords

**Leadership, leadership development, leadership skills, management, nurse directors**

## Introduction

The role of the executive nurse director (END) in the UK is complex and involves the management and delivery of the professional nursing agenda, while providing strategic and corporate direction to the organisation's executive board of directors. All executive board members have a responsibility for ensuring that patient care is safe, however the END, alongside the medical director, is uniquely placed to contribute clinical insights, knowledge and experience necessary for board decision-making (NHS Improvement

2019). In addition to this focus, ENDs have a broader role in contributing to the strategic and corporate direction and direct management of health systems. The END works alongside executive colleagues to provide strategic leadership and delivery on a range of corporate issues, including risk management, information and quality governance (NHS Improvement 2019).

While these contributions and responsibilities are typical of all ENDs, it is important to acknowledge that there are variances between END roles across the UK. For example, the Scottish, Welsh and Northern Irish END roles tend to hold responsibility for both community and acute services, whereas in England the END may cover one or the other, depending on size and scope of the role. There are nuanced differences in structures, governance, and health policy that influence the END role in each country meaning that the challenges may differ between them.

Recent inquiries (Francis 2010, 2013) into failings of hospital care in England have provoked questions about the risk of allowing financial considerations to take precedent over patient safety at board level, as well as the ability of ENDs, and boards more generally, to deliver the necessary leadership for protecting patient care standards in a climate of fiscal austerity. The Francis reports both identified that nursing leadership was one of the factors at fault. This is compounded by the fact that, when failure does occur, ENDs may lose both their job and their professional registration, and therefore the option of working elsewhere (Janjua 2014). However, they also reinforced the call for greater nursing influence at executive board level, claiming that nurses can provide ‘invaluable advice and support to boards on a whole range of matters’.

Across the four UK countries, there have also been inquiries where concerns raised by Francis (2013) are equally applicable. These include the Vale of Leven Inquiry Report (MacLean 2014) in Scotland, the Review of Maternity Services at Cwm Taf Health Board (Royal College of Obstetricians and Gynaecologists 2019) in Wales, and the Review of Safeguarding at Muckamore Abbey Hospital (Belfast Health and Social Care Trust 2019) in Northern Ireland. Each of these reviews and other inquiries have identified recurring issues of quality and safety, and suboptimal leadership and governance, reinforcing the need for the development of strong nursing leadership at executive board level.

### **Senior nurses abroad**

Internationally, there is a small body of research exploring the role of similar senior nursing positions. Leach and McFarland’s study (2014) in the US identified professional development topics considered important to senior nurse leaders to secure success in the role. Becoming a visionary leader and managing complexity effectively were ranked as priorities. It was concluded that focusing on the professional needs of senior nurse leaders themselves was crucial. In Canada, Mass et al (2006) carried out a survey of 34 senior nurse leaders and 33 middle-level nurses who identified barriers preventing them undertaking their role successfully. These included regular uncertainty and the restructuring of healthcare services; high workload related to constantly changing priorities; inadequate role clarity and long working hours. A systematic review which focused on the effectiveness of the END role, rather than senior nurses generally, identified that health services globally benefit from strong nursing leadership, and that such leadership often resulted in improved standards and enhanced quality of patient care (Kirk 2008). However, it is also acknowledged that nurses in senior positions are likely to experience challenges (Lúanaigh and Hughes 2016) including justification of nursing costs without always having control of nursing budgets (Melnik et al 2016).

However, there are limitations in the transferability and application of international literature to the UK END population. As identified by Kirk (2008), in the UK the END role is defined as the most senior nurse leader in NHS organisations (NHS Improvement 2019). Conversely, much of the international literature include study populations that involve a range of nurse managers, including middle managers and chief nurses (Kirk 2008). In addition, there are wide differences in terminology used to describe these senior nursing roles in international literature such as ‘nurse manager’, ‘senior nurse leader’, and ‘nurse executive’. It is unclear whether these senior nursing roles carry the same responsibilities and levels of accountability as UK-based ENDs. Differences in study-sample and senior nurse role definitions lead to uncertainty when making comparisons, and when deciding whether these international findings could be applied to the UK role (Kirk 2008). Internationally, health systems also vary greatly in terms of funding, structure and culture, therefore the samples within the international literature will be subject to different environmental stressors to those in the UK.

