



## **The National Association of Clinical Nurse Specialists (NACNS) Response to the National Academy of Medicines Future of Nursing Report: 2020 to 2030**

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## Executive Summary

An expert committee was convened by the National Academy of Medicine (NAM) to extend a vision for the nursing profession from 2020 to 2030. The committee created a path for professionals to develop a culture of health, reduce health disparities and improve the health of the US population in the 21<sup>st</sup> century. The report describes future nursing recommendations specific to the four Advanced Practice Registered Nursing (APRN) roles, including Clinical Nurse Specialist (CNS). In 2021, the National Association of Clinical Nurse Specialists (NACNS) convened a task force with the directive to identify recommendations from the Future of Nursing report related to the CNS role and to offer clear actions for the organization to pursue that advance the CNS role. This report includes a brief overview of each Future of Nursing recommendation followed by NACNS's response broken down by the three Spheres of Impact: Direct Patient Care, Nurses and Nursing Practice, and Organization/System.

**Recommendation 1:** CNSs should incorporate social determinants of health and health equity assessments and perspectives into practice.

**Recommendation 2:** CNSs should identify gaps and opportunities in social determinants of health and health equity and develop them. CNSs should lead programs to improve social determinants of health and health equity.

**Recommendation 3:** Nursing organizations, education programs, employers, leaders, and licensing boards should initiate the implementation of structures, systems, and evidence-based interventions that promote the health and well-being of nurses as they take on new roles in advancing health equity.

**Recommendation 4:** Intentional removal of barriers is needed to support the CNSs in fully addressing social needs and social determinants of health and improving healthcare access, quality, and value.

**Recommendation 5:** There is a need to establish sustainable and flexible payment methods by federal, tribal, state, local, and private payers, can public health agencies that support nurses in both healthcare and public health.

**Recommendation 6:** All public and private healthcare systems should incorporate nursing expertise in designing, generating, analyzing, and applying data to support initiatives focused on social determinants of health and health equity.

**Recommendation 7:** There is a need for nursing education programs, including continuing education and regulatory accreditors, including National Councils of State Boards of Nursing (NCSBN), to ensure nurses are prepared to address social determinants of health and achieve social determinants of health equity.

**Recommendation 8:** The nursing workforce must strengthen responses to public health emergencies and natural disasters, including climate change.

**Recommendation 9:** A group of nursing, public health, and healthcare representatives should be convened to develop and support research agendas describing the impact of nursing interventions, including multisector collaboration on social determinants of health, environmental health, health equity, and nurses' health and well-being.

In conclusion, the National Academy of Medicine: Future of Nursing Report 2020-2030 creates a path for the CNS to develop a culture of health, reduce health disparities and improve the health of the US population. The report recommendations include considerations across all spheres of CNS impact: patient/client, nurses, and organization/system.

## Background

An expert committee was convened by the National Academy of Medicine (NAM) to extend a vision for the nursing profession into 2030. The committee created a path for professionals to develop a culture of health, reduce health disparities and improve the health of the US population in the 21<sup>st</sup> century. To inform the report, the committee considered new evidence related to the COVID-19 pandemic. The report recommendations addressed the nursing role in responding to the crisis created by the COVID-19 pandemic. In addition, considerations were made regarding the rapid changes in clinical care, nurse education, nursing leadership, and nursing community partnerships recently experienced. Finally, the role of nurses was considered in addressing social determinants of health (SDOH) to provide effective, efficient, equitable, and accessible care.

The report described a call to achieve the following 1) Deploy nurses across the care continuum through collaborative practice models; 2) Achieve a diverse workforce across all nursing education levels 3) Ensure voices of the population are incorporated into the design of health systems 4) Prepare nurses, including those working in settings outside of acute care; 5) Enhance nurses ability to serve as change agents 6) Conduct research that eliminates gaps and disparities in health care; 7) Ensure nurse well-being and resilience and 8) Ensure nurses are ready to respond in emergencies.

The report describes recommendations for the future of nursing that are specific to the four Advanced Practice Registered Nursing (APRN) roles, including Clinical Nurse Specialist (CNS). In 2021, the National Association of Clinical Nurse Specialists (NACNS) convened a task force with the directive to identify recommendations from the

Future of Nursing report related to the CNS role and to offer clear actions for the organization to pursue that advance the CNS role.

