JONA
Volume 52, Number 2, pp 106-111

THE JOURNAL OF NURSING ADMINISTRATION

Nurses' Perspectives of Their Impact While Serving on Boards

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OBJECTIVE: The study objective was to identify nurses' perceptions of their impact while serving on boards.
BACKGROUND: Nurse leaders serving as voting board members are key experts for board effectiveness and may be associated with stronger performing organizations. Extant research indicates that nurse leaders are qualified for board service; however, no research explores the impact of nurses on boards.
METHODS: We conducted an exploratory qualitative study by interviewing 20 nurses serving on boards. Hermeneutic analysis of the data resulted in 1 overarching pattern and 7 traversing themes.
RESULTS: Nurses who serve on boards reported leveraging expert knowledge of healthcare and caring wisdom to influence strategic thinking to meet stakeholder needs.
CONCLUSION: Nurses promote effective board governance by ensuring that the perspectives and needs of all stakeholders are represented in board processes. We recommend health-related organization executives and board leaders appoint nurses as voting members of their governing boards.

Healthcare costs, quality, equity, access, and overall consumer experiences are in need of attention, including the concurrent obligation to address healthcare governance effectiveness.[1] Board governance effectiveness is associated with organizational performance and is determined notably by board composition, commitment, and decision making.[2,3] Board composition inclusive of diversity, expertise, and independence has substantial influence over board effectiveness.[4] Stronger performing organizations result when industry expert leaders are formally incorporated into board composition with voting privileges.[4,5]

The links among industry expert board members, governance effectiveness, and health-related organizational performance suggest a need to more fully engage nurse leaders in voting board membership as a strategy to improve healthcare governance effectiveness and, thus, organizational performance. Nurse leaders who serve as voting board members are key experts for board effectiveness and may positively impact health-related organizational performance.[6] Given nurse leaders' expertise at the intersection of healthcare costs, quality, and consumer experiences, it is concerning that only 4% of hospital and health system board seats are occupied by nurse leaders and only one-third of governing boards include nurse leaders as voting board members in healthcare organizations in the United States.[7,8] To address the persistent need to engage nurses on boards, the Nurses on Boards Coalition (NOBC)[9] actively facilitates board appointments between organizations and board-ready nurses.

Articulating the case for nurses on boards, Sundean et al[10] found that nurses offer unique knowledge, skills, values, and professional perspectives that are beneficial for board service. Areas of expertise included healthcare complexity, finances, quality and safety, human resources, regulatory standards, and health equity. Murt et al[11] characterized the lived experiences of nurses serving on boards by respect from fellow board members, deep commitment to organizational mission, and board work with emphasis on relationship building and networking. Walton et al[12] identified nurses' lack

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The authors declare no conflicts of interest.

This study was funded by The Foundation of the National Student Nurses' Association, Inc.

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Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site (www.jonajournal.com).

DOI: 10.1097/NNA.0000000000001110

of confidence as a key barrier to board service. Prybil[8] cited 3 additional barriers: 1) gender inequity; nursing is a female dominated profession and women continue to face inequities in board appointments; 2) lack of understanding and appreciation for nurses' knowledge, expertise, and skills for board service; and 3) concerns about board independence for nurses, which are addressed by appointing nurses who are not organizational employees.

Securing a board appointment is a step into the boardroom and leveraging leadership capabilities as impactful board members is the pathway to impacting and improving board effectiveness and, potentially, organizational performance.[4,13] Of the recent studies reviewed, none have explored the impact from the perspective of nurses who serve on boards. The purpose of our study, therefore, was to explore nurses' perspectives of their impact while serving on boards.

