



Board Leaders' Perspectives of the Impact of Nurses on Boards

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OBJECTIVE: The purpose of the study was to explore the impact of nurses on boards (NOBs) from the perspectives of board leaders who are not nurses.

BACKGROUND: Research about the impact of NOBs derives from nurses' recall of board experiences. No studies explore the impact of NOBs from perspectives other than nurses.

METHODS: Researchers used an exploratory qualitative design with purposive sampling and interviewed 16 participants.

RESULTS: According to participants, NOBs impact board governance as boundary spanners within the healthcare ecosystem. The overarching pattern is supported by 6 traversing themes.

CONCLUSIONS: Board leaders' perspectives of NOBs as boundary spanners illustrate the far-reaching impact nurses have in the board role and on the direction of healthcare organizations.

Considering the importance of board composition in achieving organizational mission, health and healthcare organizations are urged to carefully consider individuals selected to serve as governing directors.¹ Expertise, independence, and diversity of thought and perspective are well-established components of board composition that

support board governance effectiveness. Board governance effectiveness, in turn, has an impact upon organizational performance.¹⁻³ Individual contributions to board discussions and deliberations influence board decisions and collective outcomes in achieving organizational mission.^{1,4}

The Nurses on Boards Coalition⁵ advocates nurses to serve on boards across sectors. Although not all nurses are prepared for or interested in serving on boards, qualified nurses who serve on health sector boards are positioned to contribute professional expertise and perspectives. According to a recent study,⁶ nurses who serve on boards (NOBs) report their impact as deriving from expert knowledge and caring wisdom to strengthen board communication, contribute to the boards' strategic thinking, and advocate stakeholder needs.

Studies about nurses' experiences and impact on boards are limited by self-report approaches.⁷ The impact of NOBs as told from other stakeholders is a gap in the research literature. Specifically, the perspectives of board leaders who are not nurses but who serve on boards with nurses are positioned to reflect upon the contributions and impact of NOBs. It is this gap the researchers aimed to address. Understanding the perspectives of board leaders who serve with nurses provides a more balanced narrative about nurses' impact, may inform healthcare board membership, and may be instructive for nurses aspiring to serve on boards.

Background

Governing boards have a primary duty to ensure health system viability, growth, and quality healthcare outcomes. Board member composition is a factor in achieving these broad objectives.^{3,8,9} Ideally, board members represent key stakeholder groups with industry-specific expertise and perspectives to strengthen board deliberations and decision-making.^{3,8,9} Currently, 79%

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of hospitals nationally report at least 1 physician board member.⁸ Nurses comprise the largest clinician stakeholder group in healthcare and have unique industry and clinical knowledge, yet only 43% of hospitals nationally report having 1 nurse board member.⁸

Evidence suggests nurses' contributions to governance may make a difference in achieving board objectives. For example, in a survey of 58 hospital chief executive officers to understand the associations between board governance best practices and organizational performance, high-performing hospitals (a measure of quality and financial outcomes) were more likely to have nurses as voting members of the board than low-performing hospitals.¹⁰ In an autoethnography, NOBs' contributions to board governance include system-wide enhancement of quality care and recognition of the nurse's unique expertise and prowess to influence organizational change.¹¹ A subsequent mixed-methods study involving 38 NOBs reported that nurses contributed "specific knowledge, skills, and perspectives"^{12(p228)} about many aspects of healthcare delivery to board discussions and decision-making. These studies make visible the unique contributions nurses offer board governance and support nurses' capability to serve. These empirical findings align with anecdotal reports that NOBs facilitate a deeper understanding of nurses' contributions to the core business of the organization and the relationship between quality care and finances.^{13,14}

The opinions and research findings are explained in a model articulating the connections between NOBs' contributions and organizational performance as a continuum from board composition to board effectiveness and organizational performance.³ Similarly, board culture, a complex pattern of interpersonal relationships among board members, is posited to impact board effectiveness and organizational performance. For NOBs, "...attention to developing and ensuring interpersonal relationships among board members supports the rigor needed for the board to carry out its duties to the organization and its stakeholders."^{4(p168)} Empirical evidence, a conceptual model, and expert opinions about the impact of NOBs are compelling but incomplete. No studies explore the impact of NOBs from perspectives other than nurses. Therefore, the purpose of this study was to explore the impact of NOBs from the perspectives of board leaders who are not nurses.

