Robert Wood Johnson Foundation Executive Nurse Fellows

Strengthening nursing leadership of the health and health care systems

EXECUTIVE SUMMARY

The RWJF Executive Nurse Fellows program is a three-year, advanced leadership program designed to address the needs, opportunities, and challenges of registered nurses (RNs) in senior leadership roles. Through coaching, education, group training, and individual initiatives, the fellowship builds capacity among nurses to help transform health care at the local and national levels. The Robert Wood Johnson Foundation’s Board of Trustees has authorized up to $41.2 million for the program, which began in June 1997, with the first cohort enrolled in 1998. More than 300 nurse fellows will have received training through 2017; RWJF will close the program in 2018 after the 2014 cohort has completed their fellowship period.

CONTEXT

Health care reform, concerns about rising costs, efforts to improve the quality of care, increasingly activated consumers and patients, and new communications and information technologies are dramatically changing the American health care system. The system also faces other challenges, including health care workforce shortages, disparities in health and health care, and limited access to care in rural areas.

These issues reflect a turbulent environment that requires leaders and professionals to master new roles and responsibilities. Registered nurses (RNs)—numbering approximately 2.7 million—are the nation's largest group of health care professionals. The clinical backbone of the health care delivery system, nurses bring a unique skill set to executive roles that makes them ideal candidates to assume senior leadership positions in health care organizations, academia, public health, and government.
However, many nurse executives lack the advanced leadership training, mentoring, and networking opportunities needed to move them to senior levels of leadership and meet the challenges of the 21st-century health care system.

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

*RWJF Executive Nurse Fellows* has specifically addressed the needs, opportunities, and challenges of nurses in senior leadership roles.

**RWJF’s Interest in This Area**

*Developing Leaders*

RWJF has a history of making investments to help build leadership in health and health care. The Foundation supports a wide variety of programs, which helps to ensure that the United States has a sufficient, well-trained workforce to care for patients. They have included:

- The *Robert Wood Johnson Foundation Clinical Scholars* program, which for more than four decades has provided promising young physicians with two years of post-residency training in nonbiological sciences. The program is due to close in 2017. For more information, see the [Program Results Report](#).

- The *Robert Wood Johnson Foundation Health Policy Fellows* program, which since 1973 has developed new leaders in health policy and management through placement of fellows in a congressional or executive branch office working on health policy and legislation. For more information, see the [Program Results Report](#).

*Developing the Nursing Profession*

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.

- The *Clinical Nurse Scholars Program* (1982–1991) followed, each year selecting 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 LPN (licensed practical nurse) and RN positions at the nursing school of their choice. For more information, see the Program Results Report.

These various efforts in support of the nursing field proved disappointing to the RWJF leadership. In a chapter in the 1997 edition of the annual Robert Wood Johnson Foundation Anthology, then-RWJF president Stephen A. Schroeder, MD, 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,” the authors wrote. Nevertheless, RWJF’s interest in strengthening the nursing profession continued.

**Leadership for Nursing**

In September 1995, the Center for the Health Professions at the University of California, San Francisco,¹ convened a meeting of national health care leaders in Princeton, N.J. 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 following year, the center submitted a draft proposal for a leadership development program that would prepare nurses who were already in senior executive positions 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 "toolkit" 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

In 1997, RWJF renamed the concept and launched its *RWJF Executive Nurse Fellows* program.

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¹ The center is a research, advocacy, and training institute created to stimulate changes in the education of health professionals.
THE PROGRAM

The Robert Wood Johnson Executive Nurse Fellows program is a three-year, advanced leadership program for registered nurses who aspire to lead and shape health care, both locally and nationally. It works to strengthen their leadership abilities through coaching, education, group training, and individual initiatives. It started in June 1997 and will close in 2018.

The RWJF Board of Trustees originally authorized the RWJF Executive Nurse Fellows program for up to $6.5 million over six years to support three successive cohorts of 15 fellows apiece, with each cohort engaged for three years. Through a series of reauthorizations, the Board approved additional funding—up to a total of $41.2 million for the program. For a list of related grants, see Appendix 1.

How It Works

Each year, the national program office selects up to 20 highly qualified nurses to participate in the three-year program; each awardee receives $35,000 in leadership development funds during that period. Fellows continue to work in their current positions during their fellowships, but are guaranteed time off to participate in program activities. The time commitment varies at any given time, but averages four to six hours a week over the course of the fellowship.

The program offers a mix of individual and team activities—with the fellows participating in an assessment of their strengths and weaknesses as leaders and collaborating with program staff to develop tailored learning plans.

Major components of the program include

- Advanced leadership training
- Team-based “Action Learning” projects
- Executive coaching (formerly a mentorship component)
- Self-directed learning and individual projects designed to improve health care in their home communities
- Continuing leadership development through an alumni network

The ultimate goal, according to program documents, is to help the nursing profession gain a more influential voice in setting and implementing health care policy by creating “a network of nursing leaders with enhanced leadership capacity who drive improvements in population health; access, cost, and quality of American health care systems; and the identification and formation of future health professionals.”
“At this pivotal moment when the country’s health care system is being transformed, nurse leaders are driving change in multiple sectors. Our goal is to expand the leadership capacity, drive, and vision of these accomplished nurses.”—RWJF Executive Nurse Fellows Co-Director Linda Cronenwett, PhD, RN, FAAN

In February 2014, RWJF announced that it would close the RWJF Executive Nurse Fellows program as part of a broad reorganization of the Foundation’s work. The national program office selected the final cohort of 20 fellows in May 2014, and the program will close in 2018 once those fellows complete their three-year program. See Afterward for more details.

Management

National Program Office

The Center for Creative Leadership (CCL) in Greensboro, N.C., has managed the program since April 2010, under the leadership of co-directors Linda Cronenwett, and David Altman, PhD. Cronenwett is the Beerstecher-Blackwell term professor and former dean of the School of Nursing at the University of North Carolina at Chapel Hill.

Altman, initially the center’s executive vice president of research, innovation, and product development (currently executive vice president and managing director of CCL-EMEA (Europe, Middle East, and Africa), previously directed RWJF's Substance Abuse Policy Research Program and Ladder to Leadership: Developing the Next Generation of Community Health Leaders.

The RWJF Executive Nurse Fellows’ first national program office was established at the University of California, San Francisco, in June 1997 at the Center for the Health Professions, under the direction of Marilyn P. Chow, DNSc, RN, FAAN. Edward H. O'Neil, PhD, MPA, the center’s director, was the principal investigator, and provided oversight and assistance to the program on a consulting basis.

In 2009, RWJF made a decision to issue a call for proposals to manage the national program. This was not an unusual decision, especially in programs that have existed for as long as RWJF Executive Nurse Fellows, according to MaryJoan D. Ladden, PhD, RN, FAAN, a RWJF senior program officer and a fellow in program from 2004 through 2007. The Center for the Health Professions chose not to reapply to run the program.

2 See Program Results Report for more information on this program.
3 See Program Results Report for more information on this program.
CCL responded with a proposal to manage the program. Ladden and other RWJF staff thought that CCL had a creative approach to teaching leadership development and that it would take the program to the next level because leadership development was its business.