Methods

Through qualitative exploration, we addressed 2 study questions: *a*) What are the core professional values, knowledge, and perspectives embedded in nurses' stories about board service? and *b*) How do nurses' values, knowledge, and perspectives impact board service? We used hermeneutic analysis, underpinned by phenomenology, as the study design, which assumes meaning is best discerned through interpretation and understanding of experiences as reflected in stories, texts, art, and other objects.[14] This approach was well suited to the study questions because impact is nuanced, multifactorial, and not easily quantifiable. In organizations and on boards, impact can be measured in multiple ways; however, we used an open-ended approach so study participants could describe impact on boards from their own perspectives and experiences. The study was approved by the institutional review boards of Chamberlain University and Texas Tech University Health Sciences Center.

Data Collection

We recruited participants randomly from registrants in the NOBC database (a self-reporting system for US nurses to share their board service appointments) and who were licensed registered nurses (RNs) with experience as voting members on at least 1 board. Subsequent participants were recruited via purposive sampling. Interviews were scheduled after completion and return of informed consent forms and demographic surveys. Semistructured interviews lasted between 45 and 90 minutes.

The research team asked participants to discuss their professional values and issues of great importance or interest to them relative to board service. We further asked the nurses how their values and perspectives may have influenced their engagement with board service differently from other members of the board and what impact their values, perspectives, and actions may have had on board interactions and decisions. To further elucidate descriptions and nuances, we followed up with probing questions. Interview transcripts were analyzed concurrently. Commonalities and redundancy of findings after 17 interviews indicated data saturation.[15] We interviewed 3 additional participants to ensure that no new themes were introduced. We interviewed 20 participants in total.

Data Analysis

We used qualitative data analysis methods described by Diekelmann and Magnussen-Ironside.[16] Through systematic and iterative analysis, traversing themes and an overarching pattern were identified. We initially coded transcripts independently to develop categories. Categories were compared and collapsed into themes (recurrent categories indicating shared experiences). We routinely met to discuss the themes with supporting transcript text, examining nuances in perspectives, experiences, and wording. Themes were refined reflexively with frequent return to the text and consideration of competing interpretations. We identified and continued to refine themes that traversed across multiple transcripts through this iterative process. Finally, traversing themes were examined in aggregate to define an overarching pattern, which represents the highest level of hermeneutic analysis.[16] We labeled the traversing themes and overarching pattern with action verbs because the participants described their impact as an active and dynamic construct of behaviors and attributes that influenced board actions and decisions rather than as static and delimited phenomenon.

To support qualitative rigor,[17,18] we developed an a priori analysis protocol, used constant comparison analyses, kept an audit trail of research activities, engaged in team discourse and reflection, achieved data redundancy, and sought interpretive consensus. We conducted member checks to confirm preliminary findings by asking participants if the findings resonated with their experiences and were credible and believable and if the values and perspectives reflected in the findings were representative of the nursing profession. Of the 20 participants, 7 (35%) responded and supported the findings.

Results

Participants were female, 90% (n = 18) were non-Hispanic White, and 50% (n = 10) had a doctoral academic degree (Table 1). The mean (SD) age of the sample was 56.7 (11.9) years (range, 32-73 years), and the mean (SD) years since RN licensure of the

Table 1. *Frequency Table for Gender, Race, Ethnicity, State, Highest Degree, and Highest Nursing Degree*

Variable	n	%
Gender		
Female	20	100
Missing	0	0
Race		
American Indian/Alaskan Native	1	5
Black/African American	2	10
Other	1	5
White/Caucasian	16	80
Missing	0	0
Ethnicity		
Hispanic	1	5
Non-Hispanic	18	90
Prefer not to respond	1	5
Missing	0	0
Highest degree		
Associate's degree	1	5
Baccalaureate degree	3	15
Master's degree	6	30
Doctorate degree (including Juris Doctorate)	10	50
Missing	0	0
Highest nursing education		
Associates degree	1	5
Baccalaureate degree	4	20
Doctorate degree	7	35
Master's degree	8	40
Missing	0	0

Because of rounding errors, percentages may not equal 100%.

participants was 29.8 (15.05) (range, 1-50 years). Participants were currently serving or had served on nonprofit, for-profit, governmental, and advisory boards. In aggregate, 40% (n = 8) of the participants had more than 10 years of service on nonprofit boards, 10% (n = 2) of the participants had more than 10 years of service on advisory boards, and the remaining participants had varying years of overlapping service on each of the 4 board types (Table 2).

