

The Significance of Advanced Degrees in Relation to Health Care Administrators

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ABSTRACT

An advanced clinical degree is imperative for nursing administrators in today's health care environment. An advanced business degree without such clinical background can create a hospital environment that is stagnant and fiscally challenged. The primary objective of this study was to determine the benefit to hospitals of an advanced clinical degree in the role of hospital administrators. The study was conducted using a quantitative survey designed to evaluate the gaps in the role of the advanced degree and the nursing executive and their practice in the hospital environment.

Current literature supports the promotion of nurses to the administration level focusing on areas that have shown positive outcomes such as quality patient care and staff satisfaction. The purpose of this research was to investigate the perceptions of current nurse leaders in the hospital setting and their application of an advanced degree in administrative roles. Utilizing an online survey, specific perceptions that were investigated included recommendations for preparation of candidates for advanced nursing positions, methods utilized to assist nurses to advance and the requirement of an advanced clinical degree for such positions.

1. Introduction

Waste and inefficiency in healthcare has come to the forefront. As the healthcare environment continues to change, it has become increasingly clear that hospital administrators must be optimally trained to manage an exceedingly cost-effective yet patient-focused organization. It is under this premise that the clinical leader has emerged at the executive level in hospital administration. The advanced practice nurse is an ideal choice for such a position with a focused clinical background that ensures patients receive high quality care while ensuring efficient utilization of resources; an aspect that oftentimes is not met by an executive with business preparation.

Nursing is unique from a clinical ladder perspective. A registered nurse at the bachelor's level possesses the assessment and technical skills to care for patients. Nurses that progress clinically to the master's level further expand their skill set to include diagnoses and can prescribe for specific needs of the patient in order to achieve optimal outcomes. With this strong foundation it is only logical that advanced practice nurses continue their professional journey to become a more visible organizational presence in hospital administration.

Many nurse executives have achieved success through a range and assortment of roles, appointments and responsibilities. It is commonly accepted that nurse executives at a minimum need to pursue and obtain a graduate-level degree. Those with advanced clinical expertise have the ability to gain additional credibility with nurses and other members of the multi-disciplinary healthcare team. For those without clinical practice background this rapport is often difficult to achieve.

The role of the nurse executive continues to change based on healthcare reform, technologic progression, consumerism and generational features. However, the need for the development of the applicable knowledge and expertise required is essential to ensure a nurse leader is competent to progress to the executive level.

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It is apparent that hospitals with physician executives have been more successful fiscally; and with an aging population of physicians and a limited volume of successors in place, there are an increasing volume of nurse practitioners replacing these physicians in primary care and hospital administration settings. So it is probable that nurses will be the next logical successor to physicians at the executive level. There is however limited research specifically focused on the fiscal benefits to a hospital with nursing executives. The primary objective of this study was to determine if there is an added benefit of an advanced clinical degree for those in hospital administration.

2. Literature Review

Researchers have suggested that physicians in leadership roles result in hospitals with enhanced performance and high quality patient care. This has led to the incorporation of management and leadership education into medical degree programs with a focus on what is required to be an effective physician leader (Goodall, 2011). Goodall (2011) also identified the CEO's in the top ranked hospitals in America those hospitals situated higher in the league-table are more likely to be headed by physician-leaders of professional managers.

Studies of three hospitals indicated that where the CEO was a physician, the mean Index of Hospital Quality (IHQ) score of the hospital was greater than if that role were filled by a professional manager. A second ranking by US News and World Report was utilized to inform consumers to make better health care choices when facing serious medical problems. This classification is considered one of the most well established. Since the study was cross-sectional and only utilized one ranking system, there are limitations that do not prove that doctors are more effective than professional managers suggesting that more research needs to be done in order to prove the benefits of an advanced clinical degree for those at the executive level of hospital administration. This research should include nurses since the healthcare setting has opened up more opportunities for nurses to lead in administrative roles.