**National Advisory Committee**

One of national advisory committee's chief functions is to review applications, interview the semifinal fellowship candidates and make recommendations to the Foundation. National advisory committee members also meet as a group once a year to review program operations and make recommendations for changes. For a list of current national advisory committee members, see Appendix 2.

Terry Fulmer, PhD, RN, FAAN, professor and dean of the Bouve College of Health Sciences at Northeastern University, was named the committee’s chair in September 2012, when founding committee chair Shirley Chater, PhD, RN, FAAN, retired from the post she had held since 1998.

**Shirley Chater's Legacy**

From May 1997 to September 2012, Chater worked side-by-side with RWJF leaders to develop the nursing leadership program. RWJF viewed Chater as an example of the kind of leader the program was designed to produce.

She had served as commissioner of the U.S. Social Security Administration under President Bill Clinton, was a former president of Texas Woman's University, and vice chancellor of academic affairs at the University of California, San Francisco. When she received her doctorate in education from the University of California, Berkeley, in 1964, Chater was one of just 64 nurses in the country to hold that degree. The American Academy of Nursing honored Chater as a "Living Legend" in 2000, and RWJF named her a “force multiplier” for being a trailblazer in the nursing profession.

“Nobody replaces Shirley Chater. She is iconic and has created a program that will have an indelible impact on the future of nursing and the history of nursing.” —Terry Fulmer, PhD, RN, FAAN, National Advisory Committee Chair

**Selecting the Fellows**

*RWJF Executive Nurse Fellow* awards are open to RNs who hold senior leadership positions in health services; scientific and academic organizations; public health and community-based organizations; and national professional, governmental, and policy organizations.
Criteria also include:

- A strong professional record that reflects positions of increasing leadership responsibility and the potential to achieve higher levels of leadership effectiveness
- Vision, passion, and capability to make a substantial impact on health and health care
- Insight, courage, and evidence of a commitment to lifelong growth and development
- Capacity and willingness to learn in collaboration with other executive nurse fellows through action, reflection, feedback, and support
- Commitment (from the employing organization and individual) for the fellow’s continuing employment and active engagement in three consecutive years of structured learning, self-study, and project activity

**Funds for Fellows**

Fellows receive $35,000 for their use over three years, according to the following allocation, in effect since 2010:\(^4\)

- $7,500 to facilitate work on Action Learning team projects, which happen during the first part of the fellowship
- $7,500 for professional activities or to plan an individual learning project
- $20,000 to support an individual learning project, which takes place during the second half of the fellowship

**Core Program Elements: 1997 to April 2010**

**The Planning Phase**

The national program office used a planning grant\(^5\) to work with nurse leaders and leadership development experts to determine five core leadership competencies—“the pillars of the leadership curriculum”—that the program initially emphasized:

- **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

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\(^4\) While the $35,000 in leadership development funds has not changed since the program was launched, the funds were allocated somewhat differently in the past. Until 2010, $15,000 of the funds were used for self-directed learning activities, such as attending professional conferences, and $20,000 were used to support a specific leadership project at their home institutions (which were required to match the funds).

\(^5\) ID# 29794 ($300,000, June 1, 1997 through December 31, 1998).
• **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

Fifteen nurses were selected for each three-year cohort until 2001, when the program was expanded to allow 20 nurses to participate.

**How the Learning Was Structured**

Four core elements of the program—seminars, projects, mentorships, and individual activities—provided fellows with learning opportunities:

• A sequence of seminars lasting three to four days emphasized creative problem-solving and insights into the exercise of managerial leadership. The curriculum developers sought not to duplicate the graduate work that most nurse executives had already done.
  
  — An introductory seminar held each spring for the incoming fellowship cohort explored leadership themes and challenges, personality types and interactions, and the importance of good communications.

  — Fall and spring seminars attended by all three fellowship cohorts emphasized 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. Other seminars have focused on aging, obesity, health professions education, emerging issues in public health, innovation and creativity, and political competence.

• Each fellow designed and implemented a “leadership project” at their employing institution. The expectation was that each fellow’s project would address an essential need of the home organization. At the same time, the program provided training designed to help fellows lead their institutions through major changes in policy or procedure by learning to overcome the social, economic, political, and technological issues that are apt to accompany such efforts.

  Fellows used $20,000 of their RWJF award, matched with funds from their home institution, to pay research assistants, hire consultants, analyze data, purchase equipment and supplies, and provide other support to their projects.

  In addition to the required match, some fellows have raised funds from federal grants, state tobacco settlement funds, foundations and other external sources. For example, members of the 1999 cohort raised nearly $2.5 million for their projects, the national program office reported.
- Program staff assigned mentors distinguished for their leadership to provide training and guidance to each fellow. Initially, staff selected mentors outside the health care field—from an airline industry marketing executive to a Smithsonian Institution official to a former governor (Richard Lamm of Colorado)—to help expand the fellow's perspective.

Mentorship proved to be the program's most challenging and uneven component (see Lessons Learned) and after 1999, fellows were given a freer hand in selecting their own mentors. Rather than recruit the mentors, national program office staff provided guidance to the fellows in selecting their own, and many felt that mentors with health care experience were more valuable to them. Program staff also began to articulate its expectations of mentors more clearly and in detail and to help fellows better understand their role.

- Fellows pursued individual study and leadership development activities as part of a personal learning plan. Based on self-assessment and feedback, fellows identified learning strategies that often included enrolling in an academic course, attending a professional conference, or reading books on a certain subject.

In the late 1990s, an eight-member Core Resource Team was established, consisting of national program office staff and a group of consultants with whom the national program office staff had developed a close working relationship. The team developed the seminar curricula, identified and prepared guest lecturers, reviewed fellows' progress on learning plans and projects, and “coached” fellows on leadership and career issues.

Core Program Elements Since 2010

Overhauling the Curriculum

In 2010, under a one-year RWJF grant, the staff at the Center for Creative Leadership and the University of North Carolina at Chapel Hill School of Nursing, the new national program office, developed a new curriculum for the executive nurse fellows. No new cohort of fellows was selected during that transition year.

“Our planning phase led to a completely different curriculum,” said Co-Director Cronenwett. The Center for Creative Leadership “has an enormous research history on developing leaders, and with their faculty we selected competencies to build out the program.”

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6 Grant ID# 67500 ($662,798, April 1, 2010 through March 31, 2011).
The new leadership curriculum focuses on developing 20 competencies in four core leadership areas: leading self, leading others, leading the organization, and leading in health and health care. A key goal is to help fellows apply new knowledge and skills to the leadership challenges and opportunities they face at work.

Within two to six years of participating in the program, the center predicted that alumni of RWJF Executive Nurse Fellows will be able to use their leadership training to:

- Create a culture of leadership and collaboration within the nursing profession
- Take on broader responsibilities within organizations and through extraprofessional activities
- Mentor and coach fellows from other program cohorts
- Leverage professional and interprofessional networks

Beginning in 2011, fellows no longer were required to conduct their individual leadership projects at their home institutions, and employers no longer were asked to match part of the RWJF stipend. These changes broadened both the applicant pool—particularly among nurses in nonprofit public and community health fields whose institutions might not have been able to provide the match—and the scope of potential projects that fellows could undertake.

