Frank Shaffer, EdD, RN, FAAN, began his nursing career as the first male graduate from the Mercer Hospital School of Nursing. Today, he is the chief executive officer (CEO) of The Commission on Graduates of Foreign Nursing Schools (CGFNS) International, expanding and diversifying their scope of services and influencing healthcare on a global level. Along the way, Frank’s career has been filled with unique experiences, all guided and influenced by his passion for learning (learning for himself and helping others learn), collaboration at all levels (one to one, between organizations, and between healthcare professions), building relationships, and moving nursing forward in all practice settings.

BU: When did you decide to become a nurse and what influenced your decision?
FS: My father died at the age of 32 from a rheumatic heart condition. I can remember helping my mother care for him in many ways—and I think my passion for nursing began there. Our family physician urged me to become a physician, but he realized that we did not have enough money to pay for medical school, so he urged me to become a nurse, thinking I could “work my way up” to being a physician as they did in Russia (I was surprised as I had never heard of a man being a nurse). I made the decision to enter a nursing program when I was in the last months of my senior year in high school—and it turned out that I was the first male ever to enter Mercer Hospital School of Nursing. The nurse theorist who had the greatest impact on me was Virginia Henderson, whom I was privileged to know. Miss Henderson said that “The nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the mother, and the mouthpiece for those too weak or withdrawn to speak.”

BU: Your career has included leadership positions with a hospital, a nursing association, a for-profit national professional journal, a for-profit staffing company, and now a not-for-profit organization that works globally with migrating healthcare professionals. What have you learned from each of these experiences?
FS: At its core, leadership refers to the capacity to release and engage human potential in the pursuit of common cause—and that is the common thread running through all of these positions. I learned so much from each experience that I would have to write a book to answer this question adequately. Each experience builds on the other—and each experience offers unique perspectives which then
became a part of who I am as I jour-
neyed through my professional career. Therefore, I will confine myself to
identifying only 1 major “learning”
from each experience—as long as I add
to each one, “Among many other
things, I learned...this and more!”

Working in hospitals, first in a staff
and then in a management position,
and eventually as a CNO, I learned
that, no matter how hard you try and
how skilled you are, you cannot do it
all alone—not even for 1 patient no
less for all the patients in the institu-
tion. Care really is multidimensional as
well as multidisciplinary—and my
primary role as CNO was to ensure
safe, quality patient care. I have listened
and learned from my mentors, most of
them women, throughout my career
journey. I learned very early in life
about the importance of relationships,
and I think this might be based in the
fact that I grew up in a large family.

When I was in a deputy director of
the National League for Nursing
[NLN], I learned how—and how diffi-
cult it is—to write, interpret, and espe-
cially to implement educational
standards, accreditation, and educational
outcomes. I accepted this position
because I thought the League would be
an excellent platform for bringing
nursing education and nursing adminis-
trators together again, and for ensuring
collaboration among professionals. I
believed then—and I still believe—that
collaboration among education and
service organizations is essential for the
good of the patient and the advance-
ment of the profession. I experienced,
first hand, how the Tri-Council worked
together as one for the profession.

From an organizational perspective, the
NLN provided me with my first expe-
rience with nursing beyond our bor-
ders. It was also at this time when I was
introduced to The Commission on
Graduates of Foreign Nursing Schools,
the NLN, along with American Nurses
Association, was represented on its
board of trustees. It is there that I
developed an interest in global nursing.

As the chief education officer for the
journal, Nursing Management, I honed my
skills for planning, organizing, negotiat-
ing, coordinating, and running large and
profitable professional conferences—and
evaluating both their quality and their
impact on the learner. What I learned
there reinforced my understanding of the
publishing industry as well as the impor-
tance of relationships, and the real return
on investment (ROI) garnered through
positive customer experiences—and the
interrelatedness of relationships across the
company’s product lines.

As an executive with Cross Country
Healthcare, I learned the primacy of
quality in recruiting, educating, maintain-


quality footing with their client hospitals. It was also during this time that I was asked to consult with the American Staffing Association’s marketing committee who believed they needed to do a glitzy marketing campaign for hospitals to take notice. I convinced the group that a better approach would be to demonstrate through research the quality of care rendered by traveler nurses. The findings of a study by Dr. Linda Aiken and her colleagues supported the quality of care provided by traveler nurses. These 2 initiatives alone changed the industry forever.

As the chief executive officer of CGFNS International, my learning curve has been steep and multidimensional—and I am not sure I can yet identify the most important thing I have learned, at least not yet, because I am learning more each day! This position is challenging on many levels. Due to US policy and a global economic recession, migratory opportunities for healthcare professionals diminished. Consequently, the ability of CGFNS International to generate revenue diminished. Although we began as a single-focus organization dealing solely with evaluating internationally educated nurses, we have become a multifocused entity serving healthcare professionals in a variety of fields. CGFNS is the only organization written into the law for performing visa screening for internationally educated nurses and members of 7 other healthcare professions who seek to practice in the US. Nonetheless, for the organization to grow, we had to navigate the nuanced changes associated with the educational and evaluation needs of multiple clients and customers.

