

INTRODUCING

Nurses on Boards

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Why did you want to serve on the Indiana University Health (IUH) board?

This was a natural progression of my career-long focus on the interface between service and education. I had spent a professional lifetime with women and nurses not being at the main tables of discussion. Yet the highest levels of decision-making require nursing's global clinical and systems perspective, our focus on patients, and our awareness of all the supports people need in a hospital and clinic setting, as well as when they return home.

What has been the best part of serving on the board?

It has been exciting to shape policy with meaningful impact on practice throughout our 18-hospital system, Indiana's largest and most comprehensive healthcare provider. During my tenure on the board, IUH has won a number of awards for quality and safety, areas in which I have worked with the clinical leadership to establish ambitious and important initiatives.

What has been the hardest part?

When I was younger, if I had 10 good ideas, I wanted to pursue all of them. I have since learned that you have to be strategic about what you take on. On a board, this requires listening to people, working with people, and defining the biggest conceptual and policy issues that need to be addressed to help an organization move in a positive direction.

Where do you feel you've had the most influence?

I have chaired the Quality & Patient Safety committee for more than a decade. We focus on attaining and exceeding national goals for quality and safety required for reimbursements, and on important priorities such as a new initiative to standardize best practices for pain management system-wide. We began by working to manage post-operative pain better, which led to improved patient satisfaction scores. Currently, we're working to improve inpatient management of acute pain for people with a history of chronic pain, a complex undertaking due to risk factors for addiction. Next, we'll work to improve management of chronic pain.



AT A GLANCE

Indiana University School of Nursing –
University Dean Emerita, Distinguished
Professor

Institute of Medicine – Elected Member
Sigma Theta Tau International – Past-
President

National Advisory Mental Health Council,
Alcohol, Drug Abuse, and Mental Health
Administration – Member

American Academy of Nursing – Past-
President

National Advisory Committee – Member
and Chair, Robert Wood Johnson
Foundation's Nurse Faculty Scholars
Program

Indiana University Health Board – Member,
Quality and Patient Safety Committee chair

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To learn more about the Foundation's work and to read profiles of other nurse leaders, visit www.nurseboardleadership.org.

What's your advice for nurses just beginning or midway through their careers?

Develop your personal expertise. Share that skill in a volunteer capacity so you become a known authority in that area as early in your career as possible. Begin cultivating your leadership capabilities within nursing organizations, then get involved inter-professionally because that's the context in which most big decisions are made. That's also a great way to become known among physicians, social workers, psychologists and hospital administrators. As you demonstrate your expertise and ability to work well with others, they'll think of you for future leadership opportunities. Hospital boards don't tend to appoint people who work for the organization as board members. So if you work in a clinical facility and would like to build your leadership skills, look for opportunities to serve on an advisory committee for another hospital within the same chain.

What relationships and experiences paved the way for you to serve on the Indiana University Health (IUH) board?

As soon as I became dean, I worked to bring nursing education and service closer together. I served on the foundation board of a hospital that later joined the IUH, and made philanthropic contributions to that hospital. I also worked to make sure nursing was visible and represented within the IUH's new leadership structure during consolidation of the hospitals in the 1990s. For example, I lobbied to become an ex officio member of the medical council, which helped me become more visible and networked among physicians. After my deanship, I spent a year as scholar-in-residence at the Institute of Medicine. Soon after, I was invited to serve on the IUH board. In short: I made connections, got involved, achieved distinction in my career, and established myself among board members as a known and respected person. Then, when a board slot came open, the question was, 'Why not Angela?'

What gave you the courage to step into leadership as your career progressed?

While I pursued the requisite education and experience for professional advancement, feeling like an imposter was a factor for me in my younger years until I began to notice this pattern. Each time I took a new position I felt some trepidation about whether I would be adequate to the task. At the beginning, I worry whether I can do it. I am committed to trying. I do my best and then generally things work out well. Some of that initial worry is just to get my energy level up and is useful. The kind of worry that is counter-productive is more limited now. Knowing that I have been effective in so many different circumstances has helped me to anticipate success with self-knowledge and confidence. I have also come to realize that if you're not brilliant on a certain occasion, all you have to do is go back and say, "I don't think I handled that well. Let me try again." When you do that, people tend to find you pretty agreeable to work with.

What did you bring to the board as a nurse that you feel was uniquely valuable and demonstrates the importance of having nurses in positions of influence?

Our system had three different accreditation visits while I was on the IUH board. Each time, the nurse accreditors were thrilled that our board includes a nurse. My presence on the board has also had a profound effect on staff nurses who appreciate that their interests are represented at the highest levels.

With the Accountable Care Act, we need expert teams instead of teams of experts who sometimes just do parallel play. We need expert teams in which the wisdom of the whole is bigger and better than any one person. That's where nurses can shine. We're boundary spanners who see the interlocking pieces. We know how to coordinate people working together for a common purpose. The issue now is whether nurses are willing to accept the challenge out there for us to be the leaders we need to be (and that others want us to be) in a changing health care system.

By Jessica Stein Diamond