



Robert Wood Johnson Foundation Executive Nurse Fellows

An RWJF national program

SUMMARY

Robert Wood Johnson Foundation Executive Nurse Fellows is a leadership development program designed to prepare a select cadre of registered nurses (R.N.s) who are in senior executive positions for influential roles in shaping the U.S. health care system of the future.

The Robert Wood Johnson Foundation (RWJF) established the national program in 1997 with its office at the Center for the Health Professions at the University of California, San Francisco under the directorship of Marilyn P. Chow, D.N.Sc., R.N., F.A.A.N.

In April 2010, RWJF moved the national program office to the Center for Creative Leadership in Greensboro, N.C. Linda Cronenwett Ph.D., R.N., F.A.A.N., dean emeritus and professor at the University of North Carolina at Chapel Hill School of Nursing and David Altman, Ph.D., executive vice president, research, innovation, and product development at the Center for Creative Leadership are the new national program directors.

They are working closely with Marilyn Chow and the staff at the Center for the Health Professions at the University of California San Francisco to make a smooth and seamless transition.

RWJF organized a national advisory committee under the leadership of Shirley S. Chater, Ph.D., R.N., F.A.A.N., who had served as Social Security Commissioner during the Clinton Administration.

Key Results

- From 1998 through 2008, 11 classes of fellows—totaling 205 nurses—have entered the program.
- Three fellows—a member of the 1999 cohort the 2002 cohort and the 2005 cohort—did not complete the fellowship program.
- It is expected that approximately 202 fellows will have graduated by 2011.

- RWJF provides up to \$35,000 per fellowship over the three years—\$15,000 for the fellow's individual development and \$20,000 for the project. The latter is matched by the fellow's institution, either in cash or in in-kind contributions.
- The fellows' projects and individual development activities vary widely, although the latter frequently include participation in educational courses and professional conferences. Projects have included:
 - Model hospital room care designs for critically ill patients.
 - A prototype distance learning system for regional workforce development.
 - A statewide plan for protecting women's health.
- See the program's [website](#) for a list of all participants by year.
- See the [Profile List](#) for links to profiles of 13 nurse fellows and descriptions of their projects.

Evaluations

The first of two evaluations—commissioned in early 2000 as RWJF prepared to decide whether to fund three more classes of fellows—assessed the program's design. The evaluator, John R. O'Neil, reported "unanimous agreement about the general efficacy of the program" and concluded it was superior in many respects to other leadership programs he had observed.

His recommendations included strengthening the mentoring program—which he said was "working unevenly"—and using veteran fellows to help coach new fellows.

In 2001, RWJF authorized a second and more extensive evaluation in preparation for a decision on funding a third series of fellowship classes. The evaluator, the Lewin Group, reported in October 2002 that the program "has established a solid foundation and strong reputation." However, the report also made a number of recommendations to improve operations, including consideration of increased funding to pay for additional program staff. In 2005, the Lewin Group conducted another evaluation that concluded that the program "occupies a unique niche, providing rich opportunities to translate enhanced leadership skills into heightened effectiveness across service, education and public health sectors. It also increasingly serves as a model and catalyst in seeding new leadership development programs."

Funding

The RWJF Board of Trustees originally authorized the program in April 1997 for up to \$6.5 million. It was reauthorized in January 2005 for up to \$9,050,000. Total authorizations through December 2111: \$29,726,054.

THE PROBLEM

R.N.s—numbering approximately 2.7 million—are the nation's largest group of health care professionals and the clinical backbone of the health care delivery system, and their range of opportunity is continuing to increase. Nurse practitioners, for example, are gaining growing acceptance as full-fledged primary care clinicians.

However, the pace of change in the health care sector at the close of the 20th century presented the nursing profession with a number of challenges, as well as opportunities.

In the traditional system, dominated by hospitals and professional guilds, nurses achieved leadership positions by mastering a core of basic management skills focused on finance and budgeting, personnel management, evaluation and strategic planning.

Typically, these skills were obtained through practical experience supplemented with additional training, usually at the master's level. Although this approach was adequate in the past, labor experts believed that nurses needed a new set of tools if they were to exert leadership in the emerging and turbulent world of managed care.

CONTEXT

Strengthening the health care workforce has been a major focus of the Robert Wood Johnson Foundation (RWJF) since its beginning as a national philanthropy in 1972. For three decades, for example, RWJF has supported the *Robert Wood Johnson Clinical Scholars Program*, which provides promising young physicians with two years of post-residency training in nonbiological sciences. For more information, see the [Program Results](#) on the program.

Another long-running initiative, the *Health Policy Fellowships Program*, seeks to develop new leaders in health policy and management. Each year the program brings up to eight outstanding mid-career health professionals to Washington for a three-month orientation, followed by a work assignment of from eight to 11 months in a congressional or executive branch office. The fellows then return to their home institutions or another appropriate position for two years of supported development as health policy leaders. For more information, see the [Program Results](#) on the program.

In the 1980s, RWJF undertook a number of programs aimed specifically at improving the nation's nursing corps:

- First was the *Nurse Faculty Fellowship Program* (1977–1982) designed to strengthen the capacity of nursing schools to prepare Advanced Nurse Practitioners.
- This was followed by the *Clinical Nurse Scholars Program*, which each year selected nine mid-career faculty members from nursing schools to conduct clinical or health sciences research.

- Next came several initiatives designed to attract more people to nursing and ease the profession's chronic shortage of trained personnel. One of these was the *Ladders in Nursing Careers Program*, which helped interested and qualified hospital employees to advance into L.P.N. (licensed practical nurse) and R.N. positions at the nursing school of their choice. For more information, see the [Program Results](#) on this program.

These various efforts in support of the nursing field proved disappointing to the RWJF leadership. In an article in the 1997 edition of the annual *Robert Wood Johnson Foundation Anthology*, RWJF president Stephen A. Schroeder, M.D., and his co-authors concluded that "the Foundation has not succeeded in developing a coherent and consistent approach to its nursing programs."

In contrast to RWJF's focused effort to train primary care physicians, its nursing programs "addressed short-term labor crises rather than long-term needs; supported activities with diffuse, conflicting or unclear objectives; and lacked follow-through." Nevertheless, RWJF's interest in strengthening the nursing profession continued.

In September 1995, the Center for the Health Professions at the University of California, San Francisco, convened a meeting of national health care leaders to discuss the demands placed on nursing by changes in the health care system and possible initiatives to strengthen the caliber of the profession's leadership. (The center is a research, advocacy and training institute created to stimulate changes in the education of health professionals.)

RWJF held the meeting in Princeton, N.J., attended by representatives of RWJF and the Pew Charitable Trusts. (For a list of the meeting participants, see [Appendix 1](#).)

The following year, the center submitted a draft proposal jointly to RWJF and Pew for a leadership development program that would prepare nurses to assume key roles in transforming the health care system. Tentatively named the New Century Nursing Fellowship Program, it was to provide a small, select group of nursing leaders with a "tool kit" of new competencies. These were to include the ability to:

- Manage the change process in institutions and individuals.
- Build coalitions for effective private and public action.
- Understand the changing social environment.
- Develop self-knowledge and the capacity for growth and renewal.

Pew declined to proceed with the program. RWJF decided to pursue the fellowship concept alone.

PROGRAM DESIGN

In April 1997, the RWJF Board of Trustees authorized \$6.5 million over six years to establish a national fellowship program dedicated to preparing a select cadre of outstanding nurse executives for leadership roles in shaping the U.S. health care system of the future.

The ultimate goal was to help the nursing profession gain a more influential voice in setting and implementing health care policy. To ensure identification with RWJF and to honor the foundation's founder and namesake, the initiative was named the *Robert Wood Johnson Foundation Executive Nurse Fellows*.

Each year, 15 fellows were to be chosen from senior executive positions in three fields of nursing considered vital to shaping the U.S. health care system of the future:

- Clinical practice.
- Nursing education.
- Public health.

