



Health Care & Pharma

Change leaders: They are strong, smart and thought leaders ... should anything else matter today?

By Anjalee Khemlani, August 8, 2016 at 3:00 AM

There are more women in health care leadership roles than ever before in the state. But if you ask those women about it, that isn't the qualification and validation they are looking for.

“You don't want just a woman,” Amy Mansue, president of the southern region for RWJBarnabas Health, said. “You want someone who is going to thrive and grow and bring value to your organization, not just because she is a woman, but because she has a like-mindedness that moves the organization forward.”



Top from left: Amy Mansue RWJBarnabas Health; Betsy Ryan New Jersey Hospital Association; and Adrienne Kirby Cooper University Health. Bottom from left: Suzanne Ianni Hospital Alliance of New Jersey; Audrey Meyers Valley Health System; and Mary Ellen Clyne Clara Maass.

No matter how it is described, one thing is clear: More women are now filling that role.

In addition to Mansue, four hospitals and three state hospital interest groups currently are led by women.

Betsy Ryan, CEO and president of the New Jersey Hospital Association, said there are more women at the top of health systems and interests than ever before.

“I don't think we have had that many female CEOs,” she said. “Before, I could count on one hand.”

Here's who join Mansue and Ryan on the list:

- Suzanne Ianni, *CEO and president, Hospital Alliance of New Jersey*;
- Sister Patricia Codey, *president, Catholic HealthCare Partnership of New Jersey*;
- Mary Ellen Clyne, *CEO and president, Clara Maass (RWJBarnabas Health)*;
- Audrey Meyers, *CEO and president, Valley Health System*;
- Adrienne Kirby, *CEO and president, Cooper University Health*;
- Lori Herndon, *CEO and president, AtlantiCare*.

All of the women attribute at least part of their success to having a strong mentor — whether male or female — who helped or encouraged them to climb the executive ladder.

“Many of these folks started off as staff nurses and have literally worked their way up,” Ryan said.

They aren't the only ones. The number of female CEOs in post-acute care also has increased.

Statistically, it makes sense, Kirby said.

“If you think about it, 90 percent of health care workers in nursing and technical fields are women,” she said. “As are 50 percent of physicians.”

“I think (leadership) is going to continue to change and represent the people in the field.”

NJBIZ spoke with the state's female health care leaders on various topics:

NJBIZ: *How did you start your journey in health care?*

Audrey Meyers: I came to Valley Health straight out of getting an MBA at Wharton. I was looking for an opportunity and thinking about staying in Philadelphia, but my husband got his residency in New Jersey so I looked up north. My dad was a hospital administrator in New York — so it's genetic for sure. I asked my dad if he had ideas and he called a friend and ... I came and interviewed. They hired me. I think that, for me, I guess I got lucky and was able to right off the bat come to a great organization.

NJBIZ: *How did your childhood experiences and influences contribute to your path to leadership?*

Patricia Codey: I was raised in a family with more men than females; all of us included three brothers and my younger sister. Our parents provided all the same opportunities to us and never told us we were different for being a boy or girl. Much of it starts at the heart and root of the relationship with the family.

Adrienne Kirby: The one thing I always remember my mother saying was ‘my girls will be independent.’ She was ahead of her time. I was born at Cooper and my parents were first generation in this country. Contrary to what you would expect, my Italian mother and Eastern European father were not traditional and conservative. They really believed my sister and I should be independent and take care of ourselves, and they were clear about that from the beginning. Money management and working to get what we want — those were lessons very early on. That lesson of being independent, it does drive you in some way, that was very much part of my upbringing.

Meyers: When I was younger, I remember going to work with my dad. He was the No. 2 at Long Island Jewish Medical Center. I remember going to work with him and walking through the halls with him and he knew everybody and they knew him. The most valuable lesson I learned then was everyone in health care has a valuable job.

Lori Herndon: I came from a different place than most. I grew up in central Pennsylvania, and my family and many friends did not go to college. It was available, but not expected. When people say it’s hard to do school and work, I say, ‘I know, I had to really work on it.’ I was not a young person who just went to college and came out. I was a registered nurse and knew a bachelor’s degree would help me. It took me 10 years to get my degree, taking classes on and off while working full time as a nurse and raising a family.

NJBIZ: *Who was the biggest aid or influencer in you climbing the ladder?*

Kirby: The difference between today and when I first started is there are female executives to serve as role models. Young ladies starting today have the visual of what it looks like. They can aspire to that if they want to. As I worked my way up, there were hands extended to mentor and to support and advance me, across both gender lines. I never thought about reaching the CEO level, though.

