

## Topic Summary: Looking Back to Envision the Future: Nursing Now USA™ as a Vehicle for Advocacy and Change, Part 2

[G. Rumay Alexander, EdD, RN, FAAN](#)

[Cheryl B. Jones, PhD, RN, FAAN](#)

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### Article

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Looking back to envision the future is a practice as old as Roman mythology. Janus, the God of beginnings, was portrayed as one head with two faces, one looking backward and the other looking forward. This portrayal reminds us that, although the past informs and assists in building the future, the past does not necessarily dictate or dominate the road ahead or stifle the new ways of being and doing that would or could evolve. In fact, this perspective encourages us to both question the past and launch a new journey, with the quest frequently in search of something valuable. Both forward and backward, prospective and retrospective viewpoints stimulate thought and inspire discovery of something new.

This conceptualization of perspective from Roman mythology provides context to think about the past the past five years, which include one of the most destabilizing events in modern healthcare and the world, the COVID-19 pandemic. Although the value of nurses in healthcare delivery is obvious to nurses, the tangible recognition of nurses' value – outside of nursing – waxes and wanes. For example, prior to the COVID-19 pandemic, which could be described as a waning period, nurses expressed a high level of concern about safe nurse staffing levels, a shortage of nurses, and the quality and safety of patient care. Yet, the healthcare industry, at large, considered nurses as employees, operating in a transactional way, with a "business as usual" mentality; the press and other groups gave little notice to the plight of nurses on a day-to-day basis.

It was during this waning time that the *Nursing Now* campaign, launched in 2018, was envisioned and established by the Burdette Trust in the United Kingdom (UK), with the goal of advancing the value of nurses to improve health outcomes, strengthen economies, and enhance gender equality ([All-Party Parliamentary Group, 2016](#); [Holloway et al., 2021](#)). However, as the COVID-19 pandemic emerged globally in 2019, and in the United States (US) in 2020, described here as a waxing period, everything changed. Almost daily reports about the importance of nurses were in the press as the public became aware, first-hand, of the essential role that nurses play in care delivery, and of the shortage of nurses – especially as trade journals, the press, and social media took up the personal and collective stories of nurses. As time wore on, the healthcare system, and our world, began to stabilize, and found a new equilibrium.

Outside of a pandemic, the pendulum swing between waxing and waning periods in nursing, and particularly in the nursing workforce, have been determined based on whether the prevailing focus in healthcare is on *costs*, which often precipitates waning periods, versus *quality*, precipitating a waxing period ([McCloskey, 1995](#)). Although not stated in quite this way, the *Nursing Now* movement came about to disrupt the status quo. The movement sought a new, more balanced view of nurses' impact on patients and healthcare by stimulating the shift to a state that considers the costs *and* quality of care simultaneously, and, relative to the nursing workforce, appreciates the *value* of nurses' contributions to and impact on healthcare and society.

As the *Nursing Now* global movement ended in 2021, *Nursing Now USA™* commissioned a series of papers to highlight what we learned about nursing during the pandemic in three key areas of innovation: nurses' role in telehealth; nurses' engagement in interprofessional education; and nurses' engagement in policy and advocacy. Innovation is adaptable and emergent behavior. Embodied in the innovative ideation of nurses' capacity building reflected in these *Nursing Now USA™* commissioned papers is the conclusion that nurses provide and guide access and passage to a new day in healthcare delivery, research, and policy development.

### Reflections on the Papers Within

### **Nursing Practice**

The paper by Schultz provides a “rapid review” of the academic and gray literature about nurse-led innovations in practice, namely telehealth and remote patient monitoring. The findings of this review reveal future opportunities to advance practice by integrating knowledge of nurses’ contributions to the field of telehealth, remote patient monitoring, and in essence, enhance virtual care delivery. Doing so will bring to the fore the full breadth, depth, and scope of nurses’ contributions and nursing practice to care delivery. Schultz (2023) calls for nurses to engage both in the fields of data science and models of care to lead global innovations that capitalize on the use of emerging tools, such as artificial intelligence and machine learning.

### **Nursing Education**

The paper authored by Forcina and colleagues describes two models that envision opportunities for nurses to lead initiatives in interprofessional education to address critical needs in healthcare. One implemented at the local, or micro-level, and one at the state-wide, or meso-level, together, these approaches demonstrate nurses’ potential to solve and value in addressing big problems in healthcare. These authors envision an interconnected system national academic-practice partnerships to avoid the myriad issues of contracting, agreements, compliance, accreditation, regulations, and incentives that challenged our system of community-based volunteers, academia, and practice sites during the pandemic. These authors also call for nursing to assume its unique position to lead the integration and establishment of new academic-practice partnerships for the future of education (Forcina et al., 2023).

