# NURSES ON BOARDS:
# THE TIME FOR CHANGE IS NOW

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## In today's metrics-driven, pay-for-performance environment, the need for accountability and increased consumer satisfaction has made it more difficult than ever for health care organizations to achieve their missions.

With often preventable adverse events, deaths from medical errors in the potential hundreds of thousands, and associated costs, these organizations face monumental hurdles in their quest to deliver quality, cost-effective care to patients.

A groundbreaking study by the Institute of Medicine (IOM) in the year 2000 found that medical errors cause up to 98,000 deaths per year.[1] Sixteen years later, researchers at John Hopkins Medicine placed the count at 251,454 — naming medical errors the number three cause of death in the United States, trailing only behind heart disease and cancer.[2] Another study, published in *The Journal of Patient Safety*, puts the medical errors death toll close to 440,000.[3]

Moreover, it is estimated that these errors cost the United States up to $1 trillion annually.[4]

While it's difficult to pinpoint the exact number of deaths or adverse events due to medical errors, or related costs, one thing is clear: If health care organizations have any hope of delivering quality care to patients in the most cost-effective manner, while still keeping up with increasing demands of regulation, the time calls for drastic change.

This paper explores the role nurses play in leading this change — specifically at the highest level of governance — the board level, and addresses the following:

- How nurses can impact boards in the areas of finance, quality and safety, and patient and family experience
- Health system board competencies, and how nurses align
- Why nurses have historically not held these leadership roles
- Recommendations for how to get more nurses into leadership positions

With perspectives from highly respected leaders in the nursing profession, readers will gain a clear understanding of the importance of having nurse leaders on boards, and actions needed to make the vision of improving health and health care systems a reality. Experts interviewed for the paper include:

- Laurie Benson, BSN, Executive Director, Nurses on Boards Coalition
- Kimberly Harper, RN, MS, Chief Executive Officer, Indiana Center for Nursing, Nursing Lead, Indiana Action Coalition — National Future of Nursing Campaign for Action, Co-Chair, Nurses on Boards Coalition
- Sue Hassmiller, PhD, RN, FAAN, Senior Advisor for Nursing at the Robert Wood Johnson Foundation
- Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing
- Brenda Nevidjon, MSN, RN, FAAN, Chief Executive Officer at Oncology Nursing Society, and Professor Emerita at Duke University School of Nursing
- F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences
- Marla Weston, PhD, RN, FAAN, American Nurses Association Chief Executive Officer, Co-Chair, Nurses on Boards Coalition

# THE IMPORTANCE OF NURSE LEADERS IN IMPROVING AMERICA'S HEALTH CARE SYSTEM

In its landmark report, *The Future of Nursing: Leading Change, Advancing Health,* the Institute of Medicine and the Robert Wood Johnson Foundation discuss the important role that nurses play in shaping the future of health care, and put forth recommendations for strengthening the profession.

The authors note that, due to the passage of the Patient Protection and Affordable Care Act in 2010, the health care system in the United States would need to expand in order to handle the increase in demand for services, and that nurses were uniquely qualified to take on leadership roles in order to contribute their expertise on health care delivery, quality and safety.

"What nursing brings to the future is a steadfast commitment to patient care, improved safety and quality, and better outcomes,"[5] states the report.

The authors also identify the skills and experience that make nurses strong candidates for impacting positive change at the system level:

"Nurses' regular, close proximity to patients and scientific understanding of care processes across the continuum of care gives 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, including hospitals, schools, homes, retail health clinics, long-term care facilities, battlefields, and community and public health centers."[6]

Recommendations in the report focus on removing barriers to scope of practice, increasing education for nurses, and enabling nurses to lead change in order to advance health.

> *"We believe nurses have key roles to play as team members and leaders for a reformed and better-integrated, patient-centered health care system."*[7]
>
> *— Institute of Medicine and the Robert Wood Johnson Foundation, The Future of Nursing: Leading Change, Advancing Health*

Since this report was published, there has been some progress related to these recommendations, especially in the area of education.

## Today's Nurses, Tomorrow's Leaders

*Recommendations from The Future of Nursing: Leading Change, Advancing Health*

1. Break down barriers to scope of practice, enabling advanced registered nurses to practice to the full extent of their training.
2. Increase opportunities for nurses to lead and manage collaboratively with physicians and other members of the health care team in order to make improvements at the system level.
3. Create and support nurse residency programs.
4. Increase the percentage of nurses with baccalaureate degrees to 80 percent by 2020 in order to develop a workforce more prepared to handle changing, diverse populations.
5. Double the number of nurses with a doctorate by 2020 to fill future nurse faculty and research roles, with an eye on increasing diversity.
6. Ensure that nurses continue their education and engage in lifelong learning in order to better prepare them to care for diverse populations.
7. Prepare nurses to assume leadership positions on boards and executive teams so they can affect positive change in health.
8. Improve research and data collection around health care workforce requirements in order to ensure an adequate supply of health care professionals.

