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Dori Taylor Sullivan
Sacred Heart University

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Charting a Career in Health Care Management: Boxing the Compass

Sullivan, Dori Taylor PhD, RNC, CNA, CPHQ, Director of Nursing Programs, Sacred Heart University, Fairfield, Connecticut.

Abstract:

This article describes how one health care executive charted her career course to achieve the advanced management competencies defined by Longest. [1](#) To achieve success in the new and complex world of integrated health care delivery networks, aspiring executives are encouraged to develop a broad base of knowledge and experience that capitalizes on their unique skills, talents, and interests, rather than pursuing a narrowly defined linear career ladder. The importance of management team competency and selection of educational preparation are highlighted in the context of examples of advanced management competency development.

The Journey of My Career:

As I reflect upon the directions I have taken, which have “boxed the compass” (coming from virtually every direction, with a few rogue waves thrown in), I am most grateful for having been engaged in meaningful, important work for the vast majority of my professional life. To provide some perspective, I would like to begin with a summary of my untraditional career and describe building the competencies detailed by Longest [1](#) (for me a work in progress!), followed by a discussion of the lessons learned and recommendations for creating a satisfying and successful career in health care leadership.

I am not certain why I selected a career in nursing, having considered teaching and foreign language translation as strong options. Like many in health care, I enjoy caring for and about people and making a difference in their lives. I have discovered that I can accomplish that objective for different individuals and groups in a variety of ways. I completed a baccalaureate degree in nursing and immediately began working as a critical care nurse in a medium-sized community hospital. Within three years I became a critical care instructor with supervisory functions in that same institution. By that time I knew that I wanted to go to graduate school and had visions of a career as a cardiovascular clinical nurse specialist (CNS), working with Spanish-speaking populations to capitalize on my bilingual skills.

Graduate school provided a rich opportunity to explore paths I hadn't even known existed, and soon after my first

courses I was intensely interested in leadership and research. Thus I changed my focus to nursing administration and, with the exception of one clinical practicum course, completed the classes for the CNS role. The subject of my research at that time was on the CNS role in a line versus staff position. During graduate school at a large state university, I had the opportunity to serve as a research and teaching assistant to the dean, an internationally recognized nurse educator and researcher. This provided the chance to teach some classes, participate in research activities, and develop a strong relationship with the woman who became my first mentor. The required management internship provided another career-changing learning experience as I worked with a nursing division director and vice president in a complex tertiary organization. As a student, I was privy to significant organizational decision making related to a unionizing effort, quality of care issues, and creating a new model for nursing practice and the nurse manager role. As I completed my Master of Science degree in nursing (administration), I had decided to pursue a doctor of philosophy to hone my research skills and prepare for an unspecified position where I could use my leadership and research and education skills.

While enrolled in doctoral courses part-time, I worked as a CNS in a large, urban medical center that had recently been created from the merging of three separate institutions: a general hospital, a women's hospital on an adjacent campus, and a smaller community hospital across town. The CNS role was envisioned as more of a line position, so in addition to traditional CNS roles of clinical consultation, practice standards, and staff development, I dealt with staffing issues, the budgets, and development of the leadership skills of the nurse managers responsible for 250 patient beds spread over five units. After about a year in this role, I was offered a faculty position by the dean of the university I had attended that involved serving as a research project director for a federally funded research grant and teaching courses related to research, leadership, and the CNS role.

I spent three years as research project director and then a fourth in a tenure-track faculty position. At that time, achieving tenure felt more like a life sentence, and I wondered what expertise I could offer students after limited experience in the real world of health care. So, despite truly enjoying the faculty role, I accepted a position as director of nursing education and research in an academic medical center, with a joint appointment to the nursing faculty. This provided the best of both worlds, as I was charged to work collaboratively with nursing leaders to design and implement a system to enhance and support professional skills, standards, and research-based practice.

