



member SPOTLIGHT



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1. Tell us a little about your background / career path and passion for advancing the science of nursing leadership.

I am now in my fourth decade in my nursing career. Unlike many nurses, I started life wanting to do something else. In high school, I loved the debate team. My first baccalaureate degree was in Political Science. I graduated and then started Law School at the University of Florida. Almost immediately, I knew it was not a good fit for my personality. I enjoyed helping people. I had thought about nursing but was not sure it was right for me. I talked with some of the UF faculty including one who had a path similar to mine. She convinced me that nursing was a great choice. I took her advice to heart and I never looked back.

My first employer was the Department of Veterans Affairs. I worked for the VA for 25 years at five VA Medical Centers, starting as a new graduate. My transition to leadership was not immediate. I was a Clinical Nurse Specialist and loved working with patients. My Chief Nurses all told me that I was a leader and were anxious for me to move into leadership. It took some convincing but eight years into my career, I took my first head nurse role and moved up in leadership from there.

With the day to day challenges of being a leader, I am not sure that I thought much about the science of nursing leadership until I began my doctoral program. I was hooked after that. I am a voracious reader and lover of leadership science literature. Over my years in nursing, I have always been somewhat distressed that many nurse leaders don't respect that there is a body of evidence in nursing leadership. Some of our best evidence is never implemented. In 2002, I retired from the Department of Veterans Affairs and joined the nursing faculty at Florida Atlantic University as a tenure track faculty member. Anne Boykin, the Dean, took a gamble when she hired me. I knew how to write grants but had only published one article – yep just one. Not a great track record. Anne told me in no uncertain terms that – “you really need to up your game if you expect to get tenure.” She laughs when I tell this story.

2. How long have you been active in CGEAN / ALSN?

I have been a member of CGEAN/ALSN for almost ten years. I did not know that CGEAN even existed when I started teaching at FAU. It was Beth Brooks who mentioned it to me one day at a professional meeting. I went home and immediately joined.

3. How has your involvement in ALSN influenced your career trajectory? (Probe if needed: What has been most valuable about it)

When I went to my first CGEAN meeting, I felt like I had met my tribe. It can be very lonely teaching nursing administration because the programs are small. When I joined the FAU faculty, I was struck by how the nurse practitioners drove most of the decision making – they were always talking about NONPF recommendations – their

professional organization for NP faculty. Other than the ANA Standards for Nursing Administration and AONE Nurse Executive competencies, it seemed like there were no strong guidelines for nursing administration or leadership curriculum. CGEAN filled that void for me.

4. What doors have opened to you as a result of your involvement in ALSN? (Probe if needed: Have any other doors opened to you as a result of your involvement in ALSN).

The most valuable part of being in ALSN for me has been networking with colleagues who have similar passions and research interests. The meetings are small enough that you get to know the experts in the field unlike the AONL meetings which are very large. Many doors have opened for me as a result of my membership. After attending my first meeting in 2005, I was asked to serve as a consultant on two Clinical Nurse Leader HRSA grants as an outcome of meeting other faculty. I love getting feedback on my scholarly work from colleagues who are equally passionate about leadership.

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

I would say that this might be the most valuable investment that you make in your career. What impresses me about ALSN leaders is that there is the recognition that for leadership science to be appreciated – we need to be very supportive of one another. When we have tenure-earning faculty as members, senior leaders think about opportunities that could be given to them to help them on their tenure journey. We do tenure portfolio reviews for nursing leadership scientists.

When there are awards that can go to researchers in nursing leadership, this group will strategize to make sure that the light is shone on great work.

For nurse leaders in practice settings, there is an opportunity to become involved because the organization is small enough that we can be inclusive. Many of us mentor nurse leaders in practice settings who want to make a transition to the academic setting and offer our guidance as cultural navigators.

Finally, the ALSN meeting will be one of the best annual meetings that you attend. Not only is the content great but so is the networking.

6. Now look at our vision for the future. If you were in a hot air balloon 5-10 years from now, looking down on our ALSN colleagues, what would you see our membership doing?

The vision of ALSN is to become the preeminent leader in shaping leadership science for nursing globally. I would like to see ALSN as the go to organization for science in the leadership of nursing. I would also like to see ALSN join forces with AONL to demand more federal research dollars to study the science of leadership. Sadly, there are few research dollars available to scholars in our area. That is why there are so few nursing administration faculty positions and programs. This is amazing when you consider how fundamental leadership is to the creation of high quality healthcare environments.

For years, many prominent nurse leaders in academic settings have been dismissive of research work that looks at the workforce and leadership in general. Doctoral students often receive strong messages that they cannot focus their dissertation work in these areas. Yet on many levels, things are falling apart with the healthcare workforce because we don't know what we don't know. While I think an area like precision medicine is great in theory, many of the basics in healthcare are not being met in settings today. Just ask anyone who has been recently hospitalized. I am concerned that more nursing research dollars are spent in areas that don't move professional nursing work forward. I think ALSN can change the thinking around this.