Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the international year of the nurse and nurse-midwife, and what a year that was. This podcast is dedicated to the telling the stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm your host Jessica Spruit, and I'm so glad you're here. Welcome to Nightintales, I'm glad you're listening to us, again, today, and I'm really excited to introduce you to a guest that we have for us today and we have Dr. Cindy Zolnierek and she brings to us a really unique perspective from really a career of leadership.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And, so, I'm excited to introduce you all to Dr. Zolnierek and to hear about her story, and learn pearls about nursing leadership. And, also, she is currently serving as the Chief Executive Officer of the Texas Nurses Association and so, I think we can also have some good conversation about what it means to be part of a professional organization and what it means to be an executive within such an organization. I know, this is not something in Dr. Zolnierek, I told, I kind of confessed this to you. This isn't a traditional nursing role that I think about it, it's certainly nothing that they told me, I could prepare for in Nursing school, but one of my colleagues really highlighted what an important opportunity this is within the nursing profession as well, to have a leadership role such as this.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

So, I'm so glad that you're taking your time with us today, and that you're here to share your story. Thank you.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Well, thank you very much. I always, when I speak to young nurses, and sometimes, faculty will tell them, "you've got to plan out your career and have all these milestones," and my advice is - have a good enough plan. Know what you like to do and know what you're good at, and look for opportunities, and be open to those opportunities, because I never imagined that I would be in a world that I, I currently am.

Guest: Cindy Zolnierek, PhD, RN, CAE:

However, I can see steps that I made throughout my career that prepared for this role. I graduated from Mercy College of Detroit, which is now UofD Mercy.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative)

Guest: Cindy Zolnierek, PhD, RN, CAE:

And, returned to my home community in northern Michigan, up here in Michigan. And got married. And I worked for that community hospital, and, at the time, you had to work three different departments. And that's how they managed their staffing in it, in the rural area. So I worked pedes, med/surg, and mental health, which was my, the area that I was most interested in.

Guest: Cindy Zolnierek, PhD, RN, CAE:

About a year, out of school, and sooner than I had intended to go to graduate school, though I'd knew I always wanted to. Wayne State University got a grant, to ground their graduate nursing program to Traverse City. So, while I was contemplating graduate school and knew that I would have to travel, either to UofM or to Wayne State, which was five-hour drive - half of it on two lane roads - and here there was an opportunity to go to Traverse City which is only a three hour drive. I applied. I never thought I'd be admitted...

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And then, I'd never thought I'd finish. But I did. One foot after the other, and before I knew it, I was done, with a degree in Adult Psych Mental Health nursing and there was a position open at the hospital in Alpena for Clinical Nurse Specialist.

Guest: Cindy Zolnierek, PhD, RN, CAE:

There aren't many Clinical Nurse Specialists around any more.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Guest: Cindy Zolnierek, PhD, RN, CAE:

At the time, the Nurse Practitioner role was very, very new, and I don't even think Michigan State had opened a program, that was the first program, that opened in Michigan. But, that was my favorite role ever. So, in that role, I was an educator. I [inaudible 00:03:57] a lot of education and staff development. I also worked a lot on the community. A lot of programming for the community, and then I helped tackle stress management, managing of chronic disease, I did consultative liaison psychiatry, so if a patient was admitted in the med/surg ward and had a [inaudible 00:04:20] of psychiatric illness, I could help the staff there.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Incorporate the mental health needs of that person into the plan of care. Also did education, hospital wide...