We identified an overarching pattern that synthesized findings across all participants: *nurses reported leveraging expert knowledge of healthcare and caring wisdom to influence strategic thinking to meet stakeholder needs*. Participants recounted how their clinical practice experiences and knowledge, combined with personal and professional nursing values, are leveraged to influence board relations, processes, and outcomes. The pattern was supported by 7 traversing themes (Figure 1).

Influence Strategy Through a Systematic, Upstream-Thinking, Evidence-Based Approach

According to participants, nurses apply systematic approaches, influenced by the nursing process and other problem-solving models, to board service. The systematic approaches are data driven, holistic, anticipatory, and systems based. Furthermore, these approaches broaden board discussions, improve the quality of board decisions, and expand the scope of board activities. One participant noted, "…nurses learn to anticipate. We're using our critical thinking skills and we're thinking 2 and 3 and 4 steps ahead." Another participant stated, "I would have a tendency more to look at the origination of the situation with the individual, but a lot of the colleagues that I worked with would sometimes just look at the present scenario that they're in." Each participant followed with additional and similar examples of specific initiatives and data that illustrated systematic and strategic approaches to board participation that they had influenced.

Contribute Professional Influence Based on Earned Public Trust and Respect

Participants noted that nurses bring operational and reputational value to boards because nurses are rated the most honest and ethical profession and recognized for their expert healthcare knowledge and patient-centric perspectives.[19] Value and credibility are earned from a history of fulfilling nursing's social contract with healthcare consumers and communities. Participants shared comments such as, "…whenever I was introduced, they would say, 'That's XXX. She's a nurse!'" and "I feel like the contribution of nursing has made [has impacted] the board because we bring a lot of value to the healthcare system." Participants noted that professional trust brings value to external board stakeholders.

Table 2. *Frequency Table for Combined Number of Years Served on All Boards, Past and Present*

Variable	n	%
Combined years all boards: nonprofit		
<3 years	2	10
3-5 years	4	20
6-10 years	5	25
>10 years	8	40
Combined years all boards: profit		
3-5 years	2	10
Combined years all boards: advisory		
3-5 years	1	5
6-10 years	5	25
>10 years	2	10
Combined years all boards: government		
6-10 years	1	5
>10 years	1	5

Data reflect individual nurse participants who serve on multiple types of boards.

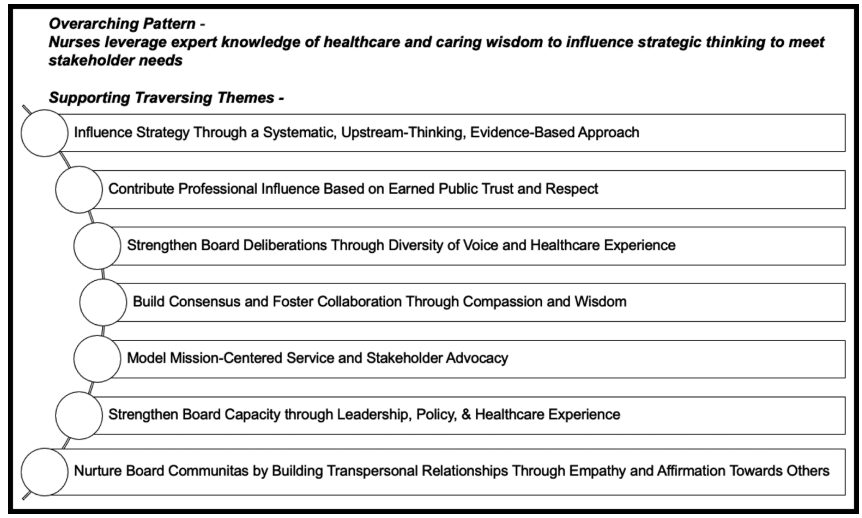

Figure 1. Overarching Pattern and supporting traversing themes.

