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Qualifications of Executive Nurses for Service on Hospital Boards

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Doctor of Nursing Practice

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Dr. Joey Cope, Dean of the College
of Graduate and Professional Studies

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Date: _____

Doctoral Project Committee:

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Abilene Christian University

School of Nursing

Qualifications of Executive Nurses for Service on Hospital Boards

A doctoral project submitted in partial satisfaction

of the requirements for the degree of

Doctor of Nursing Practice

by

Michelle Lee Foxx

August 2020

Dedication

I dedicate my DNP project to my spouse and family for their unconditional support and love as I continued in the pursuit of my goals. Their faith made the person I am today, and their continued encouragement has allowed me to become the scholar that I have always desired to be.

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In acknowledgment of the Abilene Christian University faculty, especially my project chair Dr. Catherine Garner, project committee members, advisors, directors, and peers for their assistance and for taking the time to contribute and provide feedback that was essential in the development of this project. Furthermore, I would like to thank Dr. Caryn Iverson for being my continued mentor and for taking the time to collaborate with me on this important issue. I would also like to extend a special thanks to my spouse Carlos Ramirez, and family, especially my mother Carol Rodriguez, and friends for their support and guidance through the pursuit of academic achievement in obtaining my Doctor of Nursing Practice degree.

Abstract

Healthcare governing boards have responsibility for the legal and financial stability of the organization. They are assuming more responsibility for quality care and outcomes. Nurse leaders have valuable insights into key shared governance issues such as quality of care, financial performance, legal requirements, and regulatory oversight. Yet, only 5% of the 3.2 million nurses in the U.S. health workforce hold a seat on hospital governing boards in the United States. The purpose of this study was to explore how nurses with executive experience perceive their own leadership qualities in the context of established requirements for executive hospital boards. Fifty chief nursing officers and nurse directors completed a quantitative survey using the Center for Healthcare Governance assessment tool of the American Hospital Association. This survey details a desired list of skills, experience, and personal qualities for board placement. Participant responses to the survey indicated that senior-level nurse executives had significant expertise in business management, administration and policy, clinical experience, quality and patient safety, ethics, and diversity. Areas needing further development were finance, human resource management, information technology, board governance, and community relations. This information can be used to educate hospital boards regarding the qualifications of nurse leaders. Nursing organizations and academia could use this information to round out the skills of senior nursing leaders.

Keywords: shared governance, hospital boards, improve patient outcomes, reduce facility costs, evidence-based practice

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Chapter 1: Introduction

Hospital governance boards hold the legal and fiscal responsibility of the health care organization. They are increasingly responsible for the quality of care and patient outcomes, which impact the overall finances and reputation of the organization. The American Hospital Association's Center for Healthcare Governance (CHG) published *The Guide to Good Governance of Hospital Boards*, in which they detailed a desired list of skills, experience, and personal qualities for board placement (Anning et al., 2009). These include healthcare administration and policy, health system needs, issues, and trends, human resources management, strategic planning, risk management, and information technology. Senior-level nursing executives have many of these qualifications. Yet, only 5% of the 3.2 million nurses in the U.S. healthcare workforce hold a seat on hospital governing boards in the United States (Sundean & McGrath, 2016). This compares to the over 20% who have physicians on their boards (Sundean & McGrath, 2016). Nurses compose one of the largest groups in healthcare and, as majority stakeholders, the relationship between nurse staffing and patient outcomes such as patient mortality and nurse outcomes, including turnover, can be directly linked to the level of nursing staff available and the quality of care provided (Everhart et al., 2013). Learning how nurses with executive experience perceive their own leadership qualities in the context of established board requirements for executive hospital boards and developing their abilities could potentially increase the number of nurses on hospital boards. Identifying the qualifications of nurse leaders in the context of desired board qualities could educate board members of senior-level nurse qualifications.

The Robert Wood Johnson Foundation started an initiative to address the issue of inadequate nurse representation on hospital governing boards. The effort is a direct response to

the Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health*, which recommended that more nurses play pivotal roles on boards and commissions of health and health-related institutions (Robert Wood Johnson Foundation, 2017). Part of this initiative is to develop a database of senior-level nurses who have the qualifications to serve on boards and to further develop the skills and career paths of those who aspire to governance positions.

A hospital board of trustees is often responsible for identifying potential members. The perceived lack of nurses' experience and skillset by board trustees and directors may be an issue with promoting nurses on executive hospital boards. Board trustees and directors may benefit from education regarding the requirements senior-level nurses have for executive hospital board positions, including academic credentials and the level and depth of experience with leadership, finance, quality, and shared governance.

The purpose of this study was to survey senior-level nurses about their qualifications using the CHG's Guidelines for Director Selection. A summary of these findings can inform hospital trustees regarding the depth of qualifications of nurses for membership on boards. Adding the voices of nurse executives can enhance the decisions of a board of trustees and ensure the highest quality of patient care and fiscal viability of health organizations.

Problem Statement

The American Hospital Association (AHA) has estimated that while 20% of physicians hold hospital executive board seats, only 6% of nurses fulfill this same role (Campaign for Action, 2014). A recent study performed by the World Health Organization (WHO) found that the international workforce consists of approximately 10% doctors and 60% nurses, but over 90% of formal governance structures have physician representatives and less than 1% include

nurses (WHO Executive Board, 2012). The WHO reports that, although strides have been made in closing the gap regarding gender equality, nurses continue to be significantly underrepresented (WHO Executive Board, 2012). The lack of nurses on hospital boards only further accentuates the inequities that exist in shared governance. Increasing the number of executive-level nurses on boards could improve patient outcomes and reduce facility costs in the acute care setting.

Boards of trustees are often responsible for identifying potential members. Many nurse executives are equipped with the necessary skills for board membership. The perceived lack of nurses' experience and skillset by board trustees and directors may be an issue with promoting nurses on executive hospital boards. Board trustees and directors may benefit from education regarding the requirements senior-level nurses have for executive hospital board positions, including academic credentials and the level and depth of experience with leadership, finance, quality, and shared governance. Nurses have specific knowledge that relates to allocation of resources regarding patient care, nurse staffing, financial management, and are subject matter experts in evidenced-based care. Empowering nurses to seek out opportunities to promote or improve upon their existing skillsets and knowledge base is essential to increase representation of nurses with the skillset needed to serve on executive hospital boards.

Background

The responsibility for quality care and outcomes increasingly impacts the legal and fiscal responsibility of healthcare governing boards. Despite hospital shared governance being an impactful component, the majority of healthcare systems experience formidable inconsistencies with regard to patient safety, quality performance measures, patient experience, value, and healthcare equity (Pronovost et al., 2018). Nurses have valuable insights into key shared governance issues such as quality of care, financial performance, legal requirements, and

regulatory oversight. Today's healthcare system has a multitude of complex, dynamic issues. Issues currently affecting acute healthcare facilities include staffing, resources, and the ability of nursing to provide patient-centered care. Organizations often attempt to reduce staffing, limit supplies, and monitor productivity to cope with financial reimbursement challenges.

Since the Institute of Medicine (IOM) publication of *To Error is Human* in 1999, the role of healthcare governing boards has shifted from primarily fiscal and risk management to assuming more accountability for the overall quality and safety that the organization provides. The Joint Commission on Accreditation (TJC) has increasingly focused on healthcare leadership engaging their board members in quality and safety initiatives. Development of the board members in working with executive and medical staff leaders to reduce harm and establish clear quality improvements is necessary to evolve into one of the "best-in-the-world" boards (Conway, 2008). A review of empirical studies linking board composition and processes with patient outcomes found clear differences between high and low performing hospital boards (Millar et al., 2013). The essential ingredients are being well-informed and having skilled board members committed to prioritizing quality and safety with monitoring of specific goals and metrics while holding hospital leadership accountable. Cross-sectional surveys of boards across the United States suggest that executive leaders have a positive impact on their organizations' quality and safety (Millar et al., 2013).

The AHA's CHG published *The Guide to Good Governance of Hospital Boards* in which they detailed a desired list of skills, experience, and personal qualities for board placement (Anning et al., 2009). These include qualifications that are also key to the selection of nurse executives: healthcare administration and policy, health system needs, issues, and trends, human resources management, strategic planning, risk management, and information technology.

The key hospital benchmarks suggested by the CHG guide include patient satisfaction and scores, average wait times and length of stay, and clinical outcomes that include patient safety indicators and infection rates (Anning et al., 2009). Boards should consider key process indicators such as employee engagement, staff turnover, costs of labor with agency and vacancy rates, physician recruitment, credentialing, retention, and financial indicators and outcomes. Remaining cognizant of these factors allows the board to set priorities for the chief executive officer and the executive team with the establishment of specific goals and benchmarks. Benchmarking against other like organizations is a tool for determining where the hospitals rank across national indicators.