In 2021, a task force was convened by NACNS to review and respond to the report based on identified implications for NACNS. The nine Future of Nursing recommendations were used as a framework for the NACNS response. Therefore, this report includes a brief overview of each Future of Nursing recommendation, followed by NACNS's response is broken down into three Spheres of Impact: Direct Patient Care, Nurses and Nursing Practice, and Organization/System.

## **Recommendation 1**

### **Develop a Shared Agenda for Addressing Social Determinates of Health and Achieving Health Equity**

#### **Summary**

In 2021, all national nursing organizations should initiate work to develop a shared agenda for addressing social determinants of health and achieving health equity. This agenda should include explicit priorities across nursing practice, education, leadership, and health policy engagement. The Tri-Council for Nursing and the Council of Public Health Nursing Organizations, with their associated member organizations, should collaborate and leverage their expertise in leading this agenda-setting process. In addition, relevant expertise should be identified and shared across national nursing organizations, including the Federal Nursing Service Council and the National Coalition of Ethnic Minority Nurse Associations. Finally, with support from the government, payers, health and healthcare organizations, and foundations, the implementation of this agenda should include associated timelines and metrics for measuring impact.

## **NACNS Response to Recommendation 1**

Promoting health equity begins with recognition, respect, and support for the communities CNSs serve. In addition, CNSs should incorporate social determinants of health and health equity assessments and perspectives into practice.

### **Implications**

#### *1. Direct Patient Care Sphere of Impact*

- a. Translate the most current evidence-based practice and research regarding social determinants of health and health equity into CNS practice. CNSs participating in research should strategically investigate social determinants of health and evaluate the implementation of strategies aimed at improving health equity.
- b. CNSs should support access to quality and affordable healthcare services for patients, which include social services.

#### *2. Nurses and Nursing Practice Sphere of Impact*

- a. Implement strategies that support diversifying the nursing and the CNS workforce to ensure we reflect the diversity of the populations we serve. Strategies should include recruiting diverse applicants and mentorship programs to retain and support the growth of nurses and CNSs.

#### *3. Organization/System Sphere of Impact*

- a. CNSs should join and actively participate in local, state, national, and international organizations. For example, one strategy is to join the Nurses on Boards (NOB) Coalition.

- b. When serving in leadership roles, promote strategies that promote health equity and translation of research which supports social determinants of health. For example, support the development of health equity benefits for staff that meet the needs of diverse employees, such as supporting equal access to healthcare.

## **Recommendation 2**

### **Nursing Workforce Addressing Social Determinants of Health and Health Equity Across All Practice Settings**

#### **Summary**

Substantive actions should be initiated by state and federal government agencies, healthcare and public organizations, payers, and foundations to enable the nursing workforce to address social determinants of health and health equity more comprehensively, regardless of the practice setting.

#### **NACNS Response to Recommendation 2**

CNSs should identify gaps and opportunities in social determinants of health and health equity and develop them. CNSs should lead programs to improve social determinants of health and health equity.

#### **Implications**

##### *1. Direct Patient Care Sphere of Impact*

- a. CNS researchers should ensure research that advances the science in understanding the social determinants of health and implement strategies to improve health equity.

- b. CNS-led research should be published in read peer-reviewed journals and translated into practical applications.

## *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs, in practice, should take substantive actions to support the nursing workforce to address social determinants of health and health equity more in the direct care setting.

## *3. Organization/System Sphere of Impact*

- a. CNS leaders should participate in organizational strategic planning and support planning which addresses social determinants of health and health equity.
- b. CNSs active in health policy should lead policy initiatives that remove barriers to care which is equitable are needed.

## **Recommendation 3: Promote Nurses' Health and Well-being**

### **Summary**

By 2021, nursing organizations, education programs, employers, leaders, and licensing boards should initiate the implementation of structures, systems, and evidence-based interventions that promote the health and well-being of nurses as they take on new roles in advancing health equity.

### **Implications**

#### *1. Direct Patient Care Sphere of Impact*

- a. CNSs should support expanding research on caregiver violence in the workplace to extend beyond the hospital setting. Conduct studies on the dissemination and efficacy of mobile technology and mobile Health apps.