### **Nursing Leadership**

Finally, the paper authored by Ojemeni and colleagues explored nursing leadership – a dire need during the COVID-19 pandemic – through the historical lens of nurses’ engagement in activism. By conducting a scoping review to examine nurses’ activism, these authors conclude that nurses engage in activism in subtle, non-confrontational ways, versus means prominent in the social justice movements earlier in history. At certain points in time, activism from professional nurses has aligned with social movements to drive changes in social justice, healthcare, and women’s rights. However, these authors call for a realignment of systems and structures within nursing education, practice, and research to build competencies and confidence for nurses to advocate not only for patients, the profession, and the healthcare sector, but most importantly to serve as agents of change for better health of our nation and planet (Ojemeni et al., 2023).

### **Discussion**

To put the work of these commissioned papers in context, we draw on the work of Kellerman and Seligman (2023), who recently offered a new typology for creative thinking:

- *Integration* to demonstrate the similarities of different objects or entities that appear different;
- *Splitting*, or teasing apart objects or entities that appear similar to view the differences;
- *Figure-ground reversal*, or appreciating that elements or components of objects or entities deemed essential actually may be hidden, or in the background, rather than superficial or in the foreground; and
- *Distal thinking*, or the imagining of objects and entities as being very different from their present state.

The work of Kellerman and Seligman (2023) speaks to the human tendency to think in just one or a limited number of these ways. This limits our full understanding of how innovation can be optimized through the use of creativity. A way of seeing is also a way of not seeing. Their work also suggests that looking solely backward or forward without looking in opposite directions can limit both creativity and the innovations that may emerge.

In sum, as part of the global *Nursing Now* movement, *Nursing Now USA™* commissioned three papers to examine nurses’ innovations in 3 key areas: telehealth, interprofessional education, and advocacy, as a new model of care. These papers were envisioned as a way to refocus capacity-building efforts in nursing, bring nursing leadership to the forefront, and to value contributions of nurses to healthcare innovations now, and in the future. In light of the work of Kellerman and Seligman (2023), the lessons learned from these papers suggest the following:

1. *Integration* is needed to realign systems – the people, organizations, countries and societies – to reshape healthcare and bring flexibility to healthcare systems of the future;
2. *Splitting* or the setting apart of nursing school educational curricula from our interprofessional partners potentially limits our ability to change and to improve the work environment in ways that addresses the needs of all nurses and patients;
3. *Figure-ground reversal* is needed to bring nursing advocacy out of the shadows, define what advocacy means in nursing, and ultimately bring respect, recognition, and a dismantling of discriminatory cultures in healthcare; and

4. *Distal thinking* is needed to reimagine nursing leadership of the future to capitalize on data, data science, and emerging technologies that bring diversity to the workforce and the places where nurses work, and to move the discipline from a present to future states.

At the close of *Nursing Now USA™*, these three commissioned papers embrace and articulate the importance of bringing nursing innovations to the discipline, healthcare, and society. However, innovations without consideration of a diverse workforce, the diverse needs of the nursing workforce and those who receive nursing care (i.e., the consumers of healthcare) is an assault on the significance of nurses and the recipients of culturally relevant care and interventions, regardless of the intent of this potential and frequent oversight. Innovations achieved through one's human capital of talent, knowledge, intellect, skills, abilities, and leadership are possessed attributes and must be presented from all members of humanity.

These papers suggest that nurse-led innovations are needed for humans to flourish; to advance nursing leadership by advocating for patients, nurses, and social justice; to advance education through interprofessional initiatives that engage nurses in leadership, and to envision new models of nursing care and practice, including telehealth and virtual care delivery. Innovations should be undertaken by design, not by default, with an inclusive lens of thought, perspectives, and humility. We challenge nurses – in education, service, and research arenas -- to act now to bring their talents to bear to change the future of healthcare and our social fabric.

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## Authors

### G. Rumay Alexander, EdD, RN, FAAN

Email: [rumay@email.unc.edu](mailto:rumay@email.unc.edu)

ORCID ID: 0000-0001-5703-5368

Dr. Alexander is Professor, University of North Carolina at Chapel Hill School of Nursing; Assistant Dean for Relational Excellence, Adams School of Dentistry, University of North Carolina at Chapel Hill; and ANA Scholar-in-Residence to Address Racism in Nursing

### Cheryl B. Jones, PhD, RN, FAAN

Email: [cbjones@email.unc.edu](mailto:cbjones@email.unc.edu)

ORCID ID: 0000-0002-0200-3438

Dr. Jones is Interim Associate Dean, PhD Division and PhD/Post-Doctoral Programs; Sarah Frances Russell Distinguished Professor; and Director, University of North Carolina at Chapel Hill Hillman Scholars Program in Nursing Innovation

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Cheryl B. Jones, PhD, RN, FAAN; G. Rumay Alexander, EdD, RN, FAAN; Nena Peragallo Montano, DrPH, RN, FAAN; Ernest Grant, PhD, RN, FAAN; Cheryl A. Peterson, MSN, RN; Aisha K. Mix, DNP, MPH, RN, NHDP-BC; Margaret (Peggy) C. Wilmoth, PhD, MSS, RN, FAAN