



Increasing the Number of Oncology Nurses Serving on Boards

AnnMarie Lee Walton, PhD, RN, MPH, OCN®, CHES, and Connie Mullinix, PhD, MBA, MPH, RN

Nurses have knowledge about quality, safety, and the patient experience that is valuable to governing boards. In 2011, the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine recommended that nurses be prepared and enabled to lead change to advance health care. Five years after the recommendation, work toward this goal is still needed.

At a Glance

- Nurses have communication, negotiation, and assessment skills needed by governing boards.
- The Nurses on Boards Coalition and state Action Coalitions are working to get 10,000 nurses on boards by 2020.
- Oncology nurses can and should serve on professional association boards, non-profit boards, for-profit boards, and local and national commissions to improve health.

AnnMarie Lee Walton, PhD, RN, MPH, OCN®, CHES, is a postdoctoral fellow in the School of Nursing at the University of North Carolina in Chapel Hill, and Connie Mullinix, PhD, MBA, MPH, RN, is an associate professor in the Department of Nursing at the University of North Carolina in Pembroke. The authors take full responsibility for the content of the article. Walton was supported by the National Institute of Nursing Research of the National Institutes of Health (No. T32NR007091). No financial relationships relevant to the content of this article have been disclosed by the editorial staff. Walton can be reached at anmarie.walton@unc.edu, with copy to editor at CJONEditor@ons.org.

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Priorities at the hospital board level have shifted toward a focus on quality, value-based care, and patient-centeredness, creating challenges for healthcare executives trained to cultivate revenue in a fee-for-service environment. For example, on October 1, 2012, Medicare began linking payment to quality rather than reimbursing for procedures and hospital stays. Readmissions within 30 days of discharge and care for hospital-acquired infections no longer are reimbursed (Medicare.gov, n.d.). This process for reimbursement is new to the governing bodies of hospitals, and many have not adjusted to the change. The develop-

ment of policies and strategic directions frequently are set by governance groups who have a majority of members with financial expertise rather than those who understand quality, safety, and the patient experience. The days of focus on mergers, acquisitions, and increasing patient visits and procedures to increase financial viability have passed. A focus on quality and patient care must be the governing body's top priority. In this new environment, a hospital board of directors must include patient care experts to responsibly allocate resources and plan for the strategic direction and financial viability of the organization.

Representation of Nurses on Governing Boards

The inclusion of nurses on governing boards is one solution for hospitals that want to remain financially healthy while providing high-quality, value-based care. Not only do nurses have knowledge about quality, safety, and the patient experience, but they also possess communication, negotiation, and assessment skills needed by boards. After extensive study, the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine ([HMD], 2011) provided its eighth recommendation, to “prepare and enable nurses to lead change to advance health care” (p. 14). The recommendation also stated that “public, private, 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 (HMD, 2011, p. 14). The five-year evaluation of the *Future of Nursing* initiative by an independently appointed evaluation team concluded that more needed to be done to get nurses into decision-making positions and that the public should be educated on the role nurses play and should be playing in high-quality, safe patient care (HMD, 2015).

A 2015 survey on the composition of hospital boards found that only 5% of boards included nurse members, a decrease from the 2011 baseline year in which 6% of boards surveyed had nurse members (American Hospital Association's Center for Healthcare Governance, 2014). The Campaign for

Action, the body heading the implementation of the *Future of Nursing* recommendations, uses the American Hospital Association survey to track and trend the number of nurses on hospital boards as a measure of nurses in leadership positions. These survey results indicate the need to increase the use of nursing expertise at the governing board level to support the financial viability of hospitals while improving care (Huff, 2014).

