April 15, 2021

Shannon N. Zenk, PhD, MPH, RN, FAAN
National Institute of Nursing Research
Office of the Director
31 Center Drive, Room 5B-05
Bethesda, MD 20892-2178

RE: Response to Request for Comments on the National Institute of Nursing Research Strategic Plan (2022-2026)

Dear Dr. Zenk:

AcademyHealth welcomes the opportunity to provide input to the National Institute of Nursing Research (NINR) strategic plan. We are the professional home of health services researchers, policy experts, and practitioners and strongly support the production, implementation, and dissemination of evidence to inform policy and practice. AcademyHealth hosts the [Interdisciplinary Research Group on Nursing Issues](#) (IRGNI), which exists to promote and support the development of health services research that focuses on nursing practice, workforce, and delivery of care. Our membership is highly engaged with NINR, and we recognize and support NINR's mission to promote and improve the health of individuals, families, and communities.

The COVID-19 pandemic has deeply challenged America's nursing workforce, and has shown the deep fissures in our health care delivery system. This crisis has shown that our ideals of a system that provides high-quality, equitable health care for all fails to align with reality. We have seen the deep racial and ethnic inequities both within and beyond our health system as people of color are disproportionately contracting COVID-19, suffering worse outcomes, having less access to diagnostics, vaccinations, and treatments, and are dying at higher rates. Nursing and health services research are key in identifying, confronting, and ending structural racism in the health and well-being of patients and providers. At AcademyHealth, our [strategic plan](#) explicitly names diversity, equity, and inclusion (DEI) as a core value of our organization, as it is impossible to separate racial equity from providing high-value health care through a diverse workforce. NINR's new strategic plan is a critical opportunity for our community to build and support our nursing workforce and promote DEI in our research and practice as we aggressively pursue our shared goal of removing barriers to health equity.

Nurses as Advocates Armed with Evidence Against Structural Racism

Structural racism, which includes implicit biases and embedded racism, is deeply ingrained in America's culture and institutions, including and especially in health care. AcademyHealth has long worked to understand and address health disparities and their many causes, including

structural racism within health services research and health care access and delivery. Our current [racial equity strategy](#) was announced in late 2020, and it addresses diversity, equity, and inclusion in three areas: (1) how we model inclusion and equity through self-assessments, staff training, and hiring policies; (2) providing thought leadership in working with our members and partners to develop best practices in anti-racism research methods, representation of a wider variety of perspectives and expertise in our leadership forums; and (3) to facilitate changes in the field through education, training, publications, and strategy statements. We are currently engaging with an [advisory group](#) of experts on DEI in HSR whose report will be released in June 2021. We anticipate their recommendations will address several areas from this framework, including mentoring, networking, and career pathways; improved research methods that reduce data bias; accountability for funders in promoting a more inclusive and equitable research agenda; strategies for organizations to address and begin to eliminate their own structural racism and biases; and building support among those organizations to promote change in their own communities. We encourage NINR to investigate these methods and reports.

In 2020, AcademyHealth's Interdisciplinary Research Group on Nursing Issues (IRGNI) launched their Emerging Diversity Leaders (EDLs) program, a mentorship initiative that enables underrepresented nursing health services researchers to develop and advance successful careers. This two-year structured program pairs a racially/ethnically diverse group of students at various education levels (baccalaureate, masters, DNP or PhD) with mentors on the IRGNI Advisory Committee. Ensuring inclusive excellence (establishing and maintaining environments that cultivate and benefit from a full range of talent) allows EDLs to participate in valuable learning opportunities in preparation for leadership positions in IRGNI, AcademyHealth, and their academic institutions.

Nurses are a key frontline workforce throughout the health care system, and as such are critical actors and advocates in identifying and dismantling structural racism. NINR can be a key leader in funding and supporting nursing research that critically evaluates how current policies at the institutional, local, regional, and national level maintain structural racism and barriers to equitable health care access and how these barriers affect the recruitment, training, retention, and capabilities of nursing staff. Nurses are key actors in healthcare institutions, whether on the frontlines or in leadership, and studies of which approaches work to change institutional culture, policies, and processes are an essential component of the needed research agenda. Nurses need the tools, training, and resources to be the effective anti-racism advocates that they can be, and NINR should prioritize these issues in its strategic plan.

NINR should support research that studies the current nursing workforce and the existence of structural racism in affecting licensing rates among nurses. Factors that could be studied include, but are not limited to, accessibility and inclusiveness of professional medical training, capital resources, education financing, hiring, retention, and promotion opportunities.

Building and Supporting the Nursing and Nursing-Science Workforce

The pandemic has laid bare the need to increase investments and research into the nursing workforce and has highlighted the critical role nurses play in our healthcare delivery systems. As a result of the pandemic, nurses regularly placed themselves at personal risks to provide care to patients, and experienced significant high levels of burnout, emotional exhaustion, and compassion fatigue, with insufficient resources and staffing contributing in part to these outcomes. Health systems should invest in both supportive work environments, which are associated with lower burnout for nurses, and early supportive interventions including immediate access to mental health care services, rest periods, and social support. Nursing workforce studies should investigate strategies to reduce burnout and other negative job outcomes, and dedicated funding is needed to improve nursing working conditions. Such efforts are in alignment with the calls to expand the Triple Aim (i.e., lower costs, improve care, and improve population health) to the Quadruple Aim to improve the working life of clinicians.