Nurses compose one of the largest groups in healthcare and as majority stakeholders, the relationship between nurse staffing and patient outcomes such as patient mortality and nurse outcomes, including turnover, can be directly linked to the level of nursing staff available and the quality of care provided (Everhart et al., 2013). Because of lower repayment incentives, organizations often reduce staffing and limit resources to reduce costs. However, in a recent study, reducing nursing staff to increase profitability has been shown to negatively impact financial performance (Everhart et al., 2013). The addition of nurses to hospital boards would further support the concept of shared governance. According to Veterans Health Administrative data, nurse executives participated in 70% of Veteran Affairs healthcare systems and noted a significant impact on nurse satisfaction as well as a decrease in length of stay and hospital acquired conditions (Charland, 2015). Shared governance has been proven to improve quality for patients and satisfaction for nursing staff.

Hospital boards need adequate nurse representation and nurses must be empowered to

participate to improve patient outcomes and reduce facility costs in the acute care setting. Standards that include the utilization of evidence-based practice and the knowledge base and accreditation that advanced nurse practitioners have with other providers will only facilitate the acceptance and buy-in of these changes. Nurses need to be on hospital boards to make these changes a reality, as they have specific knowledge that relates to allocation of resources about patient care, nurse staffing, and financial management and are subject matter experts in evidenced-based care. As of August 30, 2018, however, there are only 4,674 nurses on boards in the United States with a goal set by the Nurses on Boards Coalition (2018) to achieve 10,000 nurses on boards by the year 2020.

There are several different types of governing boards with varying requirements for becoming a board member. It has been proposed that boards of trustees and directors who have the responsibility to recruit new board members lack information regarding the abilities and qualities of senior-level nurses with respect to board leadership positions. While some health care professionals lack some of the skills needed, it is uncommon that one trustee encompasses all of the necessary competencies to be an effective board member, and skills can be developed through training, mentoring, and experience (Mason et al., 2013). It has also been proposed that nursing executives do not recognize that they have many of the desired qualities to serve on hospital shared governance boards. Nurses in healthcare, academia, and government lack acceptance as important decision makers or revenue generators (Florida Center for Nursing, 2014). Learning how nurses with experience perceive their own leadership qualities in the context of established board requirements for executive hospital boards and developing their abilities could potentially increase the number of nurses on hospital boards. Awareness of the existing barriers is necessary to breakdown the obstacle of nurses attaining executive board

positions and nurses must be educated and empowered to address the barriers and improve the perception of their capabilities (Florida Center for Nursing, 2014). A board must be cognizant of the relationship between the hospital and its stakeholders to fulfill its duty completely and maintain accountability (Anning et al., 2009). Identifying the qualifications of nurse leaders in the context of desired board qualities could educate board members of senior-level nurse qualifications.

The practice of evidence-based medicine is the integration of both clinical expertise and strong evidence from research-based studies (Sackett et al., 2000). Quality improvement initiatives within the healthcare industry have influenced nursing practice in many ways. A major component has been on accountability for the improvement of overall processes to improve health outcomes. The establishment of evidence-based care practice is a crucial component to the quality improvement process overall. There is significant literature that supports the meaningful impact nurses have on patient outcomes, such as patient mortality and other significant clinical problems such as falls, line infections, and mobility. A higher registered nurse (RN) mix is related to lower patient mortality (Tourangeau et al., 2002). A significant inverse relationship exists between the proportion of baccalaureate-prepared RNs and an associated decrease in the death of patients within a 30-day readmission period (Aiken et al., 2003). Keele (2011) stated that evidence-based nursing practice includes those clinical problems that have been identified in practice as problem areas such as falls, pressure ulcers, and hospital-acquired infections.

Nurses must be empowered to participate in complex and dynamic health care issues to improve patient outcomes and reduce facility costs, and nurses must be engaged and active participants in executive hospital boards. Nurses that serve on boards are often involved in government action, advocacy, and public relations and calls to action on a number of issues that

affect patient safety, and overall standards of care including evidence-based practice that need to be improved upon within the healthcare delivery system. Nurse executives who are highly positioned at the board level provide invaluable advice to the board on key elements including care quality, patient safety, nurse staffing, infection control, and patient experience (Jones et al., 2016). Being able to relate to the needs of the other nurses, providers, and clinical staff that will be involved in the change process is essential. Most importantly, nurses are well-placed to advocate for the patient who will be impacted by these changes.

Evidence-based nursing practice uses several various forms of evidence along with clinical expertise that includes the nurse and patient preference. Nurses serving on executive hospital boards can influence the decision-making process and hold authority as subject matter experts regarding nursing challenges and patient improvement processes. While research is impactful in evidence-based medicine, there are several components such as staffing, resources, and financial impact that should also be considered. A nurse serving on an executive hospital board has the ability to address these and other issues before implementing any change processes.

Purpose of the Study

There is a lack of information related to the perceivable skillset and experience nurses specifically have to be eligible for securement of a position on an executive hospital board and how the education of nurses on requirements and the education of board trustees and directors on nurses' abilities and qualities affects the selection of board members. Board trustees and directors must be aware of their own roles and responsibilities and have the skills to perform them and should also recruit members for skills that are needed on the board (Anning et al., 2009).

The purpose of this study was to survey senior nursing leaders regarding their self-assessment of the criteria outlined by the CHG. This information could inform governing boards regarding the experience and qualifications of senior nurses. This information could prompt introspection for nurse executives regarding their own abilities and could inform organizations committed to developing nurses for governing boards regarding potential areas for developing the expertise and skills of those who have the potential to serve. The hypothesis for this study was that nurse executives rate highly on desired board leadership competencies.

The increase in the complexity and provision of care in numerous areas within the healthcare setting requires that collaboration among healthcare providers be implemented. The American Nurses Association standard of care is now also referenced in both state and federal legislation (Mirr Jansen & Zwygart-Stauffacher, 2009). The integration of physicians on hospital boards only occurred within the past decade and, as a result, the impact of having nurses on boards may also take some time to evolve. Nurses must be empowered to partake in complex and dynamic healthcare issues despite a perceived lack of skills and experience. A proficient nurse can advocate like a lawyer, budget like an accountant, manage like a CEO, "wear a stethoscope like a doctor," and "play cards" like a professional poker player. But, while nurses expend a numerous amount of time with their patients clinically, juggle the management of time through scheduling, budget through an allotment of resources, and manage the staff that follow them with both dignity and respect, the same opportunity to serve on an executive hospital board is not often afforded to nurses. Despite having numerous qualities that are required for executive hospital board placement there is still a lack of senior-level nurses on boards.

The knowledge of the necessary components for board placement as well as the requirements to remain on boards are essential factors for nurses to establish a position and to

maintain a constant and impactful presence on executive boards. Many executive nurses possess the skillset required for placement on executive boards. The lack of nurses on hospital boards only further accentuates the inequities that exists in shared governance. Establishing the requisite knowledge skillset for credentialing, education, and experience for the placement of nurses on hospital boards are key elements to move the needle further regarding the Robert Wood Johnson Foundation's national initiative to have more nursing representation on governing boards (Nurses on Boards Coalition, 2017).

Significance of the Study

The discipline of nursing and its relationship and influences on health care continues to be steadfast and pragmatic. Nurses are essential in creating the healthcare system of tomorrow and, as key stakeholders, nurses need to be involved in the decisions that are made within executive hospital boards. These include decisions regarding salaries, cutbacks, staffing, and discussions related to clinical outcomes that can directly affect processes and patient care. The appointment of nurses on executive hospital boards enables the discussion of clinical challenges and facilitates the participation in the decision-making processes surrounding the establishment of clinical standards based on evidence-based research, subject-matter expert collaboration, and policy formation that will enhance professional accountability and lead to improved clinical patient outcomes.

Evidence-based practice should be at the forefront of the development of safe and effective patient care standards, and these standards must be continuously reviewed for relevance and utilized by clinicians of all disciplines with confidence. Continued research in evidence-based practices is a necessary component to the development and implementation of practicing healthcare improvement. Research can also play an impactful role on the standards of care that

have been proven to improve cost, patient safety, patient outcomes, and care overall. The first step in evidence-based practice change is identifying the problem (Keele, 2011). The nurse who is at the forefront of the patient's care and has further developed critical thinking skills and the ability to promote better health outcomes is critical to promoting quality change practices within an organization. Nurses must be engaged and active participants in executive hospital boards to improve patient outcomes and reduce facility costs in the acute care setting. Encouragement of nurses to promote their credentials and acknowledgment of their clinical skillsets is essential to the promotion of nursing leadership to executive hospital boards.

