

University of Washington - Nursing | YOTNAM Webinar 7282020

Welcome, everyone, to the fourth presentation of our "Nightingale Leadership Series." I know that the weather is very nice out there. And I appreciate that you have carved out of your time to join us for this very important webinar.

The concept of leadership is based on certain assumptions, many of which have been called into question by the current pandemic. It is no longer business as usual. And that presents us both opportunities and also challenges. The assumption of who will lead, who will be leading, and how you lead has to be re-examined in light of all we are seeing right now.

Nothing comparable in scope to COVID-19 has affected our country in the living memory of today's nurses. So we are called on to think about nursing leadership in new and innovative ways. We now see the need to think about leadership on a much larger scale because we have seen the devastating consequences of not having leadership when it was most needed. We need nurses who are prepared educationally and in every other way to assume positions of national, as well as regional and local leadership. Nurses need to be prepared as leaders who formulate and implement strategy, who allocate monetary and medical resources, and who have the knowledge and ability to communicate effectively with the public.

This is the concluding year of Nursing Now Initiative. This initiative is based on the *Triple Impact Report*, which concluded that increasing number of nurses and developing the nursing workforce will improve health, promote gender equality, and support economic growth across the globe. The goal of Nursing Now is to elevate the transformative role that nurses play in addressing health care inequities and disparities and to encourage development of the next generation of nurse leaders.

This is also the year of the nurse and midwife. What was supposed to be the celebration of the 200th anniversary of Florence Nightingale's birth became global recognition of the critical role played by nurses everywhere when the World Trade Organization proclaimed 2020 to be the year of the nurse and midwife. The Nursing Now and the Year of the Nurse and Midwife Initiatives were the catalyst for our Nightingale Challenge Leadership Series.

The purpose of Nightingale Challenge is to help develop the next generation of nurses and midwives as leaders, practitioners, and advocates for health. Little did we know how immensely important and timely this series would prove to be. Our speaker today is Sue Birch. There's nobody better situated than Sue to discuss the concept of leadership in the context of-- the context of COVID-19 pandemic.

Sue Birch, who is a nurse, serves as director of the Washington State Health Care Authority, the state's largest health care purchaser. She has a deep commitment to public health and population

health with a focus on the social determinants of health. Sue doesn't just talk about improving the system; she takes action.

She has led effort to combat the opioid public health crisis through increased access to treatment and public education, eliminate hepatitis C through innovative value-based drug purchasing, and implemented Medicaid benefit for supportive housing and supported employment. Please join me in welcoming Sue Birch for today's presentation on "Finding your voice during the times of COVID." Sue, the floor is yours.

Thank you, Azita. What a wonderful opening that you provided to us. And I think, Holly-- I'm not sure if you're cutting over to our slides. I bet that's happening. But I want it just first thank the many folks that have participated in really drawing attention to this very significant year of nursing.

And really, I want to call out all the deans that worked with Azita under the guise of developing really a larger population health framework. I want to also recognize the center, stellar leaders, King County Public Health, our union leaders, our legislator leaders. And it really positions Washington to be a beacon in the nursing realm for our role in health care transformation.

So you'll move on to the next slide, I just want to really today talk a little bit about what we've done to raise the voice of nurses here in Washington in the US. Go ahead to the next slide. As you all know, because many of you have come back to this series, the next slide, the Nightingale Leadership Series, really showcases how we've been hosting web services, web series.

We had Sophia talking about equity and health disparities in leadership. We had Patty Hayes, who did an amazing job, talking about the new view on public health leaders. And boy, was that riveting as she presented the COVID work. We also had a few weeks ago, Carol from the Advisory Board, who talked about how-- whether we're moving beyond individual or collective nursing voices, that really had to propel and be part of the ongoing transformation and use this time to really keep using our voices and really exerting kind of our influence.

And so today, we've really stacked [? our ?] [? base ?] [? built ?] to talk today a little bit more practically about how do you find your voice. How do you use your voice? And for many of you, you're already doing this. But I do think it's important to go back a little bit and understand some of our challenges so that we can be crisper and clearer in the future.

So next slide, the *Woodhull Study on Nursing and Media* was something that was undertaken years ago, but it puts the components of this very important study right at the forefront of our thinking. And

there also is another pivotal report-- next slide, please-- the Institute of Medicine, or now, NAM, the *Future of Nursing Report*. And both of these reports are old. They surfaced years ago.

