



Podcast Transcript

Careers in Nursing: Academia, Leadership, and Practice

Episode 1 – Advancing Your Education in Nursing: Advanced Practice Options

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Guest

Jennifer S. Mensik, PhD, MBA, RN, NEA-BC, FAAN

- Dr. Mensik is the President of the American Nurses Association and an assistant professor for the OHSU School of Nursing.
- She has extensive leadership experience in non-profit and academic medical centers and health systems.
- She has taught and written curriculum for DNP, masters, and undergraduate programs.
- She has authored numerous publications including books.
- She has served nationally for the American Nurses Association as Treasurer Board of Directors and was prior ANA BOD 2nd Vice President and Director at Large.
- Additionally, Dr. Mensik served as the President of the Arizona Nurses Association.
- Dr. Mensik has published and presented nationally and regionally on quality, staffing, and professional practice and is a peer reviewer for World Views on Evidence Based Nursing and Nursing Economic\$.

Host

Leana McGuire, BS, RN

- Over 30 years of experience in healthcare
- Teaching experience in leadership development and executive coaching
- Background in content development, visual performance, speaking and podcast hosting

Transcript

LEANA MCGUIRE, HOST: Hello, everyone.

(SOUNDBITE OF MUSIC)

My name is Leana McGuire, and I will be your host for this Elite Learning Podcast series, Distinguished Careers in Nursing. We're excited to be speaking with Dr. Mensik Kennedy on this episode as she guides us through the various educational and career pathways for RNs within advanced practice, leadership, and academia. Dr. Mensik Kennedy is the president of the American Nurses Association and is an assistant professor at the Oregon Health Science University School of Nursing.

Her nursing career started in that critical access hospital and continued within the community as a home health and hospice nurse. Jennifer earned her Ph.D. in nursing from the University of Arizona College of Nursing with a major focus in health systems and a minor in public administration. From the Eller College of Management, Dr. Mensik Kennedy has extensive leadership experience in nonprofit and academic medical centers and health systems.

Additionally, she has taught and written courses for DNP, master's and undergraduate programs. She's had numerous publications, including books *Lead, Drive and Thrive in the System* and the *Nurse Managers Guide to Innovative Staffing* and coauthored for a *Nurses Step by Step Guide to Transitioning to the Professional Nurse Role*, *The Power of 10*, 2nd Edition and a chapter writer for the book *The Career Handoff A Health Care Leaders Guide to Knowledge and Wisdom Transfer Across Generations*.

She has served nationally for the American Nurses Association as Treasurer Board of Directors and was, prior, ANA board of directors second vice president and director at large. Additionally, Dr. Mensik Kennedy served as the president of the Arizona Nurses Association. She has published and presented nationally and regionally on quality staffing and professional practice and is a peer reviewer for *World Views on Evidence-Based Nursing and Nursing Economics*.

Wow. That's I mean, that's really quite the career. Welcome, Doctor Mensik Kennedy.

JENNIFER MENSIK KENNEDY, GUEST: Thank you very much. Good to be here.

McGUIRE: Yes, great. We're really pleased to have you. So, let's begin with advanced practice nursing. To start, how many APRN roles are there?

MENSIK KENNEDY: Yeah, there are four main APRN roles. When we look at career paths for advanced practice, sometimes any graduate degree kind of gets stuck into this large catch-all bucket. You know, if you're a nurse manager or a leader with a graduate degree, everyone wants to call those advanced practice and they are, but specifically advanced practice registered nurse roles are for and those would be the nurse practitioner, the CRNA, the clinical nurse specialist, and the clinical nurse certified nurse midwife.

McGUIRE: Okay, great. You know, I'm always curious when it comes to nurse practitioners, can they practice independently without physician collaboration or supervision?

MENSIK KENNEDY: You know, that's a really complicated question and it's something that we continue to work on. Currently, nurse practitioners can practice independently in 23 states and same with other more advanced practice roles. Each one may be very different state to state, so in some states you might have independent practice for a nurse practitioner, and they may not have independent practice for the CRNA.

And so, there's a lot of work going on nationally to really remove those barriers to be able to allow all four of those roles to practice independently. And on top of that, even though you might be in a state where you can practice independently, what we've seen is there's still a lot of local facility barriers to truly practicing

independently that we all need to work on actually. And be able to remove policies and processes that require physician oversight.

Because if your license doesn't require it, the facility shouldn't require it.

McGUIRE: Right. That makes perfect sense. And so, what degrees are required in order to have these advanced practice roles?

