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Identifying the challenges and opportunities of the executive nurse director role in the UK

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1 **Title:** Identifying the Barriers and Opportunities of the Executive Nurse Director Role in the UK: A
2 Scoping Review

3

4 **Short Running Title** The UK Executive Nurse Director: A Scoping Review.

5

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29

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32

33 **Conflict of Interest Statement**

34 There are no known conflicts of interest.

35

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37

38 **Abstract**

39

40 **Aims**

41 This scoping review, as part of the Stronger Study, explores published evidence about the
42 challenges and opportunities impacting the Executive Nurse Director's (ENDs) ability to deliver the
43 nursing agenda in the UK.

44

45 **Background**

46 The END role is complex and varies greatly in the expectations and responsibilities placed
47 upon it. The key function of the role is to deliver the nursing agenda and ensure that safety and quality
48 remain the focus of the executive board. However, it is unclear what evidence exists concerning the
49 challenges and opportunities faced by ENDs.

50

51 **Evaluation**

52 All types of studies were included since 2009. Two independent reviewers conducted
53 screening and data extraction. After full text review 11 records were eligible for inclusion.

54

55 **Findings**

56 This review identified factors that impacted the END's ability to deliver the nursing agenda.

57

58 **Conclusion**

59 The END role is key in ensuring that the nursing voice is represented at the most senior level
60 in healthcare organisations. Findings of this review suggest that, across the UK, the importance
61 attached to the END role is not matched by the amount of research available.

62

63 **Implications**

64 Strengthening the END role requires a stronger evidence base and an awareness of role
65 benefits such as mentoring, networking and better preparation.

66

67 **Keywords:** Executive Nurse Director (END); management; leadership; NHS; organisational
68 structures; mentorship.

69

70 Introduction

71
72 The role of the Executive Nurse Director (END) in the UK is complex and involves the
73 management and delivery of the professional nursing agenda, whilst giving strategic and corporate
74 direction to the board. All executive board members have a responsibility for ensuring that patient
75 care is safe, however the END, alongside the medical director, is uniquely placed to contribute
76 clinical insights, knowledge and experience to underpin board decision-making (NHS Improvement
77 2019). In addition to this focus, ENDs have a broader role in contributing to strategic and corporate
78 direction and direct management of health systems. The END works alongside executive colleagues
79 to provide strategic leadership and delivery on a range of corporate issues, including executive board
80 assurance, risk management, governance and healthcare regulation (NHS Improvement, 2019).

81 Whilst these contributions and responsibilities are typical of all ENDs, it is important to
82 acknowledge that there are variances between END roles across the UK. For example, the Scottish,
83 Welsh and Northern Irish END roles tend to hold responsibility for both community and acute
84 services, whereas in England the END may cover one or the other, depending on size and scope of the
85 role. There are nuanced differences in structures, governance, and health policy that influence the
86 END role in each country meaning that the challenges may differ between them. Ultimately, however,
87 the END's unique function is to deliver on the nursing agenda, and ensuring that patient safety &
88 quality remain the focus of boards by leading the vision for safe and effective nursing practice (Kirk,
89 2008).

90
91 Recent inquiries (such as Francis 2010, 2013) into failings of hospital care in England
92 provoked questions about the risk of allowing financial considerations to take precedent over patient
93 safety at board level, as well as the ability of ENDs, and boards more generally, to deliver the
94 necessary leadership for protecting patient care standards in a climate of fiscal austerity. The Francis
95 public inquiry reinforced the call for greater nursing influence at executive board level:

96
97 “Nurses can provide invaluable advice and support to boards on a whole range of matters”
98 and “are well placed to resist corporate pressures to ‘toe the line’ when patient safety is at stake”
99 (Francis 2013 p.1526).

100
101 In the subsequent Public Inquiry report there was a recommendation to establish a support
102 mechanism for END role holders, possibly being provided by the nursing regulator. To date this has
103 not materialized (Francis, 2013). Such support is, arguably, of more importance in ‘shamed’
104 organisations in which the ‘inverse leadership law’ may apply; implying that troubled organisations
105 most in need of strong nursing leadership find it most difficult to recruit and retain ENDs (Janjua,
106 2014).

107
108 Across the four UK countries, there have also been inquiries where concerns raised by Francis
109 (2013) are equally applicable; such as the Vale of Leven Inquiry Report (MacLean, 2014) in Scotland,
110 the Review of Maternity Services at Cwm Taf Health Board (RCOG, 2019) in Wales, and the Review
111 of Safeguarding at Muckamore Abbey Hospital (BHSCT, 2019) in Northern Ireland. Each of these
112 reviews and other inquiries have identified recurring issues of quality and safety, and sub-optimal
113 leadership and governance, reinforcing the need for development of strong nursing leadership at
114 executive board level.

115
116 Following the publication of both Francis Reports (Francis, 2010; Francis, 2013) it was clear
117 that nursing leadership was one of the factors said to be at fault. A Kings Fund report by Machell et al
118 (2009) highlighted END's vulnerability in any conspicuous and highly publicized failure, stating that
119 nurses were often the first to be called to account, and to be dismissed, when organizations were in
120 trouble. This is perplexing in view of the fact that ENDs may not always have the control over or
121 manage nurse staffing budgets, and so have limited managerial authority over the staff for whose
122 actions they are held responsible. Nevertheless, when failure does occur ENDs may face the ‘double
123 jeopardy’ of losing not only their job, but also their professional registration and thus the option of
124 working elsewhere (Janjua, 2014). Even in organizations that subscribe to the notion that failure

125 should be ascribed to systems rather than people, external pressure from media and patient groups
126 may demand that ‘heads roll’ and accountability is seen to be assigned to individuals (Jones & Kelly
127 2014).