Mary Ellen Clyne: I started as a nurse by background. Sometimes, being in that role you can get pigeonholed in the sense that people say OK, the highest level you can achieve is that of a chief nursing officer. I was very fortunate in my career that people were mentoring me and saw great potential in my ability to lead and take me out of that box. It’s no coincidence that two of the CEOs (on this list) are under Barry (Ostrowsky, CEO of RWJBarnabas Health). There is a focus on conscious inclusion: The whole issue of gender parity and to make sure meetings are happening, and if a woman is not at the table to make sure to bring one to the table.

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Betsy Ryan, CEO and president, New Jersey Hospital Association

NJBIZ: *What needs to be done for future generations of female leaders?*

Amy Mansue: There are lots of women in health care, but do we offer them the opportunity to grow and expand their skill set, if they want to, is the biggest challenge of the next generation. At least in my experience with the group of women younger than I, they say, ‘I love what I do, I don’t want the stress.’ I think trying to figure out how to live in a changing world and trying to figure out what the demands of the job are, is going to be an important test for all of us — men and women — in the coming years ahead.

Clyne: Assist female leaders through the system to be the best and put them in opportunities that they would not have had the ability to be involved with on their own. Hiring leaders to help mentor the younger generation and bring them up with us as we go along.

NJBIZ: *What general traits of women are contributions at the table?*

Betsy Ryan: Having female CEOs broadens the diversity and perspective brought to a board table. In general, females are more apt to look for a compromise or middle ground, and I think that helps, certainly in my discussions, to have women at the table.

Mansue: As a female CEO, I bring a different perspective and different life experiences to the table. For me, it was very important to have a personal touch with my employees and with the patients. At the Children’s (Specialized) Hospital, obviously that was post-acute kids staying with us a long time, it’s easier to get to know the families and have relationships with them. But that was how I lead. My father called it ‘Nosy Rosy.’ I wanted to know who got engaged, I wanted to be involved in the lives of our staff because I’m asking them to give so much of their life to our patients. There is no way you can treat chronically ill patients and not have some of yourself go into that.

Clyne: Having a female on board will definitely assist in your bottom line for any organization. We need to be pushing women leaders; there needs to be a corporate push. The more women we have at the top, the better insight can be provided (on women’s health) and a different perspective can be brought to the board.

NJBIZ: *What are some of the obstacles women face in leadership roles?*

Mansue: The obstacles I put on myself. I would be the first to say, ‘I can’t do that’ or ‘I’m not good enough to take that role.’ That negative thought process, which happens more in women than men, is really damaging. It’s one of the biggest issues that I coach women with. I never want to hear that. Women more often opt themselves out than people take the positions away from them. That’s something we need to continue to work on.

NJBIZ: *Is there too much focus on the female versus male executive debate?*

Mansue: For me, it wasn’t as much about being a female CEO as much as trying to discern what type of leader you wanted to be, and some of those things obviously are influenced by the fact

that you are a woman. But some of them are just influenced by your philosophy of leadership ... that's as much important whether you are a man or woman.

Codey: When I sit across boards, there are corporate boards that have a number of women on them. It makes a difference that they are not a token (female) but are considered part of a whole. In speaking up about fair representation, it has had an impact, and we need to continue to do so to raise the consciousness of those making decisions for appointments. But it should be earned, not just because someone is a male or female.

Kirby: I remember during the '80s and even until the '90s having women several levels above me who were so hard and were ... almost forcing themselves to be tough. And they had to be in order to get where they were and stay where they were. If you were one of the earliest women in the field, you had to look like a man more and couldn't express feminine behavior. There is less pressure on us today. I don't feel like I need to wear a navy blue or black suit every day, but I remember I did (feel that way). But women are going about being leaders in a way more natural to them rather than just shoehorn themselves into an idea of what they should be. I believe we have come very far, but we are not equal. There are still disparities in pay at the CEO level, for board seats, chairs and even at the entry level.

Herndon: I hope I was chosen for the job because I was the best person for it, not because I'm female.

NJBIZ: *Are we at a stable point on this issue, or do we need to continue having the conversation?*

Mansue: It's important to be looking for diversity across race and gender and religion and every aspect of our business. When you look at the community you serve, it's important to understand the demographics of that community and have a representative in your workforce. I have a colleague with cerebral palsy who told me she understands that I am empathetic, but it doesn't mean I understand what she is going through. That is true in any type of leadership role.

Codey: The pendulum is swinging; you will see more women rising. (Men in executive positions) respect and include me and seek me out for advice and it's a mutual give and take. I believe voices are heard equally, it's all about building relationships and trust. No matter what sex the person is. (That approach) provides better outcomes for an institution.

Kirby: I think what's important to me is, I don't think it's being a woman. A clinical background is an asset, I don't know how I would make decisions without having that (background).

E-mail to: anjaleek@njbiz.com