Each fellowship would last for three years. Fellows would continue to work for their employing institution, but would be guaranteed time off for program activities. At the outset, each fellow would participate in an assessment of his or her strengths and weaknesses as a leader and collaborate with program staff to develop a learning plan to address his or her individual needs.

Four core elements of the program would provide fellows with learning opportunities:

- **Seminars:** A sequence of group seminars would emphasize creative problem solving and insights into the exercise of managerial leadership. Since most nurse executives have done graduate work, the curriculum would strive not to duplicate that training.
- **Projects:** Each fellow would design and implement a "leadership project" at their employing institution. The project's leaders expected it to address an essential need of the home organization and at the same time provide the fellow with an opportunity for professional growth.

Although research could be a component, this was not to be an academic exercise. The goal was to increase the fellow's capacity to deal effectively with the social, economic, political and technological issues that are likely to accompany any effort at institutional change. Otherwise, the program did not set any limitations.

The home institution, however, would be required to endorse the project and help support it.

- **Mentorships:** An individual mentor distinguished for leadership outside the health care field would provide each fellow with guidance and counseling. Planners believed a role model from another area of interest would help expand the fellow's perspective.
- **Individual activities:** Fellows would pursue individual study and leadership development activities as part of a personal learning plan. These might include enrollment in an academic course, attendance at a professional conference and/or reading books on a certain subject.

The \$6.5 million authorization included \$300,000 for a one-year planning grant (ID# 029794) and up to \$6.2 million for a five-year implementation grant (ID# 032429) to support three successive fellowship classes or cohorts, each with 15 fellows who would receive fellowships lasting three years.

In April 2000, the RWJF Board of Trustees approved up to an additional \$7.7 million (ID# 038610) to support another three fellowship classes and extend the program to 2006. The reauthorization increased the number of fellows to 20 a year starting with the fellowship class selected in 2001. RWJF staff believed the quality of the applicant pool and the capacity of the program warranted the expansion.

In April 2003, the board reauthorized the program at up to \$7.2 million (ID# 047427) for an additional two fellowship classes (2004 and 2005), with the program running until June 2009.

In January 2005, the Trustees approved another reauthorization for up to \$8.3 million (ID# 048862). The program runs through May 2010.

THE PROGRAM

National Program Office

The national program office was established in June 1997 at the Center for the Health Professions on UCSF's Laurel Heights Campus under the directorship of Marilyn P. Chow, D.N.Sc., R.N., F.A.A.N.

Program organizers viewed Chow's broad experience in the health sector, academia and civic affairs as an appropriate model for program participants. RWJF, too, wanted a recognized nurse leader in the top position.

The national program office received oversight and assistance on a consulting basis from the center's director, Edward H. O'Neil, Ph.D., M.P.A. O'Neil, who is also UCSF professor of family and community medicine, was the architect of the fellowship. His title with the program was principal investigator.

In April 2010, RWJF moved the national program office to the Center for Creative Leadership in Greensboro, N.C. Linda Cronenwett Ph.D., R.N., F.A.A.N., dean emeritus and professor at the University of North Carolina at Chapel Hill School of Nursing and David Altman, Ph.D., executive vice president, research, innovation, and product development at the Center for Creative Leadership are the new national program directors. Altman previously directed RWJF's *Substance Abuse Policy Research Program* and also directs RWJF's *Ladder to Leadership: Developing the Next Generation of Community Health Leaders*, to develop a cadre of future health leaders from community-based nonprofit organizations serving vulnerable people.

Cronenwett and Altman are working closely with Chow and O'Neill and the staff at the Center for the Health Professions at the University of California San Francisco to make a smooth and seamless transition.

As part of its activities, the staff of the national program office:

- Manages the annual process of recruiting and selecting fellows. The national program office staff works with RWJF to disseminate the Call for Applications, answers queries from potential candidates, processes applications and organizes a panel of outside reviewers to score the applications.
- Conducts three leadership seminar sessions a year at various locations around the country. One seminar in July is for the incoming class of fellows, and the other two, one each in fall and spring, are for all of the fellows.
- Collaborates with the fellows to identify mentors and make appropriate fellow-mentor matches.
- Provides fellows with technical assistance and guidance in developing their individual learning plans and projects and in considering future professional opportunities. The fellows receive articles on leadership issues, health care industry reports and other resources in advance of seminars. A separate listserv (e-mail discussion list) for each fellowship class facilitates the exchange of ideas and information.
- Assesses the program's impact and outcomes. Assessment includes reviewing and responding to the annual progress reports that each fellow is required to submit and holding annual planning retreats with consultants, national advisory committee members and nursing group leaders.

National Advisory Committee

RWJF program staff appointed Shirley S. Chater, Ph.D., R.N., F.A.A.N., as chair of the national advisory committee in February 1998. RWJF selected Chater to head the panel because she was viewed as an example of the kind of leader the program was designed to produce. (Chater previously served as Social Security Commissioner during the Clinton Administration and as president of Texas Woman's University.)

Once selected, she proposed most of the other national advisory committee members, drawing on contacts she had made over her career. The 15 committee members come from outside as well as inside the health care field and represent business, academia and the nonprofit world. (For the current membership, see [Appendix 2](#).)

The national advisory committee's chief function is to interview the semi-final fellowship candidates and select the fellows each year. National advisory committee members also meet as a group once a year to review program operations and make recommendations.

In addition, national advisory committee members regularly participate in the program seminars, sharing leadership lessons from their careers. They also counsel fellows and help identify potential mentors.

The Planning Phase

Under the planning grant, the national program office worked with nurse leaders and leadership development experts to determine five core leadership competencies—"the pillars of the leadership curriculum"—that the program would seek to enhance in each fellow:

- **Self-knowledge:** the ability to understand self in the context of organizational challenges, interpersonal demands and individual motivation.
- **Strategic vision:** the ability to connect broad social, economic and political changes to the strategic direction of institutions and organizations.
- **Risk taking and creativity:** the ability to transform self and organization by moving outside the traditional and patterned ways of success.
- **Interpersonal and communication effectiveness:** the ability to translate strategic vision into compelling and motivating messages.
- **Managing change:** the ability to create, structure and effectively implement organizational change in a continuous manner.

During the planning phase, the national program office also worked to:

- Develop the initial seminar programs.
- Form a national advisory committee.
- Recruit mentors.
- Review other leadership programs.
- Develop the application form and selection guidelines.
- Launch the program's [website](#).

In addition, the national program office established contact with professional nursing organizations to publicize the program and to explore areas of collaboration. These organizations included the American Association of Colleges of Nursing, the American Academy of Nursing, the American Nurses Association and the American Organization of Nurse Executives.

Selection Process

To support each fellow's efforts, the program provides \$35,000 per fellow over the three years, to be spent for two distinct purposes:

- **\$15,000 for the fellow's individual leadership development.** This is designed to be a wide-ranging category of expenditures to cover self-selected learning activities such as attending professional conferences. The fellow receives up to \$7,000 in the first year and \$4,000 in each of the remaining two years.
- **\$20,000 to support the project undertaken at the fellow's institution.** The funds are dispersed in \$10,000 installments in each of the first two years. The institution is required to support the project by matching the installments dollar-for-dollar either as cash or as an in-kind contribution. The fellow's salary or time away from work cannot be counted toward the match.

The fellowship funds are dispersed through written agreements between UCSF and the fellow's institution. The fellow's travel expenses to seminars and other program events are covered separately by the national program office and did not come out of the \$35,000 allocation.

The program is open to senior-level nurses in executive positions in health care delivery, public health or nursing education. An R.N. license is mandatory, but it may have been earned through a hospital diploma or associate degree program as well as through a four-year bachelor's program. (Although many applicants have advanced degrees, there is no minimum standard for academic achievement.)

According to the *Call for Applications* on the program's [website](#), applicants must also:

- Possess a strong professional record reflecting positions of increasing leadership responsibility.
- Demonstrate a commitment to advance in executive leadership in health care and/or health professions education.
- Demonstrate a desire to exert a profound impact on the emerging health care delivery system, and the potential to achieve higher levels of leadership.
- Obtain a corresponding commitment from the CEO or board chair of their employing organization to provide:

- Compensation and release time to attend program seminars and activities.
- Matching resources to the challenge grant award.
- Be U.S. citizens.

