

Interview With Nancy Borkowski, DBA, FACHE, CPA, Professor in the Department of Health Services Administration, University of Alabama at Birmingham

Nancy Borkowski, DBA, FACHE, CPA, FHFMA, is a professor in the Department of Health Services Administration at the University of Alabama at Birmingham (UAB). Dr. Borkowski has more than 20 years of experience in the healthcare field and is the author of several textbooks that are used both nationally and internationally in graduate and undergraduate administration and nursing programs. Her research has been published in numerous prominent journals in health services administration, management, and organizational behavior.

Dr. Borkowski is the recipient of several awards, including ACHE's Exemplary Service Award and Distinguished Service Award. She also is a two-time recipient of the ACHE Southern Florida Regent's Senior Career Healthcare Executive Award, which recognizes individuals who have made significant contributions to the advancement of healthcare management excellence.

Dr. Kash: *You began your career as a certified public accountant. What attracted you to the healthcare field and to academia specifically?*

Dr. Borkowski: After 10 years of working in public accounting at national and regional firms, as well as in my own practice, I decided to transition into the private sector. The question was, in which industry did I want to focus my energies? Of all my clients, the ones I most enjoyed working with were connected in some way to the healthcare field—hospital executives, physicians managing large practices, and administrators of long-term care facilities. I decided to focus my attention on healthcare and returned to school to obtain a master's degree in health services administration. Over the next decade, I served in various leadership roles with large physician practices and managed care organizations.

In 1995, I entered into a partnership with a physician colleague to own and operate what were referred to at that time as partial-risk primary care provider (PCP) clinics. This was the point at which I found my way into academia. As the administrator for our PCP clinics, I became increasingly aware that the entry-level and midlevel staff we were hiring lacked the knowledge and skill sets necessary for them (and, in turn, the clinics) to be successful. To remedy the situation, I approached a local university that offered undergraduate and graduate degrees in health services administration. The program director asked if I would be interested in teaching to share my knowledge of and experience in the healthcare field. Like many other people, I usually avoided situations requiring public speaking, but I was always up

for a challenge. I accepted the adjunct faculty position and spent the next few months developing lectures, performing research, and writing notes in preparation for my first day of class. When I walked into the classroom for the first time and began to engage the students in discussions of healthcare delivery challenges, I knew that teaching was my life's calling. Fast-forward 20 years, and I still experience that same feeling every time I walk into the classroom. I am blessed and thankful to be able to teach others, conduct research, and provide service in an area that I am passionate about—healthcare—and, more specifically, the efficient and effective delivery of health services. That is how I found my way from public accounting to the healthcare field and finally into academia.

Dr. Kash: *Many healthcare management education programs are moving toward competency-based curriculum and training. What are the pros and cons of competency-based education for healthcare management?*

Dr. Borkowski: Given what I experienced during my practitioner years, I am a strong supporter of competency-based education. Although somewhat new to healthcare management, competency-based education is ingrained in other healthcare fields, such as nursing and medicine. If we think about the definition of competency-based education—development of the behaviors, knowledge, skill sets, and abilities needed to be successful not just in healthcare but in life—it is difficult to find any negatives. However, if I were to identify weaknesses in competency-based education programs, there are possibly two. First, if an educational program focuses too extensively on an immediate employer's needs, it may neglect to prepare students for the uncertainty of tomorrow's world. Second, if the program does not include all stakeholders, it may limit its focus to what healthcare leaders are currently doing and may not take into consideration how the industry will reshape itself 10 years, 12 years, 15 years from now. For example, a program may be successful today in graduating students to be employed in the hospital sector but may not provide them with a broader experience that incorporates the entire industry—primary care, public health, community-based services, post-acute care, long-term care, hospice, and so forth.

During the past decade, much discussion has taken place regarding competency-based education and healthcare management. Many organizations have helped further these discussions. For example, the National Center for Healthcare Leadership developed a competency-based model that is used by many health services administration programs across the country. The Healthcare Leadership Alliance (HLA) brought together six professional associations, including ACHE, to define the competencies needed for individuals entering the profession of healthcare management. The HLA competencies have formed the basis for many programs that developed their own competency models. In 2007–2008, faculty members at UAB developed a competency model in collaboration with three other universities based on the HLA model. The UAB program recently reengaged its primary stakeholders—alumni, recent graduates, current students, preceptors, and other healthcare executives across

the country—to confirm the continued relevancy of its competency model. Finally, programs accredited by the Commission on Accreditation of Healthcare Management Education, and those in candidacy, are strongly encouraged to revisit competencies to ensure that curricula are relevant and that the programs keep an eye on the future in terms of what healthcare managers need to know today and the skill sets they will need tomorrow—not only for their own careers, but also for their organizations and industry-wide.

