Let me tell you something I know: Patients need nurses. Thank you for coming to my Ted Talk. Have a great week at NTI.

OK, I know a few other things. Our healthcare system also needs nurses. It needs us not only to care for patients, but also for something nearly as important. It needs us to shape the culture of healthcare.

Now these two things seem obvious to me. Yet I think we can sometimes fall into a trap of believing what we have to offer isn’t valued. We’re overwhelmed with the chaos of our day-to-day reality. It beats us down. It wears us out.

Hospital mergers. Staff cutbacks. Nursing shortages.

It seems like that’s all we hear about these days. I recently read a survey that said 48% of RNs — just about half — believe the nursing shortage is worse today than it was five years ago. Almost as many — nearly 40% — believe they don’t have enough one-on-one time in their shift to spend with patients.

I’m sure none of this comes as a surprise to you.

Aren’t you tired of these daunting statistics about our profession?

I am. And do you know why? Because we are nurses, and patients need us. Let’s talk about the things people don’t talk about enough.

We are the largest workforce in healthcare today. There are an estimated 4 million registered nurses in the United States. That’s right. We are the fifth largest profession in the nation.

In this country, it’s estimated there are over 500,000 acute and critical care nurses.

Talk about Our Voice, Our Strength! Think about the strength of half a million acute and critical care nurses.

But that’s not all. For the last 18 years — nearly two decades now — the Gallup Organization has produced an annual poll that shows we are the most honest and ethical profession. We’re more trusted than police, firefighters and teachers.

And you know why, right? Because we are nurses, and patients need us.

I’ve been reading lately about this thing called negativity bias. Barbara Fredrickson says, “The negative screams at you but the positive only whispers.” That’s why she studies positive emotions to see how they can open our awareness and allow us to see possibility.
Do we let the negative that surrounds us drown out all the good things we know to be true about our work? Do we fall into a trap of believing that what we have to offer is not important? It’s simply not true. Think of the studies that show a correlation between the work we do and positive patient outcomes. Let me share one. It’s from the Institute of Medicine’s landmark report, “Keeping Patients Safe: Transforming the Work Environment of Nurses.” It’s based on 81 other studies that looked at factors that reduced patient complications and mortality during hospitalization. Researchers found three factors that correlated with better patient outcomes.

One factor was the quality of interactions among healthcare professionals. Next was the health of the work environment. And third was the amount of nursing care provided to the patient during their hospitalization.

For this to happen consistently, hospital leaders need to start thinking about us as an investment — and not an expense. And AACN is taking steps to make that happen.

Last year at NTI, our president, Chris Schulman, reaffirmed the importance of appropriate staffing and announced we were intensifying our commitment to developing solutions. We are taking seriously The Joint Commission’s guidance that says organizations must embrace dramatic innovation to devise and systematically test new staffing models. This includes allotting time for nurses to work together away from direct patient care. It allows time to identify opportunities for improvement and create solutions to unit challenges. Yes, that’s right. The Joint Commission says we need time — as in, away from the bedside — to innovate and to test new staffing models.

What if we could do this routinely? Imagine the solutions we’d come up with. Like Care Zones, developed by nurses from Emory University Hospital in Atlanta. Care Zones group patients by acuity. Then it matches nurses’ skills with patients’ needs. Finally, it zones nurses closer to their assigned patients and pairs two nurses per zone in a buddy system. Before its implementation, nurses were walking at least 6 miles per shift. The unit layout and the inefficiencies made it difficult for nurses to spend more one-on-one time with their patients. Nurses developed this solution because we understand best how we work.

Now, I know that not every staffing solution will work for every hospital or unit. If anything, we’ve battled too long with these “one size fits all” solutions. That’s why it’s important for us — the people who work in the hospitals and units — to use our voice and our strength to create the staffing models that work best for us.

We also know we can’t solve the issue alone. That’s why we’re partnering with other nursing and healthcare leaders — the IHI/National Patient Safety Foundation, ANA, AONL and the Healthcare Finance Management Association. Yes — we have the finance executives at the table. And you know what? They’re cool! They get it! These other groups represent key pieces of the equation if we are going to identify solutions to the issue of appropriate staffing. Over the past year, we’ve spent time with these leaders. They all agree: It is time to shift the conversation from nursing as a hospital expense to nursing as an investment. This gives me great hope that the future will be different!

We all want to find a better model for staffing so we can make our optimal contribution. And AACN is committed to using our collective voice and strength to see this through. Of course, addressing this complex issue will take time. But rest assured we are committed to advancing this crucial work as our advocacy priority.