During my first 3 months in office, CGFNS contracted with Canada’s National Nursing Assessment Service (NNAS) to assess the FEN’s nurses seeking to practice in Canada. The NNAS represents all Canadian Provinces except Quebec. This also presented CGFNS with an opportunity to shift away from the process-oriented approach to assessing learning to an outcomes-oriented approach, laying the groundwork for a real paradigm shift in the credentialing evaluation science. Currently, the organization has 3 operating platforms: CGFNS, ICHP (The International Commission on Healthcare Professions), and ICD (The International Consultants of Delaware). CGFNS International is clarifying and diversifying, cross-selling and bundling its current portfolio to include a broader range of services—and of healthcare professions. Further product diversification adds both operational flexibility and financial security.

Working closely with our president Carol Bradley and the board of trustees, we were able to shift CGFNS to customer-centricity and redesign our technology infrastructure to provide continuous communication with applicants and ease of their self-monitoring across the steps in the process. Today, we are the world’s largest credentialing evaluation organization for nursing! As I look to CGFNS International’s future, these and a myriad other opportunities, await! Thus, at least so far, my great learning from this role is the importance of—and the ability to adopt—an agile leadership style.

**BU: What have been the biggest challenges in your nursing career?**

**FS:** I think the most difficult challenge for me has been to harness my enthusiasm, which, coupled with my passion and entrepreneurial spirit, pushes me to make rapid changes in a world in which many people are very risk averse. My enthusiasm can be threatening for those who prefer to move slower
or who have a more limited view of the world (and its opportunities). In the global world in which I live every day, I am amazed at the high degree of convergence there is in the practice of nursing. As a leader in a globally oriented organization, I am frequently astounded by the strong and effective leaders in nursing found all around the world.

**BU: Learning has been at the core of many of your contributions to the nursing profession. What should nurse leaders know about learning?**

**FS:** Learning is a part of my DNA, and I strive to create a learning organization that promotes the potential of each person within the organization. Learning is at the center of every healthy person and organization. Adapting to the various learning styles of each person helps them achieve success. Today, learning is at your finger-tips...for example, with the shift to learning apps on smart phones and iPads. I think that learning and networking go hand in hand, at least for me. Every learning experience I've had gave me an opportunity to build a stronger network. Today, I can look back and readily identify key members of my network and how and when I began building the bonds that strengthened the network. The relationships I have developed have lasted a lifetime, and each is invaluable for its unique contribution to my life. The network that I appreciate the most is what I call “the TC Connection” of people I met at Teachers College Columbia University. This network extends beyond borders, and I am always amazed as I travel around the world and find a TC alum—and we both recognize the TC bond.

I would tell aspiring leaders, “Don’t hesitate to go back to school for more formal learning: it may be a sacrifice, but it is well worth it!” However necessary, academic learning is also not the same as experiential learning. Nursing is a practice profession, and it is through practicing the profession that you learn more about it—and you learn even more when you find ways to enable nurses to practice effectively. Then there is the learning you need to understand what it takes financially and organizationally to sustain nursing practice. And then you must continually learn how to advocate for nurses and nursing in the political and social arena. To put the matter simply and briefly, remain open to learning...and then translate what you learn to the benefit of the profession.

**BU: What have been the defining moments in your nursing career?**

**FS:** I don’t think there is one defining moment in anyone’s career, and certainly not in mine. The decision to take each new position is, de facto, a defining moment! Going back to school to earn a baccalaureate, a masters, and then a doctorate were each defining moments...but it was the relationships I made over the years that have had a huge impact on my career trajectory.

**BU: You have a wide network of nursing colleagues. What advice would you give a novice nurse leader on networking?**

**FS:** A profession is more than a job—it is a service, a community, and a culture. Professions serve society by pooling knowledge among their members and creating incentives to synthesize new knowledge. They also help their members build networks, find jobs, recruit staff, find collaborators, and organize around the issues that affect them. Every profession has leaders. In a formal sense, the elected officers or appointed officials of a professional society, college, or organization are the leaders of that profession. However, because a profession is fundamentally about knowledge, the true leaders of a profession are the thought leaders: the individuals who synthesize the thinking of the profession’s members and articulate it, and those who create new knowledge—the researchers. Sometimes a profession will elect or appoint thought leaders to official positions, but they rarely are interested in or successful in such positions. Thought leaders prefer to lead through writing and speaking, conducting research, organizing conferences, and engaging in dialogue. Leadership means both talking, listening and it encompasses both vision and consensus. Successful leaders build a web of relationships within the profession for many reasons, but most importantly in order to learn the themes that are emerging in the thinking of the profession as a whole.

Continue to build on your work. Publish what you have learned. Offer to give an address at state and local meetings. Eventually, you will be invited to speak at meetings, and by all means, accept the invitations. Keep in touch with people who contact you after reading your work. If you hear about someone who is working on the same or a similar issue, contact them. Let them know that you have read their work, give them due credit, and explore how you could work together. Continually expand your network to include your profession’s clients and peers.