Nature of the Study

This study was a quantitative survey of senior-level nurses' abilities and qualifications using the CHG assessment tool published in *The Guide to Good Governance of Hospital Boards* in which the CHG detailed a desired list of skills, experience, and personal qualities for board placement (Anning et al., 2009). The AHA gave permission to utilize this assessment tool in the survey (Appendix F). Nurse executives were recruited for voluntary participation through the websites of the American Organization of Nurse Leaders (AONL), the Texas Organization of Nurse Leaders (TONL), and Texas Nurse Practitioners (TNP). Participants completed a self-assessment scale of 0 (None) – 3 (Advanced) according to key areas including knowledge, skills, and experience in financial matters, government and accreditation standards, information technology, human resource management, quality, patient safety, and performance management, ethics, diversity, and patient and healthcare advocacy. I collected demographic data on education level, years of experience as a nursing executive or senior leader, and age, and then analyzed the data using descriptive statistics.

Research Question

How do senior-level nurses (P) who are not a current representative of an executive hospital board (I) as a result of perceived lack of experience (C) rate themselves on the AHA's CHG Board of Directors Skills Matrix and Inventory (O) after being in a senior management position (T) for at least one year?

Hypothesis

The hypothesis is that senior-level nurses (P) who are not a current representative of an executive hospital board (I) as a result of perceived lack of experience will (C) rate themselves as highly advanced on the AHA's CHG Board of Directors Skills Matrix and Inventory (O) after being in a senior management position (T) for at least one year.

Significance to Healthcare Governance

Executive hospital boards with clinical oversight lack adequate representation of experienced senior-level nurses who have both clinical and business expertise. Nurses must be empowered to participate in discussions that are made on executive hospital boards as they are often directly related to clinical outcomes and can affect their processes and patient care components, including the utilization of evidence-based practice. A principal barrier may be the lack of confidence of nurses to position themselves for membership on boards and the perceived lack of information by board trustees and directors with respect to the abilities of senior-level nurses. The lack of confidence and apprehension regarding nurse participation on hospital boards may be related to the board trustees' and directors' credentialing procedures, selection process, and requirements to hospital board appointments in relation to nurse participation.

In response to the IOM's report *The Future of Nursing: Leading Change, Advancing Health,* the Texas Healthcare Trustees in partnership with the Texas Team Advancing Health

Through Nursing developed the Nurses on Board Initiative with the intent to provide educational opportunities for nurses who have key patient care and management experience but never considered the opportunity of leadership on an executive board (Campaign for Action, 2014). Of key importance to the advancement of nurses on boards, the Nurses on Board project focused on training regarding board roles and key responsibilities, strategic planning, analyzing financials, advocating for the community, and focusing on problem-solving skills that are key requirements for hospital executive board placement (Campaign for Action, 2014).

The lack of success regarding the subsequent placement of nurses on boards posteducation may be a result in a gap in communication with those who select board members. This study may be used to inform hospital governance teams regarding the capabilities of senior nurses. Board appointment requires key stakeholders to understand, relate to, and equate the contributions that nurses have in fostering evidence-based practice, administrative judgement, and financial prudence. Motivation of nurses and provisioning of standards for required experience and skillsets as well as information provided by subject matter experts will be needed to sway the current practice including advocacy and outreach from key stakeholders in order to secure appointments of nurses to executive hospital boards and encourage change improvement processes.

Definition of Key Terms

Empowerment. Individuals need to be inspired to change behaviors, and barriers to successful change, such as a lack of skills, must be eliminated (Melnyk & Fineout-Overholt, 2015).

Evidence-based practice. A systematic clinical decision-making process based on the best available evidence to improve outcomes (Melnyk & Fineout-Overholt, 2015).

Leadership. Leadership is described as an interactive process through which a leader inspires others by creating a common mission and vision (Crevani et al., 2010).

Nurse executive. Defined for this study as nurses in administrative positions, including chief nurse executives (CNO), chief nursing officers (CNO), chief operating officers (COO), chief financial officers (CFO), and chief executive officers (CEO).

Nurse leader. Defined for this study as nurses in a leadership position including directors or managers.

Outcomes of healthcare delivery. Outcomes that are influenced by the clinical care delivery system process (Melnyk & Fineout-Overholt, 2015).

Senior-level nurses. Defined for this study as nurses with additional skills, experience, and advanced educational qualifications, who work on a multidisciplinary team and are likely to engage in various leadership activities within their current role.

Scope of Project

This study was a quantitative survey of senior-level nurses' abilities and qualifications using the CHG assessment tool published in *The Guide to Good Governance of Hospital Boards* that details a desired list of skills, experience, and personal qualities for board placement (Anning et al., 2009). This project may not have gotten enough responses to be representative of all nurse executives, but could provide insight for future research. The Board of Directors Skills Matrix and Inventory may not apply to all hospital and healthcare boards.

Summary

The lack of nurses on hospital boards further accentuates the inequities that exist in shared governance to date. Increasing the number of executive-level nurses on boards could improve patient outcomes and reduce facility costs in the acute care setting. The problem is that

there is a lack of information related to the perceivable skillset and experience nurses specifically have to be eligible to secure a position on an executive hospital board and how the education of nurses on requirements and the education of board trustees and directors on nurses' abilities and qualities affects selection for board members. Through the recruitment of nurse executives for voluntary participation in a quantitative survey using the CHG assessment tool, the skills, experience, and personal qualities of senior-level nurses could be evaluated for board placement (Anning et al., 2009). The results could then be used to contribute to swaying the current practice to include advocacy and outreach from key stakeholders in order to secure appointments of nurses to executive hospital boards and encourage change improvement processes for the well-being of the population overall.

Chapter 2: Literature Review

The majority of the executive hospital boards in the United States do not have a nurse on their board. There are over 3.6 million nurses in the United States, but only 5% of hospitals includes a nurse as a member of their board of trustees (Reinhard, 2017). The integration of evidence-based practices and quality improvement is a main driving force behind many of the decisions that are being made in the executive hospital boardroom. Historically, the focus of executive hospital boards resided on financial strength but has since shifted to quality and patient satisfaction (Reinhard, 2017). In order to promote the high quality and safe patient care that patients expect as standards of practice, the basis of these standards should always take into consideration the overall patient outcomes to ensure the establishment of best practices. The purpose of this study was to survey senior-level nurses about their qualifications using the CHG's Guidelines for Director Selection. A summary of these findings can inform hospital trustees regarding the depth of qualifications of nurses for membership on boards.

Search Methodology

I conducted a systematic search of databases from 2012 through 2017 utilizing the following databases: CINAHL Complete, Science Direct, Nursing Reference Center Plus, and EBSCOhost. It included search terms, including *lack of nurses on boards*, *nurse representation on boards*, and *nurses on healthcare boards* and was limited to full text results, which yielded thousands of results. I chose four articles after narrowing results further because of the qualitative-empirical, quantitative-descriptive, and qualitative-descriptive nature of the articles. The reviewing of these articles in this nature allowed for the establishment of comprehensive information that addressed similar components of the issue at hand but also generated information that was diverse, objective, and primarily based in the United States.

Synopsis of the Literature

Despite the significant impact on the quality of patient care and patient satisfaction that nurses have, the presence of nurses as voting members on organizational governing boards is limited and often even nonexistent (Prybil et al., 2014). Prybil et al. (2014) discussed the factors that influenced the level of nurse engagement on governing boards and presented a case for change after results demonstrated that nurses on the boards for faith-based systems versus secular systems had a variance of $p < 0.05$. Strengths of this review included the fact that several independent studies were analyzed ranging from 2004–2014 that allowed for the evaluation of information published in the last five years in order to include the most recent information available as well as previous works that provided a historical perception. The nursing profession is divergent and has a substantial disparity among academic preparation and credentials. The fact that there is not a clearly defined role of nurses on boards, including the required credentials to serve on boards, is an ongoing issue that needs to be addressed (Prybil et al., 2014).

Nelson-Brantley and Teel (2017) utilized quantitative descriptive survey metrics to identify nurse's participation and presence on health-related boards. An institutional review board appropriately approved the research and extended surveys including web links and telephone invitations to all participants. A clear purpose of the study was to identify issues relating to board appointments for nurses. The lack of clarity, however, on addressing threats to rigor and a framework that was not clearly defined, if at all, was an issue. Collaborative efforts are needed to prepare the next generation of nurse leaders to bring to perspective the importance of serving on boards in order to bring to light the quality, cost, safety, and an overall holistic understanding of healthcare needs through board leadership opportunities (Nelson-Brantley & Teel, 2017).