128
129 Internationally, there is a small body of research exploring the role of similar senior nursing
130 positions. Leach & McFarland’s study (2014) in the US identified professional development topics
131 considered important to senior nurse leaders to secure success in the role. Becoming a visionary
132 leader and managing complexity effectively were ranked as priorities. It was concluded that focusing
133 on the professional needs of senior nurse leaders themselves was crucial. In Canada, Mass et al.
134 (2006) carried out a survey of 34 senior nurse leaders and 33 middle-level nurses who identified
135 barriers preventing them undertaking their role successfully. These included regular uncertainty and
136 the restructuring of healthcare services; high workload related to constantly changing priorities; poor
137 role clarity and long working hours. A systematic review which focused on the effectiveness of the
138 END role (rather than senior nurses generally) identified that health services globally benefit from
139 strong nursing leadership, and that such leadership often resulted in improved standards and enhanced
140 quality of patient care (Kirk, 2008). However, it is also acknowledged that nurses in senior positions
141 are likely to experience challenges (Lúanaigh & Hughes 2016) including justification of nursing costs
142 without always having control of nursing budgets (Melnyk et al 2016).

143
144 As highlighted above, there is some international literature exploring the experiences of
145 senior nurses in managerial and leadership roles. However, there are limitations in the transferability
146 and application of international literature to the UK END population. As highlighted by Kirk (2008),
147 in the UK the END role is defined as the most senior nurse leader in NHS organisations (NHS
148 Improvement, 2019). Conversely, much of the international literature include study populations that
149 involve a range of nurse managers, including middle managers and chief nurses (Kirk, 2008). In
150 addition, there are wide differences in terminology used to describe these senior nursing roles in
151 international literature such as ‘nurse manager’, ‘senior nurse leader’, and ‘nurse executive’. It is
152 unclear whether these senior nursing roles carry the same responsibilities and levels of accountability
153 as UK-based ENDS. Differences in study-sample and senior nurse role definitions lead to uncertainty
154 when making comparisons, and when deciding whether these international findings could be applied
155 to the UK role (Kirk, 2008). Internationally, health systems also vary greatly in terms of funding,
156 structure and culture, therefore the samples within the international literature will be subject to
157 different environmental stressors to those in the UK. Given the lack of a universal definition of these
158 senior nursing roles, and the particular nuances of the NHS, the authors focused this review on
159 literature relating to the UK only to take account of the unique nature of the UK context. It also links
160 with the UK focus of the current Stronger Study of which this scoping review is part.

161
162 Despite the importance of senior nursing leadership in organisations that exist to deliver
163 health care in the UK, it was unclear the extent of evidence that exists about the challenges and
164 opportunities that ENDS currently face. A preliminary search was undertaken in the Joanna Briggs
165 Institute (JBI) Database of Systematic Reviews and Implementation Reports, CINAHL, Cochrane
166 Library, PubMed, PROSPERO and Scopus to identify recent systematic or scoping reviews published
167 or any underway on this topic; none were found. Due to the limited evidence base concerning the
168 END role, it was clear a scoping review was the most appropriate approach to determine the scope
169 and nature of the existing literature (Munn et al, 2018).

170
171
172 **Objective/ Review Question**

173 This scoping review aimed to locate, examine and describe the literature on the distinctive
174 contemporary challenges and opportunities facing those responsible for leading nursing services in the
175 UK at executive board level. The data generated will be used to inform a current study exploring
176 strategies for strengthening the END role in the UK.

177
178
179 **Review Questions**

180 The review aimed to answer the following questions:

- 181 • What are the challenges that impact on ENDS ability to deliver the nursing and broader health
- 182 sector agenda in the UK?
- 183 • What are the opportunities which may facilitate ENDS to deliver the nursing and broader agenda
- 184 in the UK health sector?

185

186 **Eligibility Criteria**

187

188 *Participants*

189 Studies focusing on the role of the END in any of the 4 UK countries (Scotland, England,
190 Northern Ireland and Wales) were included. For the purposes of this review, ENDS were defined as
191 registered nurses responsible for leading nursing services in the health sector at executive board level.
192 Any others, such as director of nursing, lead nurse or head nurse role that were not members of an
193 executive board, were excluded.

194

195 *Concept*

196 The concept of interest for this review were the distinctive challenges and opportunities
197 facing ENDS. For the purpose of this review, a ‘challenge’ was defined as anything, identified by
198 participants’, that makes the END role more difficult, and which impacts on the END’s ability to
199 carry out their role effectively, for example, competing aspects of the END’s workload. An
200 ‘opportunity’ was anything, identified by participants’, that helps with the role, and enables or equips
201 the END to carry out the role more effectively, for example, good working relationships with other
202 executive board members.

203

204 *Context*

205 The context was all healthcare settings in the four UK countries. The review focussed on
206 these 4 countries as part of the larger Stronger Study; exploring strategies for strengthening the END
207 role in the UK. Studies published before 2009 were not included as the END role has evolved in
208 recent years in the UK, particularly following the recommendation of the Francis (2010) and (2013)
209 reports.

210

211 **Types of studies**

212 This review considered all qualitative and quantitative studies of any design. It also
213 considered text and opinion pieces. The search was limited to studies published in English from 2009
214 onwards. The reference lists of all included articles were also searched for additional studies.

215

216 **Methods**

217 A Protocol for this scoping review was registered on Open Science Framework in March
218 2020, and can be accessed at: <https://osf.io/hf9p8>. The JBI methodology for scoping reviews was
219 followed for this systematic scoping review (Peters et al. In: Aromataris & Munn, 2017).

220

221 *Search Strategy and Information Sources*

222

223 The lead author developed the search strategy (Appendix A) with support from a University
224 Librarian. The search strategy was developed using text words related to the research question. An
225 initial limited search tested key words for appropriateness, and then the following electronic databases
226 were searched: MEDLINE, CINAHL, PsycINFO, EMBASE, and Knowledge Network, from the start
227 of each database up to 25th April 2019. Finally, the third phase involved searching for additional
228 sources in the reference list of included studies, and the OpenGrey and NHS websites. A full search
229 strategy for CINAHL is included in Appendix A. The lead author re-searched all databases for new
230 relevant sources between April 2019 to April 2020 using the search terms and inclusion criteria. No
231 new relevant records were identified.