And I want to take us into a little bit more about the reports because I think it's really important to refresh about why these documents and how they're being refreshed in these documents will serve us well into the future. Next slide. So I remind you that the Institute of Medicine *Future of Nursing* report really talked about how nurses need to practice the full extent of their education and training. And we've really seen our nurse practitioner group that come to the forefront in the last decades, and that nurses should achieve higher levels of education training, and we keep--

[INTERPOSING VOICES]

--whoops. If you can yourself, please, that would be great. We also talked about how nurses should be full partners with MDs and other health professionals. And certainly in all of the health care reforms, we continue to play very unique roles. But the report pointed to effective workforce planning and policy really meant that we had to do better with data collection and improved information infrastructure and using that in a different way. So let's move on.

I will remind you that *The Future of Nursing Report* is being refreshed. It will be coming out next year at 2021. Because of the COVID pandemic, it's being delayed one year. But I will just call out that Washington was a featured host site, and we were also a featured part of kind of helping plan for the next decade of major nursing advancements.

Now, all this being said-- move on to the next slide-- we have to keep telling and shaping our stories and the narrative not just about our profession, but about the health endeavors and the health improvements that we are directly involved in and responsible for. We really play a unique role-- not just at the bedside, not just in public health, not just in schools. You guys get it-- all the settings that nurses participate and work in.

But truly, we also are significant in shaping policy, creating legislation. Many of you know we have some significant nurses here in Washington and in Congress. And we also have really key people that influence the decision-makers. And being at the table and in the room is so critically important.

So I do think it's really important to understand that-- can we move on to the next slide-- nurses really can help address population health during this moment of COVID. And we have to keep supporting and expanding our abilities to understand and get people to understand those social determinants. And we also, during these times, have to really understand and portray these different dimensions of

our nurse colleagues. And it's so much further beyond than just kind of the personal protective equipment-- so much further than what we see just in the immediate COVID realm.

So to better understand this-- let's move onto the next slide-- I do think the Woodhull Study was so important. It really showcasing that nurses and women are so underrepresented in press images. So if you move onto the next slide, you'll see in these next few slides, these are the most reinforced types of images. And they really perpetuate kind of some of the sexism challenges, racism, health disparities. And ultimately, they foster more and more of our social injustices, and we have to be part of stopping that.

So if you'll move to the next slide, we also are famous for kind of neutralizing. Look at these unidentified clinicians in scrubs or white coats. And I think that we have to learn, as nursing individuals and as the collective-- move onto the next slide-- that nurses really need to get more airtime. We need to be quoted more in health care news and influence.

That study, if you move on, that was done in 1997, the Woodhull Study, showing that nurses showed up 4% in newspaper articles and 1% in weekly industry publications. This was an undertaking by one of the major editorial female leaders in the country back in 1997. And the study was replicated-- we'll move on-- just recently in 2017. And one of our colleagues, Diane Mason, was really instrumental in his work, but the study actually was a little depressing, where it showed that in fact it had gotten worse-- that now nurses showed up 2% in newspapers and weeklies and 1% in industry publications.

So it really identified also numerous instances of stories where nurses not only were absent, but their perspectives were where they should have been involved because their perspectives were so highly relevant to the topic being discussed. And I will tell you that one area that we have improved is on nursing issues is with our APRNs and their skilled practice. And-- if you'll move on to to next slide-- I will also say that the study in 2017 also showed that nurses were mainly quoted without the nursing profession. And that sometimes narrows and distorts our broader role and messages.

So go ahead and move on to the next slide, please. So one of the things that I think is really important is I'm not saying that that is wrong because it is a base. But it is really important that we keep expanding the reach of our work. Many nurses around the world are making huge personal sacrifices to help fight the COVID-19 pandemic. And in many cases, they're also working without the proper PPE and testing that they need to ensure their own safety.

And some find themselves working the partners they never practice before and teaching colleagues, anesthesiologists, and others, learning new routines and protocols as they go. And that story does

need to be told, but it also needs to be broadened. And if you'll move onto the next slide-- these were just some examples of headlines that were really significant in shaping health care reform and moving into a new paradigm.

