

Nurses on Boards

Competencies required for leadership.

In its landmark report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine (IOM) emphasized the importance of nurse leadership in improving America's health care system¹:

By virtue of its numbers and adaptive capacity, the nursing profession has the potential to effect wide-reaching changes in the health care 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 health care system and its many practice environments.

While nurses have leadership roles in many health care venues, they remain largely overlooked for the highest level of organizational leadership: board positions. A 2010 survey of more than 1,000 hospital boards conducted by the American Hospital Association found that just 6% of board members were nurses, while 20% were physicians.² And a Gallup national survey released that same year found that nurses were not viewed as leaders in the development of health care systems and delivery.³ It identified perception as the greatest barrier to nurse leadership; the opinion leaders polled said nurses were not seen as important health care decision makers, compared with physicians.

The IOM report made specific recommendations to increase nursing's role in the boardroom, calling for health care decision makers to ensure that leadership positions are available to, and filled by, nurses:

Private, public, and governmental health care decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions.

Yet the IOM report also made clear that nurses must "take responsibility for their professional

growth by . . . seeking opportunities to develop and exercise their leadership skills." If nurses are to successfully assume board positions, they must thoroughly understand the skills required to govern competently, seeking education and experiences that will assist in their development as leaders, while demonstrating their desire and capacity to lead at every stage of their careers.

'Board membership is not just something to add to your resume or CV. It's governance—and both the work and the board members must be held to the highest standards.'

Competencies are defined as the knowledge, skills, characteristics, and behaviors essential to job performance. The American Hospital Association's Center for Healthcare Governance has undertaken a wide-ranging research effort to identify the skills and competencies required for individuals to successfully serve on a health care board. Its findings are detailed in the report *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*.⁴ (See *The Competencies of Board Governance*⁴ for an overview of the recommended core competencies and personal capabilities that health care boards should seek in their members.)

Such lists can seem abstract, however, unless they are brought to life with real examples. The following profiles of nurse leaders and their boardroom experiences illustrate both the expertise required to lead successfully as well as the value nurses can bring to the institutions they serve.



Jean Logan, PhD, RN

**Professor of Nursing,
Grand View University,
Des Moines, Iowa**

With her background in policy, Jean Logan understands how shifts in laws and regulations can affect health care organizations. That understanding

served her well when changes to Iowa’s Medicaid program provided an opportunity for the Broadlawns Medical Center to reenvision itself as a medical home for thousands of patients.

Personal capability: change leadership. Dramatic institutional change almost always brings with it a degree of confusion and discomfort, particularly for staff. Board members who oversee sweeping change in their organizations must provide a clear vision and maintain focus throughout the process to ensure successful implementation.

As a Broadlawns board member, Logan has worked with fellow trustees to help transform the 85-year-old Des Moines organization from a failing hospital that mainly provided trauma and emergency services to the

uninsured to a facility with primary care services that could help reduce ED visits. Says Logan, “We have completely turned the medical center around and are in the process of recrafting our image so we’re not just a ‘poor people’s hospital,’ but a community health center.”

A focus on quality and communication. Key to this transformation has been ensuring that staff understood the need for change, the processes involved in instituting that change, and what it ultimately would mean for Broadlawns. The board and chief executive officer proactively, openly, and regularly communicated with staff. As part of their decision to construct a new medical services building to meet the need for primary care, they emphasized to staff the importance of patient satisfaction and care quality. The public board meetings now provide updates on everything from the pace of construction to the progress on primary care and include the opportunity for staff and the general public to ask questions.

The board’s open communication has helped it maintain momentum during the five-year process of change. And while Logan says there have been growing pains, “About 90% of the staff are on board. I’ve seen a big change in attitude.” The organization’s financial health has changed as well. After spending more than 15 years in the red, Broadlawns is now consistently in the black.



**Kathleen A. Sullivan,
MA, RN, CCM**

**Case Manager, ED,
Southern Ocean County
Hospital, Manahawkin, New
Jersey**

Kathleen Sullivan’s resume spans clinical and psychiatric nursing,

public health and health education, insurance contracting, and program development and case management—virtually all of which she’s utilized during 21 years on the board of Counseling Service of the Eastern District of New York (CSEDNY).

