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Nursing Leadership . . . From the Board Room to the Bedside

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Nurses running hospitals is not new. Florence Nightingale could be considered the first hospital administrator. What is changing is the growth of RN chief executive officers (CEOs), from 10% in 2004 to 18% in 2010. Furthermore, nearly 20% of chief nursing officers (CNOs) aspire to be CEOs. Is this a natural growth of CNO to vice president of patient care services to chief operating officer . . . to RN CEO? The research on RN CEOs is very small. Therefore, the author set out to obtain a journalistic snapshot of Arizona's 12 hospital RN CEOs through interviews. Of the 12, 3 were corporate CEOs at the system level, they saw over several hospitals, and 9 were CEOs over 1 to 2 hospitals. This article discusses some of the finding from these interviews. **Key words:** *CNO, delivery of care, foundation, hospitals, knowledgeable, leadership, listener, nurse, nursing, passion for patient, presence, RN CEO, values*

"As nurses, we are prepared to deliver health care to our patients, not illness care as many of our other colleagues. Thus, I feel who is better prepared to lead a health care organization than a nurse. Nurses understand the need to care for the whole person including the environment, the family or the support for the patient."

. . . Linda Hunt, MSNA, BSN, RN, VP of Operations, CHW Arizona and CEO, St. Joseph's Hospital and Medical Center, Phoenix, Arizona

Nurses running health care organizations is not new. Speaking of Florence Nightingale in a recent edition of H & HN Daily, Joe Tye noted, "She was, in a very real sense, the first hospital administrator and architect of the modern hospital."[1] Many of us have worked in Catholic hospitals run by nuns who were nurses, like the daughters of charity. Over the years, as the health care system increased in its complexity, it was commonly assumed that professional business managers would do a better job—and some did. What we are seeing now is a trend that may take us back to that earlier time when nurses ran hospitals. If this is the case, there is the prospect of an additional track for nurses—that of the chief executive officer (CEO). A recent AONE/American College of Healthcare Executives survey of chief nursing officers (CNOs) indicated that the proportion of CEOs with a nursing background increased from 10% in 2004 to 18% in 2010. Moreover, they determined that 19% of the current crop of CNOs aspire to be CEOs.[2] This is an evidence of another career path opening for RNs. What, then, may be the shape of the path that leads from the bedside to the board room?

As a profession, we have dialogued at length on nurses leading from the bedside.[3] We have also discussed the proper role of the CNO. More recently, as hospitals reorganize the delivery of their services, a new and broader role for the RN has emerged—vice president (VP) for patient services. The change in terminology alone suggests a broader role for the incumbent. Most of this

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is anecdotal. In fact, very few research studies have been done on these organizational issues. At a recent meeting of nurses from a variety of backgrounds, organized by, and held at, the University of Pennsylvania, discussion focused on the state of nurse executive practice. We know that there is a 40% turnover among both CEOs and CNOs. This is suggestive but does not answer the question. A search for articles on nursing administration practice yielded only 60, many of which were not research based.[4] The general lack of research on the subject of nurse executive practice may be due to funding issues.

In this context, anecdotal evidence from conversations with RN CEOs offers initial insights into nurse executive practice. It serves a double purpose: illuminating nurse executive goals and providing potential avenues for future research. In the Arizona project on RN CEOs, we interviewed 12 hospital RN CEOs in Arizona.[5] Each of these 12 had result-oriented resumes, characterized by a passion for the patient. Their education and experience as a nurse provided the cornerstone for their current roles. Three of the 12 were corporate CEOs, that is, they were the chief executives of a health care system composed of more than 1 hospital. The remaining 9 were CEOs of individual hospitals. They were demographically diverse; included was one man, an African American, and a Hispanic. Of the 9 CEOs of individual hospitals, 7 were hired by the corporate-level RN CEOs. Clearly, there is a networking function at work here. For all, personal involvement in the daily activities of hospitals, making patient rounds, and meeting with patient families were of second nature, the result of years in nursing practice. These 12 did not have to be coaxed to go on the patient floors. They wanted to be there to see firsthand what was going on. In conversation, it becomes rapidly apparent that they are learning machines. They embraced every project and position, which offered them an opportunity to grow professionally. I would describe them as leaders who roll up their sleeves, learn what they need to accomplish the task at hand, accomplish the task, and move on to the next one. They learn from obstacles and conflict but never let these deter them. Each of them abides by the truism, "What doesn't kill you only makes you stronger." In meetings with physicians or board members, they understand the need to be knowledgeable about the business of patient care, as well as its personal dimensions. They can speak to health care issues as clinical professionals and are not easily intimidated by arguments about what is best for the patient.