MENSIK KENNEDY: Absolutely. So, everyone needs currently a master's degree in nursing or higher. There was some conversation for a while that says that we really need to move to a doctoral level, a DNP level prepared APRN role and while I'm not counting that out by any means. CRNAs have actually moved towards that. So, the nurse anesthetists have actually stated if you are entering a program now, you must graduate with a doctoral level degree.

Well, and so I do see the other ones will follow suit and there's a grandfathering clause in this. So, if you don't have or if you're practicing currently or if you're going to be graduating soon, you won't have to go back for that doctoral degree because you'll be grandfathered in. But I do see this continuing to be the trend. There's so much information and knowledge that just exists from a patient care perspective.

We really do need to be as highly prepared educationally as well as clinically for those types of roles.

McGUIRE: Right. That makes sense. Now, what exactly is the advanced practice nurse consensus paper and what does it mean to the profession?

MENSIK KENNEDY: Thank you. So, this is what the consensus model is. And sometimes people call it lace for short and they're also working on producing a new one. So, this came out in 2008 and dozens of organizations and nursing came together to say, how do we standardize the four roles from a licensing, accreditation, certification and educational perspective?

Because as we find new populations and new places to provide care as an APRN, we really need to make sure all four of those components are standardized, particularly as we look at licenses' educational academic programs. It's really important that when someone says, I'm a nurse practitioner, a family nurse practitioner, for instance, that that means the same thing across all of the organizations and the states that are providing for that person.

So, it becomes a little bit more interesting when we start looking at nurse practitioners because of all the different types of certifications. So, clinical nurse specialists, also have different certifications, whereas the midwives and the nurse anesthetist do not. That really helps to understand the scope and role of nurse practitioner. So, family nurse practitioner certification, what is an adult-Geri certification, neonatal certification, peds, women and gender related.

So, it's really important to say what is in each one of those buckets and how do each one of those types of nurse practitioners, for instance, provide care within those buckets.

McGUIRE: Excellent. And can, can you talk to us about educational pathways between master's and doctoral requirements?

MENSIK KENNEDY: Yeah, there is. You know, so when you go into school, there's been a drop in the number of master's entry programs for these advanced practice roles. The Future of Nursing Report came out in 2010, and what they said was, we'd really like to see the number of doctoral students, the number of nurses with doctoral degrees doubled within their time period of that first report.

And a lot of educational organizations started moving towards offering those Doctor of Nursing practice the DNP degree as the terminal degree for practice in nursing. So many programs, even though it's not required for license or certification, had already moved into a doctoral level preparation for those four main roles. So, there are opportunities to go from a bachelor's degree in nursing into a DNP program that would train you and educate you into one of those four roles.

There are also still programs except for the CRNA that would let you enter into a master's program and exit with the master's program. However, you do have the option as there are many programs out there that allow you if you have a master's degree to go and finish a doctoral degree. And so, you can do a master's to DNP program if you are a nurse practitioner or a CRNA who would like that doctoral degree, of course, you can also get any other number of doctoral degrees, such as a Ph.D. if you prefer.

McGUIRE: Excellent. Okay. And I'm sure there are various continuing education certification and regulatory restrictions. Can you speak to some of those for us?

MENSIK KENNEDY: Yeah. You know, it's a really complicated structure in a way. But this is how the nurse practitioners, particularly nurse practitioners and CNSs scopes have been built around, particularly in related relationship to that consensus model. The LACE standards which were updated which are being currently worked on. So, we look at population and foci areas. And so as new populations came forward, so for instance, the emergency department, we started to see well over a decade, 15 plus years ago, more and more nurse practitioners working in the emergency room.

And there were a lot of questions around, well. There wasn't a certification for emergency rooms, but this is a really important new population. So, you know, which role would be a nurse practitioner in the E.R.? Would it be a family nurse practitioner? Would it be an acute care nurse practitioner? Would it be an adult or pediatric?

And so, through a lot of development from nurse practitioners who had been practicing working with national bodies, they actually were able to create a process and a structure to become also credentialed as an emergency nurse practitioner, which is really important. So, if there currently isn't a there are probably other new populations and areas that are that will continue to emerge that we may need to do the same thing for.

And so having that scope is important and which is also what differentiates us from physician assistants, we hear that a lot. Well, the physician assistant, you know, can do anything wherever, but they still are required to always practice underneath the scope of a physician. And through our model of advanced practice, that's our work, is to have these specializations, particularly to demonstrate the knowledge base so that we're not practicing underneath the scope of a physician at any point.