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

Mental health needs. I did therapy. At the time, we weren't prescribing, but I was educated in the different modes of therapy and did conduct therapy on the internet. Favorite, favorite, job ever. Loved, loved, loved it. [crosstalk 00:04:49]

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love hearing that. I think we don't see a lot of Clinical Nurse Specialists necessarily, especially, in smaller institutions, but, just for the listeners, just want to remind you, there's four different types of Advance Practice Nurses, right? So we have, our certified Registered Nurse Anesthetists, we have our certified Nurse Midwives, we have Nurse Practitioners, and then we have Clinical Nurse Specialists - which is what Dr. Zolnierek is describing here - and I think one of things that stands out to me as the most unique element of this role, is that education and that partnership as an educator with the staff in the hospital, with, as you're describing, consulting units, with patients and families.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I mean, I think of what an instrumental role CNS' have in helping people adjust to new diagnoses, and adjust to needing to care for themselves in a different way, and I think that, that's such a critical role of a Clinical Nurse Specialist, among others, Dr. Zolnierek, I appreciate that explanation, it's really helpful.

Guest: Cindy Zolnierek, PhD, RN, CAE:

There was a lot in, and I know, many nurses loathe the Nursing Care Plan, but in [inaudible 00:05:54] health, at that time, we had patients for, seven, one-to-two weeks make the stay. And so, the Nursing care...the clinic care really was a team plan of care. I did a lot of consulting on that, especially with their more complex individuals that may have had a lot of behavioral issues that I could bring that expertise to really help support the individual nursing staff as well as the whole team, so yes, one of my very favorite roles ever.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And I think now, there's really opportunity for that role in Chronic Disease Management, because that's also is an aspect of that. Well, this was the early '80s, mid '80s and around that time we had one of the first major shakeups in Healthcare and that was the introduction of the DRGs, Diagnostic Related Groups.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Prior to that time, hospitals were paid for each day that the patient was there. So, if there's a head in a bed, hospital got paid through charges. This really flipped that on its ear and said, "no, we're going to pay you this much, for this diagnoses, and hospitals, you figure out how to manage."

Guest: Cindy Zolnierek, PhD, RN, CAE:

So with that were many changes in this hospital. Including the elimination of my job. So I was a non-productive person or position, because I didn't count into that hours/patient/day figure.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, I documented the value that I provided and the outcomes that I had achieved and what I could continue to achieve, but it didn't change the outcome. At the same time, in Michigan, had, Michigan had adopted Community Mental Health Model with trying to push services to communities and funding those Community Mental Health centers to provide care for people with mental illness.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So you see the State hospitals closing, and moving that care to the communities. At that time, there was really a disincentive for hospitalizing patients. We saw our census go way down, we had focused primarily on our local County, and the hospital was considering closing the Mental Health Unit.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So I worked on a proposal and I worked with the staff on the unit and other professionals on the unit, and the proposal, for strategy that would make financial sense to keep the unit open. It did involve contracting with different companies in Northern Michigan who, now had to find a local Mental Health Hospital versus a State Hospital that hospitalized a patient.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

So we could contract with community Mental Health agencies to be that organization that would care for their patients and fill up our unit, provide cost-effective care, and support this community based system.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Anyway, I took that proposal to my boss, and she was let go, as part of this reorganization, so I went to the Doctor of Nurses and she was also let go as part of this reorganization. So I ended up at the CEO's office and it ended up on his desk and he said to me, "I like this plan, I think it's a good plan." And I was so excited, cause I thought, "now I can have my old job back."

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

He says, "and I think you're the one to implement it." I said, "no, no, no, no, I don't want management, I just want what I was doing before. Have my old boss do that job." And he insisted. So I thought, well, I'll do it for a year and then I'll show them why they need my old job back.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Well, ten-years later, I was still the Director of the Mental Health program, there. And in those years we did develop a very strong program for Northern Michigan, and we contracted with 33 States to provide care for their patients who needed acute mental health services. We had a short length of stay, we had a perfect Department of Mental Health survey one year, which I was very, very proud of. So I felt really good about that program.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