Invariably, what stands out about these RN CEOs is their presence. Above all, it indicates that they are comfortable in their own shoes and in the hospital they know so well. Presence is the intangible dimension of executive leadership, which becomes more important as one approaches the top of the organizational chart. Of course, they are personable but presence involves more than that. These RN CEOs are smart, they are keen listeners, they are very knowledgeable, and they are results driven. They are fully aware of what they are asking of nursing. Among them, they may have different strategies for their hospitals, but they, like all of us, rely on core nursing values in their decision making. A recurrent theme in our conversations was their frequent recourse to the tried and true nursing plan: assess, diagnose, plan, intervene, and evaluate. They still use this same process in their current positions.

It is inarguable that these are difficult times in health care. For these RN CEOs, it is also an exciting time, an opportunity to be at the table where the future of health care is being planned. Will RN CEOs be able to have an impact on these decisions that ultimately affect better patient care? You bet they will. At this point, the nurse researchers need to become part of our discussion. Ultimately, will we be able to assess the impact of RN CEOs on health care by comparing something as simple as outcomes? Or, will we need to dig deeper and actually identify how the RN at the table was able to negotiate a culture, a

process, and an infrastructure that are truly patient centered?

Because there is an increase in the number of RN CEOs, it does not mean that all nurses can, or need to, become one. It means that they will increasingly have an opportunity to do so. In the delivery of health care, nurses occupy a unique position on the continuum of care. Nurses can be found in clinics, hospitals, home, long-term care units, and, especially, palliative end-of-life settings. Nurses, more than other health care professions, are embedded in the entire health care continuum. We as a profession are uniquely qualified and well positioned to make the move from the bedside to the board room.

SUMMARY

Historically, it is not new for nurses to be managing hospitals. As financial systems became more complex, leadership appeared to shift to more business-oriented leaders. The trend that we witnessed in Arizona seems to reflect a national trend of RNs being promoted to CEO and beyond positions. While it is a natural progression from CNO to VP patient care services to chief operating officer (COO), this growth is occurring at a crucial point in health care system redesign from the hospital to the continuum. Whether this trend continues or not, it is an important opportunity for nurse leaders, particularly RN CEOs, to not only influence the design of systems but also communicate back to those seeking to further their leadership careers that being a nurse is significant. Rhonda Andersen best expressed this in my interview with her during the Arizona project:

"When you are participating as a Trustee on a Board, wear your RN credential with pride. Your knowledge about patients, your ability to translate patient care systems into financial language, and your ability to focus on how to design future patient centered systems of care will be significant contribution to that Board! Stand up and be proud you represent the most trusted profession in the country."

(Rhonda Anderson, RN, DNsc(h), FAAN, FACHE, CEO, Cardon's Children's Medical Center, Mesa, Arizona)

Postscript

After doing the Arizona project, I was able to interview a "nurse leader to watch." Her name is Dana Bledsoe. At the end of the interview, I looked at Dana and said, "I know you have 2 young children, but both your result-driven resumes and your answers in this interview point to me that you could be an RN CEO." She smiled. About 6 months later, Dana wrote me and said that she had just accepted a position as the president of a children's hospital in Florida.[6]

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Addendum to Falter Article

Nursing Leadership From the Board Room to the Bedside

Interview of Larry Volkmar by Elizabeth (Betty) Falter, Executive Director, Arizona Healthcare Leadership Academy, Original Interview, July 2010, Updated September 2011

The original interview was for an article in *Nurse Leader*. This is the interview itself, and it was updated a year later for *Nursing Administration Quarterly*, Phil Authier and Lois Skillings, issue editors.

Larry Volkmar, BSN, RN, MBA, CEO; Banner Good Samaritan Medical Center, 647 beds, Phoenix, Arizona.

(Author's note: Larry was one of the 12 RN CEOs interviewed in The Arizona Project)

HOW WELL DID YOUR NURSING BACKGROUND PREPARE YOU FOR YOUR ROLE AS A CHIEF EXECUTIVE OFFICER?

I think nursing leaders are well networked. If you ask anyone about me, I am a relationship manager. I believe in 6 degrees of separation. My boss is Kathy Bollinger, who leads one-half Banner here in Arizona, and we have family/neighborhood connections from way back.

I went to school at Greenville College in Illinois to become a teacher and could not find a job. So I went to Nursing School at Kaskaskia College, Centralia, Illinois, for my associates' degree. I followed up at St. Louis University for my BSN. Ultimately, I pursued my MBA at St. Ambrose University, Iowa.