Further detail on the application process is available on the program's [website](#).

The chart below shows the number of candidates at each stage of this process for each of the eight fellowship classes selected through 2008.

STAGE	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total Applications	141	56	74	88	70	81	76	93	69	78	72
Number Reviewed	113	48	58	74	63	71	62	81	65	72	59
Semi-finalists interviewed	33	33	30	42	42	44	40	42	42	42	42
Number of Fellows	15	15	15	20	20	20	20	20	20	20	20

The national program office attributes the relatively large number of applicants in 1998 to the newness of the program and applicants' unfamiliarity with the eligibility requirements. Once these first fellows were selected, their high professional standing tended to discourage less-qualified nurses from applying for the fellowship program in subsequent years, according to the deputy director.

The Fellows

The 205 fellows selected from 1998 through 2008 averaged 49 years of age and came from across the nation. Initially there was concern that nurses might be reluctant to make and/or be unable to sustain a three-year commitment. However, the application numbers and program experience to date suggest that the time requirement has not been a barrier.

So far, only three fellows have left the program prematurely—a member of the 1999 cohort who left her job and failed to find a new sponsoring institution, a member of the 2002 cohort who left because of illness, and a member of the 2005 cohort who left the program for undisclosed reasons.

Five other fellows have switched employers and remained in the program without difficulty, according to the national program office.

With the addition of the fellows selected in 2000, the program began operating for the first time with three classes. Another milestone was the inaugural class's completion of the program in 2001—an event marked by a ceremony and dinner at the April leadership seminar.

For a list of the fellows [and their projects] in the five fellowship classes selected through 2008, see the program's [website](#). For links to profiles of 13 fellows, see the [Profile List](#) at the end of this report.

Here are brief descriptions of the projects of nine fellows from the classes of 1998—2004:

- **1998, Ann Hendrich, M.S., R.N.—Empowered to design the future.** Through her leadership project, "Cardiac Comprehensive Critical Care: Demonstration Units for Future Hospital Design," Hendrich achieved a national/international reputation as a nurse executive at the forefront of innovative hospital redesign.

She has won nine awards including recognition from the American Institute of Architects, the Society of Critical Care Medicine and the American Association of Critical Care Nurses. She is the current vice president of clinical excellence at the corporate office of Ascension Health Care and serves on the board of the Center for Health Design. See [Profile](#) for more information.

- **1999, Karen Cox, Ph.D., R.N.—Leading with vision.** A project on "Improving the Work Environment of Nurses" led Cox to develop a survey instrument, the "Individual Workload Perception Scale" to assess aspects of support at the unit level. The long-term objective was to decrease nurses' stress and increase job satisfaction by using the survey results to create institution-specific interventions. Cox is the current senior vice president for patient care services at Children's Mercy Hospital in Kansas City, Mo.
- **1999, Lillian Rivera, M.S.N., R.N.—Passion for public health nursing.** Soon after graduating from the program, Lillian rose from director of community health nursing at the Miami-Dade County Health Department to its top administrator. It is the 8th largest health department in the country.

Her project, "Implementation of Florida's Sterling Management System for Organizational Performance Excellence in Public Health Nursing" was a key to getting her recognized. She has attained a 14 percent increase in employee satisfaction and a 96 percent customer satisfaction rate. On May 31, 2002, her health department won the coveted Governor's Sterling Award for outstanding performance management. See [Profile](#).

- **2000, Michael Bleich, Ph.D., M.P.H., R.N.—Creating sustainable business models.** The goal of Bleich's leadership project, "Creating Sustainable Business Models: Kansas University HealthPartners, Inc." was to develop a replicable model for the academic clinical enterprise beyond the traditional nursing center model. Working with a mentor from the business community, Bleich created a business plan to ensure the long term viability of the HealthPartners Corporation.
- **2000, Fran Roberts, Ph.D., R.N.—Inspiring and leading change: The nursing workforce shortage.** Working for the Arizona Hospital Association Roberts created

the "Campaign for Caring (CFC)," a statewide initiative focused on the nursing shortage in Arizona. Rather than a traditional recruitment and retention approach, Fran used a model titled the Career Life Cycle.

She helped sponsor the national Johnson & Johnson Promise of Nursing campaign in Arizona and has recently completed a 10-month position as a loaned executive to the Arizona Board of Regents where she helped to design and implement plans aimed at addressing the shortage of nurses. Her goal, which the Arizona Hospital Association established as its goal, was to double the number of enrollments to Arizona nursing schools by 2007. The association successfully lobbied that the goal should be incorporated into legislation.

- **2001, Gaurdia Banister, Ph.D., R.N.—Developed the confidence to lead.** Banister's leadership project, the "Hospital Morale Initiative," had a positive impact on operation effectiveness in her institution, Providence Hospital in Washington. Emergency hospital staff satisfaction scores increased from 67 percent to 97 percent.

The hospital also attained a 60 percent reduction in the use of agency nurses, saving the hospital nearly \$4 million. Banister recently has been appointed to the Ascension Health Clinical Excellence Team, a committee of 15 nurses and physician leaders from the across the Ascension Health System charged with setting the strategic direction for clinical excellence.

- **2001, Cynthia Persily, Ph.D., R.N.—A broader sphere of influence.** Starting as an associate professor and associate dean at the West Virginia University School of Nursing, Persily launched "Nurses Caring for West Virginia." Beginning modestly as a plan for expanding graduate education opportunities in nursing, the project grew in size and scope.

Ultimately, her work helped lead to the creation of the West Virginia Center for Nursing, which focuses on statewide nursing recruitment and retention. The center includes a Web based course for high school students, a media campaign, marketing materials and scholarship funds donated by local organizations and businesses.

- **2004, Margaret Franckhauser, M.P.H., M.S., R.N.—Collaborative efforts.** Franckhauser's leadership project, "Development of a Public Health Network for the Lakes Region of New Hampshire," was an effort to meet the needs of a state that has no local or county based health departments leaving the region with a number of unmet public health needs. The project resulted in the formation of the Lakes Region Partnership for Public Health, a non-profit corporation that secured additional funding from the state to launch the program.

This project allowed Franckhauser and her community partners to focus on the needs of the population as opposed to competing for resources. More importantly, this collaboration has given the area a strong voice in state legislative development and the ability to weigh in on national public health issues.

- **2004, Mary Hooshmand, M.S., R.N.—Leading change.** The goal of Mary Hooshmand's project, "Telehealth for Children with Special Health Needs: A Public-Private Partnership Service Delivery Model in Southeast Florida," was to provide access to quality pediatric specialty services for special needs children in a large geographic area where families with special needs children are challenged by travel and financial burdens.

Results of the project indicate a return on investment per visit of up to \$235 per child (\$282,000 annually). Results also indicate higher provider and family satisfaction. In addition, the telehealth project resulted in a decrease in the average wait times for pediatric specialty visits from over one year to within one month for all pediatric specialty areas in the region.

The program's applicant pool and the fellowship classes selected generally have reflected the demographics of the nursing profession, which is overwhelmingly female and white. An estimated 5.4 percent of the nation's R.N.s are men and 12.3 percent are African American, Hispanic, Asian or from other racial/ethnic backgrounds, according to a national survey conducted in 2000 by the U.S. Department of Health and Human Services.

In some years, fellowship classes have proved less diverse than the nursing profession itself. For example, the first two fellowship classes had no men at all, and the 2002 class had only one non-white fellow. In more recent years the fellowship classes have had two men and an average of four non-white fellows per cohort. The following table shows the gender and ethnic breakdown of the applicants and fellows each year.