**How the Learning Is Structured**

The new three-year curriculum includes these activities:

- Seven face-to-face sessions over three years, involving three-day trips to Greensboro, N.C.; Boston; Colorado Springs, Colo.; and elsewhere. Sessions titles included: Foundations of Executive Leadership, Collaborative Leadership, Leading Change and Transition, Executive Presence and Communication, Strategic Leadership, Creativity and Innovation, and Taking it Home/Paying it Forward.

  Between these sessions, fellows participate in webinars and complete assigned reading.

- Action Learning team projects in the first two years, where groups work together to understand, develop, and apply advanced leadership concepts and skills

- Individual executive coaching from program faculty and outside experts with senior-level leadership experience, including up to 12 telephone sessions. This replaced the

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As defined by the Center for Creative Leadership, these competences included self-awareness; adaptability; agility; managing self; building and maintaining relationships; managing effective teams and work groups; developing others; communicating effectively; setting vision and strategy; solving problems; exerting leadership in professional organizations, on boards and experts panels, and through political/legislative action.
mentorship model, which had remained problematic, even with the fellows selecting their own mentors.

- An individual leadership project in the third year designed to improve health care delivery in the fellow’s home community
- Post-program leadership development activities through an alumni network
- Collegial engagement among other nurse executive fellows within and across current cohorts, with members of the national advisory committee, and with program alumni

OVERALL PROGRAM RESULTS

The national program offices for *RWJF Executive Nurse Fellows* reported the following results:

- **Over the course of the *RWJF Executive Nurse Fellows* program, the two national program offices have, or will have, supported more than 300 fellows participating in 16 three-year cohorts.**

  *Co-Director Altman says that fellows and alumni have not only had “a dramatic impact on the communities in which they work” but have also had “an effect on many thousands of people with whom they work directly or who are affected indirectly by their policy or advocacy work.”*

For biographies of all fellows who completed the program through the 2009 cohort, see the alumni lists on the program’s website. For a complete list and individual biographies of all fellows from 2011 through 2013, see this page of the program’s website. The 2014 cohort will be added to the page.

For links to the RWJF website profiles of 20 *RWJF Executive Nurse Fellows* alumni, see the Grantee Story List at the end of this report.

- **The first national program office, at the Center for the Health Professions, recruited, developed, and provided training to 12 cohorts of fellows totaling 225 nurses from 1998 through March 2010; 221 of these fellows completed the program.**

  - Examples of individual leadership projects undertaken by the fellows:
    - An administrator in a New York City hospital developed a program to increase access to care for elderly people with asthma in East Harlem.
    - An employee of the Georgia government worked on a comprehensive plan to address women's health needs across the state.
An advocate of palliative care for children helped develop three pediatric palliative care centers in Minnesota, which led to a national network of pediatric palliative care providers. See Grantee Story.

A faculty member in Philadelphia studied successful Healthy Living Centers in England and then worked to improve a health service center in an underserved North Philadelphia community. See Grantee Story.

A researcher in New York developed a community-designed, culturally sensitive, faith-based intervention to reduce obesity and related health risks among African Americans.

For further descriptions of some of the leadership projects, see Appendix 3.

Individual development activities varied widely, but included:

- Attending a conference on “Leadership for Evolving Health Care Systems” at the Harvard School of Public Health
- Attending a five-day Harvard course on health care negotiation and conflict resolution
- Hiring personal consultants to work on fellows’ writing and speaking skills and to improve their understanding of workplace dynamics

The second national program office, the Center for Creative Leadership, recruited, developed, and provided training to three cohorts of fellows to date. A total of 61 nurses entered the program under its leadership from 2011 through 2013 (21 in the 2011 cohort; and 20 apiece in the 2012 and 2013 cohorts).

The final cohort of 20 fellows, selected from a pool of 109 applicants, was announced in May 2014.

- The center also provided a final year of training to 19 fellows in the 2009 cohort. “This cohort, whose sessions spanned offerings from both national program offices, developed and exhibited strong leadership competencies as a result of both the “disruptions and the benefits” of the transition, wrote the program directors.

- The majority of the fellows from 2011 to 2013 were female (all 21 in 2011, and 18 out of 20 in both 2012 and 2013). In these three cohorts, 51 fellows self-identified their race as White, seven described themselves as Black or African American, one self-identified as Asian, one self-identified as “some other race,” and one fellow declined to identify race.

- Most of the fellows represented the health service sectors (55% in 2011; 45% in 2012; 35% in 2013) or nursing and health education professions (between 30% and 35%). Some 16 percent of the 2011 cohort represented public health and community health, dropping to 10 percent in 2012 and 2013.
— Fellows came from all over the country and from a variety of positions, including the executive director of a community clinic in Indiana; the chief nursing officer at a medical center in Nebraska; the first chief nurse practitioner officer in the “convenient care industry,” which provides health services in retail settings; and the director of clinical informatics for a national managed care consortium.

— Examples of **Action Learning team projects** completed by the fellows include these:

- One team assessed the current roles of RNs in primary health care and made recommendations for 21st century nursing education, policy, and practice. Guided by the American Academy of Nursing, the team conducted a literature review, explored the history of nursing, assessed the current situation, and prepared a white paper to be presented at a professional meeting.

- One team worked to design and implement a multipronged approach to help empower nurse leaders to prevent bullying against nurses—defined as verbal, emotional, or physical abuse. Using presentations, a public website, and educational materials, the team aimed to foster respectful work environments and encourage nurses to confront the issue of bullying in their profession. One team member in the 2012 cohort co-authored a paper about the topic, published in the November 2013 *Clinical Scholars Review*, “Finding Meaning in Civility: Creating a "No Bullying Zone."”

— Examples of **individual leadership projects** in the third year of the 2011 cohort include these:

- Preparing nursing leaders to better educate advanced practice nurses, whose roles are changing as the health care system evolves. At least half of the participants will be from historically underrepresented minority groups.

- Designing and implementing a global health initiative at the University of Louisville School of Medicine to improve access to health care among refugees. The project leverages existing refugee health programs and expands collaborative opportunities to address health needs in refugee communities.

- Improving access to child and adolescent mental health and substance abuse treatment in the St. Louis region. The project seeks to improve tracking of inpatient psychiatric bed availability; create a lay guide to child and adolescent mental health, developmental disabilities, and substance abuse treatment systems; and promote the development of a business plan for an inpatient unit at a local hospital.

— A very creative aspect of the curriculum provided by the CCL is a “teaching horse” activity in Greensboro, where fellows working in teams must make

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decisions about what they want a real horse to do and then decide how to get the horse to comply.

“You have to work with the horse in the corral, and you have to work with others surrounding the horse as your team,” recalled RWJF’s Ladden. “They take a very creative experience and make it immediately applicable to leadership. ‘How did that work? How did the people in the back of the horse know what you wanted them to do? How did you communicate your plans to the team and the horse? How did you get the team to work together?’

- From 2010 to 2014, executive nurse fellows and alumni received promotions or appointments to advanced positions in government, academia, and professional organizations; authored many published papers; and received numerous honors. Fellows said that these career steps resulted, at least in part, from their participation in the program.