*Source: Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine; Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health Report Recommendations, Institute of Medicine of the National Academies, 2010.*

According to a 2015 progress report by the Institute of Medicine, enrollments in entry-level baccalaureate, accelerated baccalaureate and baccalaureate completion enrollment (RN) to bachelor of science in nursing (BSN) have increased significantly since the *Future of Nursing* report was published in 2010.[8]

However, funding for quality nursing programs remains a concern, as does a lack of progress against other recommendations in the report, including the opportunity to lead and manage collaboratively with health care teams, and preparing nurses to lead on boards and executive teams in order to affect change at the system level. So, although there has been some movement, the progress report notes there's still a long way to go.

## HOW NURSES CAN IMPACT CHANGE AT THE BOARD LEVEL

Because nurses have daily interactions with patients, first-hand experience with clinical care issues, and expertise in health care systems and processes, they have the potential to impact boards on a variety of levels, including:

1. Financial
2. Quality and Safety
3. Patient and Family Experience

Despite their skills and experience in these areas, their numbers in the boardroom are few. According to a report by the American Hospital Association (AHA), nurses make up only five percent of hospital boards, while physicians hold 20 percent of hospital board seats.[9]

> *"Overall, the percentage of physician trustees remained the same from 2011 to 2014, but the percentage of board members that were nurses or other clinicians declined."*
>
> *— 2014 National Health Care Governance Survey Report*

Acting on the IOM's recommendation to place more nurses in leadership positions — including boards — a group of 21 health care-related groups banded together to form the Nurses on Boards Coalition (NOBC) in 2014. Their purpose: To help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state and national levels.[10]

Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, noted that, due to their experience with patient care, and understanding of the processes and procedures associated with that care, nurses are uniquely positioned to take on strategic leadership roles within a variety of organizations.

> *"When you think about their vital role, nurses are practicing everywhere health and human services are delivered. These nurse leaders typically have a very deep understanding of the wide range of factors that support health and social well-being at the individual, social and family level, which uniquely enables them to advise on strategy and resource allocations for organizations that need to align in those areas."*[11]
>
> *— Laurie Benson, BSN, Executive Director, Nurses on Boards Coalition*

F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences, echoed Benson's view, underscoring the role of nurse as patient advocate, and identifying areas in which nurses can have the most impact.

"There is no other health care professional, community member, or member outside of the health care profession that has the most unique, front-row view of patient care and how it should be organized," he said. "Nurses bring that patient advocacy level to the forefront, and can really drive resources to the right places to ensure quality, safety and cost-effectiveness."[12]

Beyond exclusively private health care boards, the Nurses on Boards Coalition strives to get nurses to serve in a variety of decision-making capacities that are an ideal fit for their backgrounds and expertise.

"Nurses are well qualified to serve on the boards of any decision-making body, with strategic influence to improve health of communities nationwide," wrote Benson, in a welcome letter to NOBC website visitors. "This includes corporate, governmental, non-profit, advisory, governance boards, commissions, panels or task forces that have fiduciary or strategic responsibility."[13]

Not only is the coalition building awareness that appointing nurses to boards is a critical step toward more efficient, effective health care, but it helps health care executives find the right nurse to fit the requirements of their specific board, and provides nurses with resources to help them better prepare to bring value in these leadership roles.

The coalition also collects data and publicly tracks progress of its goal toward getting nurses on boards. As of September 19, 2016, the NOBC has recorded that 2,317 nurses now hold board positions. Of those, 1,554 would like to serve on additional boards, while 3,059 nurses who do not hold positions have registered that they wish to serve.[14]

## HEALTH SYSTEM BOARD COMPETENCIES AND HOW NURSES ALIGN

There is little doubt that nurses are experts in managing patient care, including quality, safety and financial issues related to that care. When it comes to positively impacting strategic decisions, it's crucial that nurses have the ability to transfer those skills to the boardroom.

In its report, *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness,* the American Hospital Association's Center for Healthcare Governance outlines the core competencies necessary for board members of hospitals and health systems.

Citing the link between board effectiveness and organizational performance, the authors outline two sets of competencies for board members:

1. Knowledge and Skills
2. Personal Competencies[15]

The box to the right identifies the specific competencies in each area.

Benson believes that the skills and experience of nurses are uniquely aligned with the competencies identified in the report.

"Nurse leaders are adept with these competencies — from their knowledge and skills, personal capabilities, strategic orientation, organizational awareness, community orientation, innovative thinking and team leadership. Nurses have these skills, which translate well to the boardroom," she said. "They know how to manage through complexity. They do that every day."[16]

One example of how nurses are using their skills and experience to affect change in the boardroom features the late Dr. Connie Curran. According to an article in *Trustee Magazine*, Curran used her knowledge of hospital operations to challenge a proposed board decision to close the hospital pharmacy overnight on weekends in order to save money.