Year	Applicants: Female	Applicants: White	Fellows: Female	Fellows: White
1998	134 (95%)	125 (89%)	15 (100%)	13 (87%)
1999	53 (95%)	50 (90%)	15 (100%)	11 (73%)
2000	70 (95%)	62 (84%)	14 (93%)	12 (80%)
2001	85 (95%)	73 (83%)	19 (95%)	18 (90%)
2002	68 (97%)	64 (91%)	19 (95%)	19 (95%)
2003	72 (89%)	67 (89%)	18 (90%)	13 (65%)
2004	72 (94%)	66 (87%)	19 (95%)	17 (85%)
2005	86 (92%)	72 (85%)	19 (95%)	16 (80%)
2006	63 (91%)	57 (83%)	18 (90%)	16 (80%)
2007	73 (94%)	61 (78%)	18 (90%)	15 (75%)
2008	67 (93%)	N/A	18 (90%)	15 (75%)

The national program office has taken steps to increase the diversity of applicants by working with groups such as the National Black Nurses Association, the National Association of Hispanic Nurses and the Asian American Pacific Islander Nurses

Association. Although the proportion of applicants who were non-white rose to 17 percent in 2001, it fell to 9 percent in 2002. Since 2002 the NPO has seen a rise in the percent of non-white applicants each year: up to 15 percent in 2005, 17 percent in 2006 and 22 percent in 2007. In 2008, the NPO was not allowed to collect ethnicity data on applicants.

According to the national program office deputy director, the program must contend continually with a reality in the field: the senior ranks of nursing are even more solidly white than is the profession as a whole.

RWJF intended for the program to draw equally from the clinical, education and public health fields of nursing, but the national program office has had limited success achieving that goal.

In several years, the number of applicants from public health has lagged considerably behind the number from clinical practice and education. In 1998, only 9 percent of the applicants—and only one of the 15 fellows selected—came from public health agencies. While increasing the number of public health applicants is an ongoing issue, the NPO has taken significant steps to reverse that trend. Due to efforts by the NPO and alumni, the number of public health applicants each year rose to an average of 16 percent. Cohorts since 1998 have had an average of four fellows from public health agencies.

After RWJF underscored the importance of bolstering the pool of public health applicants, the national program office directed special outreach efforts at public health organizations, including making presentations at national meetings like the American Public Health Association.

The number of public health applicants (and fellows selected) subsequently increased, but the program continues to work hard to ensure that adequate numbers of public health nurses apply and are selected each year.

The table below shows the composition of applicants and fellows by field of nursing each year.

Year	Applicants: Clinical Practice	Applicants: Public Health	Applicants: Education	Fellows: Clinical Practice	Fellows: Public Health	Fellows: Education
1998	68 (53%)	13 (10%)	47 (37%)	6 (40%)	1 (7%)	8 (53%)
1999	21 (37%)	20 (36%)	15 (27%)	3 (20%)	8 (53%)	4 (27%)
2000	30 (40%)	21 (29%)	23 (31%)	5 (33%)	3 (20%)	7 (47%)
2001	53 (60%)	11 (13%)	24 (27%)	9 (45%)	5 (25%)	6 (30%)
2002	30 (43%)	21 (30%)	19 (27%)	9 (45%)	5 (25%)	6 (30%)
2003	48 (59%)	11 (14%)	21 (26%)	10 (50%)	3 (15%)	7 (35%)

2004	33 (44%)	17 (22%)	26 (34%)	7 (35%)	7 (35%)	6 (30%)
2005	32 (34%)	5 (25%)	36 (39%)	8 (40%)	5 (25%)	7 (35%)
2006	28 (40%)	8 (12%)	33 (48%)	6 (30%)	4 (20%)	10 (50%)
2007	32 (41%)	14 (18%)	32 (41%)	7 (35%)	4 (20%)	9 (45%)
2008	29 (40%)	8 (11%)	35 (49%)	9 (45%)	3 (15%)	8 (40%)

Public health nurses say the most significant barrier to participation in the program is the requirement that their institution match the \$20,000 in funding provided by the fellowship for their project.

Nurses say many potential candidates fear that their employers—typically a county or state health department under tight budget constraints—will be unwilling to make a contribution of that size, even if it is an in-kind contribution, as is allowed under the program.

A related issue is how broadly to define the public health field. Some RWJF staff members consider the category limited to nurses who work for public health agencies, such as a county health department.

Program personnel, some national advisory committee members and others within RWJF interpret the term to include nurses working in the public interest but for an employer other than a public health agency—for example, a hospice or another nonprofit organization or a public health program within an academic institution. Program personnel have not settled the question conclusively.

Program Operations

The program today operates generally as originally designed. It relies on four core elements to provide fellows with learning opportunities:

Seminars

The introductory seminar held each spring for the incoming fellowship class explores leadership themes and challenges, personality types and interactions and the importance of good communications.

Various assessment tools—including "360-degree feedback" data from workplace subordinates, peers and managers—are used to provide a personal snapshot of each fellow's strengths and challenges as a leader.

Fall and spring seminars are attended by all three fellowship classes and are designed to emphasize leadership lessons in the context of real-world issues and policies. "Social Justice and Advocacy," for example, was the title of the April 2001 seminar.

Seminars since then have focused on current topics and trends in healthcare such as: aging, obesity, health professions education, emerging issues in public health, innovation and creativity, and political competence. In 2008, the NPO made a conscious decision to reinforce the five core competencies of the program by having each seminar tied to one of the five competencies. In 2008, the introductory seminar concentrated on the competency of self-knowledge, the fall seminar addressed risk taking and creativity and the 2009 spring seminar will focus on inspiring and leading change.

The seminars last four to five days and are held at various locations around the country. Although some speakers may appear at only one seminar every three years, program leaders invite others to each session.

Focus groups conducted with 1998 and 1999 fellows by the San Francisco firm Arthur Associates under a subcontract indicated that the leadership seminars were a high point of the program.

However, the firm also reported that some participants wanted the level of content raised. (See the [Evaluation](#) section for details on this and other program assessments.)

Similarly, some members of the inaugural class told the national program office informally that the content seemed more appropriate for mid-level managers than executive leaders.

Because of this concern, the national program office made a concerted effort to raise the level of both the curriculum and the speakers' presentations. Additionally, the seminar format was modified to permit more unstructured interaction between fellows.

Projects

The purpose of the individual project is to help fellows develop the capacity to craft plans and lead their institutions through major changes in policy or procedure, learning to overcome the social, economic, political and technological issues that are apt to accompany any such effort.

The projects undertaken by the fellows varied widely in subject matter. For example:

- An administrator in a New York City hospital developed a program to increase access to care for elderly asthmatics in East Harlem.
- An employee of the Georgia government worked on a comprehensive plan to address women's health needs across the state.
- An official of an Arizona hospital association undertook a five-year campaign aimed at easing the state's nursing shortage.

- An administrator in a Colorado health system developed a revenue model for telehealth and was able to push a bill through the General Assembly that expands the use of telemedicine in the Medicaid program.
- A researcher in New York developed a community-designed, culturally sensitive, faith based intervention to reduce obesity and related health risks among African Americans.

The \$20,000 in fellowship money goes for such purposes as:

- Paying research assistants.
- Hiring consultants.
- Obtaining data analysis.
- Buying equipment and supplies.

All sponsoring institutions have met the required match. In fact, some fellows have raised far more funds from federal grants, state tobacco settlement funds, foundations and other external sources. Members of the 1999 cohort raised nearly \$2.5 million for their projects over and above the RWJF and institutional match funds, the national program office reported. (Figures for fellows in more recent cohorts are being collected in 2009.)

Mentorships

Mentorship has been the program's most challenging and uneven component. Identifying and recruiting mentors has proved more difficult than anticipated, according to the national program office.

In addition, many fellows found their mentor relationships disappointing, even as they were "unanimously enthusiastic" about the program overall, according to focus groups of 1998 and 1999 fellows conducted by Arthur Associates.

Although some fellows reported positive experiences with their mentors, others reported difficulty getting in contact with their mentors and developing a sense of personal connection. Others complained that the mentor did not seem to understand the role he or she should play.

The national program office deputy director suggests that part of the problem has been the disparate expectations that fellows bring to the mentor component of the program.

However, many of the mentors interviewed by Arthur Associates in 1998–1999 reported that they had expected the national program office to provide more structure and guidance.