This cross-sectional study reports the first published practical work on the hypothesis that physicians in leadership positions are valuable for hospital performance. Although it did not establish that physician-leaders outperform professional managers, the study did show that when hospitals are stronger fiscally they choose to position a physician-leader as their CEO since status and wealth easily attract this candidate. This means that high-profile hospitals have the ability to seek out more qualified clinicians as their executives. These clinical physician-leaders offer greater authority and function as role models for hospital staff and may even assist with attracting similar successful candidates to a facility. The cross-sectional analysis used suggests a connection but the explanations are suggestive and cannot state a firm conclusion as to why and how physician leaders improve hospital performance.

Sherman and Pross (2010) reviewed the existing literature regarding the significant role of nurse leaders in building and sustaining healthy work environments. They also explored the development of leadership skills by using the Nurse Manager Leadership Collaborative Learning Domain Framework competency for development of leaders at the unit level. The resulting positive environment is evident by staff satisfaction, employee retention, improved patient outcomes and improved organizational performance. Sherman and Pross(2010) referred to the abundance of nursing literature that continues to show the positive influence that expert, competent, credible and visible leadership has on supporting this framework.

The establishment of a healthy work environment requires robust nursing leadership at all levels of the organization including the unit level. The nurse leader supports all efforts to engage staff in achievement at the highest level by giving nurses a voice to assist in improving patient care. This characteristic of transformational style of leadership enriches staff satisfaction and can assist the hospital in achieving Magnet recognition. Magnet recognition is highly recognized throughout healthcare organizations as the gold standard for quality patient care, nursing excellence with innovation in professional nursing practice. This status is also dependent on transformational leadership grounded in new knowledge and improvements that assist in obtaining such quality outcomes.

Nursing executives typically enter a career track at the unit level as charge nurses and progress to clinical nurse leaders, and continue to develop into advanced management roles. However, this is a track that requires planning and action. If competencies and skills for nursing leaders could be developed in reaction

to the changing healthcare scene, it would further allow the hospital to adapt, prosper and grow resulting in improved staff nurse satisfaction and improved patient outcomes.

Kleinman (2003) examined surveys from the mid 1990's that identified the importance of moving away from the traditional mechanism of staff nurses being promoted to the role of nurse manager based on clinical expertise. However, this methodology frequently resulted in unprepared nurse leaders that were unaware of how to function in administrative roles or how to review unit-based operations. Kleinman (2003) shows that the nurse executive role has developed characteristics for success that requires business knowledge and skills. Nurse executives work with non-nurse administrators and have accountability for patient care services throughout the organization. Strategic planning and accountability to a board are now common responsibilities of nursing executives.

Kleinman (2003) developed a survey of 35 nurse managers and 93 nurse executives that was designed to assess the education needs of advanced nurse managers for role preparation in these new progressive and multifaceted roles within hospital organizations. The results indicated that the nurse executive group had a higher percentage of holding master's degrees and their graduate degree was more likely to be clinical in nature than non-clinical.

The skill set that were determined to be priorities for the nurse executive respondents focused on strategic planning, finance and human resources. The most desirable type of graduate degree was perceived to be a Master's of Nursing and a joint Master's of Business Administration for nursing administrators. Nursing administration as a discipline requires practice and caring for patients as well as business management skills to ideally accomplish the everyday tasks included in this role.

Aiken, Cheung and Olds (2009) contrasted the obvious upcoming nursing shortage with the possibility of an economic downturn and increasing employment opportunities. With significant job growth in nursing, over 500,000 new jobs are expected to be created. However, the future is dependent on how the shortage is handled now. Limitations to educational capacity turn away many hoping to enroll in bachelor and master nursing programs. The debate between the numbers of nurses enrolling in advanced programs, the lack of nursing instructors and costs of additional education with or without funding all have a role in what implications there will be in the future.

A cohesive approach with nursing education and workforce development can help to bridge the gap for the country's health care needs. Advanced nursing jobs with financial assistance and educational program backing would produce an increased interest and volume of appropriately trained nurses for administrative roles. By molding the nursing workforce, future administrative hospital needs for a full range of executive positions would be filled.

