

Nurses in the Boardroom

by Kimberly McNally

Transformational change is occurring rapidly as hospitals and health systems move to value-based care delivery focused on the Triple Aim—better care, better health and lower cost. To achieve these aims, exceptional leadership at the CEO and board levels is essential. Governance experts suggest that high-performing boards are composed of individuals with a variety of professional backgrounds, life experiences, and personal characteristics to ensure that diversity of opinions and independent thought are present during important deliberations.

A board member/trustee with a nursing background brings a unique voice to governance conversations focused on the Triple Aim. Nurses bring expertise in and valuable perspectives about community health, quality, safety, patient experience, workforce development, staff engagement and financial stewardship. Nurses can offer new ideas to address challenges and frame opportunities as health care transformation occurs. This article discusses the value nurses bring to the boardroom and suggests ways to recruit a trustee with a nursing background.

Value of the Nursing Perspective

Nursing leader, university professor, and past AARP (formerly the American Association of Retired Persons) board chair, Joanne Disch described a specific viewpoint or “nursing lens” that nurses bring to decision-making. This lens is a way of thinking informed by understanding people and their needs throughout the lifespan, and by understanding issues from a systems perspective, coupled with a set of interpersonal skills to engage diverse stakeholders.¹

The 2011 Institute of Medicine’s (IOM) report *The Future of Nursing: Leading Change, Advancing Health* emphasizes the importance of nurse leadership in improving America’s health care system: “By virtue of its numbers and adaptive capacity, the nursing profession has the potential to effect wide-reaching changes in the health-care system. Nurses’ regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the health care system and its many practice environments.” The report states that “Private, public, and governmental healthcare decision makers at every level should

include representation from nursing on boards, on executive management teams, and in other key leadership positions.”²

In their *Journal of Healthcare Management* article, “Nurse Leaders in the Boardroom: A Fitting Choice,” authors Hassmiller and Combes state, “As hospitals and health systems explore how to meet the challenges of the coming decade, they would be well-served to realize the breadth and depth of skills and capabilities that nurse leaders can bring to board positions.”³ The American Hospital Association’s (AHA) Center for Healthcare Governance recommended that boards “include physicians, nurses and other clinicians....Their clinical competence and viewpoints are valuable to other board members and will help the board better understand the needs and concerns of several of the organizations’ stakeholders.”⁴

Ensuring high-quality, safe care is both a fiduciary and strategic responsibility of hospital boards. The board sets the organization’s culture and ensures the resources necessary for physicians, nurses and other team members to carry out the quality and patient safety vision. Nurses bring to the board an essential point of view on safety, quality, and patient experience – all critical to producing high-value outcomes. Without physicians, nurses and other clinicians serving on the board, oversight for quality and safety performance runs the risk of being hampered at best and misguided at worst.

Hospital boards play a role in facilitating strong partnerships in the community. Nurses

2 Institute of Medicine (IOM). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.

3 Hassmiller, S. and Combes, J. “Nurse Leaders in the Boardroom: A Fitting Choice,” *Journal of Healthcare Management* 57:1 January/February 2012.

4 AHA’s Center for Healthcare Governance. *Building an Exceptional Board: Effective Practices for Health Care Governance. Report of the Blue Ribbon Panel on Health Care Governance*. Chicago: AHA’s Center for Healthcare Governance; 2007; p. 13.

1 Disch, J., “The nursing lens”. *Nursing Outlook*, Volume 60, Issue 4, 170-171, 2012.

understand what it takes to build trusting relationships with others to facilitate effective community partnerships. Nurse leaders ensure that policy and financial decisions are made from the perspective of those receiving and providing care. They bring their deep knowledge and experience with patient care delivery and community health to the board table. Nurses have experience with building care management systems and know the importance of integrating physical and behavioral health and addressing the social determinants of health, such as lack of education and poverty. Nurses know the challenges associated with care transitions and the importance of promoting wellness and preventative care. They also have experience with direct observation of populations of patients in need, gaps in care and services, and barriers and challenges to delivering services.

