Factors identified by Nurse Executive Directors as important to their success

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Introduction
Since the re-organization of UK hospitals into semi-autonomous Trusts in 1991, Nurse Executive Directors (NEDs) have provided professional leadership to nursing and contributed more broadly to the senior leadership of all services. A systematic review of the literature identified several characteristics that have been consistently associated with the effectiveness of nursing executives (Kirk 2007). North American studies have repeatedly found similar results to the seven main characteristics originally reported by Freund (1985). She found that knowledge of nursing, health and general management, human management skills and having...
a total organization view were most commonly reported as important. A number of investigators have found good communication skills are important (Dunham & Fisher 1990, Byers 2000, George et al. 2002). Upenieks (2003) found having business astuteness, being able to collaborate effectively in multi-disciplinary teams and having a strong central beliefs and values system were important.

Very few studies have made any attempt to link NED characteristics to specific measures of their performance. Murray (1998) noted that ‘quantitative measures’ were needed. Dunham-Taylor (2000) has been able to link characteristics to ‘perceived effectiveness’ although the only objective measure of effectiveness she noted was the high nurse retention rate in study hospitals. Fosbinder et al. (2000) have shown that it is possible to correlate personal attributes with a measure of nurse manager performance, although this approach has not yet been applied to NEDs.

In summary, the literature relating to NED effectiveness is limited. A number of characteristics have been associated with NED effectiveness but few have been reported in more than one study where the design or setting has been different (Table 1) (Kirk 2007).

The purpose of the study was to begin to identify factors used to determine the effectiveness of NEDs in English hospital organizations (Trusts). The study also aimed to provide a greater understanding of NED effectiveness to the benefit of all NEDs, their workforces and the patients for whom they lead care.

**Methodology**

A semi-structured interview was used to allow exploration of the views and opinions of the subject and allow an opportunity for clarification of measures of effectiveness where they may not be expressed explicitly. The majority of questions were open ended with some closed questions used to provide clarity or factual information. Prior to the main study, three NEDs were interviewed to pilot the proposed interview questions and to facilitate the preparation of the main study.

The term ‘effectiveness’ was deliberately not defined in this study to allow the subjects maximum scope to contribute to an understanding of it.

A standard interview protocol was followed similar to that laid out by Brenner (1985). In order not to lose depth, the analysis followed an inductive approach to search for themes and recurring regularities.

The study group comprised the members of the Greater Manchester Nurse Director Forum who were NEDs of acute hospitals. The NEDs were defined as the executive members of the Trust board with the responsibility for professional nursing issue (e.g. professional training, development and standards) and who were registered with the UKs Nursing and Midwifery Council and were acknowledged as fulfilling the duty in Schedule 1 of the Health & Social Care Act 2003. All 10 directors of hospital Trusts who are members of the Forum subsequently agreed to participate in the study.

The Greater Manchester Nurse Director Forum was chosen for this study as its members came from a range of the different types of hospital organizations found in England and studying this one Forum avoided the need for Multi-Centre Research Ethics Committee approval and multiple associated Local Research Ethics Committee approval.

The study group organizations employ more than 40 000 workers. The proportions of specialist hospitals and small, medium and large hospitals, and hospital performance against national criteria, are similar to England as a whole (Healthcare Commission 2008).

Information was gathered on demographics, the primary research question and the ranking of themes from the existing literature.

Principal interview questions:

- How do you demonstrate that you are an effective NED?
- How do you establish your objectives for your contribution to the Trust and to your own development?
- How will you demonstrate that you have been effective this year?
- Think of NEDs whom you consider to have been highly effective. What made them effective?
- Think of NEDs whom you consider have not been highly effective. What made them less effective?
- In what way do the characteristics of effective NEDs differ from nurses in other leadership roles (for example clinical specialists)?

<table>
<thead>
<tr>
<th>Table 1</th>
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<tr>
<td>Factors in Nurse Executive Director (NED) effectiveness identified in the literature</td>
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<tr>
<td>Powerful influential operator</td>
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<td>Communication</td>
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<td>Knowledge of nursing</td>
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<td>Human management skills</td>
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<td>Providing nurses with the right tools and resources to do their jobs</td>
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<td>Project management</td>
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What issues impair your ability to be an effective NED?

Interviews were recorded (Olympus WS-300M digital voice recorder; Tokyo, Japan) and transcribed. Insightful and illustrative quotations were highlighted. The content was indexed by response to questions to make comparisons easier and recurring themes identified. Where responses related to more than one question that paragraph was included in other relevant areas.