The study by Aiken et al. (2009) indicated the need for more extensive research regarding the educational composition of the nurse workforce and the role that it plays in administrative roles. The educational composition of the current workforce requires specific training for administrative roles however; educational models incorporating this additional training would need to be developed to more effectively train future administrators.

Swanson and Stanton (2013) recognized the problem of nurse executives practicing in a business environment, which requires a skill set that, has traditionally not been included in the advanced nursing curriculum. The newly instated Doctorate of Nursing Practice (DNP) is designed to address advanced nursing practice and executive management skills. The purpose of this study was to investigate the opinions of Chief Nursing Officers (CNO's) and the attainment of a DNP for these leaders.

Executive nursing requires understanding and capability in clinical practice and business operation skills. Swanson and Stanton (2013) suggested that competencies are critical for nurse executives include a worldwide outlook or approach, a working knowledge of technology, expert decision-making skills, prioritizing quality and safety, politically judicious, collective and team building skills, balancing genuineness and performance expectations and coping effectively with change. Additionally these competencies should include effective communication, relationship management, financial management, medical staff relationship, change management and strategic management. The DNP degree incorporates all of these competencies to produce an effective nurse leader.

Hospital CNO's readily require all of these indispensable skills that the DNP offers. The DNP focuses on advanced nursing practice and leadership creating the ideal combination of clinical and business training required in such a role. Nursing administration has not been formerly identified as a form of an advanced nursing practice area however the role expectations from a system and organizational perspective unmistakably define these responsibilities. CNO's are accountable for promoting advanced education, training for nurses, and for providing their practice at the most advanced level.

Nursing executives' foster skills and competencies necessary to improve patient care and to train the next cohort of nursing leaders. Although there is a lack of nursing knowledge specific to the DNP degree and its necessity for the CNO position, CNO's do understand the positive influence such a degree provides. With healthcare reform occurring on a global level, Swanson and Stanton clearly show that CNO's with a DNP can validate the importance of collaboration and teamwork creating effective dialogue and decision making (2013).

Antrobus and Kitson (1999) identified the importance of developing nurses and examined the broader socio-political factors impacting nursing leadership. An ethnographic approach with informal semi-structured interviews specific to 24 recognized effective nursing leaders was utilized. The study investigated profiles of effective nursing leaders and their knowledge and skill set base. The perception of these leaders was that their knowledge derived from practice directly or indirectly influenced their leadership role. Further analysis revealed that nursing leaders had certain identifiable skills essential for the nurse leader. This included working with others to empower other nurses to be a strategic thinker, integrating research evidence with practice, having a clear understanding of self, values, purpose and meaning as well as working well with others to achieve transformational change. Without further research into the exact benefits that nursing executives can bring past the unit level, it cannot be determined if the nursing executive is more beneficial to a hospital than executives without a clinical degree.

These studies have shown that an advanced clinical degree for nursing administrators does show the positive clinical outcomes and staff satisfaction that is created. The study of physician executives was inconclusive and therefore is of no positive correlation to the benefit of nursing executives as a clinical counterpart. It is likely that since the literature shows that unit nursing managers with an advanced degree are beneficial to the hospital, that a parallel may be probable in the fiscal benefits for nurses who are positioned in executive roles but further research needs to be completed.

3. Methodology

Study design classification needed to include a format that could elicit personal numeric history such as years of experience and length of employment but also allowed for feedback that was unrestricted resulting in a span of results focusing on the qualities of advanced nursing professionals and the role advanced degrees play in clinical management. This survey established basic demographics such as gender, and allowed for communication of subjective responses not limited to pre-designated replies.

Since each nurse has different views on the role of an advanced clinical degree and career progression, this survey allowed for a manifestation of support for what was already established in the literature search as well as create the need for additional research to evaluate the legitimacy of the current feelings expressed with regard to advanced clinical degrees for nursing executives.