"Wait a minute, who's going to get the medications for the patients and the ER?" she asked board members. It was then that she realized her fellow board members weren't considering all of the possible consequences of the decision.[17]

As a nurse, Curran understood how closing the pharmacy would affect the patient experience, and was able to offer a new perspective beyond looking at short-term cost savings.

"Nurses understand how the system really works," said Marla Weston, PhD, RN, FAAN, American Nurses Association Chief Executive Officer, Co-Chair, Nurses on Boards Coalition. "Often, decisions that are made on a superficial basis have much deeper ramifications and impacts."[18]

## Trustee Core Competencies for Board Members of Hospitals and Health Systems

### KNOWLEDGE AND SKILLS

- Business and Finance
- Health Care Delivery
- Human Resources

### PERSONAL COMPETENCIES

- Accountability
- Achievement Orientation
- Change Leadership
- Collaboration
- Community Orientation
- Complexity Management
- Information Seeking
- Innovative Thinking
- Organizational Awareness
- Professionalism
- Relationship Building
- Strategic Orientation
- Talent Development
- Team Leadership

*Source: American Hospital Association's Center for Healthcare Governance and Health Research & Educational Trust, Competency-Based Governance: A Foundation for Board and Organizational Effectiveness, February 2009, p. 7.*

*"Many of today's nurses possess the skills needed to offer boards considerable expertise. In addition to their patient care skills, they are educated in areas of health care administration, financial management, quality improvement and information technology. Nurses also likely possess less tangible, but nonetheless important characteristics that provide value to a board, such as a willingness to be highly engaged in the decision-making process, expert facilitation skills, the ability to get along with others and strong relationships within the community."*[19]

*— Sue Hassmiller, PhD, RN, FAAN, Senior Advisor for Nursing at the Robert Wood Johnson Foundation*

In another example, Sara Kruger, DNP, APRN-BC, was invited to serve on the Oakwood Lutheran Senior Ministries Board to offer clinical expertise around improving quality of care for the organization's independent assisted and long-term care residents, and exploring the future of the organization in caring for their growing population of older adults in a financially responsible way. Clinical Professor and Nurse Practitioner at the University of Wisconsin-Madison School of Nursing, Kruger recommended partnering with educational institutions in order to share ideas and help create a new generation of nurse leaders in a setting that is often criticized and misunderstood.

Her input allowed staff professionals and board members who are committed to improving health outcomes for older adults to work together, explore new possibilities and impact safety and quality, as well as the resident's or resident's family experience. She now serves as chair of the parent board due in large part to her innovative thinking, expertise and enthusiasm.[20]

> *"All of the things that nurses do on a regular basis is a collective skillset that most other professions don't have. Nurses have experience in finance and managing budgets; communications and the ability to work with and lead a team; quality and process improvement for patient care; and for making good decisions, strategic planning and human resources. They bring something very different to the table."*
>
> *— Kimberly Harper, RN, MS, Chief Executive Officer, Indiana Center for Nursing, Nursing Lead, Indiana Action Coalition — National Future of Nursing Campaign for Action, Co-Chair, Nurses on Boards Coalition*

## NURSES ON BOARDS: FINANCIAL IMPACTS

One of the recommendations of the IOM report in 2010 includes a call for diversity in the nursing profession to better reflect the general population. Research shows that a similar call for boards around gender diversity can help strengthen the bottom line of the organization.

In a study published in the *Academy of Management Journal,* the authors note that: "Firms with greater female board representation tend to have higher accounting returns." In addition, the report states that the knowledge and background that women bring to the table may help boards become more strategic:

"Thus, because a more gender-diverse board means that the board is likely to consider a greater and broader variety of perspectives, female directors' knowledge and experiences may result in boards becoming more involved in providing counsel and shaping strategy, especially as boards are increasingly able to deal with the complexity and uncertainty surrounding business decisions, and to help firms reduce uncertainty surrounding strategic decisions."[21]

Unfortunately for health care, according to the *2014 National Health Care Governance Survey Report:* "The gender divide on hospital boards remained the same in 2014 as it was in 2011. Just under three-quarters of all board members were male, while 28 percent were female."[22]

This is especially disturbing, as women make up 75 percent of the total health care workforce in the United States, and almost 91 percent of the nursing profession.[23]

That said — whether men or women — due to their expertise in managing patient care, nurses have the ability to significantly impact health care costs in several key areas. A few examples include:

1. Length of stay
2. Readmission rates and reimbursement
3. Selection of resources used in patient care

Robinson notes that nurses have the ability to curb readmission rates by ensuring that patients are properly transitioned to the next level of care.

"The only reason patients are admitted to a hospital is because they require 24-hour nursing care," he said. "Otherwise, they can be more effectively and efficiently taken care of at another level of service."

He adds that many times, in an effort to reduce length of stay and associated costs, hospitals are hit with even higher readmission costs when improperly transitioned patients "boomerang back."

