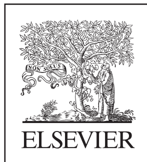

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Enabling nurses to lead change: The orientation experiences of nurses to boards

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ABSTRACT

Objectives: Nurses need to be full partners in shaping health care and health care policy. One way to do this is to be present and active on boards at all levels. The purpose of this study is to examine the orientation experiences of nurses to boards and their preparation to influence health care and health care policy.

Methods: A Web-based survey about the efficacy of board orientation was sent to members of three local boards made up exclusively of nurses.

Results: Liabilities and fiduciary duties were least likely to be addressed in board orientation for nurses. Board members requested more training in finance and a more formal/structured orientation process.

Conclusions: Standardizing orientation elements for nurses serving on boards would best prepare them to serve on interprofessional hospital boards and work in the health policy arena. The orientation experience on local- and state-level nursing boards is fundamental to nurses beginning board service.

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Background

Nurses need to be full partners, influencers, and advocates in shaping health care and health care policy. Boards of directors make strategic decisions about the directions organizations will go, so having nurses on boards that are health care related, especially hospital boards, is crucial. Nurses are underrepresented on boards (Hassmiller, 2013). In 2005, a study of 14 U.S. nonprofit general hospitals found that 52 (26%) of 203 board positions were held by physicians, whereas only four (2%) of 203 board positions were held by nurses (Prybil, 2007; Prybil et al., 2005). Among nonprofit community health systems, approximately 2.5% of voting board members were nurses, whereas physicians held 22% of voting board positions (Prybil, 2007; Prybil et al., 2005). A more recent survey by the American Hospital Association (AHA) of over 1,000 hospitals in 2010 found that nurses made up only 6% of board members, whereas physicians held more than 20% of board seats (AHA, 2011). News articles in trade publications are also asking why there are no nurses on hospital boards (McCurdy, 2013).

Nurses, although trusted health care professionals, are not regarded as influencers. A 2010 Gallup poll

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funded by the Robert Wood Johnson Foundation asked 1,500 thought leaders which health professions would have the greatest influence in health care reform in the next 5 to 10 years and nurses ranked the lowest (Gallup, Inc, 2010). Some say the stereotype of nurses is to see them as implementers of care rather than decision makers of care. Yet, many nurses are highly educated, hold several degrees, and have held leadership positions in the hospital setting and community (Meyers, 2008). Qualified nurses are urged to offer their services as opportunities arise and not wait to be asked to serve on boards (Hassmiller, 2008).

Little attention had been placed on nurses' involvement on boards until the Institute of Medicine (IOM) published its recommendations for the future of nursing (Institute of Medicine, 2011), which call for nurses to be on boards. Recommendation 7 states, "Prepare and enable nurses to lead change to advance health" (IOM, 2011, p. 14). In fact, as recently as November 2014, the Nurses on Board Coalition announced their launch of an effort to place 10,000 nurses on governing boards by 2020 (American Association of Colleges of Nursing, 2014).

Nurses have the unique responsibility of bringing the business of caring to board agendas and bringing "the bedside to the boardroom" (Spinks, 2006). Nurse executives are charged with the induction of nonmembers to the health care industry by giving them opportunities to regularly interact with patients and the professionals who serve them. Nurses and nurse executives also have expert knowledge of how to best achieve high-quality, safe care (Hassmiller, 2013). They are uniquely positioned to make sense of the data sets, tie in the patient experience, and generate solutions for their board colleagues to consider (Holt, 2010). In fact, chief nursing officers have much greater familiarity with IOM reports on patient safety and quality of care than chief executive officers (Meyers, 2008). Nurses can offer new solutions and understand the collaboration that will be needed between health care professionals and health care settings. Because nurses are known for good listening skills and asking the right questions to solve problems and highly functional team members, they are also seen as good board members. They are excellent patient advocates (Hassmiller, 2013). Doctorally prepared nurses in particular are able and qualified to converse easily about data collection and analysis, outcome management, and financial management (Thorman, 2004). Articles cite the need for the nurses' knowledge on quality, safety, and patient care at the board level of health care organizations (Hassmiller, 2012a, 2012b; Hassmiller & Combes, 2012; Mullinix, 2011; Prybil, 2009).

Boards are held accountable for functioning at a high level. Governance reform activities are also demanding increased performance and accountability for governing boards. The AHA's blue ribbon panels on health care governance and development of trustee core competencies are examples of the response to these demands (Cornwall & Totten, 2011). At least 12 states offer board education and performance criteria for hospitals and health care systems. Massachusetts and South Carolina offer some insurance benefits to hospitals if their boards complete specific training, and New Jersey mandates 7 hours of education for every health care organization trustee. "Best on Board" (www.bestonboard.org) is one example of an education, testing, and certification program for board members and can be completed online or on-site. The certification is valid for 3 years, and then board members can recertify (Curran & Totten, 2010). Another example of standardized training for nurses is Sigma Theta Tau's Non-Profit Board Governance for Health Care Leaders Online Education Program (www.nursingknowledge.org). This program is a 2-year training that includes a 3-day continuing education course, a personal action plan, online readings and discussions, a mentorship/shadowing opportunity, and a familiarity with resources for continued lifelong learning related to board leadership development. A novel course regarding nurses and board leadership has been created at the East Carolina University School of Nursing and is open to master's and doctoral students in nursing. It is currently "live" for its first semester in an asynchronous online format. Immersion in board activities is a key part of board orientation (Carlson et al., 2011), but there is little in the literature about how that occurs outside of these training programs.

Nurses use the literature from nonprofit organizations (Biggs, 2011) and materials developed by the AHA such as their publication, *Trustee*, the journal for members of hospital boards of directors. An emerging source of information for nurses on boards is the evolving research on the increased effectiveness of boards with women members (Zaichkowsky, 2014). An effort to define competencies for board service, although not research based, is found in the work by Westphal and McNiel (2014). There is no nursing literature on orienting nurses for board service or functioning as a member of a board. Writings merely call for nurses to be a part of health care organization's boards.

Nurses are often encouraged to begin their relationship with board service by volunteering and serving their professional nursing organizations where they can gain leadership and skill development (Hill, 2008). Experienced board members who are nurses report that they began their service on boards as members of local and state nursing association boards and learned much from that experience (North Carolina Nurses Association, 2012). How, then, are nurses oriented to board positions on boards that are made up purely of nurses? If service to and growth within these organizations and on these boards is to be a stepping stone to broader board service, attention to orientation on our own boards demands attention. Thus, the purpose of this research was to explore the processes and topics used by boards of North Carolina–based nursing

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