Nurses bring a front-line perspective on engaging employees and important insights on discussions related to future workforce needs. They understand that health care's business model is based on the premise of people caring for people. They also bring a patient and family-centered lens to decisions about capital improvements and the impact of facility design on care.

Nurses are Under-represented on Boards

While nurses serve in leadership roles in many settings and can add significant strength to governance conversations, they remain largely absent in boardrooms. A recent AHA survey of more than 1,000 hospital boards found that just five percent of board members were nurses; while 20 percent were physicians.⁵

Despite recommendations to add more nurses to boards, little progress has been made. The AHA's *2014 National Health Care Governance Survey Report* noted "... while clinical representation is essential as hospitals strive to continually improve quality and patient safety, the percentage of clinical board members has declined." Researcher Lawrence Prybil has studied governance best practices extensively and advocated for engaging nurses in governing health care organizations for a number of years. He suggests several barriers leading to this under-representation

including gender disparity in boardrooms, a lack of awareness of nursing's impact on health care quality and misperceptions about nurses lacking preparation for board service.⁶

Specific concerns sometimes surface in conversations about adding nurses to the board. Comments that reflect these concerns and my responses to them appear below.

- "We already have several physicians on the board who provide clinical input" – *Nurses bring a separate and distinct perspective that is complementary to the physician viewpoint. We're not focusing on bringing more nurses into governance to balance the input physicians provide to the board, but rather to augment and add to the perspective shared by physicians.*
- "The Chief Nursing Officer attends the board meeting, isn't that good enough?" – *The CNO is a vital member of the senior management team and should attend and contribute to board and committee meetings. However, the CNO is an employee of the organization and cannot serve as an independent director.*
- "If we appoint a nurse, he or she will act as a representative for nursing rather than focus on the needs of the entire organization." *When nurses are prepared for board service they understand their role and can make their optimal contribution on behalf of the entire organization. Of course, this response applies to any professional. I have never heard anyone say, "If we appoint an accountant, he or she will act as a representative for the finance department, rather than focus on the needs of the entire organization."*

Even board members and CEOs who understand the value of recruiting a nurse to serve on the board ask, "Where would we find someone?" Many nurses hold executive positions in health care organizations; lead quality improvement initiatives; serve as expert clinicians, researchers, policy analysts and consultants across health care settings; and have deep expertise in myriad clinical,

operational and systems issues. Hospital boards in small communities might consider recruiting a nurse from outside the community or from the local college. Looking for a recently retired nurse leader interested in contributing to the community may be another option. The American Nurses Foundation is creating a database to match qualified nursing leaders with boards. Organizations can submit a request to <http://anfonline.org/nurseboardleadership>.

Increasing the Number of Nurses on Boards

Nurses across the country are preparing themselves to serve on hospital and community boards. In response to the IOM report, *The Future of Nursing: Leading Change, Advancing Health* (2011), which recommended nurses play more pivotal roles on boards and commissions in improving the health of all Americans, other important efforts are underway.

At the national level, the Nurses on Boards Coalition, supported by the Robert Wood Johnson Foundation and AARP, is implementing a strategy to bring nurses' valuable perspective to governing boards and to state and national commissions with an interest in health. The goal is to put 10,000 nurses on boards by the year 2020. The coalition was founded by 21 nursing and health care organizations, including the American Nurses Association, American Organization of Nurse Executives, National League for Nursing and Sigma Theta Tau International. Its aim is to increase the presence of nursing on health-related boards.

At the state level, nursing leaders are working to provide educational opportunities and networking for nurses aspiring to serve on a community or hospital board. For example, The Texas Team Action Coalition, working in collaboration with Texas Healthcare Trustees, launched an effort in 2013 to equip nurses with the governance skills needed to succeed in board positions. The coalition is offering their program in each of eight Texas regions, with the goal of preparing 400 nurses statewide for board service. In New Jersey, nurse leaders' resumes have been collected and catalogued in a database housed at the state hospital association and are used to match candidates with organizations looking for nurses to

⁵ AHA's Center for Healthcare Governance. *National Health Care Governance Survey Report: 2014*. Chicago, IL: Center for Healthcare Governance; 2014,11-14.