The 10 themes identified in the literature review were rated for importance. These were rated by subjects at the end of the recorded interview. The form was given during the interview to allow opportunity for clarification and further explanation. Scores were given from 1 to 10 using an open Likert scale.

Ethics

The study was approved by the South Manchester Research Ethics Committee.

Results

The study NEDs

Ten NEDs met the inclusion criteria. Nine NEDs consented to participation and were interviewed. One NED agreed to be interviewed but repeated attempts to arrange the interview proved unsuccessful.

All the subjects were interviewed in the period June–September 2007.

All the subjects interviewed were female. All the subjects were registered nurses. Four were also qualified midwives, one was also a registered children’s nurse and two were qualified specialist public health nurses (health visitors). Each subject had been registered with the Nursing and Midwifery Council for at least 20 years. All the subjects were qualified to at least first degree or postgraduate certificate level. Four held a Masters degree.

Two of the NEDs had been appointed to their first executive role within the year prior to interview. Some of the other subjects had considerably more experience: four were in their third NED appointment.

How do you demonstrate that you are an effective NED?

Almost all NEDs described an organizational structure in which the direct management of nurses was within other directorates. The only exception was where NEDs also held responsibility for the operations function. Most had very little line management responsibility. The NEDs all led a small team whose focus was on professional leadership of nursing, and usually included the primary responsibility (at board level) for quality, patient safety, public liaison and infection control.

All the NEDs described the process by which they demonstrated their effectiveness as the delivery of agreed targets and delivery of their portfolio. They described their measure of effectiveness within the board as feedback, which was normally informal. There was a sense that being effective meant the need to ‘make sure that nursing is taken seriously at [board] level (NED 4)’.

When describing effectiveness, a persistent theme was the interactions with other people. NEDs described how they had developed close working relationships with key colleagues because they believed this was crucial to success in their role. The most important relationships referred to by NEDs were those with the Chief Executive and the Medical Director.

Softer measures were also considered a demonstration of effectiveness in the role such as sickness absence rates (mentioned by one); recruitment and retention (two); staff turnover (one); and a perception of an organization as a desirable place to work (one). However, these were not actually being used as performance measures for the NEDs.

Only one of the nine NEDs described specific examples of effectiveness measures (the number of board papers presented, innovative practices amongst staff and nursing articles published). Other NEDs mentioned non-specific indicators of effectiveness, including the results of patient and staff surveys (three NEDs), complaints and compliments (two) and compliance with external standards such as those assessed by Healthcare commission and NHS Litigation Authority (three).

While the NEDs portrayed themselves as the professional lead for nurses (and often other allied health professionals) for the majority, effectiveness as a director of nursing was actually not being seen to be too ‘nursey’ by their fellow executives and to be seen as effective by the board as a whole.

‘A successful NED is someone who is patient focused...not saying nursing is the be all and end all (NED 2)’.

How do you establish your objectives for your contribution to the Trust and to your own development?

All the NEDs described the underlying process for organizational targets as follows:
The NEDs identified emerging national and local issues relevant to their portfolio and drew these to the attention of the board.

The NEDs contributed to the strategy and specific targets for the Trust agreed by the board.

The NEDs accepted responsibility for the ownership of specific targets agreed by the board that were either within their direct portfolio or cross-functional.

Personal targets were invariably set in conjunction with the Chief Executive. Usually these were clearly linked to current or future targets.

External targets, especially those relating to infection control, were usually within the NEDs objectives. All the NEDs targets were very similar.

Often NED objectives were seen as taking on ‘softer issues’. This did not appear to be resisted by the NEDs. On the contrary, some NEDs expressed a strong preference for these issues especially where they related to patients’ experiences. In general, NEDs had a tendency to describe themselves as the leading advocate in the board of patient’s needs.

‘I don’t want operational targets to be met at expense of quality...I don’t want patients to get through the system very quickly but to have a dreadful experience’ (NED 9).

Some targets were related to clear views that NEDs had about their own preferences.

‘I have clear views myself on what I want to be involved in...I’m very keen on (including in objectives) infection control. I have a clear view on patient experience... (and) what I want to be involved in with a professional agenda’ (NED 9).

The NEDs described objectives that were inwardly focused on delivery within their own organization, and that were reacting to external factors. One NED described novel objectives that reflected innovation and were aimed at influencing the external environment.