- b. CNSs should support virtual visit reimbursement outside the clinical setting.

## *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs need to collaborate with members of their leadership team to advocate for nurses and CNS well-being. In addition, CNSs need to familiarize themselves with the resources available to safeguard nurse and CNS well-being in the workplace.
- b. CNSs should collaborate with leaders in their organizations to adopt healthy self-care practices in the workplace. These include nutrition, sleep, mental well-being, and physical activity opportunities.
- c. CNSs should collaborate with organizational leaders in embracing the issues of unrealistic workloads, insufficient resources, risks of infection, and moral burdens.
- d. CNSs should collaborate with leaders in their organizations to alert them to the disadvantage of burnout, moral distress, and moral injury and provide "in time" mental health services.

## *3. Organization/System Sphere of Impact*

- a. CNSs should develop and disseminate policies that address racism, inequities, and discrimination in the nursing profession.
- b. CNS programs should emphasize the need to include and expand course offerings on resilience, mindfulness, empathy and compassion, and self-care practices and how to incorporate them into daily academic and professional life.



- c. CNSs should collaborate with regulatory agencies, payors, and technology companies to reduce documentation burdens in the electronic health record.

## **Recommendation 4: Lifting Barriers to Full Practice**

### **Summary**

All organizations, including state and federal entities and employing organizations, should enable nurses to practice to the full extent of their education and training. Intentional removal of barriers preventing them from fully addressing social needs and social determinants of health and improving health care access, quality, and value are needed. Regulatory, public, and private payment limitations and restrictive policies and practices should be addressed to support lifting barriers to full practice authority. In addition, legal, professional, and commercial impediments should be addressed to facilitate overcoming obstacles to full practice authority.

### **Implications**

To meet the population's healthcare needs more fully, regulatory reform must occur at the state and federal levels to enable CNSs to practice to the full extent of their education and training.

#### *1. Direct Patient Care Sphere of Impact*

- a. CNSs should expand the practice to include telehealth opportunities and request reimbursement of services such as evaluation and management of common problems, mental health counseling, and patient wellness care services.

## *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs should collaborate with leaders to advocate for CNS and nurse practice opportunities to include telehealth opportunities and request reimbursement of services such as evaluation and management of common problems, mental health counseling, and wellness care services.

## *3. Organization/System Sphere of Impact*

- a. CNSs should join national organizations and advocate for broader coverage of CNS services beyond those typically classified as "medical service" and support the development of data that supports the authorization of CNSs to perform a wider range of Medicare services.
- b. CNSs should support the strengthening of efforts in removing barriers to prescriptive authority, including eliminating requirements for a written collaborative agreement, supervision and specifying conditions for practice.
- c. CNS should join state affiliate organizations working at the state and local level to ensure hospital rules and policies are not more restrictive than federal and state laws.
- d. CNSs should provide information on how to seek board appointments to ensure that CNSs adequate representation on State Boards of Nursing.
- e. CNSs should seek to develop knowledge regarding health policy engagement and collaborate with national and state legislatures to adopt regulations that conform to the APRN Consensus Model.

- f. CNSs should seek appointments within the National Councils of State Boards of Nursing (NCSBN) and other national organizations to support strategies that advance the adoption of all the APRN Consensus Model components in every state.

## **Recommendation 5: Establish Sustainable and Flexible Payment Mechanisms in Healthcare and Public Health**

### **Summary**

Recommendation five addresses the need to establish sustainable and flexible payment methods by federal, tribal, state, local, and private payers and public health agencies that support nurses in both healthcare and public health. In addition, advanced practice nurses and nurses working in schools should implement strategies that address social needs, social determinants of health, and health equity in school settings.

### **Implications**

#### *1. Direct Patient Care Sphere of Impact*

- a. CNS faculty teaching in CNS programs must ensure CNS education for the future CNS workforce understands alternative payment systems (APS). Examples of new payment models: are accountable care organizations (AC)s, responsible health communities (AHCs), and value-based payment (VBP).

#### *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs should work with nurses to clearly understand alternative payment systems (APS).
- b. CNSs and nurses should implement strategies to improve diverse digital platforms and technology use in practice settings.