Sundean and McGrath (2016) utilized a qualitative descriptive study using a metasynthesis and an ethnographic framework that utilized interpretive data to identify nurses and women's participation and presence on health-related boards. A synthesis of the data included inductive reasoning and intuitive knowledge of a review of the literature and a theoretical explanation regarding nurses and women's participation on health-related boards using Noblit and Hare's meta-ethnography process. The researchers included a clear purpose of the study as well as a supportive qualitative approach that included a clear qualitative design (2016). They also utilized a clear and concise instrument and was explicatory for data collection. They also utilized the underpinnings of hermeneutic philosophy and translation of the phenomenon through inductive reasoning. Sundean and McGrath (2016) revealed no overt weaknesses but instead provided a strong and well-substantiated qualitative study. However, it is unclear if the preconceptions of the researchers potentially influenced the outcome, despite the commitment to unbiased research conduct. Nurses comprise a majority of the U.S. workforce, but only 5% of nurses hold a hospital board seat in the United States (Sundean & McGrath, 2016).

Havens (1998) utilized a cross-sectional descriptive survey design for examining the nature and extent of nursing involvement in hospital governance. The results revealed that two variables significantly influenced nursing involvement, with the strength being an affiliation with a baccalaureate or higher degree nursing program ($p = 0.12$), and while the presence of an RN collective bargaining activity ($p = 0.006$) was significant, the presence of this collective bargaining activity was a new finding that could possibly be considered a weakness. According to Havens (1998), while CNEs titles and salaries are comparable to other hospital executives, those that are voting members on hospital executive committees accounted for 57% in 1994,

only a 2% increase since 1990, and CNEs who were voting members of hospital governing

boards accounted for only 10% in 1994, which actually decreased 15% from 1990.

Those individuals who see their role as a calling toward their career rather than just a job

will often see the bigger picture for the vision and mission of the organization (Wrzesniewski &

Vedantam, 2016). Nurse leaders must adapt their leadership style to one that best suits the needs

of the organization and is contingent on the environment and situation at hand. The ability to

lead by example is a true virtue of a leader and to quote President Ronald Reagan: "The greatest

leader is not necessarily the one who does the greatest things. (S)He is the one that gets the

people to do the greatest things." Senior nurse leaders should be given the opportunity to

participate in hospital shared governance and make an impact within the organization overall.

With the focus of hospital boards shifting to quality, having a clinical perspective from senior

nurse leaders to alert their organization to the greatest risks for effecting patient safety and

quality care should be the focus. Shared accountability is an essential component to moving the

needle on improved patient safety and quality measures (Pronovost et al., 2018). The focus,

however, cannot be primarily on advancing any specific discipline or clinical goal, but rather, for

nurses to become a predominant member and remain an active member of an executive hospital

board who must advocate for the goals and interests of the organization overall (Conway, 2008).

Self-awareness as a leader is a crucial component to being able to become an effective

leader. The AONL developed an assessment for nurse managers and nurse executives to

determine their baseline competencies. Nurse executive's utilization of their AONL competency

document allows them to further develop necessary skills and abilities as it ranks each

competency and categorizes them from lowest to highest. The correlation of this assessment with

the CHG skills matrix allows for senior-level nurses to see how they rank themselves for board

related competencies on a skills and performance matrix and determine from their own rankings the skills and abilities that require further development. Knowing the limitations and strengths of a leader is an essential component, because a lack of an awareness of who they are or who they could potentially become as a leader can actually be a barrier to the growth of the team and to the organization. In order to be a successful leader who will transform the architecture of an organization, the leader must continue to further improve processes and embrace continuous improvement through various methodologies of change. Self-evaluation for contributing extrinsic and intrinsic factors is a necessary component for identifying any opportunities for self-improvement. According to Yammarino (2000), organizational climate, culture, and strategies as well as the compounding traits of the leader will influence the effectiveness of a leader and their problem-solving skills. Effective nurse leadership is essential to transforming the healthcare system and requires nurses to be full partners in redesigning healthcare in the United States (Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011).

Search Limitations

With the main purpose of the quantitative research study being the quantification and review of data collected, improper representation of the targeted population was difficult when searching articles in databases due to the variance in definitions for nurse executives, senior-level nurses, nurse leaders, and leadership. I avoided miscalculation in presenting this study to ensure that definitions were clearly defined and the sampling of participants was from organizations that included the AONL, formerly the American Organization of Nurse Executives (AONE), the TONL, formerly the Texas Organization of Nurse Executives, and the TNP organization, in which professional nursing staff with senior-level experience are members.

Theoretical Framework

The application of a theoretical framework into practice serves to help address patient-centered clinical problems and improve organizational and systems delivery (Chism, 2016). Change management through different stages allows for a constructive framework and feedback throughout the change process allowing an organization to modify strategies, overall processes, and the structure itself to best suit the needs of the organization, its employees, and the population that it serves (Hussain et al., 2018). The science of nursing has a distinguished history of drawing upon other disciplines of practice and theory to fortify the overall praxis of nursing. Nursing's ability to draw upon theoretical concepts allows for the conceptualization of tasks that serve to address specific concerns related to healthcare standards as well as other issues in both a concise and structured manner. Lewin's change management model is an essential process for nurses to establish confidence in the attainment of an executive hospital board position and to sway the current practice including advocacy and outreach from key stakeholders in order to secure appointments of nurses to executive hospital boards and encourage change improvement processes. Nurses are essential change agents for the interrelated nature of shifting an organizations strategic and operational level from one phase of the change process to another (Hussain et al., 2018). The change model includes three steps: unfreezing, changing, and freezing.

Within the unfreezing stage, nurses recognize their established knowledge base and define their skillsets that are applicable to nurse executive board appointment. Nurses have the expertise and a wealth of knowledge that can contribute to the strategic planning and implementation of change processes implemented and the leadership skills needed by hospital executive boards. Despite consumerism and reimbursement requirements fostering change and

requiring an advancement of diverse skillsets within hospital and healthcare boards, the addition of nurses on hospital executive boards is occurring at a stagnant pace (Barkholz, 2017).

The changing stage of Lewin's theory requires the nurse to further define their strengths and weaknesses with regard to their skillset and knowledge in order to perform their role and responsibilities effectively and efficiently upon nurse executive board appointment. In fact, according to a University Health System Consortium, there is a distinct correlation between nurses on hospital executive boards and better performance in both quality and safety (Reinhard, 2017). Nurses must be educated on the requirements for board positions and empowered to seek out opportunities to improve their skillsets and knowledge base in order to increase representation of nurses who meet requirements for experience and skillsets needed to serve on executive hospital boards. A nurse on an executive hospital board has the ability to assess and address change processes such as staffing, resources, and financial impacts within the hospital arena.

Freezing entails the realization of their accomplishments and the understanding that they meet not only the requirements for nurse executive hospital board appointment but can be successful and initiate significant change while in office. Nurses on boards have clearly been shown to impact the work environment as a whole, which leads to a higher retention rate for staff nurses (Reinhard, 2017). With the focus of hospitals shifting toward quality of care and patient satisfaction that is critical to being financially strong and robust, executive hospital board decisions are an essential and key factor that requires insight from nurses because they can add both knowledge and vision with regard to all aspects of the care continuum.

Summary

Progress in the placement of nurses on boards shows that continued research is a

necessary component to the institution of nurses on boards and the development and implementation of practicing healthcare improvement, as evidenced by the cross-sectional review conducted by Havens (1998) and the continued research that has since been documented by Prybil et al. (2014), Nelson-Brantley and Teel (2017), and Sundean and McGrath (2016). It is essential that advanced skills and competencies are improved through nursing practice and incorporated within the change management process of hospital executive boards. Encouragement of nurses to advance their credentials and improve skills is essential to promoting nurse leaders and impacting standards of care that have been proven to improve cost, patient safety, outcomes, and care overall.

Nurses that serve on boards are often involved in government action, advocacy, and public relations as part of a call to action on the number of issues that affect patient safety and overall standards of care, including evidence-based practices that need to be improved upon within the healthcare delivery system. In order to improve patient outcomes and reduce facility costs in the acute care setting, nurses must be engaged and active participants in executive hospital boards. Chapter 3 discusses the methodology, project design, and plan for analysis.

Chapter 3: Research Method

The AHA has estimated that while 20% of physicians hold hospital executive board seats, only 6% of nurses fulfill this same role (Campaign for Action, 2014). Hospitals would benefit from improved representation of nurses on governing boards to set policies to improve patient outcomes and reduce facility costs in the acute care setting. There is a lack of information related to the skillset and experience of senior nurse leaders as it relates to the suggested qualifications for membership on boards of trustees. Board trustees and directors must be aware of their own roles and responsibilities and have the skills to perform them, and should also recruit members for skills that are needed on the board (Anning et al., 2009).