How will you demonstrate that you have been effective this year?

Eight of the interviewees described success criteria within their targets and associated achieving these with the demonstration of their effectiveness.

Five NEDs talked about being an effective role model and six about being a developer of individuals. Being both an accessible and visible leader was important. Personality was important with two NEDs acknowledging their need for acceptance by colleagues.

In general, the NEDs focused very heavily on the current year when describing the mechanisms for demonstrating their effectiveness. The focus was almost exclusively on short-term targets rather than long-term goals. As a result, the ways NEDs aimed to demonstrate their effectiveness in the current year was almost exactly the same as the ways they would do this in the longer term. However, the measures of effectiveness being used for the current year were generally more specific. Such as:

- Introducing robust performance data across the whole organization.
- Implementing a quality framework on wards.
- Implementing national programmes.
- Increasing nurse involvement on ‘groups’.

Think of NEDs that you consider to have been highly effective. What made these effective?

All the NEDs were able to think of NEDs that they considered to be effective. Most took time to think of a good example and commonly the NEDs commented on their difficulty in selecting one. Part of the reason for this difficulty was the NEDs who had served in more than one executive role felt that those they would consider to be a role model had changed over time.

‘The role models at the start of my NED career were very pro nursing. I feel this is naïve now’ (NED 1).

A strong sense of personal values was a common theme in the example they considered to be highly effective, even when the interviewees identified with different values.

‘The values have stayed with me but I do my job differently now’ (NED 1).

They described effective NEDs as being ‘in touch with the workforce’ and ‘approachable’ (NED 2), but were less able to explain how this could be quantified. All the NEDs recognized communications skills as an important attribute of effective colleagues, especially listening skills. Effective NEDs ‘listen to what the ward staff are saying’ (NED 5) and ‘if there’s a problem she hears about it’ (NED 6). Listening was a seen as a key attribute by the majority of interviewees.

Effective NEDs were described as having a ‘clear vision for themselves and the organisation’ (NED 3). This orientation was a reoccurring theme with several references to organizational perspective, awareness of the whole agenda, and being ‘more than just a nurse’ (NED 7).
Leadership was an important quality. Successful colleagues were perceived to have a high profile with the board, to get on with directors and to be a team player. They were seen as politically astute and implementing both the national and local nursing agenda. They were described as energetic, passionate, personable, having charisma and gravitas and being able to adjust to different ways of working.

Successful colleagues were considered to have professional credibility in their boards and outside their organizations. They had integrity and were, at times, not prepared to compromise especially on patient safety. The successful colleagues showed a preparedness to be held to account (although none of the NEDs described this of themselves).

Overall, the NEDs focused on the tangible achievements of their successful colleagues. They were executives that ‘made things happen’ (NED 8).

Think of NEDs that you consider have not been highly effective. What made them less effective?

All the subjects quickly identified a colleague who had not been highly effective. The most prominent theme reported by the NEDs when describing colleagues they considered not to have been highly effective was marginalization. These colleagues were perceived as being unable to operate successfully within the board and as such had become viewed as a ‘non-entity’ (NED 2). They were described as lacking visibility on the board and in the organization. They were ‘easily outgunned’ (NED 4), ‘seen and not heard’ (NED 7).

The less effective colleagues tended to have only a nurse focus and were not challenging across the full range of the board’s responsibilities. This was often followed by loss of parts of their portfolio. The NEDs often related this reduction in authority as giving the impression that their place at the board had become a ‘token gesture’ (to nursing) (NED 3). This tokenism was seen as a legacy from the past that had become less common.

Poor relationships with the Chief Executive and other executives were seen as important in failure, as they made it difficult to contribute across a wider agenda. The less effective colleagues were thought to have failed to take personal responsibility for improving poor relationships.

‘If it’s not working then it’s down to the nurse herself and how they articulate and present themselves (NED 3).’

Less effective colleagues were not engaged with the workforce and did not communicate well. Communication, listening and relationships were all seen as lacking, resulting in isolation that increased the likelihood of overall failure.

‘If you’ve not got a properly operating radar system then you rely on luck of hearing things (NED 7).’

The less effective leaders were described as lacking vision and innovativeness. They produced policies but did not embed them. Personal impact was important.

‘you can have all the structures in the world that says that nursing is at the heart of things but if you haven’t got the right person leading it then it will never be (NED 5).’

In immediate contrast to successful colleagues, the less effective ones were identified as the ones who ‘don’t make anything happen (NED 4)’.

