

## Diverse Leadership Needed for a Changing World

Kimberly J. Harper  
Janice G. Brewington

*In this changing world, nurse leaders must step up and improve structural racism, social determinants of health, and health inequities. Nurse leaders must not wait at the gate to be change agents but have the vision, understanding, clarity, and agility to serve on all types of boards and lead change.*

The COVID-19 pandemic created a world characterized as VUCA: Volatile, Uncertain, Complex, and Ambiguous (Bennett & Lemoine, 2014). Volatility is marked by constantly changing, unstable world conditions. Uncertainty is illustrated by the inability to anticipate events or predict what will emerge and unfold. Complexity infers that our world today has become more complex than ever as we now must process the impact of COVID-19, loss of lives, economic crisis, and newly exacerbated racial and social injustices. Ambiguity reflects the lack of clarity about what is true and false amid the turmoil.

The VUCA factors have hindered society's progress in combatting structural racism. "Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice" (Bailey et al., 2017, p. 1453). According to Gee and Ford (2011), "structural racism emphasizes the most influential socio-ecologic level at which racism may affect racial and ethnic health inequities" (p. 3). In the United States, structural racism is not a new phenomenon. It has existed in this country for centuries, beginning with Blacks and Indigenous people of North America. However, the killing of George Floyd by a White policeman and the impact of the COVID-19 pandemic on people of color, especially Blacks, Latinos, and American Indians, have illuminated the prevalence of structural racism (Qeadan et al., 2021).

The COVID-19 pandemic has perpetuated a "new normal" for how we behave, act, and work. Moreover, it has highlighted the health inequities and poorer health outcomes experienced by American people of color. Such social determinants of health (SDOH) and health inequities cannot be addressed without confronting the issue of structural racism. SDOH are "the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion [DHHS], 2021, para. 1). *Healthy People 2030* identifies five domains of SDOH: economic stability, health care access to quality care, social and community context, education access and quality, and neighborhood and built environment (DHHS, 2021). Structural racism perpetuates the health inequities within the SDOH. The *Future of Nursing 2020-2030* report also addresses the relationships among structural racism, SDOH, and health equity (National Academies of Sciences, Engineering, and Medicine, 2021).

To change the health outcomes for marginalized groups and society, nurses must take on a more fervent level of personal accountability and be the voice for change. Nursing skills such as advocacy, teamwork, and change agency are needed on boards to influence decision-making, address structural racism and SDOH, and promote health equity, diversity, and inclusion. Organizations need nurse leaders from diverse

backgrounds to serve on boards and leverage their knowledge of health inequities.

## Value of Diversity on Boards

---

Over the last few years, the world has changed, and so must boards. The same demographic has led most national and community boards for too long. To improve SDOH and structural racism, boards must embrace a more diverse democratic profile. Though it appears some progress has occurred, we have a long way to go. We no longer see companies listed on the Standard & Poor's 500 with all male boards. In 2019, women composed nearly half of the S & P's newly appointed directors, and 10% were women of color. Though trending in the right direction, U.S. progress is slow. Internationally, the progress is more advanced. For example, women make up 26% of boards represented on the Morgan Stanley Capital International All Country World Index (Ellingrud, 2020).

The Nurses on Boards Coalition's (NOBC) national database provides a national perspective of diversity within the nursing profession. As of December 2021, 23,143 nurses in the database self-reported the following demographic data: 78% identified as female, 12% identified as male (10% did not answer) (NOBC, 2021). Entrants self-reported their race as 41% White, 28% Hispanic or Latino, 15% African American or Black, 2% Asian, and 4% Other (10% did not answer). Of the NOBC database entries who attested to currently serving on at least one board, 84% identified as female and 13% identified as male (3% did not answer). Within the nurses who serve on at least one board, 50% reported their race as White, 32% Hispanic or Latino, 6% African American or Black, 2% Asian, and 3% Other (7% did not answer). The data followed a similar pattern for nurses who do not yet serve on a board but wish to join one (NOBC, 2021).

Not only is it imperative boards welcome a broad array of diverse perspectives through inclusion of members of differing genders, cultures, races, and areas of expertise, but it is just as important the boards nurses join represent a wide variety of organizations. Though we can

agree more nurses and nurses of diverse backgrounds are needed on hospital and healthcare boards, we cannot forget about the hundreds of non-healthcare organizations in our nation's communities that affect SDOH. For example, the nursing voice is needed within organizations that improve transportation (and therefore access to health care), assure availability of healthy and affordable foods, and promote healthy lifestyles.