To narrow the health care disparities gap, to support the importance of a diverse nursing workforce and to help prepare the discipline of nursing to care for an increasingly diverse population, NINR should expand current diversity targeted programs as well as support the funding and development of bridge programs that enhances the nursing pipeline preparing them to seamlessly transition into a PhD program. Mentored transition from master's through doctoral program completion and administrative/financial support for underrepresented minority students were key factors in successful programs such as those at Duke University and the University of Illinois-Chicago Schools of Nursing. Other NIH agencies such as the National Heart, Lung, and Blood Institute (NHLBI), through summer institutes like the Research in Implementation Science for Equity (RISE) are training junior scholars underrepresented in biomedical sciences for long-term success in academic careers pursuing innovative research of interest to the NHLBI. A Summer Institute for NINR could provide methodological training on social determinants of health and/or health disparities and health equity that aligns well with research priorities of NINR and enhance the ability of scholars underrepresented in biomedical sciences to conduct innovative research and compete successfully for future NINR funding. Finally, achieving truly inclusive excellence in nursing research, it is also necessary to drive change in the institutions where diverse scholars work. NINR should join in the new NIH FIRST initiative to directly support schools of nursing in their faculty development, retention, progression, and eventual promotion, as well as ensure they become sustainable inclusive environments.

NINR should prioritize engaging with academic institutions from Historically Black Colleges and Universities (HBCUs), Minority Serving Institutions (MSI), and Hispanic Serving Institutions (HSIs) to ensure a diverse pool of highly trained nurses and nursing researchers. This should include, but is not limited to, providing resources to these institutions that support nursing education, recruitment, graduation, and career placement. NINR should incentivize researchers and grants that help invest in building the capacity of these institutions, including requiring that researchers include community-engagement approaches. Research funding opportunities should require that the investigators meaningfully engage under-resourced communities as partners in determining research priorities and questions, study design, implementation, analysis, reporting, and translation into practice and policy. Funding applications should clearly describe how under-

resourced communities were engaged in the development of the research questions and study design, with extra consideration for investigators that partner with institutions that disproportionately serve racial and ethnic minority populations. Every review panel should incorporate members from diverse communities, and efforts needed to accomplish this goal should be bolstered.

Education and Training

In response to the pandemic, educational institutions were forced to pivot to online and hybrid educational environments, including for nursing education. These changes were built on previous modernization efforts in the pedagogy of nursing education, but the actual effect of hybrid and fully remote education during a traumatizing event like the pandemic on both short- and long-term skill attainment for nurses has not been studied. Additionally, the effect of these new online instruction options and the use of simulations to replace clinical rotations on nurse satisfaction, resiliency, turnover and patient safety has not been thoroughly investigated. Although COVID-19 accelerated the pace for online simulations, little is known about how a simulated education instead of clinical rotations translates into workforce and patient outcomes. Nursing research supported by funding from NINR is vital to understand the impact of reduced clinical rotations and therefore increased use of simulation on new graduate nurses onboarding needs, their clinical competence, and long-term outcomes (i.e., burnout, intent to leave, satisfaction). Furthermore, the role of these changes in clinical education on patient safety and quality of care must also be investigated. These studies could facilitate the development of strategies or interventions to mitigate the potential for negative outcomes and establish guidelines should future emergencies warrant these changes. Future research should further investigate the effects of education simulation, as such forms are increasing to improve consistency in nursing education experiences and continue to grow in the percentage of allowable clinical hours. NINR should fund and support research that investigates these knowledge gaps as educational institutions are forming their longer-term teaching structures.

The future of healthcare involves the competent and strategic analysis of new, complex, massive data to inform population health interventions, and accessible training opportunities on large datasets for nurses that are both in the educational pipeline and the workforce is critical. The rise of social media platforms and the use of these platforms to enhance research endeavors and support interdisciplinary research initiatives as well as patient engagement in research is also needed. NINR can be a leader in supporting and funding these programs. Beyond funding, NINR could establish or build on collaborative networks (like PCORnet and the NIH Collaboratory) to support partnerships between nurse researchers and healthcare organizations to conduct relevant and timely research on an ongoing basis to study outcomes related to the various topics mentioned in this letter. Furthermore, NINR could purchase and make available or share important data sets to promote the development and specialization of nurse researchers in data science. An innovative approach to this is the [Health Data 4 Action](#) initiative, managed by AcademyHealth, that makes a range of new datasets available to researchers. A recent NIH report highlighted how the pandemic affected researchers, their mental health, productivity, and

career trajectories. The effects were particularly noted in early and mid-career investigators, and especially women investigators. Funding to develop the necessary processes and structures to help negate the future effects of the pandemic on nurse researchers must be considered. Such structures and processes might include establishing Research Centers of Excellence and collaborative networks of researchers with similar research foci and supporting nursing research conferences and educational initiatives. Current funding structures and mechanisms must be revisited to foster and reward cross-institutional collaborations and support especially early career investigators.

AcademyHealth appreciates the work that the NINR is undertaking in developing the strategic plan and requesting comments from stakeholders. NINR is in a unique position to support nursing research that removes barriers to health care, improves health equity and value, and supports a high quality, modernized nursing workforce.

For further comment, clarification, or inquiry, please email Josh Caplan at Josh.Caplan@AcademyHealth.org