Is Experience Overrated?

**Executive Summary**

- Major transitions and transformations are in our future as we begin to implement the various changes in the new health care reform environment.
- New programs developed with old thinking and leaders who have filtered their thinking through previous models will not be successful.
- We need people with a variety of experience to help us see our way through the new forest of health care reform—many of those could be outsiders.
- Outsiders can be very successful if health care leaders can be open to different and successful models that have been effective elsewhere.
- We must find these people and successfully recruit them to our organizations.

**Abby Mikowski** (pseudonym) had done all the right things, in her opinion, on her quest to become a chief nursing officer (CNO). She planned her career progression to include changing positions and relocating to learn from leaders she respected and to work in various roles that would give her the breadth and depth of experience appropriate for her future. An important part of her plan was to learn about the “big picture” and to achieve health care experiences outside of the hospital. She carefully chose master’s and doctoral programs that she believed would provide the right kind of learning needed for her future career.

When she started looking for positions as a CNO, the first prerequisite was always “Experience as a CNO required.” In spite of securing several interviews, the outcome was always the same—the candidate chosen was one who had CNO experience. In fact, in Abby’s opinion, some of the people chosen were not particularly successful as CNOs. Abby became discouraged to learn the career path she had planned so carefully was not valued and she was not given a chance to prove her worth. Fortunately, the story ends well. Abby looked beyond the health care system, and now is a highly respected influential nursing leader in a health care related company that recognized her unique strengths and gave her a chance to lead in spite of her being an “outsider.”

We have to wonder how many Abbys there are out there who are being displaced by people lacking a diverse breadth of experience. When the Abbys go on to make enormous contributions elsewhere, we have to question the judgment of those looking exclusively for candidates with experience, rather than valuing the potential contribution of clever, innovative people with broad experiences. It would be interesting to follow the pathways of people we turn away in health care. Are we doing the right thing, or creating lost opportunities for health care to learn and grow from outsiders whose thinking is not filtered through the usual socialization of the inpatient, procedure-centered model of health care? At a time when we need creative and innovative thinkers to guide the country through the transformation of health care, unfiltered leaders should be in high demand.

**Filtered and Unfiltered Leaders**

There is always a lively debate about the subject of hiring from the inside or the outside and what decision is best for the company. Collins (2001) notes that hiring from the inside creates consistency and sustainability of the organization. Mukunda (2012) agrees but also notes that hiring from the inside guarantees more of the same, while hiring from the outside can bring new learning and direction to the company. Mukunda differentiates between filtered and unfiltered leaders. In his view, filtered leaders are well-socialized by the profession or organization and follow a traditional internal career progression route. His term *filtered leader* refers to the thought processes that have been learned in a particular vertical specialization that filters new experiences and creates thinking processes based on the limited, narrow experiences learned and believed.

In health care, a CNO who had worked only in one hospital, in the operating room, and then was promoted to CEO, would be a filtered leader. That person would likely manage in the same way as an OR manager/director. Unfiltered leaders, by contrast, would have experience in a variety of organizations and positions. A CNO who had been employed in a variety of community positions, in addition to hospitals, would be an unfiltered leader. Mukunda (2012) believes filtered leaders will be good, but not brilliant.

By contrast, unfiltered leaders have two pathways in new organizations: they are most commonly highly successful and surpass the outcomes of the filtered leader, or they are unsuccessful. Filtered leaders rank in the middle and are surpassed by some unfiltered leaders but

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also are more successful than some unfiltered leaders who fail. Unfiltered leaders are complementary to organizations that need innovation and new pathways for the future. Organizations that do not see the need for change are better suited to hire filtered leaders. Abby would qualify as an unfiltered leader both from her intention to learn outside the traditional health care model and also with her lack of experience as a CNO. Several organizations chose not to take a chance on her, but one did, and she was very successful.

In a study of outsiders, Thorndike (2012) presents the story of eight notable CEO outsiders who had little or no formal training in business but whose radically different thinking created highly successful companies. Among those highlighted are Katherine Graham of the Washington Post, who led the newspaper after her husband’s death, and Warren Buffett of Berkshire Hathaway, who took over as CEO with no management experience. Thorndike attributes the success of these CEOs to the “outsider’s mindset.” He describes them as fiercely independent with a temperament that mixes patience with occasional bold and aggressive actions. Consistently these eight remarkable outsiders distinguish themselves by innovative and original thinking that has allowed their companies to flourish while others have utilized traditional strategies and faltered. Thorndike references investor, businessman, and philanthropist Sir John Templeton’s observation that “It is impossible to produce superior performance unless you do something different” when describing these leaders.

**Health Care in Transition and Boundary Spanners**

The next 5 years promise to bring many changes to the health care industry. With the new emphasis on prevention and community care and the move away from inpatient, procedure-based care, we have leaders with no experience in this new model of health care reform. Solving new problems, as Thorndike (2012) discusses, with the philosophy of comfort and the oppression of past practices will create nothing but failure in the future. Our challenge in the new world of health care will be to think like an outsider, and to bring in people from the outside with expertise who can help the organization think differently. Thorndike (2012) discovered outsiders were more comfortable bringing in novice people and knew how to make that experience successful than people hired from within. With the transformation of health care, we need people with a variety of experiences to help us see our way through the new forest of health care reform and many of those leaders could be outsiders.

Fortunately, we now have a diverse group of people entering the nursing profession. Second-career nurses, for example, come to us with diverse experiences and degrees in other fields. They are ready for innovative challenges where they can use their diverse backgrounds in new and different ways in health care. The increased numbers of people entering advanced education programs, such as BSN to DNP, provide us with a wealth of talent and are ready to think differently. The firewalls between ambulatory/community and primary care must come down in the new health care system that is based on the seamless care of the patient and family through the entire continuum of care instead of specialized silos. This is the perfect time to examine the future and think beyond traditional models that are no longer appropriate. Organizations need to think differently about their culture in this time of change. To continue to think through the lens of inpatient hospital experience will be disastrous because the focus of the new health care system will be outside of the hospital and centered on the continuum of care and not primarily on inpatient care. Helping the organization to see outside the walls of its silo is necessary for successfully transforming to the new health care paradigm.

Hiring of outsiders successfully doesn’t just happen. Outsiders need to learn the internal workings of the organization quickly, but they also need to be valued for the different skills they bring to the organization and mentored successfully to reach their full potential. Thorndike (2012) found successful outsiders often paired themselves with an internal operator who was highly skilled in the inner workings of the organization. This left the outsider free to think strategy and to be more effective. Outsiders can be very successful if health care leaders can be open to different and successful models that have been effective elsewhere. But we must find these people and successfully recruit them to our organizations.

**Summary**

Major transitions and transformations are in our future as we begin to implement the various changes in the new health care reform environment. New programs developed with old thinking and leaders who have filtered their thinking through previous models will not be successful. Imagine an inpatient unit with a mix of nurses who have worked in home care, ambulatory care, and industry and a manager with experience as coordinator in an insurance company. This unit could lead the way in the transformation of health care to a community-based model because they would already be familiar with what is needed and they could easily jump the firewalls of traditional health care. And also imagine if Abby were the CEO of that hospital. This team would be ideal for our future. $