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Nurse Executive and Middle Management Leadership Competency Assessment within a Multi-Hospital System

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Running head: NURSE EXECUTIVE AND MIDDLE MANAGEMENT LEADERSHIP

Nurse Executive and Middle Management Leadership Competency Assessment within a Multi-
Hospital System

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing
Practice at the University of Kentucky

By

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Louisville, KY

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Abstract

BACKGROUND: Nursing leaders face increasing pressure to meet multiple outcomes and maintain standards of care while protecting the organization from potential financial consequences if standards or goals are not met. To meet the mounting demands, both nurse executives and middle management leaders will require the development of new skill sets not historically included in the job description.

PURPOSE: The purpose of this study was to assess the competencies of nursing leaders at the executive and middle management levels within Norton Healthcare.

METHODS: This study was a descriptive cross-sectional survey design to measure Chief Nursing Officer and Nursing Director leadership competencies.

RESULTS: The only statistically significant difference between the responses of the CNO and Director groups was regarding their ability to monitor productivity within their departments ($p=0.4$).

CONCLUSION: Healthcare leaders must have a myriad of leadership competencies in order to maintain quality outcomes and standards of care within highly complex healthcare organizational systems.

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Dedication

This DNP project is dedicated to the patients, families, nursing leaders and staff we serve within Norton Healthcare who continually motivate me to look for ways to improve care. This is for my husband and daughter who have supported me and sacrificed to allow me to spend countless hours on school. This is for my parents, who instilled in me the importance of perseverance and have always been a constant source of encouragement. This is for my friends, co-workers and classmates, who have cheered me on and picked up the slack to allow me time to devote to this program.

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Nurse Executive and Middle Management Leadership Competency Assessment within a Multi-Hospital System

Introduction

Healthcare leaders today must navigate highly complex organizational systems in an era of unprecedented innovation. Nursing leaders face increasing pressure to meet multiple outcomes and maintain standards of care while protecting the organization from potential financial consequences if standards or goals are not met (Maurer, Canacari, Eng, & Foley, 2018). The need for succession planning and nursing executive leadership development has never been greater. For example, within the next 5 to 10 years the demand for qualified leaders will likely outpace the supply, as Baby Boomers delay retirement to adapt to the economic climate (Athey, 2016). However, in a 2014 study, Waxman and Delucas found that more than two thirds of Chief Nursing Officers (CNOs) reported not including leadership development as part of their succession planning. To meet the mounting demands, both nurse executives and middle management leaders will require the development of new skill sets not historically included in the job description.

According to the American College of Healthcare Executives' (ACHE) Futurescan 2016-2021, the most sought-after leadership qualifications will include: change management, emotional intelligence, ability to influence rather than direct, strategic thinking, collaboration, innovative thinking, and critical thinking (Rohan & Brandt, 2016). The Hay Group (2016) states that middle managers require emotional intelligence and maturity, as well as being proficient in boundary spanning, conceptual skills and communicating a clear vision. Additional essential executive skills required for CNOs to thrive in this rapidly changing environment include improving population health, managing increasingly complex health information technology

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systems, executive presence and C-suite communication, board relations and how to leverage big data to forecast and strategize for the future (“AONE System CNE,” 2016; Rohan & Brandt, 2016).

Nursing leadership is a clinical specialty and as such requires competent practice specific to the executive role. In 2004, the Healthcare Leadership Alliance developed a competency model that was then adopted by the American Organization of Nursing Leadership (AONL) to guide the practice of nursing leaders in executive roles (“AONL Nurse Executive,” 2015). These AONL Nurse Executive competencies (2015) include a core set of five competency domains: communication and relationship management, knowledge of the healthcare environment, leadership, professionalism and business skills. CNOs and nursing leaders in middle management roles can utilize these competencies as a self-assessment tool or to evaluate nursing leaders for areas of potential development. Like any multi-hospital system, Norton Healthcare’s nursing leadership team in Louisville, Kentucky also has an opportunity to evaluate current competency levels and opportunities for growth.

Background

The AONL Nurse Executive Competency model includes both “soft skills” (e.g., professionalism, effective communication and relationship management) and “hard skills” (e.g., financial skills and strategic planning; Waxman & Delucas, 2014). While all these skills are important for a well-rounded nurse leader, the emphasis placed on each will differ based on the individual’s role within the organization. For example, relationship-building and communication skills are crucial for a new nurse manager to develop; however, strategic planning and systems thinking may be a more advantageous focus for those in director or CNO roles. Today’s healthcare leaders must be more adept at strategic thinking, innovative leveraging of data and

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resources, managing change, engaging patients and providers, and executive business acumen (Rohan & Brandt, 2016; Waxman & Massarweh, 2018; Sanford & Janney, 2019). These additional leadership competencies are further outlined in the AONL Nurse Executive Competencies (2015) and are primarily addressed in the categories of knowledge of the health care environment and business skills.

