

# Trustee Insights

## BOARD COMPOSITION AND SELECTION



## Getting Nurses on Board(s)

Why health care organizations should consider adding nurses to their boards

BY KIMBERLY CLEVELAND,  
PAM RUDISILL, ANTHONY VANDER  
HORST AND LAURIE BENSON

In 2021, the National Academies of Science, Engineering, and Medicine released [The Future of Nursing](#) report which outlines the importance of nurses' unique perspectives in addressing systemic health-related issues for individuals, populations and communities. The findings of the report are relevant to supporting the value of nurse trustees serving on hospital and health system governing boards.

The [AHA 2022 National Health Care Governance Survey Report](#)

states that 24% of board members are clinicians, 17% physicians and 5% nurses. Certainly, there is value in including clinicians from all disciplines to serve in board roles. The purpose of this article is to discuss new information regarding the preparation and value of nurses serving on hospital boards and the implications of that information on the recruitment and retention of nurses to hospital and health system boards.

### Evidence to Support Opportunities for Hospital and Health System Nurse Trustees

The Nurses on Boards Coalition (NOBC) brought together several stakeholders to fund an inaugural Value of Nurses on Boards Survey. In a recent [Nursing Economic\\$ article](#), which explains the survey and its background, the authors discuss

the role of nurses in promoting health equity and assisting boards in achieving oversight compliance requirements with the National Patient Safety Goals, The Joint Commission Leadership Standards and the CMS Conditions of Participation.

The survey results provide the demographics of nurses who serve on boards, the category of boards nurses serve and the populations served by those boards.

### Development of the Survey

The survey was developed by a committee of nurses with extensive board service experience. This committee then used tools that assist organizations in managing risks and opportunities around sustainability issues. Nurse trustees from across the U.S. were recruited for participation. The survey was deployed to nurses registered in the NOBC database. Member organizations and strategic partners assisted in disseminating a link to the survey to nurses within their organizations. Links were also placed on key social media sites for member organizations and strategic partners wishing to participate in recruitment.

Participants answered a series of questions related to their board service preparation, demographic information and board type. The total number of surveys, including partial completes (80% completion), was 3,905. Of these participants, 9.6% (n=370) identified that they served

on a hospital board. The results from these participants can be used to inform hospital boards about the involvement of nurse trustees on hospital and health system boards.

## Demographics of Participants

The demographics of those surveyed were representative of nursing. The results suggest that there is a continued need to increase diversity of gender expression and race among nurse trustees and a need to continue to mentor early career nurses for board service as most respondents identified as mid-career.

The results of the survey also suggest that leadership development in academia and mentorship in practice settings remain important. The nurse trustees' educational preparation varied. Most nurse trustees in this survey responded that their highest degree obtained was a Bachelor of Science in Nursing, Master of Science in Nursing or Doctor of Nursing Practice.

Nurse trustees frequently reported holding board leadership positions. These trustees held roles including, but not limited to, chair, president, secretary, treasurer and committee chair. Some members reported holding multiple leadership roles during their board term. This information supports the important contributions nurses are positioned to make in their trustee roles.

## Implications for Recruitment and Retention

The [Texas Healthcare Trustees](#) suggest using a process that includes assessing, planning,

implementing and evaluating to build a successful board recruitment process. Interestingly, this process mirrors the nursing process. In the assessment phase, asking who is missing in the board room and whether the board represents the population served is key. The next part of the assessment phase is to consider the skills, demographics and expertise needed to fulfill the needs of the organization.

The NOBC survey reveals a broad preparation and demographic of current nurse board members. The results are reflective of the variation and diversity within the profession. This broad preparation of nurses contributes to the diversity of board composition needed to fulfill strategic imperatives. As stated in the [Importance and Impact of Nurses Serving on Boards](#), nurses contribute a wide range of skills including strategic planning, critical thinking, communication, quality, process improvements, human resources, finance and complex problem-solving. In a recent Ferry publication, recruiting board members with diverse skill sets and perspectives who demonstrate the qualities of critical thinking, emotional intelligence and personal character supports building a board responsive to contemporary challenges.