Methods

An exploratory qualitative study design with hermeneutic analysis was used.¹⁵ Data for the study comprised transcriptions from semistructured 1-on-1 interviews. Because the word *impact* has multiple meanings, each interview began with an open-ended question about

the meaning of *impact* relating to board service. The study was approved by the institutional review boards of each research team member's respective university.

Data Collection

Participants were recruited via purposive and snowball sampling. Inclusion criteria were board leaders who were not nurses and not board leaders of professional nursing organizations or associations, who served on formalized boards of directors for at least 2 years and at least 1 year with a nurse. The inclusion criteria sought to optimize the perceptions of experienced board leaders and reduce response biases. After completing informed consent and demographic survey forms, interview data were collected from May to October 2022.

The semistructured interview protocol was developed from outcomes of a study about nurses' perspectives of their board impact recommending further study from the perspectives of other board leaders⁶ and a conceptual model of NOBs describing the connections between board composition, effectiveness, and organizational performance.³ The interview protocol was revised after review by a panel of nurse leader experts who serve on boards (Figure 1). The researchers probed participants for clarifications and deeper explanations to elicit a holistic understanding of the phenomenon.¹⁶ Interviews ranged from 21 to 51 minutes, were audio-recorded, and auto-transcribed using the Otter.ai software.¹⁷

Data Analysis

Demographic and Likert-type data were analyzed with descriptive statistics using Intellectus Statistics analytic software.¹⁸ Interview transcriptions were cleaned, deidentified, and organized for hermeneutic analysis.¹⁵ Each researcher developed initial codes directly from transcribed quotations. Themes, traversing themes, and an overarching pattern were developed through iterative group analysis to compare and detect subtleties in words, meanings, and interpretations. Member checks were conducted as the final analytic step to confirm interpretations of participants' perspectives. This method ensured the analysis remained closely grounded in the participants' quotations. Qualitative rigor¹⁹ was supported throughout the analysis process with iterative and constant comparison of data, maintenance of an audit trail, achieving data redundancy, team dialogue, reflection, consensus, and member checks.

Results

Data redundancy was achieved following 16 participant interviews and iterative analysis. Participants identified as women and men 50 years or older, mostly White, and working full- or part-time. Most participants were

Thank you for taking the time to participate in this study. The purpose for this study is to explore board leaders' perspectives about the impact of nurses who serve together with them on boards of directors. There are no right or wrong answers. Please answer questions as fully as you are able and comfortable. Please provide examples to illustrate your points.

1. To begin, would you please define what it means to 'have an impact'?
 2. Why was the decision made to include nurses on this board?
 3. How, if at all, does the nurse(s) on the board help execute the mission of the organization?
 4. How, if at all, has having a nurse(s) on the board changed the way other board members interact with or think about each other or the organization?
 5. How, if at all, has the nurse(s) on the board changed the direction of conversations or topics during meetings?
 6. How, if at all, does the nurse(s) on the board help achieve board outcomes?
 7. Thinking about the nurse(s) who serves on the board, what do you believe is the most important value this person(s) brings to the board?
 8. What do you believe is the unique impact the nurse(s) make on the board?
 9. On a scale of 1-4 with 1 being 'no extent' and 4 being 'a great extent', to what extent does the nurse(s) on the board: a. influence strategic thinking?, b. strengthen board deliberations?, c. advocate for stakeholders?
 10. Is there anything else you would like to share with me about the impact of the nurse(s) you serve on the board with?
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Figure 1. Interview protocol.

independent (nonemployee) from the organization on whose board they were serving with the nurse; however, 3 participants reported simultaneously being the organization executive leader and board member of the same organization. Participants served an average of 3 to 5 years on the board with the NOBs. All organizations on whose boards the participants and nurses served together were reported being in or supportive of the healthcare sector, and most organizations were reported as nonprofits (Tables 1 and 2).