And when nurses' messages just remain about the bedside nursing, it really kind of perpetuates that involvement in a very narrow, specific way, and it dilutes our influence. And 0% of those articles included nurses as speakers. And only 3.6% of policy articles mention nurses. So let's talk a little bit more about that if you'll move on.

So why do we want nurses talking about engaging in policy? And it is so critically important-- next slide-- that we be part of the bigger fix. We need to be involved in that policymaking because we comprise the largest sector of health care workforce. We spend the most time with patients. We have a unique role in patients' lives that really support that whole-person comprehensive view and really pulls in the social determinant influences and also the moral determinants of health.

We really round out the conversation and create a more diverse dialogue and planning and action implementation steps. So we want to be part of the intellectual capital to provide solutions. And really, being at the table, we help translate that information from the bedside to the boardroom. You know that there's a lot going on about nurses on boards.

There's a massive coalition about getting board nurses on all sorts of boards. And really, this is the year that we've been leveraging this notion of nursing presence. And really, this pandemic is making it so apparent that, again, we have to be engaged in policy-making.

So let's talk a little bit more about this. Why don't we see so much going on in that finding your voice in the policy realm? Next slide. So first and foremost, I will tell you most everybody I talked to [INAUDIBLE] and I am kind of fearful about bringing things up. And I want to break this down because I think first and foremost, we've got to get nurses to move beyond our fears of really speaking up.

Now is the time that we lean in. There's really no time to waste, especially as we keep fine tuning and changing this health care reform and transformation journey that we are all on. And I just don't note, if you'll move on to the next slide, that there are all sorts of amazing women leaders finding their voice and using them in different ways. I bet many have you have seen Alexandria Ocasio's blistering review recently of her attack. And she was so eloquent. And for a female politician to take that on, it was really pretty remarkable.

On the next slide, you're going to see how some other amazing women and moms portrayed their

influence and power. And I do think we have to help keep breaking down the old images, the old paradigms. And these pictures are really worth a thousand words.

So often times, I had people say, well, I don't want to speak up. And I'm like, well, then take a picture or write. If you're more comfortable writing, find your voice and express it.

One of things, too, is that journalists need help finding these non-traditional sources. And they don't exactly point to nurses, initially, and women. And I think we have to help them so that we can break down all the isms-- the sexism, racism. We have to keep moving beyond so that we can help people have greater understanding for all sorts of social justice issues. It just really beautifully fulfills our role in creating more person-centered, whole-person care.

So what more can we do? I think that, first, we have to keep understanding why has this been happening. And we know that there are editorial biases. We also know there's policies and processes that get in the way of using nurses as sources of information. We know that journalists don't fully understand the range of our nurses' roles.

I just showed you how that oftentimes we're depicted in that bedside role. And we have to keep breaking that image. We also know that they don't fully understand our work, our research, and our education.

So the communications staff of your health care organizations or your businesses also don't often offer up nurses as sources unless the journalists ask for them. As soon as the journalist asks, our businesses put him on stage. Journalists also don't know how to find nurses to interview. And they have limited time to track them down.

I'm working right now with Anna Murphy on a big piece she's doing about nursing homes. And I have been so appreciative of the long-term care nurses that have been willing to talk to her. It's so critically important that we keep creating those connections. So nurses and nursing organizations need to be very strategic about accessing and engaging journalists. We have to cultivate those relationships and help them do their jobs better.

So I ask, what are you going to do to change nurses' visibility? And you might be going, I don't know. So that's what this talk is about. So let's go deeper into that.

So this next slide is a word cloud. And I think it helps us reflect and learn to kind of push ourselves forward and upward. We have to continue to emerge and broaden. We can't just stay in our usual *AJM* publications and our own nursing organizations. And there are some great examples of nurses that

cross boundaries.

When you think of people like Jennie Chin Hansen, who was the national president of AARP, and frequently still speaks to the European Union, she crossed from being kind of the nurse inventor of the pace model to really taking on expertise around geriatrics and aging, and how that is impacting our global economic realities. Dr. Ernest Grant, our current president of the AMA, the African-American [? Bailers, ?] has done an amazing job about kind of breaking that mold and portraying just different interests and/or perceptions about nurses.