The purpose of this study was to survey nursing executives regarding their self-assessment of the criteria outlined by the AHA's CHG publication *The Guide to Good Governance of Hospital Boards* that details a desired list of skills, experience, and personal qualities for board placement. This information could provide introspection for nurse executives regarding their own abilities and could inform organizations committed to developing nurses for governing boards regarding potential areas for developing the expertise and skills of those who have the potential to serve. The hypothesis for this study is that nurse executive's rate highly on desired board leadership competencies. The research question was the following: How do senior-level nurses who are not a current representative of an executive hospital board as a result of perceived lack of experience rate themselves on the AHA's CHG's Board of Directors Skills Matrix and Inventory after being in a seniot management position for at least a year?

Project Design

This study is a quantitative survey of senior-level nurses' abilities and qualifications using the CHG assessment tool published in *The Guide to Good Governance of Hospital Boards*

that details a desired list of skills, experience, and personal qualities for board placement (Anning et al., 2009). The AHA gave me permission to utilize this assessment tool in the survey. Participants completed a self-assessment scale of 0 (None) – 3 (Advanced) according to key areas including knowledge, skills, and experience in financial matters, government and accreditation standards, information technology, human resource management, quality, patient safety, and also performance management, ethics, diversity, and patient and healthcare advocacy (Appendix A & Appendix F). I analyzed the data using descriptive statistics. The population selected included voluntary participants from the AONL, the TONL, and the TNP.

IRB Approval and Protection of Participants

Ethical integrity in a research process is vital. According to Keele (2011), ethics applies to those rules and principles which preserve human rights and include freedom from harm, the right to withdraw from a study, receipt of fair treatment, and identity protection. I maintained the protection of participants, and completed Institutional Review Board (IRB) training and processes established through Abilene Christian University (ACU; Appendix G). I obtained voluntary informed consent from participants for inclusion in survey and informed participants that they may withdrawal their participation in the survey at any time without penalty. I required no names for survey participation. I will retain surveys completed by participants on a confidential drive on an internal server for the time period specified by the ACU's IRB.

Target Population

I recruited nurse executives in a senior management position including CNOs, nurse directors, nurse managers, and executive nursing officers with at least one year of experience in this role for voluntary participation through the websites of the AONL, the TONL, and the TNP. In order to have a sample size that is significant with a confidence level of 95%, I calculated a

confidence interval and standard deviation of data and utilized it to determine overall results (Centers for Disease Control and Prevention, 2012).

I sampled senior-level nurses, all members of the AONL, the TONL, or the TNP that worked for acute care facilities and any affiliated facilities including rehabilitation centers, freestanding emergency centers, and urgent care centers. Recruitment information included the purpose of the study and directions to the sampling website. I did not see the participants' personal information. Demographic data collected through survey included age, gender, highest level of education, and number of years in senior management position. I intended demographic information to be used to further analyze the individual assessment scores to determine if education, age, gender, and years in senior management were explanatory variables. Participants who had previously or were currently serving on a board were not excluded in the survey as their responses would be beneficial to comparing their perspective for required skills and abilities to serve on boards as compared to those senior-level nurses who had never served on a board. In addition, I gave participants my contact information.

Sample Size

It required a minimum of 42 nurse executive participants to use a G* Power t Test Correlation and Point biserial model statistical test with a priori power analysis type and a large effect size with a confidence of 95%. Inclusion criteria for the research sample included senior managers within an acute care facility, including CNOs, nurse directors, nurse managers, and executive nursing officers with at least one year of experience in this role who were members of the AONL, the TONL, and/or the TNP. Exclusion criteria were any senior manager that had been in their role less than a year. While age, gender, highest level of education, and number of years

of service on a hospital executive board (if served) was established, I utilized this information to further aggregate data rather than to include or exclude participants in the survey.

Research Tool

The CHG skills matrix allowed the senior-level nurse participants of the survey to rank their knowledge, skills, and experience on a list of skills, experience, and personal qualities necessary for board placement (Anning et al., 2009). Components for the skills matrix included but were not limited to finance, business management, strategic planning, human resource management, quality, patient safety and performance improvement, community relations, and board and governance (Appendix A; Anning et al., 2009).

Data Collection

Surveys were distributed to voluntary participants of the AONL, the TONL, and the TNP electronically via the organizations' membership newsletters with links to Survey Monkey. In compliance with IRB standards, the discussion regarding findings does not include any participant identifiers such as name, initials, department, and location.

Data Analysis

I summarized an analysis of the standard means of the data collected based on a calculation of a 95% confidence interval and the standard deviation of the data received. The sample size for this project was of key importance to ensure a confidence level of 95% was achieved, because the margin of error tends to fall based on the sample size. The validity of the responses was also a key component to the success of this project and the inclusion of only those participants that met the minimum requirements of being an active member of the AONL, the TONL, or the TNP was necessary to ensure confidence in the documented results. I also used

demographic information to further analyze the individual assessment scores to determine if age, gender, education, and years in senior management were explanatory variables.

Survey Development Timeline and Task List

The timeline of development and implementation of the project was from survey development and implementation of survey beginning November 2016 until May 2020. The research study lasted three months from January 2020 to early April 2020. The timelines in Appendix C and Appendix D represent the actual series of events that occurred for this study.

Summary

The absence of or lack of nurses on executive hospital boards may be related to both nurses' self-perception of qualifications and the lack of information available to those selecting board members. The data collected through the survey for an assessment of senior-level nurses ranking of their own knowledge, skills, and experience based on CHG's list of skills, experience, and personal qualities necessary for board placement could establish a baseline for their overall qualifications, skills, and abilities. Establishing their skillset and abilities and informing organizational leaders of the availability of these senior-level nurses as resources is an important step in promoting nurse placement on boards. According to the IOM, the changing demands of the complex healthcare system call for improved healthcare standards and the advancement of nursing practice roles in leadership positions (Chism, 2016).

Chapter 4: Findings

In this study I utilized a quantitative approach to review qualifications of nurse executives in a senior management position by surveying their abilities and qualifications using the CHG self-assessment tool as published in *The Guide to Good Governance of Hospital Boards*. Particpants were nurse executives in a senior management position within an acute care facility, including CNOs, nurse directors, nurse managers, and executive nursing officers with at least one-year experience in the role. I invited members of the AONL, the TONL, and/or the TNP to participate in the survey. I surveyed particpants' age, gender, highest level of education, and number of years of service on a hospital executive board (if served), but I utilized this information to further aggregate data rather than to include or exclude participants. I emailed a solicitation letter (Appendix B) through membership lists and newsletters for the TONL, the AONL, and TNP groups that included a link to the survey via a third party application (Survey Monkey). Participation was voluntary and noted in a consent form that did not require a signature but was rather implied by each particpant's completion of the survey to ensure anonymity. Key stakeholders included nurse executives and those organizations responsible for electing hospital governing boards.

Project Results

Fifty participants responded to the survey from the AONL, the TONL, and the TNP. Most of the participants were females aged 45–64 years old with more than one year of experience and a graduate degree. None were currently serving on a hospital executive board. Figure 1 reports that approximately 22% of participants attested to having advanced knowledge, skills, and experience in finance, 36% in business management, 26% in human resource management, 44% in healthcare administration and policy, 82% in clinical experience, 10% in

government and government relations, 14% in political acumen, 10% in construction and project

management, 6% in legal, 32% in strategic planning, 22% in risk management, 22% in

information technology, 10% in accounting, 52% in education, 30% in research, 48% in quality,

patient safety, and performance, 22% in labor relations, 22% in board and governance, 14% in

public affairs and communication, 42% in ethics, 46% in patient and health care advocacy, 36%

in diversity, and 26% in community relations.

