J Nurs Care Qual
Vol. 24, No. 1, pp. 5-9
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Engaging Nurses in Governing Hospitals and Health Systems

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DRAMATIC DEVELOPMENTS are taking place in the healthcare field. There is alarm at the national, state, and local levels about the persistent increase in healthcare costs and a growing consensus that this pattern is unsustainable. At the same time, a series of landmark reports by the Institute of Medicine and other organizations have demonstrated clearly that the overall quality of patient care provided by our nation's hospitals and health systems is uneven and needs to be improved.[1,2] The public's awareness of nationwide problems with respect to access, cost, and quality of healthcare services is growing. With that awareness is coming the dissatisfaction with healthcare providers and a growing public demand for change.

These developments—in concert with highly visible governance breakdowns in both investor-owned and nonprofit organizations and closer governmental scrutiny—have led to a spotlight being placed on the boards that govern our nation's hospitals and health systems. Across the country, there is a growing call for more accountability, greater transparency, and better performance by these boards. This article presents some current information about the involvement of nurses on boards, discusses possible reasons why it is so limited, and encourages board leaders and chief executive officers to consider the appointment of highly qualified nurses to governance roles.

CALL FOR IMPROVING THE QUALITY OF PATIENT CARE

Governing boards are being asked by their stakeholders—including governmental regulators, third-party payers, rating agencies, and the communities they serve—to examine their fiduciary duties and how well they are performing these duties. In particular, the Institute for Healthcare Improvement, the National Quality Forum, and other leading healthcare alliances are urging boards to ensure that organizational standards for the quality of patient care are established and that effective processes for continuously monitoring and improving quality are in place. This is, indeed, one of a healthcare board's most fundamental and important responsibilities. However, available evidence suggests that the levels of board knowledge and leadership in quality assessment and improvement processes are often inadequate.[3,4]

It is clear that strengthening communication between boards and clinical leaders and engaging them in developing quality

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Accepted for publication: May 28, 2008

improvement goals, policies, and programs is essential. Among the basic strategies for engaging clinicians in this vital work is to involve them on governing boards and the board committees with oversight responsibility for patient care quality. During the past quarter century, involving capable, committed physicians as voting members of hospital and healthcare system boards has become the norm and now is widely accepted as a good governance practice.[5,6] Recent national surveys have found that *physicians* generally constitute around 20% of hospital board membership.[7,8]

DATA ABOUT NURSING INVOLVEMENT ON BOARDS

Longitudinal information regarding the involvement of *nurses* on the boards of hospitals and health systems is not readily available. However, some recent studies suggest that it is very limited. A 2005 study of 14 nonprofit general hospitals found that, in total, only 4 of the 203 voting board members in these 14 hospitals (2%) were engaged in nursing practice in these or other institutions; in comparison, 26% of the voting board members were practicing physicians.[9] Using a different measure of engagement, the Governance Institute's biennial survey of hospitals and health systems in 2007 found that 0.8% of chief nursing officers were serving as members of their respective institutions' governing boards; in contrast, 5.1% of chief medical officers were serving in this capacity.[10]

Similar results were found in a more recent study of governance in nonprofit community health systems.[11] With the assistance of the American Hospital Association and the Health Research and Educational Trust, a University of Iowa research team identified 201 systems that fit the team's specifications.* In one phase of this study, 123 of the systems' chief executive officers (61.2%) provided baseline information about their boards' size and composition as well as their perceptions of the boards' practices and culture. As shown in Table 1, these systems have a combined total of 2046 voting board members. Only 48 (2.4%) are nurses; the percentage of nurses on the boards of systems that are part of larger parent organizations (3.7%) is higher than the figure for independent systems (1.6%). Consistent with other studies, about 22% of the voting board members are physicians.

FACTORS CONTRIBUTING TO NURSES' LIMITED INVOLVEMENT ON BOARDS

Nurses constitute a major proportion of the total workforce in hospitals and health systems, and their importance in determining the quality of patient care and patient satisfaction is abundantly clear.[12] In recognition of this, the National Quality Forum has encouraged healthcare organizations to adopt measures of nursing quality and integrate them into their quality control programs. The Centers for Medicare & Medicaid Services (CMS) and other payers are considering ways to incorporate nursing quality measures into performance-based payment systems for hospitals.[13] And, of course, our nation and its healthcare organizations are facing a large and growing shortage of nurses and nurse executives. A recent report by the Center for Interdisciplinary Health Workforce Studies at Vanderbilt University has forecasted a shortage of 285,000 nurses by 2020 if there is not a substantial increase in the number of graduates or some unanticipated downturn in demand.[14] The tremendous challenges that confront chief nursing officers and other nurse executives—staffing shortages, budgetary pressures, technological changes, and so on—have contributed to leadership-retention issues and rising turnover.[15,16] It

*For the purpose of this study, "community health systems" were defined as *nonprofit healthcare organizations that (1) operate 2 or more general-acute and/or critical access hospitals and other healthcare programs in a single, contiguous geographic area and (2) have a chief executive officer and a system-level board of directors who provide governance oversight over all of these institutions and programs.*[11(p2)]