This article describes a scoping review on the distinctive contemporary challenges and opportunities facing those responsible for leading nursing services in the UK at executive board level. The data generated will be used to inform a current study exploring strategies for strengthening the END role in the UK.

### **Review questions**

The review aimed to answer the following questions:

- » What are the challenges that affect an END's ability to deliver the nursing and broader health sector agenda in the UK?
- » What are the opportunities that may facilitate ENDS to deliver the nursing and broader agenda in the UK health sector?

Given the lack of a universal definition of these senior nursing roles, and the particular nuances of the NHS, the authors focused this review on literature relating to the UK only to take account of the unique nature of the UK context. It also links with the UK focus of the current Stronger Study, of which this scoping review is a part.

## Existing reviews

Despite the importance of senior nursing leadership in healthcare organisations in the UK, the extent of the evidence that exists about the challenges and opportunities that ENDS currently experience was unclear. A preliminary search was undertaken in the Joanna Briggs Institute (JBI) Database of Systematic Reviews and Implementation Reports, Cumulative Index for Nursing and Allied Health Literature (CINAHL), Cochrane Library, PubMed, PROSPERO and Scopus to identify recent systematic or scoping reviews published or underway on this topic; none were found. Due to the limited evidence base concerning the END role, it was clear a scoping review was the most appropriate approach to determine the scope and nature of the existing literature (Munn et al 2018).

## Study eligibility criteria

This review considered all qualitative and quantitative studies of any design. It also considered text and opinion pieces. The search was limited to studies published in English from 2009 onwards. Studies published before 2009 were not included as the END role has evolved in recent years in the UK, particularly following the recommendation of the Francis (2010, 2013) reports, which included changes to enhance safety and quality standards, and a call for improved healthcare leadership. The reference lists of all included articles were also searched for additional studies.

## Participants

Studies focusing on the role of the END in all healthcare settings in any of the four UK countries (Scotland, England, Northern Ireland and Wales) were included. For the purposes of this review, ENDS were defined as registered nurses responsible for leading nursing services in the health sector at executive board level. Any other roles, such as director of nursing, lead nurse or head nurse, that were not members of an executive board, were excluded.

## Concept

The concept of interest for this review were the distinctive challenges and opportunities facing ENDS. For the purpose of this review, a 'challenge' was defined as anything, as identified by participants, that makes the END role harder to undertake, and which affects the END's ability to carry out their role effectively, for example, competing aspects of the END's workload. An 'opportunity' was anything, as identified by participants, that supports the role, and enables or equips the END to carry out the role more effectively, for example, strong working relationships with other executive board members.

## Method

The JBI methodology for scoping reviews was followed for this systematic scoping review (Peters et al 2020).

## Search strategy and information sources

The lead author developed the search strategy with support from a university librarian. The search strategy was developed using text words related to the research question. An initial limited search tested key words for appropriateness, and then the following electronic databases were searched from the start of each database up to 25 April 2019: MEDLINE, CINAHL, PsycINFO, EMBASE, and Knowledge Network.

The reference lists of included studies were searched for additional studies, along with the OpenGrey and NHS websites. Box 1 lists the queries used in the search strategy for CINAHL. The lead author re-searched all databases for new relevant sources between April 2019 to April 2020 using the search terms and inclusion criteria. No new relevant records were identified.

### Box 1. Search queries used in the search strategy for CINAHL

- » Search #1: (nurs\* director OR nurs\* executive OR executive nurs\* director OR director nursing OR senior nurs\*) AND (Support OR challenge\* OR barrier\* OR opportunity\* OR develop\*)
- » Search #2: Executive nurs\* director
- » Search #3: Search 1 AND 2

Search was limited to English language studies published between 2009 and 2019. All terms are keywords.

## **Study selection**

Following the search, all identified citations were collated, managed and de-duplicated in Mendeley – a downloadable software for managing references and citations. Titles and abstracts were screened by two independent reviewers, then full texts of potentially relevant studies were retrieved and assessed against the inclusion criteria. No disagreements between reviewers occurred.

The results of the search are presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram in Figure 1 (Moher et al 2009). A small number of qualitative studies were identified, while no quantitative studies were identified, which precludes the opportunity to conduct a meta-analysis.

## **Data extraction**

A data extraction table was developed (Appendix 1). This was used by three independent reviewers to extract data including specific details about the population, context, study methods and important findings about the challenges and opportunities of the END role. These challenges and opportunities related to the END themselves, for example preparation for the role, or to organisational structures, for example supportive or unsupportive board colleagues. One author of a research article was contacted to request additional information.