Professional competency: health care delivery and performance. Health care is growing increasingly complex in the delivery of services, regulations, financing, and health care-related language; and board members without a medical background often face a steep learning curve. This is true not just for trustees of hospitals and other organizations that do health care exclusively, but also for individuals serving on nonprofits that provide some health services as part of their mission.

Sullivan has helped the CSEDNY board understand that complexity. She took an unusual path to the Brooklyn-based nonprofit. In the late 1980s, she was director of member assistance services for a self-insured union health fund that wanted to begin offering drug and alcohol intervention programs. It turned to CSEDNY, which had been founded as a treatment alternative to incarceration but then expanded to substance abuse assistance generally. After working with CSEDNY on the union initiative, Sullivan was invited to join the board as its first nurse member. She’s currently serving as chair.

“I’ve been sort of a translator for other board members on clinical issues,” she says, especially during the past decade as the state asked CSEDNY to start an ambulatory detox program and the organization added related services.

Yet during her tenure, Sullivan’s “translation” has also covered regulatory and funding issues. She assesses her board role in terms of the breadth of knowledge and skills she believes nurses inherently have—for handling people, working as part of a team, assessing a dysfunctional situation, accessing resources, and taking action. “I think it’s the whole nursing process,” she says. “It’s problem analysis and finding solutions.”

The Competencies of Board Governance

Each board member brings particular strengths to the table.

In *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*, the American Hospital Association's Center for Healthcare Governance notes that the kinds of professional and personal strengths needed to effectively govern different types of health care organizations will vary among public and private hospitals, local and national systems, urban academic health centers, and rural community hospitals.⁴ Yet every board, regardless of the health care organization it governs, should include members who collectively offer certain core qualities.

Knowledge and skills.

Health care delivery and performance.

- Track measures of quality, safety, customer satisfaction, and financial and employee performance.
- Monitor and evaluate success by measuring wellness and clinical performance against benchmarks.
- Anticipate community needs.

Business and finance.

- Guide development of long-term plans.
- Oversee development of revenue sources and understand the implications.
- Consider the impact of reimbursement and payment systems.

Human resources.

- Ensure that human resource functions are aligned to achieve strategic outcomes.
- Ensure that recruitment and selection, job design and work systems, learning and development, reward and recognition, and succession planning are aligned to encourage behaviors and performance needed immediately and in the future.

Personal capabilities.

Achievement orientation.

- Ensure that high standards are set and communicated.
- Make decisions, set priorities, and choose goals based on quantitative inputs and outputs.

Collaboration.

- Promote good working relationships, breaking down barriers and building good morale or cooperation within the board and organization.
- Encourage or facilitate beneficial conflict resolution.

Community orientation.

- Partner across health constituencies to create a coordinated, dynamic health system that meets long-term needs.

Innovative thinking.

- Foster creation of new concepts to explain situations or resolve problems.
- Look at issues in ways that yield new or innovative approaches.

Organizational awareness.

- Know the expectations, priorities, and values of health care's many stakeholders.
- Recognize the internal factors that drive or block stakeholder satisfaction and organizational performance.
- Address organization, industry, and stakeholder actions through underlying cultural, ethnic, economic, and demographic history and traditions.

Strategic orientation.

- Help shape the organization's vision, direction, and competitive positioning.
- Align strategy and resource needs and guide the organization for success.

Team leadership.

- Establish and model norms for board behavior and take appropriate action when members violate those norms.
- Work with members to gain their personal commitment and energy to support goals.
- Remove or reduce obstacles to board effectiveness.
- Encourage team leadership behaviors throughout the organization.



Annmarie D. Pinkham, RN

Director, Healthcare Services, Blue Cross and Blue Shield of South Carolina, Columbia

Annmarie Pinkham has extensive experience in medical management as well as a nurses-can-do-anything conviction honed by 16 years of direct clinical care. So when she joined the board of the Free Medical Clinic of Columbia, South Carolina, and was asked to head public relations and fundraising efforts, of course she said yes.

Personal capability: collaboration. A board that continues to go about its business as it always has doesn't necessarily encourage creative participation among its members. Moreover, it risks alienating others within its organization and missing opportunities.