The knowledge of the healthcare environment category is further divided into subcategories, including but not limited to: delivery models/ work design, healthcare economics and policy, evidence-based practice/outcome measurement and research, and performance improvement/ metrics. Business skills are divided into financial, human resource and strategic management subcategories, as well as information management and technology. The ability for nursing leaders to obtain data to evaluate the effectiveness of a project or care delivery model is critical to process improvement as well as improved patient outcomes (Waxman & Massarweh, 2018). The emphasis on healthcare economics and financial management stresses the importance of the collaboration between an organization's nursing and financial leaders. Thompson reinforced this relationship by reiterating the shared leadership competencies and commitments between financial professionals and nurse executives (Pizzi, 2014). Through this partnership financial executives can obtain a front-line perspective and nurse leaders are able to assist in driving organizational value.

Sanford and Janney (2019) state that nursing leaders maintain the responsibility of being the voice for the patients and front-line caregivers at the highest level of an organization. In order to effectively fulfill this charge, nurse leaders must have a strong clinical knowledge base in addition to being an expert at managing resources. These additional skill sets will allow the nurse

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leader to not only ensure operational excellence in patient outcomes but allow for the opportunity to strategically create value for the organization (Rohan & Brandt, 2016).

Theoretical Framework

Kotter's leading change model (1995) provides a theoretical framework for leaders to effectively navigate the change process to achieve desired outcomes. The eight steps of this model include: establish a sense of urgency, create a powerful guiding coalition, develop and communicate a vision, empower others to act on the vision, plan for and create short-term wins, consolidate improvements and create more wins, and institutionalize new approaches.

Throughout the project, Kotter's framework was utilized to guide the competency assessment of the leadership team at Norton Healthcare. The initial step in the change implementation process is to identify current or potential crises or major opportunities for improvement within the organization. In order to effectively meet the diverse and ever-increasing demands of the current healthcare environment, the organization must first accurately identify any areas of opportunity. Only then can the organizational leadership fully appreciate the urgent need for change and move forward with next steps to meet desired outcomes.

Purpose

The purpose of this project was to assess the leadership competencies of nursing leaders at the executive and middle management levels within Norton Healthcare. This project will assist in identifying opportunities for continued development of the nursing leadership team and help highlight the need for tools or additional programs to assist nursing leaders to be successful in their roles.

The objectives of the assessment included:

1. Assess the leadership competencies of CNOs

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2. Assess the leadership competencies of Nursing Directors

Methods

Design

This study was a descriptive cross-sectional survey design to measure CNO and Nursing Director leadership competencies.

Setting

The analysis was conducted within the Norton Healthcare's five inpatient facilities in Louisville and Jefferson County, Kentucky. The healthcare system includes four adult inpatient hospitals and one pediatric inpatient hospital, which have a total of 1,837 licensed beds and 1,434 staffed beds (as of December 31, 2015) and total about 67,000 admissions annually (<https://nortonhealthcare.com/about-us/>).

Sample

The sample included 5 CNOs and 18 Nursing Directors who worked at Norton Healthcare's inpatient hospital facilities between January 2019 and October 2019. The inclusion criterion for participation in this evaluation was to have been in the CNO or Nursing Director leadership role prior to January 2019. Individuals who entered or left the CNO or Nursing Director role between January 2019 and October 2019 were excluded from the project.

Measures

Participant demographic data regarding gender, age, number of years with Norton Healthcare and number of years in current role were collected for both the CNO and Director group.

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Leadership competency was assessed using several questions from the AONL Nurse Executive Competencies. The focus areas of the study were on quality and financial competencies, which fall under the “knowledge of the healthcare environment” and “business skills” sections of the AONL competencies (2015). According to the AONL, the validity and reliability of the AONL Nurse Executive competencies “is established by periodic job analysis/role delineation studies. These competencies are based on A National Practice Analysis Study of the Nurse Executive (2014)” (“AONL Nurse Executive,” 2015, p. 3).

Data Collection

Approval to complete the study was obtained prior to collection of data from the University of Kentucky Institutional Review Board and the Norton Research Office (NRO). Email contact information for the survey participants were obtained through the NRO and Norton Healthcare Human Resources.