Thirteen years, nine offices, and five titles later, I found myself still at the medical center. I had never envisioned staying in one place for so long! Yet, the many challenges and changes during my tenure made it feel like several different institutions and my roles and responsibilities expanded dramatically over time. While titles often do not capture the real essence of a role, my subsequent titles were director of education and research (responsible for education and development for all hospital staff, including management development—with quality assurance

added in a few years later), director of organization and staff development (adding the personnel associated with the faculty physician practice areas and outpatient services), and finally assistant vice president/assistant vice chancellor for quality and performance improvement—a position that reported directly to the chancellor for five years and dealt with the entire medical center mission, vision, goals, performance measurement, and improvement, along with leadership education and staff development. In addition, I managed the perioperative areas (OR, SDS, PACU, CSS) for two years during a crisis period. Three points will serve to highlight the nature of my role without detailing specific projects:

* While the role expanded, I always maintained strong involvement with nursing practice and performance improvement along with leadership development.

* In many ways I enacted the functions of a senior nurse executive in a staff position (a role becoming more popular today) in combination with a chief learning officer or quality coach, and in this capacity developed many of the skills described by Longest. [1](#)

* As part of the performance improvement role, I was involved in leading efforts to enhance quality while reducing expenses significantly in the clinical operation (approximately 20 percent reduction over four years), that required extensive operations analysis across the organization.

* Close working relationships with the chancellor, chief financial officer, chief medical officer, clinical chief executive officer, chief operating officer/director of nursing along with board of trustees and physician staff interactions were essential to accomplishing organizational goals and expanding role skills.

* My promotions included formal expectations to provide role model leadership skills that were not fully present in the executive team and to facilitate and develop such skills in these individuals and other levels of managers.

Three individuals were instrumental in my growth and achievements during this period, although I would hasten to add that many others contributed substantially but are too numerous to mention. The chief operating officer/chief nurse officer, the chief executive officer (CEO) of clinical operations, and the chancellor of the medical center each created opportunities for practicing and mastering expanded management competencies.

I completed my doctor of philosophy (PhD) degree in educational psychology (evaluation and measurement) after my fifth year at the medical center. This enhanced knowledge of evaluation research, leadership and management, and curriculum development were critical to my professional development and level of sophistication. I also chose to become certified in nursing administration and continuing education/staff development (American Nurses Credentialing Center) and as a certified healthcare quality professional—(CPHQ, through the National Association of Healthcare Quality). The certification examinations provided external validation of mastery of the various content areas, which was particularly useful when employed within one

organization for a period of time. These certifications provide assurance to professional colleagues and potential employers/clients and open additional valuable networking and education potentials.

In addition to the previously described positions, I have maintained a small but consistent practice in management and education consulting for the past 20 years. My clients range from small community hospitals to a large medical center in New York City, with much of my business coming from repeat engagements with numerous clients. Consulting provided the broader view of the health care environment that I found so important to my perspective and skills development. After a time, I wanted to concentrate on consulting and this prompted my next major career move.

I accepted a position as senior principal and chief research officer with a management consulting firm, E.C. Murphy LLC, which became a wholly owned subsidiary of VHA. VHA is a health care membership organization that supports mission achievement for community hospitals through a variety of initiatives including education, networking, group purchasing, and consultation. This role evolved to direct client work for about 50 percent of the time, with the major deliverable consisting of organizational transformation through comprehensive data analysis, executive development, performance improvement methods, and leadership training to improve operations, outcomes, and financial parameters. As lead consultant, my primary clients were the CEO and designated members of the executive team, with significant involvement with physician leadership groups and boards. Virtually every client made significant changes in the delivery of patient care and nursing structures and activities based upon the analysis and consultation. The remaining 50 percent of my time was spent working with the corporate chief nurse officer on nursing leadership issues, education, and clinical performance improvement. This work included frequent visits to and contact with nursing and health care leaders across the country. It was during this period that I developed relationships with two key mentors/colleagues: the PRESIDENT of E.C. Murphy LLC and the vice president and chief nurse officer of VHA, Inc. These highly talented and knowledgeable professionals provided the entree and opportunity to work with current health care issues from a national perspective and continue to serve as valued advisors and colleagues.