Considering nurses as board members presents options to fill open board positions and develop a pipeline of trustees. Accustomed to working in teams, nurses fit naturally into the board environment. Their understanding of the challenges, opportunities and implications of decisions position them to provide and oversee innovative

health care delivery solutions. Most nurses in the NOBC survey were mid-career professionals. As such, these board candidates are actively engaged in nursing professional organizations and community organizations which contribute to their distinct competencies and skills. The Texas Healthcare Trustees suggest developing a board plan with agreed-upon goals and delineation of action steps which include identification of candidates through the hospital or system councils and committees, participating in community activities that focus on the desired candidates and active engagement with local community groups and professional associations.

One best practice for board recruitment suggested by [Spencer Stuart](#) is to take the time to create a matrix to align candidate skills, qualifications and experience with board strategic imperatives to provide direction to the search for new trustee candidates. The development of a matrix during the assessment and planning phases helps to clearly identify the needs of the board. This may then guide the implementation phase of recruitment which ensures that the board and staff are knowledgeable as they engage with candidates and create connections in the community to build a leadership pipeline.

Nurses are passionate about leadership, as evidenced by the number of surveyed hospital and health system nurse trustees who serve in board leadership positions. One way to become familiar with the talent of trustee candidates is to ask them to serve on a committee, council or task force in advance of inviting them to serve on the full

board. [Texas Healthcare Trustees](#) suggests this strategy to allow candidates the ability to become familiar with and informed about the hospital or health system.

In addition, in the evaluation phase of the recruitment process, hospitals and health systems can reflect upon whether they have met their goals to create a leadership pipeline, get to know the community better and develop new connections. By evaluating the recruitment process openly, the board can determine if it has met its goals and objectives in recruiting and retaining trustee candidates.

In addition to evaluating the recruitment process, evaluation of the board members and the board is important. The AHA 2022 Health Care Governance Survey participants reported that 61% of all boards and 83% of system boards reported using full board assessments and 27% reported not using any of the board assessments identified in the study. Individual board member performance evaluations can help provide for the growth of members and overall board development.

In the NOBC survey, nurse trustees identified four areas of preparation that were helpful in

executing their trustee duties:

- Understanding board expectations.
- Learning about the financial reporting and aspects of hospital or health system management.
- Acquiring legal understanding.
- Becoming familiar with effective advocacy skills.

The nurse trustees further identified that orientation to the board and mentorship are integral and important to their preparation as new board members. Retaining board talent is important once candidates have been recruited. As such, board member evaluations with board development opportunities can assist boards in retaining the best talent to advance their mission and strategic imperatives.

The NOBC survey reflects opportunities to both increase the number and diversity of nurses who serve on hospital and health system boards. In addition, the survey identifies areas of continued board member development that nurse trustees find supportive in preparing for serving on a hospital or health system board. As hospitals and health systems aim to improve quality, maintain regulatory compliance and enhance access to care

for all patient populations, nurse trustees provide valuable skills and insights to be considered when a hospital or health system aims to build a pipeline of leadership.

---

**Kimberly Cleveland, Ph.D., J.D., MSN, R.N.,** ([kthoma43@kent.edu](mailto:kthoma43@kent.edu))

is board chair emeritus of the Nurses on Boards Coalition, NOBC member representative and president of The American Association of Nurse Attorneys. She is an associate professor at Kent State University based in Kent, Ohio. **Pam Rudisill, DNP, MSN, R.N.,** ([pam\\_rudisill@chs.net](mailto:pam_rudisill@chs.net))

is board chair emeritus NOBC and AONL board representative to NOBC and senior vice president and chief nursing officer, Community Health Systems based in Franklin, Tenn. **Anthony Vander Horst, Ph.D.,** ([avanderh@kent.edu](mailto:avanderh@kent.edu)) is associate professor, Kent State University based in Kent, Ohio.

**Laurie Benson, B.S.N.,** ([laurie@nursesonboardscoalition.org](mailto:laurie@nursesonboardscoalition.org)) is executive director, NOBC based in Monona, Wisc.

---

*Please note that the views of authors do not always reflect the views of the AHA.*