The meaning of *impact* for boards, according to participants, is to bring knowledge, perspectives, and experiences to the board table to influence decisions for change toward organizational performance and mission. The overarching pattern discerned from the data was "nurses impact board governance as boundary spanners within the healthcare ecosystem inclusive of persons, employees, and communities." NOBs' expertise contributes to the board's collective perspective and elevates the board's credibility and respect. Their ability to promote shared board communication and foster camaraderie among board members results in improved board decisions and outcomes. This pattern was supported by 6 traversing themes (Figure 2). Of 16 participants,

68.75% (n = 11) responded to the member check in support of the findings.

Conveying Deep Understanding of Healthcare Ecosystems

Nurses share healthcare knowledge and insights in the boardroom according to participants. Nurses share with board members their knowledge and understanding of quality and safety, business operations and finance, policy, human resources, and workplace/employee well-being. One participant shared, "The [NOB] was able to describe the need for the product changes, but also quickly jump[ed] into, 'we are going to have to do an incremental financing round to be able to fund this' and [brought] in options for strategic funding partners that were not traditional, including a local healthcare system that saw the unmet need for the patient. This nurse was able to make that connection for the company to the healthcare system to get clinical funding." From another participant, "...like the layout of the building. We had an architect design the building, but she said, 'We need to have a door in that hallway so the patients can't go down there and interrupt,' and I've never thought about that."

Centering Board Work on Persons, Employees, and Communities

Participants shared mutual recognition that NOBs represent and advocate on behalf of the needs of stakeholder groups, holding them at the center of board discussions and decisions. Participants shared, “[The NOB had a] deep understanding of what patients and families are going through, but also the need to balance that with what staff may need to do their best job. Whereas other board members are not able to really represent that same breadth of understanding,” “[The NOB] validating what staff are saying explicitly changed the direction of the board conversation. It helped set the tone [and] was reassuring to other board members that staff knew what they were doing,” and “People respect her experiences and knowledge. She does not hesitate to comment on individual [board] policies and actions as to how they affect not only the nursing community, but our patients.”

Promoting a Shared Level of Communication

By educating the board, NOBs improve communication leading to better board decisions according to participants. In part, the shared level of communication reduces hierarchical communication norms. One participant conveyed, “She (the NOB) has changed the level of our conversations and deliberations and moved them to a higher level where we have a lot more confidence that the decisions we're making are the right decisions.” About a board issue, one participant shared, “It caused a lot of concern, and [the NOB] helped us navigate through it and understand what the real issues were, and how we had to hold both nurses and physicians accountable, and was able to defuse some of the

Table 1. Sample Demographics

Variables	n	%
Gender identity		
Man	7	44
Woman	9	56
Age range, y		
50-59	7	44
60-69	4	25
70-79	4	25
Missing	1	6
Race/ethnicity		
Asian	1	6
Hispanic/Latinx	2	13
White	13	81
Working status		
Retired	3	19
Working full or part-time	13	81

Recruitment yielded 25 potential participants with 19 enrolled and 16 interviews completed. Because of rounding errors, percentages may not equal 100%.

Table 2. Sample Group Service and Organization Characteristics

Variables	n	%	Mean	SD
Board member-organization independence				
Yes	12	75		
No	3	25		
Years serving on the board with the nurse				
1-2 years	3	19		
3-5 years	9	56		
6-8 years	1	6		
9+ years	3	19		
Number of Board members				
Total number of board members			13	6.61
Total number of nurses on the board			1.25	0.45
Organization market sector				
Healthcare delivery	13	81		
Consumer discretionary	1	6		
Government (local, state, national)	1	6		
Other healthcare & government (local, state, national)	1	6		
Organization Structure				
For profit private	1	6		
For profit public	1	6		
Nonprofit	12	75		
Other – nonprofit & government	1	6		
Government (local, state, national)	1	6		

Because of rounding errors, percentages may not equal 100%

situations, some of the conflicts, and some of the disagreements, and was able to defuse it very well.”