So, it's really important from that perspective that we are educated and certified in those areas.

McGUIRE: Excellent. Okay. Thank you for that. Is it true that last year qualified applicants were turned away from bachelors and graduate programs?

MENSIK KENNEDY: Oh, absolutely. So, we have this horrible nursing shortage and a lot of it not well, a good amount of it comes from the fact that we've always just really been short of faculty. So, for instance, we currently last year in 2021, turned away 91,938 qualified applications now for nursing students because lack of faculty, lack of clinical rotations, preceptors, resources across the board.

And that's not good when we have this looming shortage coming up where we really need to be able to prepare. And so, whether it's a registered nurse or an advanced practice nurse, you know, the country depends on us. And so there we have this definite need for faculty.

McGUIRE: Yeah, I can see that. And I'm just I'm also curious about the PhD program. What's the average age of a nurse graduating from a Ph.D. program?

MENSIK KENNEDY: You know, absolutely. So, the average nurse graduating from a Ph.D. program is 47.5, which becomes important because very traditionally those have been the individuals who have been faculty in our schools of nursing. And so, when we look at a shortage of faculty, the fact that many nurses don't go back to school for our graduate degree until way later in their life is also a contributing factor.

And I would say, unfortunately, in some and even in my own experience when I was considering getting my Ph.D., I was in my mid-twenties. And there are many individuals who would tell me, you need to practice for a while before you go back to school to get your Ph.D. And I don't understand I still don't understand the connection because that doesn't necessarily make me a better faculty or a researcher.

And so, no, there's no other body or profession that I can think of that says you need to practice at a certain level so many years before you go back. We don't do that for social work. We don't do that for physicians. We don't do that for psychologists. You know, any of these other disciplines who do get advanced degrees, we don't tell them to stop and practice for a while.

And so, I, you know, didn't listen to them. And I said, I'm going to go do my own thing. And I do hear a lot of people who say, you know, I need to do it now. And same with, you know, advanced practice, registered nurses. I do hear a lot of people say you need to be, you know, practice for a while.

And, you know, I think each person needs to make that individual choice for themselves on what they feel is right. And when their timing, it's really hard. Once you graduate from school. And so, I got my schooling done like completely back-to-back to, back to done before I even had children. So, I had to like 12 years of college and went through it.

But because it is hard, because when you take a pause, you start to have your life come back and there's other things that get in the way. And so, it's really hard to kind of pause life now, by no means should that be. You know, I have kids and I have a life. It's going to be too hard for me.

No, it's doable. But if you have the chance, just go to school and get your schooling done and if not, you know, we need everyone to come to the table. We need everyone to come to be faculty. We need advanced practice nurses. We need RNs. So, we do need everyone to be able to go back to school and help contribute to making the country better from a health perspective.

Because that's why we're nurses and getting those advanced degrees has a direct relationship to the health of our country.

McGUIRE: Yeah, it's interesting that you brought that up because I mean, there have been little shifts in that in that pattern of wanting people to spend time. I mean, I'm going to date myself. When I started nursing, I had to spend four years on med school before I could go to ICU. New nurses, you know, if you're out there listening that you're probably thinking it was it actually made ICU seem all that more daunting.

You know, like I had to have some kind of I don't know, secret knowledge base before I could make that step. So, I mean, we've come a little way, but you're absolutely right. No one else has to do that. That's really interesting. Yeah.

MENSIK KENNEDY: And the funny thing about that is, too, we couldn't do that requirement nowadays anyway because there's not enough open. You don't want a whole unit of new grads on one shift. So not everyone we

have so many new grads at any point now that and there's so many opportunities outside of nursing, we have to look at this very, very differently.

You just there's not enough space in med-surg for a nurse, for every new nurse to go and spend four years, even a year.

McGUIRE: That's a ridiculous concept, really, when you think about it. Okay. So, let's talk about leadership. Who would you classify as a nurse leader?

MENSIK KENNEDY: Oh, well. So, I think every nurse is a leader. So regardless of the position where you're at, you know, any nurse is a leader. And this is, you know, whether you're on your unit, working with your colleagues, shared leadership is a great opportunity as well on your unit to kind of dip your toe into do I like managing and leading. And research will show that shared leadership actually does build the skills necessary for continued and shows the connection of continued leadership and management roles, if that's where you kind of want to head off to.

