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Governance education for nurses: Preparing nurses for the future☆

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ABSTRACT

The complexities of today's health care environment require organizational governing boards to have deeper understanding of health needs, influences, and outcomes with diverse board leadership. Nurses understand the complexities and demands of health care, but few nurses are engaged on boards of directors and many nurses feel unprepared for the governance leadership role. The nurse of the future requires governance knowledge and competencies to influence organizational policies that will improve health care outcomes and advance health promotion. Governance education is a necessary component of preparing the nurse of the future to influence health care transformation. Until nurses can confidently embrace governance leadership as a part of their professional identity, convincing and expecting non-nurse board leaders to appoint nurses to boards will continue to be a challenge. This paper describes a strategy for incorporating governance competencies into nursing curricula across all education levels by leveraging the American Hospital Association Governance Core Competencies (2009) and the Massachusetts Nurse of the Future Core Competencies©-RN (Massachusetts Department of Higher Education Nursing Initiative, 2016).

In response to the 2010 Institute of Medicine (IOM) report, *Nurse of the Future*; *Leading Change*, *Advancing Health*, the Nurses on Boards Coalition (NOBC) was formed in 2014 to advance the appointment of nurses to boards (NOBC, 2018). Professional nursing organizations including the American Association of Colleges of Nursing, American Academy of Nursing, Sigma Theta Tau International Society for Nurses (Sigma), American Organization of Nurse Executives, American Nurses Association support the work of the IOM report and the NOBC in advocating the appointment of nurses to boards of directors (NOBC, 2018). The focus on more nurses serving on boards comes at a time when expert thought leaders are needed to guide health care transformation.

Contemporary challenges in the health care industry demand innovative models of care, contemporary reimbursement models, and improvements to the quality and safety of health care delivery. To address the comprehensive and complex health care changes and to meet the health needs of stakeholders and shareholders, health care governance boards must also keep pace (Parsons & Feigen, 2014). It is increasingly necessary for board members to have additional understanding of health needs, influences, and outcomes (Bisognano & Schummers, 2015; Perez, Mason, Harden, & Cortes, 2018). The inclusion of qualified health professionals on governing boards of directors of organizations that deliver health care services is prudent and sensible to respond to the complexities and demands inherent in contemporary health care governance (Bisognano & Schummers, 2015).

Most nurses are not *formally* educated about the concepts of governance and do not recognize governance leadership as part of the professional nurse identity. With requisite health care expertise, knowledge, and perspectives to contribute to board discussions and policymaking, nurse board leaders can provide salient input to improve health care governance decision making leading to improved health care outcomes (IOM, 2010; Prybil, 2016; Sundean, Polifroni, Libal, & McGrath, 2018). Combined with specific governance competencies, nurses are well suited to understand the complexities and demands of health care governance, to add diverse thought leadership, and clinical relevance as board directors (Prybil, 2016; Sundean et al., 2018; Weiss & Pettker, 2015). The purpose of this paper is to describe a strategy for including governance content in nursing education by leveraging the

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similarities between the American Hospital Association (AHA) Core Governance Competencies (2009) and the Massachusetts Nurse of the Future Core Competencies©-RN (NOF) (Massachusetts Department of Higher Education Nursing Initiative, 2016).

Although the AHA competencies (2009) focus on hospitals and health care delivery systems, understanding and developing competencies relating to business and finance, human resources, complexity and analytic skills, personal and interpersonal skills, and community and organizational skills cut across sectors, public, and private organizations. Therefore, the AHA competencies discussed can be easily transferred to other sectors and organizational types. We begin by defining governance and providing a literature review with relevant extant research.