The survey generated was posted on Survey Monkey and distributed via an email link to those on LinkedIn. The specific groups chosen for distribution of the survey were the American Organization of Nurse Executives, the American College of Healthcare Executives, and local Buffalo, New York healthcare executives.

4. Results

A total of 100 surveys were completed and reviewed, 85.86% female and 14.14% male. Of the surveys returned, a variety of levels of management were represented from the hospital unit management level to

director to CNO to President to COO and CEO. Of these responses, the majority were either unit managers or directors.

The number of years of healthcare experience spanned from five years to 50 years. The average years of a position held were between five to 10 years. Sixty percent of those surveyed did have the requirement of an advanced degree for their current position and 73% obtained that advanced degree prior to their appointment. The degree's that were most represented were the Bachelor of Business Administration, Bachelor of Science in Nursing, Master in Business Administration and Master in Nursing. 80% of respondents agreed that a clinical degree should be required for those in hospital administration.

When asked how they were prepared by their organization for their position the answers were varied. 28 respondents felt they were given no preparation at all while only 10 respondents felt they were prepared well by their organization for an advanced appointment. When questioned about the most accurate way to prepare an employee seeking an advanced position without an advanced degree, 52 recommended mentoring and coaching while only 11 felt an employee should not be offered a position unless they had already obtained an advanced degree.

While the sample size is small and makes generalizability difficult, the results do offer insight into the additional research that is needed. The opportunities were either readily available for advancement or required an individual to leave the organization to obtain an advanced position. It is unclear if a clinical degree would affect this result.

Incentives suggested for preparing internal candidates for advancement included tuition reimbursement, mentoring, seminars and webinars focusing on leadership development as well as additional responsibilities within the organization to grow professionally. Although the degree obtained varied amongst respondents, over 60% had a Bachelor in business administration degree or non-clinical degree while only 50% of respondents had a Master of Nursing or clinical degree. Doctorate degree's comprised only 6% of respondents.

Succession planning that is hardwired within the organization was a suggestion given for internal advancement, however this would require hospital organizations to develop specific curriculum's or to partner with a particular university to offer such training to employees. Less costly options included mentoring from those in the organization that had already obtained an advanced degree as well as tuition reimbursement, flexible scheduling and salary incentives.

Although the respondents averaged between 25-40 years in healthcare, their average years in their current position were only between five to 10 years. It is unclear if this finding is common in most advanced positions or based is due to the small sample size. It would seem that any nursing executive with 25 years of experience would be valued in an executive position and would remain in that position for greater than five years. However, a nurse executive with over 40 years of experience although valuable, may no doubt be looking toward retirement limiting the length of time in their current role. If this were the cause, it would help to support the reasoning that nurses should be encouraged to advance in the organization beginning as early as possible in their career with organizational training and obtaining an advanced degree. These nurses would be able to give an extended period of service to the organization and their wealth of knowledge and experience could advance the organization.

An advanced degree although required for 60% of the respondents, 40% did not require an advanced degree for their position. As nursing continues to progress, a master's degree whether clinical or business should be required for senior management in advanced positions. A Master's degree will prepare managers and directors at this level for the changing needs in healthcare in order to maintain a successful organization. Those reaching out for corporate positions should then rationally proceed to the doctorate degree for preparation.

5. Discussion

The primary objective of this study was to determine if an advanced clinical degree was beneficial to those in hospital administration. Based on the data collected, there is a significant difference in the number of

males and females in administrative roles. An advanced degree has been a requirement for administrative appointments and was required prior to appointment to the position. Most respondents had the impression that candidates for advanced positions should come from within the organization and that networking should not be required. Instead they preferred to have an internal coach or mentor that would reach out to candidates exhibiting the qualities necessary for promotion.

Although financial incentives and flexible scheduling were considered valuable incentives, most respondents seem to prefer a mentor and coach who could guide and direct them in their career path. Additional responsibilities assigned under the direction of a mentor would allow the internal candidates to learn what was expected and no doubt encourage them to stay with the organization. Such responsibilities would include finance, human resources and medical staff affairs, skills that are taught in these areas are best prepared with on the job training.

