Leadership in Policy through Nursing Research: the Challenge of Caring on a Societal Level

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Thank you very much for your kind introduction. It's a great honor for me to be here at this very exciting conference. The topic of Healthier Life with Nursing Leadership is an extremely important topic for nurses everywhere and for those we serve. Also, it is a particular pleasure to be back in Korea again among so many wonderful colleagues and friends.

I would like to begin my talk by applauding Professor Kim, Wha-Joong, for her important role in demonstrating nursing leadership for the healthier life of Koreans. Her service as Minister of Health and Welfare is such a strong message about the role that nurses can and should play in advancing health policy. Nurses around the world are very proud of her – and of the exceptionally strong history of Korean nurses providing leadership in policy. Last year, I met with the Director General of the World Health Organization, Dr. Lee, who is also Korean. He spoke very proudly about the leadership of Korean nurses. I must say it made it much easier for me as a nurse to have a positive conversation with him about nursing matters.

While nurses here and around the world are clearly involved in health policy, I would venture to say that we still have a very long way to go in this regard. To press further, I would say that the involvement of nurse researchers in public policy is really in its infancy. Thus, the topic that I will address today is relatively unusual: Leadership in Health Policy through Nursing Research: The Challenge of Caring at a Societal Level. So often, nursing research is seen as apart from the world of policy. Our professional nursing research conferences seldom inter-mingle research methods and scholarly papers with strategies for influencing health policy in any form. I applaud the planners of this conference for creating an agenda in which we will address both health policy and nursing research together. But, I also think that its important to raise the questions of why the planners would want to do this– what would drive such an interest? Perhaps even more important what is the relevance of nursing research to policy – is there or should there be any link? Why would nurse researchers even care? And, why should policy makers care about nursing research?

Since I did not ask these questions of the planners in advance, I have taken the liberty of attempting to answer them myself. I want to share my answers with you because they are the assumptions upon which my presentation today is based. So, in the spirit of good scholarly work, let me begin with these assumptions and also specify my biases with regard to the relationship between policy and nursing research.

First, however, a definition of terms – what do I mean by policy? (SLIDE) In brief, policy is a set of governing principles or frameworks for action and the use of resources. In the societal context, policy is the mechanism for creating, shaping, financing and regulating social programs and other social actions. Policy is made up of the laws, rules, regulations and written understandings through which public action is directed or, in some instances, prohibited.
So, back to the question of what policy has to do with nursing research and why should we care. First and most important perhaps of all of my points today: policy is a significant determinant of human health. In fact, there are many who contend that policy is the single most important determinant of the health of people. Consider those policies, for example, that shape our everyday life environments – the quality and safety of our air, food, housing, highways and drinking water. Policy also influences who has access to education, safe neighborhoods, employment and even health services. The policies that are specifically created to enhance the health and wellbeing of people – and those that fail to do so – are important factors in the equation of human health. Let me pause a moment here for a parenthetical comment: there are really two kinds of policy: policy and no policy. In other words, the absence of policy is itself a policy. I will give you a tragic example of this in my own country. Our failure to develop strong policies that regulate firearms – guns, has resulted in their misuse and the loss of innocent lives. I think that all of us can think of instances in which the lack of appropriate policies has serious health consequences. We as nurses see the results of this in our practices every day.

On a global level, virtually every country in the world is struggling with the realities of creating, restructuring and reforming health systems to exist in broader political, social and economic context. At the end of the political day, it is largely policy or, again, its absence that shapes the systems of care, nature of services, access to them and the health of

all people.
But what does all of this actually have to do with nursing research? The more important question is, perhaps, what does policy have to do with nursing at all? If there is one point that I hope each of you takes from my presentation today – it is that nursing has a professional responsibility for enhancing the health of all people through the development of sound public policy. (SLIDE) Nursing has been granted the status of a trusted profession because of its capacity to do good for society. Our standing as a profession constitutes a contract with society to be of use to people and to benefit the larger public. Nursing is a profession because of the trust it has been given by society to be relevant to its well being and to use its capacity to improve the health of its citizens (current and future).