"It's easy to get people out," he said. "But if a patient comes back in, you don't get paid for that. The cost of readmission can be more expensive than the initial hospitalization."

Because nurses understand issues like these, he added, their input is invaluable when it comes to making decisions at the board level.[24]

> *"If you look at who is driving and coordinating care, it is the nurse. He or she is making decisions on a moment-by-moment, hour-by-hour basis. Having nurses at the highest level of the governance structure means that knowledge is now in the boardroom."*
>
> *— F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences*

Another area in which nurses can impact costs at the board level is in the purchase of materials or equipment. For example, it is a board's responsibility to set purchasing policies. Board members who only look at expenses without considering patient implications, might decide in favor of less patient-centric policies. However, a nurse is adept in providing a holistic view and may be able to recommend ways to decrease cost over time by implementing policies that assure long-term financial gain.

Nurses can also use their unique perspective to help identify strategic gaps which could impact costs over time.

"If a nurse is considering a decision being made in the boardroom, he or she can often identify strategic gaps and bring that knowledge into the clinical setting to increase the impact system wide, often resulting in more efficient and effective care," said Benson.[25]

Finally, registered nurses already have the financial expertise needed to contribute to the fiduciary responsibilities of a board.

"What people don't often understand is that nurse managers manage multi-million dollar budgets," said Weston. "A nurse executive is managing at least 50 percent of the expenses in a hospital."[26]

> *"Nurses who are leaders have managed budgets and understand finances. They look at how to fulfill the mission in a way that is financially sustainable."[27]*
>
> *— Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing*

## NURSES ON BOARDS: QUALITY AND SAFETY

With the introduction of the Affordable Care Act (ACA), health care organizations have become critically aware of the need to be transparent and accountable in issues related to quality and safety. Nurse leaders are highly attuned to these issues because of their role in coordinating services for patients, and preventing communication breakdowns that lead to health care errors.

Further, programs like the National Database of Nursing Quality Indicators (NDNQI), developed by the American Nurses Association, provide benchmarks for evaluating nursing performance in relation to patient outcomes. Used by 2,000 hospitals across the nation, NDNQI tracks up to 19 nursing-sensitive quality measures.[28] Examples include:

- Catheter-Associated Urinary Tract Infection Rates
- Central Line-Associated Blood Stream Infection Rates
- Fall/Injury Fall Rates
- Hospital/Unit Acquired Pressure Ulcer Rates

"These are the things nurses understand when making decisions at the board level regarding patient safety and quality," said Robinson.[29]

Boards should look to nurses to answer questions such as:

- Does the organization deliver services that are safe?
- Are services reliable, efficient, effective, timely and appropriate?
- Is the organization using its resources in a way that most positively contributes to the patient and family experience?

Nurse leaders also have the ability to understand and analyze how teams, processes and systems must function in order to create conditions for organizational success.

"Nurses are able to ask appropriate questions about safety reports, and question links between not just a medication error a nurse may have made, but the systems around it that should have caught it," said Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing.[30]

> *"Nurses can see inefficiencies, and opportunities to reduce errors that impact quality and safety. These are key insights that can be drivers of improved patient safety, better patient outcomes and improved financial outcomes."*
>
> *– Laurie Benson, BSN, Executive Director, Nurses on Boards Coalition*

Following is an example of how a nurse's quality and safety experience helped her engage members of a board to spend more time on these important issues:

A health care system board spent 80-90 percent of its time and effort focusing on business strategy and financial matters. The sole nurse on the board chaired its safety and quality committee. Over time, she advocated for broader board training on responsibilities related to safety and quality, and more time in the board meetings for briefings and performance review in these areas.

As a result, board training sessions were held, board agendas restructured, and several public members on the board elected to join the safety and quality committee.

"The nurse leader thoughtfully and intentionally came up with an approach to engage the rest of the board — which is their shared governance responsibility," observed Benson. "And she did it in a way in which they volunteered to do so."[31]

In another example, a nurse leader on a health system board suggested the board safety and quality committee invite clinical care teams to join the committee for lunch and discuss quality and safety success and concerns from their perspective. The change was made, and feedback positive. However, presentations from clinical team members during those lunches focused mostly on successes, without time dedicated to areas of improvement.

In an effort to dig deeper, the nurse leader began to ask every team: What makes you lose sleep? What isn't working as well as it should, and how can the board help? As a result, several system issues were identified and handed off to safety quality staff for follow up. Over time, other members of the committee began to ask similar questions until the process became routine.[32]

> *"Quality and safety has profound effects on patients. This is a critical imperative. Including nurses in the conversation doesn't seem like it should be anything other than obvious."*
>
> *— Laurie Benson, BSN, Executive Director, Nurses on Boards Coalition*

## NURSES ON BOARDS: PATIENT AND FAMILY EXPERIENCE

Nurses are at a patient's bedside more often than any other health care provider. They provide care, keep patients and their families updated on health issues, and educate them on how to continue managing that care once they leave the hospital, reducing the risk and cost of patient readmission.