Strengthen Board Deliberations Through Diversity of Voice and Healthcare Experience

Nurses bring gender, discipline, experiential, perspective, and knowledge diversity to boards, according to participants. Through this multifaceted diversity, nurses provide voice, insight, and intuition to question assumptions and practices and steer board discussions and processes toward more inclusive board actions. For example, "That's important to me as well that when we're talking about policy, for instance, and how our public policy can affect the care of these families, that there's a nurse at that table…to be able to speak from our unique discipline's perspective."

Build Consensus and Foster Collaboration by Leveraging Compassion and Wisdom

Participants shared that nurses are seasoned members of healthcare teams composed of individuals with competing interests that operate in high-stress environments. Nurses communicate compassionately by seeking engagement from team members so that all voices are heard and valued. These efforts encourage divergent thinking and foster collaboration to ensure that all members are empowered to contribute to common goals. One participant's perspective illustrates a common comment: "[My] impact on the board is to try to draw out members who may not speak up. The organizations I'm in have benefited from this drawing out of individuals, that we get to better decision because everyone's voice is heard; we don't just hear the loudest one."

Model Mission-Centered Service and Stakeholder Advocacy

As stated by participants, service to others is foundational to the nursing discipline's ethical code and many of its theories. Nurses' strong service orientation affects positive and meaningful change in the lives of those who nurses serve and the organizations with whom they affiliate. Nurses bring strong advocacy skills, accountability for goal attainment, servant leadership, and commitment to organizational mission. Service orientation facilitates board fidelity and integrity.[20] One participant shared, "What was important and interesting to me was how I could help the organization to achieve its evidence-based goals, mission, vision, …and to find how I could…serve the board the best." Another commented, "The well-being of the clients that our organization serves, that is by far the thing that's most prominent in my mind and why I remain on the board."

Strengthen Board Capacity Through Leadership, Policy, and Healthcare Experience

Participants noted that nurses, owing to their education and extensive experience, bring a wide breadth of health, wellness, policy, leadership, and relationship knowledge. In addition, each nurse brings specific subject matter expertise, which is valuable to boards in fulfilling the organizational mission. Participants shared numerous examples of how they used their specific domains of knowledge and experience to inform board discussions and actions. Examples include expertise with healthcare policy, grant writing, facilities design and management, health and wellness initiatives, quality improvement, and safety initiatives, among others. One participant shared, "I also have the caveat of going after lots of grants and contracts and understanding budgets and profit margins and all that."

Nurture Board *Communitas* by Building Transpersonal Relationships Through Empathy and Affirmation Toward Others

Communitas is described as intense feelings of solidarity, belonging, and togetherness among members

of a group of people.[21,22] Participants shared that nurses have lived experience in working with patients, families, and professionals during times of stress, grief, and crisis, as well as joy and triumph, all while instilling comfort, providing encouragement, and shepherding goal achievement. This experience affords nurses opportunities to understand and develop comfort with others' vulnerabilities, concerns, and personal values. These experiences facilitate the development of board *communitas* through transpersonal relationships, an ethic of belonging, equity, coherent communication, and a deep sense of shared vision. A climate of *communitas* results in board solidarity and improved board satisfaction, productivity, and effectiveness.

One participant noted, "So the calmness that a nurse has to bring to the shift every day is incredibly helpful with knowing how to talk to difficult people who are in whatever emotional crisis and talk them down and be able to explain 'well this is why…' in a coherent way. I know that my training helped me enormously dealing with really challenging people." Another summarized *communitas* this way: "I don't want it just to be 5 people's vision representing a community, it should be a community vision" (traversing themes, exemplar quotes, and overarching pattern, Supplemental Digital Content #1, http://links.lww.com/JONA/A861).