McGUIRE: Right? Interesting. I kind of leadership for some and maybe it was for you right from the beginning, something that really drew you in. But I've certainly worked with enough people that it wasn't even on their wavelength until they got into the profession. And then it was something that they wanted to bridge before. So how does one get started in leadership?

MENSIK KENNEDY: So it definitely would be shared leadership is one perspective, but I think sometimes if there's a project or a need on your unit, you know, volunteer or volunteer for simple things to kind of get recognized. And part of that is, I think when people see an individual step up outside of their norm, they identify you naturally as a leader because you've chosen to make that first step forward.

Now, also, there are people who have got really great skills, and someone may say, hey, have you considered joining this or doing that too? And I think that's a really great way for those of us who are experienced leaders to get people involved, because sometimes I, I think people may not think of themselves as leader until someone else recognizes that in themselves as well.

McGUIRE: Yes, I always call that kind of the definition of mentoring, as if you see someone see something in someone that you think they could do to mention it. Not just think, oh, they'd make a good so-and-so and then walk away because you planted a seed, right?

MENSIK KENNEDY: Absolutely. And we have such a shortage of nurse leaders. And, you know, we have a million nurses who will be retiring in the next decade because they're baby boomers. And it's you know; they're starting to age as we bring Gen Z in. And so, we have typically had nurse leaders who are older. And so, we really do need to mentor and bring up and to facilitate nurses being nurse leaders as well.

McGUIRE: That's great. And there are a variety of leadership roles, correct?

MENSIK KENNEDY: Oh, my gosh. Yes. There's lots of roles. Absolutely. So, you know, there's and not being hospital centric because my clinical experience was in mostly in home health and community. But, you know, you've got the charge nurse role, you've got director roles, you've got system roles where you might be in charge of some type of project across numerous hospitals or organizations.

Those same roles do exist in community settings where you might be a clinical lead or a director. And there's also the nurse executives. But I think most people forget about being on boards and the role nurses could have on boards.

McGUIRE: Okay, good. And we'll get into that in just a second. But a lot of people see the chief nursing executive and chief nurse executive as being like the pinnacle of leadership. Is it or I don't know. I mean, you're going to be president of ANA.

MENSIK KENNEDY: Exactly. I think a lot of people look at that role and if that's what they want to do, and that's fantastic. But many times, I think the rest of the world sees that as the top as well. And I think it's up to us to be able to demonstrate that nurses could be on a number of different roles, such as they could be the CEO running the hospital or the health system.

We need nurse leaders in insurance companies. We need nurse leaders in state Medicaid programs. We need leaders in clinics who can help manage and run and facilitate nursing practice. So, while that might seem like sometimes the most visible, high-level role, we really could make such a difference by having highly visible, high position nurse leaders.

And it's not just about it's a nursing role. It could be the CEO that doesn't require an R.N. But as an RN, you've chosen or an advanced practice nurse, you've chosen to apply and be in that role.

McGUIRE: Okay. Got it. All right. And I'm sure that most people know about this, but sadly, when I was a new RN and it took several years before I even heard about it, what exactly is shared governance for anyone else out there who's had the same experience that I did?

MENSIK KENNEDY: You know, not every facility has shared governance, but you have and there's plenty there's a lot of resources online that one can Google and look up. But it really is about unit level, department level, hospital level nurse leaders. When I say nurse leaders, I'm talking about staff nurses, direct care nurses and there are shared governance in non-hospitals as well.

But coming together really guides their practice on their unit and their department and for their patients and that's really the goal of it. You know, you might get you know, you might see shared governance kind of leading some holiday parties but getting some involvement there. But really, it is about looking at your policies, looking at your practice, controlling your practice, reviewing the quality of what's occurring and having that voice be heard.

Many shared governances also have managers involved. A unit manager may be involved. The CNO or CNE may be involved as well. And that's really from my perspective, the role is there to help make sure you don't do something you can't do. So, you know, like violating an HR principle or violating something that's, you know, a rule or regulation.

But really, we should allow staff nurses to drive the practice because they know best and many of the situation.

McGUIRE: Right. So, can anyone get involved?

MENSIK KENNEDY: Anyone can get involved and should get involved if they can. What I hear quite often is some of the shared governance might have the same individuals on for a very long time. And I think if you're on a shared governance, you need to reflect on that and look at term limits. And then also how if you're on shared governance as a staff member, how do you invite others?

How do you see that leadership style in others? How do you invite others? And then you kind of help facilitate those leadership skills across the board.