Pinkham had to repair relations with the clinic's publicity committee, an innovative group of younger volunteers whose initial fervor had given way to frustration. No board member had been involved in their work,

which had languished as a result, and they felt of little value to the clinic. Pinkham's first meetings with the group were testy, although she took the emotion in stride. "There's no way you can work in the health insurance industry and not be adept if someone attacks you," she says wryly.

But then she and the group moved ahead, Pinkham giving their ideas a platform and new energy. Together, they began thinking even bigger and were able to connect with a local television marketing representative to shoot a public service announcement. Its message—that the safety-net clinic delivered \$8 in health care for every dollar donated—struck a chord. Not long after the spot aired, an elderly man walked in off the street with a major contribution. His sons have since pledged tens of thousands of dollars in his memory.

That wasn't the only surprise: On a 10-person committee that had been about to implode, no one quit. These days, the board clearly recognizes the group's value to the clinic's long-term viability, and Pinkham's updates get as much attention as the patient and finance reports. "Here was this huge opportunity," she says. "They just needed someone to take charge."



Karen Cox, PhD, RN, NEA-BC, FAAN

Executive Vice President, Co-Chief Operating Officer, Children's Mercy Hospitals and Clinics, Kansas City, Missouri

Karen Cox earned a doctorate in nursing with a minor in business, and she has used her clinical and executive expertise in many capacities—including as a member of hospital system, health quality, and philanthropic boards.

Core competency: business and finance. Board members must not only possess a solid understanding of the finances of the organization they serve but also work to ensure its current and future viability. In 2007, Cox was serving on the board of a nonprofit when the stock market began a dramatic slide and the national economy deteriorated. Like so many organizations, this one was severely affected. Cox, then the board's chair and its first nurse trustee, worked with other board members to handle the significant budget shortfall.

They weighed a number of options, including closing or being acquired.

While a fortuitous grant provided the temporary financial stability the organization required to continue operating, the board also capitalized on the opportunity and instituted a number of changes to its business model to help ensure long-term viability. Trustees supported the hiring of a chief operating officer, giving their chief executive officer the time to build the relationships needed for pursuing successful fundraising and grant opportunities. The board continues to provide guidance and input into the organization's business strategy.

Personal capability: accountability. Board members are responsible for meeting expectations that include their performance as legitimate and full participants. As chair, Cox had to ask some board members to resign or consider not running for reelection because they clearly didn't have the time required to do the job.

"It's not an easy conversation, because people intend to do a good job when they accept these positions," she says. "But it was the right thing to do. Board membership is not just something to add to your resume or CV. It's governance—and both the work and the board members must be held to the highest standards."



Linda Greer, RN, CCP

Escondido, California

Linda Greer sits on the board of Palomar Pomerado Health, the same public health system where she went to work immediately after nursing school more than 30 years ago. It is a position serving the largest public

hospital district in California, and voters have twice elected Greer by wide margins. She thinks a campaign for Congress might be in her future.

Personal capability: organizational awareness.

Board members are always accountable to their organization and its stakeholders, which in the case of a publicly elected board can mean a significant constituency. Greer was a system insider when she ran for the board in 2004; she knew firsthand that Palomar Pomerado's nurses were unhappy and its physicians disgruntled. But as a long-time area resident, she was also well aware of community concerns about care.

"The patients were the ones losing out," she explains, and by becoming a trustee, she thought she could be part of the solution. "I could have the power to make changes."

Since governance, capital financing, and audits and compliance were all unknowns, she gravitated immediately toward quality assurance and community relations issues. Still, those other core board responsibilities intrigued Greer. She pursued additional credentials and went to national meetings to acquire the knowledge she needed to participate fully. "I have grown in eight years," says Greer, a self-described "pusher and shaker" who served as vice chair during that time and now is board treasurer.

In her most recent campaign, four years ago, she identified her priorities as a board member: ensuring that all patients have access to timely, quality care; improving the board's ability to govern independently and prudently; and continuing to question the system's direction, strategically and financially. These priorities are being realized as the health system nears completion of Palomar West, its third hospital and a 360-bed facility that Greer expects to set national design and care standards.