Governance defined

Governance is a *function* that has the oversight responsibility and ultimate authority for organizations. Boards are the *structure*, that carries out the governance function. Corporate governing boards are comprised of directors or trustees and they are held accountable for fiduciary duty—the legal and ethical relationship to act with loyalty and without conflict of interest for the organization. From an open systems perspective, board members function as "boundary spanners," linking the organization to the community or population being served. Board members are selected for their knowledge, expertise, diversity, and perspectives which contribute to discussions and decisions in carrying out the mission of an organization (White & Griffith, 2019). Board members are also sometimes selected for their willingness to work and their philanthropic capacity (Curran, 2015). White and Griffith (2019) describe the following six functions of healthcare organization governance: 1.) maintain leadership capability; 2.) establish the mission, vision, and values; 3.) ensure quality of clinical care; 4.) approve the corporate strategy and annual implementation; 5.) monitor performance against plans and budgets; and, 6.) improve continuously.

Governance may also be carried out by boards that do not have fiduciary responsibility or authority, such as advisory boards, councils, associations, public health boards, and others. Some local hospital boards have delineated oversight authority, although they may report to a system board which maintains fiduciary duty as a reserved power. In the model of centralized system governance, local hospital boards may be advisory, or eliminated altogether (Prybil et al., 2012).

Literature review

The Future of Nursing; *Leading Change*, *Advancing Health* (IOM, 2010) called for the nursing workforce to participate significantly in health care transformation including roles in policymaking and governance. The landmark call by the IOM (2010) that prompted the recommendation for NOB followed research examination of the structures, processes, and cultures of high performing versus mid-range performing community hospitals (Prybil, 2007). This study recognized and acknowledged that nurses were barely represented on community hospital boards; only 2.6% of the board seats were occupied by nurses in a national sample. Since then, the call to add nurses to health care governing boards has been repeated many times in research and other scholarly recommendations (Hassmiller & Combes, 2012; Hatchen & Merchon, 2017; IOM, 2010; Khoury, Blizzard, Moore, & Hassmiller, 2011; National Academies of Sciences, Engineering and Medicine, 2016; Prybil et al., 2008; Sundean & Polifroni, 2016; Mason, Keepnews, Holmberg, & Murray, 2013).

A recent integrative review examined the inclusion of nurses on health care boards and found chronic under-utilization of nurses in health care governance roles over the past 30 years (Sundean, Polifroni, Libal, & McGrath, 2017). One exception to the low rates of NOB occurs in faith-based systems where nurses have greater presence on the boards of directors and in executive leadership roles (Prybil et al., 2012). Prybil and colleagues' findings are consistent with historical patterns of nurses and women having greater representation in leadership roles in faith-based health care institutions compared to secular institutions (Arndt & Bigelow, 2005; Prybil et al., 2012).

According to a recent analysis of previous health care governance studies, the representation of nurses on governing boards of directors has stagnated between 2 and 6% (Prybil, 2016). It was suggested that gender disparities, under-appreciation for the nursing profession, and inflexible board membership policies as reasons for low appointment rates of nurses on governing boards. Among the recommendations was a call to educate nurses about governance roles and responsibilities (Prybil, 2016).

Diversity of board composition by gender, race, age, and occupation contributes to the depth and breadth of expertise and perspectives for governance deliberations, decision making, and organizational outcomes (Hillman, 2015; Peregrine, 2018). This is particularly important in health care organizations where industry complexities require diverse expertise and perspectives to achieve organizational aims and healthy patient outcomes (Bisognano & Schummers, 2015; Sundean & McGrath, 2016). The Institute for Healthcare Improvement and other authorities recommend that leaders with expert clinical knowledge and understanding of health care delivery, costs, quality, and patient and population care needs should be included on health care governing boards (Bisognano & Schummers, 2015; Millar, Freeman, & Manion, 2015; Veronesi, Kirkpatrick, & Vallascas, 2013).

A study examining board and institutional performance and governance practices in U. S. academic health centers found 44% of high performing boards and institutions had at least one nurse on the board compared with only 11% of low performers (Szekendi et al., 2015). Health care boards inclusive of nurses is suggested as being associated with better organizational and board performance measures (Prybil et al., 2008; Prybil et al., 2012; Szekendi et al., 2015). Few studies report data on the impact and influence of nurses on boards. The authors of this manuscript are currently engaged in research to examine these effects.

