

PERSPECTIVE



BY Steven A. Wartman
MD, PhD, MACP
AAHC President / CEO

There has been a plethora of articles and discussions regarding interprofessional education and clinical care in recent years. A survey of our members pointed out that this concern is a high priority for academic health centers. This issue of *Leadership Perspectives*—featuring the viewpoints of nursing leaders—is particularly relevant.

The health professions have been traditionally siloed for a very long time as relatively independent guilds, each with its own particular body of knowledge and cultural ethos. As a result, change has been gradual and often hard to come by. In addition, university rules and regulations, accreditation and licensing authorities, and health system incentives all offer impediments to interprofessional alignment. Nursing is a critically important example, given its size and scope and potential to provide necessary services as healthcare enters a new era of patient empowerment, precision medicine, scientific and technologic advances, and economic reform.

Eileen Breslin, dean of the School of Nursing at The University of Texas Health Science Center at San Antonio, notes two relevant Institute of Medicine (now called the National Academy of Medicine) reports addressing the future of nursing that clearly call for nurses as full partners in the healthcare delivery system. She offers several examples where nurses should provide leadership to the benefit of patients and populations.

As vice chancellor for health sciences at East Carolina University, Phyllis Horns has a firm grasp of nursing leadership within the context of the academic health center. She points out the integral role of nurses at the heart of team-based care and in evidence-based outcomes research, and makes the strong case for cultural changes to involve nurses more prominently in leadership positions.

Alison Kitson, dean of Nursing and head of School of Nursing at the University of Adelaide, Australia, focuses on the need to look past the 20th century biomedical model in order to appropriately address 21st century healthcare issues. Nursing, in her view, is key to addressing a broad variety of growing health issues, including the various comorbidities and diseases of life style and poverty.

21st century medicine will be a tremendous game-changer for academic health centers. Growing patient empowerment through knowledge and connectivity, management of huge data sets, the increasing role of smart machines, and scientific and technologic developments—all against a backdrop of economic and political pressures—mandate that academic health centers, as I have often argued, optimize their alignment of education, research, and patient care. As clearly laid out in this issue, this alignment must apply to the various health professions, as well.

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LEADERSHIP PERSPECTIVES

The Evolving Role of Nurses in Academic Health Centers



Eileen Breslin, PhD, RN, FAAN
DEAN, SCHOOL OF NURSING
*The University of Texas Health
Science Center at San Antonio*



Phyllis Horns, PhD, RN, FAAN
VICE CHANCELLOR FOR
HEALTH SCIENCES
East Carolina University



Alison Kitson, PhD, RN
DEAN OF NURSING AND HEAD
OF SCHOOL OF NURSING
University of Adelaide, Australia

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Eileen Breslin, PhD, RN, FAAN // *Dean, School of Nursing*
The University of Texas Health Science Center at San Antonio

I think that there has been no more exciting time to be a nurse than now. A marker of where we have been and are going is the 2010 Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*, which outlined a core agenda for the future of nursing. Since that report came out, the field of nursing has seen significant advances in the areas of education, practice, and policy.

The 2016 follow-up report, *Assessing Progress on the Institute of Medicine Report: The Future of Nursing*, identified areas of emphasis to drive progress in the next five years. In advancing these objectives, nurses are well positioned to be full partners in addressing the needs of the healthcare delivery system and improving the health of our populations.

Today, for example, nurses are more likely to have baccalaureate and doctoral degrees. As a result, there is a notable trend of nurses taking an increasingly substantive role in primary care. Moreover, there are more advanced practice nurses today than ever before. And, we have more community-based care nurses—not just in primary care settings but also in offices, healthcare settings, and retail outlets. The plethora of nurse-designed clinics are really at the front line of delivering care to vulnerable populations. In many respects, nurses have also taken the lead in palliative and end-of-life care.

Nurses today are leaders in science, policy, and patient safety. In the science of self-management of care, for example, nurses are leading the effort to get patients to manage their own lifestyles and engage in healthy behaviors. Nurses are serving as leaders in chronic disease management as well as the management of symptoms, providing comfort and aid to help patients manage the effects of illness and disease. As we continue to move in the direction of assisting people to lead healthier lives, nurses can significantly contribute to improving the healthcare delivery system—especially, in the important area of building teams. Helping to advance interprofessional education and practice, nurses have considerable experience to share about team participation and leadership.