Discussion

Findings from this study demonstrate the impact of nurses on boards as evidenced by the nurse participants' unique values, knowledge, and perspectives that contribute to board effectiveness and performance and, ultimately, impact. Findings from our study are congruent with similar theoretical attributes of high-performing teams such as dynamic team performance.[23,24] Boards of directors are essentially formal teams that must function dynamically, deliberatively, and cohesively to be effective.[25] Dynamic board performance and the sense of individual board member belonging generate potentiality and unity (*unitas*) centered on shared vision and resulting in *communitas*.[26] Such impactful presence of board members aligns with the American Hospital Association's Center for Healthcare Governance[27] interpersonal dimension of creating board cohesiveness.

The nurse participants reported that their perspectives were trusted among fellow board members, which yielded positional and professional influence. Nurses' presence on governance boards creates an environment conducive to trust-building among board members.[28,29] Trustworthiness is key to high-performing boards[30] and is a defining characteristic of the nursing profession.

Participants reported using a mission-centered service lens and agency to advocate during board deliberations and decision making. For example, during the design phase for major construction of new clinical spaces, patients' needs and workflows of frontline interprofessional team members had not been considered. The construction designs lacked the perspective of the clinical team members or patients who would be expected to go between several buildings for needed services. Through upstream thinking, the nurse on the board questioned the design through the lenses of patients and clinical team members. Thus, the design was revised to best meet key stakeholder needs versus administrative needs or simply poor design. This example illustrates the nurse board leader's ability to reframe strategic decision making by focusing attention on end-users and stakeholders, leveraging key knowledge, and enacting accountability and advocacy through the governance process. Furthermore, this example illustrates the impact of the nurse on the board, which may have prevented team dysfunction or a design error related to ambiguity and inattention to details and outcomes.[23] These findings reaffirm similar findings reporting that a compelling rationale for inclusion of nurses on governance boards is the centering of patients and other key stakeholders in boardroom deliberations and decision making.[10]

Findings from our study corroborate with literature about effective board governance, team performance, and the impact of having key experts around the board table. Boards that include nurses as voting members benefit from nurses' expert contributions to the dynamics of the board and, ultimately, to the shared vision of the organization.

Limitations

We identified limitations to this study. First, most participants served on nonprofit or advisory boards; only a small number of participants served on for-profit governing boards. The results, therefore, are not representative of nurses serving on boards across all types of organizations. Another limitation is that all participants were women, which is not surprising because nursing is a female-dominated profession. Our findings likely represent an intersectionality of gender and profession. Finally, our research design relied on self-reported impact experiences as compared with an external evaluation of impact. Based on the research design, the sample consisted of a small number of nurses and based on the congruency with the methodology, the findings are trustworthy.

Call to Action

This study identified several ways that nurses perceive their impact on organizational governance as a result of their unique nursing knowledge, values, and healthcare expertise. Given the perceived impact on boards, we encourage nurses to prepare for board service and seek board appointments. We encourage nurses in authority and those serving on boards to support the nomination of other nurses for board positions. We also recommend that nurses share the results of this study with organizational executives and board leaders to promote appointments for

nurses on boards. Further research is recommended to more fully demonstrate the impact that nurse board members have on governance effectiveness and organizational performance.

Conclusion

As this study has demonstrated, nurses bring expert healthcare knowledge, expertise, and wisdom along with the values of caring and collaboration to impact board decisions, which may, in turn, influence governance effectiveness and organizational performance. Nurses promote effective board governance by ensuring that the perspectives and needs of all stakeholders are well represented in board discussions, deliberations, and decision making. Given the high stakes of healthcare, board leaders of health-related organizations cannot afford to miss the opportunity to appoint nurses as decision-making members of governing boards.

Acknowledgments

The authors wish to acknowledge research support from the NOBC.

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