So what about you? I would really encourage you to always be open and willing and step into any training opportunities that come up. Anytime your business says, hey, we're doing media training, you raise your hand and say, I want to be in there, because I think getting some coaching getting that reflective feedback is really critically important. So let's talk a little bit more about that.

I think one of the things that gives people great comfort in finding their voice is knowing that they have an area of expertise. If you'll move to the next slide. So it often becomes kind of that reality of when you really know your-- [AUDIO OUT]. And then when you have opportunities that come up, you can really start serving as a resource and as a champion and a voice for your cause.

There are all sorts of examples I just met a colleague at UDub, Tatiana, who's an Alzheimer's expert, and another one, Ira who is just a [INAUDIBLE], came up on a national reading again today because he's one of the most renowned nurse midwives doing a lot of research and practice. So I think we have to keep looking at those that have come before us where they buried their expertise with opportunities and been willing to serve as resources. And these are things that you can do.

Now, you might be going, OK well, how do I do that? And again, in that training, oftentimes, we get people to start focusing on social media. One of the things you can do right now about social media-- and if you'll flip over to the next slide, please-- you can start following social media. And I know some people say, oh, really? Do I have to?

But the world is moving around us. And it's moving around us in Instagram and pictures, on Facebook with content and stories, Twitter. These are really powerful sources. LinkedIn, for example, has some just amazing content. And you really want to be watching others. The first thing you can do to create greater self-awareness is just watch some of the pros.

I'm going to highlight it for you all in just a minute. But it's really powerful for how these media sites are accelerating information. And I know you're probably rolling your eyes and saying, well there's, all

sorts of misinformation to the public. So why should we be involved in the social media platforms? But it is really critically important for you to start learning how to discern kind of these media bites.

There was a book recently by Thomas Friedman that he wrote about *Thank you for Being Late*. And it's about how, in our times in the last really seven to 10 years, things are accelerating. His premises is that fire was a great disruptor in society. Electricity was a great disruptor, and now its computing.

And social media moves at such a speed of acceleration. And so it's really important. And I ask you sometimes, Google yourself and see what pops up about you on social media sites. Is your health organization on a website? Is there anything out there about your expertise, or what you've authored, or what you're presenting on, or where you participate? This is all part of that media training that gets you more aware of this world that is swirling around us.

And these journalists, they watch these sites, and they use this because that is how they start requesting interviews. And you really want to reach out to your PR people. And you want to develop a plan for promoting your body of work, your expertise, or what your cause or passion is all about. So I just tell you to, please, be open; we're in an age of acceleration. And I do think nurses should be willing to participate in some of these different mediums. We can move on to the next slide.

Twitter is one that I think is kind of fun because, as you all know, you can get feeds. And if you'll see from this next slide, I've just brought up a few of my colleagues that many people know. But there's Diane Mason, who's really doing a lot of work. She's was author responsible for the Woodhull Study. But she's doing a lot of work around trying to drive more nursing voice into media relations and really reshaping the perception of nurses.

There's our colleague, Azita, who's got an amazing global reach and reach with students and many, many others. And it is fascinating to watch these leaders and how they move on Twitter. And I think it's also very helpful. Barb [? Lextene ?] is also another nurse media expert. And then lastly, Margaret Flinter, she was a nurse practitioner that has been one of the founding principles in creating a community health center and the Federally Qualified Health Center For Women.

Now, these three are just-- I mean, these four are just some of my favorites that I watch and don't miss anything when they tweet or-- but you really also want to follow age major health journalists and tie into their work and also then start reaching out to them. I thanked Noam Levey from the *LA Times* recently for how he portrayed the need for a presidential public health emergency declaration. And he contexts me quite frequently and others, Julie Rovner, who used to be with *NPR*, who's now at *Kaiser Health News*.

It's really important to follow some of these established health journalists and start responding to them. So you can certainly warm up with our four nurse leaders here because they'll play softball. But you'll be amazed how some of these health journalists start responding and working with you about your content.

Now, I want to share a few examples. There's this next story. On this next slide, you'll see an example. This is a nurse out of Colorado, who was very involved in really trying to drive towards more evidence-based practice and to really tried to drum up an entire movement about how we had to keep tying in kind of public health and evidence-based and to really keep using media connections.