Nurses know how a patient's health changes on a daily basis. They anticipate patient needs. They call family members by name.

"There's no question that nurses spend more time with patients than any other health care provider," notes Kimberly Harper, RN, MS, Chief Executive Officer of the Indiana Center for Nursing, Nursing Lead for the Indiana Action Coalition — National Future of Nursing Campaign for Action, and Co-Chair of the Nurses on Boards Coalition. "Many times a nurse is with a patient, knows the family members, and knows that patient is different now than they were two hours ago, or yesterday."[33]

This knowledge about their patients provides nurses with a deeper understanding and perspective of what the patient experiences while in the health care facility. In the boardroom, the ability to know how decisions affect that experience, or conversely, how the experience impacts decisions, is invaluable.

> *"The nursing care protocols and training — which covers the systems, communications, and engagement that are part of the patient experience — make nurses experts at delivering an exceptional patient experience. That's why most nurse leaders serve — to bring about the best possible outcomes — not just for the patient, but for the family, as well."[34]*
>
> *– Laurie Benson, BSN, Executive Director, Nurses on Boards Coalition*

For example, hospitals are increasingly committed to the safe transition of patients. However, there are direct costs associated with transition, quality and safety, reducing readmission, providing smooth transition, and providing quality of care in the continuum.

Nurses understand the importance of context when transitioning a patient, and can help answer questions such as:

- What is the patient's family situation?
- What is their community setting like?
- Which issues specific to this patient are associated with transition?

Nurses can provide insight into hospital and community environments, and can bring potential partnerships, collaboration and resources to optimize the patient experience long after they leave the hospital.

"Nurses understand what patients collectively need and want," said Mason. "They can identify concerns that patients and families have that hospitals should consider as they're doing strategic planning."

For example, she noted, if a hospital system is discussing investing in the latest scanner that costs millions of dollars, a nurse can ask questions around what value can be added by taking the money and hiring better staffing instead, or investing it in redesigning a family patient room for increased family comfort. [35]

## SATISFIED NURSES CREATE SATISFIED PATIENTS

When nurses aren't satisfied with their jobs, turnover increases, hospital costs go up, processes are disrupted and patient care suffers. Consider these statistics:

- The total cost of registered hospital nurses is about $98 thousand per year, including payroll, nonproductivity, insurance, recruiting and other costs.[36]
- Nearly 30 percent of newly licensed registered nurses who work in hospitals change units or leave their positions in their first year of work.[37]
- Research in the *American Journal of Infection Control* shows that high patient-to-nurse ratios cause nurse burnout, resulting in increased urinary tract and surgical site infections. Hospitals that reduced burnout by 30 percent reduced infections by 6,239 and saved up to $68 million per year.[38]

> *Registered nurse turnover can cost up to $6.4 million per year for a large acute care hospital, and health provider turnover has been associated with higher use of physical restraints, increased pressure ulcers and more patient falls.[39]*
>
> *— Robert Wood Johnson Foundation*

With so much at stake, including the increased emphasis on patient satisfaction, Robinson says it's important that the person who spends the most time with patients also remains satisfied.

"The last thing hospitals can have is churn," he says. "New staff coming in don't understand patient history, protocols or the mission of the hospital. This results in patient care that is poor quality, unsafe, and will make a miserable experience for the patient. Instead, we need to protect and promote the interests of our hospitals' most valuable resources."[40]

### WHY MORE NURSES DON'T HOLD LEADERSHIP POSITIONS

For all of the positive impacts that nurse leaders bring to the boardroom, the number of nurses in these leadership positions remains low. Health care professionals cite a variety of reasons for why nurses have been left out of leadership positions for so long. Some include:

- The perception that nurses don't contribute as much value to the health care system as doctors do
- A gender gap that makes it difficult for women to advance
- The fact that nurses simply haven't spoken out to inform health care executives and others about the value they can bring at the strategic level

## QUESTIONING THE VALUE OF NURSES

Nurses are the most trusted profession in America. In fact, 85 percent of people surveyed would rate the trustworthiness of nurses as high to very high.[41] However, they often don't fill decision-making roles, and are often seen as carrying out the orders of doctors and others.

"There has been a perception by some that nurses don't have leadership skills," said Harper. "Some live in the old stereotype that the physician leads the team and the nurse is subservient to other health care members of team. Nurses are not always seen as bringing positive impacts."[42]

According to a Gallup poll, although nurses are valued for their contributions at a patient's bedside and are viewed as one of the most trusted sources of health information, opinion leaders in various industries don't see them as very influential in health care reform. Leaders do, however, believe that nurses should exert more leadership in areas such as health policy, planning and management.[43]

Marla Weston agrees that perception around value has kept nurses out of positions of leadership for all these years.

"When you think of nurses and you think of health, most people tend to think of nurses wearing white and working in hospitals, and the role and contribution of nurses is so much broader than that vision," she said.