That’s what the organization is doing. Now let’s talk about what each of us does every day to advance excellence. Through my travels this year, I heard stories of nurses making their optimal contribution. Powerful stories where nurses are using their voice to change the future of their practice — and the future of healthcare. Our words and actions radiate possibility.

I heard the story of a patient with a head injury who wasn’t expected to survive. Yet she walked into a physician’s appointment two months after a devastating motorcycle accident. She made a video for the staff. In it, she thanked the nurses, respiratory therapists and members of the physical therapy team. She thanked them for walking her down the hall even while she was on the ventilator. Teaching and encouraging her to take a first step … then another … and another …
I talked with nurses who remotely monitor the fluid status of patients with heart failure using implantable devices. They coach and teach patients how to live at home with their disease. These patients rarely need to come into the hospital anymore, because their disease is so well managed by the advanced practice nursing team.

I had the privilege of seeing patients on vents wave to me when I walked past their rooms. They were sitting up in their chairs watching TV with their families. It was amazing! Their nurses had worked on reducing the use of sedation and increasing early progressive mobility to decrease ventilator days and length of stay.

I heard so many more great stories. I witnessed far more incredible things than I ever expected. Because the work we do is inspiring and life-changing.

As I reflect, I realize that I learned so much from all of you this year. Here are four important lessons you taught me that I think we can leverage as we use Our Voice, Our Strength to reinvent our future.

First, we must be united in our efforts. Together, nurses are nearly 30 million globally — and, as I mentioned earlier, almost 4 million here in the United States. We are strong and fearless — and our voice is proud and courageous.

Next, we need to be clear about our unique contributions. Nurses consider all aspects of the patient: body, mind and spirit. We monitor and intervene with large and subtle changes in condition. We educate the patient and their family. We are the orchestrators of their care. Let’s strive to be fierce and diligent in protecting our role in the healthcare system.

Third, we need to engage and collaborate with our partners and colleagues in healthcare. Very little gets done in our work without the collaboration of many others on our teams.

Last, and I think most importantly, we must never forget our true north: the needs of patients and families. Why? Because we are nurses, and patients need us. We are the voice of the voiceless.

Here’s a story where these attributes are evident.

Let me take you back to 1969. It’s a defining time for cardiovascular nursing. CCUs are being established with nurses — rather than physicians — having the autonomy to monitor and intervene on critically ill patients.

Picture a handful of nurses, led by their manager, Mrs. Norma Shepard, gathered around a kitchen table. They are discussing the possibility of forming an organization to support, educate and share experiences with their nursing colleagues.

That handful of nurses — a dozen or so — 50 years ago in Nashville, Tennessee, has become what we now proudly call AACN, the American Association of Critical-Care Nurses.

We were founded by nurses such as Mrs. Shepard, Diana Ray, Sarah Jane Creech, Dorothy Wheeler and Penny Vaughan. You just met Penny. She was a 20-something-year-old cardiac nurse — just like many of you in the room today — who was called into Mrs. Shepard’s office one day and told, “We’re going to a meeting, and we’re going to start a national organization.”

Who knew what would result from that first step? Today, that national organization envisioned by that handful of nurses is a community of nearly 125,000 members. AACN is the largest specialty nursing organization in the world. Mrs. Shepard, Penny and the other nurses that day used their voice and their strength to create an organization that every year positively impacts the work of thousands of nurses and the lives of millions of patients. Why did they do it? Their reason was based on the obvious: patients need us, and we need each other. That was true 50 years ago. And it’s still true today.

So, today I ask you to take your first step. Or maybe it’s not your first. Perhaps it’s your second ... or your third. Maybe it’s just your next step. Whichever it is, I want you to take it.

I want to challenge you to keep climbing the staircase with us. To use your voice, your strength. To know you are not alone.

As Dr. Martin Luther King Jr. said, “You don’t have to see the whole staircase, just take the first step.”

Perhaps you’re committing to using your voice to have a more positive impact. Or maybe to implement a practice in your unit that improves care. Maybe you want to commit to pursue your passion for leadership. Who knows? Maybe one of you sitting in this room today will someday tap your co-worker on the shoulder and say:
“We’re going to a meeting, and we’re going to create the future of healthcare.”

Whatever it is, take that step. Just as the founding members of AACN did 50 years ago.

Let’s remember their vision. Let’s marvel at their faith in one another and in their fellow nurses. And let’s commit to advancing their vision of supporting, educating and sharing experiences with one another for the next 50 years.

Creating the future is in our power.

Because we are nurses … and patients need us.

Thank you!