After being promoted to vice provost at a major university, a fellow wrote that the fellowship “has given me the courage to move in this direction, when asked, and the confidence to believe I can serve in this role and achieve success. . . Based on my coaching and really examining my strengths and passions, I made a decision to move to a new role that offered me the ability to be creative and innovative.”

- Fellows in the 2011 and 2012 cohorts reported the following leadership results to the national program office:

- More than 20 fellows received a job promotion or reported another significant achievement, such as finishing an academic degree. For example:

  - Laura Wood, DNP, MS, RN, accepted a new position as chief nursing officer and senior vice president of patient care services at Boston Children’s Hospital.

  - Bernadette Khan, MSN, RN, NEA-BC, assumed a new role as chief nurse officer and will help guide a significant merger for New York Presbyterian-Lower Manhattan Hospital.

  - Patricia G. Morton, PhD, RN, ACNP-BC, FAAN, was appointed dean of the University of Utah College of Nursing.

  - Pamela Jeffries, PhD, RN, ANEF, FAAN, was appointed vice provost for digital initiatives, Johns Hopkins University School of Nursing.
— More than 20 fellows authored published articles or position papers. For example:


- **Debra Barksdale**, PhD, RN, FAAN, authored three published articles, including “Stress, Cortisol, and Night-Time Blood Pressure Dipping in Non-hypertensive Black American Women,” in *Biological Research for Nursing*.

— More than 30 fellows reported new appointments to committees or task forces. For example:

- **Lorraine Frank-Lightfoot**, DNP, MBA, RN, NEA-BC, was appointed president-elect of the Northeastern Ohio Organization for Nurse Executives.

- **Linda Yoder**, MBA, PhD, AOCN, FAAN, joined the Commission on Veterans Affairs in Austin, Texas.

— Some 15 fellows received a significant honor. For example:

- **Danuta M. Wojnar**, PhD, RN; **Sharon A.R. Stanley**, PhD, RN; and three others were elected to fellowship in the American Academy of Nursing.

- Other fellows were honored with the Rudin Award for Exemplary Service to New York City, the Florence Nightingale Medal, and the Giving Excellence Meaning in the Texas region.

Alumni reported the following leadership results to the national program office during 2013:

— Six alumni accepted appointments to high-level positions in local, state, and federal government programs. For example:

- **Julie Myhre**, MS, BA, RN, PHN, 2009 cohort, was appointed director of the Office of Statewide Health Improvement Initiatives in the Minnesota Department of Health in St. Paul.

- **Ann Cashion**, PhD, RN, FAAN, 2005 cohort, was appointed scientific director of the National Institute of Nursing Research at the National Institutes of Health.

— Seven alumni were appointed to prestigious professional organizations, fellowships, or committees. For example:

- **Tara A. Cortes**, PhD, RN, FAAN, 1999 cohort, was appointed a Health and Aging Policy Fellow by the Atlantic Philanthropies.
— **Fifteen alumni were selected for high-level academic positions.** For example:

- *Jane Kirschling*, PhD, RN, FAAN, 2000 cohort, was appointed dean of the University of Maryland School of Nursing.

- *Michael Bleich*, PhD, RN, COI, FAAN, 2009 cohort, was appointed dean of the Barnes-Jewish College’s Goldfarb School of Nursing.

— **Fifteen alumni were selected to lead or serve on the boards of professional or specialty organizations.** For example:

- *Ann Cary*, PhD, MPA, BSN, RN, A-CCC, FAAN, 2008 cohort, was elected treasurer of the Missouri Association of Colleges of Nursing.

- *Nancy Ridenour*, PhD, RN, CS, FNC, FAAN, 2003 cohort, was elected board member at-large at National Organization of Nurse Practitioner Faculties.

— **Multiple alumni and fellows authored articles published in peer-reviewed journals.**


- **In 2013, the American Academy of Nursing inducted 12 fellows and alumni, bringing the total number of executive nurse fellows and alumni in the academy to 89.**

- Fellows and alumni believe the *RWJF Executive Nurse Fellows* program inspired them to advance the recommendations of the Institute of Medicine’s 2010 report, *The Future of Nursing: Leading Change, Advancing Health*. The report calls on nurses to become full partners and leaders in the development, design, and delivery of health care.

— **Twenty-seven fellows and alumni contributed to eight briefs** about the IOM’s *Future of Nursing* initiative when it was released in 2010. Alums lead the Action Coalitions in their states.

— A column, available online, by alumni *Victoria Niederhauser*, DrPH, RN, PNP-BC (2008 cohort), and a position paper, available online, by fellow *Rita K. Adeniran*, DrNP, RN, CMAC, NEA-BC (2012 cohort) describe other contributions to the IOM’s goals by fellows.

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9 These may be only a small proportion of actual publications in 2013, since they are alumni reports only.
“In the context of the Future of Nursing, this program delivers on the promise of leadership development, which the report emphasized was needed in order to build nurses’ capacity to lead change.”—Linda Cronenwett, Co-Director

- The RWJF Executive Nurse Fellows Alumni Association was started by the 2001 cohort as their legacy to the program and the Foundation. “The alumni association and alumni network have increased their level of alignment and sense of direction and are poised to increase the collective impact they have in the years to come,” said Altman, program co-director.

The executive nurse fellows network “is a source of pride, support, recruitment, and continuous leadership development for senior nurses in the field.”—National Program Office Report

As a result of these improvements, the alumni association has:

- A consistent annual cycle for paying dues. Dues fund seed grants that encourage members to work together to improve health care.

- Representation on the RWJF Executive Nurse Fellows national advisory committee. Beginning in 2009, two alumni have been appointed to the committee every three years.

- A designated section on the website, which was redesigned in 2011. The section includes videos from alumni about the benefits of the program; biographies of all alumni; and a link to the Alumni Association. See the Fellows and Alumni section of the website.

- Leadership Challenge Peer Coaching Calls, with four to five alumni and a facilitator, started in 2013 and are scheduled quarterly to address alumni member questions about leadership challenges.

- Yearly alumni meetings with speakers and working sessions on essential themes of leadership, with most program costs paid for by the national program office. Nearly 75 alumni and current fellows attended the February 2014 national meeting.

Beginning in 1998, the fellows started a tradition of leaving a cohort “legacy.” That cohort, for example established an endowment for the National Student Nurses Association to fund a leadership lecture at the association’s annual convention.
“These fellows who are now alums have stayed connected with each other,” said Program Co-Director Cronenwett. “The bonds are there and they cross the cohorts and they are there for all time for the people in the program. It is a very powerful influence in their lives and in the lives of our professionals in general.”

Communications Results

Websites

In July 2011, CCL launched a new, public website for the program featuring videos in which fellows, alumni, and co-directors discuss the benefits and impacts of the program; information for potential applicants; program evaluation data; and written testimonials from fellows.

Along with promoting the program, the site allows the national program office to distribute RWJF Executive Nurse Fellows newsletters and program applications. “Everything is now based on electronic distribution, and with blogging and tweets, we reach 77,000 people,” said Andrea Williams, MAEd, the center’s deputy director.