One might say that these notions of social contract and professional responsibility are somewhat abstract and have little to do with our daily work. Pause for a moment to consider the following question: Should nurses care only about the health of those whom they directly touch, whose names and problems they know? I cannot imagine that any of us here would answer yes to that question. The caring of our profession extends to all and goes beyond those we know, those who are entitled or those with sufficient resources to directly seek nursing's services. Nursing is seen by society – and has long seen itself as caring for society's most vulnerable not just its most privileged. Nursing has within it the capacity and responsibility to care well beyond a single episode of service.

It is my belief that this fundamental capacity to care extends beyond our face-to-face care encounters to actually addressing what actually are the determinants of health beyond the biologic destiny or the immediate physical environment of the individual. Clearly, policy is one of these determinants. When viewed through the lens of our professional responsibility, shaping health related policy is caring on a societal level. When nursing fails to influence relevant policy, it fails to fulfill its social contract.

I know that the concept of societal caring is not an easy one. Perhaps it would be useful to think back to the work of some of our founding fore-mothers and their concepts of professional action. Florence Nightingale is one who clearly understood that truly caring for people and their health required action on all levels of society. Her systematic documentation and analysis of the relationship between environmental factors and the health of soldiers in the Crimea were specifically aimed at influencing policy relating to health. The research that Nightingale did and her activism heavily influenced the British Parliament's policies and their impact on the health of these soldiers. Florence Nightingale clearly understood that the laying on of hands was only one of the many health related actions that nurses needed to take to have a real impact on human health. (SLIDE) I want to call your attention to this slide of Florence Nightingale – my favorite. Here you see a painting that depicts her meeting with military leaders in the Crimea. Unlike many romanticized versions of her as the lady with the lamp at the bedside, this painting captures Ms. Nightingale working to influence health through affecting its social and political determinants. Some might even call it advocacy or lobbying.
(A little parenthetical note about Florence Nightingale. While we in nursing claim her as one of our foremothers, statisticians claim her as the mother of biostatistics because of the research that she did that directly related to human health.)

Another example of societal caring is Lillian Wald, who developed public health nursing in the United States. Ms. Wald saw that the living and working conditions of immigrants during the early part of the 20th century were significant causes of their ill health. She sought to change these conditions through the creation of public health nursing, and successfully achieved national action that helped to spread this type of nursing across the US. (SLIDE) Wald also recognized that the health of children that she saw was being horribly compromised by their lack of legal protection and abusive work environments. She knew that unless laws were created or changed, children would continue to be sick or die because of their vulnerability to exploitation. Ms. Wald was instrumental in the creation of the Children's Bureau in the Federal Government, which helped to address these issues. She also recognized that war had horrible social and health consequences – and that peace was an absolutely prerequisite for human health. Wald campaigned on national and international levels to bring the League of Nations into being and, thus, set the stage for the later development of the United Nations. Lillian Wald, Florence Nightingale and your own nurse policy leaders here in Korea are real examples of social action for the enhancement of health – they have lived out the notion of societal caring. (SLIDE) This is my favorite symbolic picture – no barrier too tall that attitude can't surmount!

I suspect that by now you may know my answer to the question of what policy has to do with nursing: quite simply everything! The creation of policy that promotes and protects health is part of our work as nurses. It is fundamental to our social responsibility and what we have been entrusted to do. Policy is one of nursing's most powerful professional tools for its work of caring and enabling health. Using policy effectively is a professional responsibility – and the hallmark of a true professional.

