



Association for Leadership Science in Nursing

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**Gay Landstrom, PhD, RN, NEA-BC, FAONL, FACHE, PCC; ALSN Membership Committee**

**1. Tell us a little bit about your background and how you got involved in nursing leadership.**

I did my undergraduate work at Rush University and began my career working on a School-age/Adolescent unit, caring for a mix of kids with various cancers, sickle-cell crisis, diabetes, Cystic Fibrosis, and other illnesses. I became involved in shared governance very early on my unit and by 18 months, was promoted to Assistant Head Nurse. From that vantage point, and observing some questionable leadership, I became convinced that there had to be a better way to foster an environment where nurses could do their most impactful work with patients. That sent me back to graduate school at University of Illinois at Chicago and my nursing leadership career really began.

**2. What is your current role in ALSN?**

I am currently a member of the membership committee.

**3. How long have you been a member of ALSN (formerly CGEAN) and what role has the organization played in your professional development?**

I was really looking for my research peers - those asking the same kinds of research questions about nursing leadership. I had presented once at CGEAN, and one of my mentors, Bea Kalisch, suggested that I look more closely at this organization. Four years ago, I joined ALSN.

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#### **4. What advice would you give to new nurse leaders who are considering joining ALSN?**

Nurse leader, like all nurses, are scientists. We ask research questions about not only achieving patient outcomes, but also about creating the conditions under which nurses thrive and provide the best care. As scientists, we need connection with others that are asking and gathering evidence about these questions. As the CNO of a large health system, I think that ALSN membership, in addition for AONL, is the right combination for me.

#### **5. What do you believe are immediate priorities for nurse leaders and those into the next decade?**

The pandemic has shone a bright light on the fragile state of nursing in the US. Wonderful things were developing through ANCC's Magnet Program, Watson's Caring Science work, and other efforts. But in the average care setting, nurses were already feeling overworked and drained. The joy of nursing was too often overshadowed by factors that depleted them. Now we are experiencing a crisis with nurses retiring earlier, nurses flooding to traveler agencies for higher compensation, and others, exhausted by their work during the pandemic, are sitting home or working part-time with the higher salaried gained. This is highly disruptive to the workforce. CEOs are demanding new models of care with less reliance on RNs as they see their services disrupted or closed. There is both danger and opportunity in this situation. Nurse leaders and nurse leadership researchers need to partner on developing and testing innovative models of care that will create RN roles that are rich, rewarding, and sustainable. Even more importantly, we have to create roles that the next generations want to pursue and can see themselves practicing over a long career, rather than the handful of years that many currently articulate as their mental model of their future career.

#### **6. Is there anything else you would like to share with the ALSN membership?**

The membership of ALSN contains so many smart and generous individuals. Get involved! Bring your practice partner to ALSN - if you are an academic, bring in your nurse leader partner; if you are a nurse leader, bring in your academic partner. Together, we can solve the challenging issues of our time!

*Interview conducted by Dr. Cindy Bacon*