McGUIRE: Because obviously it would have some impact on early career development being involved in this, correct?

MENSIK KENNEDY: Absolutely. Well, we would be going back to some of my prior roles, we actually saw individuals who had been the leaders, or their chairs of shared governance leave before their term was up because they had gotten a role as a formal leader. And so, which was exciting to see. So, they got excited about their own development and then that brought in new opportunities for individuals to be the chair and had those leadership skills as well in their shared governance.

McGUIRE: So, I'm going to I'm going to take you in a direction of going into a little bit of the psychosocial piece of this, only because I know in various hospitals, teaching hospitals are a certain way. Rural hospitals can be a different way. And certainly, I know it's been a while, but my early experience was working on that med-surg floor and there was always a little bit of a sense in the hospital setting of the us versus them with nursing and management.

So can you talk just a little bit about having the, you know, giving yourself and having the confidence to make that step because it's tough right, when you all of a sudden make that transition to be the leader of the people that you were a peer with previously of not letting the us and them conversation keep you from advancing your career.

Any thoughts on that?

MENSIK KENNEDY: Absolutely. And that's a very tough role that I've seen many individuals try to navigate, some successfully, some not successfully, because you become you were a colleague one day that people, you would be with them when they would grumble. And then the next day, you're the person they're grumbling about. And I think, one, it's tough because individually, as that person who might now be the manager, you need to then recognize your own role, change that you're not necessarily the colleague and a friend, but you are the manager of the unit.

Now, with that said, it's about understanding the role of the manager and the leader is to not be the one with all the answers and tell people what to do. Because I've seen people do that. They get into what they want to be the manager or leader so they can, you know, make sure things get done the way they think they should be done.

But that's not management and leadership. Management and leadership is really okay, my colleagues who are people were my colleagues. They know what the solutions are. They know what they need and how they need to do it. It's my role to remove barriers and to help facilitate them to get their stuff done. And so, and I think when you approach that change from that lens, it's less of them versus us and more about them recognizing they now have a colleague, friend, if you would, in leadership and management who is going to help be their champion. Because you're there to be their champion, not their friend.

I've seen people get in trouble for being too friendly with their staff. So, there's, of course, those HR boundaries. But I think really understanding why they are there is to facilitate and help their staff do what they do best.

McGUIRE: Great advice. Thank you for sharing that. That's super. Very, very helpful.

(SOUNDBITE OF MUSIC)

That is all the time we have for episode 1. We hope you will join us for episode 2 as we take a closer look into nursing roles in leadership and academia. This is Leana McGuire for Elite Learning by Colibri Healthcare.

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Episode 2 – Nursing Roles in Leadership and Academia

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MENSIK KENNEDY: Nursing is in every aspect of our lives and how we can influence and be involved is really important.

Leana: We are so glad you could join us for episode 2 of the series Careers in Nursing: Academia, Leadership, and Practice. In episode 1, Dr. Mensik Kennedy discussed the 4 advanced practice roles in nursing and educational routes available for those roles. In this episode, Dr. Mensik-Kennedy will continue the discussion on nursing roles within leadership and academia and the educational requirements needed if you are interested in one of these roles.

Can you talk about the various educational tracks and certifications for leadership?

MENSIK KENNEDY: Absolutely. So, this becomes really complex because there are so many entry and exit points in nursing. Most oftentimes you'll see individuals who do have bachelor's degrees in nursing, who are in more formal leadership. You'll have individuals maybe with a diploma or an in who are in charge nurse roles, which is again and or shared leadership, which again is, you know, a leadership role.

But as you start to get more into the formal positions, people do have more range of options. So, for instance, you have master's degrees options. First, you have an MBA, you have an MSN or some version of them focusing on nursing or business. And sometimes the master's in nursing will also focus on leadership and management.

I know when I got my bachelor's degree in nursing, I decided I wanted to be a manager, and would do more leadership stuff. And I went and got my MBA. Now the MBA program had a focus on health care management, but I was one of two nurses in my cohort, and they were all individuals who were not clinicians, who worked in health care or worked somewhere around health care that wanted to change the system.

And I was a little worried because I was like, oh, my goodness, these are individuals who think they have the solutions, but they've never done patient care like a nurse has taken, facilitated and participated in care. So, I realized how important my nursing knowledge was in being able to make change happen. So, once I got done with my MBA, I knew I wanted more nursing knowledge.