In a study examining the aspirations of nurse leaders, Peltzer et al. (2015) found only 15% of nurses in a sample of 971 aspire to serve on boards. Nurses serving on boards admit lacking the preparation for assessing organizational finances and managing board communication processes (Sundean et al., 2018). Similarly, nurses serving on professional membership boards cite a need for more formal board orientation to better understand governance concepts and expectations (Walton, Lake, Mullinix, Allen, & Mooney, 2015). Nurses possess the health care knowledge, expertise, and perspectives to influence boardroom discussions and decisions at the intersections of care, costs, quality, and patient/population needs, but studies suggest nurses are not fully prepared for governance roles. Governance education is not a ubiquitous part of nursing education (Peltzer et al., 2015; Sundean et al., 2017, 2018; Walton et al., 2015).

Governance education for nurses

Thomas, Servello, and Williams (2017) advocate the need for student nurses to develop governance skills and suggest that, in meeting the standards of the American Association of Colleges of Nursing's (2018) *Essentials of Baccalaureate Education for Professional Nurse Practice*, student nurses will develop entry level governance competencies. Not all nurses will pursue higher education at the graduate level, but all nurses should understand the critical leadership role of board governance and the responsibilities of governance decision-making and policymaking. Therefore, we support the premise of formally educating students in nursing programs about governance competencies and we believe this education should extend across *all levels* of nursing education.

Education about fundamental governance competencies are necessary to shape the professional identity of nurses inclusive of governance

Table 1
Crosswalk between the American Hospital Association Governance Core Competencies (2009) and the Massachusetts Nurse of the Future Core Competencies©-RN (2016).

AHA Governance Core Competencies (2009)	MA Nurse of the Future Core Competencies©-RN (2016)
Personal capabilities	
Accountability	Leadership; professionalism
Achievement orientation	Professionalism
Change leadership	Leadership; teamwork and collaboration
Collaboration	Communication; leadership; teamwork and collaboration
Community orientation	Leadership; patient-centered care
Impact and Influence	Leadership
Information seeking	Evidence-based practice; professionalism; quality improvement; safety
Innovative thinking	Leadership; safety; informatics and technology; quality improvement; safety; systems-based practice
Managing complexity	Evidence-based practice; leadership; systems-based practice
Organizational awareness	Leadership; systems-based practice
Professionalism	Communication; professionalism
Relationship building	Communication; professionalism; teamwork and collaboration
Strategic orientation	Leadership; systems-based practice
Talent development	Leadership
Team leadership	Leadership; teamwork and collaboration
Knowledge and skills	
Healthcare delivery and performance	Communication; evidence-based practice; Informatics and technology; leadership; patient-centered care; professionalism; quality improvement; safety; Systems-based practice; teamwork and collaboration
Business and finance	Leadership; systems-based practice
Human resources	Leadership

leadership, to emphasize the critical role of nurses in shaping health care system reform, and to analyze and develop related policies (IOM, 2010; Prybil, 2016; Sundean et al., 2017). McBride's (2010) characterization of nurses as “boundary spanners” is consistent with the function of board directors. Fundamental governance competencies include those relating to business and finance, health care delivery and performance, and human resources (AHA, 2009, 2010; Curran, 2015; Zastocki, 2015). Governance competencies also include personal capabilities relating to complexity and analytic skills, personal and interpersonal skills, and community and organizational skills (AHA, 2009, 2010).

The AHA (2009) describes governance competencies as threshold standards specific to proficient board leadership of health care organizations as displayed in Table 1. Eighteen governance competencies are described by the AHA. Fifteen competencies are categorized as personal capabilities or competencies that individual board members should demonstrate. Three competencies are categorized as knowledge and skills that boards should have collective proficiency in.