232

233 *Study Selection*

234 Following the search, all identified citations were collated, managed and de-duplicated in
235 Mendeley (Mendeley Ltd., Elsevier, Netherlands). Titles and abstracts were screened by two
236 independent reviewers, then full texts of potentially relevant studies were retrieved and assessed
237 against the inclusion criteria. No disagreements between reviewers occurred.

238 Reasons for exclusion of full text studies that did not meet the inclusion criteria are recorded
239 in Appendix B.

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

244

245 *Data Extraction*

246 A data extraction table was developed (Appendix C). This was used by three independent
247 reviewers to extract data including specific details about the population, context, study methods and
248 key findings about the challenges and opportunities of the END role. These challenges and
249 opportunities related to the END themselves (e.g. preparation for the role), or to organizational
250 structures (e.g. supportive or unsupportive board colleagues. One author of a research paper was
251 contacted to request additional information.

252

253 *Data presentation*

254 Data extracted from included records are presented in a narrative form which aligned with the
255 objective of this scoping review and describes how results relate to the review questions.

256

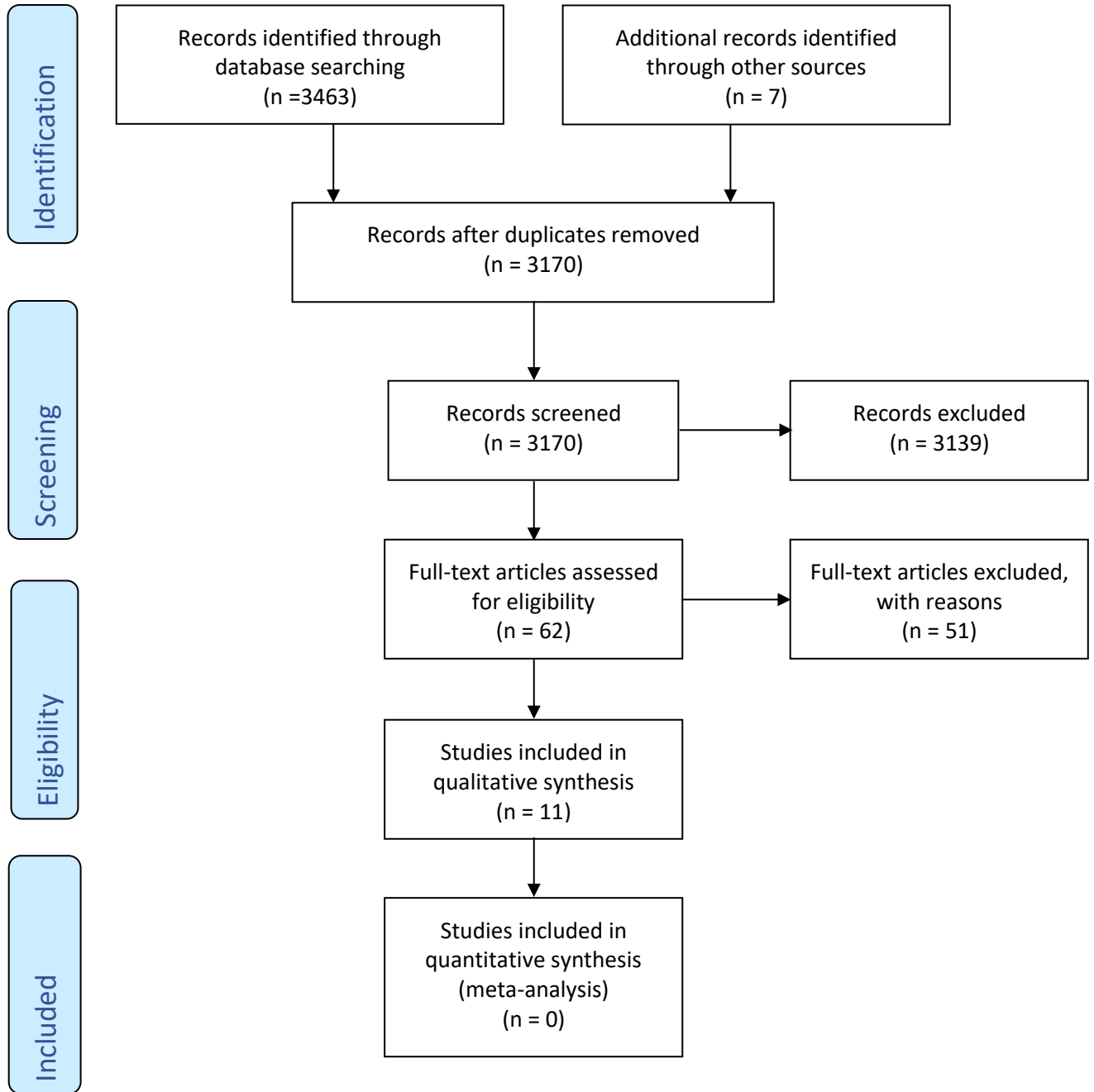
257 *Deviation from Original Protocol*

258 The study was conducted as per the protocol, with no deviations to report.

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Figure 1. PRISMA 2009 Flow Diagram



293 **Results**

294

295 *Search Results*

296 The search of databases identified 3463 records, the PRISMA flowchart in Figure 1 shows the
297 flow of decisions for inclusion of records. After application of the inclusion criteria there were 11
298 records included in this scoping review.

299

300 *Characteristics of included studies*

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

303 Five of the 11 records reported empirical data on ENDs experiences and views about the role and
304 how to succeed; all had used qualitative approaches. It is important to note that two of the five studies
305 reporting empirical data are reporting the same empirical dataset; Kelly et al (2016) and Jones et al
306 (2016). One paper was a reflective account by a Chief Nursing Officer on senior nurse leadership,
307 commenting on the challenges of the END role. The remaining five records were news articles and
308 commentary from nursing journals about END experience-related issues.