Table 1. Clinician composition of system boards

	Systems that are part of the parent organization		Independent systems		All board members	
	n	%	*n*	%	*n*	%
Physician members	183	25.2	270	20.5	453	22.1
Nurse members	27	3.7	21	1.6	48	2.4
Other members	517	71.1	1028	77.9	1545	75.5
All voting members	727	100.0	1319	100.0	2046	100.0

$\chi^2 = 16.6; P < .01.$

is clear that new models for organizing and delivering nursing services are needed to improve the efficiency and quality of patient care.[17] However, the available evidence does not demonstrate that these issues and the development of strategies to deal with them are being given high priority by hospital and healthcare system boards.[16,18]

Thus, the size and importance of the nursing workforce in healthcare organizations are well documented, and the serious nursing-related issues that confront the clinical, governance, and management leadership of these organizations have become apparent. Yet, recent studies continue to suggest that the presence of nurses on the boards of our nation's hospitals and health systems is very limited. What are the factors that have contributed to this situation? This question has not been studied systematically, and it is hoped that a new Robert Wood Johnson Foundation initiative ("Nurse Leaders in the Boardroom") will provide insights and stimulate dialogue. From my perspective, it would seem that the contributing factors may include the following.

First, although some progress has been made in recent years, gender disparities continue to exist in the board composition of *many* large American organizations. For example, in 2007, women held only 16% of board seats in S&P 500 companies; nearly 1 in 10 of these companies still had all-male boards.[19] This disparity persists although there is considerable evidence that suggests that the presence of women on boards is associated positively with corporate social responsibility and operational success.[20,21] Although somewhat less pronounced, imbalance also exists among the boards of healthcare organizations. The 2005 survey of not-for-profit, investor-owned, and public hospitals by the Health Research and Educational Trust found that, in the aggregate, 23% of board members were women.[7] The recently published study of 123 nonprofit community health systems had a similar finding: 24% of these systems' voting board members (490 of 2046) were women.[11]

More than 90% of registered nurses in this country are women.[22,23] For whatever reasons, the composition of most governing boards in the business sector and in the healthcare field predominantly has been male. At least to some extent, the limited involvement of nurses in hospital and healthcare system governance can be viewed as a reflection of the broader pattern of gender disparity in board composition. As the receptivity to women in governance roles increases, it is hoped that the door to boardrooms will become more open to qualified women, including nurses.

A second factor affecting the engagement of nurses in governance is slow realization by many board leaders and chief executive officers of nursing's centrality in determining the quality of patient care and patient satisfaction. Nurses too often have been viewed simply as a large component of the workforce rather than skilled professionals with great impact on the quality and cost of patient care

services whose voices should be heard in the formulation of organizational policy and strategy. In recent years, the level of awareness seems to be growing.[24] As Donald Berwick has stated:

> It is key that nurses be as involved as physicians, and I think boards should understand that the performance of the organization depends as much on the well-being, engagement, and capabilities of nursing and nursing leaders as it does on physicians. I would encourage much closer relationships between nursing and the board.[25]

It would seem likely that the interest and willingness of board leaders and chief executive officers to engage respected nurse leaders on boards and board committees will expand as their recognition of the nursing profession's vital role and contributions to organizational performance increases.

A third factor that probably has slowed the involvement of nurses in the governance of hospitals and health systems is hesitancy by some board leaders and chief executive officers to appoint organizational employees other than chief executive officers as voting members of governing boards. With respect to nurses, this concern can be addressed in several ways. For example, a board can seek as candidates those nursing leaders who are affiliated with *other* organizations, such as educational institutions or healthcare organizations based in other communities. When nurses who are affiliated with the hospital or healthcare system where they are being considered for board positions, the potential for conflicts of interest can and should be addressed forthrightly. Policies and procedures for doing so are well established and employed regularly with respect to physicians who are employed by or serve on the medical staff of healthcare organizations where they are appointed to board roles.[26,27]

A CALL FOR CONSIDERATION

Because of these and other factors, it simply has not been a traditional practice to consider nurses, particularly nurses in active practice, as candidates for board positions in America's hospitals and health systems. Given the magnitude of the nursing workforce and the impact of nursing on cost, quality, and patient satisfaction, it seems clear that board deliberations and decision making would benefit from the perspectives of respected leaders in the nursing profession. All board members, of course, should be appointed on the basis of their integrity, commitment to the organization's mission and values, demonstrated competence in disciplines where the board needs expertise, and willingness to devote the time and efforts required to fulfill governance duties properly. Some nurses will meet those standards, others will not. Effective governance of hospitals and health systems in today's turbulent environment demands a multidisciplinary mix of highly capable persons who are committed to continuous improvement in the organization's clinical and financial performance. Leaders in America's nursing profession constitute a valuable and largely untapped source of candidates for governance roles. It is my belief—based in part on my experience in serving on boards that include highly skilled and experienced nurses—that governance deliberations and policy making can benefit greatly from involving leaders in the nursing profession on boards and board committees. I encourage board leaders and chief executive officers who are responsible for identifying and nominating candidates for board appointments to proactively consider and recruit highly qualified nurses. The talent pool is large, they will be honored to serve, and the board's performance will be enhanced by their engagement.

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