Nursing prepared me very well for my position. I recently addressed some associate degree students. One of our employees teaches there. There were 8 nursing colleagues on the panel, and we each told our own story and what we wanted to share with them. It was about where you could go. I told them, "You are going to learn a process called the Nursing Process." Today, you will make beds, something frivolous to you now—that is not meaningful to you—but at some point, you are going to learn, think critically. And they all kind of laughed. Let me explain it to you. Physicians make decisions based on a process called deferential diagnosis. It is like a big funnel. They gather data and start analyzing until they can narrow it down, as they go. You are going to learn the same thing only; it is called the nursing process. That sort of decision-making processes is exactly what I use in leadership. And even if it is different, like is the skin warm to touch, you still use the same process.

HOW LONG HAVE YOU BEEN A CHIEF EXECUTIVE OFFICER? AND WHEN DID YOU KNOW YOU WANTED TO BE A CHIEF EXECUTIVE OFFICER?

I have been here at Banner for 4 years. And I did it for 4 years before I came here. After I got into nursing and I decided that I wanted to be a nurse leader, I had a goal to be a CNO. So, I was the CNO at the University of Chicago Hospitals for 8 years. Once I had done that for a while and had done it well, and felt good about it, I asked now what. So, I went to work for Arthur Andersen as a consultant. Then I decided I really missed being accountable for whatever the outcome was. So, I became a COO for Tenet Healthcare and was then offered a CEO job at Sinai Health System in Chicago and have been a CEO ever since.

HOW DO OTHERS PERCEIVE YOU AS A NURSE CHIEF EXECUTIVE OFFICER?

I don't know. I think it sometimes surprises people when I tell them that I am a nurse. Sometimes, I see things that are wrong. I may shock them when I say something like "you really don't want the IV tubing to touch the floor." Sometimes, I will take the physicians on with their medication choices. Not like big things, like help me understand, that approach. I think that I don't know how people perceive me, but I do know that having a clinical background has helped me achieve the results I have accomplished as a CEO. I do new employee orientation every 2 weeks at Banner Good Samaritan. Every 2 weeks, I stress the same message to all the new employees (including those employed physicians)—there are only 2 kinds of employees who work here: those who care for patients and those who provide support for those caring for patients. I tell them that I don't care what their ID

badge says or what their hiring manager told them . . . these are the 2 jobs we have. In addition, I tell all the new employees that I have 2 expectations—to provide our patients with an excellent service experience and, more importantly, to provide our patients with an excellent clinical experience, which leads me into a discussion about patient safety and our role in ensuring a safe environment for our patients.

WHAT HAVE BEEN SOME OF THE OBSTACLES/CHALLENGES YOU HAVE FACED?

There have been obstacles and challenges and I think of the same ones. Managing a hospital in tough economic times is a challenge for everyone, regardless of your background. Banner Good Samaritan had its best financial year in 2010, although 2011 has been somewhat more challenging with the cuts in the State's Medicaid program. Now, how long it will last with this level of patient satisfaction is the challenge. We perform well on both clinical and financial metrics. I don't think any of this happens as an island. I have a great team around me. My CNO is a former CEO (Colleen Halberg) and 2 of my associate administrators are nurses . . . so I have great people. In my administrative team in this office of 5, 4 are nurses. I had to convince myself not to hire the fifth nurse.

DO YOU THINK HAVING THAT MANY NURSES IN ADMINISTRATION CONTRIBUTED TO YOUR SUCCESS?

I'm pretty convinced that I'm here . . . today in this role because of my history in nursing. Nursing has been good to me and a great foundation on which to build. I know that having some clinical basis has been extremely valuable in working with physicians; it also helps me remember that we are here to take care of patients. Mark (not a nurse) has been a great addition because he thinks differently and that helps us all. We all think differently what this campus should look like. I am all about making sure that this campus is easy to take care of patients. Somebody else is about making sure that you can park your car close to the hospital. I've been extremely fortunate to work with many great nurses and nursing leaders in my career.

DO YOU SEE THIS GROWTH IN ARIZONA OF CHIEF NURSING OFFICERS AS AN EXTENSION OF REGISTERED NURSES BECOMING VICE PRESIDENTS OF PATIENT CARE? ARE WE SEEING A PARADIGM SHIFT TO A NEW EMERGING LEADERSHIP MODEL?

I think it will continue to be a challenge to run a hospital during the current economic times, and nurses are well suited to continue to help lead hospitals and health systems and shape national policy on health.

MOVING ON, ROXANNE SPITZER HAD PETER DRUCKER AS A MENTOR. DO YOU HAVE SOMEONE IN LEADERSHIP WHO HAS INFLUENCED YOU? DO YOU HAVE A FAVORITE BOOK?