The AHA governance competencies identify minimum standards to ensure health care boards meet fiduciary responsibilities. These competencies, articulated in 2009, are still in use and demonstrate enduring qualities for health care governance (AHA, 2009, 2010, 2014).

Responding to the IOM (2010) report, the Massachusetts Nurse of the Future Core Competencies©-RN (NOF) were described as a framework to support seamless academic progression for nurses across all education levels (Massachusetts Department of Higher Education Nursing Initiative, 2016; Sroczynski et al., 2017). The NOF competencies were first described in 2006 and then updated in 2016 to reflect contemporary changes in health care with a total of 10 NOF competencies including specific knowledge, attitudes, and skills for each competency (Sroczynski et al., 2017). Although the NOF competencies were developed to support seamless academic progression as recommended in the IOM (2010) report, the competencies are also relevant for education and preparation for board service for nurses.

A crosswalk between the AHA and NOF competencies demonstrate the relationships between the two sets of competencies and provide a guide for incorporating governance into nursing curricula across all education levels; baccalaureate through doctoral levels. Comparing the NOF and AHA competencies makes logical sense because of the close alignment between the two sets of competencies for governance. The crosswalk was based on definitions and explanations in the AHA and NOF documents (AHA, 2009; Massachusetts Department of Higher Education Nursing Initiative, 2016; Sroczynski et al., 2017). As depicted in Table 1, the AHA and NOF documents were compared and like competencies were paired in the crosswalk.

It is interesting to note the AHA competency for healthcare delivery and performance aligns with all 10 of the NOF competencies. This implies what nurses who serve on boards have articulated: that nurses' knowledge, skills, and perspectives about health care delivery uniquely qualify them for health care board service (Sundean et al., 2018). Similarly, several of the individual AHA competencies align with multiple NOF competencies further signaling the close alignment of governance competencies with nursing competencies. These alignments are significant when considering where and how to incorporate governance competencies into nursing program curricula with content that is often at maximum capacity.

Organizational governance is based on ethics and public trust. Board directors have the responsibility to be ethical stewards of the organizations they serve (Blodgett & Melconian, 2012; White & Griffith, 2019). Similarly, the nurse-patient relationship is built upon the foundation of trust and at the core of nursing practice are the principles of ethics (American Nurses Association, 2015). Key ethical principles of nursing and governance are confidentiality, fidelity, justice, and veracity. These ethical principles relate to the governance fiduciary duties of care, loyalty, and obedience (Curran, 2015) as shown in Table 2.

At every educational level, it is important to include education about governance competencies with discussion about the fiduciary duties of governance and the associated legal and ethical principles. At the baccalaureate level, this discussion can occur within discussions about nursing ethics and leadership. Application of the concepts within governance case studies can be useful at this level. At the graduate level (Master's, DNP, and PhD), education about fiduciary duties, legal, and ethical principles can occur within discussions about philosophy, leadership, policy and health care business. These discussions can be followed by evaluation of governance case studies, sample board discussions, and sample board agendas to discern the fiduciary duties and associated ethical principles (White & Griffith, 2019).

Opportunities to incorporate governance concepts and competencies naturally exist in student committee and association meetings (Thomas et al., 2017). Organizing committees and associations with

Table 2
Fiduciary duties of governance and associated ethical principles.
(Burkhardt & Nathaniel, 2014; Curran, 2015).

Fiduciary duties of governance	
1. Care:	Practicing prudence and due diligence in the process of deliberations and decision-making; being prepared and informed; practicing honest, constructive dissent.
2. Loyalty:	Fidelity to the organization, stakeholders, and shareholder; avoidance of conflicts of interest; maintaining confidentiality.
3. Obedience:	Compliance with laws, regulations, and policies; maintains focus on the organizational mission; includes veracity and whistleblowing.
Associated ethical principles	
1. Confidentiality:	Nondisclosure of information; privacy.
2. Justice:	Fairness; equitable distribution of scarce resources.
3. Veracity:	Truthfulness; honesty; engendering trust.

board-like agendas (including consent agendas), formal communications, financial reports, transparencies, and accountabilities create a forum for learning about board service and bolster the understanding of governance for students at all levels of education. These opportunities include institution-specific committees and constituent member chapters such as Sigma and the National Student Nurses Association. Some committees and associations may inherently operate like boards and, therefore, academic leaders need only to point out the clear connections to governance practices and competencies.