309 Only four sets of empirical data reporting on the END role were identified through this scoping
310 review (appendix D). This is a significant finding which demonstrates the limited empirical evidence
311 base underpinning the END role.

312

313 **Review Findings**

314

315 **Challenges**

316 All 11 records highlighted the challenges facing the END role to some extent.

317

318 *The Nature of the END Role*

319 Many factors intrinsic to the nature of the END role were highlighted as challenging. The size
320 and diversity of ENDs' portfolios were found to be a challenge as the addition of more responsibilities
321 could dilute their attention away from core nursing issues (Kirk, 2009; White, 2012; Jones-Berry &
322 Haidrani, 2016). In addition, ENDs experienced other pressures and stressors such as time pressures
323 and financial constraints. These impacted on delivery of the nursing agenda due to conflicting
324 pressures and lack of financial control that limited their ability to intervene (Cabral et al, 2019; Kirk,
325 2009; Kelly et al, 2016).

326

327 High levels of executive staff turnover further constrained what individual ENDs could
328 achieve (Kirk, 2009). Equally, the high turnover of ENDs themselves was highlighted by six of the 11
329 studies as this led to disruption of leadership and loss of institutional memory (Jones-Berry &
330 Haidrani, 2016; Nursing Standard, 2009; Scott, 2016; Wiggins, 2018). Osborne (2014) suggested that
331 high turnover may be indicative of negativity around the END role which led some to 'vote with their
332 feet'. In addition, high levels of accountability held by ENDs, and the subsequent risk posed to their
333 own professional nursing registration, was another significant challenge. This is associated with risks
334 of being blamed for organisational failure in areas beyond their control and becoming a 'corporate
335 scapegoat'. This was a source of significant concern and feelings of vulnerability about loss of their
336 career in the event of organisational failure. Cabral et al. (2019) highlighted that this could also be
337 fuelling the difficulty in recruiting to END posts.

338

339 *The Executive Board*

340 A small number of studies found that the culture of the executive board created specific
341 challenges. Jones et al. (2016) described how ENDs experienced communication difficulties within
342 executive boards due to conflict, poor communication or some board members being side-lined. This
343 could result in concerns about quality and safety being under-represented and unsupported at board
344 level. White's (2012) reflective piece discussed how the perceived lower status of health professions
345 other than medicine could also limit an END's influence and impact. However, White (2012) also
346 described how there usually was a board-wide acceptance that anything influencing patient experience

347 could (and should) legitimately fall under the END's remit; leaving them with large portfolios without
348 always having the power to address them.

349

350 *Preparation for Role*

351 A lack of preparation and support in preparing for the END role was highlighted in four
352 papers as a key challenge to END's efficacy. Lack of preparation risked leaving them without the
353 skills to deal with complex system issues (Nursing Standard, 2009). Equally, Wiggins (2018) and
354 Blakemore (2016) described a lack of opportunities to 'move up the ladder' gradually, due to the large
355 jump in skill-requirement and responsibility between deputy and END positions, and between
356 community and acute sector roles. Cabral et al (2019) explained that large 'jumps' between positions
357 could be overcome by providing more opportunity for deputy post-holders to receive mentorship and
358 training, and to undertake rotational roles so they can gain experience across the executive board.

359

360 **Opportunities**

361 Of the 11 records included in the review, 10 highlighted opportunities to facilitate and support
362 the END role.

363

364 *The Individual*

365 Several studies emphasised the importance of interpersonal factors and skills to an END's
366 success. These included effective communication and leadership skills, personal resilience, strong
367 values and a clear sense of vision (Jones-Berry & Haidrani, 2016; Kelly et al, 2016; Osborne, 2014).
368 Kirk (2009) explained that these qualities helped enable an END to secure a high profile on the board
369 and to be considered politically astute, with qualities of gravitas and charisma. Similarly, Jones et al.
370 (2016) stated that successful ENDS were more strategic about when and how to interject at board
371 meetings, further signalling credibility and competence to other board colleagues.

372

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

377

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

383

384 *The Executive Board*

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

390

391 *Preparation for the Role*

392 Six of the 11 studies mentioned development as an important requirement for those roles.
393 Kelly et al. (2016) found that ENDS valued multi-disciplinary training approaches because these
394 provided insights into how other professions worked and also expanded networks. Equally, Cabral et
395 al. (2019) found that many ENDS who had taken part in development programmes did appreciate their
396 positive impact. Mentorship, coaching and peer-support were considered effective support
397 mechanisms as they provided new skills and ways to cope with the stressors of the role (Kelly et al,
398 2016; Cabral et al, 2019).

399

400 **Discussion**

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

408
409 This scoping review suggests that appropriate experience, interpersonal skills, adequate
410 development, supportive networks, as well as coaching and shadowing are factors on which to build
411 to strengthen this role. Challenges include high turnover and vacancy rates, poor relationships with
412 executive board colleagues, lack of budgetary control over services for which they are responsible as
413 well as the risk of isolation and unremitting workloads. Whilst perhaps not uncommon to all those
414 who work in positions of authority there are specific concerns facing ENDS in the UK that should be
415 better appreciated and addressed.

416
417 It is important to acknowledge that these above-mentioned issues may be of differing
418 relevance to ENDS across the 4 countries of the UK. As mentioned earlier, there are significant
419 variances between the scope and size of END roles across the UK. It was not possible to identify the
420 issues which are unique to the END roles of each individual country in the UK. However, through the
421 Stronger Study, of which this review is part, it will be possible to conduct cross-country analysis to
422 identify issues pertinent to ENDS in each country. The Stronger Study explores END experiences,
423 challenges and opportunities through interviews with post-holders across the UK. It will address
424 limitations identified in this scoping review by investigating challenges faced by ENDS, and will also
425 identify opportunities to strengthen the END role in the UK.