So, I went back and got my Ph.D. in nursing because I knew the whole of it would make me stronger as a nursing leader. The world is full of individuals who have business degrees, who are not nurses. So how do we really get nurse leaders and managers to the forefront who understand the business skills and acumen, but also represent nursing and facilitate nursing?

And we don't have enough of that.

McGUIRE: Bring in the street cred. That's what we need. Absolutely.

MENSIK KENNEDY: Absolutely. And so, and then there's a lot of individuals who might be in the nurse executive level who have PhDs and DNs who have continued on with their graduate and have learned more strategic skills and further advanced their own graduate level understanding of those same roles. Of course, then there's also a couple different certifying bodies I'm certified through ANCC for nurse executive advanced and I find it's important, even though I have my Ph.D. and my MBA to be able to demonstrate to the public and other nurses that certification is important.

And I do participate in continuing education because even though I've gotten so much college, my learning is still never done.

McGUIRE: Absolutely good point. And there are particular activities that have been shown to develop leadership qualities. Is that correct?

MENSIK KENNEDY: Yeah, that is true. So, one would be of course, like I've mentioned, it's the shared leadership, but it's also about and this is a fine line when to say no and when to say yes, because I think sometimes when individuals are in a role or a program, they're afraid. So afraid to say yes because they don't want to fail.

And they think they have to know more or have more experience. And the research will actually show that when men apply for a position, they might only meet the qualifications of like 25 to 30% of the bullet points, and they'll still apply. And women will wait until their you know, they've met 80% of the qualifications before they apply for a role.

So, I think self-reflection is really important and recognizing it's not about the position. So, I guess this goes into a little bit about resumes when people write the resume is they were a director, or a charge nurse and they write the description of what they did. Well, we all know what a director does. We all know what a charge nurse does.

But what we don't know is what exactly you did. And so those are the skill pieces, even as a staff nurse being able to call out the times that you acted in a leader role or a manager role through participation on shared governance, or when you changed a policy or when you improve the quality of care, those are leadership and management traits and those are the types of things that people need to recognize.

You know, it's not just my job. Those are the things that you want to look for and to be able to do. So, recognizing that it's not a title per say, but it's the collection of experiences that you're gaining that will help facilitate you into further leadership activities and roles, and then putting that on your resume, demonstrating those sets.

McGUIRE: So helpful. That is so helpful. Something I hadn't even ever considered. So that's super helpful for anyone that's listening. And again, let's I said we were going to get to this, and we are here. We are nursing boards. Let's talk about nursing boards. Why are they important and what is the nursing board coalition?

MENSIK KENNEDY: Yeah, so the nurses on boards coalition had a goal of recognizing how important it is because we can talk about the roles of nurses within the hospital as an example. Again, a very hospital centric example, but the change often comes down. There's so much change that comes up from the bottom to the top, but also top to the bottom. And when you look at the board of a hospital, typically, again, you have physicians and others from the community who have no health care experience, who are helping to direct the strategic mission, vision, and initiatives of the organization.

And nursing's voice is so important to be able to contribute to that conversation. So, the nursing board's coalition wanted to get 10,000 nurses, at least on boards. And this is, you know, hospital boards are an example of one, but it could be a school board, it could be a clinic, a local community clinic board. It could be the water board.

It could be any board in which a nurse could be on because nursing is in every aspect of our lives and how we can influence and be involved is really important. So, we met the 10,000 goal and we need to continue through to expand that and really demonstrate that nurses can help provide that strategic vision mission and help to guide an organization and to hold others accountable.

So, when we say, you know, when we're looking at that conversation between finance and cost and quality, you know quite often we have plenty of individuals who can talk to the finance and cost perspective, but we need the nurses voice in there to speak to the quality piece and the patient piece. And so that's where when we show

up, it will then trickle down to the bottom in a much more effective manner than just always trying to lead from the bottom up.

McGUIRE: And can anyone at any level in nursing get involved in nursing boards you apply to be on them or are you nominated. How does that work?

MENSIK KENNEDY: Absolutely. Anyone at any level, any degree could be involved. And I would recommend people, you know, looking at start with looking on the Internet, looking at if you have an organization that you're passionate about or topic you're passionate about, what are those organizations locally that are looking for board members? They are usually the call is on someone's website typically so you might go to their website, you could even call and say, when are you looking for individuals to run?