Incorporation of governance competencies into nursing curricula is aided by close alignment of the AHA and NOF competencies, eliminating the necessity to develop new courses. Of course, development of new or revised course content focused on nurses' roles in governance would reflect innovation in nursing education. To demonstrate the incorporation of the AHA competencies into nursing education, we implemented the following replicable process:

1. Identify related AHA and NOF competencies using Table 1.
2. Provide brief definitions of the related competencies (AHA, 2009; Massachusetts Department of Higher Education Nursing Initiative, 2016).
3. Identify associated learning outcomes using relevant knowledge, attitudes, and skills from the NOF competencies (Massachusetts Department of Higher Education Nursing Initiative, 2016).
4. Describe sample learning activities for each level of nursing education.

Because it is not reasonable to provide examples for all 18 AHA competencies, we provide two examples of AHA competencies relating to a total of five different NOF competencies as depicted in Table 3. The process used to develop these examples can be replicated as described above to incorporate the remaining AHA governance competencies. Additional learning activities can be developed, and we invite nurse educators to share their education innovations.

Interprofessional education opportunities to partner with higher education programs of management, law, and policy can also enhance governance education for nurses. Interprofessional education offers an enriching experience for students with different professional interests to learn together, to develop common understandings and shared goals (Hood et al., 2014). Schools of management, law, and policy typically include governance and strategy curricular content and this can be an opportunistic leverage point for nursing programs to collaborate for interprofessional education offerings across levels. A potential advantage of interprofessional governance education is the opportunity to address barriers associated with the under-appreciation for nurses' work and the multi-dimensional ways that nurses improve health and health care (Khoury et al., 2011; Mason et al., 2013; Prybil, 2016). At best, interprofessional education can, over time, serve to inspire business leaders to sponsor nurses for board appointments rather than relying solely on nurses' self-advocacy (Brooks, 2018).

Incorporating governance content into nursing curricula is not complete without addressing the assumption that nurse educators understand governance principles and competencies. While some nurse educators participate on boards and are board-ready, this is not true of all nurse educators. Therefore, we also recommend governance-specific professional development activities and continuing education for nurse educators. The benefits for nurse educators who engage in professional development and continuing education activities focused on governance are twofold: 1.) acquisition of knowledge to support student learning, and 2.) development of specific governance knowledge and competencies to serve on boards, raising the potential for greater nurse representation on boards. For a list of professional development and continuing education resources, see Table 4. Note that the resources along with many of the references at the end of this manuscript can also be used to supplement faculty and student education.

Conclusion

The call for nurses to serve on boards leverages the many ways that nurses interact with the care, costs, and quality associated with health care. Acknowledging nurses' health care knowledge and perspectives necessary for contemporary health care board service is important, but many nurses do not believe they are prepared to serve as governing board members (Peltzer et al., 2015; Sundean et al., 2018; Walton et al., 2015). Where decisions are made about the direction, strategies, and policies of health care organizations that affect the people and populations nurses care for, nurses must be capable of influencing critical board discussions with a combination of nursing knowledge and strategic perspectives that are expected at the governance level of organizations. If nurses are to advance health care transformation through governance service, then governance educational preparation is essential for success.

As health care delivery becomes more complex, it is critical for all nurses to be prepared to contribute to health and health care improvements by identifying governance leadership as part of the professional nurse identity and leveraging that understanding to influence governance discussions and decisions as voting board members. Until nurses can confidently embrace governance leadership as a part of their professional identity, convincing and expecting non-nurse board leaders to appoint nurses to boards will continue to be a challenge. Nurses' influence in the boardroom is as crucial as nurses' influence at the bedside and must be accompanied by the requisite governance knowledge and competencies to advance health and health care through board leadership.

