



President's Message

Developing policy leadership in nursing: Three wishes



Catherine L. Gilliss, DNSc, RN, FAAN

A few months ago I was “cold called”—via e-mail—by a BSN student from another university who asked if I would help her with a course assignment. Her instructor had asked the enrolled students to read specific sections of the Affordable Care Act (ACA) and interview a nurse leader regarding what s/he thought of the policy in those sections. Having “discovered” me through one of my AAN President’s columns, the student was enlisting me to assist her to complete her assignment. Although I have never designed an assignment quite like the one proposed, I have encouraged students to contact leaders in the field to interview them—generally about their professional careers—so I was inclined to participate, thinking my turn had come.

Some of you, especially those working with entry-level students, will not be surprised to learn that the student had a relatively short time frame in mind. After a few message exchanges, I indicated on a Friday that I would review the ACA sections and respond by Monday. Then I took a look at the passage she had been assigned: pages and pages of text and I realized that I simply could not devote the needed time to her assignment. I contacted her again to decline. She was gracious and I only hope her instructor was similarly poised. I felt terrible and since then I have thought a lot about the exchange

and that young student. I continue to reflect on two questions: How *do* we encourage beginning nurses to develop professional networks and engage in leadership activities? and How do we prepare nurses for leadership in health policy?

The Institute of Medicine’s Report on the Future of Nursing, *Leading Change, Advancing Health*¹ addresses several broad themes among its 8 recommendations, and the AAN’s priorities for advancing these recommendations have been discussed previously.² Two of the 8 recommendations address aspects of nursing leadership:

- Recommendation #2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Recommendation #7: Prepare and enable nurses to lead change to advance health.

I have participated in a number of national, state-level, and institutional discussions of the recommendations, and nowhere have I heard people challenge the recommendations about nursing leadership. It is a foregone conclusion that nurses must participate in the leadership of an improved health system. Changes in policy are one part of the needed reforms. How do we prepare?

To engage in leadership activities, the beginning nurse requires some basic health policy and funding information, as outlined in the American Association of Colleges of Nursing’s *Essentials of Baccalaureate Education for Professional Nursing*.³ But leadership, including policy leadership, requires more than knowledge. For many who have stepped up to a leadership challenge, no matter what the magnitude, there was an underlying commitment to effect some reform. *Research! America* President, Mary Wooley,⁴ has noted “policy is made by people who see themselves—and put themselves forward—as leaders.” Beginners are often idealistic and committed to their cause but their passion is outweighed by their experience. Therefore,

a second ingredient supporting leadership success—in policy work or otherwise—is the silent partner, coach, or the professional network. This critical resource offers advice, criticism, information, and encouragement. Although we all want and need support, the support and development of the next generation of nursing leadership must be consciously and explicitly nurtured. A quick look at the demographic profile of the nursing workforce explains why.

According to the RN Sample Survey, more than 45% of the nursing workforce was 50 years of age or older in 2008.⁵ Now, 3 years later, we are 3 years older. Recent conversations at 2 leading schools of nursing confirm that between 30% and 50% of the faculty will reach 65 years of age in the next 5 years, a time when they might be expected to retire. The same can be said for the practice arena, where many nurses have postponed their planned retirements until the economy “turns around.” We will soon witness a transformation of our profession that should not take us by surprise. We must prepare, and that includes preparing the next generation for leadership and especially for policy leadership. Wish #1: Commit to the leadership development of the next generation by identifying 1 person you will nurture over the year.

Each year the AAN, American Nurses Association, and the American Nurses Foundation co-sponsor a year-long leadership opportunity in health policy at the Institute of Medicine of the National Academies (IOM). The Nurse Scholar-in-Residence program is designed as an immersion experience to facilitate nurse leaders engaging in a prominent role in health policy development at the national level and their interaction with other health fellows and scholars. In 2006, Dr. Ada Sue Hinshaw served as the Scholar and focused on how nursing research informed health policy.⁶

Hinshaw approached her year with 4 questions in mind: (1) When are science and research most valuable for health policy makers?, (2) When are science and research least likely to be used in policy making?, (3) What are the research characteristics that facilitate health policymakers’ use of information?, and (4) What are the facilitating factors and barriers to the use of research in policy?⁶ On the basis of interviews with policymakers and nurse scientists, she concluded that research findings are most useful when there is conflict about the best course of action, when the findings address a relevant and timely issue in a clear way that includes cost data and they are framed within a policy context. Findings were least likely to be useful in the absence of the preceding circumstances and when strong values overrode the facts and when a hidden agenda masked the actual policy agenda. Hinshaw pointed out that few nurse scientists strategized

on how their research programs findings could be “influential over time”⁶ and many sought the help of a “broker” to help move the findings into policy. Wish #2: Reflect on your own scholarly work or your program of research and ask yourself: What is the policy impact of my work? Then be on the lookout for the opportunity to bring your findings to health policymakers who are in conflict.

So how do these observations relate to the AAN? Recall the AAN’s mission: To serve the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Our core work involves connecting evidence to the policy agenda in the service of improvement. This requires: (1) The continued development of rigorous and relevant research activity, (2) access to the scientific findings resulting from that research, and (3) the leadership activity that moves those findings forward in an actionable way toward policy improvement. *Research. Scientific findings. Policy leadership activity*—simply put, these are the 3 ingredients.

AAN does advocate for research support. AAN has contributed to greater visibility of findings, especially for their policy implications, through *Nursing Outlook*. The next frontier is to design an approach for broad-scale leadership development in advancing evidence-based policy.

For several years, the AAN Board has discussed launching a Policy Leadership Development Initiative. Consistent with our mission, the Board is committed to the development of a deep reserve of policy leadership, a resource necessary to advance our mission. Although a number of high-quality leadership initiatives are in place, we see many opportunities for the development of a cadre of policy leaders. Wish #3: If you support our thinking, please let us hear from you. Recalling Tinkerbell’s near-death scene in *Peter Pan*: *If you believe clap your hands.* In your case, send an e-mail: President@aannet.org.

I hope we will hear from you.

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