There is no ‘one path fits all’ to begin one’s journey into board service. Each nurse leader must identify and follow a course that is right for them. For some, the path is something as easy as an invitation from a colleague to join a board of directors. For others, the journey starts with a passion to champion quality, equitable health care. With resources provided by the Nurses on Boards Coalition (NOBC) (2022), identifying the right organization and pursuing an invitation to join a board of directors is possible. Current initiatives to create equitable health care for all (National Academies of Sciences, Engineering, and Medicine, 2021) open opportunities for nurses to seek board positions where their knowledge, experiences, and passion for quality, equitable health care would be optimized.

Though much has been written regarding steps one can take to become board-ready (Cleveland & Harper, 2020; Harper & Benson, in press), often nurses are more personally connected to the importance of serving as a board member through a conversation with a respected nurse leader. A leader who has experienced success and can clearly articulate their impact as a board member can provide testimony as to the intrinsic value of what it means to serve. Such conversations may inspire a nurse to identify their passion, investigate opportunities to serve, gain the skill set needed to serve on a board, and pursue a position. The following interview with Carla D. Sanderson, PhD, RN, FAAN, Provost, Chamberlain University, will provide some insight into the path of one nurse leader and the intrinsic value she receives through her board service.

The Interview

**Kimberly J. Harper (KJD):** Tell us about your first entry into board service and your perception of your readiness to serve on a board of directors.

**Carla D. Sanderson (CDS):** My first broad-scope board service was with the Southern Association of Colleges and Schools (SACS) – the body which governs the accreditation of degree-granting higher education in 11 southern states, Latin America, and other international sites. Several smaller-scale volunteer committees and board opportunities in my local community and at the state level prepared me for the career-changing role on the SACS board. At the community level, my service on a committee in the local public school system and on a foundation board for disadvantaged children provided great first exposure to how governance works. Those early experiences gave me the confidence to serve at the state level on a task force within the independent college association and on a foundation board for disadvantaged children provided great first exposure to how governance works. Those early experiences gave me the confidence to serve at the state level on a task force within the independent college association and an advisory board for a new school of nursing, and then to move into regional and national arenas.

Accepting a board role is an exercise in social responsibility. Agreeing to assume responsibility for an organization requires a serious, disciplined commitment no matter the size and scope of the
organization. Effective boardmanship starts with being a student of good governance principles and learning to write sound and reasonable policies. Furthermore, the role of a board member requires upholding the norms for correct and proper behavior, such as confidentiality, accountability, and fairness as well as maintaining independence in matters of potential conflict of interest and ensuring transparency about the true picture of the organization’s purposes and activities. Studying ethics in my PhD program, teaching ethics content to nursing students, and serving on hospital ethics committees proved to be excellent preparation for serving on boards.

**KJH:** What do you wish you would have known before serving on your first board which you were not aware of when you began? Were there specific benefits from serving on the first board you did not expect?

**CDS:** The time commitment! Being responsible and accountable is an investment of time. Boards are comprised of committees which have meetings and commitments in addition to full board meetings. Good board members should also keep apprised of initiatives in the news and scholarly literature, study the activities of other boards, and become influencers through networking, advocacy, and opening doors.

The work of non-profit boards can require an additional investment of time beyond the regular meetings and work of the board. For instance, non-profit board members may be required to participate in fundraising and friend-raising, community-awareness activities, and, sometimes, hands-on hard work. In addition, membership on non-profit boards often calls for an investment of financial resources.

In my experience, passion and inspiration for a board’s mission and purposes more than balance out the investment of time and resources required. When you believe in what you are doing, you truly get more out of serving on a board than you give. Being eager to contribute to each board meeting, striving to learn as much as possible, being accountable to and learning from other board members you hold in high respect, and knowing your work has made a difference in someone’s life makes you a better and more disciplined person and brings value to your life.

You know you are on the right board when time and financial commitments become a non-issue.

**KJH:** The NOBC believes board success can be enhanced through support roles, such as a preceptor, coach, mentor, or sponsor. Tell us how you have utilized roles such as this to support your success in the board room.