I was also looking for some challenge and an opportunity came up, at that same hospital, it was the only one at the County. The only one of its size between Bay City and, gosh, I don't know how far north you have to go. So, there's an opportunity to be the Clinical Director of Communication Services. So, in that role, I had, I didn't have out-patient, I didn't have surgical services, but I had women's health, and med/surg, and ICU, and the inpatient services. And I had the opportunity, when I was the Director for Mental Health, I was a clinical expert, and I was a novice manager. So I was learning the ropes in terms of leadership.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, in this role, as a Clinical Nursing Director over non-psychiatric departments, I had some leadership expertise at that time, but I was no longer a clinical expert at all. I had been away from those areas for, at least, for over 10 years. So I had to really rely on the clinical staff to advise me of what their needs were, and then my role were really supporting them in their work - to make sure they had the resources and support they needed to do their jobs.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, I really appreciated learning that. Then I got remarried to a hometown boy, but he was living in San Diego. So, I moved to San Diego, and had a short stint in a for-profit organization, again, it was a small hospital, mostly focused on site-services, which I was the director of. And I learned an important lesson. When I had worked in Northern Michigan, I'd worked for a community hospital, non-profit, it was an organization that really lived its values and saw itself as a resource for the community.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And this organization, the first organization I went to in San Diego, its mission, vision, and values, were truly just words on paper. And there were a lot of unethical practices, and what they wanted from me was not to improve the safety and quality of care, but instead to watch that bottom line, and make as much money as possible. And there were some unethical practices, so I didn't stay there longer.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And instead I went to another organization, a non-profit system in San Diego, that did live its values. It was a great organization. And, my role there was, I started as Director of Inpatient Services. But, in a short time, I was a Chief Nursing Executive for that. It was a small hospital, a hundred and fifty beds. It was the eastern most hospital in the San Diego County. We had the busiest Emergency departments in San Diego County. I think because we were the east-most, we got a lot of people who lived in rural communities, who did not have any healthcare services.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So they came to our E.R. when they'd be compensated and they'll get a low case mix index, they needed a lot of service, so we were very busy. That really was part of an organizational turn-around. I had a nurse as an administrator, she had the [inaudible 00:13:39], she got promoted to the administrator and I got promoted to her position. And we went from a lowest rating of staff satisfaction, vision satisfaction, and joint-commission scores, I don't think joint-commission gives you a score anymore, but back then they did.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Guest: Cindy Zolnierek, PhD, RN, CAE:

We were the lowest in the system, and we went to the highest in the system. But one area, that we, weren't able to improve was financial performance. And that had mostly to do with our [inaudible 00:14:09]. We had, lot of uninsured patients, and we had a very low case-mix index, and we couldn't meet the bottom line. So the system, the Healthcare System, decided to close that hospital. And couple things I learned.

Guest: Cindy Zolnierek, PhD, RN, CAE:

One was, the way that the organization played out their values is they tried to place every employee, and it didn't matter if you were a nurse, and there was a nursing shortage, so you were really valuable, or you were a housekeeper, or you were a maintenance worker, or you were a radiology tech. They tried to place everyone, and if they couldn't place you in the system, or if you don't want to travel to be placed in the system, they... we even looked with competing hospitals to place many of our employees as possible. And I really felt good about that.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

Alas, I was also without a job. So, I found myself, interviewing, and I landed up at our mothership hospital of the system, in a role that was Administrative Director for Ancillary and Support Services, which basically I had the inpatient areas of women's health - which was labor and delivery, delivery post-partum, [inaudible 00:15:25] and a level three NICU. All that other, well and I had skilled nursing, we had a skilled nursing unit and I had that. And then all my other areas were, primarily, outpatient, or the ancillary services, like laboratory, and radiology imaging, and pharmacy, and those different departments.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So again, I had to really learn and develop my leadership, in areas, not only were these departments not my clinical specialty, they weren't even nursing.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. [crosstalk 00:16:03]

Guest: Cindy Zolnierek, PhD, RN, CAE:

And you know what, ever heard with attitudes about, "oh the lab never does this right, and radiology we'll be needing that report, and [inaudible 00:16:15] and why can't pharmacy get me my drugs on time." Guess what, those departments have frustrations with nursing too. So, I really had that opportunity to try to bridge that gap, and try to help us all convene around the goal that we all want the best for the patient. And let's appreciate that in each other, and look for where we have opportunities to really optimize our effort, to achieve that goal.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And, I love that role. And, again, I assumed. I don't know what they do, I always put in my practices than to shadow, put on scrubs and shadow people. It's amazing what you learn and come to appreciate, and be the conduit for, kind of, talk the nurse speak, and radiology speak, and trying to help everybody understand. So, I really enjoyed that role.