In what way do the characteristics of effective NEDs differ from nurses in other leadership roles?

Most of the NEDs emphasized both similarities and differences between their roles and other nurse leadership roles (such as specialist clinical practice). A common feature was providing leadership to a portfolio although the focus of other nursing roles was much more specialized. Five of the NEDs described this feature as a difference in breadth while two others described it as a similarity in terms of focusing on the responsibilities of the role. The common element to all was leadership. The main difference between an executive nurse leader and clinical nurse leader related to the context in which they are working. The NEDs saw little difference between the attributes of the executive nurse and the nurse who becomes a chief executive (in the NHS).

The NEDs described a trend towards similar characteristics throughout the nursing organization so that differences between NEDs and nurses in other leadership roles were reducing.

‘The gap is getting smaller (NED 1).’

Where the NEDs did describe attributes that were unrelated to the context these related to the ability to influence widely and effectively. Some of the NEDs indicated that NEDs had a greater appreciation of general management and a more in-depth understanding of the health community and the impact of changes. They recognized a need to be politically aware. Two key characteristics associated with NEDs but not other nurse leaders related to courage. NEDs have to be able
to make quick and contentious decisions and must be willing to engage in difficult debate.

The NEDs described leaving nursing to some extent in their current role. Other nurses were focused on the needs of a patient or a group of patients whereas the NEDs were focused on balancing the needs of all patients and potential patients.

**What issues impair your ability to be an effective NED?**

The NEDs drew attention to many factors that impeded the delivery of their agenda. The factor referred to first by all of the NEDs was lack of time. The NEDs described the extent of demands on their time often from external influences on the organization, such as national targets (for example, to reduce hospital acquired infections). They all gave examples of how this drew their attention away from other matters such as personal development, building the capabilities of the nursing workforce and achieving objectives that were important but less subject to public and media scrutiny.

The NEDs placed importance on time management by building their teams to allow delegation and by limiting their portfolio and targets to what they deemed achievable.

Time pressures had an impact on how they carried out their work. The constant ‘fire fighting’ left them with little time to step back and pay attention to medium- and long-term planning. The NEDs recognized that this may have adverse consequences.

‘..back to back meetings, without room to stop and think, which leads to stifling of ideas and innovative thoughts (NED 7)’.

Most of the NEDs described external targets as an impediment to success. They identified (obligatory) targets placed on their organization by outside agencies as a constraint especially as they continually changed.

‘I think this [new process] is good and we should be spending time on it … but priorities change (NED 9)’.

Staff turnover in the organization, especially the lack of a stable executive team or stable peer support networks, was a key factor constraining what a NED could achieve. Some of the NEDs felt that in organizations where nursing was not highly valued by the board, and especially the Chief Executive, that this impeded success. All of these factors were associated with a sense of isolation.

The size and diversity of their portfolio was considered by NEDs to impact on their effectiveness. Four felt that the scope was too broad and that a ‘varied role creates challenges’ especially if the components of the portfolio were relatively unrelated.

Although all the NEDs identified factors that impaired their prospects of achieving success, none of the NEDs gave specific examples of how they had been unable to deliver their targets or not achieved success.

**Issues not mentioned**

While the NEDs talked about a very large range of issues it was noteworthy that they did not mention at all a number of subject areas. None of the NEDs talked about the need for project management skills or providing resources. The need for innovation was described only in the context of not having time to do it.

Only one of the NEDs described the need to lead or influence the external agenda, regionally or nationally. While some described the need for knowledge of the local health economy and national agenda, all but one of the NEDs described issues that were within their own organization. The NEDs had an extremely inward-looking focus.

**NED rating of characteristics**

Ten potential characteristics of effective NEDs were identified from the literature review. The subjects scored each of these between 0 and 10 on a unidimensional continuous scale.

Four attributes were scored higher than the others (see Table 2):

- communication;
- total organization view, visionary;
- powerful influential operator;
- collaborate effectively in multi-disciplinary teams.

Five other attributes were somewhat less important. This group included those attributes strongly linked with nursing (knowledge, resourcing and quality) as well as commercial astuteness and human management skills.

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One attribute (project management) did not feature strongly in the literature but met the filter criteria and the interviews have provided data that this is viewed as much less important.