The center also created a password-protected website for alumni and fellows. “We heard from multiple constituencies that it was essential for alumni and fellows to be able to interact and communicate with each other through a sign-in portion of the website,” the national program office reported to RWJF.

Alumni and fellows regularly post commentary and stories on the RWJF Executive Nurse Fellows and RWJF websites. Alumni Jerry A. Mansfield, PhD, RN, 2005 cohort, wrote one of the top 10 most-read blog posts at RWJF in 2013, “A Chief Nursing Officer Who Does Not Have a BSN—Only Hiring Policy in Place.”

Communications Consultants

CCL has been working with PR Solutions, a Washington-based national consulting firm, to develop communication activities for recruiting and public relations. This work has included:

- Developing a list of organizations to receive Calls for Applications for new cohorts
- Writing stories on fellows and alumni in the news, which are placed on the RWJF Executive Nurse Fellows and RWJF websites and distributed through email lists

In 2013, the center also reported working with two outside web design firms to improve the two RWJF Executive Nurse Fellows websites, with a major emphasis on developing
case studies that showcase the impact of the program. As of April 2014, these case studies were still under development.

**EVALUATION FINDINGS**

**Two Evaluations of Internal Reports from the 2011 Cohort**

The Center for Creative Leadership used two sets of internal reports from the 2011 cohort to help evaluate the program.

**2011 Cohort: First-Year Evaluations**

In an April 2013 report, Dinkin & Associates, LLC, a global health leadership consulting firm in North Carolina, presented a summary evaluation of reports submitted by 20 out of 21 fellows in the 2011 cohort after their first year:

- **After being a part of the RWJF Executive Nurse Fellows program, the fellows reported a greater understanding of their leadership strengths.** Many fellows reported that they had started to see themselves in a new light while others felt more respected by their colleagues.

  — On an individual level, the fellows most frequently mentioned having more awareness of their strengths and areas in need of development; an increased focus on career or new opportunities; enhanced perceptions of leadership by others; more skills as a result of training in spanning boundaries, negotiation, and collaboration.

  — On a team/organization level, the fellows most frequently mentioned a better ability to lead, sharing resources with colleagues, an expanded network of strategic relationships, and success at influencing others.

  — On a health system or nursing profession level, the fellows most frequently indicated that they had worked on action learning projects, had opportunities to participate or lead national and state-level committees, and benefitted from an expanded network of nursing peers.

- **Fellows most frequently linked their personal growth to the program’s face-to-face meetings, peer network support, assessment tools, and executive coaching.**

**2011 Cohort: Second-Year Evaluations**

In a January 2014 report, Dinkin & Associates, LLC, presented a summary evaluation of second-year reports submitted by 19 fellows in the 2011 cohort:

- **The fellows reported that their second year in the program gave them an increased sense of confidence in their abilities to be leaders within their organizations, the nursing profession, and/or the national health care system.**
— On an individual level, the fellows most frequently mentioned having more confidence and greater self-awareness and skill, and having accepted new career opportunities.

— On a team/organization level, the fellows most frequently mentioned the ability to lead teams more effectively, to lead or participate in organizational change projects, and to work on teams with shared leadership.

— On a health system or nursing profession level, the fellows most frequently indicated that they had worked on action learning projects that targeted a national level challenge; participated or led national and state-level committees; and published or presented white papers, research, or lessons learned to national audiences.

- Fellows most frequently linked their personal growth to three components of the program:

  — One-on-one coaching. “I have found the executive coaching experience to be one of tremendous support, pushing my own growth and managing conflict in some areas dense with political influences,” said one fellow. “With the coaching comes someone who is providing feedback for no other reason than encouraging and fostering my personal growth and success.”

  — The face-to-face session on boundary-spanning leadership.10

  — Action learning project. One team gathered a group of national leaders and hosted a “think tank” day to discuss the future of clinical education for nurse practitioners. The team published an editorial about the convening and submitted a journal manuscript summarizing the outcomes of the session.

    “This past year has been one of the most significant years in my career. I participated in an action learning project with my Executive Nurse Fellow cohort that stretched me beyond what I thought was imaginable.”

- The most common challenges to their leadership development were time limitations, the large size of their organizations, an organizational culture that was not focused on change, organizations that operated within silos, changes in senior leadership, staff layoffs, and budgetary challenges. Consider these comments from three fellows:

  — “The challenges have included managing my time and workload. I have experienced work fatigue and frustration with understanding how to become more

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10 Defined by Center for Creative Leadership as the ability to create direction, alignment, and commitment across boundaries in order to reach a higher vision or goal. From “Boundary Spanning Leadership” by Chris Ernst, PhD.
involved in leadership outside of my organization and continuing to lead my own organization.”

— “At times my organization can have multiple silos. This can be challenging when trying to change things across boundaries. Nursing in itself in my organization was broken into several silos. This structure was both challenging and at times a barrier to my development individually and organizationally.”

— “Our organization has had a lot of leadership changes over the past eight months, with three of seven senior leaders leaving the organization. The organization has reassessed its structures and several staff have been promoted into new leadership positions. These changes required new strategies on my part, all of which required a lot of my time.”

An Evaluation of Internal Reports from the 2012 Cohort

In a January 2014 report, Dinkin & Associates presented a summary evaluation of reports submitted by 18 of the 20 fellows after their first year in the 2012 cohort.

- Many of the findings echoed those of the 2011 evaluations, with fellows consistently reporting greater confidence in their abilities to be leaders within their organizations, the nursing profession, and the national health care system. This new sense of confidence was tied to a better understanding of self and to an expanded set of skills and resources.

- Fellows mentioned an “expanded professional network” most frequently when asked which program components were most valuable to them.

— Fellows reported that members of their cohort provided invaluable support, consultation, feedback, and encouragement. These relationships helped fellows successfully work through job transitions, professional complexities, and personal challenges. Among their comments:

- These relationships have “matured my thinking and strategic approach to change.”

- “Nationally, the relationship-building through our cohort has been extremely useful.”

- When a colleague moved from one city to another, a fellow was able to introduce her to fellows in the new location, and explains: “I connected her to my cohort colleagues there in similar specialties. This week they all met at a reception and have already made arrangements to collaborate on local nursing projects.”

- “I believe that being part of the executive nurse fellows network has absolutely influenced my effectiveness as a leader. I am truly inspired by the fellows in my cohort. They support and mentor me. I receive encouragement
and guidance from some who are chief nurses. They make me feel part of a community that I didn’t have before. I am able to use them as a sounding board or seek their advice.”

- “In my current role as CNO [chief nursing officer] of a standalone hospital, I do not have a nursing peer in my organization with whom I can discuss challenging situations and issues. Being part of the cohort has offered me the opportunity to call upon members who understand these challenges and can offer helpful advice, assisting me in improving my effectiveness.”

“Being associated with the fellows makes me a better and a more effective leader because for the first time, I have a team of exceptional leaders that support me. We often share best practices with each other and brainstorm about solutions to challenges.”

- All fellows commented favorably on the value of their action learning team projects. Though some stories highlighted the frustrations or worries associated with these projects, fellows linked these challenges to gains in learning. Overall, these projects provided fellows with opportunities to learn about working with others and about the complexities of some national and professional issues.