Coaching and mentoring were further clarified within the survey to include either the CNO or an individual with an advanced degree in the organization that could assist with the skills needed for progression. Nursing executive competencies need to be developed even for those who have completed advanced clinical degree programs. This should include business skills in order to combine clinical knowledge with business operations.

Nursing leaders are able to encourage those they mentor to work together and to provide quality patient care. The nursing executive is respected for their similar clinical skill set of those they manage. Increased responsibilities that nursing leaders can teach are the ability to set clinical goals for the organization that are attainable and to communicate and collaborate those goals throughout the organization to those they mentor. Critical thinking based on previous clinical experience is one of the advantages of the nursing administrator that is not present in business executives so those with an advanced business degree would need a mentor to guide them to make critical decisions.

As healthcare continues to change, the methods utilized for patient care will continue to change and as the hospital organization continues to reform the practice of healthcare it will require decision-making that is creative and idealistic which can only be achieved by the nurse executive. Ongoing training such as conferences and classes, will develop clinical and leadership skills for the new and seasoned nurse executive that needs to be adaptable to these changing needs.

Tuition reimbursement though available at many hospitals, does not entirely compensate monetarily for master's and doctorate degree programs. It has been suggested that hospitals choose prime candidates within the organization and fully pay for the entire cost of an advanced degree in order to encourage nurses to continue on in their education. An increase in salary may help to off-set this expense however most hospitals will likely not give an advance without a promotion.

If hospitals were to promote from within it would require executives to search out viable candidates in the organization and take the risk of assisting financially with the expectation that the candidate would complete the program and stay with the organization. Many candidates if promoted or given financial reimbursement frequently leave the organization for more advanced opportunities or better financial compensation.

Networking is a very viable option for those who aspire to advance in their career. It creates mentor opportunities as well as a variety of potential job placements. Networking provides a sense of the current healthcare environment and the direction needed for change. With multiple perspectives available to the nurse looking to climb the ladder, they will quickly build their business sense and plan for any changes that may be necessary.

Although it may seem easy to require an advanced degree for any newly appointed nurse executive, many qualified nurses in today's healthcare environment have been in healthcare for many years and are not eager to return to school at a time so close to retirement. These candidates should not be overlooked because of their multitude of experience. These individuals should be mentored and coached and encouraged to set obtainable goals that will allow them to accept an advanced role while working to achieve their advanced degree.

Hospitals will need to better prepare those hoping to advance in the organization. The current research shows that very few are given sufficient tuition reimbursement and are expected to continue to work their full-time schedule in addition to pursuing an advanced degree. Hospitals without a succession program in place and that are not willing to provide seminars and webinars for onsite growth with no doubt lose their employees searching for additional management opportunities.

An advanced clinical degree most likely should not be required for those in the Chief Financial Officer position of the hospital organization, however an argument can be made to show the benefits of a clinical degree for those at the corporate level including the president, vice president, chief operating officer and chief executive officer. Without a clinical degree these personnel cannot completely have their finger on the pulse of healthcare changes unless they understand the implications that any financial changes may have on the foundation of clinical care.

Any nurse looking to advance their career needs to seek out opportunities and accept any opportunity that presents itself. The more assignments, situations and challenges that a nurse can expose themselves to will prepare them for an advanced role. These opportunities will no doubt take them outside of nursing, but they will continue to have a great effect on patient care and lead those in the clinical area adding value to the organization.

Healthcare leaders need to be able to be knowledgeable in health and social policy as well as management and research. However nursing practice is key and cannot be lost in the process since this is the foundation of patient care. Career paths for nurses should be revised to include political, managerial, academic and clinical domains.

This study has provided an analysis of the current literature within the context of nursing administration and the role of an advanced clinical degree. It has examined nursing leadership and questioned the value that a nurse executive can provide in senior level and corporate administration roles. In addition it has shown what possibilities are available for growth of those looking to advance to higher levels of the hospital organization.

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