We have in our state some really prominent nurses. Stephan is another nurse who's doing some amazing patients engagement in very creative ways. On the next slide, you'll see Robin Cogan, who's a preeminent school nurse. And she is a fanatic about combating gun violence. And she did a huge, an amazing job with this no more empty desks.

And just from these pictures, and the way she's tweeting, she got kind of a movement about nurses and school nurses in particular get involved, leading the way really trying to be part of the gun violence movement. You'll see it from this next slide that the US Surgeon General picked up her tweeted and responded to her. And look at how the US Surgeon General was able to propel her message.

Look at that. "I was, and remain, a huge advocate of @schoolnurses when I was Commissioner of @StateHealthIN." Look at that. I mean, and what a way for people to get it improved attendance, improved performance, improved health status, improved vaccinations when schools have access to a nurse? That is a power packed message and one that just everybody can understand. Legislators from the general public to kids-- that is a big darn deal.

I can give you countless examples. Alison Squires, who tweets all the time about health professions and workforce. She's very connected with our folks here in Washington and Jennie Chin Hansen, as I mentioned before, just so much in the aging realm. And we have many, many nurses that use their voice in writing and then oftentimes become speakers as well and/or get called on by those journalists to help influence.

So let's talk a little bit more. So you might be a new grad student. You might be a new graduate. You might be going, OK, great, what is she talking about? How in the heck am I supposed to be communicating my work and branding myself?

So if you'll move on the next slide for me, here are some tips for communicating. And really, it is about telling your story. What is your primary message? What three key messages that you need to prepare? And usually, there's no theoretical frameworks per se. There's no just logistics or regression details. You want to be prepared with context and more details. And you want to translate your base of expertise into real life stories. You want to write op-eds. You want to tell your story in a narrative. Blogs are great. You want to disseminate this information on Facebook, with Twitter, through pictures. You really want to saturate the media.

And that might feel kind of painful for the nurse researchers who might be right now cringing, saying, that is also thin and failed. And I'm not suggesting that you don't keep doing your much more significant peer-review publications. I am just telling that you have to have multiple strategies about storytelling. And really, it does boil down to what is that primary message?

And I tell this to people all the time-- to move on to the next slide-- if you hate to write, and you just feel like that is too slow, you can do all sorts of other things. You can paint that picture. And there are some extraordinary folks that have done story telling--

Oh, give me a break.

--work with others to tell your story. Make an impassioned plea about what it is you're really trying to get across. So let's move a little deeper into the concept of, how do you frame your topic. You want to shape that message for different audiences, but you also always want to be very mindful of what are the values, beliefs, priorities of the target audience I'm going after?

What are the narratives for stories that really support the frame? And then one of the key statistics? Where is the evidence, the proof? And how do you break that down, that support, that frame?

Many of you know David Owens, who created the Nurse-Family Partnership program. And David's program, I believe, is almost four decades old now. And for the first several decades, David had mountains of statistical information. And it wasn't until David really started telling the stories in a very qualitative way that really rounded out the impact of his quantitative analysis about the Nurse-Family Partnership program.

And so I often, whenever I see David, I say, I still use your storytelling, David-- how you really popped your programs into telling your story when you started putting a human face on it. So I do just ask you, we nurses we are artful about that whole person and person centeredness. And never forget

that we are trying to compel a story about how this translates into health impacts for that human, for that person.

So I want it just also, if you'll move to the next slide, just to remind you too that you, in working with the PR teams that you'll become more knowledgeable about, will have the opportunity to develop a more multimedia dissemination plans for your research and for your work and for your message or whatever your passion is that you're trying to convey. And this is just a great way for you to just remember that there's all these other channels and ways that we have to be thoughtful about.

And as I said before, it's really important for nurse researchers, if you want to move to the next slide. And I often find talking to nurse researchers that you have to move beyond kind of our denser publications. And I'm a fanatic about health affairs and all of our professional journals. I scan those.

But we can't just see those as the only place that our work gets portrayed and published. Or it won't get revealed and disseminated [INAUDIBLE]. It won't scale to the level that we need unless we use those multimedia strategies. So if you'll move to the next slide.

It is really important. You've got to translate your research. You have to figure out what is that story I have to tell, and how do I take it from the problem to the intervention to the impact? We've done that beautifully. And those of you that listened in to Patty Hayes-- and she talked about this COVID challenge and her journey in public health-- did incredible time helping relate to this changing landscape.