2010 Survey of All Alumni

In a 2010 survey, the Center for Creative Leadership asked all Executive Nurse Fellow alumni to describe the most significant change they made as a result of their experiences. The following themes emerged from the 138 responses:

- Fellows reported enhanced confidence and courage in seeing themselves as leaders and said they possessed:
  - Greater comfort with strategic risk-taking
  - New skills that increased their leadership effectiveness, including: collaboration, team and partnership development, being able to think and act strategically, mentoring, public speaking, networking, and the ability to develop a business plan
  - An expanded view and framework for approaching leadership, including the ability to “think big” and develop networks with people outside of health care

“I am different,” said one fellow. “I think differently: bigger, broader. I am braver. I see possibility all the time.”

- Fellows reported that their experiences led to promotions and job changes that created better career fits or chances for greater impact. They also noted that they
made major changes in their own organizations, led regional or national health policy developments, and wrote for publications to influence change.

“I changed as a person and as a nurse leader as a result of the retooling of skills I possessed when I joined the program.”

For additional 2010 survey results and survey testimonials from fellows, see the RWJF Executive Nurse Fellows website.

According to Cronenwett, program co-director, CCL plans to continue to evaluate the program annually until it closes.

Pre-2010 Evaluation Findings

RWJF commissioned three evaluations of the program: in 2000, 2002, and 2005, while it was based at the Center for the Health Professions.11

The first—commissioned in early 2000 as RWJF considered whether to fund three more cohorts of fellows—assessed the program’s design. John R. O’Neil, the evaluator, reported “unanimous agreement about the general efficacy of the program” and concluded that 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 ones.

In 2001, RWJF funded a second and more extensive evaluation by the Lewin Group. Its October 2002 report stated that the program “has established a solid foundation and strong reputation,” but recommended that RWJF consider increased funding to pay for additional program staff.

The Lewin Group’s 2005 evaluation 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.”

For other findings from evaluations prior to 2010, see Appendix 4.

SIGNIFICANCE OF THE PROGRAM

According to Cronenwett, the impact of the RWJF Executive Nurse Fellows program has continued to grow over time:

11 Grant ID# 38620 ($25,000, February 1, 2000 through February 29, 2000), Grant ID# 41079 ($200,072, September 1, 2001 through November 20, 2002), Grant ID# 53140 ($341,298, December 1, 2005 through December 31, 2006)
“Fellows continuously report that they take what they’ve learned and share it back home. They go back to their state and lead policy efforts in that state, and by doing so affect the leadership capacity of nursing leaders in that state. They go back to their organizations and lead in new ways that affect their colleagues, superiors, and subordinates. They take ideas and use them to improve leadership in the professional organizations of which they are a part. It isn’t just the cohort itself, but the impact this program makes on the entire profession. The real benefit accrues over time.”

“People who began the program many years ago have now reached positions that we never would have guessed would have been available to nurses. Fellows expand their visions while they are in the program, they begin to believe in themselves in new ways, and they take the risks of applying new skills. All of these things over time reap enormous benefits not only for the nursing leaders themselves but for patients and society.”—Linda Cronenwett, Co-Director

LESSONS LEARNED

1. **Target recruitment efforts at specific segments of the intended audience.** In particular, the national program office made special efforts to recruit non-White nurses and male nurses by reaching out to organizations devoted to underrepresented minorities. One example is the National Coalition of Ethnic Minority Nurses Associations.

   Program staff also reached out to public health nurses, who had been applying to the program in far fewer numbers than nurses in education or the clinical realm. Marketing included establishing contact with public health groups, such as the Association of State and Territorial Health Officials; sending letters to local and state public health agencies; and asking public health nurse fellows how to entice more of their colleagues to apply. (National program office annual report, RWJF program officer/Susan B. Hassmiller)

2. **Maintaining a comprehensive database of fellows and alumni, as the national program office did from 2011 to 2014, is an invaluable knowledge resource—to the program leadership, to RWJF, and to various external stakeholders.** (Program Co-Director, *RWJF Executive Nurse Fellows*/Altman).

3. **The program offers a number of lessons on mentoring, a component of the program that was discontinued when the program’s management moved to the Center for Creative Leadership.**
Recruiting mentors from business and academia is feasible, but may be difficult and time-consuming, and the recruitment process should ensure that mentors are thoroughly informed about what is expected of them and the people they are mentoring. Uncertainty among both mentors and fellows about the purpose of the mentorship and the role each side was to play may have contributed to uneven results.

The original national program office initially 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. For their part, many fellows reported difficulty getting in contact with their mentors and developing a sense of personal connection.

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.

The Center for the Health Professions at the University of California, San Francisco, national program office and RWJF staffs underestimated the difficulty of attracting mentors and making matches between mentors and fellows. When the program transitioned to the Center for Creative Leadership, the mentorship model was abandoned in favor of executive coaching. (Report/Center for the Health Professions and RWJF Program Officer/Hassmiller)

4. Programs will benefit substantially when the 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. (Annual Report/University of California, San Francisco, National Program Office; RWJF Program Officer/Hassmiller; National Advisory Committee Chair/Fulmer)

THE FINAL YEARS

In February 2014, RWJF announced that it would develop new programs designed to increase the number of scholars, fellows, and leaders it supports annually, with a continued commitment to including nursing and nurses in all the new human capital programs. The realignment led RWJF to a decision to close the RWJF Executive Nurse
Fellows program, with the cohort selected in May 2014 becoming the final three-year cohort.

The Center for Creative Leadership announced the news to the program’s fellows and alumni in its Winter 2014 newsletter: “Current fellows, and those selected for the 2014 cohort, will receive full support from RWJF and the program office throughout their three years in the program. The program office will not close until all the fellows have graduated and the work is completed in 2017–2018.”

Prepared by: Margaret O. Kirk and Michael H. Brown
Reviewed by: Karyn Feiden and Molly McKaughan
Program Officers: Maryjoan D. Ladden, Susan B. Hassmiller, and Terrance Keenan
Program ID: ENL
Program Co-Director: David Altman (336) 286-4414; altmand@ccl.org
Program Co-Director: Linda Cronenwett (919) 966-6840; lincron@email.unc.edu
APPENDIX 1

RWJF Grants for the RWJF Executive Nurse Fellows program

**Planning and Implementation Grants ($31,138,100)**
ID# 29794 ($300,000, June 1, 1997 through December 31, 1998)
ID# 32429 ($6,200,000; June 1, 1998 through December 31, 2004)
ID# 38610 ($7,783,100, June 1, 2000 through December 31, 2006)
ID# 47427 ($6,420,000, May 14, 2003 through May 31, 2009)
ID# 48862 ($8,300,000, June 1, 2005 through May 31, 2011)
ID# 69055 ($735,000, September 1, 2011 through November 30, 2014)
ID# 70240 ($700,000, September 1, 2012 through November 30, 2015)
ID# 71136 ($700,000, September 1, 2013 through November 30, 2016)

**Technical Assistance and Direction Grants ($6,148,715)**
ID# 67504 ($1,090,081, June 1, 2010 through July 31, 2011)
ID# 67500 ($655,959, April 1, 2010 through March 31, 2011)
ID# 68159 ($1,419,159, April 1, 2011 through March 31, 2012)
ID# 69864 ($1,485,047, April 1, 2012 through March 31, 2013)
ID# 70734 ($1,498,469, April 1, 2013 through March 31, 2014)

**Leadership Summit ($270,000)**
ID# 59021 ($270,000, December 1, 2006 through September 30, 2008)

**Evaluation Grants ($543,870)**
ID# 38620 ($25,000, February 1, 2000 through February 29, 2000)
ID# 41079 ($200,072, September 1, 2001 through November 30, 2002)
ID# 53140 ($341,298, December 1, 2005 through December 31, 2006)
APPENDIX 2

National Advisory Committee

(Positions current as of the date of posting of this report.)