Fostering Camaraderie Among Board Members

NOBs, according to participants, foster teamwork and collaboration through caring, empathy, and informed optimism. This is exemplified through participant quotations, “I think really having a pulse on [the mission] was important. [The NOB] really brought that perspective forward and how to create a cohesive feel among the board and hospital in the community”; “[The NOB demonstrates] calmness and understanding that other board members don't. She's able to work with different people and professionals with different backgrounds”; “She has this very pragmatic optimism, kind of belief about what can be accomplished and the kind of positive impact that we can have through our organization. I think it's just this excitement and this optimism and this positivity that we can move the needle, we can move things forward”; “The one quality that this person [NOB] has in excess is empathy. That's the strength she brings, but it's a quality which wasn't present with the previous chair. She brings a very different perspective and it's been very helpful.”

Overarching Pattern: Nurses impact board governance as boundary spanners within the healthcare ecosystem inclusive of persons, employees, and communities
Traversing themes: Conveying a Deep Understanding of Healthcare Ecosystems
Centering Board Work on Persons, Employees, and Communities
Promoting a Shared Level of Board Communication
Fostering Camaraderie among Board Members
Elevating Board Credibility and Respect
Contributing to the Board's Collective Perspective

Figure 2. Traversing themes.

Elevating Board Credibility and Respect

Participants shared that NOBs demonstrate a high level of purpose-driven professionalism, leadership, and confidence. One participant shared, “This [NOB] has such an extensive clinical and business background that all of us strive to behave, I mean, we aspire to be more like this person; very professional, very seasoned, she can super easily switch between talking about something clinical, to all of a sudden talking about the business side of what we're trying to get done.” Other participants corroborated, “We can put her in front of any potential investor and the nurse comes across as incredibly credible because there's a good balance between their business background as well as their ability to represent the clinical need for the technology we're developing.”

Contributing to the Board's Collective Perspective

Asked how the impact of the NOBs compares with that of other board members, participants recognized each board member shares unique and diverse perspectives. NOBs contribute to the collective impact of boards. One participant explained, “Her (NOB) knowledge, experience and wisdom are vital for the board. The rest of us can read spreadsheets and understand cap tables and know how companies run. She's very much a part of all conversations but it's like a different facet of prism. When the light gets refracted through that prism, that facet, we see things in a different light.” Another participant noted, “Every single person at the table on the board brings a unique experience, skill set, and background to the board. It's not a bunch of

engineering geeks or a bunch of finance people that are good at raising money. Each one of us brings a very different experience to the board. I would say the [NOB] is definitely different than everyone else. I think each person on the board probably has the same impact just from different perspectives” (Supplemental Digital Content 1 [<http://links.lww.com/JONA/B75>] provides detail on traversing themes, exemplar quotations, and overarching pattern).

Strategic Thinking, Board Deliberations, and Advocacy for Stakeholders

Participants rated on a 4-point Likert-type scale (1 = no extent and 4 = a great extent) the extent to which the NOB: 1) influences strategic thinking; 2) strengthens board deliberations; and 3) advocates for stakeholders. The mean scores were: 1) strategic thinking 3.50 (SD, 0.66); 2) board deliberations 3.84 (SD, 0.35); and 3) advocates for stakeholders 3.89 (SD, 0.27).