I think we would all agree right now that we have a moment in time-- between the George Floyd incidents and the pandemic-- we are at a pivot point. And nursing can really, really impact changes in this time-- period. The last thing I'll say-- and we'll open it up to questions here in just a minute-- is just that if you look at the history of American nursing, we move kind of like molten lava. And we have to accelerate.

If there's one thing that Thomas Friedman's book impressed upon me is that things are accelerating in less than 36-month periods. And we, too, have to really hurry up and accelerate. And it is why it is a call to action to really find your voice and use your voice at this moment in time.

I personally think that social media, as well as any of our more mainstream ways of getting information out is very important. Even though there's lots, it is incredible how things are accelerating. And we are able to pick through and data stream the most compelling work.

So I implore you, if you'll move on to the next site, to focus on social media. Focus on how you can

offer to be a resource for journalists; how you can keep cultivating those journalists with your body of knowledge and expertise; how you can promote other nurses; and how-- you don't always have to expect to be quoted or photographed, but boy, it is amazing how you can influence the nature of these articles and the stories that are being told.

You can really shape this health care transformation that is ongoing not just in our large health and health care domain, but in our nursing profession and the role that we play. I'll leave you with this last tweet that I saw from Barbara Glickstein if you've move on to the next slide. We want one more.

I thought this was great. And everybody hates that word, political. But think about if we got nurses. It's the largest faction of the health professions. If we go a unified voice speaking out against injustice and supporting changes that impact the health and social needs of people, families, and communities, think about what Barbara says there-- that's nursing. We are a powerful, untapped group. Individually and collectively, we need to keep amplifying and being dedicated to correcting kind of misperceptions and shaping the ongoing body of work that we keep building [INAUDIBLE].

So I am going to stop there. And I'm sure Holly is going to back up, and you're going to answer some questions. And Holly, I'm going to turn it back to you. Thanks, everybody.

Great, thank you so much, Sue. Your presentation has spurred quite a lot of questions here, so I will try to get to them as quickly as possible. And if, for some reason, we can't get to them, we'll try to follow up in email so that everybody has their questions heard and answered.

So I do want to kind of start. Katie Johnson had a great question. Let me try to find this in the chat. And apologies, it wasn't a question; it was a comment. And it is based around [? Luann's ?] change management model. And I just feel like this is a really great comment to kind of set the tone for the Q&A portion where she mentioned that COVID has really created this time of unfreezing in the unfreeze, change, refreeze change theory.

So essentially, we're at a stage where we have accepted that we have to make change. This is the absolute pivot point. We cannot face health care in the same way that we have been. And so she says there is a real opportunity for a new vision of the public for knowledge and expertise of nurses.

So I just want to say, Katie, thank you so much for that comment. I thought it was really, really wonderful way of looking at it. And so let's dive into quite a lot of questions here. So I do want to say-- let's see, Tamara had some great questions. So Tamara wants to know, how can we represent and tell patient or client stories ethically with the confidentiality since they are so impactful? So, Sue, what's

your advice here?

Well, first off, we can never ever talk about a specific patient unless we get release of their name and vital information. But we have all known stories where things get changed, but stories still gets told. And oftentimes, clients, do want to tell the story. They want to be part of helping others learn from what's going on.

So first and foremost, when you're working with a journalist, it gets very clear very quick-- are we on record or off record? I often tell most people just assume you're on record. But in this day and age, I will tell you that there are hundreds of times right now where people have reached out to us. And because of the political climate, we have said you can not source our state, our agency, my name.

And you all quickly learned journalists-- as you develop relationships with them-- are very protective of that. So you can tell the story. It has to be blinded. You have to make up some other information about neighborhoods or locations. So it can never be that specific.

But there are absolutely ways that we get around that. And I also will tell you that oftentimes clients do want to go on record and be acknowledged and be part of that storytelling. Great question.

Yeah. Thank you for that. And absolutely, I don't think you can say off the record enough if you really need it to be off the record. So I want to combine two things here. So Kathy had a question about-- she's worked for hospitals and organizations that have warned nurses not to talk to journalists or make statements and instead talk to the communications department.