Terry Fulmer, PhD, RN, FAAN, Chair
Professor and Dean, Bouve College of Health Sciences
Northeastern University
Boston, Mass.

James Appleberry, PhD
President-Emeritus, American Association of States Colleges and Universities
President-Emeritus, Northern Michigan University
Louisville, Ohio

June Chan, MSN, MSA, RN
Director, Pediatric Acute Care Services and Support Departments
Benioff Children’s Hospital
University of California at San Francisco
San Francisco, Calif.

Sue Cole, MBA
Managing Partner
Sage Leadership & Strategy, LLC
Greensboro, N.C.

Brian Coyne, MA
Vice President, Public Policy Institute
Wellpoint
Washington, DC

Joanne Disch, PhD, RN, FAAN
Clinical Professor
University of Minnesota
Minneapolis, Minn.

Mary Evans Sias, PhD
President
Kentucky State University
Frankford, Ky.

Paul Gam, MBA, CGMA, CPA
Managing Director
Grace Associates Strategic Advisors
St. Paul, Minn.

Taylor Harden, PhD, RN, FAAN
Executive Director
National Hartford Centers of Gerontological Nursing Excellence
Washington, D.C.

Phyllis Meadows, PhD, RN
Associate Director, Office of Public Health Practice
Clinical Professor, Health Management & Policy
University of Michigan School of Public Health
Ann Arbor, Mich.

Pat Montoya, MPA, BSN, RN
Project Director, RWJF Aligning Forces for Quality
Albuquerque Coalition for Healthcare Quality
Albuquerque, N.M.

Mary Newell, PhD, RN, NCSN
Nurse Facilitator
Kent School District
Kent, Wash.
APPENDIX 3

Individual Leadership Projects of Nurse Executive Fellows Cohorts of 1998 through 2004

Here are brief descriptions of the projects of nine fellows from the cohorts of 1998 through 2004.

- **1998, Ann L. Hendrich, MS, RN—Empowered to design the future.** Through her leadership project, “Cardiac Comprehensive Critical Care: Demonstration Units for Future Hospital Design,” Hendrich earned an 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. As of April 2014, she was senior vice president at Ascension Health. See Grantee Story for more information.

- **1999, Karen Cox, PhD, RN—Leading with vision.** Her project, “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. As of April 2014, Cox was executive vice president and co-chief operating officer at Children’s Mercy Hospital in Kansas City, Mo.

- **1999, Lillian Rivera, PhD, MSN, RN—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, a position she held as of April 2014. It is the eight largest health department in the country.


- **2000, Michael Bleich, PhD, MPH, RN—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.

  Bleich was named dean of the Goldfarb School of Nursing at Barnes-Jewish College in St. Louis in July 2012.
• **2000, Fran Roberts, PhD, RN—Inspiring and leading change: The nursing workforce shortage.** Working for the Arizona Hospital Association, Roberts created the “Campaign for Caring” a statewide initiative focused on the nursing shortage in Arizona. Rather than a traditional recruitment and retention approach, Roberts used a model titled the Career Life Cycle.

She helped sponsor the national Johnson & Johnson Promise of Nursing campaign in Arizona and spent 10 months as a loaned executive to the Arizona Board of Regents where she helped to design and implement plans to address the state’s nurse shortage. The Arizona Hospital and Healthcare Association adopted her goal of doubling the enrollment in Arizona nursing schools by 2007. Since 2012, Roberts has run her own consulting and contracting practice, providing expertise on health care leadership and other issues.

• **2001, Gaurdia Banister, PhD, RN—Developed the confidence to lead.** Banister's leadership project, the “Hospital Morale Initiative,” improved operational effectiveness in her institution, Providence Hospital in Washington, and helped increase the satisfaction of emergency personnel from 67 percent to 97 percent.

The hospital also reduced the use of agency nurses by 60 percent, saving the hospital nearly $4 million. Banister was appointed to the Ascension Health Clinical Excellence Team, a committee of 15 nurses and physician leaders from across the Ascension Health System charged with setting the strategic direction for clinical excellence. As of April 2014, Banister was executive director of the Institute for Patient Care at Massachusetts General Hospital.

• **2001, Cynthia Armstrong Persily, PhD, RN—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. Persily has been president and CEO of Highland Hospital Association in Charleston, W.Va. since 2013.

• **2004, Margaret Franckhauser, MPH, MS, RN—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 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 nonprofit 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. This collaboration has given the area a strong voice in state legislative development and the ability to weigh in on national public health issues.

As of April 2014, Franckhauser was CEO of the Central New Hampshire Visiting Nurse Association and Hospice.

- **2004, Mary Hooshmand, PhD, MS, RN—Leading change.** The goal of 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 are challenged by travel and financial burdens.

  Results of the project indicate significant cost savings and higher provider and family satisfaction. The telehealth project led to a decrease in the average wait times for pediatric specialty visits in the region from more than one year to one month or less. As of April 2014, Hooshman was assistant clinical professor at the University of Miami School of Nursing and Health Studies.

**APPENDIX 4**

Evaluations and Findings Prior to 2010

*First Evaluation (2000)*

In February 2000, RWJF asked John R. O'Neil, a leadership consultant familiar with *RWJF Executive Nurse Fellows*, to conduct an outside review as it considered 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 cited these strengths of the program:

- 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.

\[\text{ID# 36820 ($25,000, February 1, 2000 through February 29, 2000).}\]
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 Evaluation (2001)**

In 2001, RWJF funded a second and more extensive evaluation in preparation for its Board of Trustees decision on funding additional fellowship cohorts. The grant supported a 13-month assessment designed to gather information on the program's ability to create leadership capacity in the nursing profession and to provide feedback that could improve the program's operations.

The 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 in the first four fellowship cohorts (1998–2001). Of the 65 fellows contacted, 62 completed the survey. In addition, evaluators made four site visits to examine fellows' leadership projects.

**Findings**

The Lewin Group concluded in an October 2002 report to RWJF 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%)
  - Negotiate (71%)
  - Manage conflict (74.2%)

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13 ID# 41079 ($200,072, September 1, 2001 through November 30, 2002).
— Build teams (88.7%)
— Communicate (90.2%)
— Solve problems (77.4%)

• More than half (51.6%) 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.” Members of the 1998 cohort, 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 did, however, cite 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 had been declining with subsequent fellowship cohorts. A significant proportion of all fellows surveyed (73.3%) indicated the national program office either exceeded or met their expectations. However, the proportion of fellows with that view fell—from about 87 percent of the 1999 cohort to about 56 percent of the 2001 cohort.