Because of this feedback, fellows have been given a freer hand in selecting their mentors. Now, instead of recruiting mentors for the fellows, the national program office provides guidance to the fellows in finding their own mentors.

The office is more fully articulating its expectations of mentors and increasing communications, including sending quarterly updates on the program.

As part of the effort to strengthen this program element, the deputy director attended an RWJF workshop on effective mentoring and distributed some of the written workshop materials to mentors and fellows. Linda Phillips-Jones, Ph.D., an author and consultant on mentoring partnerships led the one-day session—entitled "Best Practices in Mentoring—in March 2001. Since then, the national program office staff has increased efforts during the introductory seminar for each incoming cohort to help fellows better understand to role of the mentor and the expectations for this element of the program. The national program office staff and national program faculty work with fellows in small groups to dialogue about their development goals and ideas for possible mentors. Fellows are encouraged to develop a one-page mentor prospectus to send to potential mentors that outlines their goals for the relationship.

Throughout its existence, the program has attracted mentors from a wide variety of professions, businesses and public policy endeavors—from an airline industry marketing executive to a Smithsonian Institution official to a former governor (Richard Lamm of Colorado).

However, contrary to the original program plan, a good number of mentors have come from inside the health care field. Some fellows feel strongly that a mentor with health care experience can provide a more valuable experience.

Individual Activities

After the July introductory seminar, members of each incoming fellowship class use their assessment feedback data to develop a plan for the self-improvement activities they will undertake on their own using the fellowship's \$15,000 in leadership development funds. These individual pursuits vary widely, but frequently the fellows use the money to pay fees for educational courses and professional conferences and related travel expenses:

- One fellow attended a conference on "Leadership for Evolving Health Care Systems" at the Harvard School of Public Health.
- Others have gone to a five-day Harvard course on health care negotiation and conflict resolution.
- Fellows also use the money to hire personal consultants to work on their writing and speaking skills and improve their understanding of workplace dynamics.

- Other common expenditures include books and periodicals, laptop computers and travel for mentor visits.

Changes to the Program

In addition to allowing fellows to select their own mentors, there have been two key changes since the program got underway:

- **Establishment of an eight-member Core Resource Team.** The Core Resource Team develops the seminar curricula, identifies and prepares guest lecturers, reviews fellows' progress on learning plans and projects and "coaches" fellows on leadership and career issues. The Core Resource Team is composed of the national program office staff and a group of consultants with whom the national program office staff has developed a close working relationship. (For the national program office staff and national program faculty members, see [Appendix 3](#)) Each fellow is assigned staff or faculty member as a first point of contact for assistance during and between seminars.
- **Initiation of an intensive 2½-hour "coaching" session for each fellow midway through the program.** This confidential session—conducted by panels of Core Resource Team members—is intended to support the fellow's leadership development by discussing specific challenges, reviewing assessment data, monitoring goals and strategies and providing constructive feedback.

EVALUATION

First Assessment

The first of two evaluations commissioned by RWJF (ID# 038620) was an assessment of the program's design conducted in February 2000 by John R. O'Neil, a leadership consultant familiar with the program from his participation in two of the first seminars.

RWJF wanted an outside review before considering additional funding to continue the program beyond the three original cohorts. O'Neil reviewed reports and other program materials and interviewed fellows, faculty, consultants, national advisory committee members and national program office staff.

He concluded that of the leadership programs he had observed, this one was superior in a number of respects, including:

- It is successful at combining "solid content with practice."
- The "self-knowledge" components of the program were highly prized by the participants.
- There was strong consensus that the program had put fellows in much stronger positions within their organizations.

- Most fellows thought the seminar content was excellent, but sought more coverage of such issues as strategic thinking, risk taking and resolving ethical dilemmas.
- The mentoring program was the most valuable aspect of the program for some participants, he reported, but for others, "the going is slow."
- He recommended that participants be given more preparation on how to seek out mentors and secure their help.

Second Assessment

In 2001, RWJF authorized a second and more extensive evaluation in preparation for its Board of Trustees decision on funding a third series of fellowship classes. This grant (ID# 041079) supported a 13-month assessment designed to gather information on the program's ability to help create leadership capacity in the nursing profession and to provide feedback that could improve the program's operations.

This evaluation, conducted by the Lewin Group, a consulting group in Falls Church, Va., was able to draw on the experience and record of program alumni as well as current participants.

To gather information on the program's activities and impact, the firm's staff interviewed the national program office staff and representative samples of the fellows (34), their employers (14), national advisory committee members (8) and mentors (10).

The Lewin Group also conducted a written survey of all members of the first four fellowship classes (1998–2001). Of the 65 fellows contacted, 62 completed the survey. In addition, evaluators made four site visits to examine fellows' leadership projects.

National Program Office—Commissioned Focus Groups

In addition to the two RWJF-commissioned assessments, the national program office subcontracted with a San Francisco firm, Arthur Associates, to conduct focus groups during the April 2001 leadership seminar held in New York City.

The four sessions—two each with members of the 1998 and 1999 classes—sought to assess the program's impact on the fellows and identify opportunities for improving the fellowship experience.

The firm's May 4, 2001, report described the participants as "overwhelmingly positive" and said the program's greatest impact "is in fundamental changes to their (the fellows') leadership style, largely as a result of direct feedback, peer support and personal insights."

In addition to improving the mentoring element and raising the level of seminar content—two recommendations cited above—the report said fellows wanted more

coaching, including more time with the Core Resource Team and the assistance of a trained executive coach.

National Program Office Survey of Fellowship Alumni

The national program office plans to track fellows' career progress, sending them questionnaires one and three years after they complete the program. The goal is to assess the extent to which alumni move into positions of increased authority. The first alumni questionnaire was distributed in mid-2002.

In July 2002, the national program office reported that 60 percent of the 1998 cohort had achieved a significant job promotion and 80 percent had achieved significant leadership recognition and/or responsibility outside of their jobs. However, these figures also reflect promotions and appointments received during the three-year fellowship period.

A survey is going out to alumni in 2009.

Third Assessment

In November 2005, RWJF commissioned the Lewin Group, which did the formative evaluation of the program, to conduct a one-year review what the program provides compared to other nurse leadership programs, and compared to other more general leadership programs.

The evaluation looked at the *Robert Wood Johnson Foundation Executive Nurse Fellows* in the context of leadership programs in general; investigated key leadership needs in nursing as seen by nurses and others in the field; and reviewed the progress of the fellows in their careers. See [Overall Program Results / Evaluation Findings](#).

Communications

The annual *Call for Applications* brochure is distributed to some 22,000 individuals and groups on the national program office's mailing list.

Additionally, the national program office distributes the brochure to the chief executive officers of large hospital systems and academic health centers and to the directors of state public health departments.

The American Organization of Nurse Executives provides its membership mailing list so that its members receive the brochure.

Additionally, paid advertisements aimed at potential applicants are placed in professional journals, including the *Journal of Professional Nursing*, the *Journal of Nursing Administration*, the *Nation's Health*, *Nursing Outlook* and *Nursing and Health Care Perspectives*.

Chow, Chater and other program personnel have sought to stimulate interest among potential applicants by speaking to professional groups, including:

- American Organization of Nurse Executives
- American Nurses Association
- American Academy of Nursing
- American Association of Colleges of Nursing
- American Association of Nurse Executives
- National Association of County and City Health Officials.

Typically at these national meetings, national program office and RWJF personnel staff an exhibit booth and distribute written material about the program. Since 1997, national program office staff has made approximately 28 presentations and exhibited at about 20 national conferences.