Increasing Board Participation

The Nurses on Boards Coalition (NOBC) convened in 2014 as a direct response to the *Future of Nursing* report to help ensure that more nurses were part of boards and commissions to improve the health of all Americans. The Robert Wood Johnson Foundation and AARP initially brought 21 organizations together as the first member organizations. The coalition accepts applications from other organizations that have missions aligned with NOBC. Each organization in the coalition is charged with educating and training its members to consider board service and use connections to find a board on which to serve. In addition, NOBC uses several workgroups on topics such as preparation, membership, and sustainability to accomplish the work of this large initiative. Nurses can support the effort by being counted on the NOBC website (www.nursesonboardscoalition.org) as someone who is currently serving on a board or who wants to serve. The website will soon allow NOBC to track progress toward the 10,000 nurses goal. In the longer term, it can serve as a database to help pair nurses with boards on which to serve.

In addition to the work being done at a national level, many state-based Action Coalitions are moving to address the recommendations made in the *Future of Nursing* report. Some are gathering data to understand how many nurses are currently serving on boards in their state, others are creating extensive training programs to prepare nurses for board service, and some are partnering with state-based nursing associations to assist interested nurses in finding organizations receptive to having nurses on their

boards. Nurses interested in learning more about their own state Action Coalition and how it is addressing the effort can find more information at www.campaignforaction.org/states.

Nurses are encouraged to begin by reflecting on their own skills and seeking development of those that are recommended for board service but that they may be lacking (see Figure 1). They can refine those skills with service to their own professional nursing organizations at a local, regional, or even national level (Hill, 2008). This is an excellent way to gain experience with board service, particularly if the orientation process is strong (Walton, Lake, Mullinix, Allen, & Mooney, 2015). Those who are already active in leadership positions in their Oncology Nursing Society chapter are gaining this kind of critical experience and building professional networks. That said, nursing organization board service will not move the needle toward the goal of 10,000 nurses serving on boards because it counts as service to the nursing profession itself. Once a nurse has served and feels comfortable serving, he or she is encouraged to think about other interdisciplinary boards of interest. A next step may be considering a nonprofit board associated with the nurse's clinical specialty, such as the Leukemia and Lymphoma Society or Bladder Cancer Advocacy Network, or a nonprofit focused on a population of interest, such as Stupid Cancer, which addresses young adults with cancer, or Fertile Hope, which addresses fertility issues of cancer survivors. In addition to nonprofit boards, nurses may consider a hospital board or for-profit board of a health-related company, retail drug store, or grocery chain. Nurses should consider personal passions in the community, the school board, or a county parks and recreation commission; all of these affect the health of communities, and all need nurses trained to think about quality, safety, and the experience of patients. Nonprofit and local board service often opens the door to larger networks and service on appointed boards and commissions. Hospital board service is another needed focus for nurses. For some oncology nurses, service may even include federal commissions and

- Communication
- Ability to assess
- Reading of nonverbal and body language
- Ability to read and understand financial statements
- Knowledge of Robert's Rules of Order
- Social etiquette
- Strategic planning
- Negotiation
- Comfort with power
- Self-confidence
- Diligence in preparing for meetings
- Time to attend all functions (including social)
- Connection with broader community
- Willingness to continually learn
- Confidentiality

FIGURE 1. Skills Needed for Board Service

Note. Based on information from American Hospital Association's Center for Healthcare Governance, 2014.

presidential appointments, such as the recent appointment of Deborah K. Mayer, PhD, RN, AOCN®, FAAN, to the National Cancer Moonshot Initiative's Blue Ribbon Panel.

Conclusion

To get help finding a fit and ensuring that they have the skills needed, nurses can reach out to Action Coalitions, look for efforts in their states to get nurses on boards, and search for local and online board training opportunities. They then can begin to get to know more about the organization they are interested in serving. Nurses should read all they can about the organization, its mission, and its history; get to know some of its board members; and express interest in getting to know the organization. Nurses should think carefully about whether the mission of the organization is aligned with theirs and if they believe in the cause enough that they are willing to make a significant contribution of time, talent, and treasure (many expect a personal financial contribution from each board member). Attending a few meetings before deciding to join may be possible; terms can vary in number of years expected, and nurses should consider if they would enjoy spending

their time with this group of people and if communication would be respectful and productive. Board service as an oncology nurse is a chance to use hard-earned skills in communication, safety, quality, and advocacy in a new venue and to be at the table to make decisions that have a significant impact on the health of the community.

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