The most highly ranked attribute associated with effectiveness was having a total organization (visionary) view. Most of the other attributes were scored significantly less important (Table 2).
Table 2
Relative significance of attributes compared with highest ranking (paired two-tailed *t*-test)

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Score</th>
<th>Significance</th>
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<tbody>
<tr>
<td>Total organization view, visionary</td>
<td>8.97</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>8.94</td>
<td>NS</td>
</tr>
<tr>
<td>Powerful influential operator</td>
<td>8.44</td>
<td>NS</td>
</tr>
<tr>
<td>Collaborate effectively in multi-disciplinary teams</td>
<td>7.98</td>
<td><em>P</em> &lt; 0.05</td>
</tr>
<tr>
<td>Business astuteness</td>
<td>7.35</td>
<td><em>P</em> &lt; 0.01</td>
</tr>
<tr>
<td>Human management skills</td>
<td>7.34</td>
<td><em>P</em> &lt; 0.01</td>
</tr>
<tr>
<td>Providing nurses with the right tools and resources to do their jobs</td>
<td>7.24</td>
<td><em>P</em> &lt; 0.02</td>
</tr>
<tr>
<td>Knowledge of nursing</td>
<td>7.23</td>
<td><em>P</em> &lt; 0.001</td>
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<tr>
<td>Quality management</td>
<td>7.19</td>
<td><em>P</em> &lt; 0.01</td>
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<tr>
<td>Project management</td>
<td>5.45</td>
<td><em>P</em> &lt; 0.001</td>
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NS, no significant difference.

Discussion and conclusions

This study has begun to identify characteristics English NEDs associate with effectiveness. The study has provided some evidence to corroborate the characteristics identified in other studies and new evidence of additional characteristics.

The study aimed to identify the factors NEDs in hospital considered important in achieving their objectives. Ideally this would have used clearly defined measures of NED effectiveness with a large study group. However, by necessity this study took an exploratory approach.

The study group was the NEDs in hospital organizations in Greater Manchester. Although this was not a random sample there is no evidence to suggest the sample is extraordinary. However, the Greater Manchester area is highly populated with hospitals quite close together. The needs of hospitals in areas that are greater distances from adjacent Trusts may be different.

The study did not investigate NED effectiveness in primary care. However, the role of the NED in primary care is far less well established with some organizations still not having a nurse in an executive role. Further research is needed to investigate the effectiveness of senior nurses in other service settings.

One of the main objectives of the study was to identify the measures of NED effectiveness in use. However, the study found no evidence of any accepted or commonly used measures of NED effectiveness. Few of the NEDs were able to give specific examples of indicators of their performance and those that did were not able to explain the specific mechanism by which their work influenced the outcome.

The study has identified that directly managing nurses is not a core part of current NED roles. Most NEDs had very few line management responsibilities. There is no consistent NED role found in English hospital organizations.

The key attribute all the subjects identified in effective NEDs was they have a focus on delivery and ‘make things happen’. All the subjects found it much easier to think of NEDs who were not effective and some referred to support they offered to their peers who were struggling with an issue.

All the subjects talked at length about quality although it was not clear how they defined this. There was little emphasis on productivity, efficiency, or cost reduction. They tended to refer to quality in relation to a ‘premium’ type of patient care rather than care that met a defined specification (that might be quite basic). The subjects linked quality with an unwillingness to compromise especially on patient safety.

Almost all the NEDs’ objectives focused on short-term goals with less attention paid to the long term. They talked about the influence of their strong personal values on delivery. Where they talked about vision, they tended to talk about the board’s vision for the Trust and their own personal vision as if they were exactly the same.

Only one subject talked about her achievement in delivering results that were better than other Trusts (in regard to hospital acquired infections). None of the subjects mentioned common sources of data on nursing issues, such as the National Staff Survey, that allowed their organization’s performance, and arguably their own personal leadership, to be benchmarked. NEDs had a high opinion of themselves. Self belief is an attribute that has been associated with NHS director effectiveness (NHSIII 2003).

The subjects did identify some attributes that appeared especially important for NEDs as compared with other nurse leaders. They described the need for courage, with a willingness to make quick and contentious decisions and engage in difficult debate. The importance of courage in leadership has been reported frequently in the past, including by prominent commentators on leadership such as Stephen Covey (2004) and Donald Sull (2003).