In ever increasing numbers, nurses also are taking a greater role in shaping health policy at the federal, state, and local levels to better serve the health needs of patients and communities. Additionally, nurses are increasingly influencing policy development and implementation in board rooms, as well as in patient safety initiatives within healthcare delivery systems.

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Phyllis Horns, PhD, RN, FAAN // *Vice Chancellor for Health Sciences*
East Carolina University

Here at East Carolina University, we have made great strides to ensure that nurses play a visible and integral leadership role, both in our academic environment and in our affiliated partner hospital, Vidant Medical Center. The hospital's President is a nurse, there are at least two other nurses in senior leadership roles, and a nurse serves on their Board of Trustees. Those appointments speak volumes about the leadership contributions that nurses can and do make. Overall, though, nursing needs a greater leadership role in governance and organizational structures at academic health centers.

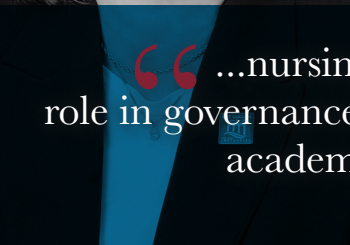
Given that nursing is absolutely central to quality and safety in patient care, and that nursing serves a vital role in coordination and continuity of care, it is critical that nurses be deeply involved in planning across the spectrum of care. That means that when we are making decisions in academic health centers, nursing needs to be at the table. When we are deciding how to structure and execute an academic health center's commitment to population health, we need to hear from nurses. We need more nurses serving on the hospital boards where policies are determined as to how hospitals work.

Nurses also have an integral role to play as academic health centers more fully embrace interprofessional models for healthcare delivery. Nurses are at the heart of team-based care, for example, and have much to contribute in preparing the next generation of healthcare workforce teams.

More recognition is due to the central role that nurses play in looking at problems and conducting vitally important evidence-based outcomes research. That work is producing insights about more effective and efficient ways to achieve better outcomes across the wide spectrum of patient care.

Some of this will require deep cultural change—a challenge in many academic health centers. We have much more work to do to ensure that leaders in academic health centers are more intentional about the integration of all the disciplines to ensure that our efforts and outcomes are not siloed. Having more nurses in positions of leadership will contribute substantively to making sure that we have the right people around the table to develop a future for academic health centers that aligns with population needs in ways that will advance the entire healthcare industry.

“...nursing needs a greater leadership role in governance and organizational structures at academic health centers”



Alison Kitson, PhD, RN // *Dean of Nursing and Head of School of Nursing*, University of Adelaide, Australia

Globally, 15 to 20 million nurses provide healthcare. Nurses comprise about 60 percent of the workforce in many health systems, representing an equivalent percentage of personnel costs. Using that resource effectively is vitally important in both advanced and developing health systems.

Effective nursing hinges on addressing several substantive social challenges. Nurses must be equipped to care for an aging population and growing comorbidity. At the same time, nurses are at the front line in addressing growing disparities in the social determinants of health. These trends will intensify. Moreover, these challenges are too large and too intractable to be addressed by changes in nursing alone. Rather, we need to transform nursing in tandem with the transformation of the entire health system.

As nurses, we need to remember that we facilitate the collaboration and cooperation of every other member of the healthcare team around the care of the patient. And, we do that in partnership, respecting the complementary roles of every healthcare professional. If we are able to embrace and rekindle this vision of partnership, then nursing in its huge numbers can work collaboratively with the rest of the healthcare team to take a leadership role in providing the kind of care that we all aspire to.

The degree of systemic and cultural change that is needed to rekindle this partnership vision will be a major challenge itself. Despite greater acknowledgment over the last 50 years about the importance of integrated care, continuity of care, and patient preference-centered care, the 20th century biomedical model continues to dominate the way we train our professionals and run our systems. Most systems, most university curricula, and most politicians still focus simplistically on “one disease, one cure, one patient, one doctor.”

We now know, however, that—given the comorbidities, diseases of lifestyle, and diseases of poverty that we see with increased regularity—we have to take a much more integrated and holistic approach to the way that we conceptualize and manage healthcare. Our relatively naïve 20th century-style thinking not only skews the way that our medical and nursing teams work, but also has a perverse impact on the way we manage our health systems.

In nursing and in all of healthcare, we should return to our roots and put the patient and family at the center of our practice. We have to re-claim and revalue the importance of fundamental care for our patients.

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