So in that she's asking, what can we do? How do we make a change without impacting our jobs? But I think here it sort of links to, OK, so you need to work with your communications department.

And so Tamara then says, what ways can we influence journalists to use our voices? Are there specific strategies? And so I want to group those together as sort of, what ways can we influence journalists, or what ways can we influence our communications department? What kind of strategies do you have there?

Yeah. So Tamara and others, great question. And again, this journey. And so Azita and I, during the COVID, Azita, Patty, and myself were looking at which other people could be the public spokespersons. And so it's using your networks. It's working with your press departments because there are folks that nurse leaders that can take that open mic and can be recognized for the message.

And so, as you cultivate those relationships with your other nurse leaders, you kind of decide who is going to be that-- who is going to be that open, designated conveyor of the information. And this is not something that just happens overnight. And I do think if you are really being stalked or harassed by journalists, it's really important to get your PR team to be involved. And I do also think that the subject is really important.

So for example, if it's something about breast feeding and it's a maternal child, and it's something that's not controversial, that's going to be a very different tactic than if it's something that you are alleging that's a whistleblower or improper equipment or-- so I think you have to be very thoughtful about calling on your mentors or your other nurse leaders to help you think through some of those strategies. But we don't encourage you to debut with those sorts of charged messages. We think it's really important to get this skill set going and to kind of wade into some of these more difficult issues with some good mentoring, coaching, and good media relations.

That's great advice, for sure. Leveraging your network absolutely will amplify your voice. And I think that's great. I do have a question here about new grads. And so I'm really interested in this from Alex.

What concrete advice do you have for a new grad nurse who wants to start establishing herself as someone with a voice, especially in the context of COVID-19 where the needs of new grads are often falling by the wayside? And I'm really interested in this because it almost sounds like Alex already has her story there. So what kind of comments do you have for Alex here?

Well, Alex, I love that you're already saying, I want to get going. And so I'm just going to make some hypotheticals here. Say, you have a strong viewpoint about LGBTQ issues or racism issues or school-- back-to-school services, you can write letters to the school board. You can write oped letters.

You can run those by some of your old professors or other nurse mentors. Diana Mason, whose name we just put up there, loves to give feedback to grads of their storytelling. And so you can begin there. You can also testify at hearings.

Those are public. And they want people to speak up. And oftentimes, because it has to be written and submitted, as well as spoken, those are great opportunities to begin finding your voice and to begin kind of shaping your message about what you are passionate about. And again, I remind you, you could be a NICU nurse. You could be a nurse that's working in a nursing home.

And find your passion, and figure out what it is that you want to do to kind of shape or pivot things or grow issues and resolve. And it will come naturally. And those of us around will help shape that too.

But those are some immediate things.

Great. Those are amazing tangible items. I love all the advice that you're giving. So there's a lot of tangible stuff here. So everybody knows we will be sending out this recording and the slides following the presentation. So you will have this on hand too.

Brian sent a question in earlier. He wants to know what we can do nationwide to improve the perception of nurses, especially those at bedside, to be more than just a labor force and rather be recognized as a true professional?

Yeah. And Brian, what a great question. I think how we pair kind of the nursing voice and magnet status, and how nurse leaders that are promoting more of this governance and engaged kind of nursing empowerment, there's several strategies here. But again, same sorts of tactics-- how do you start writing letters?

How do you speak up at board meetings? How do you show up? How do you get others to align with you? How do you use a photojournalist to tell that story?

I was mortified when we were going through the initial stages of Obamacare that people just wanted to photograph the doctors. And I was like, no, no, no, no, come in and see the case management teams and come in and look at the nurses that are behind accessing coverage, and let's tell a different story. And it is really critically important to continue to look at those multimedia channels because-- you guys know this-- some people are learners; Some people are auditory. We have to tell that story in many different channels, and we have to be succinct and clear. And there's a variety of those tactics that will break down that challenge with bedside nursing over time.

Thank you, Sue. And Christina and Brian had just one last comment here-- thinking that it could be helpful, would it be helpful to cultivate greater skills of political advocacy, policy development, finance/economics and history into standard nursing educational curriculum?