For the leadership competency assessment, participants received an email with a link to a REDCap survey that included demographic items (gender, age, years with Norton Healthcare, and years of experience in their current role). Participants were also provided with a list of leadership competency-related statements, and were asked to rank their perceived skill level for each competency (including items from the AONL Nurse Executive Competencies list). The response options ranged from 1) Strongly disagree to 5) Strongly agree.

Data Analysis

Participant demographic data of the CNO group was compared to that of the Nursing Director group. These data were reported in a percentage of the total number of participants for each variable range divided by the total number of participants for each leadership group.

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Descriptive statistics, including means and standard deviation (SD), were used to compare the respondents' competency variables for the nursing leadership competency survey using the Independent Sample *t*-tests. Descriptive analysis was utilized to describe the survey respondents' demographic characteristics. A Pearson's *r* correlation was used to examine the relationship between each participant's years of experience in their current role and competency ratings. All analysis was conducted using SPSS version 25; an [alpha] level of .05 was used for statistical significance throughout the study.

Results

Sample Characteristics

A total of 23 nursing leaders (5 CNOs and 18 Directors) were included in the sample for the leadership competency assessment. Of those included, 15 responded to the leadership competency assessment survey. Most participants were female (75% of CNO group, 100% of Director group; see Table 1). The age range for the CNO and Director group was 46-55 years. There was a wide gap between the number of years of service with NHC for the CNO group (years worked at NHC ranged from 1-5 years to greater than 15 years). The number of years of service with NHC for the Director group was more outspread, but the majority had been with NHC greater than 10 years. Within the CNO group, the majority had been in their current role less than 5 years; however, within the Director group, the majority had been in their role 6-15 years.

Leadership Competency Assessment

Overall, average scores were high among both the CNO and Director groups based on the maximum possible scores. Among the CNO group, the mean scores regarding interpreting benchmarking data, accessing information, measuring success, monitoring quality indicators and

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monitoring departmental productivity ranged from 3.7 to 5 ($n=4$). Within the Director group, the mean scores for the same competencies ranged from 4.3 to 4.6 ($n=11$). See Table 2 for a comparison of competency by role.

The only statistically significant difference between the responses of the CNO and Director groups was regarding their ability to monitor productivity within their departments ($p=0.4$). The CNO group rated their ability slightly higher than the Director group with a mean score of 5 compared to 4.6.

A Pearson's r correlation was used to examine the relationship between participants' years of experience in their current role and competency ratings (see Table 3). Results of the Pearson correlation indicated that there was no significant positive association between years of experience in the role and perceived level of competency among both CNOs and Directors. However, noted were moderate positive correlations between years of experience and two leadership competencies: ability to access information and analyze data for use in planning for patient care processes and systems, $r(15) = .35, p = .20$, and ability to measure success at improving specific areas of patient care; $r(15) = .48, p = .07$. Neither correlation is statistically significant, but both could indicate significance with a larger sample size.

Discussion

This study aimed to assess the leadership competencies of nursing leaders at the executive and middle management levels within Norton Healthcare. The findings suggest that CNOs have statistically significant higher perceived competency levels than Directors in the category of ability to monitor productivity within their departments. Regarding the other competencies outlined in the participant survey, while there was opportunity for growth indicated within both groups, there was no statistically significant difference in competency

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scores between CNOs and Directors. While there was a moderate positive correlation identified between years of experience and participants perceived competency in accessing and analyzing data in planning for patient care processes and systems, as well as ability to measure success, these results were not statistically significant with the current sample group.

These findings indicate that there is additional opportunity for both CNOs and Directors to develop leadership skills within both the quality and financial competencies outlined by AONL (2014). Additionally, as the participants' perceived competency scores were based on the statement "As a __, I have the tools I need to be competent in...", there is also opportunity within the organization to evaluate the current processes, data systems and training programs utilized by and available to nursing leadership. While this is a relatively small sample group from one healthcare organization, the findings support the need for future studies to further assess leadership competencies within healthcare administration teams to evaluate the need for additional training and/or tools to meet organizational outcomes. The first step in Kotter's (1995) theoretical framework, which focuses on identifying current or potential opportunities within an organization, is also outlined and supported by these findings.

These findings also reinforce the importance of nursing leaders' ability to obtain data to evaluate the effectiveness of a project or care delivery model as outlined by Waxman and Massarweh (2018). In the long run, the mastery of these additional skills will benefit the patients and organization through ensuring positive outcomes and operational excellence (Rohan & Brandt, 2016; Waxman and Massarweh, 2018).