Figure 1

Project Results Graph
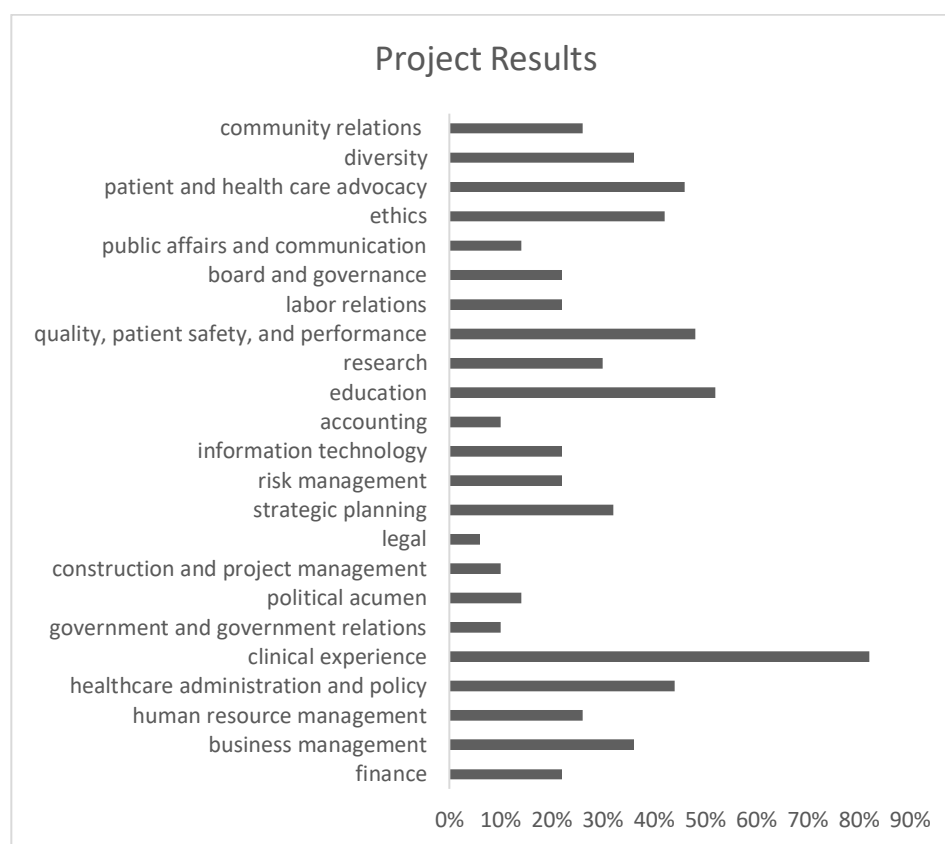
Parameters of Study

I summarized an analysis of the standard means of the data based on a calculation of a

95% confidence interval and the standard deviation of the data received. Using a G* Power *t*

Test Correlation: Point biserial model statistical test with a priori power analysis type and a large

effect size with a confidence of 95%, a minimum of 42 nurse executive participants was required (the largest sample size for a *t* test was 1054 participants based on 95% confidence criteria and varying effect sizes). The sample size for this project was of key importance to ensure a confidence level of at least 95% was achieved, as the margin of error tends to fall based on the sample size. The validity of the responses was also a key component to the success of this project, and inclusion of only those participants that met the minimum requirements of being an active member of the AONL, the TONL, or the TNP was necessary to ensure confidence in the documented results.

Limitations of Study

This study was limited to members of the TONL, AONL and TNP organizations and may not be representative of the entire population of nurse leaders. The number of participants limited my ability to further analyze results by gender, age, and years of experience.

Interpretation

I acknowledge an awareness of my own set of beliefs and experiences. I also remain aware that some level of bias existed. To minimize the effects of this bias, I used third party tools such as Survey Monkey for the aggregation of data rather than aggregating data independently. Benefits of the study could provide introspection for nurse executives regarding their own abilities and could inform organizations committed to developing nurses for governing boards regarding potential areas for developing the expertise and skills of those who have the potential to serve. Despite the significant impact on the quality of patient care and patient satisfaction that nurses have, the presence of nurses as voting members on organizational governing boards is limited and often even nonexistent (Prybil et al., 2014). The nursing profession is divergent and has a substantial disparity of prior academic preparation and credentials.

The fact that there is not a clearly defined role for nurses on boards, including the required credentials to serve on boards, is an ongoing issue that needs to be addressed (Prybil et al., 2014). The majority of participants scored on the survey as having significant knowledge, skills, and experience in business management, administration and policy, clinical experience, education, quality, patient safety and performance, ethics, patient and health care advocacy, and diversity. However, the majority of participants also scored as lacking significant knowledge, skills, and experience in finance, resource management, government and government relations, political acumen, construction and project management, legal, strategic planning, risk management, information technology, accounting, research, labor relations, board and governance, public affairs and communication, and community relations. As a result, further improvement and opportunities for continuous improvement through various methodologies of change are needed. Self-evaluation for these skills and abilities as well as identifying other contributing extrinsic and intrinsic factors is a necessary component for identifying opportunities for self-improvement. Collaborative efforts are needed to prepare the next generation of nurse leaders to clarify the importance of serving on boards in order to bring to light the quality, cost, safety, and an overall holistic understanding of healthcare needs through board leadership opportunities (Nelson-Brantley & Teel, 2017).

Data Analysis

The actual sample size was 50 nurse executive participants with a confidence of approximately 97% (Appendix E).

Credibility

Senior-level nurses who were not a representative of an executive hospital board after being in a senior management position for at least one year as a result of perceived lack of

experience participated in survey and rated themselves on the AHA's CHG Board of Directors

Skills Matrix and Inventory. Responses to the survey indicated that senior-level nurse executives

with more than one year of experience and a graduate degree or higher had a significant level of

ability and skill with regard to their abilities and qualifications for health governance, but lacked

some finite responsibilities. I placed no significance on abilities with regard to gender or age, but

the majority of nurse executive participants were females aged 45–64 years old.

Discussion

The knowledge, skills, and experience of nurse executives in various leadership roles

across the Unites States is significantly broad, and as key stakeholders, nurse executives must

expand their education and insight into the knowledge, skills, and experience in fostering

evidence-based practice, administrative judgement, and financial prudence to solidify their place

on hospital governing boards. Nurse leaders have many of the skills recommended for hospital

board membership, particularly related to clinical, quality, and safety issues. Based on my review

of the literature, the nursing profession is divergent and has a substantial disparities in academic

preparation and credential requirements. The progress in the placement of nurses on boards

shows that continued research is a necessary component to the institution of nurses on boards

and the development and implementation of practicing healthcare improvement, as evidenced by

the cross-sectional review conducted by Havens (1998) and the continued research that has since

been documented by Prybil et al. (2014), Nelson-Brantley and Teel (2017), and Sundean and

McGrath (2016). It is essential that advanced skills and competencies are improved through

nursing practice and incorporated within the change management process of hospital executive

boards. These same nurse leaders need further development in financial and legal skills. DNP

nursing leadership programs need to address the issues of governance, representing the broader

community, and human resource management. Various organizations can use this information to further develop and position nurse leaders for board membership. The recent COVID-19 pandemic has raised public awareness of the importance of nurses. Nursing organizations can build on existing partnerships with the Robert Wood Johnson Foundation and the American Association of Retired Persons to further push for nursing representation on governance boards.

Summary

The survey resulted in 50 nurse executive participants of whom the majority were females aged 45–64 years old with more than one year of experience, a graduate degree, and did not currently serve on a hospital executive board. Participants scored as having significant knowledge, skills, and experience in business management, administration and policy, clinical experience, education, quality, patient safety and performance, ethics, patient and health care advocacy, and diversity. Participants scored as lacking significant knowledge, skills, and experience in finance, human resource management, government and government relations, political acumen, construction and project management, legal, strategic planning, risk management, information technology, accounting, research, labor relations, board and governance, public affairs and communication, and community relations. Based on survey responses, senior-level nurse executives with more than one year of experience and a graduate degree had a significant level of ability and qualifications for health governance but lacked some business-oriented skills.

Chapter 5 examines the limitations of the survey and explores additional questions that could potentially be expanded upon with regard to future research, as well as provides future researchers with direction of survey development based on results and the potential impact on future nurse executives and their place on hospital executive boards.

Chapter 5: Significance and Implications

The purpose of the study was to survey nursing executives regarding their self-assessment of the criteria for skills, experience, and personal qualities needed for hospital board placement. Nurses have valuable insights into key shared governance issues such as the quality of care, financial performance, legal requirements, and regulatory oversight. It has been proposed that nursing executives do not recognize that they have many of the desired qualities to serve on hospital shared governance boards. The implications of the study and limitations for integration of nurse executives on hospital executive boards must also be further explored. Recommendations for future research need to be discussed as well as to how to further educate nursing executives on key skills needed and how to best standardize these processes. Identifying the qualifications of nurse leaders in the context of desired board qualities could educate board members of senior-level nurse qualifications.

The Purpose

The purpose of the study was to survey nursing executives regarding their own self-assessment of the criteria outlined by the AHA's CHG publication *The Guide to Good Governance of Hospital Boards*, which details a desired list of skills, experience, and personal qualities for board placement. Learning how nurses with executive experience perceived their own leadership qualities in the context of established board requirements for executive hospital boards and developing their abilities could potentially increase the number of nurses on hospital boards. The survey provided a significant amount of data with regard to the respondent's knowledge, skills, and experience of key abilities and qualifications for executive board placement, but many more questions developed as a result, including how to expand their

knowledge base and skills to promote nurse executives as prime candidates for hospital

executive board placement.

