Defining Nursing’s Expanded Role in Health Care:
An Interview with Donna Shalala

DONNA E. SHALALA, PhD,
became professor of political science and president of the University of Miami on June 1, 2001. Dr. Shalala has more than 25 years of experience as an accomplished scholar, teacher, and administrator. In 1993, President Clinton appointed her U.S. Secretary of Health and Human Services (HHS) where she served for 8 years, becoming the longest serving HHS Secretary in U.S. history. As HHS Secretary, she directed the welfare reform process, made health insurance available to millions of children through the State Children’s Health Insurance Program (SCHIP), raised child immunization rates to the highest levels in history, led major reforms of the FDA’s drug approval process and food safety, revitalized the National Institutes of Health, and directed a major management and policy reform of Medicare. At the end of her tenure as HHS Secretary, The Washington Post described her as “one of the most successful government managers of modern times.”

In June 2008, President Bush presented her with the Presidential Medal of Freedom, the nation’s highest civilian award. In 2009, she was appointed chair of the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing at the Institute of Medicine. She has been elected to the Council of Foreign Relations, National Academy of Education, the National Academy of Public Administration, the American Academy of Arts and Sciences, the American Philosophical Society, the National Academy of Social Insurance, the American Academy of Political and Social Sciences, and the Institute of Medicine (IOM) of the National Academy of Sciences.

A Leadership Role for Nursing

DN: Can you describe how you became involved with the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine?

DS: I’ve sat on other IOM committees, and I chaired one recently for the National Academy of Sciences on the potential of women and minorities in engineering and science, so Harvey Fineberg, the president of IOM, called and asked me whether I would chair the panel. I said yes because I thought it was the right time to do this panel.

DN: You have a lot of experience with nurse colleagues. How did you think you might be able to bring their voice out in this report? What was your vision?

DS: What I envisioned was a panel not made up predominantly of nurses, but of people who had a broader interest in health policy and health sector management with a group of very strong nursing representatives. And, of course, staffing was going to come from the Robert Wood Johnson Foundation as well as leadership from the Institute of Medicine. So I envisioned a broader report in the context of health care reform.

DN: The IOM report itself talks about transforming the health care system within the newly legislated Affordable Care Act. Can you comment on what
this will mean for nurses working in this system to create better quality, accessibility, and value in health care?

**DS:** I think it will transform not only health care but nursing; move nursing into more of a central role in the leadership of health care in our country. They are the largest part of the workforce but they have never had the voice they deserved.

**DN:** And you feel the IOM report has addressed that leadership role for nursing?

**DS:** I believe that we cannot improve the quality of health care in our country without a central role for nursing. The context has to be about improving health care quality and value. This is all about the patients. No one knows this better than the nursing profession.

**A Role for Everyone**

**DN:** What message would you give to staff nurses or nursing students who may have not heard of the IOM report?

**DS:** My message to them would be to get online and read the IOM report and find a way in which they can translate it to improve what they are now doing, and to get colleagues in other professions to work with them – in particular medicine.

**DN:** What specific action do you perceive would be most important now as the campaign moves forward to its implementation?

**DS:** Well, there’s a role for everyone. There’s a role for acute care nursing, there’s a role for public health nursing, there certainly is a role for those in health policy, there’s a role for nursing education; everybody has to get more education.Political leaders have to make certain they remove barriers so nurses can practice to the level of their training. People who manage the large health care institutions of our country have to integrate nurses into the leadership of those institutions. We very carefully designed and assigned responsibilities in the report to every part of our society.

**DN:** In what capacity would you expect or hope nurses themselves would form partnerships with consumers and other groups that can lend leverage to the support that’s needed to implement the recommendations?

**DS:** I think the whole report is about collaborations, building coalitions, and working together to improve the quality of health care and access and safety in our society. No one individual or group can do this work alone; it will take all of us.

**DN:** We know about the principles and formulas to support graduate education and medical education. How can we now transform that conversation and convert it to look at nursing education? Is that possible?

**DS:** It is, but what the report really says is that we ought to be training nurses and doctors together as much as possible. Increasingly, undergraduates in their nursing training are participating in courses with medical students, doing patient safety together; there are all sorts of ways to do it.

**DN:** What are your expectations for nursing leaders?

**DS:** That they get out of there shift mentality and broaden their interest in the whole health care system. Today’s nurse leaders must have certain leadership skill sets, including a broader understanding of health policy and health care financing; a broader context to truly transform nursing. They have to have a collaborative attitude that allows people at the top, in the middle, working together to improve the delivery of health care.

**DN:** Can you talk about the barriers to nursing practice and the scope of practice, such as each state having its own regulations? How do we build a consensus to remove the barriers?

**DS:** There is a consensus statement about removing the barriers but it still has to be implemented in every state. To do that we have to build broad-based coalitions for understanding that the quality of health care in the state is directly related to allowing people to work to their training, and that the state has made a major investment in that training. To restrict people after the fact is inconsistent with improving the quality of health care for the people in that state.

**The Future of Health Care**

**DN:** What would our health care system look like in the future if all the recommendations made by the IOM were fully implement-ed?

**DS:** I think we’ll have taken a giant step to solving the entry-level issue that will have more integrated care organizations and with nursing playing a bigger role at the beginning in chronic care management, in palliative care, in public health. But we’ll simply be able to accommodate 32 million people who are about to come into the health care system, if we do this right.

**DN:** What is your take-away message for the nursing community?

**DS:** Unless people understand that nursing is central to improving the quality of health care, we will never be able to improve that quality in this country, or improve access for every American. Nursing’s expanded role is directly related to improving quality, access, and safety of health care in our country.

**DN:** Thank you for your time and, most especially, thank you for your leadership and serving as the chair of the committee on the RWJF Initiative on the Future of Nursing. $