Regarding perceived competency surrounding the participants' ability to measure success at improving specific areas of patient care, the CNO group had an average competency score less than that of the Director group (CNO mean = 3.7; Director mean = 4.4). An explanation for this

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finding could be related to the nurse executive role being further removed from the front-line provision of care than a leader in a middle management role. As such, the nurse executive relies on the director and nurse manager to drive outcomes and processes related to patient care at the bedside. The slightly lower perceived competency scoring could reflect this reliant relationship of the nurse executive to impact patient care in these front-line areas.

Limitations

Several limitations were identified in the design of this study. The sample size for the survey was small due to the low number of CNO and Director positions within NHC inpatient facilities. The sample group did not include the entire NHC CNO and Nursing Director team because not all leaders participated in the survey. Since data were collected from the executive leadership group and middle management group within one organization, the generalizability of the study is limited as well.

Recommendations for Practice and Future study

A study utilizing a more detailed competency assessment tool could provide insight about specific educational experiences needed to address identified competency gaps. Inclusion of additional descriptive questions would allow participants more opportunity to voice ideas about data or tools that may improve their ability to effectively perform their role.

As there was a statistically significant difference in the competency of CNOs and Directors to monitor departmental productivity, the implementation of a data management system could prove beneficial. The utilization of daily management systems provides a means to enable nursing leaders to efficiently track and trend varying quality metrics, leading to improved metrics without adding to competing priorities and requiring additional time away from the front line (Maurer et al., 2018; Polancich, Poe, Hackney, & Williamson, 2017). Expedient access to

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accurate real-time data is key to the ability of nursing leadership to make data-driven decision on where resources need to be focused, as well as an increased ability to evaluate nursing leaders across organizational and nursing-specific goals and outcomes which in turn increases the level of accountability (Baker, 2015; Dowding et al., 2015; Polancich, Poe, Hackney, & Williamson, 2017).

Conclusion

Healthcare leaders must develop a myriad of leadership competencies in order to maintain quality outcomes and standards of care within highly complex organizational systems. In order to effectively develop and utilize these skills, nurse executives and middle management require tools and systems that allow expedient access to real-time data regarding organizational quality and productivity. Additional studies using assessments like the AONL Nurses Executive Competencies within an organization's nursing leadership team could prove beneficial in identifying specific development opportunities.

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References

- American Organization of Nurse Executives. (2016). System CNE White Paper: The effective system nurse executive in contemporary health systems: emerging competencies. Chicago, IL: American Organization of Nurse Executives. Retrieved from <https://www.aonl.org/system/files/media/file/2019/04/system-cne-white-paper.pdf>
- American Organization for Nursing Leadership Nurse Executive Competencies. (2015). Retrieved from www.aonl.org/competencies
- Athey, L. A. (2016). The search for top talent in healthcare: What healthcare seeks in senior leaders. *Healthcare Executive*, 31(5), 35-42. Retrieved from <https://healthcareexecutive.org/>
- Baker, J. D. (2015, September 1). Language of improvement: Metrics, key performance indicators, benchmarks, analytics, scorecards and dashboards. *AORN*, 102(3), 223-227. <https://doi.org/http://dx.doi.org.ezproxy.uky.edu/10.1016/j.aorn.2015.07.015>
- Dowding, D., Randell, R., Gardner, P., Fitzpatrick, G., Dykes, P., Favela, J., ... Currie, L. (2015, February 1). Dashboards for improving patient care: Review of the literature. *International Journal of Medical Informatics*, 84(2), 87-100. <https://doi.org/10.1016/j.ijmedinf.2014.10.001>
- Hay Group. (2016, May/June). What 'modern' middle managers need to succeed. *Healthcare Executive*, 31(3), 60. Retrieved from <https://healthcareexecutive.org/>
- Kotter, J. P. (1995, March/April). Leading change: Why transformation efforts fail. *Harvard Business Review*, 59-67. Retrieved from http://www.gsbcolorado.org/uploads/general/PreSessionReadingLeadingChange-John_Kotter.pdf

NURSE EXECUTIVE AND MIDDLE MANAGEMENT LEADERSHIP

Maurer, M., Canacari, E., Eng, K., & Foley, J. (2018, March). Building a culture of continuous improvement and employee engagement using a daily management system part 1: Overview. *The Journal of Nursing Administration*, 48(3), 127-131.

The Journal of Nursing Administration, 48(3), 127-131.

