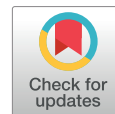


SHOULD THERE BE LEADERSHIP PROGRAMS RESERVED FOR NURSES?



Among the tasks assigned to nurses by the National Academy of Medicine's 2010 *Future of Nursing* report was a call to make nurses "full partners, with physicians and other health care professionals, in redesigning health care in the United States." Judging by the emphasis on leadership through our profession, it is safe to say that that message was received. From the American Academy of Nursing's Institute for Nursing Leadership to university-based programs and initiatives that are being founded or strengthened, instilling leadership skills among nurses is among our profession's main focuses these days. The Robert Wood Johnson Foundation (RWJF), which has a long history of support for nursing, made the decision to merge its nursing leadership programs into interprofessional programs open to professionals across health care disciplines, in keeping with another trend in health care to break down silos and increase understanding of each discipline's contribution to health care. But should there be leadership programs reserved for nurses?

—Donald Gardenier



Susan Apold

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YES

A review of nursing education programs reveals that we don't do a particularly good job of preparing nurses for leadership roles in basic educational programs. Advanced nursing preparation does not uniformly address leadership either. Indeed, there are times and places in nursing education and practice when leadership characteristics are discouraged.

The RWJF Executive Nurse Fellowship Program, which operated from 1998 through 2017, provided unique, transformational leadership development to select groups of nurses in the United States. I was one of those fortunate nurses. A variety of approaches to excellence in leadership education and philosophy underpinned that program. The leadership development provided by the internationally renowned Center for Creative Leadership was and remains unparalleled. But the "secret sauce" that allowed for the deeply personal and compelling devotion to the vulnerability necessary for authentic leadership development was our shared experience as nurses.

In order for us to internalize the reality that we be viewed as leaders, regardless of our position, we must feel and behave like leaders. We must first understand how our history, education, and shared experience as care providers in a world where caring is not viewed as a "hard" science merge to create the position that we occupy in the health care system. Included in that internalization is accepting that our knowledge is equal in importance to that of other disciplines. Leadership development programs that focus specifically on nurses provide safe space for that internalization.

There will be no health care reform without nurses and our knowledge of patient care. Bringing nursing knowledge to the arenas where reform will be negotiated depends on leadership. Interprofessional education and practice have been demonstrated to be essential to good patient outcomes, but that doesn't necessarily mean that it will be an optimal environment to learn the skills necessary for leadership.

WHAT IS YOUR VIEW ON THIS TOPIC?

Point/Counterpoint offers thought-provoking topics relevant to nurse practitioners in every issue of *JNP*. Two authors present thoughtful but opposing viewpoints on current subjects, from scope of practice and regulations to work ethics and care practices. Comments or suggestions for future columns should be sent to Department Editor Donald Gardenier at jnppcpeditor@gmail.com.



Paul Kuehnert

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NO

Over the course of its 46-year history, RWJF has committed itself to supporting leadership development, investing more than \$1 billion in 27 individual support programs through 2015. These programs were aimed at promoting individual excellence—in siloed research and clinical disciplines—and fostered thousands of the best and brightest leaders in health and health care.

Our nursing leadership programs were a key component of those investments. They were developed at a time when nurses were being called on to do increasingly diverse jobs and lead in an increasingly complex health care system. Programs like the executive nurse fellows—of which I am an alumnus—created a cadre of nurse leaders and educators who have changed the face of our profession.

As RWJF turned its focus to the audacious vision of building a culture of health, we reflected on the type of leader our nation needs to ensure everyone has a fair and just opportunity to live the healthiest life possible. Individual support programs are a

limited intervention against this daunting challenge. We needed to build on our investments, to develop leaders from *all* walks of life to work together to find the solutions to solve the most intractable problems in our communities—problems that put health out of the reach of so many.

Our newest programs (learn more at rwjf.org/leadershipforbetterhealth) emphasize leadership development *and* collaboration across disciplines and sectors—as well as with communities themselves. Researchers work with community members:—teams of clinicians that include nurses, social workers, physicians, and dentists, among others—working together to tackle their communities' most wicked problems.

We at RWJF believe these new programs are a unique opportunity for nurses to have an even bigger impact. I hope you will apply for one of these programs, which are open for applications through mid-March.