NEDs also referred frequently to the need for political awareness. This had previously been reported in a number of American studies (Freund 1985, Moore et al. 1988, Henderson 1995, Murray 1998) but had not met the criteria for inclusion as a theme that recurred across settings and study designs in a recent systematic review (Kirk 2007). This study confirms that political awareness is recognized as an important factor in the UK as well as the USA and in a different study design. Political leadership in nursing has become more
Factors influencing NED effectiveness

Table 3 Factors Nurse Executive Directors (NEDs) consider are important to their success

| Having a vision for the whole organization |
| Communication (listening) |
| Powerful influential operator |
| Collaborates effectively in multi-disciplinary teams |
| Business astuteness |
| Human management skills |
| Providing nurses with the right tools and resources to do their jobs |
| Knowledge of nursing |
| Quality management |
| Delivery focused (make things happen) |
| Political awareness |
| Courage |
| Willing to make quick and contentious decisions |
| Willing to engage in difficult debate |

NED effectiveness were still considered so. As most of the specific studies of NED effectiveness, and the contributory factors, were carried out in the USA and many years ago this is an important finding suggesting that some factors at least are consistent over time and setting.

A leadership development framework of health service executives was published in 2003 (NHSIII 2003). Forty-six Chief Executives and four other executives were interviewed, 20 of whom were employed by hospital organizations. ‘Effective’ and ‘highly effective’ executives were defined as those who were not just successful at the time but who would be the outstanding leaders of the future – people who would deliver the modernization agenda in its broadest form. The following key capabilities predicted ‘outstanding’ performance with an accuracy of 82.8%:

- integrity;
- self belief;
- drive for results;
- intellectual flexibility;
- broad scanning (i.e. being aware of what’s going on);
- political astuteness;
- holding others to account;
- strategic influencing;
- leading change.

These capabilities are very similar to those identified in the current study. Most of the NEDs described most of these as important during the interviews. These capabilities have been used to develop the Leadership Qualities Framework that is used to facilitate development of NHS executives. This study of NEDs provides evidence that NED development using the Leadership Qualities Framework may develop capabilities of NEDs that are likely to improve their effectiveness.

prominent in the UK recently (Antrobus 2003, Davies 2004).

The subjects described a number of seemingly paradoxical attributes that add complexity to the NED role. They felt effective NEDs were team players and yet (at times) uncompromising, patient safety oriented and yet willing to take risks, and courageous decision-makers but needing to satisfy many stakeholders. All of the subjects recognized these challenges and all seemed to accept them, giving a strong impression of their ease in dealing with them.

At the end of the interview, the NEDs were invited to rank the importance of the ten possible factors contributing to NED effectiveness on an open Likert scale. The highest rated factors were the softer skills – having a total organization view and being visionary, being a good communicator (including listening), being influential and being collaborative.

In the literature review, and the ranking questions used in this study, having a total organization view and being visionary were linked together. Previous reports did not distinguish between these two issues. However, during the interviews the subjects emphasized the need for the total view, from both the perspective of being involved and contributing widely and the perspective of not being too parochial. The subjects talked far less about personal vision. This factor might best be described as having a vision for the whole organization.

The second highest ranked factor was communication. During the interviews the subjects emphasized the listening component of good communication.

The attributes strongly associated with nursing – providing nurses with the right tools and resources to do their jobs, knowledge of nursing and quality management – were important to the NEDs but rated slightly less important than the four personal attributes. The NEDs indicated the importance of these factors was more a matter of board credibility than a need to know operational details (as long as they had the right team around them to address the details).

The literature review suggested another factor, project management, might be relevant. However, almost all the NEDs regarded this as relatively unimportant. During the interviews, the NEDs did not discuss project leadership at all although they did refer to having an overview of projects and programmes. The possession of project management skills does not appear to be an important contributor to NED effectiveness.

In total, the subjects considered 12 factors were important to the effectiveness of NEDs (Table 3).

The survey component of the study showed that factors that were previously described as important to
In summary, this study suggests that there are a number of characteristics of NEDs that might be associated with their effectiveness. These provide an indication to current and aspiring NEDs where they might focus attention on their personal development and an indication to managers recruiting NEDs which characteristics might be important in candidates. However, further work is needed to demonstrate that improvement in these areas does improve the likelihood of success as a NED.

The study set out to identify specific measures of NED effectiveness. Unfortunately no specific measures were identified in the literature review and none were identified during the interviews. Although NEDs discussed targets they did not link their personal contribution to actual outcomes. While the subjects identified characteristics they associate with NED effectiveness, these were only associated with their perception of effectiveness and not corroborative data.

Further research is needed to develop a model of effectiveness that could be used to measure NED performance.

Acknowledgement

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References