<https://doi.org/10.1097/NNA.0000000000000593>

Norton Healthcare website. (2018). www.nortonhealthcare.com/about_us

Pizzi, R. (2014, June 23). Hospital finance team and nursing leaders drive value jointly.

Healthcare Finance News. Retrieved from

<https://www.healthcarefinancenews.com/news/hospital-finance-team-and-nursing-leaders-drive-value-jointly>

Polancich, S., Poe, T., Hackney, N., & Williamson, J. (2017, September/October). Using technology to support data analytics: A chief nursing officer accountability scorecard.

Journal for Healthcare Quality, 39(5), 315-320.

<https://doi.org/10.1097/JHQ.0000000000000109>

Rohan, J. E., & Brandt, C. (2016, Sept/Oct). Emerging roles in value-based care. *Healthcare Executive*, 31(5), 64-65. Retrieved from <https://healthcareexecutive.org/>

Executive, 31(5), 64-65. Retrieved from <https://healthcareexecutive.org/>

Sanford, K., & Janney, M. (2019, April). Preparing the nurse executive of the future. *Journal of Nursing Administration*, 49(4), 171-173.

<https://doi.org/10.1097/NNA.0000000000000732>

Waxman, K., & Delucas, C. (2014, October 1). Succession planning: Using simulation to develop nurse leaders for the future. *Nurse Leader*, 12(5), 24-28.

<https://doi.org/http://dx.doi.org/10.1016/j.mnl.2014.07.009>

NURSE EXECUTIVE AND MIDDLE MANAGEMENT LEADERSHIP

Waxman, K., & Massarweh, L. J. (2018, April). Talking the talk: Financial skills for nurse leaders. *Nurse Leader*, *16*(2), 101-106.

<https://doi.org/https://doi.org/10.1016/j.mnl.2017.12.008>

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Table 1. *Descriptive Summary of Demographic Variables (n=15)*

	CNO n (%)	Director n (%)
Gender		
Female	3 (75%)	11 (100%)
Male	1 (25%)	0 (0%)
Age		
21-35 years	0 (0%)	1 (9.1%)
36-45 years	1 (25%)	2 (18.2%)
46-55 years	2 (50%)	4 (36.4%)
56 years and >	1 (25%)	4 (36.4%)
Years with Norton Healthcare		
<1 year	1 (25%)	1 (9.1%)
1-5 years	1 (25%)	2 (18.2%)
6-10 years	0 (0%)	0 (0%)
11-15 years	0 (0%)	3 (27.3%)
>15 years	2 (50%)	5 (45.5%)
Years of Experience in Role		
<1 year	1 (25%)	2 (18.2%)
1-5 years	2 (50%)	1 (9.1%)
6-10 years	1 (25%)	5 (45.5%)
11-15 years	0 (0%)	3 (27.3%)
>15 years	0 (0%)	0 (0%)

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Table 2. Comparison of Competency by Role (n=15)

	CNO (n=4) Mean (SD)	Director (n=11) Mean (SD)	p
Read and interpret benchmarking, financial and occupancy data	4.5 (0.6)	4.3 (0.6)	.55
Access information and analyze data for use in planning for patient care processes and systems	4 (1.4)	4.3 (0.6)	.61
Measure success at improving specific areas of patient care	3.7 (0.5)	4.4 (0.7)	.09
Monitor quality indicators for my organization	4.7 (0.5)	4.6 (0.5)	.70
Monitor productivity within my department	5 (0)	4.6 (0.5)	.04 *

Note: Responses ranged from 1) Strongly disagree to 5) Strongly agree; analysis based on a *t*-test of independent groups; $p < .05$

Table 3. Correlations between Years of Experience and Competency (n=15)

	Read and interpret benchmarking, financial and occupancy data	Access information and analyze data for use in planning for patient care processes and systems	Measure success at improving specific areas of patient care	Monitor quality indicators for my organization	Monitor productivity within my department
	<i>r</i> (<i>p</i>)	<i>r</i> (<i>p</i>)	<i>r</i> (<i>p</i>)	<i>r</i> (<i>p</i>)	<i>r</i> (<i>p</i>)
Years of Experience in Current Role	.08 (.79)	.35 (.20)	.48 (.07)	.0 (1.0)	-.23 (.42)

Note: Pearson’s *r* correlation utilized (.1-.3 indicates weak correlation, .3-.5 indicates moderate correlation, .5-1 indicates strong correlation); Years of Experience in Current Role range from <1 year to 15 years; $p < .05$