During this time period, increasing emphasis was placed upon the role of nursing and nurse leaders within organizations and the relationship to cost-effective, high-quality care. A study of the impact of organizational redesign on the chief nurse officer role was conducted and the need for different competencies for future success was recognized and published to assist member organizations with this important issue. [2](#) Simultaneously, the current and evolving future shortages of nurses were beginning to make their presence known. At many meetings of nursing and hospital/health care leaders, the nursing workforce became the major topic due to the impact on health care delivery, costs, and access. Frequently, the discussion turned to the role nursing education had and would need to play in addressing these challenges. Largely, based on this fact—and my goal of returning to

academia after almost 20 years in practice—I sought a position as director of a nursing program offering baccalaureate and masters' degrees (one in patient services administration) in nursing. This position is the culmination of my career experiences as I have the opportunity to work with faculty, nurse leaders, and health care executives to better prepare prospective nurses and to provide consultation and education/development services to health care organizations in the region.

Building the New Competencies Required for Senior Leadership

General Comments

I will comment on four critical topics or experiences that precipitated major career decisions. First, the graduate school experience was and, in my opinion, should be a truly life-changing event. In addition to promoting critical thinking and a true spirit of inquiry, it was a time for self-assessment and personal development. As documented by the research reported in Leadership IQ, [3](#) exemplary benchmark leaders have a common set of principles that they put into action through eight leadership roles to achieve optimal outcomes and show others the way. Strengthening those principles and learning some tools and techniques to put them into action was a career and personal milestone. While I had always been aware that I had leadership tendencies and liked to envision and create the future, the exposure to new knowledge, previously undetected opportunities, and outstanding mentors and teachers was positively inspirational!

Second, I capitalized on many opportunities for formal and informal learning in leadership areas and clinical operations, the most important of which was the field of performance improvement. Leadership activities of performance improvement are woven throughout Longest's [1](#) competency categories including: visioning, identifying and assessing customer needs and desired outcomes, using data to create efficient and effective operations, building commitment and strong team performance among stakeholders, considering political implications and governance relationships while creating value. Embracing performance improvement as a way of life for leaders and organizations transforms both and leads directly to the competencies enumerated by Longest. [1](#) Improving organizational performance in its most simple form is blending quantitative and qualitative data analysis with the creative problem solving of people who are willing to change to exceed customer expectations and achieve organizational goals. Thus, my expertise in evaluation research grew intertwined with expanding knowledge of organizational culture, change management, problem solving, conflict resolution, and human motivation.

The third critical area relates to the evolution of positions and responsibilities, with ever-increasing scopes of responsibility and diversity of involved stakeholders. My perspective, validated by several superordinates and

mentors, is that many of my promotions and/or opportunities were created by seeing the big picture, identifying and expressing gaps or barriers to goal achievement, proposing solutions (including the role I could play), and being willing to take risks and work harder with no certain rewards.

Finally, through a variety of mechanisms, I have been able to interact with outrageously talented individuals and groups who were national experts on the cutting edge of priority issues within the health care environment. They informed my thinking, validated or disputed organizational assessments of strategies I proposed, provided invaluable feedback regarding my performance and effectiveness (which was difficult to hear but provided the information I needed to improve and grow), and enhanced networking and expert contacts circles. Consultants (for whom I was the organizational liaison), speaker colleagues at professional meetings, faculty members from a variety of disciplines, and fellow consultants provided the most significant support and learning. The following groups and organizations that facilitate networking and topical meetings also provided an array of experts to whom I turned for advice or assistance: American Hospital Association, Connecticut Hospital Association and its conference groups, University Healthsystems Consortium, E.C. Murphy LLC and VHA, Inc., American College of Healthcare Executives, American Organization of Nurse Executives, Sigma Theta Tau, and the American/State Nurses Association. Seek out forums where you can interact with regional and national experts and cultivate relationships with individuals who share common interests and can help you step up to the next levels of competency and responsibility.