I want to pause for a moment to point out that not all professional activism is that which directly improves the health of people. In my own country, for example, much of the activism of our professional organizations focuses on promotion of the profession itself. While there is a need to do this at times, I do sometimes wonder if we see that there is a difference between political self-promotion and the promotion of the well-being of people who are not nurses. I think

that some of our political self promotion is based on the belief that if nursing is promoted politically, the health of people will be enhanced as an automatic byproduct. I understand this logic – however, I do not see the improved health of people as a consistent by-product. In fact, sometimes it works in the opposite direction. When political action is exclusively focused on advancement of professional self-interest, the ability of the profession to impact other health related policy is diminished. For two reasons: first, there are always "trade offs" in the political process – when we use our "chits" or favors for one agenda they may not be available for others. Secondly, singular professional agendas preclude the possibility of collaboration with other professions or groups. In other words, it is very difficult to build connections and common political ground with others outside of nursing when the agenda is the advancement of nursing itself. Again, this is not to say that the advancement of nursing does not have its place in policy development. In fact, I see this as critical. However, the point that I am making here is that nursing's impact on health-related policy simply must not be confused with our more narrow self-promoting political agendas nor should all of nursing's political resources be spent on these efforts.

I saw the dynamics of professional self-interest versus broader health policy concerns play out during our US efforts to enact Health Care Reform. That was a moment in my country in which nursing gained unprecedented political power in Washington. As a member of the White House Task Force on Health Care Reform, I had a rather unique vantage point through which to observe who the policy players were and how they conducted themselves. It was readily apparent which groups came with agendas that were primarily self-interested and which went beyond that narrow focus to address concerns of the health of the nation. Nursing did an exceptionally admirable job with the latter– its message was one of broader concern for the health of the American people. Perhaps most important to today's topic was the creation and use of Nursing's Agenda for Health Care Reform. Developed in 1991 through the leadership of the American Nurses Association, this document represented a sophisticated, well informed, comprehensive approach to reforming the US health care system. The Agenda served as an umbrella for the views of many different sectors and organizations, including those representing consumer rights and corporate interests. In other words, it was led by nursing but went well beyond nursing in its scope and involvement of others. It was clear to anyone who saw this agenda that nursing was concerned about the impact of policy on health and saw itself – with others –playing a significant role in the policy arena. Nursing's agenda has had a favorable effect on health policy, including creating mechanisms for enhancing quality and increasing access to nursing services. Because of this, the profession's status and power base has been enhanced through these efforts.

Unfortunately, there was another lesson that was imbedded in the example of Nursing's agenda for health care reform. Although this work had an important impact on policy, there was much more that could have been done if there had been the evidence base of nursing research to support these efforts. I was not alone in my frustration as we searched for good studies demonstrating effectiveness and outcomes relating to nursing services. Although health care reform provided a wonderful opportunity for nursing's political activism and its research capacity to join forces, the research force was largely absent. I often wonder what we could have accomplished had nursing research been a more apparent force.
I suspect that you are now aware that I hold a very strong belief that nursing research and nurse researchers are not exempt from the professions' responsibility to influence policy and reach beyond the boundaries of our daily, tangible work.

So, let's look more closely at the social responsibility of nurse researchers and how it might impact the relationship between nursing research and societal good. First, if one believes that policy is a critical determinant of human health, then the development, implementation and assessment of health related policy are all arenas in which nurses and nursing research have critical roles to play. Said differently, nurse researchers have both the opportunity and obligation to engage in shaping health related policy.

So what might that mean? Let's look at the actual development of policy. In virtually every social or institutional context, policy development is absolutely not an orderly process. It is a process in which vision, reason, knowledge, information, emotion, vested-interest, social responsibility and power are all at work at the same time. There is a saying in the US that: "People who respect the law and love sausage, should never watch either being made." (SLIDE) Sausage, by the way, is a ground up food concoction that includes parts of pigs --- one never wants to really ask what is in sausage, even though it tastes wonderful. The point here is that creating policy is a very messy business that's made up of lots of parts. What this means for all of us is that there is lots of room for involvement in all areas relating to policy. The need for information and knowledge to inform, direct and hold health policy accountable, all call for nursing research and activism on the part of nurse researchers. One need only consider the health-related questions that haunt policy makers today in these times of serious cost-health trade offs and shortages or gluts of key health workers. I know that we are not alone in the US as we struggle to assess the outcomes of nursing services at micro and macro levels. Nor are we the only country that is trying to understand how the organization and delivery of services affects the overall cost and long term effectiveness of care. The questions are becoming clearer, as the concern for the impact of cost-driven systems grows. However, the answers are not easily forthcoming.

