

Envisioning a Future of Nurse Leaders in the Boardroom

By Susan Hassmiller



While much of the national conversation about healthcare reform this year has centered on increasing access to care, the issues of ensuring quality care while controlling costs also remain paramount. Few doubt that our nation's healthcare system requires substantial reform. The challenges in this national reform dialogue are also taking place in conversations in hospital and health system board rooms across the nation. Board members and trustees increasingly struggle to provide high quality care, address the needs of uninsured patients, coordinate care among multiple providers, reduce medical errors and increase patient satisfaction.

But these boardroom conversations and decisions most often take place without one important health profession in the room – nurses. Nurses represent the largest group in the healthcare workforce in hospitals and health systems and have a crucial role in ensuring quality care and patient satisfaction (Betbeze, 2007). In fact, an Institute of Medicine report found that nurses, as the largest and most visible segment of the healthcare workforce, were critical to efforts for patient safety and reducing medical errors (Institute of Medicine, 2004). Despite these critical roles, the absence of nurses at the highest decision-making levels is striking.

A study recently released by a University of Iowa research team, led by Dr. Lawrence Prybil, reviewed 201 health systems, with a total of 2,046 voting board members, and found that only 2.4 percent were nurses (Prybil 2009). These findings are similar to a previous study by the Robert Wood Johnson Foundation, which focused on a wider range of healthcare organizations. The Foundation reviewed ten organizations leading the quality agenda in the nation, ten of the largest health and healthcare organizations, and ten non-nursing



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journals, and also found that nurses represented only 2-4 percent of all board positions. These numbers are particularly striking when compared to the number of physicians on boards. The Iowa study found that 22 percent of the voting members on those boards were doctors (Prybil, 2009).

Why the discrepancy? Prybil speculates on possible reasons for excluding nurses, including gender bias, an outdated perception of nurses as lacking leadership skills, not understanding the role nurses play in determining patient care quality, and a reluctance to appoint employee representatives because of concerns that they may be more focused on the interests of nurses rather than those of the larger institution.

It appears that CEOs and board members in hospitals and health systems don't understand that it only makes sense to have someone with front-line, patient care expertise be part of the decision-making process for healthcare delivery. Nurses can help develop better systems of care that offer better patient outcomes at reduced cost. The Robert Wood Johnson Foundation knows this and has funded dozens of pilot programs, designed and implemented by nurses, with real-world solutions to patient care problems in hospitals.

For those hospital systems that do put nurses in board positions, the benefits are apparent. As part of his study, Prybil visited ten "high-performing" hospitals, and found that half either had nurses on the hospital system board or were in the recruiting process. A requirement for hospital systems to achieve Magnet status—considered the gold standard in nursing care—is to place nurses in governing positions. The link between nurse participation in leadership and hospital performance is clear.

Many of today's nurses possess the skills needed to offer boards considerable expertise. In addition to their patient care skills, they are educated in areas of healthcare administration, financial management, quality improvement and information technology. Nurses also likely possess less tangible, but none-the-less important characteristics that provide value to a board, such as a willingness to be highly engaged in the decision-making process, expert facilitation skills, the ability to get along with others and strong relationships within the community.

With both the gap and promise of nurses in boardroom leadership in mind, a new initiative, *Nurse Leaders in the Boardroom*, was created to develop relationships between healthcare organizations and nurses leaders, and

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to train future nurse leaders for these positions (Robert Wood Johnson Foundation, 2009). It is a direct link to its overall mission of improving the quality and availability of healthcare in this country. In the first year of its inception, the program worked with a nationally recognized executive search firm to identify outstanding nurse leaders and encourage their placement at national health organization boards. To date, several nurse leaders have been placed on the boards of key medical journals, quality organizations and foundations. It is vital in raising awareness of the issue among healthcare system CEOs and trustees to create a groundswell of interest and urgency to include nurses in these decision-making roles (Myers, 2008; Evans, 2009).

But raising awareness among hospital leaders isn't enough. Nurses need to step up to the challenge of leadership, and better prepare themselves to take on that role. There are important things that nursing students can do—even in the beginnings of their careers—to visualize and prepare for the leadership road and eventual board participation ahead of them. First, start in your community and look for opportunities for leadership within student nursing and local nursing organizations. Get involved in governance with the National Student Nurses' Association®, and volunteer to serve on a committee or project. Become familiar with the organization's bylaws and procedures; learn how to facilitate a meeting and to present your ideas persuasively both verbally and in writing. Consider community volunteer activities in health-related non-profits in which you can illustrate your perspective and have your opinions be heard. Get

used to speaking up and speaking out. Find those issues about which you are passionate—children, elderly care, end-of-life care, emergency preparedness—and join a local non-profit to help promote its causes in your community. For example, I began my volunteer career with the Red Cross while I was a nursing student, and found great satisfaction in both helping and having the opportunity to begin practicing leadership at a manageable level of responsibility.

As your career progresses, take advantage of professional development opportunities at nursing conferences as well as through continuing education. You must begin to demonstrate an understanding of “bigger issues” such as quality indices, workforce shortage, reducing errors and increasing patient satisfaction. A recent article in *Trustee* magazine explained that hospital board members need to understand Medicare and Medicaid reimbursement, how hospitals get paid including trends in health insurance, government regulations and emerging medical technologies (Larson, 2009). And, while nurses need not become financial experts or lawyers to serve effectively on boards, they do need a basic understanding of these issues—requiring some basic “financial literacy”—and how these issues affect individual health organization administrations.

As your knowledge and passion grows and as you demonstrate the qualities of leadership – thoughtfully analyzing issues, presenting potential solutions as you outline concerns, listening to others' points of view, requesting and accepting ever-higher levels of responsibility—then others will begin to see you as the leader that you have

become. These skills, practiced and honed at the community level and within your own workplace, will provide you with the confidence and expertise you need for the next steps of leadership. And who knows? Perhaps the opportunity will arise to serve patients and community in a new way—through leadership on a healthcare board of trustees. ∞



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