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# **Second Second S**

### December 2023



### An interview with

Sarah Lackey, DNP, RN, ACC, CMC

# Tell us a little about your career path, background, and interest in advancing the science of nursing leadership.

I spent the first 15 years of my career moving from entry level RN in a downtown Chicago hospital, to grad school as a Cardio-Vascular CNS, through program development and staff development. All this while being adjunct faculty for various academic facilities. I held positions in big academic medical centers, community hospitals, free standing facilities, and long-term care facilities.

I went back to the bedside after this initial phase of my career in order to have time to home-educate my daughter, who had 5 serious and complex auditory processing disorders. I went back to staff nursing on the weekend, and was alarmed and dismayed to discover that the bedside nursing work environment had not changed much since I left it. This is where my quest and determination to impact the nursing practice environment was inspired. The last clinical position I held was as a Rapid Response Nurse, which allowed me to surveil nursing work environment conditions in all areas of the acute care facility.

The last 11 years I have held a systemwide position responsible for nursing quality, adding nurse retention to my role about 4 years ago. As I turned to the literature to immerse myself in the topic of nurse retention, there was so much information and so much variety I needed a conceptual framework to help me think about it all. As a result, the Cone Health Conceptual Framework for



Nurse Retention<sup>™</sup> was developed. With the goal to impact nursing work environments, we then developed practical ways to apply the Framework, and metrics to measure results. This work continues to unfold.

# How did you hear about ALSN and what has been your experience with this organization?

My CNO, VI-Anne Antrum, suggested that we submit an abstract to present our work at the annual ALSN conference. When it was accepted, she could not attend. I was pleasantly surprised with what I found in Birmingham in October. The level of collegiality was prescient, the networking unanticipated, and the variety of content presented exceptional. I immediately fell into meaningful conversations that expanded my ideas and my sense of possibility – for my work, for ALSN, and for the nursing discipline.

# How did you become interested in the study of nursing leadership and how has ALSN influenced this interest?

I completed my DNP in 2015 in systems leadership. The exposure to leadership theory, assessments and trends in leadership thought from authors at the time intrigued me. Ever the practical one, I consistently called into question how concepts and ideas could be practically implemented and measured. I was fortunate to hold a leadership position in my organization at the time – non-operational – so the opportunity to apply what I was learning was even more invigorating.

### One of our goals is to create a better balance between academic and practice partners. What are your thoughts/ideas on how this could be accomplished?

I think ALSN has enormous potential to bring together academic and practice partners. Some possible ideas:

- Make some part of your abstract selection criteria geared toward research:practice partnership with empirical outcomes
- Create a forum where practice leaders and researchers explore critical issues in the practice environment and how research can help
- Have an activity with dyad partners one researcher, one practice to discuss the matriculation of research to practice. Arm each with 'starter' questions to get the ball rolling.
  - [For instance, Academic asks, "What are your most burning issues?" Practice: "What is your most burning passion? ie, what are you studying/working on/interested in addressing etc. Use a 'speed dating' style to switch partners. Exchange business cards to further collaborate (with the goal of getting science to practice and creating content for the above selective abstracts). Debrief in a larger group and identify themes that may have popped up.
- Create a 'challenge' statement from ALSN to challenge the research:practice -> empirical outcomes activities.
- Prioritize your grant funding based on research:practice -> empirical outcomes



• Use the influence of ALSN to 'seed' recommendations to other professional organizations to create sub groups of collaborative research:practice -> outcomes activities. Many likely have these; if so, challenge them to focus on the generation of empirical outcomes from the activities. So many of our outcomes are really nice conclusions, but we don't REALLY know if they work, and healthcare organizations – at least the smaller ones – do not have the bandwidth nor the resources to do more than minimal studying.

These are a few thoughts. The potential for idea generation is around the table with other colleagues – like we do at the conference. There is nothing like that synergy! We just need to make sure we DO something with the ideas, even if the steps are small.

## What would you say to nurse leaders in academia or practice who are considering joining ALSN right now?

It is a worthy use of your time if you want to move nursing forward. Join and get involved with your head. We need everyone at the table, focusing on the collaboration between nursing science and nursing practice. This is a test of leadership, which this organization is dedicated to exploring, researching, and supporting.

What are 3 things that others may not know about you that you would like to share?

I am a recently certified professional coach and absolutely love it; I grew up outdoors and on horseback; I love to write (as evidenced by the responses here – sorry about that!).