One cannot help but ask why we don't have good answers. There are certainly some obvious explanations. One is that

nursing research is a relatively recent phenomenon. Because doctoral education and university based education for nurses has not been widespread in many countries, we have often lacked the academic resources, collaborators, recognition and networks that universities afford their members. However, we must also take responsibility for our own lack of recognition of the roles that nursing research should play in policy. In part, this may be because we have only recently developed an awareness of its importance to the work that we do. I'm not sure that this awareness has yet extended to a widespread understanding that the development of policy is important to nursing research and nurse researchers.

As I share these thoughts, I must say that I am comforted in knowing that there is an impressive tradition of visionary nurse scholars here in Korea. You need only think of those who have advanced education and practice so significantly here in this country – and those who have been real advocates for the health of your people. There are some wonderful role models for nurse researchers who take up the mantle of caring at a societal level.
I want to move now to look more closely at the relationship between nursing research and policy. Imagine that this relationship extends along a sort of developmental continuum. At one end lies the point at which health related policy is driven or strongly informed and influenced by nursing research. The extreme opposite end of the continuum is where there is virtually no relationship between this type of research and policy. Let's take a closer look at these extremes.
(SLIDE) Let's begin with no relationship between nurse researchers and policy makers. One might describe this point on the continuum as a place of blissful, mutual ignorance and irresponsibility. This is also a very unfortunate point for society and its health.

This does not mean that nothing is happening in nursing research. Rather, it is at this stage that nursing focuses its efforts on the development of its own exclusive body of knowledge or "science". (SLIDE) The focus of this "nursing" research, as such, is centered on nursing with much intellectual effort spent on defining the boundaries of nursing research and nursing science. In the US context, our profession embraced "nursing research" when it was characterized by what I see as a rather self-conscious and mechanistic definition: nurses doing research about nursing – utilizing nursing theory - within schools of nursing. What this meant of course, was that nurses doing research about areas somewhat peripheral to this definition – or doing it outside of a school of nursing - were not viewed as conducting nursing research. It also meant that important research about nursing done by those who were not themselves nurses was not counted as part of nursing's intellectual wealth. As a result – studies relating to health services research or health policy were excluded from the nursing research arena. For example, in the US, there were important studies done in the late 1960's and 1970's examining the effectiveness of expanded nursing roles in meeting primary care needs. This work was not seen as part of nursing's mainstream or viewed as part of the foundation for nursing research by many of nursing's academic leaders. These important studies that were all carried out by rigorous multidisciplinary teams in academic settings that were not schools of nursing. What is so interesting about this initial period of nursing research is that the vision for what nursing research could be and its policy implications did exist – unfortunately, we in nursing didn't claim it as our own.

Also during this stage of the development of nursing research, nurse researchers themselves often mirror the overall isolation and exclusivism that is resident in nursing research's definition. This means that the nurse researcher has to rely solely on him or herself and nursing knowledge to answer research questions. This means, of course, that the isolated nurse researcher must have an endless wealth of expertise that spans clinical content, methodology and knowledge of related fields in order to conduct credible research. This isolation results in studies that tend to be restricted – in the questions they answer and the methods that are used to bear. One might say that at this stage science is compromised by the need for professional purity.

I remember very clearly that when the National Center for Nursing Research was first being developed in the US, there was great pressure from the field to make sure that it would only fund nurse researchers doing what I would call "pure nursing research." There was very little concern about the social utility of the actual research and its ultimate impact on care. This isolation really created a major challenge for the Center itself, because the National Institutes of Health, where it was located, is fundamentally tied to concerns about broader social and health agendas. And, our Congress looks to it to address major policy questions through its science. Fortunately, the leadership of the National Center and later the Institute pushed to move in a more socially responsive and politically astute direction.
Another very interesting feature of this early developmental stage for the US is that nursing split itself into two "camps" of inquiry – quantitative and qualitative. Rather than seeing both of these categories of research methods as crucial to real inquiry, researchers were classified as either quantitative researchers or qualitative researchers, which further isolated and restricted our research capacity.