⁶ Prybil, L., Nursing Engagement in Governing Health Care Organizations Past, Present, and Future. *Journal of Nursing Care Quality*, 2016, Vol. 00, No. 00, pp. 1-5.

serve on their boards. The Arkansas Action Coalition (AR AC) has created a list of nurses serving on community boards and organizations. Talking points about the value of nurses on boards are shared at professional nursing meetings across the state. New trustees with a nursing background have been paired with an informal mentor from the AR AC leadership team.

What Can Health Care Organizations Do?

As hospitals and health systems focus on achieving the Triple Aim, recruiting and selecting a nurse for board service will

add an important voice to governance work. Nurse leaders have the education, clinical practice, leadership experience and personal characteristics to help the board balance the business of health care with clinical and patient outcomes and add value to board discussions about health care transformation and community health improvement strategies. (See sidebar with perspectives from nurses serving on boards on pages 3-5).

By adding at least one nursing professional to the governing board, hospitals and health systems can join the ranks

of forward-thinking organizations better equipped to govern for advancing health in their communities.

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An Interview with Gerry Lewis-Jenkins, RN, MBA: American Hospital Association Committee on Governance, immediate past trustee

Gerry Lewis-Jenkins has been chief operating officer of COPIC Insurance Company for the past year, after serving in several capacities for the Denver-based medical professional liability insurance provider since 1991. She currently serves on the advisory committee for the University of Colorado Center for Bioethics and Humanities, and is a past chair of the Colorado Regional Health Information Organization and Platte Valley Medical Center in Brighton, Colo.

How would you describe your leadership journey?

“My career evolved from being a bedside nurse to a nursing manager, then from department supervisor to hospital supervisor. Then I was asked to start working in administration to support the development of a women’s health center. From there, I was recruited to Humana Health Care Plans—they wanted hospital people to manage their operations. I opened up the Colorado managed-care market for Humana in the ‘80s. Then a member of the COPIC board asked me to consider joining the organization because they were concerned about how managed care would affect medical liability and they wanted to learn more about it. I joined the company and my role evolved over time to eventually become executive vice president and then COO.”

Can you cite an example in which your point of view as an RN was especially useful in helping the board better understand an issue or reach a decision?

“When we reviewed our quality indicators during hospital board meetings, I would ask ‘Why isn’t this better? Why are we settling for marginal improvement?’ Lots of discussion ensued and those trustees who were not clinicians began to understand what those indicators really meant. I had the opportunity to help educate my fellow board members on those hows and whys, and on how to improve outcomes.”

What are the most important qualities nurse trustees bring to the hospital board?

“At Platte Valley, I learned about the complexities of the organization and the multiple masters that all departments must serve—the vast number of compliance and regulatory hurdles that a community hospital has to go through while providing care and remaining financially viable. I fostered a continuing discussion about patients and families—making sure we made patient-centric decisions, remembering why we do what we do.”

Why is it more important than ever to have nurses on the board?

“I think it’s always been important to have nurses on the hospital board. It saddens me that nurses are the hospitals’ largest employee base, but it’s the changes in reimbursement that are finally drawing focus to their importance. From a staffing perspective, I believe nurses are the only employees in the hospital who have a 360-degree view of hospital operations. You name it, they’ve seen it.”

What advice would you give a CEO and board for recruiting the right nursing talent to the board?

“Hospital associations are good places to look for nurse trustees; but first, the CEO and board must want and recognize the value and insight nurses provide as clinical experts to improve the organization. And they need to make it clear to nurses who join the board that their expertise is supported, and they expect them to share it—in other words, that they will be treated as peers.”

What advice would you give a nurse who wants to join a board? Where to start?

“As a first board experience, nurses might begin with a small not-for-profit volunteer board in an area that interests them. That provides an opportunity to network and learn the basics of serving as a trustee in a non-intimidating environment where they can have an impact. What matters most though, is to be driven by your passion.”



