

Leader to Honor

Joan Shinkus Clark, DNP, RN, NEA-BC, CENP, FACHE, FAAN

Karen K. Kirby, RN, MSN, NEA-BC, FACHE, FAAN

Dr. Joan Shinkus Clark is the senior vice president and system chief nursing officer for Texas Health Resources (THR) headquartered in Arlington, Texas. Dr. Clark joined the THR leadership team in 2008, assuming overall responsibility for the nursing enterprise across the THR system. THR has 25 acute care and short-stay hospitals that are owned, operated,

joint-ventured, or affiliated with the system, representing more than 3,800 licensed beds. THR has more than 21,100 employees at fully owned and operated facilities plus 1,400 employees of consolidated joint ventures and more than 5,500 physicians with active staff privileges. In her system role, Dr. Clark has responsibility for advancing strategic nursing initiatives and represents nursing at the senior executive level.

Dr. Clark has also been a member of AONE for 25 years and has served AONE and chapter affiliates in Texas, Florida, and Georgia on numerous committees and in multiple elected positions, including 2 terms: 1 as Region 4 and as Region 7 AONE board director.



KK: What attracted you to nursing, and what were your early experiences in the field?

JC: I grew up with 3 sisters in Pittsburgh, Pennsylvania, where my father was a community doctor. My father's office was in our home, and my mother assisted him in his practice. Watching my father practice, I saw the close connection he developed with

his patients as he cared for them many times, not just during one episode of care. That is what convinced me to go into healthcare, but it was my older sister who convinced me to go into nursing. My sister now practices as a psychiatric nurse, and I followed in her footsteps but went into critical care nursing. I started in a community hospital ICU (intensive care unit), and

after 1 year, transitioned to academic critical care nursing at Shands Hospital at the University of Florida. I was hooked on critical care because of the cutting-edge work being done to treat ARDS (acute respiratory distress syndrome) and cardiac surgery at the time.

KK: Were there early mentors and role models who influenced you and shaped who you are today?

JC: I have been very fortunate to have strong supervisors who have encouraged me to learn, grow, and take on greater responsibility. While I have thoroughly enjoyed my nursing leadership roles, I have to admit I it took some convincing to get me to go in this direction. When my first manager job presented itself, I didn't seek it out. I wanted to stay at the bedside, but my supervisor convinced me to step in because I was the better of two choices among my peers. It was a difficult transition, but I continued to be encouraged and supported by my supervisors. A few years into my manager role, a new CNO (chief nursing officer) was hired who took an interest in me as a person and as a leader. I soon began to aspire to being the same type of leader as this CNO and took on progressively more responsible leadership positions. That taught me the importance of identifying and mentoring potential leaders in the ranks. They may not see what you see in them, but you can influence them and help them to realize their full potential.

After completing my graduate work at the University of Florida and a short tenure in informatics and education, I

worked in an AVP (assistant vice president) role under the leadership of a supportive CNO. I took my first CNO position in 1995 at Floyd Medical Center in Rome, Georgia, and over the years, my CEOs (chief executive officers) have also been great partners and supported my growth as a leader.

KK: What do you consider to be the major challenges for nurses in healthcare leadership positions today?

JC: The major challenge is a dramatically changing healthcare environment and the transformation of nursing to professionals practicing at the top of their license and competency. Nurses are just beginning to evolve and understand their role within the continuum of care but ultimately I believe this will significantly change the profession in the future. Nurses have always been an important part of team partnerships around the care of patients, but the team boundaries are expanding, and nurse partnerships will expand as the boundaries blend to the right and left of the acute care hospital.

KK: Does your role as a system chief nursing officer require a different set of skills and compe-

tencies than when you were accountable for one hospital?

JC: Very much so. The skills and competencies for this role have been an ongoing discussion of AONE and some of my counterparts over the last couple of years. We have been working on revisions to the nurse executive competencies for the system CNE (chief nursing executive), as well as the tools and resources needed to assist new system CNEs transition into their roles. The board of directors created a forum, the AONE System CNE Task Force, for sharing best practices as we move towards standardization and alignment of nursing practice across multiple hospitals and settings. We have held sessions at the AONE annual conference over the last 3 years and plan a preconference session for 2015. We held a system CNE meeting in Chicago in 2013 to share best practices and learn from one another. We are developing tools and resources for system CNEs available through the AONE Web site and conducted, analyzed, and disseminated surveys of system CNEs over the past 3 years. We have put together a strategic plan of activities for the next 4 years to assure



Download English Version:

<https://daneshyari.com/en/article/2671669>

Download Persian Version:

<https://daneshyari.com/article/2671669>

[Daneshyari.com](https://daneshyari.com)