



President's Message

The nurse as social entrepreneur: Revisiting our roots and raising our voices



Catherine L. Gilliss, DNSc, RN, FAAN

My term as president of the American Academy of Nursing (AAN) has nearly come to its end. I write this brief essay, the last of my presidential messages, facing a list of work that remains while reflecting on the enriching experiences of the past 4 years in office. Although there are many AAN achievements of note over the last 5 years or so, the one I think of as our signature initiative is *Raise the Voice* (RTV). At this point in its life cycle, RTV, like so many successes, has many “mothers.” (Recall that, by contrast, failure is generally an orphan.)

Some of our fellows conceptualized the *Raise the Voice* (RTV) campaign. Others sought the initial funding. Still others implemented it. And yet another group was behind its continuing evolution.

When I review the suggestions that come to the board from our Expert Panels, I realize just how many of our fellows identify with RTV and especially with the idea of the *Edge Runner*, a nurse who has been identified for designing and implementing an innovation to address a gap in health care delivery. With every set of interval reports from our Expert Panels come 3 or 4 requests for a variation of the *Edge Runner* to extend the work of the requesting panel. In the wisdom of the

board, the requests alter the established purpose of the *Edge Runners*, but one thing is clear: the idea of the *Edge Runner* resonates with our fellows who want to be associated with the RTV campaign.

From the first presentation of RTV *Edge Runners* through the presentation of the RTV video in 2009, the campaign caught the imagination and attention of the public, policymakers, and the media. But for the fellows, the campaign caught their hearts.

What is it about this campaign that resonates with the nursing community? I believe the connection lies in our fundamental understanding of the nurse as social entrepreneur.

What is a Social Entrepreneur? Social entrepreneurship is similar to business entrepreneurship but for the deliberate difference in the intended outcome. Social entrepreneurs design and implement innovative ideas and practical models for achieving a social good. Through their work and by spotlighting their work, the larger society begins to understand how old problems might be addressed in new ways. The models, in and of themselves, serve as examples of ideas that can be incorporated into the work of others.¹ Among the noted social entrepreneurs in nursing are Florence Nightingale (credited with founding the profession of nursing), Lillian Wald (public health innovator who founded the Henry Street Settlement), Clara Barton (founder of the American Red Cross), and Florence Wald (founder of the American Hospice Movement). Each of these leaders saw a need, worked to design and implement a solution and, in doing so, created a significant social good. Profit was not their principal motive. The effort was all about “doing good.”

Once started, many efforts at social entrepreneurship fail or are significantly diluted. Resistance to change looms large, but other barriers include the absence of leadership energy, the need for financial supports, the failure to demonstrate impact, and the

inability to create a sustainable model. A word about sustainability: we can think about the sustainability of institutions or the sustainability of ideas. Ideas that can be replicated are often more powerful in impact than the presence of a single institution or model.

Isn't it the fact that the American Academy of Nursing's Edge Runners have seen a social problem in need of a solution and innovated in the service of locating a workable solution that makes us want to be like them? They represent examples of nurses doing good for the larger society, the compelling reason that so many of us chose to enter the profession of nursing.

What can we learn from Social Entrepreneurs? In the evolution of social entrepreneurship, the original phase of work (some would call *social entrepreneurship 1.0*) involved the development of a community of well-intended people with innovative ideas who were willing to build out these ideas into practical models. As the movement advanced, so emerged *social entrepreneurship 2.0*. More organized, the efforts of 2.0 focused on building high impact and sustainable models. For some specific efforts, *social entrepreneurship 3.0* is developing. In this phase, the ideas have become so pervasive as to be contagious and simply assumed to be good and right by large numbers of people. The hospice movement may be thought of an example that has reached this stage of development.

The RTV campaign and, particularly, the recognition of the work of the AAN Edge Runners has evolved from its first phase (1.0) to the second phase of evolution (Edge Runners, 2.0). The work of our campaign co-chairs, advisory board, and staff has also evolved in support of the goals of phase 2. If we are to build a sustainable model, or a set of sustainable nurse-directed models to address gaps in health care today, we will be required to demonstrate high impact and scalability, which are the data sought by our funders and our would-be funders in the state and federal government. We need to have well-conceptualized plans for the display of impact on quality, costs, and accessibility. We need to be able to present the data to show that a full-service neighborhood center with health care services, a day care center, and cooking and literacy classes makes an impact on the health and quality of life of the surrounding community, its level of employment, and crime statistics. Finally, we need to understand how these models can be replicated in culturally and socio-demographically appropriate ways in other communities. Understanding and

replicating these models require the collection of evidence. And with the evidence, we will work to change policy, and changing policy is the mission and the work of the AAN.

Finally, I would note that the spirit of social entrepreneurship embedded within the RTV campaign is consistent with the recommendations mapped out in the Institute of Medicine's *Future of Nursing Report: Leading Change, Advancing Health*.² Nurses must step up to lead; in failing to do so, we deprive society of a critical, informed, and capable point of view. Nurses have solutions to the problems of society, and specific solutions for the improvement of health services delivery. These solutions must enter the public dialogue in a way that they will be taken as seriously as other innovative ideas. Taking a page from social entrepreneurship, we must move ahead with good ideas, backed by evidence of impact and scalability.

I offer 2 guiding adages as I conclude: 1) Begin with the end in mind; and 2) Hope is not a strategy. And don't forget to *Raise Your Voice*.

REFERENCES

1. Bornstein D, Davis S. *Social Entrepreneurism: What Everyone Needs to Know*. New York, NY: Oxford University Press; 2010.
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Author Descriptions

Catherine L. Gilliss, Dean, Duke University School of Nursing, Durham, NC; Helene Fuld Health Trust Professor of Nursing and the Vice Chancellor for Nursing Affairs for Duke University, Durham, NC.

Catherine L. Gilliss, DNSc, RN, FAAN
 Corresponding author: Dr. Catherine L. Gilliss
 Duke University School of Nursing, DUMC 3322
 Durham, NC, 27710-3322
 E-mail address: catherine.gilliss@duke.edu

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