Also, you know, legislative positions and the state. So, if you're looking at the states, each state government site too often posts various positions for community and others to be nominated or self-nominated to various positions. And that's always an opportunity just to search your state government site for open board positions and open positions at the state level. Because we really do need people who are partnering with the various health organizations, Department of Health in each state to help provide community insight and nursing insight.

Quite often there's not nurses in those roles either. And that's very useful. So, part of it is an Internet search because there are so many individuals and so many places, but it could be as simple as just running for your school board. And you know, we just had our elections and have a friend, a colleague of mine from Idaho, who is the first nurse elected to their state legislature.

So, you know, it's not a board, but it's an equally important leadership position. So just searching and watching to see what's out there and then, you know, you may lose, you may not get it, but keep going, keep doing it and keep putting yourself out there and keep putting your name out there. And eventually we'll have nurses in every place.

McGUIRE: That's fantastic. Do retired nurses get involved in this kind of thing?

MENSIK KENNEDY: Oh, I hope they do. So, I think that there might be some of the barriers to nurses who are in the middle of their career and have families now that should not stop them. I have children and I'm very busy. But as nurses who like to say they're in preferment now, not retirements, they get to pick and choose what they want to do.

And I would hope that's one place to utilize their nursing wisdom and their experience or wisdom is to say, I am an RN and let me go use that or I'm advanced practice RN. Let me go use that in this, this and this, now that I have time and availability. If they don't have to be somewhere 8 to 5, they now can spend more time doing that.

So, I would hope that our retired nurses who have chosen preferment can go get involved that way as well. We don't want to lose their wisdom.

McGUIRE: Right. So, our listeners can, I don't know how many retired people are still getting their CEs, but for those listening, you know, let your parents know that they can get involved. So, the last thing I wanted to talk to you about was academia, which obviously you have a lot of experience in. So, academia roles are also really interesting.

There are really interesting career options. What are some of the different educational pathways to consider here?

MENSIK KENNEDY: Oh my gosh. So, you know, this is again, one of those things sometimes where people kind of just step into so often it could be just being a preceptor for nursing students in your unit or department. So that's kind of a first step is taking, you know, saying, I'm willing to take nursing students with me. And then also often so that you have got community colleges for the most part, and baccalaureate programs and graduate programs.

And there's a lot of universities that will allow or the state boards technically will allow individuals with bachelor's degrees to be able to be preceptors or clinical faculty. And so that's usually you can't do those types of roles without a bachelor's degree, so you would need a bachelor's degree or more. And then as you teach a lot of community colleges do have a lot of master's faculty, as do universities.

But so, you would get a master's in nursing, maybe a master's in education, depending on where your focus is, although there's a lot of individuals who also have a Ph.D. or a DNP. And it's interesting because AACN said that about 60% of DNP graduates actually have gone into teaching now. As opposed to whether they're practicing also doing direct patient care in their role as an NP or a midwife, but they're also teaching.

So, which is great because of course we need those. However, we're very short on Ph. D staff and the Future of Nursing Report 2020 to 2030 says, you know great job on the first future nursing report, right? So, the first-year nursing report said we want to double the number of doctoral prepared nurses and we met that goal. However, the majority of that was in the DNP arena.

Now DNP versus Ph.D. So, a Ph.D. is those who generate new knowledge, and the DNP is those who utilize that new knowledge and translated into practice. So, we need both roles. But what the Future of Nursing report that just came out said is we need to focus in on preparing more PhD nurses. Now PhD Nurses can teach people think of them a lot as researchers but it's it is very important as myself having a Ph.D. that we can teach and help students learn the value and importance of theory and research, philosophy, understanding the way of the world as we generate that new knowledge.

Because nursing is an art and a science. It's about having our own unique body of knowledge. And it's about the art of translating that into practice. And so, from a faculty perspective, you know, having a diverse staff is fantastic. So, you could be a DNP prepared nurse who is teaching, you could be a PhD prepared nurse who is teaching.

But also, there are other roles too, such as an Ed.D. I've seen nurses who have gone back and got an EdD and that's an educational practice doctorate for those who want to teach. Kind of like a DNP is a practice doctorate for nurse practitioners and advanced practice roles. And so, there are a lot of different options for individuals and of course there's even certifications for those in professional development who want to be certified as they teach as well.

McGUIRE: Wow, that's impressive. Okay. And what degrees does one get if they're interested in specifically teaching? I know you've said that they can't teach everyone, but what is the most common that they go for if they want specifically just to teach?

