

Building Evidence that Demonstrates a Need for Increasing the Number of Nurses on Boards

Kimberly Cleveland
Pam Rudisill

Kimberly J. Harper
Anthony Vander Horst

Demonstrating the value of nurses on boards is essential to advance health equity. The Nurses on Boards Coalition launched an inaugural survey to grow the body of evidence supporting the value of nurses on boards and identify barriers to placing nurses on boards.

Creating the case for nurses to lead change and promote health equity is a challenging yet essential task. The Nurses on Boards Coalition (NOBC) is recognized for creating the opportunity for nurses to serve on boards (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). Over the last nine years, NOBC collected demographic and service data regarding these placements (NOBC, n.d.). This powerful information speaks strongly to the commitment nurses share in improving the health of their communities. Now is the opportune time to provide further evidence to support health system and community leaders who must make the business case for increasing the number of nurses on boards and providing adequate patient-facing nursing resources across the continuum of care. Without evidence to support the expenditure of the economic, social, and intellectual capital needed to support board service, the sustainability of the number of nurses filling board roles is at risk. Therefore, the ability to achieve health equity is in jeopardy. The purpose of this article is to share the importance of building the business case for nurses on boards and discuss NOBC's strategy to support the dissemination of this work.

Increasing the number of nurses in board service remains a cardinal consideration if health equity is to be achieved. Every nurse in a board seat is an empowered leader prepared to advocate for vulnerable populations by virtue of their professional identity. Nurses are recognized as drivers of the change needed to advance health

within their communities (NASEM, 2021). As such, the nursing perspective on governing boards is quintessential to achieving a higher level of health in every community.

Nurses have answered the call to lead through governance in corporate boards, health-related boards, non-health-related boards, appointments, panels, and commissions (Harper & Benson, 2019). "Many nurses also serve on boards of health care organizations, where they can provide their unique perspective on health-related issues facing individuals, families, and communities" (NASEM, 2021, p. 282). The mission of NOBC is to build the health of communities by increasing the number of nurses on boards and other bodies (NOBC, n.d.). Developing the evidence to support this growth fulfills that mission.

Since NOBC launched in November of 2014, it has grown into an independent, 501(c)(3) public charity that represents 25 national nursing organizations, three health-related organizations, seven organization affiliate members, 50 diverse strategic partners and sponsors, 50 state contacts and the District of Columbia, as well as a plethora of volunteers across the country. With over 10,000 board seats filled by nurses, the organization is dedicated to empowering nurses with resources and opportunities to advance health across the United States and beyond (NOBC, n.d.).

A Strategy for Success

The NOBC is historically committed to evidence-informed policy and evidence-based

practice that facilitate board service. The NOBC 2017-2021 Strategic Plan specifically carved out a path to build this evidence. In 2017, the NOBC Board of Directors established the priority of building the science of nursing leadership at the board level through the development of a workgroup. The NOBC Impact of Nurses on Boards Workgroup was tasked with generating evidence and disseminating findings that describe the impact of nurses on boards, and developing a repository of resources for researchers and other interested parties to share findings. The repository can be found on the NOBC website (www.nursesonboardscoalition.org). This repository continues to be a valuable resource for those who aim to expand the body of evidence regarding the impact of nurses engaged in board service.

In 2022, the NOBC Board of Directors engaged in a subsequent strategic planning process. This process resulted in the creation of the NOBC Strategy Map 2022-2025. The Strategy Map outlines three key strategies to execute the mission of the organization along with strategic imperatives to guide the organization's work. One of the three key strategies aims to demonstrate the value of nurses in board seats, identify perceived barriers to this plan, and publish and disseminate measures of success. The NOBC Board of Directors appointed the NOBC Value of Nurses on Boards Committee to lead this key strategy to adduce evidence that supports the strategic imperative to demonstrate the value and impact of nurses on boards. The work of this committee is well underway and focuses on building the business case for placing nurses in board seats (NOBC, 2023). This key strategy was created to complement the work of the NOBC Impact of Nurses on Boards Work Group through the development of evidence that demonstrates the business case to continue increasing the number of nurses filling board seats while simultaneously identifying the perceived barriers to this plan.