The fellows have also worked to increase awareness of the program. For example:

- In November 2001, two fellows from the 1999 cohort (Karen Cox, R.N., M.S.N., and Julie Willems Van Dijk, R.N., M.S.N.) joined Chow in a presentation to the Sigma Theta Tau International Honor Society of Nursing convention in Indianapolis.
- Fellows have appeared before such other groups as the American Geriatrics Society, the National Association for Health Care Quality and the National Organization of Nurse Practitioner Faculty.
- Articles written by fellows for professional publications have helped focus attention on the program. For example, fellows Brenda Nevidjon, R.N., M.S.N., and Jeanette Ives Erickson, R.N., M.S., co-authored an article in January 2001 outlining possible solutions to the nursing shortage for the American Nurses Association-affiliated *Online Journal of Issues in Nursing*; the accompanying biographies identified the authors as members of the inaugural cohort of RWJF fellows.
- The fellowship projects have provided the focus for additional projects by the program's participants. For example, Bonnie Brueshoff, M.S.N., R.N., an Executive Nurse Fellow alumnus (2003–06) and public health director of the Dakota County Public Health Department in Minnesota, received local news coverage for a \$75,000 grant from Blue Cross Blue Shield of Minnesota the public health department. The grant will enable the department to work with five school districts in the county to assess the food environment in the schools and assist them in developing plans to increase the availability of fruits and vegetables. The project's long-term goal is to boost consumption of fruits and vegetables by students, staff, parents and the community.

- The program [website](#), outlines the purpose and activities of the fellowship program, explains the eligibility requirements and selection process and identifies all fellows by class. The site also includes application materials.

In 1999, Chow and Morjikian (the former deputy director) co-authored (with Janet M. Coffman, M.P.P.) a book chapter on the nursing profession's need for strong leadership and the role of professional development programs, including the RWJF fellowship. Roderick W. Gilkey edited the book, *The 21st Century Health Care Leader*. (See the [Bibliography](#) for further details.)

Leadership Summit

The national program office hosted a leadership summit on September 29–30, 2007 called "Health Care Today & Nursing's Leadership Agenda for Tomorrow." The summit provided a venue to celebrate the program's 10th anniversary, highlight lessons learned, acknowledge the leadership impact and outcomes of the program and develop a call to action.

The Summit was attended by over 200 participants including: current *RWJF Executive Nurse Fellows*, alumni, fellows and scholars from other Human Capital Programs, representatives from CDC, the media, national advisory committee, program faculty, and national program office staff. The Summit was kicked off with an expert panel where participants heard from: Andrew McGuire, executive director, The Trauma Foundation, Margaret Grey, '99 cohort and dean, Yale School of Nursing and Edward O'Neil, principal investigator and director, Center for the Health Professions.

The summit allowed for interaction between the various participants to discuss the overall obesity epidemic as well as the chance to work in small groups to develop recommendations for tackling obesity in a particular context (see below):

- Community Education/ Prevention/ Outreach & Planning
- Community Intervention/Obesity Management
- Health Professions Education
- In-Patient & Ambulatory Care Settings
- Local/State Public Health Departments
- Research.

In addition, the summit was the culmination of the national program staff's work with 122 alumni and the 60 current fellows to connect the outcomes/impact of their RWJF leadership projects regionally, statewide and nationally. The summit presented the collective impact on health and health care and connected the fellows in the classes of

1998-2008 who have been working on similar issues in an effort to share best practices and leverage joint efforts. The NPO engaged Spitfire Strategies to assist in efforts to collect fellowship stories.

OVERALL PROGRAM RESULTS

- **From 1998 through 2008, 11 classes of fellows—totaling 205 nurses—have entered the program.** It is expected that approximately 202 fellows will have graduated by 2011.
- **The fellows' projects and individual development activities vary widely,** although the latter frequently include participation in educational courses and professional conferences. Projects have included:
 - Model hospital room care designs for critically ill patients.
 - A prototype distance learning system for regional workforce development.
 - A statewide plan for protecting women's health.
- **Five alumni have been inducted as American Academy of Nursing Fellows.** The following Executive Nurse Fellows alumni were inducted November 8, 2009 as Fellows of the American Academy of Nursing:
 - Mary Knudtson (1995–1998), F.N.P., M.S.N., and D.N.Sc., a professor at the University of California, Irvine.
 - Joy Reed (1995–1998), Ed.D., M.S., director of the office of public health nursing and professional development in the division of public health at the North Carolina Department of Health and Human Services. See [Grantee Profile](#) for more information.
 - Barbara Hatcher (1998–2000), R.N., M.P.H., Ph.D., director of the Center for Learning & Global Health, American Public Health Association.
 - Karen Drenkard (2001–2003), Ph.D., director of the Magnet Recognition Program at the American Nurses Credentialing Center. See [Grantee Profile](#) for more information.
 - Susan Lacey (2004–2006), Ph.D., R.N., director of the Nursing Workforce Innovation Center at the University of Missouri-Kansas City School of Nursing. The Academy is comprised of many of the nation's top nursing executives, policy-makers, scholars, researchers and practitioners.

See the [Profile List](#) for links to profiles of 13 nurse fellows and descriptions of their projects.

Evaluation Findings: 2001

In a 43-page draft report submitted to RWJF in October 2002, the Lewin Group concluded that:

- **The fellowship program "has established a solid foundation and strong reputation," but given the program's short history, "it is important that expectations regarding its impact on the larger nursing and health care arenas be realistic."** This may take time to unfold, and measuring the program's impact may be particularly challenging given the program's narrow focus.
- **Almost 90 percent of the fellows surveyed said they were able to apply fellowship-acquired skills to their leadership roles in their employing institutions.** The great majority reported that the program improved their ability, "quite a bit" or "a great deal," to:
 - Manage people (74.2 percent)
 - Negotiate (71.0 percent)
 - Manage conflict (74.2 percent)
 - Build teams (88.7 percent)
 - Communicate (90.2 percent)
 - Solve problems (77.4 percent)

More than half (51.6 percent) said the program had improved their ability to interview, hire and evaluate employees "not at all" or "a little."

- **More than three-quarters of the fellows surveyed were at least "somewhat satisfied" with the mentorship program, but only about a third were "very satisfied" with their experience.** Members of the 1998 class, in particular, reported relatively high levels of dissatisfaction with their mentorship experience.
- **All but one of the interviewed employers said program participation had improved the fellows' organizational effectiveness.** The employers cited the fellows' higher levels of confidence in performing job responsibilities, greater willingness to take initiative, improved ability to manage people and enhanced problem-solving skills.
- **Although fellows expressed appreciation for the work carried out by the national program office, the level of approval has been declining with subsequent fellowship classes.** A significant proportion of all fellows surveyed (73.3 percent) indicated the national program office either exceeded or met their expectations. However, the proportion of fellows with that view has fallen—from about 87 percent of the 1999 class to about 56 percent of the 2001 class.

"A possible explanation for this decline is the concern expressed by national advisory committee members and fellows regarding the ability of the national program office to keep up with the growth" in both the number of fellows and the program's scope, the evaluators wrote.

- **More frequent contact with members of the Core Resource Team was the single most consistent suggestion for making the team more effective.** About 22 percent of the 2001 fellows reported interacting with the Core Resource Team "often" or "very often" compared with more than 50 percent of the fellows from earlier years. The proportion of fellows rating Core Resource Team support for their project activities as "excellent" or "very good" dropped from about 69 percent among 1998 fellows to about 41 percent among 2001 fellows.
- **At all four projects visited, the work went beyond nursing "to encompass broader institutional arenas and responsibilities."** The fellows' participation "lifted already seasoned leadership skills to higher levels," the report said.
- **The national program office has made a concerted effort to attract fellows from the public health field, but the recent economic slowdown may make the program's matching requirement an even greater deterrent to public health nurses' participation than it has been in the past.** Another possible factor, however, may be that the pool of qualified executive nurses in public health is limited.

Recommendations

- **RWJF should explore "opportunities to develop synergies with other related programs"—both those funded by RWJF and those funded by others.** Such synergies could increase awareness of the program in the nursing field.
- **RWJF should consider funding an increase in national program office/Core Resource Team personnel.** During the program's first three years, the staff provided a high level of personalized attention. The program's growth, however, including the increase in class size from 15 to 20, has limited the opportunity to continue that level of interaction. Fellows point to a number of areas where greater direction would be beneficial, including discussions earlier in the program about their leadership projects and a greater number of coaching sessions.
- **RWJF should consider funding research to identify and analyze the numbers and geographic distribution of executive-level public health nurses qualified to participate in the program.** The information would provide a better understanding of the program's current penetration rate as well as inform development or targeted marketing and recruiting activities.
- **RWJF should consider establishing a small number of annual scholarships to help defray the cost of program participation for public health organizations.** This step, however, should be taken only if the proposed research indicated it could

be effective. Several national advisory committee members seconded this recommendation of scholarships for highly qualified public health nurses.