You bet. I think even though I remember getting my BSN, kind of groaning about health policy and really, what does this have to-- I just want to go take care of patients. But boy, I do think how we understand that pass to drive forward its shape kind of a new paradigm, especially in this area now where we know that social and moral determinants of health are bigger drivers in health improvements than our traditional medical care. So as we, as a profession, keep leaning in that whole person-to-person centeredness, we are the perfect profession to shepherd those themes in and build those into the decision-making that's going on.

But it's going to be a really long slug. And it's going to take many generations and many voices to help keep shaping that because it's taken us decades to get into this mess. And it's going to take us some time and movement to get out.

But that is why COVID and our anti-racist moment at this moment in time. And that's why November is such a critical period. And this is fabulous time to be writing blogs, tweets, and to really expressing your voice about shaping this change.

Great. Yeah. And Christina and Charles had some great follow up comments too about how addressing this in the Standard Nursing Educational curriculum bolsters their credibility and strategizing when engaging with these powerful stakeholders. And Charles says, every graduate-- every-- of any university should be able to get up and testify and be an advocate for nursing. So I think those are great comments.

And just lastly here, Sue, Michael had a comment, maybe not so related to the media portion, but your work at HCA. So we would love to hear about all the shining work that you're doing because I know you're doing wonderful things. So Michael just wants to know, what's the state doing to improve health equity among vulnerable persons, populations? I know that's definitely a hot topic that you're talking about every day at HCA.

You bet. So Michael, we have quite a bit of work at the Governor's Poverty Roundtable, work that's been going on for about a year and a half. But because of the timing and because of the realities and because of COVID, and really because we are on the brink of a recession or depression, depending on which way COVID keeps breaking, we believe that we can have a even more active role. So we actually have a draft anti-racism statement.

For about the past two years, several of us nursing leaders have been involved in what is called the State Health Improvement Plan, which we have to file every five years. And it actually embraced reducing health disparities. And it embraced anti-racism, anti-poverty statement. So that was in the making well before COVID.

And you'll see more movement in this area because we are hearing all sorts of things like, defund the police. Well, in fact, I think what people mean is, let's get more clinicians. Let's get more nurses. Let's get more crisis intervention workers to help give the police reorganization. And so I think we have to, again, lean in and be part of this movement of how we're going to reshape things.

I want to be very careful, though, because we, in health care, tend to over-medicalize things. And as

we all know, hospitals doctors, nurses, we are very expensive, so we have to be very thoughtful and respectful. But it is why I love our nursing profession. We understand multidisciplinary teams, and we're the perfect ones to lead multidisciplinary teams. And we have to help with that kind of multidisciplinary policymaking as well.

So here at HCA, you'll see some restructuring. There will be a disparity meter that comes up under my leadership. They'll be elevated. It's something we've been working on for some time. But because of budgetary impacts, we got kind of waylaid, but I do think that there will be more prominence and more involvement, as we keep trying to really embrace the challenges around health disparities and racism.

Thank you so much, Sue. In these last five minutes, I just want to turn this back over to Azita to close us out and tell us a little bit about our next webinar. But we really appreciate sort of the breadth and range of everything you presented today. And I think it's got us all excited to go out and send in those op eds and start working collaboratively across leaders to get more stories out. Thank you.

So I would like to, first and foremost, thank Sue for very inspiring and thought-provoking remarks. You have given us insight into how nurses can and should be empowered to speak up and be an advocate in times of crisis and beyond. So much of what you discussed is applicable to crises, both macro and micro in extent.

So I'm sure that we are all inspired, and then we are going out, and then speak up. I would also like to thank people in the audience for your engagement-- great questions, great comments. I love when we have such very enthusiastic and engaged audiences who ask question and challenge us.

I would like to also invite you to join us for our next Nightingale Leadership Series, which will be from noon to 1:00 PM on August 12. We'll have an informative discussion on "Nurse to Chief Nurse." That's the title of the next the webinar-- "Nurse to Chief Nurse." Our speakers will be Jennifer Graves, CNO of Kaiser Permanente Washington and Jerome Mendoza Dayao, senior associate administrator and chief nursing officer from Harborview Medical Center.

So thank you, everyone, for being part of today's webinar. I hope you will be with us for all the remaining presentations in this webinar series. You are very fortunate to be nurse. And what you hear will help prepare you to forge a future and improve health care for everywhere and for everyone across the globe. Thank you very much. And until August 12, goodbye.