

# Leader to Watch

## *Jerry A. Mansfield Interview*

M. Lindell Joseph, PhD, RN, FAAN

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Leadership is a journey, particularly for individuals who influence patient care delivery in hospitals and health care systems throughout the globe. For the nurse leader, it is a daily focus on a myriad of fronts including staff engagement, patient experience, quality and safety and financial performance. Dr. Mansfield made the decision to become a Registered Nurse because of the difference one RN made during his hospitalization as a teenager. This leadership profile offers one leaders' perception of current challenges and opportunities in the industry; a time of unprecedented and transformative change in health care.

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**MLJ:** It is evident that you have a passion to lead. What drives you to lead?

**JM:** My “drive to lead” likely originated from watching my grandparents and parents serve our farming

community as grocery store owners. The Mansfield Super Dollar was the only option for food in our rural community during the 1950s to 1970s; leading efforts to serve and improve the community was just part of the commitment I observed from my family at a very early age.



I believe health care needs change and I believe health care providers can change it. I am passionate about empowering staff to transform care delivery and I try to provoke change by continually asking, why do we do it this way; what might we do differently? We owe it to our patients, families, and communities through advocacy, influence, and knowledge to help them live the healthiest lives possible. While we cannot change everything for everyone, we can certainly influence how people respond to their health challenges with care and compassion.

**MLJ:** What one thing do nurses need to do to be the best leaders in health care?

**JM:** First, listen carefully and thoughtfully to a variety of stakeholders and realize that your lived experience as a nurse, while important, is only one part of a larger equation when tough change is necessary. Put down your electronic devices, and engage fully and contribute in conversations, meetings, and discussions.

**MLJ:** You are known for fostering innovative models of health care delivery and having courage. What advice would you provide to your peers about becoming courageous to

enable change in difficult and new circumstances?

**JM:** The Cowardly Lion in *The Wizard of Oz* learns that what he thinks he lacks, he already has; he just needed a push and a group of spirited friends that believed in him to turn his perception. My “courage” comes from an inspired belief that it is possible to improve our work environments. However, there are so many priorities and challenges, it is so easy to get caught up in the chaos. When I find myself getting mired in my own self-doubt or worry, I can quickly get back on track when I see the exquisite work of our nurses and care team members delivering excellence in care. Such observations can be shared and leveraged in meetings when staff say, “I can’t.” Sharing that people “can” and “do,” and produce outcomes that matter can inspire others to the power of yes/and versus no/ but thinking.

One of my favorite experiences at work is to attend a meeting and listen for the dissonance. When providers give all the issues and reasons why something is a problem, I seek connections among individual input and try to reframe it for a new consideration. One of my tactics is to also end a meeting that is not productive. I recently attended a meeting, and someone suggested that we were once again discussing a problem

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that had existed for years. I mistakenly thought it was a contemporary issue! I then offered a question as to: a) “why” are we meeting; and b) “why” was I the only one taking notes and believing we were there to problem solve? It appeared to me we were not “all-in” to resolve the problem! I suggested we cancel the meeting. Interestingly, folks began to take notes and participate!

**MLJ:** Based on your past leadership experiences in quality, research, and evidence-based practice, what types of support systems should health care organizations provide to sustain a nursing research program?

**JM:** The right leader in each domain is critical, and it can evolve over time. Secondly, you must create tangible evidence and outcomes that the work in those domains matters and directly impacts organizational goals. Research, quality, and evidence-based practice obviously impact staff engagement, financial outcomes, and patient experience. However, not everyone has that perception or insight; merely saying they impact outcomes is insufficient. Therefore, all those outcomes should be quantified and articulated to other senior leaders, thereby informing them of the influence and impact of nursing; the essential contribution of that work for organization’s success. Once the influence and impact of nursing is better appreciated, support systems can begin to emerge from that new understanding. I think too often we seek to create a grand plan that costs a lot of money and/or increases staffing requirements. You must start small and build the influence over time.

**MLJ:** How did your career experiences influence you to become a member of the Board of Directors for Friends of the National Institute for Nursing Research?

**JM:** I am so blessed to have been chosen as a Robert Wood Johnson Executive Nurse Fellow in 2005. Through that leadership development opportunity, I joined a network of trusted nurse colleagues in public health, education, and care delivery. Those experiences and relationships framed my views of health care along with outstanding leadership development from leaders within and more importantly outside of health care. I was honored to lead the transition as president to a 501(c)(3), known as NurseTRUST. It was through those relationships that I was asked to offer a care delivery perspective for FNINR. It has been an honor to participate and assist Dr. Karen Drenkard and Dr. Connie Delaney in this effort.

**MLJ:** As you look toward the future, what advice would you provide to peers who are exploring relationships and partnerships across

practice, the health care industry, and academia?

**JM:** Every moment, every e-mail, every interaction matters when exploring and establishing relationships and partnerships. Peers in this space and journey soon realize that they are always being observed—it is part of the day-to-day journey of leadership. Being present at events, listening more than speaking, and genuinely demonstrating caring about others and what they offer can go a long way to create new practice, industry, and academia partnerships. Once at the table, thoughtfully step forward when you can help bridge gaps among what some people believe are silos. Individual leaders, skilled in relationship building, make new things possible.