Relationship to DNP Essentials

Education at the DNP level is essential for building upon the strengths and abilities of

nurses in executive roles. The knowledge, skills, and experience of nurse executives in various

leadership roles across the Unites States is significantly broad, and as key stakeholders nurse

executives must expand their education and insight into the knowledge, skills, and experience in

fostering evidence-based practice, administrative judgement, and financial prudence to solidify

their place on hospital governing boards. The DNP essential of Organizational and Systems

Leadership for quality improvement provides the knowledge base for improving patient

outcomes, improving quality of care, and enhancing healthcare performance. Health care policy

for advocacy skills are essential for regulating processes, formatting policy changes, and the

management of regulatory components are essential skills for executive board placement. The

knowledge of evidence-based practices provided by the DNP essential analytical methods

enhances nurses' skills and promotes research and standards of care practices that are cost

effective and beneficial for patients. The DNP curriculum provides a specialized knowledge base

that can expand leadership skills.

Recommendations for Future Research

This study was limited to members of the TONL, the AONL, and TNP organizations.

Future research should replicate this study with a much broader group of nurse leaders and

should focus on specific roles, such as CNOs and CNEs, rather than broad-based leadership

roles. I did not place significance on age, gender, or years of experience, so inclusion of these

variables in the analysis of a broader sample may reveal additional information on experiential

learning. With more nurse leaders pursuing doctoral degrees, nurse educators may want to do a pre- and postprogram evaluation using the AHA's tool.

Conclusion

Senior nurse leaders should be given the opportunity to participate in hospital shared governance and make an impact within the organization overall. With the focus of hospital boards shifting to quality, having a clinical perspective from senior nurse leaders to alert their organization to the greatest risks affecting patient safety and quality care should be the focus. The focus, however, cannot be set primarily on advancing a specific professional discipline or clinical goals, but for nurses to become a predominant member and remain an active member of an executive hospital board advocating for the goals and interests of the organization overall as well (Conway, 2008). Nurse leaders must continue to further improve processes and embrace opportunities for continuous improvement through various methodologies of change. Nurse leadership development programs should consider expanding into finance, human resource management, government and government relations, and political acumen. Less important in the CNE role but critical to a governance role are construction and project management, legal issues, information technology, and accounting.

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Appendix A: Appended Center for Health Governance Skills Matrix for Survey

						Knowledge, Skills, and Experience Please indicate your knowledge, skills, and experience for each category Advanced – 3 Good -2 Fair – 1 None - 0																					
Survey Participant						Finance	Business Mgmt.	Human Resource mgmt..	Health Care Admin & Policy	Clinical Experience	Government & Gov Relations	Political Acumen	Construction & Project Mgmt.	Legal	Strategic Planning	Risk Management	Information Technology	Accounting	Education	Research	Quality, Patient Safety &	Labor Relations	Board & Governance	Public Affairs & Communications	Ethics	Patient & Health Care Advocacy	Diversity	Community Relations
Group (i.e. TNP, TONL, AONL)	Age	Gender	# of Yrs. of Senior Level Nursing Experience	Highest Degree	Do You Currently Serve on a Hospital Exec. Board (Y/N)																							

Appendix B: Solicitation Email for Participation in Survey

Subject Line: Opportunity to Participate in Survey on the Qualifications of Executive Nurses

for Service on Hospital Boards

Dear [TONL, AONL, TNP] members,

Nurse executives in a senior management position within an acute care facility including chief

nursing officers, nurse directors, nurse managers, and executive nursing officers with at least

one year of experience in this role are requested to participate in a survey for a research study

titled "Qualifications of Executive Nurses for Service on Hospital Boards." The nature of this

study includes the utilization of a quantitative survey focused evaluation of senior-level nurses'

abilities and qualifications using the Center for Healthcare Governance (CHG) assessment tool

through voluntary participation of members of the American Organization of Nurse Leaders

(AONL), the Texas Organization of Nurse Leaders (TONL), and the Texas Nurse Practitioners

(TNP).

By participating in this survey, you will assist in establishing an increased awareness of the

abilities and qualifications of senior-level nurses in order to promote the confidence of nurse

executives and perception of board/trustees to recognize that they have the fulfillment

requirements necessary to serve on a hospital governance board.

The survey will take you approximately five minutes to complete. Your participation in this

research survey is greatly appreciated and thank you in advance for taking the time to

participate. This study has been approved by the Abilene Christian University institutional

review board and data will be collected until March 31, 2020. Should you have any questions

about the research study please reply to this email to contact Principal Investigator or for

additional contact can see Contacts section in Consent Form attached.

The survey link is on the Informed Consent Form. Please click on it ONLY after you have read

all of the information provided on the consent form and your questions have been answered to

your satisfaction.

Sincerely,

Michelle Foxx, MSN, RN

XXX-XXX-XXXX

XXXXXX@XXXXXXX

Appendix C: DNP Project Timeline and Task List

| DNP Project Timeline	Task Date Month/Year Completed
Located doctoral prepared mentor/preceptor	11/2016
Secured research project chair and committee members, completed project chair/committee form, and emailed to DNP program director	11/2016 2/2019 12/2019
Completed Mentor and Preceptor form and emailed to DNP program Director	11/2016 10/2017
Began development of research project PICO question	11/2016
Began and finalized theoretical framework	11/2016 1/2018
Secured clinical site to conduct research project with affiliation agreement	1/2017 1/2018
First meeting with project chair to discuss research	6/2017 2/2019
Continued finalizing PICO question and worked with chair to complete chapters 1-3 of capstone paper	6/2017 6/2019
Completed initial component of project paper and PowerPoint and provided copy for chair and committee members to review	6/2017 6/2019
Secured letter of support on official letterhead for your project from facility/clinic administrator agreeing to support and providing permission to do project on site	7/2017
Worked on literature review and methodology; submitted paper for review by chair and committee members	7/2017
Completed IRB training and uploaded certificate to e-portfolio; review IRB module in Canvas	6/2017 1/2018
Secured letter of support from facility administrator	8/2017
Research measurement tool to be used for capstone project established and contacted author for permission to use	5/2019
Finalized selection of measurement tool and sent letter for permission to utilize tool	5/19
Prepared for research project proposal defense and submitted proposal defense form	6/2019
DNP research project proposal defense presentation conducted, and approval granted after suggested revisions completed	08/19
Worked on IRB approvals	10/19-1/20
Worked with chair to complete chapters 1-5 of project paper to include survey data	4/20
Secured EBP Tool permission letter from author for use in research project for publishing	4/20
DNP research project final defense presentation	6/20
Editor review of project paper	7/20 & 8/20

Appendix D: Survey Development Timeline and Task List

January- April	Design Survey
	Create Weblink For Survey
	Request For TONL, AONL, and TNP Newsletter Posting of Survey
	Survey Posted on TONL, AONL and TNP Newsletters
	Respondents Completing Survey
	Survey Closed – April 16th
	Evaluation of Survey Data
	Approval received from AHA for replication and use of CHG EBP Measurement Tool for publishing
	Data documented in Project Paper
May-July	
August	

Task	Jan.	Feb.	Mar.	April	May	June	July	Aug.
Design Survey	▓							
Create Weblink For Survey	▓							
Request Permission for TONL, AONL, and TNP Newsletter Posting of Survey	▓	▓	▓					
Permission Received for TONL, AONL, and TNP Newsletter Posting of Survey	▓	▓	▓					
Survey Posted on TONL, AONL and TNP Newsletters	▓	▓	▓	▓				
Respondents Completing Survey	▓	▓	▓	▓				
Survey Closed – April 16th				▓				
Evaluation of Survey Data				▓				
Approval received from AHA for replication and use of CHG EBP Measurement Tool for publishing				▓				
Data documented in Project Paper				▓				