### *3. Organization/System Sphere of Impact*

- a. CNSs need to position themselves as decision-makers in policy-making bodies. Their voice is required to ensure the CNS perspective is incorporated and understood among policymakers.
- b. CNS must ensure they are at the table influencing decisions at the health system level to work in partnership with other sectors to recognize alternative payment systems.
- c. CNS program leaders should align and incorporate future nursing report recommendations into CNS curricula.

## **Recommendation 6: Technology and Data-Driven Initiatives**

### **Summary**

All public and private healthcare systems should incorporate nursing expertise in designing, generating, analyzing, and applying data to support initiatives focused on social determinants of health and health equity. The initiatives should use diverse digital platforms, artificial intelligence, and other innovative technologies.

### **Implications**

#### *1. Direct Patient Care Sphere of Impact*

- a. CNSs should practice to the full extent of their education and training. Include CNS education in informatics and data science; emphasize how technology can help improve individualized person and family-centered care and how CNSs will bring other nurses and staff into the digital healthcare world.

- b. There will be more CNSs working with patients and families, in settings other than hospitals, including the public health arena, with more opportunities to be involved in leading technological improvements.
- c. CNSs can design, participate in, and lead research initiatives to improve systems, data collection, and reporting, and analyze and support a focus on social determinants of healthcare equity using diverse digital platforms, artificial intelligence, simulation, telehealth, and other innovative technologies. They are well-positioned to help develop innovative technology and even support entrepreneurship and innovation in technology.

## *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs in all work settings can be "super users" of technological tools, helping others improve their practice, and be instructors in using technology to improve care and treatment and direct patient care.
- b. CNSs can model for and mentor nurses on committees that make decisions and recommendations and employ positive technological changes to improve the system, the environment, and patient care delivery.

## *3. Organization/System Sphere of Impact*

- a. CNSs must be involved in various design elements and actively contribute to designing accessible, available, and better-coordinated healthcare systems, including state-of-the-art technology.

## **Recommendation 7: Strengthening Nursing Education**

### **Summary**

Recommendation seven states the need for nursing education programs, including continuing education and regulatory accreditors, including National Councils of State Boards of Nursing (NCSBN), to ensure nurses are prepared to address social determinants of health and achieve social determinants of health equity. One recommendation is to increase the number of CNSs in Ph.D. programs; we can build a cadre of nurse theorists and scientists to expand nursing knowledge in the domains.

### **Implications**

#### *1. Direct Patient Care Sphere of Impact*

- a. CNS educators should increase the integration of CNSs. They should advocate for evidenced-based training and disaster preparedness competencies within CNS programs to ensure high-quality care for individuals, families, and communities.
- b. CNS should support research that facilitates the development of a "minimum data set" for CNS practice.

#### *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNS should actively strengthen nursing education program content related to healthcare systems to ensure nurses are prepared to address social determinants of health and achieve health equity.

#### *3. Organization/System Sphere of Impact*

- a. CNS program leaders should prepare faculty to teach CNS practice that aligns with nursing reports' future. In addition, CNS programs should support learning

- and development, increasing knowledge of social health determinants and health equity.
- b. CNS education leaders design, implement and evaluate teaching strategies to ensure that CNSs can examine system-level barriers and facilitators to health services equity.
  - c. CNS education leaders should create specialty content regarding health equity and social determinants of health. In addition, CNSs should serve as preceptors for CNS students and mentors to new CNSs.
  - d. CNS education leaders should create innovative seamless transition programs for CNSs to seamlessly progress across degree programs (BSN – MSN – DNP or Ph.D.).
  - e. CNSs should participate in leadership training to support social determinants of health-sensitive outcomes by CNS. In addition, CNSs should keep assessing the needs of populations without access to adequate CNS services.

## **Recommendation 8: Public Health Emergencies and Natural Disasters**

### **Summary**

Recommendation eight states the need to enable nurses to address inequities within communities, federal agencies, and other key stakeholders within and outside the nursing profession. In addition, the need to strengthen and protect the nursing workforce in response to public health emergencies such as the COVID-19 pandemic and natural disasters, including climate change, should be considered.