"For example, understanding how access to transportation influences people's access to products that will keep them healthy, or to health care, is a really important skill that registered nurses have. I think every board needs a nurse to help people think through those sorts of issues."

## THE GENDER GAP

In 2016, the number of professionally active nurses reached close to four million.[44] Practicing physicians, on the other hand, totaled only 908,508.[45] Despite the fact that women and nurses make up such a dominant portion of health care workers as a whole, their numbers still fall behind physicians in the leadership ranks.

In addition, when it comes to salaries, health care ties with insurance as having the highest average pay gap between men and women than any other industry.[46]

> *"Nursing is a profession dominated by women, but men are disproportionately represented in executive ranks at an alarming rate. Putting nurses in a place of power in the boardroom is startling and frightening to many."*[47]
>
> *— F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences*

Albeit slow, there has been some progress in getting nurses into leadership positions in health care organizations. Notably, in January 2016, the American Cancer Society announced the appointment of Scarlott K. Mueller, MPH, RN, as chair of the board — the first nurse to hold that position according to Brenda Nevidjon, MSN, RN, FAAN, Chief Executive Officer at Oncology Nursing Society.[48]

Professor Emerita at Duke University School of Nursing, Nevidjon is encouraged at seeing nurses appointed to these leadership positions, but advocates that one nurse on a board isn't enough.

"Having a token voice at a table isn't going to get you very far," she said. "Some boards should have more than one nurse, just like they have more than one physician on their board, or more than one business person."[49]

## THE SILENCE OF NURSES

Finally, many note that nurses don't hold leadership positions because they typically don't talk about the value they bring to health care.

"Nurses haven't been asked to serve on boards because they're not vocal about how they contribute," noted Laurie Benson. "Nothing they do is about them — they're here to serve."[50]

Diana J. Mason believes that, because nurses make up such a large portion of the hospital budget, there is a perception that if a nurse gets appointed to a board, all they'll want to talk about is nursing.

"We need to reassure people that we're not coming in as a special interest," she said. "We have an important perspective on health and health care that we can contribute."[51]

### RECOMMENDATIONS FOR HOW TO GET MORE NURSES INTO LEADERSHIP POSITIONS

**1. Make the nurse voice heard.**

Because the silence of nurses is cited as a barrier to getting nurses into leadership positions, nurses need to become more vocal about how they can bring value to hospitals and health care organizations on the strategic level.

"It's important for nurses to articulate that they are there to help the organization meet its mission through knowing how to serve patients and communities," said Mason. "They bring a holistic perspective to the boardroom. They understand what patients, families and communities really want."[52]

Kimberly Harper notes the importance of the collective nursing voice:

"Nursing needs to find our voice," she says. "Each of us as individuals needs to find our voice. Historically we haven't always had it."[53]

**2. Start the conversation.**

Nevidjon says that because chief executives or nominating committee members may not have a clear understanding of the value nurses would bring onto their boards, it's up to nurse executives to spread that awareness.

"We need more of an understanding of how nurse executives can start the conversation with other executives," she said.

She recommends they approach the CEO or chairman of the board with a simple observation and question to gauge interest: "I notice we don't have any board members who are nurses. Are you interested in discussing this further?"[54]

**3. Help nurses translate their skills to the boardroom.**

Mason says nurses need more education about the realities of political appointments, and how to secure one.

"We need to educate nurses on how to get appointments on governing boards, and what to do once they're there," she said.[55]

**4. Encourage nurses to take action once appointed.**

Another important aspect relates to what happens after nurses are appointed to these leadership positions.

"We have to make sure that as nurses get on boards, they're not silent on boards," said Nevidjon. "First you have to get in the room. And when you're in the room, you have to be prepared to contribute."[56]

Mason has additional advice for aspiring nurse board members.

"It's not just being at the table," she said. "It's what you do when you're at the table. Come early, leave later and network — build alliances."[57]

**5. Make it easier for organizations to find the right nurse leader for their board.**

Laurie Benson cautions that it's not enough to have just any nurse on a board.

"You want the right nurse, on the right board, for the right reason, at the right time," she said, "so that when he or she vacates their seat, it will be the obvious choice to invite another nurse leader to fill the position."[58]

> *"Every board needs people with multiple skillsets, so it's not, 'I need a nurse on the board.' It's 'I need a nurse on the board with international experience,' or 'I need a nurse on the board who understands how to engage communities,' or, 'I need a nurse on the board who has been involved in a turnaround.' So, it's finding that nurse with that unique skill and it's also finding the nurse that fits in with and complements the rest of the board."*[59]
>
> *— Marla Weston, PhD, RN, FAAN, American Nurses Association Chief Executive Officer, Co-Chair, Nurses on Boards Coalition*

The Nurses on Boards Coalitions keeps a database of nurses and their specialties to help executives make the right choice.