Appendix E: G* Power *t* Test Results
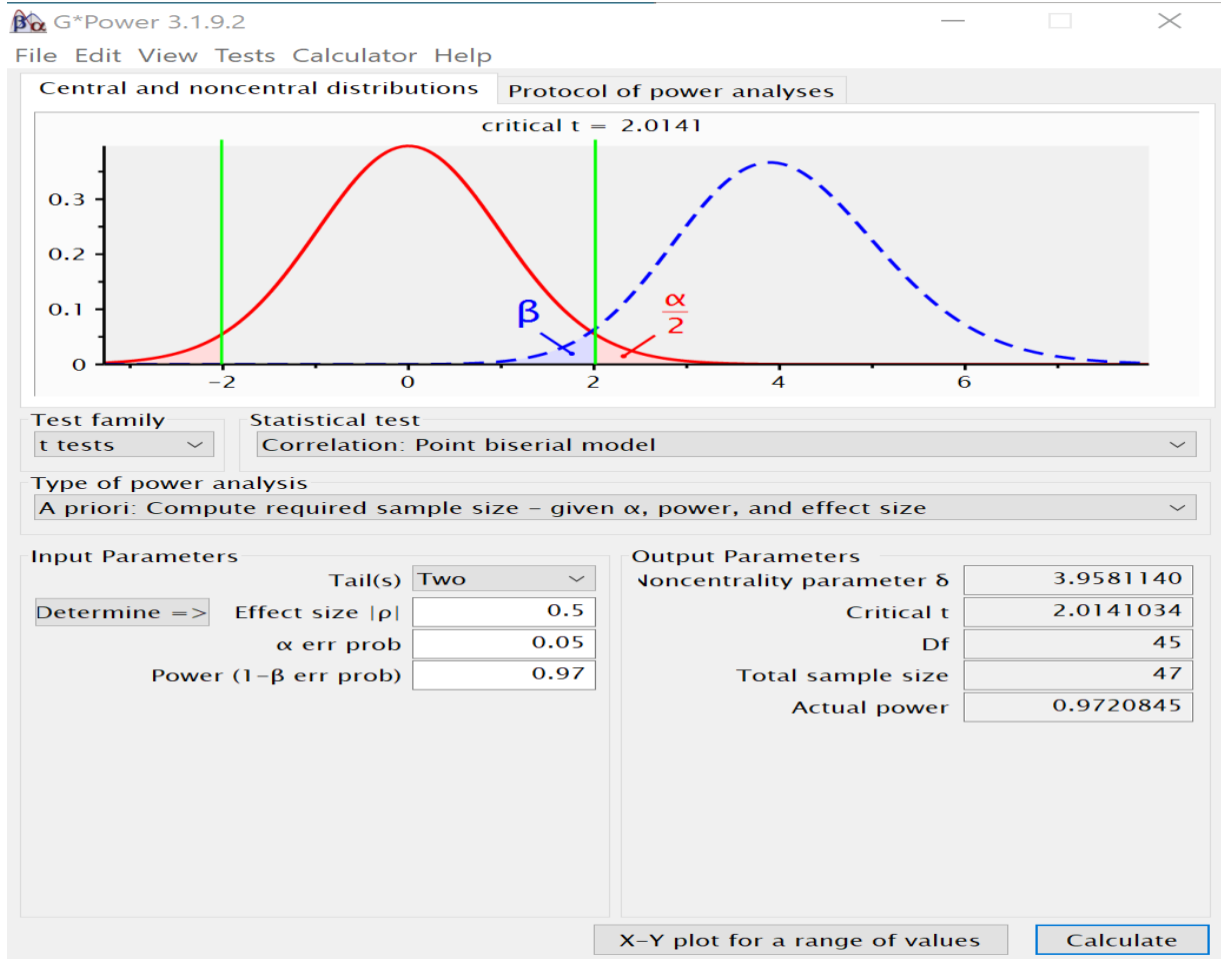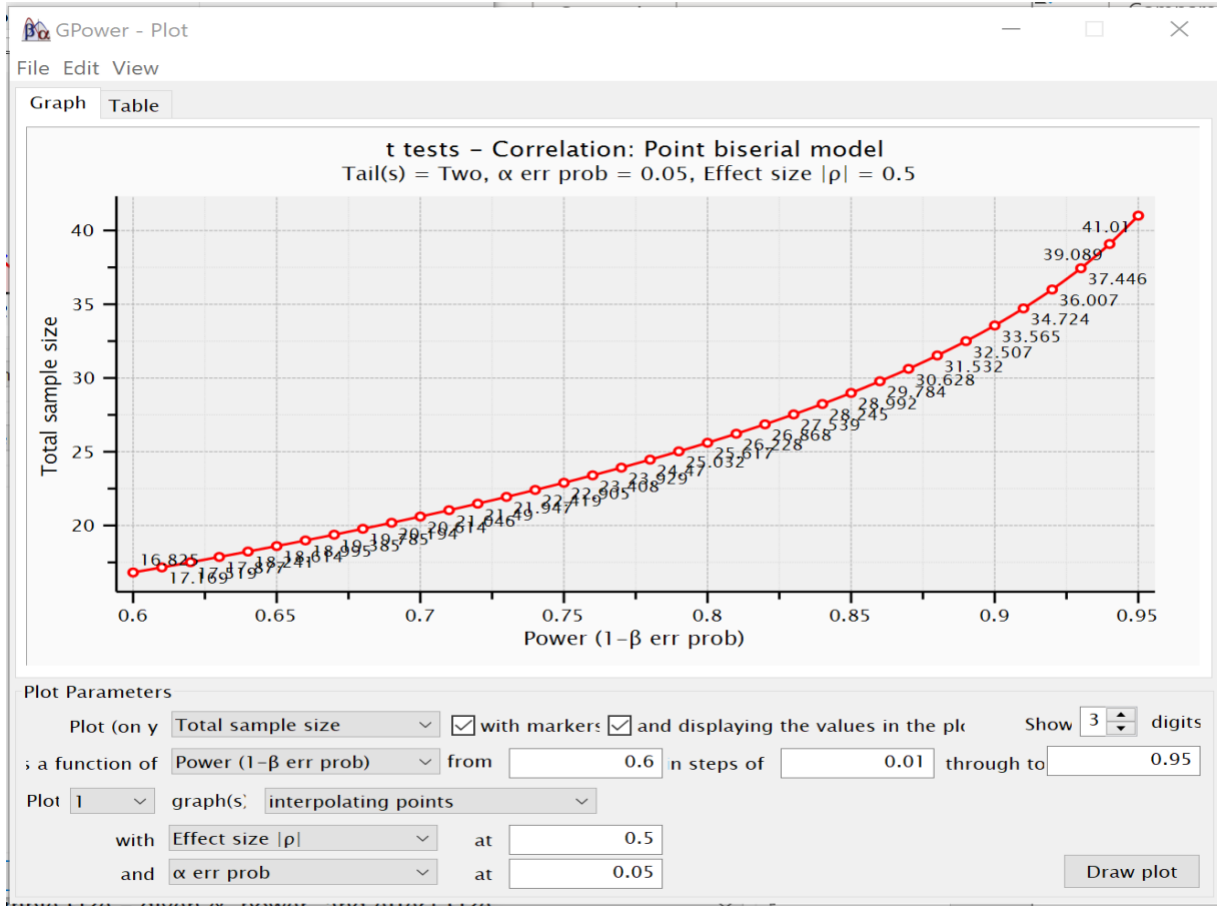
Appendix F: AHA Permission to Reprint

Letter American Hospital Association

XXX X XXXXXXXX – XXXXXX

XXXXXXXX XXXXXXXX

XXX-XXX-XXXX

P E R M I S S I O N   T O   R E P R I N T

NAME AND ADDRESS OF PERSON MAKING REQUEST:

Name: Michelle Foxx

Address Line 1: XXXXXXXX

Address Line 2: XXXXX

Address Line 3: XXXXXX, XX, XXXXX

The undersigned requests permission to reproduce material from:

Title: *The Guide to Good Governance for Hospital Boards*

Author: Douglas K. Anning, Fredric J. Entin, and Mary K. Totten.

Published In: December 2009

Date: April 15, 2020

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Written by: Michelle Foxx, RN, MSN

To be published by: Michelle Foxx, RN, MSN

Estimated publication date and/or edition: Summer/Fall 2020, exact date TBD

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   a. The following demographic questions will be added to the survey for DNP Capstone project survey in addition to The Guide to Good Governance for Hospital Boards questions: Group (i.e., TNP, TONL, AONL), Age, Gender, # of Yrs. of Senior Level Nursing Experience, Highest Degree, Do You Currently Serve on a Hospital Executive Board. (Y/N)

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This letter, when received by the AHA, with both signatures, serves as a contract setting the terms on which the material may be used.

Accepted: **American Hospital Association**   APPLICANT

By: Elizabeth Maze   By: Michelle Foxx, MSN, RN

Date: 4-16-20   Date: 4-16-20

Appendix G: ACU IRB Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

January, 15, 2020

Michelle Foxx
Department of Nursing
Abilene Christian University

Dear Michelle,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Qualifications of Executive Nurses for Service on Hospital Board" was approved by expedited review (Category 7) on 1/15/2020 (IRB #19-104). Upon completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D. Director of Research and Sponsored Programs

Our Promise: ACU is a vibrant, innovative, Christ-centered community that engages students in authentic spiritual and intellectual growth, equipping them to make a real difference in the world.