Our apparent need for professional purity also had an impact on the composition of our faculty in schools of nursing. As doctoral education in nursing expanded, so did the move toward a very strong institutional preference for hiring only nurses with doctoral degrees in nursing. This meant that the expertise of nurses with doctoral degrees in other fields was discounted – and their contributions excluded from much research. We made many unconscious tradeoffs between professional identity and the advancement of our science and the health of people. (SLIDE) This Lichtenstein print captures for me a sort of caricature of ourselves in our very frustrating struggle for professional purity.

I'd like to move now briefly to the area of support for nursing research at this early stage of its development. Here one will find very little external financial or intellectual support or incentives to help move the research into greater social relevance. (SLIDE) Without such support, nursing research has little opportunity to move forward in its development. However, even at this stage, policy activism on the part of researchers is critical if public funding and other key support is to be developed.

Another important form of support for policy relevant to nursing is that of colleagues and the academic community beyond nursing. Nursing must engage in exchange and collaboration with the broader research community if its questions, methods and overall capacity are to be developed and if its value and status are to be advanced. The first stage that I am describing here evidences little association or links with broader academic communities; nursing research, therefore receives little of the support that comes from such relationships.

Let's turn now to the use of research findings. (SLIDE) At the early stage of nursing research development, there is also little dissemination of nursing's research findings beyond nursing itself. Because nursing research findings are published only in nursing journals or other nursing media, they tend to only inform nurses in academic and practice settings. While this can mean a tremendous proliferation of articles and ultimately journals, their focus is on nursing. At this stage, the standards for promotion and tenure in nursing schools tend to reinforce a preference for publication in nursing journals over those in other fields. This means that those who are not nurses are unlikely to benefit from their research. It is safe to say that at this end of the continuum, there is little likelihood of nurse researchers testifying before parliament or congress, being interviewed by the public media or having their research used by policy makers. (Of course, at this stage, the academic community would not see these activities as a form of scholarship.)

The absence of a relationship between nursing research and policy reflects a basic lack of awareness of the need and responsibility for this to happen. (SLIDE) At the "non-involvement" end of the continuum, there is no real awareness that nurse researchers should play an important role in health related policy. This is not to say that others in nursing are not aware of this need and responsibility. I suspect that Florence Nightingale envisioned nursing research and saw its reason for being derived from broader social utility. She, Lillian Wald and other exceptional nurse leaders have all seen this need. Unfortunately, the vision of leaders alone is not sufficient to creating rapid change. We still struggle in the US with moving nursing research into the broader policy context. Although we are no longer at the non-involvement end of the continuum, we are only recently approaching the opposite end in which nursing research drives and influences policy on a routine basis.

Let us turn now to that "opposite end" of the policy involvement continuum and consider what an optimal relationship would be between nursing research and health related policy. To enable this discussion, I want to say a few things about "good" nursing research. I believe that this is important because I want to assure this audience that involvement in policy is not about diminishing the quality or character of nursing research – rather, it is about putting good research to good social use.

So, briefly, what are the hallmarks of good nursing research? (SLIDE) First and foremost, good nursing research aimed at improving the science and evidence upon which nursing practice and the delivery of its services are based. Basically, nursing research should have as its aim the improvement of the health of people through scientifically grounded nursing interventions. To accomplish this, "good" nursing research uses all of the theories, knowledge, and methodologies that are appropriate to the research question – regardless of what fields they are found in. This means that nursing research is informed by basic and social sciences – and contributes to these as well. Without such inclusion, the phenomena of nursing simply cannot be adequately researched.

Good nursing research also recognizes all factor related to improving nursing practice. The policies that affect the delivery of nursing services, the ways in which nursing services are structured and organized and the provision of nursing services that do not involve laying on of hands are as central to the science of nursing as those relating to direct care. It is the multidimensional vision of improving health through science-based nursing practice that is the foundation for "good" nursing research.

