

Roxane Spitzer, PhD, RN, MBA, FAAN



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

RS: You occupy a very different position than most of my interviewees. As an entrepreneur, you are chief executive officer (CEO) of your own successful business for many years. Karen, can you tell us what made you decide to start your own business? Can you also share why you selected a management recruitment business?

KK: I sought leadership positions early in my career, but I didn't set out to own my own business, particularly a management recruitment business. It has been a journey that evolved over time, so I would like to give you the background.

I went into a leadership role within months of becoming an RN back in 1972; it was an evening supervisor role at a community hospital in Michigan, where I grew up. Between 1972 and 1982, I was a supervisor, in-service instructor, CNO in a small specialty hospital in San Francisco, and then the associate director (ACNO) at the University of California, San Francisco, where I also completed my graduate work. In 1983, I moved from San Francisco to Boston to become the senior VP for patient care services at Boston University Medical Center and my late husband, Jim Wiczai, became the chief operating officer [COO] at Brigham and Women's Hospital in Boston.

In 1990, my husband and I were recruited to become the CEO and COO, respectively, for the development of an international teaching hospital, Healthcare International Ltd, with ties to Harvard University, just outside Glasgow, Scotland. At the time we joined, it was still just an idea. We helped finalize the financing and architectural plans, and then moved to Scotland in 1991 to manage the construction, staffing, and commissioning of this 250 bed (with capacity to go to 500 beds) hospital and hotel complex. We had triage centers in Abu Dhabi, Athens, Cairo, and other international locations to facilitate getting international patients. The whole concept was to build an international teaching hospital that would bring the best of US and UK medicine closer to international

patients who were seeking this level of care. We had the hospital and hotel open with a predominately US-trained medical staff and UK nursing staff treating patients by early 1994. While this hospital was intended to be private, ultimately it became part of the Scottish National Health Service and is now The Golden Jubilee National Hospital—the flagship hospital in Scotland.

After completing this project, my husband and I returned to Boston in 1995 and helped to establish Harvard Medical International (HMI), a subsidiary of Harvard Medical School, to provide medical education, clinical trials, and hospital development internationally. My husband and I focused on hospital development and worked on projects in a variety of countries, including India, Abu Dhabi, Qatar, Taiwan, Singapore, and others. Unfortunately, I lost my husband to prostate cancer in 1997 and took a year-long break but then went back to HMI and spent the next several years working predominately in India. I helped develop a private health care system in New Delhi, called Max Healthcare, which has expanded and thrived over the years. During this time, I also worked with Joyce Clifford on her Institute for Nursing Healthcare Leadership, which also did international work.

By 2003, I found that all the international work was not as much fun without my husband. That finally brings me to why I am where I am today. In 2003, a colleague from my days at UCSF contacted me about acquiring Bates and Associates, a company that had been operating in Philadelphia for 15 years, primarily doing executive search for middle management nursing positions. As someone who is always up for a challenge, I decided to go for it. I had been working on entrepreneurial ventures and operating pretty independently for years by then and couldn't see myself going back to a traditional role. I didn't set out to start a management recruitment business, it came to me, and I wanted to expand and enhance it. It is now 15 years later, and I have been able to elevate the level of

executive search to only CNO and director-level positions, and added interim management services, coaching, and consulting services. My real interest has always been consulting, which I had been doing for many years in various roles. My passion is nursing workforce and financial management consulting services.

In February of 2017, I sold Kirby Bates to Jackson Healthcare, a truly amazing company that owns 18 different companies in the health care staffing space. Each company operates independently but benefits from being part of a very successful private billion dollar company that places the highest emphasis on giving back through a variety of charitable works. The Jackson Healthcare founder, Rick Jackson, is unlike anyone else I have met in business. His highest value and that of the company is “Others First.” Although the sale of the business is part of my succession plan, I am committed to leading the company at least another 3 years, at which point I hope to be CEO emerita and continue to promote the business and do what I like most—supporting nursing leaders in making a difference in the lives of their patients and their staff.

This is a long way of saying, I have liked being in leadership roles since my earliest health care days, and I love the variety and entrepreneurial opportunities that this wonderful nursing profession has offered me.

RS: What do you find is your most pressing issue at this time?

KK: From a business perspective, the most pressing issue is developing and implementing a KBA succession plan that continues the growth of the company. I want to make sure the company is positioned for success for many years to come—well beyond my involvement.

From a professional perspective, my most pressing issue is to address nursing workforce planning and the age-old problem of nurse staffing. I have been in nursing leadership positions for over 40 years, and nurse staffing has always been one of the biggest challenges, and one of my biggest interests. Making sure the right number and mix of staff are available at the lowest cost

to meet both patient and staff needs is, at best, a difficult task. I would really like to have an impact on this issue in my professional lifetime.

RS: How do you plan to address this?

KK: From the business perspective, I am in the process of developing the KBA succession plan and plan to have it complete within the next 18 months. One of the tools I am using to evaluate potential successors for my leadership team is the Predictive Index tool. I have come to rely on this tool to identify the characteristics I am looking for. I want people who provide high quality, cost-effective services, who are innovative and able to “think outside the box,” and who are able to “sell” our services. This combination is not always easy to find, but I am committed to finding team members with this profile. As the expert in PI [performance improvement] who I have worked with told me, “Don’t settle; getting the right people in the right seat on the right bus is just too critical.”

From the professional, workforce perspective, I am working with a Jackson Healthcare “sister” company to offer improved and lower cost contingent workforce solutions, including vendor neutral VMS [vendor management system] and MSPs [managed service providers], and system-wide internal resource pools. I am also hoping to add predictive analytics to the KBA toolbox to determine the best possible staffing at the lowest possible cost and the highest staff satisfaction. More to follow on that!

RS: How do you, or did you, determine success?

KK: There are multiple ways I measure success, but at the top of the list is high client satisfaction and positive outcomes from our work. I seek long-term relationships with clients, not “one-off” engagements. There is nothing better than being asked to do a nursing assessment and then implementing the recommendations by placing new permanent and interim leaders, coaching internal leaders for success, and then ultimately seeing positive outcomes in patient and staff engagement, improved quality scores, and increases in P4P [pay

for performance] reimbursement. There is nothing better.

Of course, as a business, I have to look at year over year growth in business and revenue. I believe that if we have positive outcomes and referrals, the growth will follow, along with the inevitable marketing and outreach work.

RS: What would you like to share with our current nursing as to what you have learned during your career?

KK: I have learned a lot during my long and rewarding nursing career, but most of all, I have learned that I couldn’t have made a better decision than to go into nursing. The opportunities and rewards are endless if you just put your mind to it. I have worked in community and teaching hospitals, nationally and internationally, as a nursing leader in not-for-profit organizations and my own business, held leadership positions in professional organizations, and worked hard to make a difference professionally—and found rewards in them all. My professional colleagues and networks are my most treasured assets and will never be taken for granted.

Thank you for the opportunity to share my journey.

RS: What a fascinating career, and you have provided much leadership to health care and made a huge impact. Thank you for your excellent work and for agreeing to be interviewed for *Nurse Leader*.

Roxane Spitzer, PhD, RN, MBA, FAAN, is Editor Emeritus of Nurse Leader, in Stuart, Florida, and a member of the board of directors of Onsonble. She can be reached at roxane.spitzer@gmail.com.

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