Discussion

The centrality of boundary-spanning leadership to the NOBs' impact on board effectiveness and organizational achievement is evident from the study. Findings from the study are congruent with the conceptual description of boundary-spanning leadership as the intent and capacity to engage with others to discover new frontiers, forge common ground, and manage boundaries.^{20,21} Evidence of boundary spanning is demonstrated by NOBs' understanding of complex healthcare ecosystems, ability to connect diverse internal and external stakeholders, and promote shared

communication and team building that recognizes individual/group unique and collective identities. Study participants shared that NOBs demonstrate intent and behaviors of boundary-spanning leaders that seek to connect, engage, and foster diverse and, at times, disparate individual and group connections and collaboration to advance a purpose.^{20,22}

Study participants remarked repeatedly that the unique perspective nurses bring to the boardroom positively shape board discussions and decision-making. These findings support the theoretical model linking board effectiveness with board composition inclusive of NOBs.³ Similarly, by fostering camaraderie and communication among board members, NOBs influence board effectiveness and organizational performance by supporting strong board culture and decisions.^{4,23,24} Many of the common traits that nurses possess (eg, empathy, listening, communication, and advocacy) foster positive board culture and strong group decision-making and raise the credibility of the board with internal and external stakeholders.⁴

NOBs, according to participants, focus on advocacy for consumers, employees, and community needs. This finding corroborates with NOBs' self-reported qualifications for board service.^{7,24} Likewise, NOB contributions to strategic thinking are grounded in advocacy for internal and external stakeholders.^{6,7} Although the unique impact of NOBs is evident in the findings, participants also note that board effectiveness results as a sum of parts. Boards function together and rely on the collective qualifications, expertise, and perspectives of its members to effectively carry out fiduciary duties.^{2,6} NOBs' impact is meaningful, but not to be overstated because board effectiveness is a collective achievement.

Comparing the results of the study with a similar study about the impact of NOBs from the perspectives of NOBs⁶ demonstrates points of convergence and divergence. Board leaders who are not nurses emphasize NOBs' boundary-spanning leadership contributions to board effectiveness and organizational performance. Participants were clear to point out that NOBs' contributions are not better than but an essential part of the collective contributions of the total board membership. In contrast, the 2022 study emphasizes NOBs' knowledge and caring contributions on strategic thinking and consumer advocacy.⁶ Both studies acknowledge that NOB communication skills lead to better board decisions and that nurses' positive public reputation transfers to the entire board.⁶ NOBs' ability to lead across differences and make critical connections results in more effective board decisions and outcomes.^{6,21-23} This perception is important for nurses to consider and amplify as they prepare for and serve on boards.

Study participants equally identified as men and women. However, racial/ethnic identity was homogeneous, with 81% of participants identifying as White. This is consistent with national reports of low racial/ethnic representation on healthcare boards, with 10% Black/African American, 5% Hispanic/Latino, and 3% Asian Americans serving on hospital boards.⁸ The sampling strategy for this study was selected to yield participants who could most fully inform the phenomenon of interest but without priority placed on sample heterogeneity.

Limitations

Several limitations are considered. Results are limited by potential recall bias. Because the researchers are nurses, participants may have felt compelled to share positive narratives of NOBs' impact resulting in confirmation bias. The study findings may be limited by sample homogeneity. Because each individual is shaped by experience, education, and relational skills, perceptions related to some NOBs may not be applicable to others or accurately reflect the actual performance of the NOBs.

Implications and Recommendations

Results from this study are salient to discussions about nurse leaders' impact on board effectiveness and organizational performance. Opportunities exist to leverage the high impact of NOB's boundary-spanning leadership to promote nurses for board appointments. Study results corroborate with evidence of low racial/ethnic diversity on healthcare boards.⁸ Further research should endeavor to expand the perspectives of racially/ethnically diverse populations who serve on boards.²⁵ Research is recommended to further explore nurses' boundary-spanning leadership on boards within the context of social networks and health equity.

Conclusion

The study results broaden the narrative about the impact of NOBs by considering the perspectives of board leaders who serve with nurses. NOBs are not the only qualified stakeholders contributing to board impact; however, the study results make visible the boundary-spanning contributions of NOBs. NOBs bring unique professional understanding of healthcare ecosystems to board-to-board discussions and decisions with impact on individuals, organizations, and communities. Board leaders' perspectives of NOBs as boundary spanners illustrate the far-reaching impact that NOBs have on the direction of healthcare organizations.

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