Nurse educators can support the preparation of nursing students for governance roles by incorporating governance competencies from the American Hospital Association (2009) with the Massachusetts Nurse of the Future Core Competencies©-RN (Massachusetts Department of Higher Education Nursing Initiative, 2016). Incorporating governance competencies into nursing education across all levels positions nurses to identify governance as a ubiquitous part of the professional nurse identity and prepares nurses to engage confidently in governing roles to transform health care.

Table 3
Sample governance competencies, education outcomes, and learning activities.

AHA governance core competency:	
Relationship building:	Successfully builds and maintains relationships with key people across disciplines within health care and the community to achieve common goals.
Related NOF core competencies:	
Communication:	Effectively interacts with a range of colleagues and constituents to improve health care outcomes.
Professionalism:	Accountable for individual actions that are morally, ethically, and legally sound, and in compliance with practice standards and regulations.
Teamwork and Collaboration:	Effectively functions within interdisciplinary teams including communication, respect, team decision-making and development.

Knowledge	Attitudes	Skills
Communication: • *Understands what each health team member uniquely provides…* (*p. 34*) • *Discusses effective strategies for communicating and resolving conflict* (*p. 34*) • *Understands the principles of group process and negotiation* (*p. 34*) • *Identifies cultural variations in approaches to interactions with others* (*p. 34*)	Communication: • *Cares about people as individuals, valuing all members of the health care team and their roles as important* (*p. 34*) • *Recognizes that each individual involved in a conflict has accountability for it and should work to resolve it* (*p. 34*) • *Acknowledges negotiation as a strategy to identify mutually acceptable ways to meet…objectives* (*p. 34*) • *Identifies how one's own personality, preferences, and patterns of behavior impact communication with others* (*p. 34*)	Communication: • *Demonstrates empathy and concern while ensuring organizational goals are met* (*p. 34*) • *Uses standardized communication approaches in all communications…* (*p. 34*) • *Uses a structured approach to communicate effectively with colleagues* (*p. 34*) • *Applies self-reflection to better understand one's own manner of communicating with others* (*p. 34*)
Professionalism: • *Understands…professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice* (*p. 14*) • *Understands the culture of nursing, cultural congruence and the health care system* (*p. 15*) • *Understands ethical principles, values, concepts, and decision making that apply to professional nursing practice (and) interprofessional collaboration…* (*p. 15*)	Professionalism: • *Values collegiality, openness to critique, and peer review* (*p. 14*) • *Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization* (*p. 15*) • *Values acting in accordance with code of ethics and accepted standards of practice* (*p. 15*) • *Clarifies personal and professional values and recognizes their impact on decision making and professional behavior* (*p. 15*) • *Values acting with honesty and integrity in relationships with…team members* (*p. 15*)	Professionalism: • *Provides and receives constructive feedback to/from peers* (*p. 14*) • *Promotes and maintains a positive image of nursing* (*p. 15*) • *Recognizes and acts upon breaches of law* (*p. 15*) • *Incorporates American Nurses Association's Code of Ethics into…practice* (*p. 15*) • *Utilizes an ethical decision-making framework in clinical situations* (*p. 15*) • *Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice* (*p. 15*) *Enlists system resources and participates in efforts to resolve ethical issues in daily practice* (*p. 15*)
Teamwork and collaboration: • *Identifies own strengths, limitations, and values in functioning as a member of a team* (*p. 37*) • *Understands the impact of the effective collegial communication on…outcomes* (*p. 39*)	Teamwork and collaboration: • *Recognizes responsibility for contributing to effective team functioning* (*p. 37*) • *Appreciates the importance of collaboration* (*p. 37*) • *Recognizes the value of mutual respect and collegial trust among team members* (*p. 37*) • *Values teamwork and the relationships upon which it is based* (*p. 39*)	Teamwork and collaboration: • *Acts with honesty and integrity when working with…team members* (*p. 37*) • *Acts collaboratively with integrity, consistency, and respect for diverse and differing views* (*p. 37*) • *Adapts own communication style to meet the needs of the…team and situation* (*p. 39*) • *Demonstrates commitment to team goals* (*p. 39*) • *Solicits input from…team members to improve individual and team performance* (*p. 39*) • *Shares instructive feedback on performance in respectful ways* (*p. 39*)