Guest: Cindy Zolnierek, PhD, RN, CAE:

For a number of reasons, I decided to step away from that role. And for the first time in, I don't know how many years, over 15 years, took a position that was not a line position, was more of a staff position - in that I didn't have anyone reporting to me.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And that was a newly created position which was a Coordinator of Academic Affairs and Student Experiences. This was the early 2000s, and this organization had determined, and we had shortages on every area. We had shortages of PT, we had shortages of radiologists, radiology techs, of medical technologists, of nurses, and so the organization determined that, the way we're going to [inaudible 00:17:58] staff is by being the burning organization of choice for students.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So we wanted to make sure that student that came to us, had the best possible experience.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And so we [inaudible 00:18:15] of partnering with managers on every unit, managers in different clinical departments, in physical therapy, occupational therapy, speech, all these different areas. To really support that vision, that they are going to open their doors and do as much as they can to really support positive student experiences, so, that was part of my goal.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Also, we participated in the County and negotiated with clinical experiences, trying to...and I know this is still a challenge, when you're trying to get students into clinical, all the pre-work that has to be done, to meet all the regulations. How do we streamline that as much as possible, so that it's easiest and safe, meets organization's needs, but also is streamlined.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, that gave me some, again, wonderful connections. We had, nursing students from as far away as Boston, Massachusetts, who had a...who had come in June... they had a, oh I can't think of a name for it. A work study program. So, Boston, Massachusetts, they had a work study program, where students went to school six months on, and six months off.

Guest: Cindy Zolnierek, PhD, RN, CAE:

In your off time, they came to San Diego and they worked as, basically patient care techs.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And they got a lot of a clinical experience and with the idea that we could hire them when they finished. So, anyway, that was a wonderful experience. I also managed, a new graduate program. We, this is a three-hundred and seventy-five bed hospital, we hired a hundred and twenty new graduates at one time.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my goodness.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, on top of that, we had a tremendous number of nursing students. Again, but, everyone was bought into the mission that this is how we're going to hire younger folks. So the students had to have a great experience, and the new grads had, had a good experience.

Guest: Cindy Zolnierek, PhD, RN, CAE:

We had a preceptorship program, all of that, old [inaudible 00:20:28], that's 20 years ago. But, anyway, that was a great experience. I was then looking at getting back into leadership position and had actually had a job offer for CNO of a psych hospital that was, a competitor of the system I was in actually.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And at that time a number of converged in my personal life and my husband had a business opportunity, so I was considering my job change, and we decided to move to Austin, Texas. So we moved here.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And first time I moved without have a job lined up.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Guest: Cindy Zolnierek, PhD, RN, CAE:

That was kind of scary. So, I had some time wood refinishing of some furniture and do some things while I was on the job hunt. But I find it difficult to kind of penetrate leadership positions in a city where I was an unknown. And plus I wasn't from Texas, and I was from California. And Texas isn't real keen on folks from California.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Well, I'm really from Michigan.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Guest: Cindy Zolnierek, PhD, RN, CAE:

I was also at that time, I had begun my doctorate. My PhD at the University of San Diego, and I completed three semesters and I was looking at transferring due to Austin, which really means you kind of start over.

Guest: Cindy Zolnierek, PhD, RN, CAE:

But... so I wanted to be careful about what kind of job I took on. To draw myself time for my doctoral studies. So, I saw that, well, the first thing I did, I've always been a member of my professional organization the American Nurse's Association and the State constituent. And that's always been my home base. And I will say that, I think also...so I did when moved to Austin, I had switched my ANA membership to Texas, and I attended a local district meeting.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And at that meeting I met, with Director of Nursing at the Board of Nursing, and I met a practice consultant from a Board of Nursing, and I met a director from a local hospital system, and I met the director of the local State Hospital. So, I made lots of connections, and again since I was a member, they already had an in to that network.