I have had 3 mentors. A woman named Ann Kobbs. She helped me. A woman by the name of Carol Morin, the CNO at St. Louis University Hospital, when I was a new staff nurse. She is the person most responsible for launching me into administration, to be honest with you. Although Ann was helpful with that as well, she served as a reference for me. The last one is Tim Porter O'Grady. He was my preceptor in my graduate program. I have known Tim since he was the CNO in Atlanta. Those are the people who were my preceptors. Each played a very different, yet important role in my career.

WHAT PAST POSITIONS/EXPERIENCES DO YOU DRAW ON TO HELP YOU NOW?

Being a CNO in an Academic Medical Center for 8 years was not a walk in the park. Being a COO in a for-profit environment was also helpful. Watching how physicians make

decisions and then providing them with the data to help them make the decisions you want them to make has been an excellent experience. I am a believer that you can get anyone to make a decision you need to make if you provide them with the correct data. As I told those nursing students, I have been a nurse longer than some of you have been alive. I was a nurse when Inderal was a study drug, and we stopped that and gave them calcium blockers and went back to β-blockers, like Inderal. There was a place for all those drugs. I have been around a long time doing this. Think of head nurse types, put them in the room, and have them come up with something that will engage employees. And they picked national safety scores (survey) on an annual basis. We broke out our lower scores. And I showed them using big posters and what do the data tell you? What about this? What I was trying to get them to do—and I was doing this myself—a CEO with young wanna bees, and I let them decide what they want to work on. They picked communication. They looked at nurses in the emergency room who have tremendous trust for their colleagues, so they focused on handoffs. Management and communication are like motherhood and apple pie. Is there anything we can do to make sure that there is a safe handoff. Part of this was listening to say the labor and delivery nurses. What is important to us is different from what is important to the intensive care unit nurse. They need to tell us what we need to hear. It is an excellent idea. I am always telling Colleen, whom I adore, please forgive me for dabbling in nursing. Colleen responds with Mr Volkmar, "you don't just dabble, you jump in with both feet." We have that kind of relationship. There are things that I do that would drive the normal CNO crazy. But it is just me and Colleen knows that. She will take me down a notch if I need it, because sometimes, I get a little outfront of something.

HAS YOUR PERCEPTION OF NURSING CHANGED?

Because I am a hospital CEO? No, not just because you are a hospital CEO, it's not hierarchy, it's a continuum. You get to see it at 40 000 feet. Then yes, it has changed—because the patients are not easy to care for and they do not have the resources they need. Some do, but a lot don't. Nurses are working 3 to 4 12-hour workweeks. There is this entire turnover with different caregivers. But within 5 days, 95% of the time, we are able to get the patients out in time and OK. There is a lot of coordination that is required to make that happen. As a staff nurse, you take this for granted and are willing to put up with the nonsense. I recall a nurse leader saying, "we didn't have hot water for 2 weeks on the 12th floor and no one said anything. I was making rounds and a nurse asked me, do I know when we are getting hot water." I was shocked. I did not know that they were without hot water. Nurses put up with that kind of stuff.

Another example: Water in the summer to make it cold, chorine injectors, etc, all this technology, and the nurses are filling buckets to give patient baths. The nurses deserve the right to complain about it. That is the perspective that tells me that the nurses and the patients deserve good conditions. So, I am much more vocal about these things now than when I was a staff nurse. I would have carried the 5-gallon bucket.

WHICH LEADERSHIP COMPETENCIES GOING FORWARD DO YOU THINK ARE IMPORTANT FOR OUR EMERGING LEADERS?

Clearly, one has to be able to negotiate, communicate, and have some sort of financial acumen skills.

WHAT ADVICE WOULD YOU HAVE FOR OTHER REGISTERED NURSES WHO WANT TO BE A CHIEF EXECUTIVE OFFICER?

My advice would be to form relationships, particularly with your medical staff or your leadership team. Become transparent in your thoughts and actions, I don't know if I am successful but one of the things people know is that I did my own performance appraisal in

front of 150 people in the auditorium. This is my performance appraisal based on scorecard and walked them through each one. I basically did it for the full leadership team. We have a balanced scorecard where there is not much room for vagueness but is totally transparent. The surprise was not the scorecard but the fact that we did it. Similarly, I need to address my medical staff. But first, I took my leadership team on a retreat and gave them the same thing I am giving the medical staff. They appreciate that I am not saying one thing to them and another to the medical staff. I deliver the same message. There are no secrets in health care. You work in a hospital for a week and you know everything. In terms of rumors, I ask, have you heard any? They laugh.

"What my staff would attribute to me: What interests my boss fascinates me. They will tell you I am interested in patient satisfaction so they deliver. Patients come to the hospital for Medical Care . . . but they stay for the Nursing Care."