**BU: What have you learned about international nursing that you didn’t know before you began your work with CGFNS?**

**FS:** Fortunately, my various other positions is nursing have helped prepare me for this position. Sometimes I reflect and can see how each position I have held has prepared me for this position, almost like putting a puzzle together. Something from each helped prepare me for my current role. But there still is a lot more for me to learn. For example, I have known for most of my professional career that politics and political agreements are important and have an impact on nurses, nursing, and healthcare in general. However, being CEO of CGFNS has certainly broadened my knowledge of politics and its impact—and US policies are only the beginning. Trade agreements and the migration of health professionals have enormous impact—and are highly political. My role requires cultural sensitivity, and also a deep appreciation for the history of the country, its healthcare system, and the role of nurses within its system. Working with global organizations requires an understanding of each organization’s mission, history, and interrelatedness. Being in the right place with the right agenda at the right time with the right information and background is extremely important. Certainly the underpinnings include being fully grounded in US professional organizations, as well as our own government’s role in the global arena. I rely heavily on relationships with professional nursing organization around the world, and I will forever be grateful for their willingness to share information and to collaborate.
It’s the national and international professional groups working together that really make a difference for nursing globally. **BU:** You are well known for your passion about nursing. What advice would you offer nurse leaders to keep their passion alive and ignite passion in others? **FS:** As you become known in nursing, you will be interacting with people in more sophisticated ways around more sophisticated issues. You may well be working with national organizations and even federal and state governments. Your sphere of influence will expand beyond nursing to how nurses and nursing interact with other disciplines, with the law, and in the society at large. As such, it will be important to cultivate your intellectual life. Leadership is a process, and the whole point is that you are part of an interconnected, interrelated whole, and no one—you included—knows enough to answer all the questions or deal with all the issues. Accordingly, you will need to become knowledgeable about many things (poetry, the arts, policy and politics, and so forth). And your network must expand along with your ability to influence others. Fearlessly assess your intellectual strengths and weaknesses, and then seek out those whose intellectual strengths complement your own. Build a brain trust—surround yourself with smart and knowledgeable people whom you can turn to when you need expert information to inform your judgments—or to influence their judgments.

You will also face ethical issues, well-defined by your own “comfort zone.” Many “leaders” prefer to surf on their past accomplishments, extracting everything they can for themselves and their own particular set of friends. The people who have helped you along the way or those who may no longer be of use to you are left behind. Once you’ve built a reputation and evolved a network, you can get away with a lot of selfishness. You can grow accustomed to exchanging favors for mutual advantages among close knit colleagues going through the motions and never giving a serious thought to the nursing community as a whole. This is precisely why many people associate leadership with nepotism, manipulation, and “selling out.” So you “coast” along, exchanging all the honors and influential appointments among your colleagues, and young professionals languish.

You have no doubt heard inspirational speeches about unselfish leaders. I have not said much about this because it is useless to tell people to be unselfish. They either are, or they are not. However, if you hope to keep your passion alive, you have to do more: Reach out to others, especially the young ones full of enthusiasm and passion. Help the “young ones” find a way to influence current leaders. Use your connections to help people who you may not even know, and who may never be able to “return the favor” but whose ideas interest you. Don’t be afraid of people who have challenged your past work or taken it to new places. Promote all ideas you find valuable, whether they reinforce you and your premises or not. Keep learning. Keep working. Keep encouraging—and write down what you learn along the way. Who knows? Perhaps someday someone will need it to write his dissertation about you and/or your body of work!

**Hometown:**
New York City

**Current job:**
CEO, CGFNS International Inc.

**Education:**
Diploma from Mercer Hospital School of Nursing; doctorate in nursing administration, EdD, and MA from Teacher’s College, Columbia University

**First job in nursing:**
Critical care nurse at Mercer Hospital in Trenton, New Jersey

**Being in a leadership position gives me the opportunity to:**
influence the present and future of our profession and also the opportunity to help develop young professionals

**Most people don’t know that I:**
was the first male accepted and graduated from Mercer Hospital School of Nursing

**Best advice for aspiring nurse leaders:**
Believe in yourself and have the courage to address the challenges: you’ll be better because of it

**One thing I want to learn:**
Flying a plane

**One word that best describes me:**
Passionate
BU: What is the best advice you have received during your nursing career?
FS: Quite frankly, “love it or leave it!” If you love the profession, you will love your work. If you do not, it becomes a job—and sometimes a very irritating and demanding job at that!
BU: What is the thing you have done in nursing that has made you the most proud?
FS: Perhaps those moments—and you know it when they happen—when you know you’ve made a difference in someone’s life. For example, a young man for whom I was caring wanted to take a bath. In the midst of the bath, he had an epileptic seizure, and I was able to pull him out and pull him through it. Then there were the times that family members specifically asked that I be assigned to the care of their dying loved ones. As my positions changed to a different kind of leadership, using my knowledge, experience, influence, and abilities to ensure safe patient care everywhere—though less personally satisfying—has given me something of which to be proud. These are the things of which I am most proud.

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