MENSIK KENNEDY: Oh, well, that's a good question, great question. What I, I think what we've seen are more DNP and individuals getting their DNP to go into teaching and they may not have started out that way wanting to do that, but they have decided the DNP is typically a shorter program for a doctoral degree, for a terminal degree and in some instances might be easier than obtaining a Ph.D. because there's less credits, credit hours involved.

There's still the project work, depending on what university you're at. And it's important, though, to note that the DNP is really for one of the four advanced practice roles or leadership roles. So, the accrediting bodies really don't want you doing... when you're in your DNP program, doing an educational capstone project and one that's about teaching, because that wasn't the intent of the DNP role.

And so, however, that doesn't mean you're not a teacher if you do get your DNP, and so you get a DNP and one of the four main areas or from a leadership perspective, and then you can go and teach those who get their PhDs. Do you spend a little bit more time. And I think because of the two in the DNP being fairly new, a lot more people have chosen that route because they didn't want to do research.

And I think that's a bit of a travesty because I think why maybe you don't want to be someone who does research 100% of your time. There are quite a few people who I have spoken to you who are who are now DNP have said, you know what, now that I'm into this, I should have gotten a Ph.D. because that's where most of my interest lies.

But as they were thinking through it, that's not what they wanted. I do know there's a handful of programs that do allow that do give you dual degrees so you can get a DNP, Ph.D. from several universities across the United States. And I actually know a few people who have both degrees because, again, the knowledge is different.

And what you learn is uniquely different. So, there is a way to kind of take that together so that you're not doing double the work. Of course. But then it is still very valuable.

McGUIRE: And so, we talked about there being a faculty shortage. Can we talk also about you mentioned the future of Nursing Report, of all health professions, students, all health professions, how much do nursing students comprise of that total?

I'm curious.

MENSIK KENNEDY: Over half. And so, when you think about all the professions, you've got RTs, OTs, speech physicians, PAs, everyone. Nursing is over half of the health professions students, which is an amazing amount. And so, when we have a shortage, it impacts everyone all over the place. Well, in one aspect, we have enough individuals. We should have enough individuals.

But when we have less students, that's very impactful. When we have less faculty, we have less. So, we're already in a shortage of faculty. We don't have enough places for nursing students to go. So, it may even be more than that if we were able to fully staff and fully accept everyone who wanted to go into academia and wanted to go into nursing, and people thought during COVID that we would see a drop in people applying to nursing school.

And that was quite the opposite actually. We had more individuals who saw what nurses did and were inspired by nursing. Despite the hardships and the sometimes-horrific situations nurses were in. So, I want to do that. I want to make a difference and I'm going to do that. So, we had more people want to go into nursing because of the pandemic, which is fantastic.

We just can't accept them. We can't get them in through and fast enough.

McGUIRE: Wow, that is sad. Yeah, it's definitely a purposeful profession. There's absolutely no question. And I appreciate you talking to us about these really important areas in nursing, in some areas that some of our listeners I sure, I'm sure had not thought of prior leadership certainly does empower others and academia is a contributes in such a huge way all of these contribute in such a huge way.

Any thoughts you'd like, final thoughts you'd like to share with us before we wrap up this incredible conversation?

MENSIK KENNEDY: Well, thank you. You know, I would say when I started nursing, I wanted to be a nurse since I was in high school. And I thought I wanted to be a nurse practitioner, didn't do that route. But being open to opportunities, recognizing you can change your path at any given time, you can be a second career.

Even within nursing, we talk about individuals who come into nursing as a second career, but even in your own career, you could be a nurse executive, you could be a nurse educator, you could go back to school and be a nurse practitioner or a CRNA. And so, there's a lot of things you have a long time to be in nursing and you have a lot of ability to kind of go through and really practice and do what you want.

So don't feel like you're ever stuck in one spot or that's the thing. And that nurses really are lifelong learners. And so, take advantage of all the opportunities you have in nursing to do all these amazingly great things and go do what life's too short to not do what you want to do. So go find something that you like to do and go do it.

McGUIRE: That's fantastic. Great advice. I appreciate that so much. Thank you for joining us. We wish you every success in your new role as president of the American Nurses Association. I can tell we're in good hands. So, thank you for that. And thank you for joining us on during this episode of Distinguished Careers in Nursing, featuring Dr. Jennifer Mensik Kennedy, who obviously has had and will continue to have a distinguished career.

We encourage you to continue your learning by checking out the many courses available on [elitelearning.com](https://www.elitelearning.com). Thank you for listening. This is Leana McGuire for Colibri Healthcare.