

Leadership insights

The CNO journey

By Donna Grande, MGA

THE CHIEF NURSING OFFICER (CNO) of a hospital or other healthcare organization has extensive responsibilities, ranging from patient care at the bedside to key strategic business discussions in the boardroom. Balancing the multiple priorities of patient care, work environment, staffing, recruitment and retention, teamwork, training, leadership, nursing quality, and financial management is no easy task. To gain insight, ANA's Leadership Institute engaged with Rhonda Foster, EdD, MPH, MS, RN, NEA-BC, former CNO of Children's Hospital of Michigan and St. Joseph Health Sonoma County. An ANA\California member, Foster provides consultative services to nurse leaders as they strive to achieve nursing excellence.

What was your path to becoming a CNO?

I consider my path nontraditional, although I've held increasingly responsible leadership positions. My first leadership position was in an ambulatory care environment where, after 5 years, I was selected as a director of nursing quality, research, and education. After proving myself, I was promoted to an assistant vice president position. Then I began the more traditional ascension to CNO. My leadership journey gives me perspective for the entire care continuum as well as how education, quality, and research support organizational priorities.

What were the key drivers of success along your career trajectory?

Two key drivers were having great and caring mentors and an internal drive to make a difference. My mentors allowed me to bounce ideas and concepts off them; they were not afraid to challenge me. They saw my potential and nurtured, shaped, and helped me to develop. Also, an internal drive to make a difference is consistent with excellence—changing a culture for the better and establishing a competitive advantage. I believe

we are called to make a difference in the life of someone, an organization, a community, or a culture.



Rhonda Foster

What critical skills prepared you for a CNO role?

Strategic thinking—the ability to think about the system and the person working one shift a month on nights. *Communication*: making a compelling business case and discernment for when to be quiet, what language to use, whom to engage, and “Is this a hill I should die on today?” Often, our passion affects our ability to communicate our thoughts effectively. *Courage*: It's not a skill, but you can't be a CNO or a leader with fear.

What has been the highlight of your career?

Leading Children's Hospital of Michigan to achieve ANCC Magnet Recognition® in 2008 was a highlight; watching nursing staff grow, develop, and demonstrate shared decision making with a focus on community and a commitment to patients and families. Although we faced challenges, we were committed to excellence.

What are the key competencies employers look for in a CNO?

What an employer looks for and what they need may differ. Many times, employers seek candidates who look, think, and act like themselves—their view of building a team. However, these teams lack diversity of thought, approach, and appearance. From my perspective, key competencies include the ability to build relationships with peers, colleagues, and staff; to develop a team and engage stakeholders; to have an approachable and not fearful style; to understand finances and quality; and, of course, to possess integrity.

What do you think the future holds for CNOs?

Focusing on quality and patient experience positions CNOs as thought leaders and provides an opportunity to engage nurses in meaningful dialogue of the triple aim—to improve cost, care, and quality. It's a great time for the resilient CNO, the engaging CNO, and the CNO who has vowed to make a difference. ★

Donna Grande is vice president of products and services at the American Nurses Association.

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