Now that we've talked a bit about good nursing research, I want to turn to its optimal relationship with policy. (SLIDE) I have seen a wonderful example of this in the work of Dr. Linda Aiken and her research team at the University of Pennsylvania, who has helped to create a public understanding of the relationship between nursing practice an l health outcomes. In short, her work exemplifies the optimal relationship between nursing research and health-related policy – that is, when both the policy processes and outcomes are driven and informed by nursing research. This requires an ongoing connection and communication between the nursing research community and the broader policy world – with policy makers turning to researchers and, in turn, researchers understanding and living out their roles and responsibilities in informing policy. This means that investigators, like Linda Aiken and her team, see their work as including an ongoing dialogue with policy makers, the profession and the public as they learn more about how to optimize outcomes of care in the context of hospital restructuring. In turn, policy makers in Washington look to this team and others for answers to pressing policy issues.

This all leads to another dimension of the "optimal end" of the continuum– how policy influences and drives nursing research. There are really two major ways in which this happens. The first is actually when research questions focus on the nature of policy and policy development relative to nursing. An example of this in the US is studies that examine at the relationship between scope of legal nursing practice and access to health care. The second is through policy derived, public funding of research. It is increasingly clear in my country that Congress and others are far more interested in providing funding for research that has the potential to address health problems that have major social consequence. In the US and most other countries, the budget process – and public financing of research – is both a politically and scientifically driven process. This is an opportunity for nursing research to both influence and benefit from involvement with policy development and implementation.

Inherent in my notion of an optimal state in the nursing research-policy relationship, again is the view that our research in nursing must be both socially and professional relevant. (SLIDE) While this might seem obvious – I am not convinced that all of nursing research today is thought of in terms of its ultimate social or health consequence. Conducting research that meets both of these conditions has critical implications for both the researcher and research teams. I believe that when nurse researchers and nursing research teams don't avail themselves of the rich methodologic and scientific perspectives of other fields, they simply cannot achieve a level of rigor that makes a significant scientific contribution to society.

The need for nursing research that incorporates the richness of other fields extends to the use of theories resident elsewhere. While the development of nursing's own theoretic base has been an important means for its development of our work as a profession, our intellectual development is inevitably hampered when we rely solely on our own theory base. When one considers that knowledge really knows no bounds, one can't help but conclude that the theory that is created to enable understanding and discovery is also best left unconstrained. Yes, we need ways of "locating" theories with bodies of knowledge, but these should serve as road maps, not prisons. Theoretic diversity is important to the relationship between research and policy because it broadens our ability to answer important questions and extends our collaborative links. In other words, nursing becomes a part of a larger group, the community of scientists. As such, nursing becomes well positioned to truly research questions of social significance.

By enriching the mix of those who participate in nursing research, the theories that guide it and the methods that are used, nursing research naturally extends itself into both health services and health policy research. Some of the most important questions that nurses need to answer can only be addressed through these types of research. For example, insights into the fundamental question of nursing's contribution to the health of people lie in these domains.

An expansive, collaborative view of nursing research calls for extensive support, both fiscal and collegial. (SLIDE) In the US, nurse researchers have only recently begun to look beyond targeted "nursing" dollars to fund their research. As nursing's questions move into areas of interest to others and greater policy relevance, the opportunities for the support of our research expand. For US nurse researchers, this means that virtually every research program in the National Institutes of Health and in the Agency for Health Care Policy and Research can potentially provide support for nursing research. It has also meant that nurses must help to shape the focus of funding in these areas so that nursing is seen as a vibrant part of the larger health sciences research enterprise.

Financial support is not the only type of support that is important to a constructive relationship between nursing research and health related policy. Again, the support of scientific colleagues is also extremely important. In the University context, this is achieved through nursing being an integral part of the academic community. It means that nurse-faculty are actively engaged in university life beyond the school: governance, intellectual exchange and substantive collaboration, particularly in relation to their research and teaching. I have noticed in our context that becoming part of the academic mainstream is not always easy. There is a certain unfortunate irony that our early stage of research is now working against us as we seek to engage beyond our boundaries. In order for academic nurse researchers to gain the support of academic colleagues, they must engage in a practice what I call active reciprocity. This means that nurses must offer their support, collegial interest and expertise to others – and not wait for others to reach out for them. It is all too easy for us to assume the unfortunate "victim" stance, in which we complain about our lack of integration while we wait for others to reach out to us. The consequence of failing to extend ourselves is that we seriously diminish the real possibility of becoming bona fide members of the academic community.