## **Review findings**

### **Search results**

The search of databases identified 3,463 records. After application of the inclusion criteria there were 11 records included in this scoping review.

### **Characteristics of included studies**

Data from the 11 records were extracted into two themes: challenges and opportunities related to the END role.

Four of the 11 records reported empirical data on ENDs experiences and views about the role and how to succeed; all had used qualitative approaches. It is important to note that two of the four studies reporting empirical data are reporting the same empirical dataset; Kelly et al (2016) and Jones et al (2016). One article was a reflective account by a chief nursing officer on senior nurse leadership, commenting on the challenges of the END role. The remaining records were news articles and commentary from nursing journals about END experience-related issues.

Only four sets of empirical data reporting on the END role were identified through this scoping review. This is a significant finding that demonstrates the limited empirical evidence base underpinning the END role.

### **Challenges related to the END role**

All 11 records identified the challenges of the END role to some extent.

### **The nature of the END role**

Many factors intrinsic to the nature of the END role were identified as challenging. The size and diversity of ENDs' portfolios were found to be a challenge as the addition of more responsibilities could dilute their attention away from core nursing issues (Kirk 2009, White 2012, Jones-Berry 2016). In addition, ENDs experienced other pressures and stressors such as time pressures and financial constraints. This affected delivery of the nursing agenda due to conflicting pressures and lack of financial control that limited their ability to intervene, for example with workforce issues due to a lack of control over workforce budget (Kelly et al 2016, Cabral et al 2019, Kirk 2009).

High levels of executive staff turnover further constrained what individual ENDs could achieve (Kirk 2009). Equally, the high turnover of ENDs themselves was identified by six of the 11 studies as this led to disruption of leadership and loss of institutional memory (Nursing Standard 2009, Jones-Berry 2016, Scott 2016, Wiggins 2018). Osborne (2014) suggested that high turnover may be indicative of negativity around the END role, which led some to leave their post. In addition, high levels of accountability held by ENDs, and the subsequent risk posed to their own professional nursing registration, was another significant challenge. The levels of accountability are associated with risks of being blamed for organisational failure in areas beyond their control. This was a source of significant concern and feelings of vulnerability about potential loss of their career in the event of organisational failure. Cabral et al (2019) suggested that this could also be fuelling the challenges in recruiting to END posts.

### **Executive board**

A small number of studies found that the culture of the executive board led to specific challenges. Jones et al (2016) described how ENDs experienced communication issues within executive boards due to conflict and closed communication channels, which could result in concerns about quality and safety being under-represented and unsupported at board level. White's (2012) reflective piece discussed how the perceived lower status of health professions other than medicine could also limit an END's influence. However, White (2012) also described how there usually was a board-wide acceptance that anything influencing patient

experience could legitimately fall under the END's remit, leaving them with large portfolios without always having the power to address them.

### **Preparation for role**

A lack of preparation and support in preparing for the END role was identified in four articles as having a big effect on END's efficacy. Lack of preparation risked leaving them without the skills to deal with complex system issues (Nursing Standard 2009). Blakemore (2016) reported that nurses new to high-pressure, high level roles needed greater support and mentorship. Equally, Wiggins (2018) described challenges with moving into leadership roles gradually. She found that current deputy directors felt that their current work didn't enable them to develop expertise across the full END role. Cabral et al (2019) explained that large 'jumps' between positions could be overcome by providing more opportunity for deputy post-holders to receive mentorship and training, and to undertake rotational roles so they can gain experience across the executive board.

### **Opportunities**

Of the 11 records included in the review, ten identified opportunities to facilitate and support the END role.

### **The individual**

Several studies emphasised the importance of interpersonal factors and skills to an END's success. These included effective communication and leadership skills, establishing a close working relationship with the executive team, personal resilience, strong values and a clear sense of vision (Osborne 2014, Jones-Berry 2016, Kelly et al 2016). Kirk (2009) explained that these qualities enabled an END to secure a high profile on the board and to be considered politically astute, with qualities of gravitas and charisma. Similarly, Jones et al (2016) stated that successful ENDs were more strategic about when and how to interject at board meetings, further signalling credibility and competence to other board colleagues.

