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

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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.

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.

Procedure
1. The study was approved by the University of Connecticut Institutional Review Board.
2. A purposive sample was attained from professional referrals.
3. Each participant was engaged in 1 audiotaped interview lasting 31-50 minutes. Interviews: 1 phone, 2 face-to-face. Figure 3.
4. 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.
5. 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.
6. Validation occurred by returning to one participant to review the exhaustive description. No revisions were recommended.

Results

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