- **The national program office should further refine the mentorship program by incorporating an evaluation component that would provide ongoing feedback.** In addition, program staff should stress to fellows the importance that geographic proximity plays in facilitating ongoing mentoring relationships. Additionally, fellows and mentors should be urged to meet in person before finalizing a relationship so they can assess their chemistry.
- **The national program office should develop, and RWJF fund, a fellowship alumni network or association.** This network would facilitate ongoing collaboration among alumni as well as periodic participation in leadership seminars and other program activities. The national program office requested money from RWJF to bring alumni together annually to develop group projects. The money would also fund staff support for the projects. The funding was not included in the recent renewal because the combined timing of RWJF's decreased asset base (which declined 12 percent in 2002 after being flat in 2001) and an increased portfolio of major programs that occurred in 1998–2000 has required RWJF to slow its rate of grantmaking for the immediate future.

Evaluation Findings: 2005

The 2005–06 Lewin Group evaluation produced an issue brief, *Nursing Leadership Development and the Contribution of The Robert Wood Johnson Foundation Executive Nurse Fellows Program to Nursing Leadership Development*. The following findings are taken from that report and from a report to RWJF.

Advancing the field of Nurse Leadership Development

- Nursing and the broader health care industry have been slower than the professional community at large to design and deploy programs to increase the leadership capacity of its human capital resources.
- Most leadership and professional development programs for nurses target those working in the in-patient hospital setting. As care delivery models continue to evolve, particularly in response to the demands of chronic care which cannot be managed in the acute setting, lack of leadership capacity in other settings will become more pronounced.
- None of the leadership programs for nurses only that we examined are more likely to segment participants by specific employment setting and staff level than are programs targeting individuals from diverse health professions backgrounds.

There is also general consensus among nursing leaders and non-RN senior health care executives with regard to the development needs of nurses. These include:

- The top leadership competencies for nurses working at the executive level include:
 - Building effective teams to implement strategies.
 - Translating vision into effective strategies.
 - Communicating vision and strategy internally.
 - Maintaining appropriate focus on customer, consumer and patient.
- Nurse leaders and non-RN health care leaders also agree on the three top motivating factors that encourage nurses to pursue leadership professional development opportunities. These include:
 - Improving organizational performance.
 - Expanding professional networking opportunities.
 - Increasing professional competency.
- When considering an investment in leadership development for nurse executives, the most important factor is 'quality', according to both nurse leaders and non-RN senior health care leaders. Other considerations, including 'cost' and 'availability' are rated as far less important.
- Overall, non-RN senior health care leaders and their nursing colleagues agree that the most effective leadership development resources of nurse leaders reside outside the walls of their organizations.
- Non-RN senior health care leaders name release time as the most significant barrier to expanding professional development programs for nurses, whereas nurse leaders cite budget constraints.

There remain significant gaps in the literature in terms of what is known about the leadership capacity of nurses across areas of practice. Continuing to focus on nursing leadership in the acute care setting, the literature remains sparse regarding nurses working in community and public health settings and academic nursing practice.

Contributions of the Program in Building the Field of Nursing

- **The launch of the *Executive Nurse Fellows* has been one of the major developments in the field of nursing leadership in the past 10 years.** Several core program characteristics that made it unique in 1998, when the first cohort of 15 fellows was selected, still set it apart today from all the other existing programs for nurses only.
 - One of the core design elements was the decision to seek applicants from three primary employment settings: Service (the in-patient hospital and home-care

services environments), nursing and health professions education, and community/public health departments.

— Prior to the program, nurse leaders engaging in professional development activities outside their own organizations, health departments or universities did so in silos.

- ***Executive Nurse Fellows* is recognized as the catalyst for seeding new leadership development programs in nursing and across the health professions.** For example:

— The Helene Fuld Health Trust's Leadership Initiative for Nursing Education (LINE) Program, which applied to nursing students at the undergraduate level.

— California HealthCare Foundation's Health Care Leadership Program (CHCF), about creating more effective leaders who can serve as change agents.

- **Alumni of the *Executive Nurse Fellows* are recognized and respected as leaders and occupy top leadership positions within their organizations.** Some 42 percent occupy the top leadership position in their organizations, have an average tenure in their current organization of 13 years and have occupied their current leadership position an average of six years.

- ***Executive Nurse Fellows* alumni have had a sustained level of involvement in a broad range of critical health care issues (quality improvement, workforce development, access to care, patients safety).**

- **Their leadership activities continue to move from an internal organizational focus to a broader external health care focus.** This finding appears to validate a central design feature of the program: to stimulate alumni interest and involvement in health care issues at levels beyond their individual organizations.

- ***Executive Nurse Fellows* is creating a national network of leaders who share a desire and commitment to building the field of nurse leaders and leading and shaping the health care system of the future.**

— The overwhelming majority of alumni are members of the alumni association and attendance at annual meetings is high. Some 40 percent of alumni have collaborated with other alumni on various health care initiatives.

— The alumni association offers seed grants made possible by association membership dues to support innovative and creative health care leadership programs being undertaken by alumni.

— The current national advisory committee includes alumni.

— Alumni are serving as mentors to fellows.

- **Alumni have also advanced organizational priorities and achieved a heightened leadership presence external to their organizations since participating in the program.** Examples include:
 - Greater involvement in internal and external governance, regulatory and other oversight bodies.
 - An increased presence as leaders in professional associations and presenters at meetings and conferences.
 - Increased involvement in media activities, including press conferences and television and radio interviews.
 - Heightened involvement since participation on the *Executive Nurse Fellows* in testifying at the local, state or federal level, before state legislative committees, health care commissions and task forces related to issues such as nursing workforce shortages, nurse staffing ratios, nursing education expansion and patient safety.

The evaluators concluded that *Executive Nurse Fellows* "occupies a unique niche, providing rich opportunities to translate enhanced leadership skills into heightened effectiveness across service, education and public health sectors. It also increasingly serves as a model and catalyst in seeding new leadership development programs."

LESSONS LEARNED

1. **When seeking applicants for a fellowship program, it is important to target recruitment efforts at specific segments of the intended audience.** The national program office found that public health nurses were harder to reach than nurses in education or the clinical realm. Consequently, the national program office made a concerted effort to market the program to the public health community.

This marketing included establishing contact with public health groups, such as the Association of State and Territorial Health Organizations; sending letters to local and state public health agencies; and soliciting recommendations from public health nurse fellows on how to entice more of their colleagues to apply. Similarly, special approaches were employed to step up recruitment among ethnic minorities. (National program office Annual Report, RWJF Program Officer)

2. **Recruiting mentors from business and academia is feasible, but program personnel should be aware that it may be a difficult, time-consuming process and entail a period of trial and error.** Both national program office and RWJF staffs underestimated the difficulty of attracting mentors and making matches between mentors and fellows.

After encountering a number of unsuccessful matches, the national program office switched strategy to give the fellows more leeway in recruiting their own mentors.

When the national program office was responsible for the match, there was a tendency for the fellow "to give up" more quickly on the relationship. (National program office Annual Report, Program Deputy Director, RWJF Program Officer)

- 3. When organizing a mentoring component, ensure that what is expected of mentors and the people they mentor is well thought-out and communicated.** Uncertainty among both mentors and fellows about the purpose of the mentorship and the role each side was to play may have contributed to the uneven results to date in the mentorship component of the program.