Kirk (2009) described how effective ENDs were approachable and more in touch with the workforce. Kelly et al (2016) stated further that being closely connected to the frontline and being personally known to staff and visible in clinical areas increased the likelihood that issues of relevance would be raised.

Developing and maintaining strong working relationships with board colleagues is also described as important for success (Kirk 2009). Jones et al (2016) agreed, stating that developing strong relationships could enable work to be done outside of the board room, which assisted the ENDs to deliver important information in meetings. Cabral et al (2019) further added that such relationships were crucial to combatting the isolation that was common in these roles.

### **The executive board**

Cabral et al (2019) stated that being part of a supportive executive board was important for an END, as this enabled them to develop and maintain collegiate networks, which made it easier for them to represent nursing issues. Jones et al (2016) further claimed that supportive boards were more receptive to nursing concerns and displayed a culture of openness. This enabled the END to deliver the nursing agenda more successfully (Kirk 2009).

### **Preparation for the role**

Six of the 11 studies mentioned development as an important requirement for those roles. Kelly et al (2016) found that ENDs valued multidisciplinary training approaches because these provided insights into how other professions worked and also expanded networks. Equally, Cabral et al (2019) found that many ENDs who had taken part in development programmes did appreciate their positive impact. Mentorship, coaching and peer-support were considered effective support mechanisms as they provided new skills and ways to cope with the stressors of the role (Kelly et al 2016, Cabral et al 2019).

### **Discussion**

This scoping review has revealed that the END role, in the UK context, has received only minimal attention in terms of empirical research. The small number of articles identified, however, do provide insights into the challenges and opportunities that currently exist and should be addressed to strengthen this role. The UK literature has been influenced over the past decade by the findings of the Francis (2010, 2013) inquiries. However, given the scale of the failings identified in this and other adverse events that drew public attention to nursing, it is surprising that the potential of the END role has not received more attention in the literature.

This scoping review suggests that appropriate experience, interpersonal skills, adequate development, supportive networks, as well as coaching and shadowing, are factors that could strengthen this role. Professional debates are now appearing about whether ENDs should be prepared to doctoral level, an interesting further step in the future development of the role (Cannaby et al (2017)). Challenges include high turnover and vacancy rates, inadequate relationships with executive board colleagues, lack of budgetary control over services for which they are responsible as well as the risk of isolation and unremitting workloads. While perhaps not uncommon to all



those who work in positions of authority, there are specific concerns facing ENDs in the UK that should be better appreciated and addressed.

It is important to acknowledge that the aforementioned issues may be of differing relevance to ENDs across the four countries of the UK, as there are significant variances between the scope and size of END roles across the UK. It was not possible to identify the issues that are unique to the END roles of each individual country in the UK. However, through the Stronger Study, of which this review is part, it will be possible to conduct cross-country analysis to identify issues pertinent to ENDs in each country. The Stronger Study explores END experiences, challenges and opportunities through interviews with post-holders across the UK. It will address limitations identified in this scoping review by investigating challenges experienced by ENDs, and will also identify opportunities to strengthen the END role in the UK.

The review also suggests that a stronger evidence base is needed to support this vital nursing role. Challenges persist about how nursing concerns are perceived at the corporate level, especially when expenditure is required but financial controls dominate. The way that nursing issues are represented in corporate discussions is also open to further enquiry. Kelly et al (2016) found that being seen in the ward environment, the wearing of uniform, and staying close to clinical colleagues was a common strategy used to enhance the sense of clinical competence.

Overall, this review demonstrates a very limited evidence-base on the END role in the UK, with only four empirical qualitative, and no quantitative, studies identified. This suggests a need for more research in this area, and particularly intervention rather than descriptive studies. The authors will soon publish findings from the Stronger Study, conducted in response to the findings presented here, and the lack of evidence generally.

## Limitations

The majority of the studies included in the review were from England, with other UK nations being under-represented in the literature, although one study did cover both Wales and England (Kelly et al 2016).

The role itself needs clearer definition. This was needed to capture published sources that focused on END experiences, rather than other nurse managers. In an international context, the role is defined using a variety of terms and in some health systems it may not exist in the same format. This makes an international comparison challenging and was a further rationale for focusing on the UK.