Measuring Value

The Value of Nurses on Boards Committee began meeting in February of 2022 to decide how to analyze data NOBC collect as a part of its ongoing operations. They also strategized how to

identify relevant data that would demonstrate the continued growth in the number of nurses in board seats. By August 2022, the committee identified priority areas necessary to understand the impact of nurses serving in board seats. This work culminated in the development of a scorecard. The Committee determined that understanding the demographics of the population served by the board for which a nurse is a board member would be vital in making the case for the value of the nursing perspective on that board. Demographics of nurse board members, their information regarding educational preparation, the support from employers for time to engage in board work, the time commitment for board work, and the number of board roles held were included as items within the scorecard.

Furthermore, the Value of Nurses on Boards Committee considered how board service intersected with the Social Determinants of Health (SDOH) (Healthy People 2030, n.d.); the AARP Eight Domains of Livability (AARP, 2023); and Environmental, Social, and Governance (ESG) factors that assist stakeholders in understanding how organizations manage their risks and opportunities around sustainability issues (Diligent, 2023). These initiatives provided examples of parameters that can be tracked and measured. The Committee established additional priorities based on these initiatives to further examine nurse impact.

The Value of Nurses on Boards Committee selected a mixed methods research design using an inaugural survey with both open-ended and closed questions. A link to the survey was sent to nurses registered within the NOBC database and nurses enrolled within NOBC member organizations to collect evidence of their impact on boards. The survey was approved *exempt status* through Kent State University's Institutional Review Board review on March 15, 2023.

The Nurses on Boards Coalition sought the support of member organizations to collaborate and sponsor the initiative to gather information that substantiates nurses' impact. The American Organization of Nurse Leaders (AONL) and AMN Healthcare provided funding for the inaugural survey. In addition, NOBC received a 2022 Health Equity Innovation Fund award from the Health

Equity Innovation Fund award provided by the AARP Center for Health Equity through NursingSM and the Future of Nursing: *Campaign for Action*, which is an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation (RWJF). The AARP grant provided additional funding for the creation, dissemination, and analysis of the inaugural survey, among other initiatives.

Thanks to the generosity of the collaborators on the project and the grant award, NOBC was able to engage the Kent State Survey Research Lab (SRL) to assist in developing the inaugural survey, monitoring the psychometric properties (i.e., reliability and validity), and analyzing the survey. The Value of Nurses on Boards Committee, with the help of the SRL, developed the survey questions and shared them with the survey research team at the Kent State University SRL. The survey research team cognitively tested the survey with six nursing experts. The nurse expert cognitive testing of the instrument provided feedback that assisted in refining language to ensure the clarity of the questions throughout the survey instrument. The SRL provided feedback from the cognitive interview process to the NOBC Value of Nurses on Boards Committee for review, and after minor language and ordinal modifications were made to the survey, NOBC engaged with member organizations to deploy the survey. Data are currently being analyzed.

Next Steps

The inaugural survey data will be disseminated after analysis is completed. Data will drive further research regarding the value of nurses on boards. Information from the survey will be used to inform the *Strengthening Nurses' Voices to Improve Health Equity: A Community-Based Approach* grant funded by a 2022 Health Equity Innovation Fund award from the AARP Center for Health Equity through NursingSM and the Future of Nursing: *Campaign for Action*, an initiative of AARP Foundation, AARP, and the RWJF. The goal of this research project is to increase health equity across America through the increased number and diversity of nurses on boards, commissions, and appointments within and outside of health care.



Now is the opportune time to provide further evidence to support health system and community leaders who must make the business case for increasing the number of nurses on boards and providing adequate patient-facing nursing resources across the continuum of care.

Information from the inaugural survey will contribute to identifying and addressing gaps and barriers that prevent nurses from leading change on issues of structural racism and SDOH with the community.

This inaugural survey's data will be the foundation on which to build further support for increasing the number of nurses on boards. Creating a sustainable database that provides an understanding of the impact nurses have on SDOH, as well as implications that their board positions have on health systems, community organizations, and corporations, will assist in promoting and developing health equity programs. The database will also assist in discovering gaps in areas of impact and barriers to board service. The evidence will also support health system and community leaders to make the business case for increasing the number of nurses on boards. These stakeholders are faced with making organizational decisions to support nurses serving on boards at a time when they are faced with competing demands for the use of their nurses' time, unique disciplinary expertise, and diverse professional health care and business acumen.