Membership is not enough, however. Nursing research must be seen as part of the broader scientific community. Nurse researchers need to be as active in that community as scientists in other fields. They need to engage in the ongoing "dialogue" of the advancement of science. It also means subjecting the work of nursing research to the critical review of colleagues outside of nursing, participating in broader scientific societies and organizations, learning from the ideas and science of others and measuring their scientific success by its broader impact. For example, many countries have national academies of science or medicine, in which this type of engagement takes place. It is very important that nurses see active membership in these bodies as part of its research development. The importance of this extends beyond science – it is also critical to health policy. Frequently, when policy makers are seeking answers from the scientific community, nurses are not at the table. In part, this is because they may not be known by other scientists and are not

part of their organizations.

It will be very interesting to see how policy in the area of human genetics develops and whether or not nursing and its research will be a part of that process. Nurses are deeply involved in the interface between the science of human genetics and its impact on people. Genetic testing and counseling – and the choices that people make in the face of what is now scientifically possible, almost always have nursing involvement. This is an area of such major consequence for society and people – where will we be in the policy and science equation? (I want to acknowledge here that Korea has made enormous strides in the area of genetics, which makes this question important to all of us here today.)

Membership in the broader scientific community also relates to how we utilize our research findings. (SLIDE) The use of research findings to inform and drive policy is crucial to informing the dialogue that shapes it: scientists, policy makers, the public, and politically influential organizations all engage in having a say over what happens. This dialogue should not be viewed as random conversation – it must be strategic in the sense that the communications should be orchestrated to achieve the enhancement of health related policy. What does this mean in reality? Let me answer this through an example. The scope of practice for nurse practitioners in my country is regulated and shaped through two major types of policy: licensing at state levels and payment for services that people receive, particularly through Federal programs. If either does not support an expanded role for nurses, they essentially do not practice optimally. The body of knowledge about the nature and impact of advanced practice in nursing is growing – we know more and more about their patterns of practice, the levels of supervision that they need and their cost. This knowledge is being used increasingly more effectively to inform both licensure and payment policy. As a result, major changes in Federal payment policy have taken place over the last decade and states are increasingly liberalizing their practice laws. This would not have happened without the strategic development and use of nursing research. Researchers heard the policy related questions – such as cost-effectiveness and access and they shared their insights and findings along the way with the broad scientific and policy communities. These investigators also actively participated in policy related groups, worked to engage others in their research, collaborated with the lobbying arms of nursing and were involved in the effective use of the scientific and popular media. I remember a colleague of mine, Eileen Sullivan-Marx, stopping me one day to tell me that she was testifying before a committee the Federal Health Care Financing Administration, which sets payment policy. I asked her if she was using her research for the testimony. She said that she was sharing some of her recent findings, because this powerful agency wanted to know about her *latest* research and had been in ongoing dialogue with her about her work. In other words, they were relying on her to guide policy. This is only one of what I suspect are many excellent examples of nurse scientists making this kind of difference.

So how does one contribute research findings to shape policy? The first is that we must look for a variety of mechanisms to disseminate our research. The work on expanded roles of nurses has appeared in journals such as the Journal of the American Medical Association and Health Affairs, which have readers in both the broad scientific and policy communities. These publications are strategically important because they are respected, interdisciplinary journals that have the potential for having both a scientific and social consequence. The research cited in these publications has reached the lay public through carefully orchestrated coverage by the popular media. Some of this has been crafted by the researchers themselves, some through their schools and universities and some through nursing's professional organizations. The success of these efforts represents a high level of understanding by the researchers of the importance of their work to enhancing health and the need to use the media to spread their knowledge and insights. It also means that these researchers see informing policy as an ongoing, interactive process that takes place throughout their research, not just when it is completed. And, they see the need for marketing their work to the scientific and policy communities.