An Interview with Fran Roberts, PhD, RN: Robert Wood Johnson Foundation Executive Nurse Fellows program, Alumni Board President; Galen College of Nursing, Board Member

For the past four years, Fran Roberts has led the Fran Roberts Group as its founder, president and CEO. The Phoenix-based consulting and contracting practice provides expertise on health care leadership, higher education, governance, regulation and patient safety. Additionally, Dr. Roberts is a professor in integrated care at the University of Arizona College of Medicine, Phoenix. She serves on the American Hospital Association's Committee on Governance, and chairs the Presbyterian Central New Mexico Health System board. She is also the former vice president of professional services for the Arizona Hospital and Healthcare Association.

How would you describe your leadership journey?

"When I started out as a staff nurse, our concerns would go up the line of authority and appear to get lost. One of the challenges of our profession is that, often, we 'talk amongst ourselves,' meaning that we stay in our silos and only voice our patient-care and workplace concerns to each other. I saw that we had to get out of our comfort zone and move into broader spheres of influence to effect change. As the executive director of the Arizona State Board of Nursing for eight years, I became an expert in many areas of health care, and so gained a broader view of the many challenges and constraints in the field. That was a pivotal job for teaching me how to talk to and influence policy makers, CEOs, consumers and physicians."

Can you cite an example in which your point of view as an RN was particularly useful in helping the board better understand an issue or reach a decision?

"While I was on the quality committee of a hospital board, we were discussing its mortality rate, which was then in the 68th percentile (with 100 being best). We were targeting the 75th percentile, because it was suggested that if we aimed higher than that, we'd be setting ourselves up for not reaching our goal. I did the calculations, and at that percentile, we would lose 168 lives. If we aimed for the 90th percentile, we'd save those lives—that's what I proposed to the board—and that's what we did."

What are the most important qualities nurse trustees bring to the hospital board?

"Nurses are the interpreters of patient care—helping to translate the physician's orders and provide care instructions to patients and families. We do the same on boards. We translate patient safety and care concerns into quality metrics, financial implications and impact at community, state and nationwide levels. And we create and offer solutions and provide education. In many ways we are the backbone of the entire health care system."

What advice would you give a CEO and board for recruiting the right nursing talent to the board?

"Boards need people with different backgrounds, who have been in a variety of different organizations and professions in order to bring a broad and balanced perspective. It's sometimes a challenge to identify a 'renaissance nurse' with multiple areas of expertise and experience and that is the focus of the Nurses on Boards Coalition." (Affiliated with the American Association of Colleges of Nursing, the NOBC is a campaign to help ensure that at least 10,000 nurses are on boards by 2020).

What advice would you give a nurse who wants to join a board? Where to start?

"Nurses should seek board training and education. Regional Action Coalitions can help give nurses the language they need to succeed. (These coalitions are composed of nursing and non-nursing leaders working together to implement the recommendations of the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*.) Also, nurses should seek out community leadership organizations which offer individuals from all fields the ability to understand and articulate the broader questions and issues—the type of 'big-picture' perspective needed for board service. The Nurses on Boards Coalition has also embraced this effort, along with Regional Action Coalitions."



An Interview with Donna King, BSN, MBA, RN: Sisters of Charity of Leavenworth Health System, Board Member

In addition to her board service with the Sisters of Charity Health System (SCL), Donna King, vice president of clinical operations and chief nursing executive at Advocate Illinois Masonic Medical Center in Chicago, currently serves on the American Hospital Association's Committee on Governance. She is a past committee chair of Advocate Health Care system's Chief Nurse Executive Council, and continues to serve on the system-level quality and safety committees.

How would you describe your leadership journey?

"I've been very fortunate—I've had good mentors and colleagues who have recommended me to the boards on which I've served. For example, a previous board member on the SCL board recommended me to the AHA Committee on Governance. I came from an operations point of view. I've learned that my role as a trustee is not to solve the issues, but to raise the right questions."