Removing barriers to nurses serving in board roles is required if health leaders are going to join the Centers for Medicare and Medicaid Services (CMS) in advancing health equity. The CMS Framework for Health Equity provides five priorities for achieving health equity (CMS, 2022a). Priority 3, *building the capacity of the healthcare organizations and workforce to reduce health and healthcare disparities*, demonstrates the commitment of CMS to support health care providers, health plans, and other organizations that ensure individuals and families receive the

highest quality care and services. CMS further included two new measures for hospitals that participate in the Hospital Inpatient Quality Reporting Program. *The Fiscal Year 2023 Inpatient Prospective Payment System and Long-Term Care Hospital Payment System Final Rule* requires reporting on the Screening for Social Drivers of Health Measures and the Screen Positive Rate for Social Drivers of Health Measures (CMS, 2022b). The Joint Commission (2023) elevated this initiative to a National Patient Safety Goal in July 2023 as NPSG.16.01.01 “Improve Health Care Equity.” As health systems create screening tools and strategies to advance the health of their communities, the number of nurses needed in board roles will only increase. Furthermore, nurses who are engaged within their communities will be well-positioned to assist health systems in responding to the needs of vulnerable populations.

Conclusion

Building a database that reflects the value of nurses on boards remains a dynamic, longitudinal process. The inaugural survey will provide baseline information to inform research and quality improvement studies. These studies will be valuable because they identify gaps in board service and barriers to board service that impact health equity. Additionally, these data may assist senior leaders in health care systems to be aware of the value nursing board service has on the bottom line of delivering high-quality and equitable health care across the continuum of care. The prospect of evidence-based decisions for nurses on boards is novel and bold. Yet it encourages leaders to take pause and seriously consider how nurses engaged in board service of all types can improve the bottom line by advancing the health and trust of the communities served, resulting in communities improving SDOH. \$

Kimberly Cleveland, PhD, JD, MSN, RN, C-MBC, C-MPC

Associate Professor
College of Nursing
Kent State University
Kent, OH

Pam Rudisill, DNP, RN, MSN, NEC-BC, FAONL, FAAN

Senior Vice President and Chief Nursing Officer
Community Health Systems
Nurses on Boards Coalition
Board Chair Emeritus
Franklin, TN

Kimberly J. Harper, MS, RN, FAAN

CEO
Indiana Center for Nursing
Nurses on Boards Coalition
Board Chair Emeritus
Indianapolis, IN

Anthony Vander Horst, PhD

Associate Professor
Department of Sociology/Criminology
SRL Chief Statistician
Methodologist
Kent State University
Kent, OH

References

- AARP. (2023, March). *The 8 domains of livability: An introduction*. <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>
- Centers for Medicare & Medicaid Service. (2022a, April). *CMS framework for health equity 2022-2032*. <https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf>
- Centers for Medicare & Medicaid Service. (2022b, August). *FY 2023 hospital inpatient prospective payment system (IPPS and long-term care hospital prospective payment system (LTCH PPS) final rule-CMS-1771-F*. <https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospital-prospective>
- Diligent. (2023, September). *Environmental, social, governance (ESG)*. <https://www.diligent.com/resources/guides/esg>
- Harper, K.J. & Benson, L.S. (2019). The importance and impact of nurses serving on boards. *Nursing Economic\$,* 37(4), 209-212.
- Healthy People 2030. (n.d.). *Social determinants of health*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- The Joint Commission. (2023, January). Healthcare equity standard elevated to national patient safety goal. *Joint Commission Perspectives,* 43(1), 2-4.
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. The National Academies Press. <https://doi.org/10.17226/25982>
- Nurses on Boards Coalition. (n.d.). *Our story*. <https://www.nursesonboardscoalition.org/about/>
- Nurses on Boards Coalition. (2023, May). *A letter from NOBC leadership: Imagining the possibilities*. <https://www.nursesonboardscoalition.org/nobc-news-may-2023-imagining-the-possibilities/>