426
427 The review also suggests that a stronger evidence base is needed to support this key nursing
428 role. Challenges persist about how nursing concerns are perceived at the corporate level, especially
429 when expenditure is required but financial controls dominate. The way that nursing issues are
430 represented in corporate discussions is also open to further enquiry. Kelly et al (2016) found that
431 'walking the floor', the wearing of uniform, and staying close to clinical colleagues was a common
432 strategy used to enhance the sense of clinical competence. Other issues are also relevant and need to
433 be subject to research.

434
435 Overall, this review demonstrates a very limited evidence-base on the END role in the UK,
436 with only 4 empirical qualitative, and no quantitative, studies identified. This highlights a need for
437 more research in this area, particularly intervention rather than descriptive studies. We will soon
438 publish findings from the Stronger Study, carried out in response to the findings presented here, and
439 the lack of evidence more generally.

440 441 **Strengths and Limitations of this Scoping Review**

442 A key strength is the rigour of the review, including the application of the internationally
443 recognised JBI approach to scoping reviews to shape the methodology (Peters et al. In: Aromataris &
444 Munn, 2017). However, the majority of the studies included in the review were from England with
445 other UK nations being under-represented in the literature although one study did cover both Wales
446 and England (Kelly et al. 2016; Jones et al. 2016). As highlighted earlier, there is significant variance
447 between the END roles across different health sector bodies in the UK, further supporting the need for
448 research to identify the challenges and opportunities facing ENDS in the individual UK countries.
449 Professional debates are now appearing about whether ENDS should be prepared to doctoral level, an
450 interesting further step in the future development of the role (Cannaby et al (2017).

451 Additionally, with only eleven pieces of evidence from the UK identified in this review and
452 with only four of these being empirical, the lack of an evidence base supports the need for further
453 research.

454

455 The role itself needs clearer definition. This was needed to capture published sources that
456 focussed on END experiences, rather than other nurse managers. In an international context, the role
457 is defined using a variety of terms and in some health systems it may not exist in the same format.
458 This makes an international comparison challenging and was a further rationale for focusing on the
459 UK. However, the recent State of the World's Nursing Report (WHO 2020) has emphasised the need
460 for effective and visible nursing leadership and its enactment at the highest levels of health systems.
461 This further supports our call for further empirical research.

462

463

464 **Conclusion**

465 The END role is key to representing nursing concerns at the corporate level of UK healthcare
466 organisations. The lack of available research suggests that opportunities now exist to build an
467 evidence base, using a variety of methods, about the END role. This would help ensure that the
468 nursing leadership contribution at the top of health service systems is of the highest quality, and
469 strengthened, in the future.

470

471

472

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476 **References**

477

478 Belfast Health and Social Care Trust(BHSCT) (2019) *Summary of “A Review of Safeguarding at*
479 *Muckamore Abbey Hospital – A Way to Go”*.

480 Available:<http://www.belfasttrust.hscni.net/about/3197.htm>

481

482 Blakemore, S. (2016) Senior staff need more support to stay in post. *Nursing Management*. 23(6)5

483

484 Cabral, A., Oram, C., & Allum, S. (2019) Developing nursing leadership talent – Views from the
485 NHS nursing leadership for south-east England. *Journal of Nursing Management*. 27 75-83

486

487 Cannaby, A. M., Libacao, A., Hassanein, E., & Gray, R. (2017). Do Chief Nurses need to be
488 academically credible? *Journal of Advanced Nursing*. 73(11) 2503-2505.

489

490 Francis, R. (2010) *Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation*
491 *Trust: January 2005 – March 2009: Volume 1*. London: The Stationery Office. Available:
492 [https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-](https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry)
493 [public-inquiry](https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry)

494

495 Francis R. (2013) *Report of the Mid -Staffordshire NHS Foundation Trust Public Inquiry*. London:
496 The Stationery Office. Available: [https://www.gov.uk/government/publications/report-of-the-mid-](https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry)
497 [staffordshire-nhs-foundation-trust-public-inquiry](https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry)

498

499 Janjua, A. (2014) *Leadership vacancies in the NHS*. London: The King's Fund. Available:
500 <https://www.kingsfund.org.uk/publications/leadership-vacancies-nhs>

501

502 Jones, A., & Kelly, D. (2014) Deafening silence? Time to reconsider whether organisations are silent
503 or deaf when things go wrong. *BMJ Quality & Safety*. 23(2014) 709-713.

504

505 Jones, A., Lankshear, A., & Kelly, D. (2016) Giving voice to quality and safety matters at board level:
506 a qualitative study of the experiences of executive nurses working in England and Wales.
507 *International Journal of Nursing Studies*. 59(2016)169-176

508

509 Jones-Berry, S., & Haidrani, L. (2016) Trusts are struggling to retain chief nurses. *Nursing Standard*.
510 31(4)12-13

511

512 Kelly, D., Lankshear, A., & Jones, A. (2016) Stress and Resilience in a post-Francis world – a
513 qualitative study of executive nurse directors. *Journal of Advanced Nursing*. 72(12) 3160-3168

514

515 Kirk, H. (2009) Factors identified by Nurse Executive Directors as important to their success. *Journal*
516 *of Nursing Management*. 17(2009) 956-964

517

518 Kirk, H. (2008) Nurse executive director effectiveness: a systematic review of the literature. *Journal*
519 *of Nursing Management*. 16(3) 374-381

520

521 Leach, L.S., & McFarland, P. (2014) Assessing the Professional Development Needs of Experienced
522 Nurse Executive Leaders. *The Journal of Nursing Administration*. 44(1) 51–62.

523

524 Lúanaigh, P.Ó., & Hughes, F. (2016) The nurse executive role in quality and high performing health
525 services. *The Journal of Nursing Management*. 24(1) 132-136.