Can you cite an example in which your point of view as an RN was especially useful in helping the board better understand an issue or reach a decision?

“There are many initiatives right now looking at the patient experience and ensuring a safe environment. I believe nurses have the accountability to raise the right questions for the board’s consideration. Quality, safety and financial performance are not [mutually] exclusive, and if I can bring my clinical perspective to the table, the discussion on metrics and goal setting becomes robust in helping to support decisions.”

What are the most important qualities nurse trustees bring to the hospital board?

“Nurses have unique listening skills. As a result, they can contribute many perspectives to board-level discussions. As a nurse executive, there’s an opportunity to influence, clarify and capture the essence of what we do. Beyond being clinically driven, we understand the alignment of the organization; and our knowledge of how it functions can help address key issues. This is a new age for leaders. Recognizing the roles of all individuals in the organization and how they intersect is crucial.”

Why is it more important than ever to have nurses on the board?

“The speed of change is unprecedented, and we must be proactive and responsive. Nurses bring the ability to share our knowledge and improve patient care in every setting. We must stay focused on quality outcomes as we approach value-based care and address workforce issues. Being able to ask the right questions at the right time will be crucial.”

What advice would you give the CEO and the board for recruiting the right nursing talent to the board?

“Bringing nurses onto boards is part of the culture change in health care. The board needs to ask itself ‘How do we want to move the organization forward to integrate all disciplines at one table?’ The voice of clinical integration needs to be at the table, which includes both nursing and medical staff. Key attributes to consider in recruiting the right talent to the board include seeking individuals who have demonstrated visionary leadership; those who are system thinkers; those who have shown the ability to build collaborative partnerships with medical staff and those who are aligned with current workforce challenges.”

What advice would you give a nurse who wants to join a board? Where to start?

“Networking is key to anyone’s success. Nurses should reach out to possible mentors in different disciplines. I would also advocate that individuals gain perspectives in a variety of health care venues to deepen their understanding of the changes in the health care landscape, and to expand the depth of their experience.”



An Interview with Barbara Williams, PhD, RN: Conway Regional Health System Board Chairperson

Barbara Williams, Chair of the Department of Nursing at the University of Central Arkansas, currently serves as chairperson of the board of Conway Regional Health System. She has served as president of the Arkansas Association of Hospital Trustees (AAHT), a member of the Arkansas Hospital Association board of directors and a delegate to the American Hospital Association’s Regional Policy Board 7. In 2014, she received the Arkansas Hospital Association Chairman’s Award for her distinguished service to health care in Arkansas.

What is your leadership background?

“The most relevant leadership experiences that I had earlier in my life that benefit me now as a board member were when I worked with others – organizations and individuals who in other experiences would have been competitors – to build coalitions to reach a higher good, a common goal. In some of those early experiences, I was so much in the framework of competition that I had to do a lot of soul searching and work

to identify areas of common interest. These experiences taught me to view the table as round and that the world is not as black and white or dualistic as I once thought.”

Tell us the story of how you joined the Conway Regional Health System board.

“I was appointed to the Conway Regional Health System board in 2010, the first nurse to be asked to serve on it. The board leadership at that time, to their credit, was seeking to become a more diverse board in terms of age, race and professions represented.”

Give us an example of a board dialogue and recent decision that benefitted from your nursing lens.

“We formed a new committee to address Quality Oversight and Compliance. There was an automatic recognition that physicians needed to be involved. I brought attention to the fact that the involvement of nurses was also critical. Up until that point, nurses were not considered important in the leadership drive to improve quality and compliance.”

What advice do you have for CEOs and boards committed to recruiting a nurse to their hospital board?

“Seek out nurses to determine their commitment and interest in serving. Nurses in academic roles are good possibilities, as are nurses who are consultants and in other forms of practice. In the health care world of tomorrow, most physicians will be affiliated with the health care system in some way...don’t be fearful of nurses who also have a tie. Many hospitals are already allowing physicians who work in practices owned by the health care systems to serve. We should consider nurses in the same manner.”