Reshaping ANNA for the Future
Proposal to Amend the ANNA Bylaws
to Change from a Regional to a National Structure

For more than 30 years, the ANNA regional governance structure has served the Association well. With the advent of the Internet, consolidation of providers, and the advances in technology, this structure must be reconsidered. ANNA must focus on what our members do, and how we can help them do it better, rather than where they live. To more effectively represent our membership and to advance the practice of nephrology nursing, ANNA must reconsider the basic governance structure. This proposal to change the ANNA bylaws asks the membership to approve a change to the governance structure to better serve the current and future needs of the Association.

Discussion
The Board of Directors (BOD) is currently organized in a two-tier fashion, with five members elected nationally and four members elected regionally. This impacts both the selection of candidates for the BOD as well as the function of BOD members:

- By limiting the candidates for an office to a particular region, the Association could lose (and possibly has lost) the willingness and experience of very qualified leaders simply by virtue of geographic location. There may be no qualified candidate in one region, while two qualified candidates are available for the one position in that region. This means the Nominations Committee has to continue to search for willing candidates from the region “in need,” while a second (or third) qualified candidate in another region cannot be placed on the ballot. Only the members in a specific region may vote for the candidate for that region, yet the BOD member elected from that region has the same rights, privileges, and responsibilities of BOD members who are elected nationally.

- Four BOD members have responsibility for the oversight of the regional officers and chapter support. This assignment requires that these four BOD members use time and energy addressing the day to day problems of the chapters. While chapter support is critical, the use of four BOD members for this purpose distracts these BOD members from more issues such as falling membership numbers, threats to nursing practice, and the need for nimble responses to potential changes in government regulation and prevents the effective use of every BOD member in the development and implementation of programs and services to both support and grow the Association. With the many challenges facing our members, ANNA must have “all hands on deck” to move the Association forward.
It has become more challenging to fill the ANNA slate for officers; two years in a row, there has been no candidate for North Central Chapters Coordinator-Elect; in spite of the best efforts of our Nominations Committee, many times there is only one candidate for an office. Having all BOD members elected from the national pool of members may allow identification of more and stronger candidates. For example, members who were not interested in an office that included chapter oversight may be interested in an office without that responsibility. There may be a larger pool of candidates if these four roles are more clearly defined as being equal with other BOD members in being responsible for guiding the Association forward.

Recognizing the intent of this change is to focus the Board on the member’s needs, these “Director” roles could be stipulated to represent a portion of the membership (e.g. Staff Nurse, Advanced Practice Nurse, Research, Education, Clinical Practice), it would offer greater flexibility to the Association to not stipulate these specifics, but rather to have the Nominations Committee use competency based criteria in soliciting candidates as BOD vacancies occur. ANNA’s Board of Directors has agreed to form a task force to develop competency based governance guidelines.

**Background**

Moving away from a regional based board is not a new idea: during Mary Ann Gould’s term as President (2001-02), a similar change in governance structure was discussed but not implemented. The Critical Issues Conference held in Philadelphia during Sandra Bodin’s term as President (2007-08) included governance restructuring as a topic, and her BOD discussed forming a task force to study the potential for this change.

Other nursing organizations have moved away from regional based governance; the National Office staff recently queried the 25 largest nursing associations. Among the top 25, 19 use a national based governance, and only 6 (counting ANNA) continue to elect some of their BOD members regionally (see Nursing Organizations Alliance Members Governance Structure [PDF]).

It should also be noted that the ANNA BOD has evolved to have the “Regional Vice Presidents” assume more of a national role. The VPs have national fiscal responsibilities, and the same voting rights as the members of the BOD who are elected nationally. It is typical now for each VP to be assigned as liaison for national representatives or specialty practice groups, although the VPs are still elected regionally and are expected to oversee chapters.

The All Regional Executive Committee has evolved over time to share responsibilities: the regions now have one newsletter developed collaboratively rather than four; the regional officers share and rotate this responsibility. The Chapters Coordinator (CC) and Chapters Coordinator-Elect (CCE) roles have also evolved; while in the past each of
these officers had separate and more distinct responsibilities, more recently these officers tend to divide the chapters and function in much the same fashion in both the CC and CCE “year.”

**Benefits**
Having four Directors at Large positions will provide a significant increase in the Board level ANNA “workforce” to move the Association forward. Using a competency-based system for identifying future leaders has great promise to identify our “best and brightest” to lead us into the 21st Century.

Having a centralized team with one designated leader responsible for chapter support will allow more autonomy for the team, ease communication with the National Office support staff, and promote consistency in communication with chapter officers. The chapters could be divided by time zones and each member of the chapter support team assigned responsibility for a more equal number of chapters. The National Association of Orthopedic Nurses (NAON), which has a Chapter Advisory Team (CAT), describes the responsibilities of that team thusly:

> “The CAT’s responsibilities include recommending methods to strengthen and promote chapter growth, assessing chapter viability, and facilitating new chapters to form or weak chapters to fold. We serve as a resource to the chapter presidents and maintain contact at least bi-annually. In addition, we help to identify members with leadership potential, and encourage completion of the ‘Willingness to Serve Form’ to be a part of the CAT and a future NAON leader.”

Review of information on their Web site found the NAON CAT members were assigned 11-13 chapters each.

**Implementation**
If the ANNA membership approves the amendments to the Bylaws, the officers currently titled “Regional Vice President” could be titled “Director At Large” or simply “Director.” There would need to be a transition period, with the persons elected in 2012 and 2013 as “Regional Vice Presidents” serving as the first “Directors” on the 2013-14 BOD. This proposal would continue the current two year terms with rotation to elect two Directors each year.

Individuals elected or appointed as CC/CCE in 2012 and 2013 would become members of the first chapter support team. The leader of this team would be appointed by the incoming President-Elect in 2013, and future members of that team would be appointed, by the team leader, rather than elected. It is anticipated that the role description for this team would emphasize expertise in group dynamics and managing chapter business.
The first true election of Directors would occur with two persons being elected on a national ballot in 2014 to serve on the 2014-15 BOD. The 2015 election would complete the transition with the other two Directors being elected by a national vote to serve on the 2015-16 BOD. Below is a summary of this timeline:

**January 2013 elections**
- Ballot amendment to Bylaws as part of the election ballot
- Election of VPs for the NC and NE regions
- Election of CCEs from each region

**April 2013**
- Implementation of the amendment to be operationalized with the 2013-14 BOD activities
- CCs and CCEs become members of the first chapter support team

**January 2014 elections**
- Election of 2 Directors – national voting for each candidate. Will serve on 2014-15 BOD.

**January 2015 elections**
- Election of 2 Directors – national voting for each candidate. Will serve on the 2015-16 BOD.

**Financial Considerations**
While no change in the number of leaders or in who would have travel paid and complimentary registration at meetings is proposed, there could be some costs associated with education of the membership about this proposal prior to a vote to amend the Bylaws.

**Next Steps**
In February 2012, the ANNA Board Members for 2011-12 and 2012-13 engaged in a discussion of this option and with the consent of all present, the current Board approved moving forward with a request to the membership that ANNA amend the Bylaws as needed to delete the current regional divisions of ANNA and to elect all BOD members nationally. As part of this change, a standing committee (team) to provide advice and support to the chapters of ANNA would be established.

The request to the membership to amend the ANNA Bylaws to allow these changes will be part of the ballot to be mailed in December 2012.

To educate our members about this request, the potential changes will be discussed at the Volunteer Leaders Workshop in April 2012, at the National Symposium and Fall Meeting in 2012 and will be featured in all the electronic and paper communication vehicles ANNA uses.