Guest: Cindy Zolnierek, PhD, RN, CAE:

I did notice that the Texas Nurse's Association had a position open for Director of Practice. And I thought, "I've always been involved with my State Nurse's Association," [crosstalk 00:23:19]. And it wasn't California, it was difficult, because the California Nurse's Association seceded from AMA in 1995. Which was a year before I moved out there, and so AMA California was just getting, just getting started. Even though it was a number, they were just barely getting started.

Guest: Cindy Zolnierek, PhD, RN, CAE:

But in Texas, they were very, very active. And in Michigan, when I was in Michigan, I was very active with the Michigan Nurses Association.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

Which now is, AMA Michigan.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Correct.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And so...and I had been a member of the State, different State level's committees, and they loved that engagement. So I thought, "wow, this could be really interesting!" So I interview and I got the job.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And God I love, love, love that job. So as Director of Practice, I took a lot of practice calls from nurses in Texas. Which meant I had to learn the Practice Act, really, really fast and there were some really interesting and unique things in the Texas Nurse's Practice Act. We have Nursing Peer Review as part of the Practice Act. We have something called Safe Harbor. If a nurse feels they're being asked to take an assignment or to do something they think would violate their duty to keep the patient safe. They can ask for Safe Harbor, and they are protected from retaliation, a committee of peers reviews the situation and determines whether or not it really violated that nurse. But there's protections for the nurse. So there's some great advocacy protections, just some wonderful things.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, also in that role the Director of Government Affairs, who also was an attorney and he was a lobbyist, he was a great mentor to me and really took me under his arm and really taught me about policy, and legislation in the State, and I was very active in helping to draft legislation, and testifying legislation, looking for policy solution to problems that nurses were facing. I became a registered lobbyist in that roll.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, wow. [crosstalk 00:25:34]

Guest: Cindy Zolnierek, PhD, RN, CAE:

Yeah it was just really exciting, and trying to, and working with our Government Affairs Committee, getting their involvement, really loved that role.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I don't think we can emphasize enough, how valuable the role of a nurse is in being a voice for nursing and advocating for our own practice. I think that it's so easy to overlook, when you're potentially in the hospital, or another practice environment and your delivering all of this care and your just really giving it...what it feels like, everything you have right, to the care that you deliver. But I think that it's so easy to forget, we also need to advocate for ourselves, and our profession, and our practice, and I think that's one of the many things that we get out of professional organizations such as Texas Nurse's Association or ANA or ANA Michigan as your describing Dr. Zolnierek.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Absolutely. And I'm going to finish my talk, and I'll go edit this part out. That I have a message that I almost always give, when I talk about this. So, during that time, I loved that role, but I finished my doctorate, so I thought I would try my hand at Academia. Now, I've dabbled in Academia, I've taught as Adjunct throughout my career, and always I was enjoying it. Never been full-time. So I was tenure track, I'm full-time, I taught psych/mental health, my love, and I taught leadership and the first year I also taught fundamentals. It's amazing how much you don't forget.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, and then, I think another thing I'll say about influence. When you're a Director of Nurse you influence the care that you deliver. And probably the care of some of your colleagues. And then when you move into a manager position, you have the opportunity, when I was the Director of Mental Health, I could influence the care of all the patients that came through those doors.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And then as you go up in hospital administration you have greater opportunity to influence care of patients. In the policy role, I had the ability to influence the care every nurse in the State provided, because we pass laws. We amended the Nurse Practice Act, that gives nurses their scope of practice. So, tremendous opportunity for [inaudible 00:28:16]. However as a faculty member, the influence is your students, right? And I hoped, that every student would get one nugget that would stick with them, that they would remember.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And, when I taught mental health, most weren't going to be mental health nurses, but I wanted to remember that people with even the most serious mental disorders, they're people first and have the same feelings that we all do, and they have the same desires that we all do. Remember that when you provide care. So I taught for about two and a half years, and then the Executive Director, CEO of the Texas Nurse's Association, she retired, and I had thought about, I thought, well, "if someone reaches out to me, maybe I'll apply."