## Implications

As advanced practice registered nurses, CNSs contribute and lead collaboratively in interprofessional efforts addressing public health emergencies. The COVID-19 pandemic has led to systemic burdens on the ever-complex healthcare system and APRN practice. From natural disasters and the COVID-19 pandemic, CNSs have been navigating various challenges, helping organizations affect positive changes, and improving patient care delivery outcomes. However, national research has demonstrated that barriers to APRN practice continue throughout all phases of the COVID-19 pandemic to restrict effective continuity and quality of care.

### *1. Direct Patient Care Sphere of Impact*

- a. CNSs should use resources to develop programs addressing threats and facilitating changes in healthcare environments for patients.
- b. CNSs should advocate for initiatives addressing inequalities within communities, federal agencies, and other key stakeholders to ensure health equity during disasters and increase responsibility in implementing system improvements.
- c. CNSs should advocate for evidenced-based training and disaster preparedness competencies within CNS programs to ensure high-quality care for individuals, families, and communities.

### *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs should support training and certification for emergency preparedness and response to natural disasters and public health emergencies.
- b. CNS programs should include education to support best practices during public health emergencies and disasters. In addition, there is a need to



address the role of the CNS in developing, implementing, and evaluating emergency and disaster training.

### *3. Organization/System Sphere of Impact*

- a. CNSs should use resources to develop programs addressing threats and facilitating changes in healthcare environments for systems.
- b. CNS health policy activism is needed to support initiatives that address inequalities within communities, federal agencies, and other key stakeholders to ensure health equity during disasters. Political activism can come in many forms, such as registering to vote and encouraging others to join you, advocating for policy change locally, statewide, and nationally, serving as a community organizer, and volunteering in the community.
- c. Apply for funding of research that aims explicitly to investigate the Impact of the CNS during public health emergencies and disasters.

## **Recommendation 9: Research and Evidence-Based Practice**

### **Describing the Impact of Nursing on Social Determinants of Health, Health Equity and Nurse's Well-Being**

#### **Summary**

National organizations such as the National Institute for Health (NIH), Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) and Agency for Healthcare Research and Quality (AHRQ) should join and support research regarding the impact of the nursing profession on patient outcomes. In addition, the National Academy of Medicine recommends convening a group of nursing, public health, and

healthcare representatives to develop and support research agendas describing the impact of nursing interventions, including multisector collaboration on social determinants of health, environmental health, health equity, and nurses' health and well-being.

## **Implications**

### *1. Direct Patient Care Sphere of Impact*

- a. CNSs should prioritize applying for funding of research and evidence-based practice grants to demonstrate the impact of CNS interventions in social determinants of health, environmental health, health equity, and patient health and well-being across all three spheres of impact.

### *2. Nurses and Nursing Practice Sphere of Impact*

- a. CNSs should prioritize applying for funding of research and evidence-based practice grants to demonstrate the impact of CNS interventions in social determinants of health, environmental health, health equity, and nurses' health and well-being across all three spheres of impact.
- b. Support the creation of professional development for CNS, disseminating best practices in CNS impact on social determinants of health, health equity, and nurses' well-being.

### *3. Organization/System Sphere of Impact*

- a. CNSs should highlight the CNS role when presenting and publishing social determinants of health and health equity projects where CNSs lead or serve as healthcare team members.

- b. CNSs should communicate important information about themselves as a professional, including the highest degree, information about their CNS license, CNS board certification, and awards to ensure a clear recognition of the role of the CNS and the advanced level of practice represented.
- c. CNSs should seek out and apply to join various government, community, and foundation partners to promote research and innovation agendas highlighting the impact of effective CNS interventions on social determinants of health, health equity, environmental health, and nurse well-being.
- d. CNSs should develop skills in applying for grants and scholarships.
- e. Strategically partner with national organizations to support the need for initiatives to grow more CNS-led research and evidence-based practice on the social determinants of health, health equity, and nurses' well-being.

## **Conclusions**

In conclusion, the National Academy of Medicine: Future of Nursing Report 20202030 creates a path for the CNS to develop a culture of health, reduce health disparities and improve the health of the US population. The report recommendations include considerations across all spheres of CNS impact: patient/client, nurses, and organization/system.

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