

Rural Nurse Leadership: Toward a Healthier America

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Providence
St. Joseph Health

- What IS Providence St. Joseph Health ???

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176 years of Sisters of Providence legacy....

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A very large Catholic, integrated health system

- 53 hospitals (quaternary, tertiary, community, critical access)
- 959 clinics
- > 75 community-based and long term care services
- 7 states in 4 time zones (Texas, New Mexico, California, Oregon, Washington, Montana & Alaska)

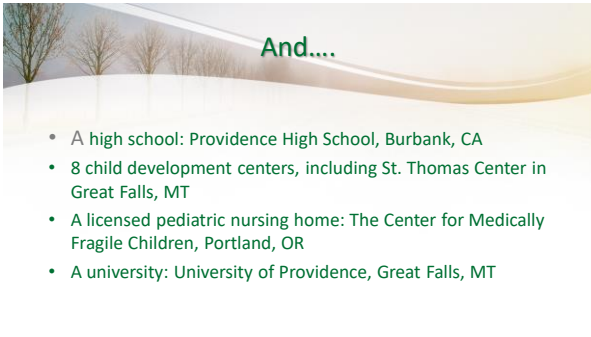
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Much care delivered...

- 114,000 employees
- Over 39,000 RNs
- > 23,500 MDs
- 12 *Magnet* hospitals
- 5 *Pathway to Excellence* facilities
- Providence St. Joseph Health Nursing Institute
- Accredited New Graduate Nurse Residency

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And....

- A high school: Providence High School, Burbank, CA
- 8 child development centers, including St. Thomas Center in Great Falls, MT
- A licensed pediatric nursing home: The Center for Medically Fragile Children, Portland, OR
- A university: University of Providence, Great Falls, MT

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Living our mission to make our rural communities healthier:
Leading and managing is everything

...so what's the difference and why should we care anyway?



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Montana Nursing = Rural Nursing



Characteristics of Rural Life and Culture

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- More space; greater distances between residents and services
- Cyclic/seasonal work and leisure activities
- Informal social and professional interactions
- Access to extended kinship systems
- Residents who are related or acquainted
- Lack of anonymity
- Challenges in maintaining confidentiality stemming from familiarity among residents
- Small (often family) enterprises; fewer large industries
- Economic orientation to land and nature with industries that are extractive in nature (e.g., agriculture, mining, lumbering, marine-related, outdoor recreational activities)
- More high-risk occupations
- Town as the center of trade
- Churches and schools as socialization centers
- Preference for interacting with locals (insiders)
- Mistrust of newcomers to the community (outsiders)

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Barriers to health care in rural areas

- Lack of health care providers and services
- Great distances to obtain services
- Lack of personal transportation
- Unavailable public transportation
- Lack of telephone services
- Unavailable outreach services
- Inequitable reimbursement policies for providers
- Unpredictable weather and/or travel conditions
- Inability to pay for care/lack of health insurance
- Lack of "know-how" to procure publicly funded entitlements and services
- Inadequate provider attitudes and understanding about rural populations
- Language barriers (caregivers not linguistically competent)
- Care and services not culturally and linguistically appropriate

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2 Goals:

1. Excellent patient and family care
2. Healthy, thriving communities



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Historical Context

- Nursing Administration = nursing management
- "Nurse Executive" was almost an oxymoron
- Being an effective nurse leader was influenced by expectations of women
- We were rewarded for being really great managers

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Managing and Leading

Management is efficiency in climbing the ladder of success; leadership determines whether the ladder is leaning against the right wall.

Steven Covey

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Leadership is...

Influencing human beings to do things toward a goal.....that they wouldn't otherwise do on their own

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Managing vs. Leading

- Management is doing things right; leadership is doing the right things.
- Leading is future and people oriented. It is creative rather than reactive.
- Managers ask who and how? Leaders ask what and why?

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Managing is making sure the car runs safely and efficiently; leading is making sure the car gets us to the right destination.



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Contrasts:

- Managers develop policies and procedures. Leaders develop vision and strategy.
- Managers direct and control. Leaders motivate and inspire. Stated another way, Managers get people to do what needs to be done. Leaders get people to want to do what needs to be done (read that again if you need to; the distinction is subtle.)
- Managers explain "what we have to do." Leaders explain "where we are going."
- Managers give directions. Leaders ask questions.
- Managers are concerned with the here and now. Leaders are concerned with the long-view.
- Managers are bottom-line oriented. Leaders are big-picture oriented.
- Managers are concerned with projects. Leaders are concerned with people.

It Takes Both.



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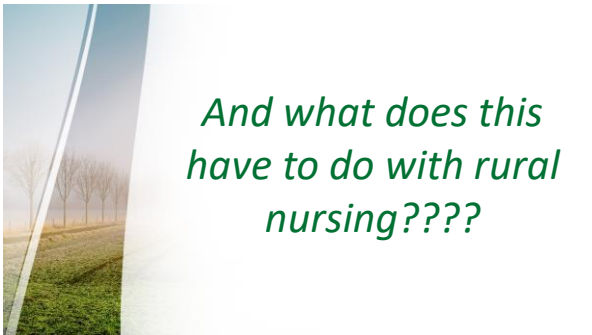
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Effective Leaders:

- Personal Influence — grounded in a long track record of strong relationships built by trust.
- Direct, clear communication without intention to deceive
- Consistency- actions that match your words
- Transparency and openness
- Explanations about goals and decisions
- A private life that matches the public life
- Competence
- Concern and compassion for others
- An upbeat, positive attitude about the future

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And what does this have to do with rural nursing????

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Back to our 2 Goals:

1. Excellent patient and family care
2. Healthy, thriving communities



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Sometimes it can feel a little bit “schizophrenic” ...

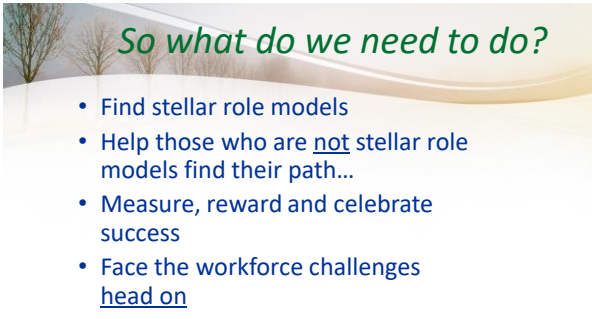
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So what do we need to do?

- Structure Rural Nursing as the most independent and sophisticated nursing specialty of all—and it is all about leadership.
- Give new managers and aspiring leaders the preparation and support they must have
- Seek and nurture leadership

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So what do we need to do?

- Find stellar role models
- Help those who are not stellar role models find their path...
- Measure, reward and celebrate success
- Face the workforce challenges head on

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She would be very, very proud....



And the Florence Nightingale
"Secret Sauce":

**THIS TAKES
GREAT
COURAGE.**

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THANK YOU!



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