Guest: Cindy Zolnierek, PhD, RN, CAE:

And sure enough, Billye Brown, who was the founding dean of UT, Austin, which is where I got my PhD. She called me, and probably like many deans, if you know Billye Brown, you don't say no to Billye Brown. She doesn't let you say no. She's 93-years-old, I think, now, but, she doesn't let you say no.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And she called me, and she asked me, "are you replying for this position." I said, "well, I thought out, I thought about it." She said, "well you give it good thought." [crosstalk 00:29:40]

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

You didn't [inaudible 00:29:43] after that, huh?

Guest: Cindy Zolnierek, PhD, RN, CAE:

You don't say no, to dean Billye Brown. So I put my head in the ring, and I was selected as the Executive Director, and then my [inaudible 00:29:55] new position was CEO TNA and that was in 2013, December of 2013.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So, this is, I feel like, is a culmination of my career. I always say, I'm jack of all, master of none, because I feel like I've done so many different things in my career, I'm not like this really expert health nurse, I'm not this really expert CNO, but I've done a little bit of everything, which really suited me well for this roll. So I understand nursing practice in a variety of situations. Inpatient, outpatient, community, all different situations. And I've had leadership. Being CEO is really different. I never had a Chief Operating Officer reporting to me. I never had...I was never in charge of HR, I was never in charge of finance, I have a CFO report to me, I didn't have to worry about organizational taxes.

Guest: Cindy Zolnierek, PhD, RN, CAE:

We own a building, and we lease it, and there's all kinds of legal things there, I have a Legal Officer report to me. So it's way beyond nursing, but it is nursing. So, and what we do and in Texas, as in, I'm sure, the country, there are over a hundred nursing organizations in Texas.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Most of them are specialty, and I belong to several specialty organizations. Yet ANA and my State constituent has always been my mothership, because they're the ones that care for the profession as a whole. So, when I graduated, well before I graduated, at Mercy College, I had a course from Dr. Christine Pacini, who is former dean of UofD Mercy School of...well I think School of Health Professions, or College of Health Professions. She is an alumni of Wayne State, she is also alumni of Mercy College. She taught a course, and it was something like, Women in Politics and Policy, something along that line.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And I was so inspired by her, that the one true professional association who were caring for your profession was not a choice, it was a responsibility. And so, when I graduated, and I went to my small community Alpena, which was a, it was a unionized closed-shop hospital. And I wanted to get involved, and so I told the officers, I said, "I want to get involved," and they were like, "well, we're elected officers, we don't have a position for you, what is it you want to do." And I said, "do you have a legislative representative?" And they said, "no." I said, "well, I'll do that."I'm like, "well, what is that?"

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right!

Guest: Cindy Zolnierek, PhD, RN, CAE:

So way back then I had started and understood the importance of that connection. And like I said, I was very involved in the State Association when I was in Michigan. And I guess the message that I would have for everybody, well one is, keep yourself open for opportunities, because there's tremendous opportunity available, and you might not even know, now there are so many new, there wasn't such a thing as a Nurse Infomaticist, when I was in school.

Guest: Cindy Zolnierek, PhD, RN, CAE:

There are so many new [inaudible 00:33:19] more and more opportunities. That I can't stress enough the importance of your professional association ANA and State Constituent, beyond your specialty organizations. You need to belong to your specialty organizations, but ANA is the mothership, and your State Association, because they care for the profession.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So our practice is regulated at the State level right? And I apologize, I don't recall Michigan history, but I know in Texas, the Nursing Practice Act occurred in 1909, it was two years after 19 women got together, horse and buggy, they got together, and formed the Texas Graduate Nurses Association, and two years later, 1909, they passed the first Nursing Practice Act.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow.

