The global coronavirus (COVID-19) pandemic has continued and will continue to change the course of healthcare, emergency preparedness, and every aspect of how we live and engage in our communities. When the first outbreak occurred in China, Wuhan was considered the epicenter of the virus with the most concentrated number of cases. As COVID-19 spread around the world, Italy became another nation stricken with the contagion’s deadly impact and the northern region of Lombardy became its epicenter (Horowitz et al., 2020). When the virus came to the United States, Washington state had the first case and it quickly devastated a nursing home in King County (McMichael et al., 2020). It moved to California and my home state of New York has become the latest epicenter (McKinley, 2020).

We hear the word epicenter and intuitively know it is the site with the highest level of activity. As healthcare providers battle the virus on the frontlines, absorbing any evidence and finding new methods for care, another army of heroes are furiously working—scientists. In every corner of the globe, labs, research centers, universities, and private industry are investigating how to slow the spread, test more effectively, discover antibodies, and ultimately discover a vaccine. Our hope for the future is that science remains elevated as a central point of focus as a result of the coronavirus pandemic.

The demand for evidence is great and the mission is clear—save lives now and protect them in the future. As a profession, nurses are acutely aware that every strategy will be necessary in fighting this pandemic. As experts in quantitative, qualitative, quasi-experimental, and mixed-methods research, nurse scientists are a significant part of the solution. Whether through basic or applied science, nursing evidence will be critical. However, to bolster this research, strong investment is paramount. In March, Congress passed and the President signed into law the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act [Public Law No. 116-136]. Included in the law was $11 billion for diagnostics, treatments, and vaccines (allocated through $80 million for the Food and Drug Administration and $945 million to the National Institutes of Health (NIH)) as well as $4.3 billion for the Centers for Disease Control and Prevention. The reality is more funding will be needed. It will be needed to keep pace with supplies and equipment required for the experiments, salaries for graduate and post-doctoral students as well as laboratory technicians to help support the work, funding for those entering research careers, and more grants, only to name a few areas.

As the Academy thinks beyond the immediate crisis, foundational work will be needed to advance the creation and dissemination of science. As my final column in a series of three to summarize the Academy’s signature initiatives, it feels like a fortuitous coincidence that it would be about the Council for the Advancement of Nursing Science (CANS).

The History of CANS

When the American Nurses Association restructured in the 1990s, the Council of Nurse Research was disbanded. The American Academy of Nursing (Academy) saw a need to convene and support nursing science in a coordinated way. In 2000, the Academy Board of Directors approved the Council for the Advancement of Nursing Science (CANS) as an open membership entity of the organization. It was conceived as a partnership among the existing research organizations and societies including the Eastern, Midwest and Southern Nursing Research Societies, the Western Institute of Nursing, American Nurses Foundation, Sigma Theta Tau International (Sigma), and the National Institute of Nursing Research (NINR) serving in an ex-officio capacity (Council for the Advancement of Nursing Science, n.d.). The national CANS Steering Committee helped to guide and disseminate nursing research while also focusing on facilitating life-long learning opportunities for nurse scientists.

As this launched at the Academy, another initiative was underway to offer a national biennial State of the

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1 The Association of Women’s Health, Obstetric and Neonatal Nurses was one of the original members of CANS, but transitioned out of the partnership.
Science Congress in Nursing Research. To host this event, resources were pulled from university sponsorship and the National Nursing Research Roundtable with rotating leadership from nursing organizations. In 2002, the American Association of Colleges of Nursing and Sigma chaired the planning and hosting of the event. In 2004, CANS became the standing convener of the State of the Science. Over time, CANS also created, to occur on alternate years, the Special Research Topic conference (now known as the Advanced Methods Conference) (Council for the Advancement of Nursing Science, n.d.).

