

technicians, rather than as leaders responsible for high-level clinical and organizational decision-making. A third discussed how hospital, health system, and other organizational boards fail to recognize the need for a nurse on board, especially if they already have a physician.

More research must be done to connect executive nursing leadership with quality, cost-efficient outcomes for patients. While many surveys and other qualitative studies point to the need for nursing leadership, the AJMQ study is the only quantitative trial conducted to find an association between patient outcomes and nursing leadership. Narrowing this knowledge gap will be essential in the push to advance nursing leadership and the profession as a whole.

Nurse leaders and other stakeholders can take several steps to foster board placement. Nurses can talk to employers and co-workers about the benefits of having a nurse on board, and encourage them to invite a nurse leader to serve. Non-nurses who serve on boards can reach out to their nurse leader colleagues to discuss possibilities for board service. Lastly, nurse leaders can seek mentorship and leadership experience, such as by volunteering with a nonprofit. While nurses provide excellent value to hospital leadership, organizational boards of all sorts can benefit from the unique knowledge and skills of nurses.

As the current health care system continues to evolve, so must health care leadership. The *Future of Nursing* report calls on “all members of the health care team... [to] share in the collaborative management of their practice.” We know that nurse leaders possess a unique set of skills—including finance, communication, process improvement, strategic planning, and patient services—that any organizational board will value. It’s time to use nurse leaders to improve quality patient care.

Jacqueline Nikpour is a 2017 graduate of Penn’s School of Nursing. She received the Mary D. Naylor Undergraduate Research Award for her contributions to advancing nursing knowledge through research. A version of this essay originally appeared in *Health Policy Sense*, a blog of Penn’s Leonard Davis Institute of Health Economics.

WAIT, YOU’RE A NURSE?

Katherine Bowles RN JD

Associate, Nelson Hardiman LLP, Los Angeles

Kate Bowles, a 2007 Penn Nursing graduate, draws on her experience as a registered nurse to bring clinical knowledge to her health care litigation practice. Beginning her legal career as an elder abuse litigator, she represented victims of elder abuse and neglect, obtaining injunctions to enforce informed consent laws before facilities could administer psychotropic drugs. More recent litigation has included a failed hospital merger, physician-owned business disputes and a federal case alleging fraudulent coding and billing practices.

Despite working fulltime as an attorney, Kate maintains her nursing license. She recently traveled to Hanoi, Vietnam with Operation Walk, providing care for more than 50 patients following joint surgery. In what spare time she has, she’s a runner and hiker, and has posted a sub-four-hour marathon time.

On her experience after Penn:

After so many years in school, I was eager to work. I graduated early from Penn Nursing, packed up my little Honda with all my belongings and drove from Philadelphia to Los Angeles. I began looking for a nursing position (this was right before the economic crash), and ended up at a community hospital in the oncology and medical-surgical departments. Unfortunately, I lacked the seniority needed to land a supervisory position in the hospital and eventually decided to pursue a graduate degree.

On why law school: I could take everything I learned as a nurse—my critical thinking, my knowledge of how hospitals functioned, my contacts in the healthcare industry—and apply them to a legal career. There are few industries where the stakes are so high. Not only are health care organizations responsible for providing quality care for people who are at their most vulnerable, they are striving to run a successful business, so that the organization can remain open years into the future.

My current firm represents many health care entrepreneurs with cutting edge businesses that have the potential to impact millions of lives. At present, state and federal laws and regulations have yet to catch up to the technological advances in health care, so there is tremendous need for legal advocates in tele-health, mobile-integrated technology and applications, wearables, and many other blossoming fields.

On how her nursing background contributes to her practice:

On several occasions, I have leveraged my health care contacts to effectively retain industry experts who still practice, rather than utilizing expensive career experts that were out-of-touch with the current research and trends. These thoughtful experts helped my cases settle quickly.

My nursing background has facilitated taking depositions, a key component of litigation practice. With over 50 depositions under my belt, it is striking how often my ability to “speak” health care has helped. My knowledge of healthcare terminology has been crucial in preventing experts and other witnesses from providing confusing and misleading testimony.

On her eventual goal:

My ultimate goal is to become an officer or in-house attorney for a large healthcare organization. Having the opportunity to improve a company’s policies from the top-down—both for the professionals and patients—drives me.

Katherine Bowles RN JD ✓