Guest: Cindy Zolnierek, PhD, RN, CAE:

To regulate nursing education and nursing practice. Because they were concerned about safety, about patient safety. That we need to regulate education and we need to regulate the practice. They weren't even able to vote yet, and they were able to pass a law, that's pretty darn impressive.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That's an incredible history.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Now I don't know about Michigan, but I know in Texas, our practice act does not look like it did, in 1909. It's very different. How did that happen? It didn't happen by magic wand. It didn't happen by the white man at the Capitol. The white [inaudible 00:34:48] Capitol. It happened by nurses going back to the Capitol, year, after year, after session, after session, after session. With legislation, and getting legislation passed to change that Practice Act. To change nursing's scope of practice.

Guest: Cindy Zolnierek, PhD, RN, CAE:

And so, when we graduate from Nursing school, and we pass our Boards, and we get our license, we inherit a scope of practice, that's defined by your Practice Act. But what did we do to deserve that? We didn't. It's all the people that came before us. On their shoulders that we stand, and we're able to practice according to that scope. And I believe, it's our responsibility, now, to continue to contribute to that Practice Act, and to our scope of practice, by being active in our State Association to advance the profession for those that come behind us.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So that's my message to everyone, is you need to pick up that baton-

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And you do that through your involvement with professional associations. And you may think, "oh, that doesn't have anything to do with the care to my patient." Well, yes it does. Everything you do, within your license is because of policy and legislation.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So...

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, I totally agree with you. And like I said it's something that's easy to forget about, right? We're busy, we feel spread thin, we're learning new jobs, we're being asked to change with this climate of environmental...the environments that we work in are evolving so rapidly, but that work never takes a day off. I think you're absolutely right.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm curious, Dr. Zolnierek, if you have a suggestion, just a quick, if somebody's a newer nurse, or someone is not yet involved in policy, and advocacy, is there anything that you would recommend to kind of dip their toes in and get them acclimated to a way that they could start to be this influence? That they can start to pick up that baton next?

Guest: Cindy Zolnierek, PhD, RN, CAE:

I would say to contact ANA Michigan.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

Some of my colleagues, that I recalled from when I lived in Michigan, are very active, in ANA Michigan. And I'm sure can guide you in that process or get you involved in that process. And there are all different ways to get involved. We are not...I know in Texas we have, and if you want to visit Texas Nurses Association dot org. We have lots of resources on our website. We have nurses in office, some nurses want to run for their School Board, or the Local City Council, or run for...to be a representative, or a senator. Some want to work on a campaign. Some just want to get to know the legislator, and be a resource for that person. That can be a great start, and some of that was how I started being a legislative representative, where I was just contacting a local policy makers and inviting them to a dinner with other nurses, to talk about policy issues.

Guest: Cindy Zolnierek, PhD, RN, CAE:

So there are lots of ways depending on what your comfort is. But I'm sure, ANA Michigan can help out.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That's a great suggestion, I know, just in my own journey of trying to become more effective in that role, I've found that there are a lot of people who are really good at it, who are willing to mentor you. Who are willing to support you and walk into that legislator's office with you. And they answer the questions the first time. They facilitate the conversation at dinner, and then you learn. You know, when you think about it, these are just people too, and there are people making laws about things they may not have a lot of knowledge about.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And so, if you can mobilize, "we are the most trusted profession." If you can help them recognize why we are the most trusted profession, then they can recognize that you actually know what you're talking about and have a lot to offer. They're looking out for the best interest of their constituents too, hopefully, just like you are. So, we can form that partnership and be really effective.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Exactly. And it isn't only about going to your representative or senator, and saying "I want this. I want you to do this." It's about saying, "hi, I'm Cindy, I'm a constituent of yours, and I'm a nurse and I want to be a resource for you. So if you have any questions about any policy matter related to healthcare. I'd like to be a resource for you." And like you said, as the most trusted profession, they'll reach out to you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And, if you're State organization knows that you are interested, because often, legislators, they want to hear from their constituents. And if I know, that constituent of Representative Joe Moody, who's a Representative in Texas.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure.