As CANS grew in membership, so did its offerings. One of the of the critical trends that emerged over time was the changing profile of nurse scientists and the importance of providing support to them at different stages in their careers. Throughout its 20-year history, CANS has launched four special interest groups focused on early, mid-career, and clinical scientists, as well as research editors. As thriving and dynamic groups, their leaders have created webinars and developed resources to help advance nursing knowledge that ultimately impacts the health and wellness of those around the globe.

Bolstering CANS’s impact has been accomplished through the important insights of the Science Committee. The expert nurse scientists who have comprised this committee have published in this journal multiple research agendas and reflective pieces that have guided research-focused doctoral education, individual portfolios, and changed the trajectory of thinking for many readers. In 2017, the Science Committee published, “Navigating Nursing Science: Creating a shared vision,” which has helped to guide the strategic direction and goals of CANS and the Academy (Eckardt, P. et al., 2017). CANS is so unique because it is a convener with a decisive goal, promoting better health through nursing science. Most recently, this was exhibited in their collective comments to weigh in on the NIH strategic plan (National Institute of Health, n.d.). Dr. Nancy Redeker, Chair of CANS, provides more details on these comments in her column in this issue.

Whether from a historical perspective or a deepened commitment for the future, the connection of CANS to NIH and NINR is significant. The leadership of NIH, as a whole and of each institute or center, leaves a remarkable impression on the local and global efforts to find cures, discover new interventions, and curb health disparities. During this pandemic, one could look no further than Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, and his incredible impact in keeping the public safe while advising the nation through a calm and collective scientific lens. This is exactly where the nursing discipline belongs - in one of the most globally recognized epicenters for research endeavors. While NINR holds the name of our profession, the strength of our impact is found throughout NIH as a whole. Nurse scientists are funded by the National Cancer Institute, National Institute on Aging, and National Institute of Mental Health, to name a few. It is this inter-agency collaboration, team-based science, and perspectives from a multitude of disciplines within NIH that fosters further progress and innovation.

Many Nursing Outlook readers know the meaningful contributions NINR leadership have made to lay this groundwork. From Dr. Ada Sue Hinshaw’s steady and powerful commitment in the Institute’s early days to Dr. Patricia Grady’s dedication to elevating the rigor of nursing research, the efforts of these strong leaders have guided the strength of the profession’s science to be more widely recognized. Their perseverance to elevate the voice of nursing science continued throughout their careers. In fact, Dr. Hinshaw was the presiding Academy President when CANS was approved by the Board of Directors and Dr. Grady consistently supported CANS’ State of the Science Congress in Nursing Research as one of the preeminent convenings for scientific discovery in the profession.

Today, the Academy continues to bolster the work of CANS and our leadership remains committed to supporting increased funding for NIH and NINR as well as being a consistent presence in their national efforts. Many of our Fellows serve on NIH National Advisory Councils, as reviewers of grant applications, and public champions. Dr. Suzanne Miya-moto, the Academy’s CEO, and myself keep in regular communication with the current NINR Acting Director, Dr. Tara Schwetz, during the Institute’s transition period.

Creating a Path for the Future

CANS is a vital unifying voice for nursing science. Earlier this year, Dr. Redeker and I communicated to both the Academy and CANS membership about an important alignment of our work. Nursing science has a direct and critical link to policy. To advance and strengthen our partnership, we developed a modified structure to enhance communication, reinforce the business functions, and increase the fundraising potential of CANS. There is an ongoing need to support nursing science at this critical juncture in history. As the body of work produced by CANS and its members continues to grow, it will help to further promote the significance of nursing science. The Academy is proud that CANS’ leadership is promulgating new and innovative ways to engage a community of nursing research
As I reflect on how COVID-19 affects daily life and healthcare delivery, I am reassured that the direction of the Academy’s signature initiatives is a clear path forward for our collective work as an organization. What we will need to combat the pandemic and its aftermath is innovation, leadership, and science. The Edge Runner program, the Institute for Nursing Leadership, and the Council for the Advancement of Nursing Science will be areas of investment as we find new ways to support the public and transform health policy.

REFERENCES