## Conclusion

The executive nurse director role is essential to representing nursing concerns at the corporate level of UK healthcare organisations. However, this scoping review identified that there is a lack of available research on this role, which suggests that there are opportunities to further develop the evidence base, using a variety of methods, including intervention studies as well as more in-depth descriptive research, including ethnographic observation of these roles in actions. This would ensure that the nursing leadership contribution at the top of health service systems is of the highest quality, and strengthened, in the future.

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## Appendix 1. Data extraction table

| Author and year     | Origin            | Aims   | Sample size | Method                     | Key findings: challenges to ENDs delivery of nursing agenda  | Key findings: opportunities for ENDs delivering nursing agenda  |
|---------------------|-------------------|--|-------------|----------------------------|--|---|
| Blakemore (2016)    | UK                | Comment on Nursing Standard publication statistics about senior nursing turnover.  | NA          | NA                         | High turnover rate at executive level  | New programme launched by RCN aims to support senior staff to progress to END positions                                       |
| Cabral et al (2019) | England           | Explore views of current nursing leaders in NHS on actions and resources required to maintain nursing leadership talent. | N=18        | Phone interviews           | Barriers are practical, including: resourcing, facilitating opportunities to develop, and general perception of the END role as being thankless, pressured and isolating | Coaching, mentorship and support networks are crucial to the successful development of nursing leaders                        |
| Jones et al (2016)  | England and Wales | Generate empirical evidence on experiences of ENDs   | N=40        | Semi-structured interviews | Working with an unsupportive, avoidant board with an inadequate understanding of safety and quality  | Working with a supportive, engaged board, briefing and developing relationships, and preparing and delivering a credible case |
| Jones-Berry (2016)  | UK                | Comment on data which analysed English, Scottish and Welsh health  | NA          | NA                         | The END role is broad and the lack of exposure to financial and clinical engagement elements before becoming an  | Giving nurse leaders the chance to move to other parts of the system to share their expertise                                 |



|                         |                   |   |      |                            |  |   |
|-------------------------|-------------------|---|------|----------------------------|--|---|
|                         |                   | boards exploring chief nurse length of stay in post   |      |                            | END makes this challenging once in-post  |   |
| Kelly et al (2016)      | England and Wales | Explore the role stressors experienced by ENDs, and strategies employed to maintain resilience                          | N=40 | Semi-structured interviews | Increased pressure on ENDs caused by chronic and acute stressors   | Developing strategies to boost resilience, including use of support mechanisms such as mentoring and coaching   |
| Kirk (2009)             | England           | Investigate factors that ENDs consider important to their effectiveness   | N=10 | Interviews                 | ENDs lacking visibility on the executive board, and perceiving the END role to be a 'token' on the board   | Developing close relationships with board colleagues, being perceived as effective by the board, and being engaged with the workforce   |
| Nursing Standard (2009) | England           | Comment on ENDs high turnover   | NA   | NA                         | ENDs regularly get into difficulties at work due to lack of preparation  | Support and training can better prepare ENDs to undertake their role  |
| Osborne (2014)          | England           | Comment on Nursing Standard research revealing high turnover of top level staff   | NA   | NA                         | High turnover attributed to high pressure and lack of support that comes with the job. Senior nurses are reluctant to apply for posts that have had challenges in the past   | NA  |
| Scott (2016)            | England           | Comment on new support scheme for future ENDs developed by NHS Improvement  | NA   | NA                         | Lack of proper preparation and inadequate support has led to high turnover of senior nursing leaders   | Formal training and support can reduce the turnover of senior staff   |
| White (2012)            | Wales             | Personal reflections by the CNO for Wales on challenges facing nurses and midwives in senior nursing roles such as ENDs | NA   | NA                         | The perceived lower status of health professions other than medicine limiting their effect on health services, and challenges identifying what nursing should lead on at a strategic level. Lack of control over budget by END. Risk of nursing directors being blamed for an area that goes beyond their remit to affect a whole culture  | Discusses the concept of setting national behavioural competencies for ENDs which supports succession development, and gives potential future ENDs an idea of what to aim for |
| Wigens (2018)           | England           | Outlines the lessons learned from the development of an END talent pipeline   | NA   | NA                         | A recognised shortage of director level senior nurse talent available to fill END vacancies at the board and governing body levels. Geographical issues: many do not want to relocate or live away from home to take up END posts. The END role is viewed as being increasing complex. The END post may be considered less attractive due to significant increase in responsibility, complexity, and visibility. | NA  |