

Subsidiary Focus

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The Impact of Including Nursing's Perspective on Hospital Boards

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People are patients in hospitals for one primary reason: they need specialized nursing care that they cannot receive at home or in another type of facility. If patients need lab work, physical therapy, x-ray, or surgery, these can be done on an outpatient basis. Skilled nurses providing careful, close supervision, treatment, and perceptive monitoring of patients in an acute care setting is the very definition of a hospital. As soon as a patient or family member can be taught to manage the required care, patients are discharged home or to another care facility. *Nursing care is the very essence of a hospital.* So it is quite confounding that the perspective of nursing professionals has essentially been “MIA” at the hospital governance level for far too long.

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In 2011, there was a clarion call issued by the Institute of Medicine (IOM) in their landmark report on the future of nursing for nurses to play a more important role in the decision making of hospital boards.¹ Since that time, nurses have cooperated with the Robert Wood Johnson Foundation and AARP to form the Center to Champion Nursing in America and the Nurses on Boards Coalition. They have been working diligently toward placing more nurses on health-related policy-making boards as a way to improve the nation's health.

1 Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, *The Future of Nursing: Leading Change, Advancing Health*, National Academies Press, 2011.

Unfortunately, nurses seem to be losing ground as far as hospital board membership is concerned. The Governance Institute's 2019 biennial survey showed that only eight percent of respondents had at least one nurse on the board, down from 10.2 percent in 2017; similarly, the American Hospital Association's 2019 governance survey showed that responding boards had four percent nurse membership, down from six percent in 2011.²

Even though the perspective a nurse brings to a healthcare board has been well documented in the literature, appointments to a hospital board or hospital authority have been notoriously difficult for nurses and, as documented by The Governance Institute and AHA, the appointments to boards nationally are decreasing. One reason is the method by which appointments to hospital boards are made. Even though the AHA Center for Healthcare Governance's 2012 Blue Ribbon Panel report recommended that boards no longer choose board members from their "friends, colleagues or donors," networking and being known by the CEO and existing board members remains one of the main ways people are nominated to serve on boards.³ Nurses' lack of involvement

→ Key Board Takeaways

Nursing care is the very essence of a hospital. But the perspective of nursing professionals has essentially been "MIA" at the hospital governance level. Subsidiary boards especially play a critical role in ensuring that the nursing perspective at the governance level helps to shape the care delivered to their communities. Key issues for boards to consider include:

1. The nurse perspective is especially important and valuable in the areas of policies and procedures; quality, safety, and experience; knowledge of hospital and patient care operations; and understanding of community and stakeholder needs relating to fulfillment of the organizational mission.
2. Nurses can be key members of the board's quality committee, including providing expert knowledge and critical perspective to the medical staff credentialing process.
3. Nurses are trained in disaster preparedness and crisis planning.

2 K. Peisert and K. Wagner, *Transform Governance to Transform Healthcare: Boards Need to Move Faster to Facilitate Change*, 2019 Biennial Survey of Hospitals and Healthcare Systems, The Governance Institute; American Hospital Association, *National Health Care Governance Survey Report*, 2019.

3 American Hospital Association, *Governance Practices in an Era of Health Care Transformation*, 2012, p. 11.

in professional, business, and community organizations hinders their ability to be chosen for many boards.

As Chair of Georgia’s Nurses of Board Coalition, I interviewed four CEOs and board chairs of hospitals and community health clinics with nurses on their boards in the Atlanta metropolitan area about their perception of the value the nurse member had brought to the governance of their board and how the nurses were appointed to their boards.