Initially, the national program office minimized its expectations of mentors and took a hands-off approach to the mentorships, thinking flexibility would encourage the development of relationships. However, many mentors reported that they had expected the national program office to provide more structure and guidance. The national program office is now more fully articulating expectations and increasing communications, including sending mentors quarterly updates on the program. (National program office Annual Report, Program Deputy Director, RWJF Program Officer)

- 4. A fellowship program is apt to benefit substantially if its national advisory committee plays an integral role.** In some programs of this nature, the role of the advisory committee is limited to selecting the fellows and providing overall guidance. Members of this program's national advisory committee went further, by participating in seminars, helping to recruit seminar speakers and mentors, encouraging promising nurse executives to apply and making public appearances to increase the program's visibility.

A key factor was the chairperson—a highly-experienced, well-respected figure in the health care field with a wide range of contacts and the conviction that an advisory committee must do more than meet twice a year. (National program office Annual Report, RWJF Program Officer, National Advisory Committee Chair)

- 5. Program leadership that combines a full-time staff responsible for day-to-day operations with part-time consultants experienced in different aspects of the field can expand the expertise and resources available to program participants.** Creation of the Core Resource Team to help direct the program, develop curriculum and oversee the fellows' activities increased the national program office's reach and depth.

Before adopting such a structure, a program should ensure that prospective team members enjoy a good rapport. If backed up by a full-time national program office staff, a part-time director who maintains an active leadership role in the field can help ensure that the program remains current and realistic. (Program Director, Deputy Director)

CHALLENGES FOR THE FUTURE

Fellowship Alumni

The increasing number of fellowship alumni raises the question of how best to use this network of skilled nurse leaders to enrich both the program and the nation's health care system. The national program office is anxious to harness this resource and has taken initial steps in that direction.

For example, the national program office is using ex-fellows as seminar speakers and information resources, and has begun a tradition of inviting all program alumni to the spring seminar for the outgoing cohort's "graduation" ceremony and dinner. The 1998 fellows started another tradition: leaving a class "legacy." For their project, they established an endowment for the National Student Nurses Association to fund a "leadership lecture" at the association's annual convention.

Public Health Nurses

The difficulty of ensuring an adequate pool of applicants from the public health sector remains an ongoing challenge. One factor is how broadly the program defines the public health field. Does the nurse's activity determine whether she or he is a public health nurse? Or does the nature of the nurse's employing organization make that determination? (For a discussion of this issue, see the [The Fellows](#) subsection above.) This question has not yet been settled, although the deputy director says that so far it has been mainly a philosophical issue with no real effect on program operations.

Minority Recruitment

About 82 percent of nurses are middle-aged and white, and at the leadership levels the number of minorities is even smaller. The limited diversity of the nursing profession demands special efforts at minority recruitment.

As of the fall of 2004 targeted publicity to minorities has accomplished a great deal. For all cohorts of fellows, 19 percent have been non-white, but in the last two classes (2007 and 2008), 25 percent are non-white, a 32 percent improvement. An improvement has also been made in the recruitment of male nurse executives from 5 percent for all classes to 10 percent for the last three classes, a 100 percent improvement.

Mentors

Increasing the number of successful mentoring relationships remains a pressing issue. Making the fellows responsible for finding their own mentors has made a significant difference in the number of good matches, the deputy director reports. The emphasis on

setting clear goals for mentor relationships and the national program office's increased efforts at getting feedback from participants also have been beneficial.

In response to the recommendation in the 2001 Lewin assessment of the program, the national program office sought more feedback from both mentors and fellows, and was considering developing a Web-based questionnaire that participants could use to register their reaction to the experience. In addition, as part of their coaching function, Core Resource Team members have made a greater effort to help fellows set clear expectations and goals for their mentor experiences.

Long-Term Impact

As the Lewin 2005 evaluation indicated, the program is having a long-term impact not only on the health care institutions of the alumni, but on the health care system. The questionnaires to alumni one and three years after they complete the program have garnered this information

The program's work also has become synergistic with the work of the RWJF nursing group in the Building Human Capital Team. National program office staff and fellows play significant roles in informing, reviewing, participating in and disseminating the work of the group and serving as an overall national resource center on nursing workforce development. Fellows have also served as mentors to staff nurses working in the RWJF national program, *Transforming Care at the Bedside*, an initiative working with hospitals in prototyping nursing unit-level strategies to improve the work environment and improve quality of care (a white paper is available [online](#)).

Nurses from both programs participated jointly in National Nurse Week activities in May 2005 on Capital Hill as part of RWJF's CONNECT project, an initiative to help projects funded by RWJF establish relationships with policy-makers in Congress and state legislatures. RWJF believes that such relationships can:

- Increase policy-makers' understanding of the projects' activities.
- Engage policy-makers as a voice of support for the work of the projects in communities.
- Help illustrate a problem or challenge in the health or health care arenas, and potential solutions to the problem.
- Increase and promote attention to the work of projects among critical audiences, such as the media, and public, corporate and community organizations.

The program has had a significant impact within nurse managed health centers and community centers across the country. Fellows have collectively worked on projects resulting in the ability to provide healthcare access to vulnerable populations. Fellows

from these centers are active in the policy and advocacy arena elevating the voice of nursing to a national level in an effort to eliminate health disparities and to secure financial sustainability for the centers. In addition, they are able to deliver more efficient and effective services to underserved populations and provide better health outcomes in communities across the nation.

According to Dickow, the deputy director, "Nursing workforce development centers across the country led by fellows and alumni of the program are creating innovative results in this environment and fostering national impact." These centers focus on issues related to the nursing shortage—looking at workforce planning and development, recruitment and retention. The *Robert Wood Johnson Colleagues in Caring: Collaboratives for Nursing Workforce Development* (1996–2002) created funding and direction for expanding state and regional entities for nurse workforce planning and development. Also see [Program Results](#). Today, 39 states have created nursing workforce centers.

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APPENDIX 1

Participants in September 1995 Planning Meeting in Princeton, N.J., Convened by the Center for the Health Professions

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

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APPENDIX 2

National Advisory Committee Members

The national Advisory Committee advises RWJF on the *Executive Nurse Fellows*. The primary responsibility of the committee is the selection of fellows. Members also provide guidance throughout the fellows' fellowship.

Hon. Shirley S. Chater, Ph.D., R.N., F.A.A.N. (Chair)
Former Commissioner, U.S. Social Security Administration
Mill Valley, Calif.

Washington, D.C.

Jennie Chin Hansen, R.N., M.S., F.A.A.N.
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AARP
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Neal R. Berte, Ed.D.
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APPENDIX 3

National Program Office and National Program Faculty

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

(What was once known as the Core resource team is now the national program office and the national program faculty.)

National Program Office

The national program office serves as the primary liason with the Robert Wood Johnson Foundation. Any inquiries regarding the *Executive Nurse Fellows* fellowship or requests for technical assistance should be addressed to the office.

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Marilyn P. Chow, D.N.Sc, R.N., F.A.A.N.,
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Mary T. Dickow, M.P.A., Deputy Director
Wendy Besse, M.P.A., Program Operations
Manager
Jennifer Hart, Program Assistant

National Program Faculty

The national program faculty is responsible for developing and leading seminar sessions and serving as a resource to the fellows, alumni and pod advisors. Collectively, the team has a diverse background in nursing leadership, health professions education, health care services, leadership development, executive coaching, and program administration.

**Janis P. Bellack, Ph.D., R.N., F.A.A.N.,
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President and John Hilton Knowles Professor
MGH Institute of Health Professions
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Fralic MF and Morjikian RL. "The RWJ Executive Nurse Fellows Program, Part 3: Making the Business Case." *Journal of Nursing Administration*, 36(2): 96–102, 2006. Abstract available [online](#).

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O'Neil E and Morjikian R. "Nursing Leadership: Challenges and Opportunities." *Policy, Politics and Nursing Practice*, 4(3): 173–179, 2003.

World Wide Websites

www.executivenursefellows.org provides information about the *RWJF Executive Nurse Fellows* and its selection process and includes application material. San Francisco: Center for the Health Professions, University of California, San Francisco.

PROFILE LIST

The profiles provide a glimpse inside the program, detailing the goals and experiences of twelve fellows and the impact the fellowship has had on their lives and careers. The profiles are based on interviews with the fellows, as well as other program documents, including the fellows' applications, development plans and annual reports to the national program office.

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