Sample learning activities:
Baccalaureate: apply conflict resolution strategies through role playing; analyze ethical situations in professional relationships through case studies; analyze impact of relationships in achieving group goals through group assignments.
Master's: develop and evaluate personal communication strategies and plans for self-improvement; evaluate breaches in ethics among simulated teams and create action plans for improvement; attend a board meeting and evaluate team relationships.
DNP: attend networking events and evaluate strategies for improving relationship building; create a personal plan for building relationships with board members based on professional interests and talents; develop a quality improvement plan that addresses conflict resolution and team relationship building.

(*continued on next page*)

Table 3 (*continued*)

Knowledge	Attitudes	Skills
PhD: create and analyze theory guided recommendations for building relationships for governance; conduct research to evaluate the significance of board relationships; conduct research to examine board member relationships with organizational stakeholders.		
AHA governance core competency:		
Business and finance:	Oversees development of and understands implications for long-term plans for revenue sources, growth, and capital spending; understands payment models and their implications related to organizational growth and patient care.	
Related NOF core competencies:		
Leadership:	Influence of others and the environment for the purpose of envisioning and achieving goals.	
Systems-based practice:	Cognizant of and responsive to the larger context of health care systems inclusive of value, quality, and use of resources.	
Knowledge	Attitudes	Skills
Leadership: • *Understands the complexity of the health care delivery system including how patient care services are organized and financed, and how reimbursement is structured* (*p. 19*)	Leadership: • *Recognizes the impact of sociocultural, economic, legal, and political factors Influencing health care delivery and practice* (*p. 19*) • *Values the roles of provider groups across the continuum of care* (*p. 19*)	Leadership: • *Acts as a champion for health care consumers and quality outcomes* (*p. 19*) • *Understands and articulates individual organization's financial drivers* (*p. 19*)
Systems-based practice: • *Understands the impact of health care system changes on planning, organizing, and delivering patient care* (*p. 22*) • *Understands the concept of patient care delivery models* (*p. 23*)	Systems-based practice: • *Appreciates the complexity of the work…environment* (*p. 22*) • *Acknowledges the tension that may exist between a goal-driven and a resource-driven patient care delivery model* (*p. 23*)	Systems-based practice: • *Considers the influences of the health care system, work unit, and patient/family when making patient care decisions* (*p. 22*) • *Considers resources available…when contributing to the plan of care for a patient or group of patients* (*p. 23*)
Sample learning activities: Baccalaureate: compare different health care payment models; analyze the influence of the political climate on health care costs and outcomes; apply understanding of individual health insurance plans to care received by patients. Master's: construct a cost-benefit analysis for a new health care business stream; evaluate patient care delivery models alongside a community health care needs assessment; evaluate health care costs and quality outcomes. DNP: conduct a root cause analysis and make recommendations for quality improvement; analyze quality outcomes and present quality improvement recommendations to a health care organization quality improvement director or board of directors; design a quality improvement plan and evaluate resources needed to achieve the goals. PhD: conduct original research examining the effects of organizational growth on the cost of patient care; construct a model for health care organization growth that is person- and community-centered; construct a predictive model accounting for trends in the health care workforce and community-based health care needs. Competency definitions adapted from the American Hospital Association (2009) and the Massachusetts Department of Higher Education Nursing Initiative (2016). Knowledge, Attitudes, and Skills quoted from the Massachusetts Nurse of the Future Core Competencies©-RN (2016) with permission.		

Table 4
Professional development resources for board preparation.

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