

A Window into the Boardroom: Experiences of Nurses on Healthcare Governing Boards

Lisa J. Sundean, RN, MSN, MHA, Jonas Scholar
University of Connecticut School of Nursing

Abstract

Engagement of nurses as equal partners in healthcare boardrooms is critical for healthcare transformation. This phenomenological pilot study aimed to describe the essence of the experiences of nurses on interprofessional healthcare governing boards.

The themes developed provide a window into the boardroom for nurses aspiring toward governance leadership. This is the first study to explore the experiences of nurse board leaders.

Nurses	5%
Physicians	20%

Figure 1. Engagement of nurses and physicians on hospital governing boards. (American Hospital Association, 2014).

Introduction

- Nurses are the largest portion of the healthcare workforce with responsibilities for direct patient care, quality, cost, outcomes, and critical decision-making.
- The Institute of Medicine recommends nurses be engaged as equal partners in healthcare boardrooms. However, nurses are rarely engaged as board leaders. Figure 1.
- National partners in the initiative to place 10,000 Nurses on Boards include The Robert Wood Johnson Foundation, AARP, The Jonas Center for Nursing Excellence, and professional nursing organizations.
- Descriptions of the experiences of nurses on healthcare governing boards can inspire more nurses to advocate for board positions.

Method

- Three female nurse board leaders from New England were interviewed using descriptive phenomenological method based on Colaizzi (1978) and the philosophy of Husserl (1954/1970). Figure 2.

Mean Yrs as RNs	34.6
Education	1 PhD, 2 PhD candidates
Employment	1 Corporate CNO 2 Senior Nursing Directors
Board Settings	Nonprofits: Local, State & National

Figure 2. Study participant characteristics.



Figure 3. One-on-one interviews were audiotaped, transcribed, and analyzed. Themes were developed from significant statements.

Procedure

- The study was approved by the University of Connecticut Institutional Review Board.
- A purposive sample was attained from professional referrals.
- Each participant was engaged in 1 audiotaped interview lasting 31-50 minutes. Interviews: 1 phone, 2 face-to-face. Figure 3.
- Opening statement: "Please describe to me your experiences as a nurse serving on an interprofessional healthcare governing board. Please describe all your thoughts, perceptions, feelings, and specific examples you can recall and wish to share." Verbal probes were used to elicit more data.
- Interviews were transcribed and analyzed by the researcher. Significant statements and formulated meanings were collapsed into themes. An exhaustive description was developed from the data. Figure 4.
- Validation occurred by returning to one participant to review the exhaustive description. No revisions were recommended.

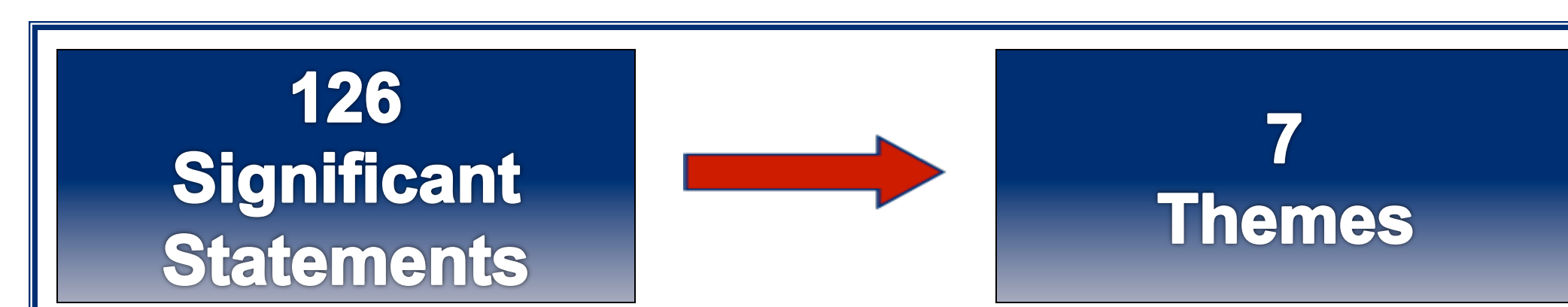


Figure 4. Collapsing of transcribed data.

Results

Themes	Descriptions
Pusher & Prodger	Nurse's role; mission; quality & safety; stakeholder needs
Innovator, Implementer & Evaluator	Skill sets; parts & wholes; financial acumen
Hats Off To The Person Who Brought Me Onto The Board	Board composition; tokenism broad perspective; respect
By The Way, I Happen To Be A Nurse	Voice & influence; getting the job done; questioning
An Old Boys Network	Board culture; guarding status quo; rubber-stamping
Let's Get Down To Business	Board work; finances, quality & safety; fundraising
A Fantastic Learning Opportunity	Personal & professional development

Conclusion

Fundamental structure of the experience: Breakthrough leadership characterized by contribution, influence, respect, pride & professional development using nursing knowledge, skills & expertise for governance decision-making.

Significance

This study begins a research trajectory about nurse board leadership. Familiarity with the experiences of nurses who are engaged on boards will enable other nurses to envision themselves as board leaders and to aspire toward board leadership positions.

References

- American Hospital Association, Center for Healthcare Governance.** (2014). National healthcare governance survey report. Retrieved from <http://www.americangovernance.com/resources/health-care-issues/index.shtml#practices>
- Colaizzi, P. F.** (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology*. New York, NY: Oxford University Press.
- Husserl, E.** (1954). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.), 1970, Evanston, IL: Northwestern University Press.

innovation
UNLEASHED