“We want this to be easy for health care organizations to have a nurse meet their requirements,” said Benson. “There is an abundance of nurse leaders ready to serve. The first step is to consider the nurse, and through vetting of skills, qualifications and experience, identify the best match for their culture.”[60]

**6. For health care executives, consider appointing one or more nurses to your board or leadership committee.**

In a video directed toward health care executives, Dave Knowlton, former president and CEO of New Jersey Health Care Quality Institute, urges leaders to make room for nurses in leadership positions:

“Your boardroom and your board table should have a nurse at the seat of that table,” he advocates. “If you’re going to hear the voice of the patient that’s so critical to improving health care, nurses are a valued and valuable addition to your hospital board.”[61]

**7. For nurses, sign up on the Nurses on Boards Coalition (NOBC) website and be counted.**

Share information about your board membership and interest in future service at **http://nursesonboardscoalition.org/** so the NOBC can continue to compile a national database of nurses serving on boards, and can ultimately help connect nurses with boards.

## CONCLUSION

As health care organizations continue to search for ways to mitigate inefficiencies, address quality and safety issues, and improve the patient and family experience, they may not have to look further than their own boardroom. With effective governance from board members who have a variety of relevant health care experience — including nurses — health care systems have a much better chance of overcoming these challenges.

Beyond their extensive experience in patient care, nurses offer strategic leadership skills, expertise in health care systems and processes, and the ability to allocate resources in a way that positively contributes to patient outcomes. By having the right nurse on the right board at the right time, America will be one step closer to improving the health of communities nationwide.

Learn more about the Nurses on Board Coalition initiative at **http://nursesonboardscoalition.org/**, and commit to making the decision that your next board opening be filled by a nurse leader.

[1] Kohn, Linda T, Janet Corrigan, and Molla S. Donaldson. *To Err Is Human: Building a Safer Health System.* Washington, D.C: National Academy Press, 2000. Print.

[2] Makary, Martin A., Daniel, Michael, Medical error—the third leading cause of death in the US, *BMJ* 2016;353:i2139 doi: 10.1136/bmj.i2139.

[3] James, John T., Ph.D., A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care. *Journal of Patient Safety,* September 2013, Volume 9, Issue 3, pages 122–128.

[4] Andel C, Davidow SL, Hollander M, Moreno DA, The Economics of Health Care Quality and Medical Errors, *J Health Care Finance.* 2012;39:39-50.

[5] Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health,* The National Academies Press, 2011, page xi.

[6] Ibid., page 3.

[7] Ibid.

[8] Committee for Assessing Progress on Implementing the Recommendations of the Institute of Medicine Report, *The Future of Nursing: Leading Change, Advancing Health, Assessing Progress on the Institute of Medicine Report The Future of Nursing,* Institute of Medicine, 2015, page 6.

[9] American Hospital Association Center for Health Care Governance, *2014 National Healthcare Governance Survey Report,* 2014, page 12.

[10] Nurses on Boards Coalition Website [http://nursesonboardscoalition.org/]. Accessed July 14, 2016.

[11] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[12] Personal interview, F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences June 6, 2016.

[13] Nurses on Boards Coalition Website [http://nursesonboardscoalition.org/]. Accessed July 14, 2016.

[14] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, September 20, 2016.

[15] American Hospital Association's Center for Healthcare Governance and Health Research & Educational Trust, *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness,* February 2009, page 7.

[16] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[17] "Adding a Nurse to the Board," Greene, Jan, *Trustee Magazine,* March 12, 2012.

[18] Personal interview, Marla Weston, PhD, RN, FAAN, Chief Executive Officer of the American Nurses Association, Co-Chair, Nurses on Boards Coalition, July 7, 2016.

[19] Hassmiller, Sue, PhD, RN, FAAN, "Envisioning a Future of Nurse Leaders in the Board Room," *NSNA Imprint,* Nov/Dec 2009, page 29.

[20] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[21] Post, Corinne and Byron, Kris, "Women on Boards and Firm Financial Performance: A Meta-Analysis," *Academy of Management Journal,* 2015, Vol. 58, No. 5, 1546–1571. [http://dx.doi.org/10.5465/amj.2013.0319]

[22] American Hospital Association Center for Healthcare Governance, *2014 National Health Care Governance Survey,* 2014, page 11.

[23] "Labor Force Statistics from the Current Population Survey," US Bureau of Labor Statistics, 2015. [http://www.bls.gov/cps/cpsaat11.htm]

[24] Personal interview, F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences June 6, 2016.

[25] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[26] Personal interview, Marla Weston, PhD, RN, FAAN, Chief Executive Officer of the American Nurses Association, Co-Chair, Nurses on Boards Coalition, July 7, 2016.

[27] Personal interview, Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing, July 7, 2016.

[28] Nursing Quality (NDNQI), Press Ganey website [http://www.pressganey.com/solutions/clinical-quality/nursing-quality], Accessed July 14, 2016.

[29] Personal interview, F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences June 6, 2016.