526

527 Machell, S., Gough, P., & Steward, K. (2009). *From ward to board: identifying good practice in the*
528 *business of caring*. London: The King's Fund. Available:

529 <https://www.kingsfund.org.uk/publications/ward-board>
530
531 MacLean, R.N.M. (2014). *The Vale of Leven Hospital Inquiry Report*. Scotland: APS Group.
532 Available: <https://hub.careinspectorate.com/media/1415/vale-of-leven-hospital-inquiry-report.pdf>
533
534 Mass, H., Brunke, L., Thorne, S., & Parslow, H.G. (2006). Preparing the next generation of senior
535 nursing leaders in Canada: Perceptions of role competencies and barriers from the
536 perspectives of inhabitants and aspirants. *Nursing Leadership*.19(2) 75-91.
537
538 Melnyk, B.M., Gallagher-Ford, L., Thomas, B.K., Troseth, M., Wyngarden, K., & Szalacha, L. (2016)
539 A study of chief nurse executives indicates low prioritization of evidence-based practice and
540 shortcomings in hospital performance metrics across the United States. *Worldviews on Evidence*
541 *Based Nursing*. 13(1) 6–14.
542
543 Moher, D., Liberati, A., Tetzlaff, J., & Altman, D.G. (2009) Preferred reporting items for systematic
544 review and meta-analyses: the PRISMA statement. *PLoS Medicine*.6(7) e1000097. Available:
545 <https://www.ncbi.nlm.nih.gov/pubmed/19621072>
546
547 Munn, Z., Peters, M.D.J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018) Systematic
548 review or scoping review? Guidance for authors when choosing between a systematic or scoping
549 review approach. *BMC Medical Research Methodology*. 18(143)
550
551 NHS Improvement. (2019). *Executive Nurse Handbook*. NHS Improvement: London. Available:
552 <https://improvement.nhs.uk/resources/executive-nurse-handbook/>
553
554 Nursing Standard (2009) Nurse directors struggle due to lack of training. *Nursing Standard RCN*.
555 24(11)
556
557 Osborne, K. (2014) News: Nursing Standard research reveals high turnover of top level staff. *Nursing*
558 *Standard*. 28(49)7
559
560 Peters MDJ, Godfrey C, McInerney P, Baldini-Soares C, Khalil H, Parker D. (2017) Chapter 11:
561 Scoping Reviews. In: Aromataris E & Munn Z (Editors). (2017) *Joanna Briggs Institute Reviewer's*
562 *Manual*. The Joanna Briggs Institute. Available: <https://reviewersmanual.joannabriggs.org/>
563
564 Royal College of Obstetricians and Gynaecologists (RCOG) (2019) *REPORT: Review of Maternity*
565 *Services at Cwm Taf Health Board*. London. Available:
566 [https://gov.wales/sites/default/files/publications/2019-04/review-of-maternity-services-at-cwm-taf-](https://gov.wales/sites/default/files/publications/2019-04/review-of-maternity-services-at-cwm-taf-health-board_0.pdf)
567 [health-board_0.pdf](https://gov.wales/sites/default/files/publications/2019-04/review-of-maternity-services-at-cwm-taf-health-board_0.pdf)
568
569 Scott, G. (2016) Editorial: Support scheme will help nursing's leaders of the future step up. *Nursing*
570 *Standard*. 31(11)3
571
572 White, J. (2012) Reflections on Strategic Nurse Leadership. *Journal of Nursing Management*. 20 835-
573 837
574
575 World Health Organisation (2020) State of the Worlds Nursing Report – 2020. *World Health*
576 *Organisation*. Available: <https://www.who.int/publications-detail/nursing-report-2020>
577
578 Wigen, L. (2018) Development of an England-wide nursing director talent pipeline. *Nursing*
579 *Management*. 51-53 DOI-10.1097/01.NUMA.0000527725.10457.25
580

581 **Appendix A: Search Strategy**

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583 Search conducted: April 2019, updated April 2020.

Source: CINHAL Plus		
Platform: EBSCOhost		
Search	Query	Records retrieved
#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*)	4859
#2	Executive nurs* director	300
#3	Search 1 AND 2	126
Limited to: years 2009-2019, English language. Where * is a wildcard to search for terms beginning with the given string. All terms are Keywords, searched in the field 'AB Abstract'.		

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Appendix B: Reasons for Exclusion of Studies Based on Inclusion Criteria

Reference	Reason for Exclusion
Abraham, P. J. (2013). Building nurse executives. <i>Nursing Management</i> . 44 (8), 52–54.	International
Adams, J. M. (2011). The development of nurse executive leadership: An interview with Marjorie Beyers. <i>Journal of Nursing Administration</i> . 41 (5) 194–196.	International
Adams, J. M. (2012). Inspiration Point. Exploring Influential Nurse Executive Leadership: An Interview With Maria Weston. <i>Journal of Nursing Administration</i> . 42 (1) 12–14	International
Adams, J.M., Erickson, J.I., Jones, D.A., & Paulo, L. (2009). An evidence-based structure for transformative nurse executive practice: the model of the interrelationship of leadership, environments, and outcomes for nurse executives (MILE ONE). <i>Nursing Administration Quarterly</i> . 33(4) 280–287.	International
Agnew, T. (2018). “Nurses can’t wait for a place at the table, we need to take it”. <i>Nursing Standard</i> , 33(8), 14–17.	Individual account of a senior nurse’s career progression, not about END experiences or challenges/opportunities.
Batcheller, J. (2017). The First 90 Days. <i>Nurse Leader</i> . 15(3) 199–202.	International
Bernard, N. (2014). Who’s Next? Developing High Potential Nurse Leaders for Nurse Executive Roles. <i>Nurse Leader</i> . 12(5) 56–61.	International
Bish, M., Kenny, A., & Nay, R. (2015). Factors that influence the approach to leadership: directors of nursing working in rural health services. <i>Journal of Nursing Management (John Wiley & Sons, Inc.)</i> . 23 (3) 380–389.	International
Blakemore, S. (2016). Keep it in the family... Ruth May. <i>Nursing Management</i> . 23(3) 39–39	Individual account of a senior nurse’s career progression, not about END experiences or challenges/opportunities.
Boston-Fleischhauer, C. (2016). Nurse Executives Wearing 2 Hats as Strategic Leaders. <i>Journal of Nursing Administration</i> . 46 (10) 487–489.	International
Boyal, A., & Hewison, A. (2016). Exploring senior nurses’ experiences of leading organizational change. <i>Leadership in Health Services (Bradford, England)</i> 29(1), 37–51.	Sample was not composed of ENDS.
Bradley, C. (2014). Leading nursing through influence and structure: the system nurse executive role. <i>The Journal of Nursing Administration</i> . 44(12) 619–621.	International
Brinkert, R. (2011). Conflict coaching training for nurse managers: a case study of a two-hospital health system. <i>Journal of Nursing Management (John Wiley & Sons, Inc.)</i> 19(1) 80–91.	International

