

President's Message

Sustaining Visibility: Environment, Perception, and Equity



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Being visible, or the state of being seen by another person, is dependent upon two main factors. The first is the environment through which the object or person is being viewed, and the second is the ability of the viewer to perceive and acknowledge the object or person's presence. When the COVID-19 pandemic began, the visibility of nurses was perhaps never clearer. The media depicted powerful imagery of nurses on the frontlines, reinforcing the impact of the profession. The environment that nurses and other health professionals found themselves in allowed them to step into the forefront of the public eye amid mass anxiety, uncertainty, and frustration. The public saw them and reinforced their visibility. As the environment changes—more are vaccinated and the focus is shifting to recovery as opposed to crisis—we must consider how to sustain and amplify the profession's visibility. Nursing science, innovation, and leadership do not suddenly dissipate because we find ourselves in a new normal. With the reality that the environment has changed, we must ensure that the perception and acknowledgment are maintained.

This will not be as simple as shouting from the rooftops. Throughout my career, I have seen the visibility of the profession fluctuate. While it is a delicate balance, the profession must focus not on who we are, but who we serve.

Being visible is not just about having ourselves be seen and heard. We must be visible for others; for those who are seen less clearly, or at times not seen at all. But it is important to remember: being invisible does not signal weakness in the individual. It means that the surrounding environment is not emitting a strong enough light, or not projecting light in the right direction. Some have been made invisible because of racism, discrimination, and apathy, all of which require the nursing profession to listen and advocate in ways that honor the lived experiences of these

individuals and their communities. I reflect on my last visit with the late Dr. Bernadine Lacy. A Living Legend of the Academy, she spoke about her work with individuals experiencing homelessness in Washington, DC. She was the voice for such individuals.

Therefore, we must use our visibility for others, by extending our platforms to give others a chance to be seen and heard, and by advocating for policies that reduce health disparities. We need to do this by standing next to, not in front of those who need a voice.

This endeavor is an underpinning of the National Academy of Medicine's *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* [report](#), which calls for "nurses to advance health equity and bridge the delivery of clinical and social needs care...It also considers emerging evidence about the role of nurses in responding to the COVID-19 pandemic, climate disasters, and other public health crises" ([National Academy of Medicine, 2021](#)). The report outlines nine recommendations that build off of those included in the 2011 landmark report while framing them in the context of health equity. Among them is the recommendation that nursing organizations "should initiate work to develop a shared agenda for addressing social determinants of health and achieving health equity," that healthcare systems "incorporate nursing expertise in designing, generating, analyzing, and applying data to support initiatives focused on social determinants of health and health equity," and collaborate with "federal agencies and other key stakeholders to strengthen and protect the nursing workforce during the response to such public health emergencies as the COVID-19 pandemic and natural disasters" ([National Academy of Medicine, 2021](#)).

To achieve these goals, the profession must reinforce our policy connection.

Bridging Nursing Expertise and Policymaking

The pandemic has punctuated the disparities in health outcomes among different populations. Nursing expertise has and will continue to shape policies that aim to close these inequity gaps, to include addressing racism as a contributing factor of poor health. In February, President Biden announced a new 12-member [COVID-19 Health Equity Task Force](#), which will "provide recommendations for addressing health inequities caused by the pandemic" ([White House, 2021](#)). Mary Turner, RN, a critical care nurse and President of the Minnesota Nurses Association

(MNA) union, has been appointed. Academy Fellow Nancy Blake, PhD, RN, FAAN, has recently been appointed to the [National Advisory Committee on Children and Disasters](#) to provide expert advice and consultation to the Secretary of the U.S. Department of Health and Human Services on the medical and public health needs of children during disasters ([Health and Human Services, 2021](#)). A recognized expert on the unique needs of pediatric populations during times of crisis, she is informing agency leadership on how to develop efficient and effective responses.

Nursing's expertise is a valuable currency, and many policymakers inherently understand this. More policymakers understand this because of the environment we have collectively experienced during a pandemic. However, we must continue to establish the profession as a valued stakeholder in these national conversations, both with Congress and the Administration. The Academy continues to formulate [policy recommendations](#) addressing COVID-19, among a variety of other issues, that are informed by our Expert Panels that will achieve our vision, Healthy Lives for All People.

Exercising Moral Courage

We can also increase our visibility through exercising our moral courage or standing up for what we believe is right when someone or something violates our ethics and values. When we witnessed the recent violence against the Asian-American and Pacific Islander communities, the Academy released a [statement](#) condemning these crimes, noting how this violence impacts the mental, physical, and emotional health of these communities ([American Academy of Nursing, 2021a](#)). Another public health issue in this country, gun violence, has taken the lives of too many. The Academy [called](#) for an end to gun violence and put forth policy recommendations developed by the Expert Panel on Violence, such as increasing funding for the CDC's National Center for Injury Prevention and Control and the expansion of background checks ([American Academy of Nursing, 2021b](#)). Our voices bring awareness and encourage action.

Moving the Needle by Taking Action

Regardless of our professional roles and expertise, we can all become more visible through meaningful action. No matter the scale, we have the tools and resources to enact change that makes health more equitable. The Academy [Edge Runners](#) models are nurse-designed models of care that impact cost, improve healthcare quality, and enhance consumer satisfaction. Each has demonstrated real impact

from innovations designed by nursing expertise. We must encourage early-career nurses and nursing students to be stewards of change as well so that we continue cultivating generations of nursing leaders. This work should be integrated early and often. At the University of Virginia, two nursing students Milania Harris and Zahara Alisa founded a student-led organization, Advocates for Medical Equality, which was in part inspired by a need to enact awareness and change following the murder of George Floyd in May 2020 ([Kueter, 2021](#)). The group's activities center on addressing racism, having difficult conversations, addressing implicit bias, and urging inclusivity in curricula. "Nurses need to acknowledge the history of discrimination within health care so they don't continue these discriminatory patterns," said Alisa, a third-year nursing student from Burke, Virginia ([Kueter, 2021](#)).

Now, we must charge ourselves with making our profession and those we advocate for more visible so that we can achieve Healthy Lives for All People.

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