Leader to Watch

Colleen H. Swartz, DNP, MSN, MBA, RN, NEA-BC

Diana J. Weaver, PhD, RN, FAAN

or Dr. Colleen Swartz, chief nurse executive of UK HealthCare (UKHC), success is achieved by providing patient- and family-centered care through the combined and coordinated efforts of the entire team. Dr. Swartz is certainly a strong proponent of the essential value of nursing, but her experience and expertise have taught her that "it's all about the team in today's complex and sometimes chaotic health care environment. And nursing leadership plays a pivotal role in making teamwork a reality. My role and, in turn, what I hope is my legacy, is to enable the entire team to find a path to patient and family as the center of our collective knowledge and interventions. At times, that is very difficult, and not always evident in light of the swirling complexity and multiple, sometimes conflicting, messages that bombard the caregiver at the bedside."



pr. Swartz has a solid history of working closely and productively with other clinical disciplines. She began her leadership career as the coordinator for the trauma service, the chief flight nurse in the air transport program, and as director of trauma and emergency services. She then left UKHC for a stint as the chief nursing officer (CNO) in a neighboring regional hospital. She returned to assume the leadership of the capacity command center, which handles patient placement and throughput for the entire system. In each of these roles, she noted the importance of clinical

coordination of each of the involved disciplines. When this was absent, patients fell through the cracks, the opportunity for errors increased, and outcomes were compromised; thus, her resolve and her commitment to the importance of teamwork with a common, well-communicated plan of care for the patient.

DJW: What made you choose nursing as a career?

CHS: Frankly, I did not have a lot of choices from a financial perspective. My oldest sister is a nurse, as is my husband's. My sister was successful in

her career choice, and as I heard her talk about her work, I thought, "I could do that." For me, it was not a calling, rather a pragmatic decision. But it has certainly been a rewarding one—and the right one.

DJW: You mentioned your sister; I have heard you talk about your family, and I know you are the youngest of five girls, all of whom are high achievers. What influences in your childhood shaped you as a nurse leader?

CHS: I grew up in what at that time was a traditional family. My father

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worked outside the home, and my mother was a full time homemaker in fact, she did not drive until she was 37 years old. Neither of my parents completed high school, but the value of academics was always stressed. Every week, my sisters and I were taken to the local library to check out books. In high school, I played several sports, was a member of the debate team, and was very involved. But there was never any question in my house, our studies came first. The implied message was that each of us needed to be able to take care of ourselves. Through my sister, I internalized the value of "giving back."

DJW: What would you describe as your greatest success as a nurse leader?

CHS: I don't know that I would characterize as success, but it was certainly significant in its impact on me as a leader. In 1999, we lost our entire team in a tragic helicopter accident. As the leader, I realized how important my role was in helping the team get through this devastating circumstance. I needed to be there for each member of the team and for the entire team, while recognizing that

the needs of each were very different. I was present throughout the first 48 hours, one of the first onsite, and certainly the last to leave. That was a time of intense learning for me, as I internalized the significance of leadership during crises.

DJW: I have heard you refer to that incident on many occasions, so I know it left an indelible mark on vou as a leader.

All leaders face challenges, some of which at the time, appear insurmountable. Describe a time in your leadership career, when you thought failure was a real possibility.

CHS: In fact, failure was a reality. It happened in 2010 when we lost our Magnet® designation. I gained so much learning from this failure. It was very motivational and, for me, served as a call to action. I believe most leaders recognize that importance of being able to lead through failure, using the lessons learned to improve, get stronger, if you will. And that message must be passed on to those whom you lead. Failure is a reality for all of us. What we do with it, in large measure, defines us as leaders.

DJW: This issue of Nurse Leader is focused on mentoring and coaching. What opportunities have you had to actively coach and mentor in your current role?

CHS: Completing the Robert Wood Johnson Foundation Executive Nurse Fellows Program helped me frame a structure and seek avenues for mentoring as an important aspect of my leadership function. In order to be effective at coaching, one must be open, reflective, and available. And for busy leaders, that last one can be the most challenging. I believe I must be available to a variety of audiences—students, new employees, current staff, and certainly my leadership team. As you know, I have offered to spend time with any nursing staff member who requests that. I have found that my shadowing experience provides first-hand opportunities to not only coach in real time, but to gain current information regarding what is and is not working well for the staff at the bedside. Those experiences are also invaluable in allowing me to step back and get a sense of patterns in the work environment that either support or create barriers to



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