Examples of competency development scenarios

Conceptual skills

Longest [1](#) identified the creation and evolution of a vision along with a structure that is continuously refined to support that vision as a major focus of this competency category. I served as the facilitator for a diverse group of physician leaders and health care executives, who were later joined by board members, in an exercise to design a unifying vision for a group of operating entities that had previously been managed independently. This experience, and several like it subsequently, enabled me to identify attitudes, skills, and techniques that promote honest communication, critical assessment, and developing consensus around what a given organization or entity should try to become. The ability to work effectively with this type of group grew directly from prior experiences at lower levels of the organization with more homogeneous groups as well as consulting engagements related to teamwork, unit purposes, and operational assessments.

Technical management/clinical competencies

One aspect of a major consulting engagement illustrated this competency quite clearly. Working with a medium-

sized community hospital that had a joint operating agreement with another institution, political support for the collaborative arrangement suddenly disappeared and the partner withdrew. This left the executive team of the client institution with the task of rapidly reassessing the strategic importance of this product line within the region as well as financially. With consultant assistance, the team then had to work through the clinical planning required to reestablish selected aspects of the service in a very short time frame. The operations and project management skills of the team combined with the clinical knowledge among them and available through their managers provided the specific information regarding regulation, standards, personnel, equipment, patient and preferences, required to design the new operation.

Interpersonal/collaborative competence

As Longest [1](#) so aptly notes, when different kinds of health care entities are brought together to form an integrated network, they often have conflicting organizational objectives that must be identified and analyzed. Otherwise, each entity might pursue its goals to the detriment of the overall network objective—a concept that performance improvement experts often refer to as suboptimization. Thus some entities do not achieve full potential in designated objectives by design to enable better overall outcomes. The interpersonal competence required to bring the parties together to conduct the necessary assessment and make these types of decisions requires superlative collaborative skills. While working with a group of physicians from the spectrum of clinical specialty practices who served as a governance board for the multispecialty practice, this achievement seemed even more delicate. We had to work through the logic of decreasing the number of referrals from primary care to specialists so as to meet expectations for continued managed care contracts, recognizing that this would directly impact individual specialty workload and income. However, the alternative was the potential loss of contracts, such that no one in the network would benefit from this business.

Political competence

I particularly like Longest's [1](#) depiction of this area as consisting of assessing the impact of public policy and influencing or participating in policy development. I had the opportunity to be involved regularly with the first and have some experience with the second, although I would hasten to add that this is an area I am actively working to develop further. Parenthetically, I would note that it is sometimes frightening to realize the tenuous understanding that legislators and/or policy makers have of sophisticated laws or regulations. For example, at one point the state board of nursing was considering line listing the tasks that an RN could delegate to an unlicensed assistant. While the intention to clarify scope of practice was admirable, the creation of a rigid list in a changing environment with multiple types of patient populations and acuity would be nearly impossible to implement. Nursing leaders and hospital/health care associations worked collaboratively to help the board reconsider this

option and provided several alternatives for action.

Creating value

While I agree with Longest [1](#) that this is a vitally important competency, I see this as part of the outcome of the other competencies successfully implemented. Again, the framework of performance improvement provides the means to conceptualize creating value as using customer and other data to determine the worth of products or services to various markets within a given pricing format. Since optimal health care delivery is interdisciplinary and requires careful sequencing and assessment of progress, assuring an efficient, coordinated scope of services is essential. Creation of clinical pathways or guidelines across the continuum of care with services provided by various entities within the network is the heart of an integrated, high-value delivery system.

Governance

My appreciation of the benefits of a talented and committed board have grown exponentially due to ongoing interaction and observation of the impact the board can, but does not always, have. The governing body should provide a positive support structure for senior management, particularly during these challenging and chaotic times in health care. At the same time, their constant monitoring of the organization's achievement of its mission and vision, strategic initiatives, fiscal and market position, and, not least importantly, its human resources and organizational culture are key to fulfilling its obligations. My favorite example of positive governance is the advice provided by the board chair to a senior executive regarding a public relations issue. The senior executive had made a decision regarding how some sensitive information was to be shared with the media, which he presented to the board somewhat casually. The board chair, who had a wealth of experience and contacts within the local media, supportively and sensitively indicated why this path might create issues. The senior executive graciously accepted the advice, scheduled a private meeting with the board chair to further explore the issue, and then brought this information back to share with the executive, producing team and organizational learnings as well as role modeling the use of constructive feedback. This interaction would not have occurred without a deep sense of trust among the involved parties.