This brings me to the final dimension of the optimal relationship between nursing research and health related policy: professional awareness. (SLIDE) This really gets us back to the basic notion of societal caring and how nurse researchers view their professional responsibility and accountability. Consider once again the notion that part of nursing's professional responsibility is the enhancement of human health at a societal level – and that shaping health related policy is an important dimension of this responsibility. This awareness of broader social responsibility is fundamental to the profession and its members. And, it is also a critical to effective nursing research. What does such an awareness actually mean then to nursing research? The answer is fairly straight forward: it means that the questions that we investigate have social significance and are derived from our professional responsibility. It also means that our actions as professionals reflect this awareness – the choices that we make about our engagement in the broader society, and how we develop in our careers – all being among these important actions. The hallmark of a professionally committed nurse researcher, in my mind, is a good understanding of the world beyond nursing and an active participation in that world – what some religious orders might describe as "of the world". Such nurse researchers are role models for others, not just in nursing. They are respected people whose research and professional activism reflect an enduring commitment to the wellbeing of others and the broader society and its workings – including social and health policy.

As I bring this presentation to a close, I want to make a personal observation. Throughout the last decade of my career I have viewed nursing primarily from a national and global perspective. I have had the privilege of seeing nursing's enormous good and its importance to people around the world. However, I have also seen a world full of persistent,

unmet health needs, inequities and injustice in our systems of care. The disparities between the "haves" and "have nots" around the world is growing. There are millions upon millions of people worldwide who remain untouched by the good that nurses and other health care providers can do.

My greatest frustration is that nursing can and should do more than it does – at all levels of society. Among those with the greatest potential to change society are nurse researchers. These are people who make up a powerful, intellectual elite in the profession – a group with access to networks and resources that other nurses may not have. Perhaps some of you may not feel this, but I can assure you that there are doors that you can open through your work, and opportunities to make differences that are simply not open to others.

For me, it gets back to the notion of being "of" the larger world – being sufficiently linked to the rest of society to see the role of nursing in social action. Along with this is the need for an abiding vision for nursing research that makes a tool for improving health policy. If ever there was a reason for nursing being an academic discipline in the broader university context – this is it. Nurses must have a sufficient grounding in the humanities and liberal arts to understand the place of nursing in civilization and society – and to act through civil, as well as technical means. Our intellectual efforts should be a part of the broader intellectual fabric of society.

Ultimately, of course, the work of caring on a societal level comes down to the efforts of individuals – what each of us does every day. We need to frequently ask ourselves about what are our own professional commitments, who we relate to outside of nursing, what we are doing to inform ourselves more broadly. Think about when the last time actually was that you engaged in an important discussion with someone outside of the profession? We really must hold ourselves and one another accountable for fulfilling our broader responsibilities. And, we need to open ourselves to being challenged by one another and those outside of the profession.

The "hows" of caring on a societal level are not readily apparent. Perhaps this is a habit that each of us must build – and help those coming up in the profession to acquire. Clearly, there are areas of knowledge and skills that nursing research needs that are not evident in what most nurses do every day. Our need for these should be viewed in the same ways in which we first saw nursing research itself. We believed that it was important to improve nursing and were willing to learn how to do research to make this happen. I believe that informing and driving health enhancing policy is nursing's next professional step. We need to take this step at all levels – through the work of our organizations and universities, our research and our actions as individuals. Consider the consequences of not acting – policy will continue to be shaped without incorporating the contributions and knowledge of nursing. What a great loss for the people we seek to serve.

I will close now with a quote from my favorite political philosopher – my husband. I think that he has captured the essence of why nursing research must be an effective part of the development of health related policy. (SLIDE) His view, quite simply, is that the world is run by those who show up. It is my hope that nurse researchers will be among those who help to decide the future health of our peoples worldwide.
Thank you!