**CDS:** I came to board service through sponsorship. The university president where I spent most of my career valued the different perspectives women bring to decision-making and actively endorsed me for membership on the SACS board. Elin Hurvenes, Founder and Chair of the Professional Boards Forum was recently quoted in a journal article sharing a similar view, “The point is not to focus on whether one gender is better than the other – it’s the mixture that counts” (Griffin et al., 2021, p. 123).

More recently, I actively pursued an opportunity to be coached and mentored in corporate boardmanship through appointment to a Corporate Board Academy, an entity of Cable, the premier leadership organization for women’s professional development in my home state, Tennessee. The academy is a 3-day program spread across several months. The program aims to equip women with critical information such as current board topics, committee structures, how to research board roles, and how to best present for a board role. Since I participated in Corporate Board Academy, the NOBC has emerged as an outstanding source of mentorship and sponsorship specifically designed for professional nurses. I am presently being mentored for a position on a specific board of interest by NOBC colleagues.

Success in the board room is multifaceted, and it begins with nurses embracing the role of influencer. In my experience, nurses may not see themselves as board material and perhaps the same is true of the nominating committees which select board members. Sanford (2021) acknowledges “nursing has struggled to be understood, both for what we contribute to health across the continuum of care and for the intellect that accompanies the hands-on work and loving empathy most people associate with the profession. While empathy, kindness, and love are all important to the health of the world (and
Nurses must change their sense of professionalism and personal identity. Nurses must lean into the influencer qualifications and characteristics inherent in the role of the professional nurse which are especially important when serving on boards. Sanford (2021) describes the strengths nurses bring to boards as “diplomatic communicators, educators, good listeners, lifetime learners, problem solvers, and natural team members” (p. 190). This process starts with nurse educators. As a nurse educator, I must inspire students to embrace elements of the nurse role, such as change agent, innovator, advocate, and policymaker. If those roles are discussed, modeled, and applied through course assignments in the nursing curriculum, students will enter practice with confidence to engage in change, innovation, advocacy, and policy.

Through nursing education and nurses mentoring other nurses in practice, we can commit to coach and mentor the development of the competencies needed for effective board involvement in others. The Center for Healthcare Governance has identified core competencies for board members, which align well with the knowledge, skills, and attitudes of the professional nurse. They are:

- Accountability.
- Achievement orientation.
- Change leadership.
- Collaboration.
- Community orientation.
- Impact and influence.
- Information seeking.
- Innovative thinking.
- Managing complexity.
- Organizational awareness.
- Professionalism.
- Relationship building.
- Strategic orientation.
- Talent development.
- Team leadership. (Cornwall & Totten, 2010).

We are presently experiencing one of the most difficult eras in the history of nursing and, at the same time, one of the most opportune times for influence and impact. As healthcare priorities shift toward population health and health equity, we can anticipate more opportunities to serve on healthcare boards.

As nurses take advantage of the opportunity to accept board roles, mentors must help nurses understand our primary obligation is to advance the best interest of the organization we serve. The board room is not a bully pulpit to bring out the concerns of nurses in today’s healthcare system. We are not on boards to advance the interests of nursing over the interests of the organization. Our goal is to use our knowledge, attitudes, and wisdom as professional nurses to advance the mission and purposes of the organization.

KJH: Describe a situation which occurred on a board where your voice made a difference in the outcome of a decision resulting in more equitable health care for all.

CDS: Early in my career, I was a member of a local foundation board supporting disadvantaged children. Most of the board’s early initiatives were education focused. Through a study of generational poverty’s impact on learning, I began to better understand poverty’s impact on health and the upstream factors leading to health inequity. As a result, the original initiative of the board expanded, and a group of local healthcare providers and I established a volunteer and nursing student-run healthcare clinic for the working poor.