Cannaby, A. M., Libacao, A., Hassanein, E., & Gray, R. (2017). Do Chief Nurses need to be academically credible? <i>Journal of Advanced Nursing</i> . 73(11) 2503–2505.	An examination of the publication record of Chief Nurses (ENDs), does not address the challenges and opportunities associated with it, and it does not consider END's experiences of academic involvement.
Cerinus, M. (2016). Identifying the learning needs of senior nurses. <i>Nursing Times</i> . 112(20) 20–23.	Not an END sample, aimed at senior charge nurses and team leaders.
Clark, J. S. (2012). The system chief nurse executive role: sign of the changing times?. <i>Nursing Administration Quarterly</i> . 36(4) 299–305.	International
Comack, M. (2012). A journey of leadership: from bedside nurse to chief executive officer. <i>Nursing Administration Quarterly</i> . 36(1). 29–34.	International
Harris, I. M. (2013). Evaluating directors of nursing: Self-perceptions on leadership, job satisfaction, and personnel retention. Evaluating Directors of Nursing: Self-perceptions on Leadership, Job Satisfaction & Personnel Retention. <i>PhD Capella University</i> .	International
Hornett, M. (2014). Chaos and satisfaction: a glimpse at senior nursing. <i>British Journal of Nursing</i> . 21(14) 889–889.	About a Nurse Director's day on the ward, not about an END's experiences.
Hughes, V. (2019). Air Force Nursing Executive leadership impact on health care 2004-2008. <i>Nursing Outlook</i> . 67(2), 161–168.	International
Jones-Berry, S. (2016). New “buddy” system for future nurse leaders. <i>Nursing Standard</i> . 31(11) 7–8.	News article announcement, article does not mention END experiences.
Jones-Berry, S. (2017). “Short shelf life” remains a problem in senior posts. <i>Nursing Standard</i> . 32(1) 12–13.	News article, does not examine opportunities and challenges of END role.
Kantanen, K., Kaunonen, M., Helminen, M., & Suominen, T. (2017). Leadership and management competencies of head nurses and directors of nursing in Finnish social and health care. <i>Journal of Research in Nursing</i> , 22(3) 228–244.	International
Kimble, P. (2011). So who'd want to be a senior nurse?. <i>Nursing New Zealand (Wellington, N.Z. : 1995, 17(9) 3</i> .	International
Lipley, N. (2015). Deciding what really matters. <i>Nursing Management</i> . 22(6) 5.	Not an END sample.
Lipley, N. (2016). Flexible leadership... Ruth Holt. <i>Nursing Management</i> . 22 (9) 39-39	Individual interview about leadership skills and career motivation, does not focus on

	opportunities and challenges of END role.
Leach, L.S., & McFarland, P. (2014). Assessing the Professional Development Needs of Experienced Nurse Executive Leaders. <i>Journal of Nursing Administration</i> . 44(1), 51–62.	International
MacMillan-Finlayson, S. (2010). Competency development for nurse executives: Meeting the challenge. <i>Journal of Nursing Administration</i> . 40(6), 254–257.	International
Middleton, J. (2017). Warning that lack of training and support leaving nursing directors unprepared for role. <i>Nursing Times</i> . 113(5), 1–3.	Does not focus on ENDS or on opportunities and challenges of END role.
Moore, A. (2017). “To get to the top you must be prepared to take risks”. <i>Nursing Standard</i> . 31(26) 38–39.	About BME nursing senior nurse success, not focussed on opportunities and challenges of END role.
Murphy, F. (2017). “I love transforming services”. <i>Nursing Standard</i> . 31 (26)	International
Nix, M. (2017). Nurse executive professional development. <i>Nursing Management</i> . 48(12), 52–53.	International
Osborne, J. M. (2009). The career development of black female chief nurse executives. Dissertation Abstracts International Section A: Humanities and Social Sciences, 70(5–A), 1573.	International
Pearce, L. (2013) Programme Helps Me Improve the Quality of Care...Hazel Boreland. <i>Nursing Standard</i> , 27(37) 62–63.	Individual interview about senior nurse training, not focussed on opportunities and challenges of END role.
Pillay, R. (2010). Towards a competency-based framework for nursing management education. <i>International Journal of Nursing Practice</i> . 16(6), 545–554.	International
Player, K. N., & Burns, S. (2015). Leadership Skills: New Nurse to Nurse Executive. <i>Nurse Leader</i> , 13(6), 40,43-51,51.	International
Prestia, A.S., Sherman, R.O., & Demezier, C. (2017). Chief Nursing Officers’ Experiences With Moral Distress. <i>The Journal of Nursing Administration</i> . 47(2), 101–107.	International
Sanford, K., & Janney, M. (2019). Preparing the Nurse Executive of the Future. <i>Journal of Nursing Administration</i> . 49(4) 171–173.	International
Shuldham, C. (2017). Changes and challenges: 30 years of senior nursing: If you could turn back time, would you? Senior nurses today may have more influence than their 1987 counterparts, but they are also working in a complex system under huge pressure. <i>Nursing Standard</i> . 32(3) 22–23.	Historical piece about development of senior nursing roles: not focussed on opportunities and challenges of END role.
Sredl, D., & Peng, N.-H. (2010). CEO- CNE relationships: building an evidence-base of chief nursing executive replacement costs. <i>International Journal of Medical Sciences</i> , 7(3), 160–168.	International