Lessons learned

There are several quotations that loosely translated say when approaching the end of their lives, few people if any wish they had spent more time at work. While work is very important in our lives, striving for balance between personal and professional foci is a hallmark of life success. Minimizing the differences between personal and professional personas can be an effective strategy in achieving that balance. Looking back, I am glad that I chose not to follow the rigid ladder rungs for a career in health care administration; rather, I continually assessed

what was needed in a given setting as compared to what I knew I could offer, building upon my strengths and interests. This led in many cases to new roles being created that allowed me to make my best contributions to the organization and vastly expanded my repertoire of skills and experience. While the system may be rigid, strive to look at others and yourself searching for the competencies and “fit” for the organization or position instead of a narrowly defined pedigree characterized by the path of previous jobs and education alone.

While clinical and managerial technical knowledge are necessary as one rises upward in management, there is an increasing focus on the conceptual and related skill areas. [1,4](#) The ability to create a new vision for an integrated delivery network is to some degree founded upon knowledge of the various elements or entities. Thus a broad knowledge base and experiences in different parts of the network can contribute to a more ambitious, creative vision and structure. Unfortunately, the health care management field has not favored the type of succession planning found in other industries, wherein talent is identified early and individuals are systematically rotated through various levels and areas of the enterprise to build the broad foundational knowledge and related management competencies for that business. Chart your own course to developing a broad-based knowledge of the network or enterprise you are part of or aspire to join, with advice and counsel from mentors and trusted colleagues, to position yourself for a senior leadership role.

As Longest [1](#) so aptly notes, the expanded management competencies are evolving in our current group of talented and experienced health care senior managers, therefore, it is likely that there will be missteps or strategic errors at times. Hopefully, CEOs and governing bodies will create a safe environment for learning and risk taking that will enable senior leaders to hone their skills. At this stage, organizational leadership may excel in networks where the executive team is strong, exhibiting the necessary competencies through the team interaction rather than through individuals alone. The senior management team will be most effective with a diverse group of individuals who bring different strengths and experiences in the new competencies. Consider the individual (including yourself) as part of the team, not an independent entity.

I would add a word about tenure within health care organizations. While I fully support the concept that individuals should build their skill sets and select positions within different organizations, it seems we are losing something by only spending a few years in every organization. Some of the most significant learning occurs in longer term relationships, which requires sharing vision, improving operations, negotiating resources, and resolving conflicts over time. Further, frequent turnover at the senior level makes it more difficult to create and sustain the organizational culture required for rapidly adapting to changes in the health care environment. Optimistically, larger and more diverse integrated delivery networks will provide better areas for individuals to assume roles and responsibilities across the continuum and at different levels while remaining in the same enterprise. Take into account the many positives of staying in one network for longer periods of time, especially

when you are benefiting from transfers and promotions and are receiving signals that you are adding value.

Finally, in the context of my current responsibilities to administer academic nursing programs, I encourage aspiring health care leaders to carefully investigate formal educational options. There appears to be growing consensus that nurses who aspire to senior clinical enterprise leadership positions need both a nursing or clinical background and appropriate level business skills and knowledge, thus the dual degree options (for example, master of science in nursing and masters of business administration) are highly desirable. In earlier years, most nurses completed graduate degrees in nursing with limited business focus, followed by a preference for a business-only degree. Recently, the pendulum seems to be stabilizing in the center, in recognition of the need for advanced knowledge of clinical practice and systems knowledge along with solid business competencies. As one example, our program is intensifying the already strong collaboration with the college of business to develop core courses in health care leadership during which nurses and other health care management students will study together, working with nursing and business school faculty. This should promote increased knowledge among these individuals, enabling them to work more productively in real world team settings as well as make better career education choices.

For today's nurse executives, charting a course toward senior leadership positions in integrated delivery networks is like setting a nautical course on the water. It is critical to identify a clear destination, recognizing that the wind, water conditions, and other environmental factors may alter your course in exciting and unanticipated ways; yet, through using your compass and maintaining headway, you will arrive.

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