I observe continuously and look for opportunities to make a connection. As an example, I attended a meeting yesterday and made a comment that got a nonverbal reaction from our university president. I perceived he thought I was not in agreement with his views. During a break, as he was leaving the room, I approached him, thanked him for his presence and input, and offered clarification on my comment in response to his reaction. We quickly reached a mutual understanding and then discussed a positive potential for the future.

**MLJ:** What new executive leadership challenges are facing the field of health care? How should executive leaders navigate these challenges?

**JM:** In many presentations and communications (verbal and nonverbal), I continually try to demonstrate a sense of “possibility” in the future. It is not easy—believe me. When I sit down and look at what we are facing, frankly it’s overwhelming. Yet, is that not why we are here? Based on what we have learned, what we know is broken in our health care delivery system, it should be no surprise we have got to propel change. Within that need for health care transformation, we will either lead or be led by those challenges. I think a strong network of trusted colleagues can make a world of difference; if you do not have one, get one! Call me and we’ll start that conversation!

**MLJ:** Other industries (e.g., Amazon, JP Morgan Chase, Berkshire-Hathaway, etc.) have made broad statements that they can transform health care delivery. How should health care leaders respond to other industries like Amazon or Chase who believe they have the solutions?

**JM:** I am quite certain that today’s thoughtful health care leader knows that the US health care delivery should transform. Large employers may be skeptical about how we deliver care to patients with ever-



### Snapshot

**Name:**

Jerry A. Mansfield

**Hometown:**

I was born in Continental, Ohio, and currently live and work in Charleston, South Carolina.

**Current job:**

Executive chief nursing officer and chief patient experience officer at the Medical University of South Carolina Charleston.

**Family:**

I met my wife Jane during summer employment at Cedar Point, an amusement park in Sandusky, Ohio, and we have been married 32 years. I have 2 sons, Erik (Arizona) and Evan (Ohio), and a new furry addition named Brady.

**Education:**

Diploma in nursing from St. Vincent Hospital School of Nursing Toledo, Ohio; bachelor of science in nursing from Xavier University in Cincinnati, Ohio; master of science with a focus in nursing administration, chronic illness and community health; PhD in public health—both graduate degrees from The Ohio State University in Columbus, Ohio; and board certified as an advanced nurse executive with the American Nurses Credentialing Center.

**First job in nursing:**

I started my career as a staff nurse in orthopedics at The Ohio State University Medical Center in Columbus, Ohio.

**What people, philosophy, books have influenced your thinking:**

My nursing education influenced by the Sisters of St. Francis, the Grey Nuns, and the Jesuits were foundational in my early years. Two extremely influential nurse leaders, Mary Jo McElroy and Judy Gilliam, were true role models of how to lead

and be accountable for nursing practice. More recently, the Ecologic Model of Health Behavior Change is a lens through which I view social determinants of health—we have much work to do!

**My best advice to aspiring leaders:**

Network with trusted colleagues and be open to transformative feedback...as difficult as it sometimes is to hear.

**One thing I want to learn about or do:**

Retire and be an artist.

**One word to describe you:**

Tenacious.

**One word that best describes your leadership:**

Connector.

**Greatest accomplishment:**

As president, I led the successful transition of the Robert Wood Johnson Executive Nurse Fellows (RWJF-ENF) Alumni Association to an independent 501(c)(3) now known as NurseTRUST, whose mission is to engage nurses in life-changing leadership and vision: we transform health and health care. This is an extraordinary group of nurse executives poised to expand membership!

increasing costs and variability in patient outcomes across the county. Rather than view the interest and influence of large employers like Amazon, Chase, and Berkshire-Hathaway as a threat, I think we could leverage this call-to-action. We may think those companies underappreciate complexity in health care delivery. However, as those industries attempt innovative solutions, some may succeed, others may fail—in the end, we all will learn. We should embrace the challenge ahead and increase our efforts to create health care delivery options that provide: right care, right time and lowest cost. Bending the cost curve in health care should be a win-win for all citizens in our great nation.

**MLJ: What wisdom would you would like to share?**

**JM:** One of the areas I am most interested in exploring with others are structures and processes to engage patients and families in their health care journey. In one of my roles as chief patient experience officer, we spend a significant amount of time working to improve patients' perceptions of our care delivery system (i.e., what I call "lagging indicators"). Recently, we turned our full attention to the question, "Would you recommend MUSC Health to your family and friends"—tracking the percent of patients who respond, "Yes, definitely." What I like about that true north question (i.e., would

you recommend) is that despite our parking, environmental challenges, and all the reasons we think they would not have a satisfactory experience, they still believe in us. That helps me come back every day and do the work we have been given to do. Every day is another chance to do it a little better. As I tell my team, one day, I will be in a patient room or procedural area, and I will hope that I have helped create the environment that I will one day receive the care that I would want for everyone here at MUSC Health.

M. Lindell Joseph, PhD, RN, FAAN is clinical professor and the MSN/CNL program director at The University of Iowa College of Nursing in Iowa City, Iowa. She currently serves on the AONL Foundation Board of Directors for nursing leadership research and education. She can be reached at [maria-joseph@uiowa.edu](mailto:maria-joseph@uiowa.edu).

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