

## *Nurse Leaders in the Boardroom: A Fitting Choice*

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**T**ake a look at the makeup of most hospital and health system boards of directors. You might find a community philanthropist, a banker, a partner in a prestigious law firm, several successful business executives, and perhaps a physician. But chances are you won't find a nurse.

While nurses act in leadership roles in many healthcare settings, they remain largely overlooked for board positions—the highest level of organizational leadership. A recent survey of more than 1,000 hospital boards (AHA 2011) found that just 6 percent of board members were nurses; 20 percent were physicians.

The reasons behind this omission are worth exploring. After reviewing the board leadership of more than 200 health systems and interviewing many of their members, researcher Lawrence Prybil (2009) theorized that gender bias, the outdated perception that nurses do not have leadership skills, and lack of understanding of nurses' roles in determining care quality could be preventing decision makers from considering nurses as board members. Another factor may be concerns that nurses are largely focused on their profession and will act more as employee representatives than in the interest of their healthcare institution (Prybil 2009), although the appointment of physicians does not appear to arouse such fears.

In a field facing an astonishing rate of change, that healthcare systems appear reluctant to welcome nurse leaders in the boardroom is short-sighted. Comprehending that a significant cadre of our nation's nurses possesses the experience and skills to serve in leadership is one change long overdue.

Other research has found the same misperceptions as Prybil's work did. Opinion leaders in a Gallup poll conducted for the Robert Wood Johnson Foundation reported that they believe nurses are seldom viewed as leaders in the development of healthcare systems and delivery (Khoury et al. 2011). The survey results identified perception as the greatest barrier; the 1,500 opinion leaders polled said nurses were not seen as important healthcare decision makers compared to physicians.

However, in the same poll these opinion leaders said nurses should have more influence in reducing medical errors (90 percent agreed), increasing quality of care (89 percent), promoting wellness and expanding preventative care (86 percent), and improving healthcare efficiency and reducing costs (84 percent). Respondents also

believed that nurses should have more input and impact in planning, policy development, and management (Khoury et al. 2011).

## A SKILL SET THAT FITS

The Institute of Medicine's 2011 landmark report *The Future of Nursing: Leading Change, Advancing Health* emphasizes the importance of nurse leadership in improving America's healthcare system:

By virtue of its numbers and adaptive capacity, the nursing profession has the potential to effect wide-reaching changes in the healthcare system. Nurses' regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the healthcare system and its many practice environments. (IOM 2011)

The report calls for healthcare decision makers to ensure that leadership positions are available to, and filled by, nurses: "Private, public, and governmental healthcare decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions" (IOM 2011).

How can this goal be brought to fruition? One way may be for health systems to embrace the literature that outlines the knowledge and skills necessary for successful healthcare board leadership. In its research-based report *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness* (2009), the American Hospital Association's Center for Healthcare Governance details a series of core competencies and personal capabilities that healthcare boards should seek in their members. Many of these competencies overlap with the skills and experience of nurse leaders.

Notably, the report emphasizes the importance of knowledge and skills to track measures of quality, safety, and customer satisfaction in healthcare delivery and performance and to ensure alignment in job design, work systems, reward, and recognition in human resources. Traditional business and finance skills are also key, but not to the exclusion of these other areas of expertise. The report also suggests looking for a set of personal capabilities such as community orientation, collaboration, organizational awareness, accountability, team leadership, relationship building, and professionalism in potential board appointees. Successful nurse leaders possess these skills and use them daily.

With their intimate knowledge of patient care, nurse leaders understand the requirements necessary to improve healthcare quality and safety and can hold the line on costs. In addition to their patient care skills, many nurses are educated in healthcare administration, financial management, quality improvement, and information technology. Many nurse leaders also have the educational background, willingness to be engaged in the decision-making process, and facilitation skills that board leadership requires.

## A CASE STUDY IN NURSE LEADER EXCELLENCE

The appointment of Angela Barron McBride, PhD, RN, to the board of Indiana University Health (formerly Clarian Health) is a clear example of nurse leadership in action. The 20-facility healthcare system brought this distinguished professor and dean emerita of Indiana University's School of Nursing onto its board in 2004. McBride's appointment coincided with the new CEO's interest in improving quality. "I have been privileged to work with a CEO, Dan Evans, who has understood from the start that the Board Committee on Quality and Patient Safety is as important as the Board Committee on Finance," she says (McBride 2011).

This commitment was intensified in 2006 when one of the system's hospitals experienced two drug-related deaths of infants and was eager to strategically improve patient safety. To that end, McBride examined the Institute for Healthcare Improvement's goals for "getting boards on board" to determine how Indiana University Health's quality and safety policies should change. Her committee suggested a wide range of changes, including a board retreat focused on quality and safety and a new meeting structure that placed quality and safety first on the agenda and encouraged more discussion. McBride also worked with the board to require that all new job descriptions—from housekeeper to CEO—included responsibility for quality and safety, based senior executive compensation in part on quality and safety performance, and urged the creation of the position of executive vice president for quality.

The board's strong focus on quality has had a tremendous impact on the institution as a whole, says McBride. Six of the hospitals now have Magnet-hospital designation. Riley Hospital for Children received the National Patient Safety Foundation's Socius Award and has been recognized by the American Nurses Credentialing Center's Magnet Recognition Program® and the National Database of Nursing Quality Indicators® for its nursing-sensitive indicators. Methodist Hospital has placed in the top three on University HealthSystem Consortium quality measures for the last four years. Board leadership was a major driver of those improvements. "Quality and safety are system issues, something that cannot be moved only at the individual level of practice, and nurses are the healthcare professionals most likely to be schooled in and experienced with understanding system issues, thus making them suitable for providing board leadership in this area," McBride emphasizes.

Dr. McBride's work with Indiana University Health is a vivid example of a nurse leader bringing strength to the board on which she serves—but it is not the only example. As hospitals and health systems explore how to meet the challenges of the coming decade, they would be well-served to realize the breadth and depth of skills and capabilities that nurse leaders can bring to board positions.

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