[30] Personal interview, Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing, July 7, 2016.

[31] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[32] Ibid.

[33] Personal interview, Kimberly Harper, RN, MS, Chief Executive Officer, Indiana Center for Nursing, Nursing Lead, Indiana Action Coalition — National Future of Nursing Campaign for Action, Co-Chair, Nurses on Boards Coalition, June 20, 2016.

[34] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[35] Personal interview, Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing, July 7, 2016.

[36] KPMG's 2011 U.S. Hospital Nursing Labor Costs Study, KPMG Healthcare and Pharmaceutical Institute, 2011, page 8. [http://www.natho.org/pdfs/KPMG_2011_Nursing_LaborCostStudy.pdf]

[37] Kovner, Christine T. et al., Estimating and preventing hospital internal turnover of newly licensed nurses: A panel survey. *International Journal of Nursing Studies,* Volume 60, August 2016, pages 251–262. [http://www.journalofnursingstudies.com/article/S0020-7489(16)30041-4/abstract]

[38] Cimiotti, Jeannie P., DNSc, RN, et al., Nurse staffing, burnout, and health care–associated infection, *American Journal of Infection Control,* Volume 40, Issue 6, August 2012, pages 486–490. [http://www.sciencedirect.com/science/article/pii/S0196655312007092]

[39] "Nearly One in Five New Nurses Leaves First Job Within a Year According to Survey of Newly-Licensed Registered Nurses," Robert Wood Johnson Foundation, September 4, 2014. [http://www.rwjf.org/en/library/articles-and-news/2014/09/nearly-one-in-five-new-nurses-leave-first-job-within-a-year--acc.html]

[40] Personal interview, F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences June 6, 2016.

[41] Honesty/Ethics in Professions. Gallup, December, 2015. [http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx]

[42] Personal interview, Kimberly Harper, RN, MS, Chief Executive Officer, Indiana Center for Nursing, Nursing Lead, Indiana Action Coalition — National Future of Nursing Campaign for Action, Co-Chair, Nurses on Boards Coalition, June 20, 2016.

[43] "Groundbreaking New Survey Finds that Diverse Opinion Leaders Say Nurses Should Have More Influence on Health Systems and Services," Robert Wood Johnson Foundation, January 19, 2010. [http://www.rwjf.org/en/library/articles-and-news/2010/01/groundbreaking-new-survey-finds-that-diverse-opinion-leaders-say.html]

[44] The Henry J. Kaiser Family Foundation, State Health Facts 2016 [http://kff.org/other/state-indicator/total-registered-nurses/]

[45] The Henry J. Kaiser Family Foundation, State Health Facts 2016 [http://kff.org/other/state-indicator/total-active-physicians/]

[46] Chamberlain, Andrew, *Demystifying the Gender Pay Gap,* Glassdoor, March 2016, page 22. [https://research-content.glassdoor.com/app/uploads/sites/2/2016/03/Glassdoor-Gender-Pay-Gap-Study.pdf]

[47] Personal interview, F. Patrick Robinson, PhD, RN, FAAN, Dean of Capella University School of Nursing and Health Sciences, June 6, 2016.

[48] Personal interview, Brenda Nevidjon, MSN, RN, FAAN, Chief Executive Officer at Oncology Nursing Society, and Professor Emerita at Duke University School of Nursing, July 15, 2016.

[49] Ibid.

[50] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[51] Personal interview, Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing, July 7, 2016.

[52] Ibid.

[53] Personal interview, Kimberly Harper, RN, MS, Chief Executive Officer, Indiana Center for Nursing, Nursing Lead, Indiana Action Coalition — National Future of Nursing Campaign for Action, Co-Chair, Nurses on Boards Coalition, June 20, 2016.

[54] Personal interview, Brenda Nevidjon, MSN, RN, FAAN, Chief Executive Officer at Oncology Nursing Society, and Professor Emerita at Duke University School of Nursing, July 15, 2016.

[55] Personal interview, Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing, July 7, 2016.

[56] Personal interview, Brenda Nevidjon, MSN, RN, FAAN, Chief Executive Officer at Oncology Nursing Society, and Professor Emerita at Duke University School of Nursing, July 15, 2016.

[57] Personal interview, Diana J. Mason, PhD, RN, FAAN, Co-Director, Center for Health, Media & Policy, Co-Producer and Moderator, HealthCetera, Former President of the American Academy of Nursing, July 7, 2016.

[58] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[59] Personal interview, Marla Weston, PhD, RN, FAAN, Chief Executive Officer of the American Nurses Association, Co-Chair, Nurses on Boards Coalition, July 7, 2016.

[60] Personal interview, Laurie Benson, BSN, Executive Director of the Nurses on Boards Coalition, June 9, 2016.

[61] "Nurses on Hospital Boards — Why is it so important?" New Jersey Action Coalition, August 18, 2013. [https://www.youtube.com/watch?v=XRcz60UF92M]

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