Although I am a strong supporter of competency-based education, I also have unanswered questions about it. With all the time and energy spent by faculty members and others developing competency models and assessing students' mastery of the determined competencies, how is this knowledge being transferred to the organization and industry? How is it being transferred to team-based learning once students are out in the field? For those in executive programs, how is it being transferred as they advance in their organizations? Are more healthcare organizations being transformed into learning organizations with increased innovation and sharing of information across functional units? Overall, how is competency-based education affecting all stakeholders and organizations?

Dr. Kash: *Given your many years as a practitioner and healthcare administrator, what advice do you have for students interested in pursuing a healthcare management career?*

Dr. Borkowski: First, I ask potential students if they have the passion for healthcare. We work in a 24/7 environment, so are they willing to commit so much of themselves to helping others? At the end of each day, they will need to ask themselves this question: What difference did I make today in someone else's life? When they truly embrace what that means, they can understand why people who have selected healthcare management as a profession are passionate about what they do. We don't manufacture widgets; we are involved in people's lives, whether they are patients or caregivers, and whether we are clinicians delivering healthcare or managers working to ensure that the organization is operating efficiently and effectively so that resources are available for all. Second, how committed are students to lifelong learning? The healthcare management degree provides them with a foundation, but there is still so much to learn each day on the job. Third, I try to instill in students or potential students the ability to pause and reflect every now and then on their situation. As I noted earlier, healthcare is delivered 24 hours a day, 7 days a week. How can they train themselves to feel comfortable pausing at various points in their careers to reflect on the positive influences they are having on others?

Dr. Kash: *Organizational behavior and strategic management have been two of your areas of research. What topics in these fields need more attention by healthcare researchers?*

Dr. Borkowski: I would encourage more research on resilience and collaborative leadership. How can we measure resilience, especially in today's unstable environment in which so much uncertainty is causing high levels of stress? How can we identify members of our organizations who have adequate levels of resilience and

those who need our assistance in developing the resilience necessary to manage uncertainty? The second area needing attention is leadership, more specifically collaborative leadership. Although collaborative leadership is similar to servant leadership and transformational leadership, there are differences. Collaborative leadership is not so much about leading people as it is about leading a process, whereby many diverse organizations come together to solve multifaceted problems involving complex issues. For example, organizations are coming together to form accountable care organizations. Collaborative leadership requires a special kind of person who has the trust of many in organizations over whom he or she may not have control, as we have experienced with community initiatives or coalitions. This is an area of leadership that needs to be studied further. What are the characteristics and traits of leaders who have been successful in bringing together many diverse organizations to address and solve complex problems?

Regarding strategy, I would encourage more research in three areas. First, where do healthcare managers obtain information for strategic decision making? How do they filter this information (e.g., experience, educational levels, age, and so forth)? In addition, where do boards of trustees or other governing bodies obtain information and how do they filter it? The second area is high reliability and organizational culture as they relate to patient safety and quality of care. Some work in this area has been done, but more is needed. The third area has to do with institutional theory and the inability of healthcare organizations and their members to innovate and change. This topic has been studied in other industries, but not much research has been carried out in healthcare. In today's complex environments, we are facing new challenges, and more research in this area would be beneficial.

Dr. Kash: *What topics and issues would you like to see addressed in the Journal of Healthcare Management in the next couple of years?*

Dr. Borkowski: In addition to the areas of research in organizational behavior and strategy mentioned earlier, I would like to read more articles about evidence-based management—articles by researchers who have identified theories and concepts and applied them to the issues facing today's healthcare leaders and managers. As we educate and train our future healthcare managers, they need to develop an appreciation for the fact that some of their solutions can be found by researching the literature for concepts that have been applied in other industries. In other words, more articles are needed that reflect theory-based applied research projects.

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