Swartz, C. (2013). Recognition of clinical deterioration: A clinical leadership opportunity for nurse executive. <i>Journal of Nursing Administration</i> , 43(7–8), 377–381	Not relevant.
Szulecki, D. (2018). Nurses at the Top: Regina Cunningham and Kevin Sowers head two of the nation’s leading health care institutions. <i>AJN American Journal of Nursing</i> , 118(5), 65–67.	International
Tarjan, R. (2015). Message from the executive director. Change is Always an Opportunity. <i>Info Nursing</i> , 46(2) 7–46.	International.
Trueland, J. (2013). Not black and white. <i>Nursing Standard</i> . 28(5) 22–23.	Sample not defined.
Trueland, J. (2017). Morecambe Bay: From special measures to outstanding care. <i>Nursing Standard</i> . 31(29) 26–28.	Comment by END on Morecambe Bay, not focussed on opportunities and challenges of END role.
Veronesi, G., Kirkpatrick, I., & Vallasca, F. (2013). Clinicians on the board: What difference does it make? <i>Social Science & Medicine</i> . 77 147–155.	Not focussed on opportunities and challenges of END role.
Waxman, K. T., Roussel, L., Herrin-Griffith, D., & D’Alfonso, J. (2017). The AONE Nurse Executive Competencies: 12 Years Later. <i>Nurse Leader</i> , 15(2), 120–126.	International
Westcott, L. (2016). How coaching can play a key role in the development of nurse managers. <i>Journal of Clinical Nursing</i> . 25(17–18) 2669–2677.	Not focussed on opportunities and challenges of END role, and unclear if sample included ENDS.
White, K. D. (2011). Back to Basics: The Challenges of a Nurse Executive. <i>Nurse Leader</i> , 9(2), 27–30.	International
Wilson, K. (2018, March). “We have to work together”. <i>Nursing Management</i> . 24 (10) 21-21	Not focussed on opportunities and challenges of END role.
Woods, M. (2016). Changing the Culture of a Nursing Organization: A Case for Executive Coaching. <i>Nurse Leader</i> . 14(4) 267–270.	International

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, S. (2016)	UK	Comment on Nursing Standard publication statistics about senior nursing turnover.	NA	NA	Worryingly high turnover rate at executive level.	New programme launched by RCN aims to support senior staff to progress to END positions.
Cabral, A., Oram, C., & Allum, S. (2019)	South East 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, A., Lankshear, A., & Kelly, D. (2016)	England and Wales	Generate empirical evidence on experiences of ENDS	N=40	Semi-structured interviews	Working with an unsupportive, avoidant board with a poor understanding of safety and quality.	Working with a supportive, engaged board, briefing and building relationships, and preparing and delivering a credible case.
Jones-Berry, S., & Haidrani, L. (2016)	UK	Comment on data which analysed English, Scottish and Welsh health boards exploring chief nurse length of stay in post.	NA	NA	The END role is broad and the lack of exposure to financial and clinical engagement elements before becoming an END makes this challenging once in-post.	Giving nurse leaders the chance to move to other parts of the system to share their expertise.
Kelly, D., Lankshear, A., & Jones, A. (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, H. (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, K. (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, G. (2016)	England	Comment on new support scheme for future ENDS developed by	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.

		NHS Improvement.				
White, J. (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 impact on health services, and difficulty identifying what nursing should lead on at 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, L. (2018)	England	Outlines the lessons learned from the development of an END talent pipeline.	NA	NA	A recognized 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 without a commensurate remuneration package.	NA

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Appendix D: Types of Studies

References of included studies	Type
Blakemore, S. (2016) Senior staff need more support to stay in post. <i>Nursing Management</i> . 23 (6) 5	Grey Literature
Cabral, A., Oram, C., & Allum, S. (2019) Developing nursing leadership talent – Views from the NHS nursing leadership for south-east England. <i>Journal of Nursing Management</i> . 27 (2019) 75-83	Empirical Research
Jones-Berry, S., & Haidrani, L. (2016) Trusts are struggling to retain chief nurses. <i>Nursing Standard</i> . 31 (4) 12-13	Grey Literature
Jones, A., Lankshear, A., & Kelly, D. (2016) Giving voice to quality and safety matters at board level: a qualitative study of the experiences of executive nurses working in England and Wales. <i>International Journal of Nursing Studies</i> . 59 (2016) 169-176	Empirical Research (*shared dataset)
Kelly, D., Lankshear, A., & Jones, A. (2016) Stress and Resilience in a post-Francis world – a qualitative study of executive nurse directors. <i>Journal of Advanced Nursing</i> .	Empirical Research (*shared dataset)
Kirk, H. (2009) Factors identified by Nurse Executive Directors as important to their success. <i>Journal of Nursing Management</i> . 17 (2009) 956-964	Empirical Research
Nursing Standard (2009) Brief article: Nurse directors struggle due to lack of training. <i>Nursing Standard RCN</i> . 24 (11)	Grey Literature
Osborne, K. (2014) News: Nursing Standard research reveals high turnover of top level staff. <i>Nursing Standard</i> . 28 (49) 7	Grey Literature
Scott, G. (2016) Editorial: Support scheme will help nursing's leaders of the future step up. <i>Nursing Standard</i> . 31 (11) 3	Grey Literature
White, J. (2012) Reflections on Strategic Nurse Leadership. <i>Journal of Nursing Management</i> . 20 835-837	Reflective Piece
Wigens, L. (2018) Development of an England-wide nursing director talent pipeline. <i>Nursing Management</i> . 51-53 DOI-10.1097/01.NUMA.0000527725.10457.25	Empirical Research

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