Phyllis Meadows, PhD, MSN, RN

Associate Dean for Practice,
Office of Public Health Practice,
Clinical Professor, Health
Management and Policy,
University of Michigan School
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Phyllis Meadows, who specializes in public health policy, community health, and workforce development, has served on the boards of several nonprofit organizations, hospitals, and government institutions. Her background in public health advocacy has proved particularly relevant.

Professional competency: human resources. At some point, every board is faced with challenges related to its organization's employees—whether it be creating systems to encourage the professional development of midlevel staff or succession planning for retiring leadership. Meadows served on a hospital system board facing a variety of patient safety and financial issues that she felt had been compounded by complex issues brewing within the nursing staff. And while nurses are not brought onto boards to represent the interests of nurses, they often have particular insights that can assist in managing complex human resource challenges.

The system employed a core group of experienced nurses, who'd worked at its hospitals for several years. Yet the system's financial situation limited the number of younger nurses it could hire, and the new nurses it did employ tended to leave at high rates. "So you've got older, loyal nurses struggling to carry the burden of the workload, and fewer new nurses coming in," she explains. In addition, the same experienced nurses who'd performed well at the bedside throughout their careers were struggling as managers when promoted. "When they were moved to a supervisory level," Meadows says, "challenges began to surface." The nursing staff was overworked, tired, and beset by low morale, and management was concerned that possible union organizing could complicate matters.

"The board had to put pressure on senior leadership to get on top of this, so people could get the training they needed to succeed and provide nurses the space they needed to be heard," Meadows says.

The board suggested nurse managers establish regular discussion forums. Scheduled conversations at lunch and at the end of shifts, attended by the president and board members, showed that management took staff concerns seriously. "It made a world of difference," says Meadows. Simultaneously, the board invested in leadership training programs. As the nurse managers improved their leadership skills, bedside nurses' morale also improved—as did patient safety.

How to Prepare?

Leadership and board skills take time and effort to develop—by investing in an issue or organization, enhancing skills, building connections, or networking. In many community-based groups, board members often started out as volunteers who drew attention for a job well done on a committee or project. Numerous resources provide valuable information about board governance.

Training programs or certification.

- Sigma Theta Tau's Non-Profit Board Governance for Health Care Leaders Online Education Program (available at www.nursingknowledge.org)
- Best on Board (www.bestonboard.org)

Publications.

- McBride AB. *The growth and development of nurse leaders*. New York, NY: Springer Publishing Company; 2010.
- Nash DB, et al. *Governance for healthcare providers: the call to leadership*. Boca Raton, FL: CRC Press; 2008.
- American Hospital Association's Center for Healthcare Governance. *Competency-based governance: a foundation for board and organizational effectiveness*. (www.americangovernance.com/amicangovernance/BRP/files/brp-2009.pdf)

Online resources.

- Center to Champion Nursing in America (www.championnursing.org)
- Nurse Leaders in the Boardroom—A PowerPoint Resource for Nurses (<http://championnursing.org/nurse-leaders-resource>)
- Center for Healthcare Governance (www.americangovernance.com)
- The Governance Institute (www.governanceinstitute.com)
- Future of Nursing: Campaign for Action (www.thefutureofnursing.org)
- Robert Wood Johnson Foundation (www.rwjf.org)

USING WHAT WE KNOW

Nurse leaders already possess many of the capabilities needed for board leadership. Personal skills, professionalism, and collaboration, honed through years of patient care and the supervision of others,

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may come naturally. Other knowledge and skills required for board service may need to be developed through continuing education. But nurses should challenge themselves to consider board leadership as a new avenue of service that can have a significant, lasting impact on the transformation of the nation's health and health care. ▼

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2. American Hospital Association. *AHA hospital statistics 2010*. Chicago; 2011.
3. Gallup, Inc. *Nursing leadership from bedside to boardroom: opinion leaders' perceptions*. Princeton, NJ; 2010. Top Line Report; <http://www.rwjf.org/files/research/nursinggalluppoll-topline.pdf>.
4. Center for Healthcare Governance. *Competency-based governance: a foundation for board and organizational effectiveness*. Chicago: American Hospital Association; 2009 Feb. Monograph series; <http://www.americangovernance.com/amicangovernance/publications/competency-based-governance-enters-the-health-care-boardroom.html>.