  “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 leadership 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 had 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 cohort 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 of 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 of geographic proximity 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 should 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.

**National Program Office—Commissioned Focus Groups (2001)**

In addition to the two RWJF-commissioned evaluations, 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 cohorts—sought to assess the program's impact on the fellows and identify opportunities for improving the fellowship experience.

The firm's 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 (2002)**

The national program office decided to track the career progress of its fellows, sending them questionnaires one and three years after they completed the program. The goal was to assess the extent to which alumni had moved 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 or responsibility outside their jobs. (These figures include promotions and appointments received during the three-year fellowship.)

**Third Evaluation: 2005**

In November 2005, RWJF commissioned the Lewin Group to conduct a year-long review of the program. The evaluation looked at the program 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.

The following findings were identified in a Lewin Group issue brief, *Nursing Leadership Development and the Contribution of the Robert Wood Johnson Foundation Executive Nurse Fellows Program to Nursing Leadership Development*:

**Findings: 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.

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14 ID# 53140 ($341,298, December 1, 2005 through December 31, 2006).
Most leadership and professional development programs for nurses target the in-patient hospital setting. As care delivery models continue to evolve, particularly in response to the demands of chronic care, lack of leadership capacity in other settings will become more pronounced.

None of the leadership programs for nurses examined by evaluators were more likely to segment participants by specific employment setting and staff level than were programs targeting individuals from diverse health professions backgrounds.

There was also general consensus among nursing leaders and non-RN senior health care executives about these needs:

- 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 customers, consumers, and patients

- Nurse leaders and non-RN health care leaders also agree on the three top factors that motivate nurses to pursue leadership professional development opportunities:
  - 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 for 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.

Significant gaps remain 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.
Findings: Contributions of the Program in Building the Field of Nursing

- The launch of the RWJF 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 in 2005:
  - 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.

- RWJF 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 Program, which applied to nursing students at the undergraduate level
  - California HealthCare Foundation's Health Care Leadership Program, designed to create more effective leaders who can serve as change agents

- Alumni of the RWJF 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.

- RWJF 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, patient 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.

- RWJF 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 in 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 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 beyond their own organizations since participating in the program. Examples include greater involvement:
  
  — In internal and external governance, regulatory, and other oversight bodies
  
  — As leaders in professional associations and presenters at meetings and conferences
  
  — In media activities, including press conferences and television and radio interviews
  
  — In testifying at the local, state or federal level, before state legislative committees, health care commissions and task forces about nursing workforce shortages, nurse staffing ratios, nursing education expansion, and patient safety

The evaluators concluded that the Executive Nurse Fellows 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.”
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[my.executivenursefellows.org](http://my.executivenursefellows.org) (password protected) Created to provide members of the Executive Nurse Fellows program information about curriculum, projects, meetings, private e-mail and conversation capabilities, and directories. Greensboro, NC: Center for Creative Leadership and Chapel Hill, NC: University of North Carolina at Chapel Hill School of Nursing.

GRANTEE STORY LIST

Cynthia Barnes-Boyd, PhD, RN, FAAN
Executive Nurse Fellow, 2009
Director, Office of Community Engagement and Neighborhood Health Partnerships
Chicago, Ill.

Joyce A. Batcheller, NCP, RN, NEA-BC, FAAN
Executive Nurse Fellow, 2005
Senior Vice President and Chief Nursing Officer
Seton Family of Hospitals
Austin, Texas

Joan Chrastek, DNP, RN, CHPN
Executive Nurse Fellow, 2005
Pain and Palliative Care Coordinator
Children’s Hospitals and Clinics of Minnesota
Minneapolis, Minn.

Karen N. Drenkard, PhD, RN
Executive Nurse Fellow, 2003
Executive Director, American Nurses Credentialing Center Center's Magnet Recognition Program
Silver Spring, Md.

Patricia L. Gerrity, PhD, RN, FAAN
Executive Nurse Fellow, 2002
Professor and Associate Dean for Community Programs
College of Nursing and Health Professions
Drexel University (formerly MCP Hahnemann University)

Margaret Grey, DrPH, RN
Executive Nurse Fellow, 1999
Dean, School of Nursing
Yale University
New Haven, Conn.
Deborah A. Gross, DNSc, RN, FAAN
Executive Nurse Fellow, 2006
Leonard and Helen Stulman Professor in Mental Health and Psychiatric Nursing
Johns Hopkins University
Baltimore, Md.

Ann L. Hendrich, MSN
Executive Nurse Fellow, 1998
Vice President Operations, Executive Director of Patient Safety Organization
Ascension Health
St. Louis, Mo.

Keela Herr, PhD, RN, FAAN
Executive Nurse Fellow, 2007
Co-Director, Iowa John A. Hartford Center of Geriatric Nursing Excellence
Professor and Associate Dean for Faculty, University of Iowa College of Nursing
Iowa City, Iowa

Linda Norlander, RN, MS, BSN, ELNEC
Executive Nurse Fellow, 2001
Director of Clinical Services
Franciscan Hospice
Tacoma, Wash.

Shirley Orr, MHS, ARNP, NE-BC
Executive Nurse Fellow, 2009
Public Health Consultant; Co-Director, Kansas Public Health Leadership Institute
Wichita, Kan.

Joy F. Reed, EdD, RN, FAAN
Executive Nurse Fellow, 1998
Director, Office of Public Health Nursing and Professional Development
Division of Public Health
North Carolina Department of Health and Human Services
Raleigh, N.C.

Lillian Rivera, PhD, MSN, RN
Executive Nurse Fellow, 1999
Administrator
Miami-Dade County Health Department
Department of Health, State of Florida
Miami, Fla.

Rose M. Rivers, PhD, RN, NEA-BC, DPNAP
Executive Nurse Fellow, 1998
Vice President for Nursing and Patient Services
Shands Hospital at the University of Florida
Gainesville, Fla.

Jean A. Scholz, MS, RN
Executive Nurse Fellow, 2003
Principal
Health Care Workforce Transformation
Centennial, Colo.

Juliann G. Sebastian, PhD, RN, FAAN
Executive Nurse Fellow, 1998
Dean and Professor
University of Nebraska Medical Center College of Nursing
Omaha, Neb.

Deborah Swanson, BSN, RN
Executive Nurse Fellow, 2002
Nursing and Nutrition Supervisor
Grand Forks Public Health Department
North Forks, N.D.

Donna Thompson, RN, MS (September 2007)
Executive Nurse Fellow, 2003
Chief Executive Officer
Access Community Health Network
Chicago, Ill.

Julie A. Willems Van Dijk, PhD, MSN, BS, RN
Executive Nurse Fellow, 2002
Community Engagement Director, Deputy Director, Associate Scientist
County Health Roadmaps
University of Wisconsin Population Health Institute
Madison, Wis.

Tener Goodwin Veenema, PhD, MPH, MS, CPNP, FNAP, RN
Executive Nurse Fellow, 2004
Associate Professor of Clinical Nursing and Assistant Professor of Emergency Medicine
University of Rochester School of Medicine and Dentistry
Rochester, N.Y.