The years of experience as CEO or board chair ranged from four to over 20 years. The years of experience with the nurses serving on their boards ranged from four to seven years. The CEOs and board chairs were asked to compare and contrast the nurse’s contribution to their other board members. While several of the responses overlap, the content analysis allows for categorization into the following areas:

Category	Responses
1. Expert Knowledge Related to Policy	“They are an expert in policy and procedure with a great point of view.”
2. Expert Knowledge Related to Quality and Safety	“She chairs our quality and safety committee and provides a valuable perspective as a nurse.” “Most hospital boards are made up of laypeople with no real knowledge or involvement in a hospital’s daily operation. But our nurse is our ‘go-to’ board member who gives us the direction in important decisions that we can make.”
3. Knowledge of Hospital and Patient Care Operations	“Our nurse has the <i>objectivity, commitment, and the expertise needed to make decisions</i> in the best interest of our hospital, our mission, our community, and our stakeholders. She gets community partnerships.”
4. Understanding of Community Needs, Mission, and Stakeholders	“Our nurse understands the required community assessment.”
5. Expert Knowledge in the Credentialing Process	“She has had years of experience with <i>the quality, safety, and credentialing process</i> of physicians and allied health providers.”

6. Understanding of disaster preparedness and crisis planning

“With the COVID-19 pandemic, one of the first persons I contacted was my nurse board member. We were treading in new waters, and I found myself, along with every other CEO in the nation, needing community guidance on how to best support our local situation.”

7. Understanding of nurse recruitment and nursing partnership

“She is like *my compass when it comes to nurse recruitment, nursing partnerships, community needs, and ways we can work together. We are all facing a nationwide nursing shortage and are often challenged in this community to recruit nurses. That’s how a great board member helps pave the way for a brighter healthcare future.*”

8. Brings a Nursing Perspective

“She gives us a view that we might otherwise miss, which is very important in patient care delivery, community assessment and workforce.”

While the research indicates that the number of nurses serving on hospital boards has decreased nationally, there are CEOs and boards that are coming to understand the value of nurses on their boards and adding nurses to their boards for the first time. One example is Piedmont Fayette Hospital in Fayetteville, GA. After its establishment 23 years ago, Piedmont Fayette Hospital, a 282-bed subsidiary hospital of the Piedmont Health Care System, one of the largest healthcare providers in Georgia, added its first nurse to the board. William Michael Scott, D.N.P., FAANP, began his first term as a member of the board of directors in July 2020.

Piedmont Fayette’s CEO, Stephen Porter, and its board members were looking for a community member that could represent and assist with solutions related to healthcare staffing challenges, academic relationships, and an innovative nursing approach, as nurses make up the organization’s largest workforce. “Our Chief Nursing Officer, Merry Heath, recommended Dr. Michael Scott,” said Mr. Porter. After reviewing his resume and considering his newly appointed position with one of Piedmont Fayette’s longstanding educational partners, Clayton State University School of Nursing, the Piedmont Fayette CEO and board decided Dr. Scott seemed like a great fit. “We recognize that *the voice of nursing is critical to our success* and considered Michael a great representative of that

voice,” said Stephen Porter, CEO, Piedmont Fayette Hospital. Dr. Scott became the first nurse appointed to the Piedmont board in its 23 year history.

As Piedmont Fayette Hospital and Dr. Scott came to understand, having a nurse serve on a hospital system, hospital authority, or other healthcare delivery board allows nurses to have a greater impact on improving the community’s overall health. From my 10 years of service on multiple hospital and community boards, I have come to understand that every board can benefit from a nursing perspective.

I have had several hospital trustees tell me that they “don’t know any nurses” who could serve on their boards. The national Nurses on Boards Coalition has a repository of qualified nurses ready, willing, and able to serve on health-related boards. If you are interested in more information about having a nurse serve on your board, or if you are a nurse wishing to list your board service or wishing to serve on a board, visit nursesonboardscoalition.org. Nurses participating on the health-related boards are a way to improve your board’s performance and, most importantly, your community’s health.

The Governance Institute thanks Lisa Wright Eichelberger, Ph.D., RN, Dean and Professor, College of Health, Clayton State University, and Chair, Georgia Nurses on Boards Coalition, for contributing this article. She can be reached at LisaEichelberger@clayton.edu.

