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Every Voice. Every Story. Every Table.

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I've imagined a lot of things in my life. Standing here was not one of them. And yet, here I am.

Before I ever stepped into an ICU, wore a name badge or heard a 2 a.m. monitor alarm, I learned something about belonging.

Let me take you back to fourth grade. I was given a one-question writing test: "What is your favorite animal?" I sat there imagining something strong. Something different. I picked up my pencil and wrote about a panda.

Why a panda? Because growing up, a salesman came through our neighborhood selling red encyclopedias. His pitch was simple: "Buy these books and your child will be smart." But what he was really selling was access. Access to worlds I'd never seen.

I would read for hours, then run outside to my grandmother's front yard, lying in the tall green grass, looking up at the open sky, imagining myself inside those pages. That's where I met the panda. Calm. Strong. Resilient. Rare.

I didn't choose the panda because it was easy. I chose it because it felt like me before I had the words to explain why. A panda doesn't demand attention. It adapts, it endures. It survives in environments not built for it.

And somewhere along the way, that little girl in the grass became a nurse at the bedside doing the exact same thing. Anticipating. Observing. Seeing what isn't obvious yet. Using her voice.

Does that sound familiar? In our world, voice isn't just speaking. It's noticing what others miss. Voice is saying, "Something isn't right," before the numbers prove it. Voice is recalling a provider when your gut says, try again. Voice is activating a rapid response before it becomes a code. Voice is advocating for patients who can't speak for themselves.

We know this isn't just instinct. Studies continue to show that early nurse recognition and intervention significantly improve patient outcomes. We see it in outcomes again and again. That's not intuition alone. That's expertise.

Still, we don't always feel heard. We second-guess ourselves. We wait for confirmation instead of trusting what we already know. And in acute, progressive and critical care, delay can cost everything.

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The truth is: As nurses, we don't wait for perfect conditions. We create stability in unstable situations. We silence alarms while calculating doses in our heads. We titrate drips while watching trends before they become crises. We advocate in rooms where decisions are being made, sometimes without us.

We carry life and death on the same shift. And we do it quietly. But quiet does not mean invisible.

I didn't always use my voice.

My fourth-grade self turned in that paper confident and proud. Then my teacher called me to her desk. I rose up with my head high, shoulders back (even had a little pep in my walk, thinking to myself, I knocked this writing test out of the park).

As I approached her desk, smiling, she said, loud enough for others to hear: "You shouldn't write about an animal you've never seen. Pick something familiar like a cat or a dog."

In that moment, I didn't just question my choice. I questioned my thinking. My voice shrank and my pride was hurt. Because what she didn't understand was this: I had seen the panda. Maybe not in real life, but in possibility. In imagination. In hope.

Nurses know that feeling. When we speak up but get talked over. When we notice something subtle – a pressure trending down – and no one moves. When our clinical judgment, earned through long nights, missed meals and lived experience is dismissed. That's what it feels like to have a voice that is not valued. And when you don't feel like your voice matters, you start to question everything.

I know that feeling because years later, I carried that same hope to nursing school. But hope didn't protect me from failure.

I failed Med-Surg Nursing, Part 1. Not barely. Not close. Failed.

I can still see the computer screen. That sterile white background. That single number sitting there as if it defined everything I was. I remember walking to my car. Sitting in the driver's seat. Hands wrapped tightly on the steering wheel. Engine off. I watched the class I was supposed to graduate with move forward without me.

Do you know what that feels like? It's like standing on the platform while the train pulls away.

An entire year. I had to wait. I felt behind. Invisible. Unsure if I belonged. And that whisper came: "Maybe this isn't for you."

Failure will try to silence your voice.

But here's what failure didn't know. I come from a long line of women who do not stay down. So I got back up. Dusted off my knees. Rewrote my study plan. Asked questions even when my voice trembled. I studied until I understood, not just memorized. And the next year? I didn't just pass Med-Surg ... I understood it.

That mattered because the moment I struggled, when I didn't get it right the first time, that wasn't the end of my voice.

I share my class failure story because somewhere in this room there is a nurse – maybe more than one – carrying a private failure. A certification you didn't pass. A job you didn't get. A moment that still finds you at 3 a.m., replaying, questioning, wondering.

Hear me clearly: Failure is not a verdict. It is preparation.

Every nurse in this room has had moments that shook them. That first code. That first loss. That shift you carried home. That quiet, heavy question: "Did I do enough?"

Those moments don't weaken your story. They become Your Story.

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Then I became a new nurse. Again, I struggled to belong. I wasn't invited to the study group. I wasn't even told it existed. In the breakroom, conversations happened around me, not with me. Sometimes when I asked for help, the answer was silence. And if you've ever felt that you already know: Silence can feel like abandonment. And it hurts.

Has anyone experienced the silence? Where you had an idea but you didn't voice it. Where you questioned whether you belonged in that code, committee or conversation.

Here's what I learned: Great nurses are not shaped by isolation. They are shaped by connection.

For me, everything changed the moment nurse Emma pulled up a chair beside me. Not across from me. Beside me. She looked at me and said, "Tonka, you belong here. Not someday. Today." And I believed her.