## Leadership Challenges

---

Nearly all Americans have experienced changes, frustration, and loss throughout the last year, either from the impact of the pandemic or from social and racial injustice. In these difficult times, most would agree that change is needed. Nurses are challenged to move from addressing the needs of the now while preparing for what comes next. Considering America's renewed appreciation for nurses, perhaps now is the perfect time to apply their leadership skills and initiate the needed changes to move forward. Nurse leaders have an opportunity to optimize the public's trust in healthcare heroes and flip what is currently perceived as challenges and dilemmas into prospects to advance health care in national and global communities.

Undoubtedly, leaders in the future will need Vision, Understanding, Clarity, and Agility. Who better than nurses to lead change? As Johansen (2012) notes with his version of the VUCA acronym, nurse leaders can reframe today's challenges into positive, effective leadership strategies in practice, education, and the boardroom. Johansen suggested volatility leads to vision, uncertainty promotes understanding, complexity induces clarity, and ambiguity fosters agility. By embracing a more positivistic frame of reference, nurse leaders can lead the change needed to promote equity for all.

## Implications for the Nursing Profession

---

Nurses and nurse educators must first see themselves as leaders to lead change. Godsey and coauthors (2020) conducted a study to determine factors that influence registered nurses' image.

The study reported nurses did not perceive themselves as leaders. This perception is problematic because many nurses are not recognizing and acknowledging their influence. The nursing profession is at the frontlines of the pandemic and at the forefront of critical arenas where they witness the effects of structural racism and inequalities within SDOH. Further, society needs nurses and nurse educators who lead change and transformation, not only in the now but as visionary leaders who have the initiative to strategically address the societal issues of structural racism, SDOH, and inequities.

Additionally, the nursing profession must improve how we prepare nurses for leadership roles within all system levels in traditional and nontraditional boards. One way to prepare nurse leaders is to teach them good team behaviors. The *Future of Nursing 2020-2030* report calls for nurse leaders to collaborate with other professionals to impact change in health equity across all populations and all sectors of the community.

## Conclusion

In this changing world, nurse leaders must step up and improve structural racism, SDOH, and health inequities. Application of *Vision* to plan for social change, *Understanding* of social inequities, *Clarity* of goals, and *Agility* to adopt change may provide nurse leaders with the power to add value to boards' strategic planning, analytical thinking, and systems thinking. Thus, nurse leaders must not wait at the gate to be change agents but walk through prepared to serve on all types of boards. \$

### Kimberly J. Harper, MS, RN, FAAN

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

### Janice G. Brewington, PhD, RN, FAAN

Chief Program Officer  
National League for Nursing  
Washington, DC

**Note:** To highlight the importance and benefits of nurses on boards, *Nursing Economic\$* is pleased to partner with the Nurses on Board Coalition to publish this column. For more information, visit [www.nursesonboardcoalition.org](http://www.nursesonboardcoalition.org)

## References

- Bailey, Z.D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *Lancet*, 389(10077), 1453-1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
- Bennet, N., & Lemoine, G.J. (2014, January- February). What VUCA really means for you. *Harvard Business Review*. <https://hbr.org/2014/01/what-vuca-really-means-for-you>
- Ellingrud, K. (2020, June 26). Accelerating board diversity. *Forbes*. <https://www.forbes.com/sites/kweilinellingrud/2020/06/26/accelerating-board-diversity/?sh=441446505106>
- Gee, G.C., & Ford, C.L. (2011). Structural racism and health inequities: Old issues, new directions. *Du Bois Review: Social Science Research on Race*, 8(1), 1-20. <https://doi.org/10.1017/S1742058X11000130>
- Godsey, J.A., Houghton, D.M., & Hayes, T. (2020). Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession. *Nursing Outlook*, 68(6), 808-821. <https://doi.org/10.1016/j.outlook.2020.06.005>
- Johansen, R. (2012). *Leaders make the future: Ten new leadership skills for an uncertain world*. Berrett-Koehler Publishers.
- 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 (NOBC). (2021). *National database*.
- Qeadan, F., VanSant-Webb, E., Tingey, B., Rogers, T.N., Brooks, E., Mensah, N.A., ... Rogers, C.R. (2021). Racial disparities in COVID-19 outcomes exist despite comparable Elixhauser comorbidity indices between Blacks, Hispanics, Native Americans, and Whites. *Scientific Reports*, 11(1), 1-11. <https://doi.org/10.1038/s41598-021-88308-2>
- U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (DHHS). (2021). *Healthy people 2030: Social determinants of health*. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>