

### Nurses as Executives

## **More healthcare organizations embrace the advantages of nurses at the helm**

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By Gail O. Guterl

Nurses, better than anyone, understand what it takes to make a hospital run smoothly," insists Margaret L. McClure, EdD, RN, FAAN. "After all, you are admitted to a hospital for nursing care, and you're discharged when you don't need that care."

To McClure, professor at New York University, New York, and a nurse herself, it is a logical progression for a nurse to pilot a hospital from the executive's chair.

McClure should know. She is one of the earlier nurses to lead a healthcare facility as hospital administrator from 1989-1999 at New York University Medical Center (now called NYU Langone Medical Center). Her responsibilities included overseeing Rusk Institute of Rehabilitation Medicine, the school of medicine and the medical center, while also maintaining her title of chief nursing officer.

As the largest segment of any hospital's employees, it isn't surprising more nurses are moving up the ranks of healthcare organizations. "It's a perfect fit for a nurse," McClure believes of nurses who are armed with advanced education, financial know-how and courage.

But it has been a long time coming.

### **The Statistics**

Despite many glass-ceiling breaches in the past 20 years, nurses are still in a minority among leaders of hospitals. However, that gap is shrinking.

In a 2010 study by the American Organization of Nurse Executives (AONE) and the American College of Healthcare Executives, among study participants the percentage of nurses who are leading U.S. hospitals rose from 10 to 18 percent since research was last conducted 6 years ago. (Herrin-Griffith, D. & Hoying, C. *Nurse Leader*, 9(1), 15-20.)

Cheryl Hoying, PhD, RN, NEA-BC, FACHE, president of AONE, said one of the impediments identified in chief nursing officers (CNOs) moving up to a chief executive officer (CEO) is the absence of succession planning. That's why the 2011 AONE CEO Task Force was formed in part to promote mentoring, Hoying noted.

Hoying, senior vice president of patient services at Cincinnati Children's Hospital Medical Center, Cincinnati, pointed out CNOs don't lack experience in running a large operation.

"The biggest budgets in an organization are run by the CNO, who has not only nursing but often ancillary departments answering to the him or her," she said. "At my facility, I am responsible for 5,000 of the 13,000 people in the hospital."

### **Job Description**

This experience and other skill sets make nurses prime candidates for executive positions.

Nurses who sit in the C-suite say it takes a blend of experience, education, financial savvy and heart to become hospital president, CEO or COO.

"It's an advantage to be a nurse in this position," said Denise Soares, MA, RN, executive director of the 287-bed Harlem Hospital Center and of Renaissance Health Care Network, part of the New York City Health and Hospitals Corp., a public hospital system. "Physicians know I appreciate the clinical aspects of patient care, and administrators know I understand running a hospital is a business."

"It has a great deal to do with the education background of nursing leaders and with healthcare issues nationally," said Deborah K. Zastocki, DNP, RN, NEA-BC, FACHE, president/CEO of the 260-bed Chilton Hospital, Pompton Plains, NJ. "We're learning about keeping people well and about population health. Nurses say, 'we can keep people out of high-cost acute care, and help



Christine Schuster, MBA, RN, president/CEO of Emerson Hospital, Concord, MA

them use health resources more effectively.' We have that ability to work well in multidisciplinary teams and to educate."

Zastocki sharpened her knowledge of the financial side of healthcare through the Johnson & Johnson/Wharton Fellows Program in Management for Nurse Executives at University of Pennsylvania, Philadelphia, "to develop my business and planning skills."

All nurse execs begin their careers at the bedside and sometimes even before that.

"I started at this hospital at age 13 as a student volunteer, worked in the kitchen, was a PCT [patient care technician], was in housekeeping, did nurse consulting elsewhere, worked in the OR, med/surg, outpatient. I am able to understand the organization from the ground up," said Christine Schuster, MBA, RN, president/CEO of the 175-bed Emerson Hospital, Concord, MA, which turned 100 years old in 2011. "You can't buy that kind of hands-on experience, even with an MBA. You really understand what a patient is going through."

"Having a nurse in this role shows a real commitment to clinical excellence," Zastocki believes.

### Challenges

The role, however, is not without its challenges.

Surprisingly, few have experienced resentment of them as women in a top administrative position. However, long hours, employee dynamics and financial issues impact the job.

"These are not times for the faint of heart," Schuster said of the economic climate.

Others agreed. "We are trying to grow and thrive on less operational money," shared Zastocki of Chilton, which serves about 200 square miles in the northwest corner of New Jersey. "We're seeing an increase in nonpaying patients from workers who have lost their jobs. But the economy is affecting us in positive, as well as challenging ways. Hospital staff are staying in their jobs, so that makes personnel more stable."

For Soares, her challenge is helping staff understand the patient's perception is "our reality. If the patient feels they haven't been cared for to their satisfaction, then we have not done our job," Soares shared. "With the implementation of NYCHHC's breakthrough lean methodology, frontline staff will realize they are empowered to facilitate change which will reduce waste, improve hospital systems and enhance patient care."

One big challenge of the position is the number of hours it requires. There are internal and corporate meetings during the workday and community and philanthropic events to attend in the evenings. All said they usually log 12-17 hour days.

"Everyone thinks this job is so glamorous and I make a lot of money, but I earn every penny of it," Schuster said. "My day starts at 4:30 a.m. and ends when I go to bed about 9:30. I have commitments in the community that keep me out several nights a week. But every new clinical program we add for our region makes it so rewarding."

Schuster's community has recognized her efforts. She was named the Concord Chamber of Commerce Business Person of the Year in October 2011. It was an appropriate award for a woman who "sees myself as a businesswoman with clinical skills, not as a nurse who got a business degree."

### Secrets of Success

With these demands, executives say they probably find the least time for themselves. The stresses of their jobs have led to all types of interesting activities.

Soares enjoys down time with godchildren and young cousins who know her as "Auntie Denise." With New York City as her backyard, she has no problem filling her personal hours - when she can get them. "I love off-Broadway plays, jazz concerts and dance. I frequent the

Bronx Botanical Gardens; when I walk in there my shoulders just relax," she sighed. "It's wonderful."

Schuster plays golf, is trying to fit yoga into her schedule and makes sure she attends her daughters' sports events.

All the executives interviewed did one more thing to relax - they visit patient care floors regularly blending their unanimous goals of patient care and safety.

"I miss bedside nursing, that's why I chose the DNP as my doctorate," Zastocki explained. "I get out and about in patient care areas regularly. I'll help in the emergency department when there are storms or flooding."

Soares does regular rounding throughout Harlem Hospital and volunteers with a group that provides free medical, dental and nursing care in Africa and the Caribbean whenever she can.

"For me, it's all about the patient, what I can do to enhance the patient experience," Schuster said.

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