Guest: Cindy Zolnierek, PhD, RN, CAE:

If I know Joe Moody has a question about something, and I know this constituent is interested in being involved, I'll reach out to that constituent and say, "here's resources you may need, would you contact Representative Moody and provide to him?" Because they really want to hear from their constituents.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative). Yeah. It's such a powerful place to be if you look at it that way. Right? It's such an opportunity. To, as you said, have such a great influence over something that's just so critical. Right? The care that we provide patients and their families. But to influence it on such a large scale and become a trusted resource and a voice for our profession, is really an exciting opportunity I think, more than it should be, an intimidating burden. Right?

Guest: Cindy Zolnierek, PhD, RN, CAE:

Yeah, even building on that most trusted professions, we had a Government Affairs person, who's an attorney that we had hired into TNA, and he was meeting with a Policy Council, which are...they can vet our policy positions and make recommendations. And he came to me, it was his very first day, which he said, "they're not saying nurses, nurses they deserve, it's all about the patient." And I'm like, "that's right." And he was trying to get us to advocate more for nursing, I mean it's just, nurses can't do that without mentioning the patient.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And that's kind of...I think that's why that we're the most trusted, because we cannot talk about policy without talking about patients.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And legislators, we don't need to know all the legislative, political, stuff. We know nursing, and just offer to be that resource, because you know that, and you are trusted, because you have the patient's best interest in mind, and they know that. It is a powerful position.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right, and if we can mobilize it. We really...we can really change things.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Yeah, one of our biggest challenges, and we have a slide in Texas, I don't know what the Michigan stats would look like. But in Texas, 90% of physicians belong to the Medical Association. So, even though there's only 50,000 physicians in Texas, and there are over 350,000 nurses in Texas. They outnumber us. So we don't leverage our strongest aspect, which is our numbers.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And that's... one in four [inaudible 00:42:40] is a nurse. That's pretty powerful. But we don't leverage that because we don't belong. We don't get together. So, we have tremendous opportunity, if we would just use it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

[inaudible 00:42:53] Zolnierek, I'm so inspired by this conversation again, I have always been a member of ANA as well, because I do believe it's my home association, and the voice of every nurse I know. So, my mom, my best friend, my aunt who we all may have different roles in nursing, that's our one voice though. That's what speaks up for our whole profession.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And I am a member of the specialty organizations as well, but, you have ignited, kind of a refreshed passion and excitement for this work again. And for this work in a professional organization. I so appreciate your inspiring message and your dedication to our profession and the influence that you have had over these years.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Well, thank you. It's been...it really is an honor, it really is a privilege to be in this role because, in a lot of the questions I had when I interviewed for this position was, "there's a lot of power in this position, how will you utilize that power?"

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And I thought, "what I hope to do, is make the environment better for nurses because I know that way patients will benefit."

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm (affirmative).

Guest: Cindy Zolnierek, PhD, RN, CAE:

And I think that, any nurse, I think, would respond that way.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. It makes me think of exactly what Florence Nightingale's intentions were. When you think of her most fundamental and most basic of changes in the interest of the patient, and making the environment better for the patient. It doesn't always mean open windows and clean sheets. It also means in safe hospitals with appropriate technology and resources and I think...but it's all the same, we're all still looking out for the well-being of the patient.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Well this has been such a pleasure to speak with you today. I am so grateful for your time, and all of this wisdom that you've shared with us and I hope you all listening will, A, start with a good enough plan while remaining open to all of the opportunities that come to you as Dr. Zolnierek originally suggested. But then I hope that you'll take this invitation as well to engage in your professional organization and influence the future of nursing for decades and centuries to come.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

So, Dr. Zolnierek, thank you so much for your time today.

Guest: Cindy Zolnierek, PhD, RN, CAE:

Thank you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they're active in.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

The stories of their career path and progression are not intended to suggest that there's a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.