From there I replicated the mission-driven model, first in Honduras and eventually in six other countries. The original clinic ultimately influenced healthcare clinics staffed by nurse practitioners and a surgical clinical staffed by certified registered nurse anesthetists. Some iterations of these clinics operated from the early 1990s until the beginning of the pandemic. The most meaningful outcome of the original clinic is the replication of the model by one nursing student graduate who provided care in the Honduras clinic. Beginning in 1996 and continuing today, this graduate extended the model into 21 states; one site has 1,200 volunteers, 300 providers, and $1.5 million in free care for 3,000 recipients.

KJH: You contend it’s more important than ever for nurses to be represented on boards. Please tell us about that.
CDS: The National Academies of Sciences, Engineering, and Medicine’s *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (2021) has established compelling aims to address health inequity and eliminate racism in the U.S. healthcare system. The pandemic is sadly a case in point for both inequity and racism in health care. With the experience and outcomes of the pandemic as our backdrop, nurses have a unique moment-in-time opportunity to act decisively for change, and increase nurse board positions.

It is important to note *The Future of Nursing 2010: Leading Change and Advancing Healthcare* report, set a strategic direction to increase the presence of nurses on boards (Institute of Medicine [IOM], 2011). IOM’s goal was to address quality and patient safety concerns by bringing nursing leadership to the board room. The founding of the NOBC in 2014 is an action-oriented outcome of that initiative. I celebrate NOBC’s work and am proud to be a part of a university which is a founding strategic partner. In January of 2021, NOBC achieved its goal of placing 10,000 nurses on boards since its founding. While there is still more work to do, especially in increasing nurse placement on the boards of traditional healthcare organizations, we can be encouraged the IOM’s work made a difference, and we can have confidence the National Academies of Sciences, Engineering, and Medicine’s work will make a difference as well.

The National Academies of Sciences, Engineering, and Medicine’s 2020-2030 consensus study calls nurses to action in new ways (National Academies of Sciences, Engineering, and Medicine, 2021). Graystone (2019) noted the shifts in U.S. hospital systems toward population health and rallied for nurses to respond to the shift by becoming active in the health of the community. In talking about her hospital system Graystone (2019) notes, “We understand how important it is that our nurses extend their leadership qualities and natural ability to connect with people beyond the hospital walls and onto boards” (p. 111). What has long been true for nonprofit hospitals has become true for all hospitals – priority must be placed on preserving the health status of the community. Nurses can and will play a significant role in ensuring the health of the communities in which they live and practice; accepting board appointments may be one of the strongest ways to employ the nurse’s voice in community health and health equity.

The NAM report calls for health system transformation through innovation and change (National Academies of Sciences, Engineering, and Medicine, 2021). A recent study of corporate boards reported an association between the proportion of female directors and an increase in innovation (Griffin et al., 2021). The study used patent count as the measure of innovation in the organizations studied; specifically, the number, scope, and efficiency of their patents. The association between female board members and innovation was consistent across the 45 countries included in the study (Griffin et al., 2021). As most of the nurse population is female, this study provides an incentive to include more female nurses on boards.

It is more important than ever for nurses to bring our unique set of competencies and sensibilities to bear on the work of reducing health inequities and eliminating racism in health care. What a compelling opportunity we have! Latimer (2015) eloquently stated, “As the uncharted and often turbulent waters of healthcare transformation continue to unfold, the role and importance of the trustee and the board will be even more critical” (p. 22).

Conclusion

There is no better way to enact necessary changes in health care and the social determinants of health than to bring nursing voices into boardrooms where decisions are being made. There are many ways to identify the right board placement for you. As nurse leaders, many of us have served and continue to serve on several important boards, commissions, and appointments, which resulted in positive change for those we serve. Identifying a nurse leader, colleague, or mentor whom you know and sharing coffee or lunch with them to learn how they navigated their journey to the boardroom may be extremely beneficial in planning for your board service. You may also want to consider reaching out to a respected leader whom you do
not personally know and ask how they navigated their personal journey. Moreover, the NOBC (2022) website is full of resources to prepare you for board service.

The time is now. Reach out, step up, and get involved. In turn, you will undoubtedly receive an intrinsic value which will be meaningful to you. As Dr. Sanderson noted, by choosing to give of your time, talent, and treasure, you will get a great deal more back from your volunteer board service than you ever put into it.

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