So let me ask you: Do you have an Emma? Are you Emma for others? That moment didn't just support me; it anchored me. It gave me something steady to stand on. In a profession that can feel anything but steady. Because in nursing, presence is more than kindness; presence is a clinical intervention. Not just at the bedside but beside each other.

Presence is the nurse:

- Who notices you haven't sat down in hours
- Who says, I've got your other patient; go breathe.
- Who stands beside you and doesn't leave.

Nurse Emma didn't just give me belonging; she gave me mattering. And there is a difference. Belonging says, "You're welcome here." Mattering says, "You are needed here."

Your voice is expected. Your thinking is trusted. Your presence changes outcomes. And you are needed. Not someday. Not when you have more experience. Now.

Growing up, the most important room in our house wasn't the living room or a grand dining room. It was the kitchen. A small kitchen in the '70s. Nothing fancy. But always alive. Always filled with the scents of my mother cooking. Sometimes a full meal on the kitchen table, sometimes just coffee brewing late into the evening.

No matter what, it was always filled with voices. And chairs. Chairs that would slide across the floor. Conversations overlapping. Laughter rising.

But there was always a gathering around the table.

And around that table? Aunties. Cousins. Women with strong opinions and even stronger voices. Homework spread across the table. Real conversations happening in real time. Truth being told – whether you were ready for it or not.

That table held laughter, disagreement, wisdom, stories. And no two stories were the same. Different perspectives. Different stories. But every voice mattered.

Without realizing it, I was being prepared. Prepared to listen. Prepared to lead. Prepared to understand that difference is not disruption; it's strength. That table taught me something before I ever had language for it: Belonging is not earned. It's offered.

That table became my foundation. And healthcare? Healthcare is filled with tables. Bedside tables; every acute, progressive care and ICU; the nurses' station; breakrooms; boardrooms. Tables where knowledge is shaped and shared: in classrooms and CE spaces. At conferences like this one. Tables are where decisions are made that shape outcomes and futures. They also determine who feels seen and who goes home wondering if they matter.

And I stand here today as the first Black president-elect of AACN. Not as a symbol of arrival. But as proof of what

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becomes possible when the table gets wider and the voices shaping decisions begin to reflect the patients we serve and the nurses delivering that care.

The more perspectives we bring forward, the more we see, the earlier we act, and the better we care for the patients who depend on us. And what we notice, what we question and what we choose to speak up about can change everything.

So why do I share these stories with you?

The kitchen table. The panda. The moments of silence. The chair pulled up beside me.

They were never only about me. They're about every nurse who has ever wondered whether their voice was too small. Every nurse whose idea was dismissed. Every nurse who is standing at the edge of a table waiting to be invited in, or who is never acknowledged at all. And if we're honest, some of those tables still exist.

Maybe you've heard of Shirley Chisholm. The first African-American woman elected to the United States Congress. She once said, "If they don't give you a seat at the table, bring a folding chair."

So maybe the question isn't: Do we have a seat? Maybe the question is: What kind of table are we creating? Because when nurses show up, we don't just bring folding chairs. We bring evidence. We bring outcomes. We bring survival rates.

And sometimes, we do more than join the table; we redesign it.

I want you to picture something. Not just this room. Not just your unit. But all of us.

Now imagine a mosaic. From a distance, one image, strong, unified. But up close you begin to see it. Thousands of individual pieces. Each one a nurse, a

patient, a moment, a story. And somewhere in that mosaic is you. Not separate from it. Essential to it.

Because this profession has never been built by one voice. It has always been built by many. So this year, we name it. We honor it. We claim it.

The new AACN theme is **Every Voice. Every Story. Every Table.**

This is more than a theme. It's a declaration.

That every time you speak up, your voice matters.

That every experience you carry, your story matters.

And every space you enter, you belong there.

Not just because you earned it, but because you were always meant to be there.

In nursing, we don't have the luxury of disconnected voices. We rely on each other. The nurse who notices first. The nurse who speaks up early. The nurse who refuses to ignore what doesn't feel right. That is how lives are saved.

That is the mosaic.

I want to end differently than most keynotes do. Not with a charge or a checklist, but with a truth.

Some of you in this room have held pressure on a chest longer than you thought possible. Some of you have turned off a ventilator and then walked into the next room like nothing happened. Some of you have driven home in silence because there were no words left. And some of you are wondering:

Does anyone see what this costs me?

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As nurses, we are taught to be strong. But we are rarely taught where to put the weight. And no one teaches you how to grieve and keep working at the same time. Quietly, we tell ourselves to be grateful, be tougher, move on. But strength was never meant to be silent.

As a young girl, that kitchen table wasn't just furniture. It was where voices mattered. Where stories had space. Where belonging was never questioned.

And what those women taught me without ever saying it was this: Your story deserves air.

Every breakthrough in nursing started when someone spoke up. A nurse who questioned. A nurse who challenged. A nurse who refused to stay silent.

So, if you are sitting here today carrying a story. One you've never told, that still aches, that changed you, I want you to know something. I am standing here because someone made room to listen to my story! And I would be honored to listen to yours.

Now it's our turn to make room for each other, because someone, somewhere is waiting for a seat only you can offer.

So when you leave this room, don't wait to be invited. Don't shrink what you know. Don't silence what you see. Make room for your voice and others.

The future of nursing will not be decided in silence. It will be shaped by voices like yours.

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Make room. Starting today.

Thank you.