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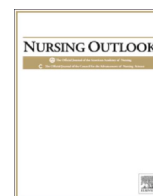
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A framework for transforming the professional identity and brand image of *All Nurses as Leaders*



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ABSTRACT

Background: The professional identity and brand image of nurses as leaders have not kept pace with the roles and scope of contemporary nursing practice.

Purpose: To provide a framework to transform the professional identity and brand image of nursing from a caring discipline to one of leaders.

Methods: A Consensus Development Workgroup (CDW) design was used between the International Society for Professional Identity in Nursing (ISPIN) and the Institute for Brand Image of Nursing (IBIN) to advance the concept of All Nurses as Leaders across all settings and the public domain.

Discussion: The goal is to occupy a position in the minds of all stakeholders that differentiates nursing in a manner that is positive, relevant, accurate, desirable, and consistent over time.

Conclusion: Current outcomes are endorsements, evidence-based strategies, and a framework to deconstruct the current brand image and align it with the desired brand image of All Nurses as Leaders.

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Introduction and Purpose

Nurses make up the largest group of health care professionals in the United States and remain in high demand in various settings, including hospitals/acute care, schools, primary care, public health, academia, policy, and research ([American Association of Colleges of Nursing](#),

2019; U.S. Bureau of Labor Statistics, 2021). According to Gallup's annual Honesty and Ethics Poll, nurses have remained the most trusted profession for 20 years (Khoury et al., 2011; Reinhart, 2022), providing evidence of nursing's enduring commitment to the health of the public.

Nursing Now, a global collaboration with the World Health Organization (WHO) and the International Council of Nurses, offers direction to raise the profile and status of nurses while "supporting nurses themselves to lead, learn, and build a global movement" (2021, para 1). This Strategic Direction for Nursing and Midwifery envisions nurses having integral roles in solving health issues of import on a global scale. However, "having integral roles" requires the nursing profession and individual nurses at every level and across all settings to possess and exercise the influence necessary to design and implement strategies to improve the health of populations who are underserved in current health care systems.

There is no question that nurses bring unique wisdom to the health care environment. However, a shift needs to occur for nurses to see themselves as "full partners with other health professionals, and practice and education environments need to socialize and educate them accordingly" (Institute of Medicine, 2011, Ch. 5). However, more than two decades of reports in the empirical nursing literature describe a profession limited by an inconsistent and outdated image as merely caring helpers rather than leaders (Cabaniss, 2011; Cohen & Bartholomew, 2009; Darbyshire, 2010; ten Hoeve et al., 2014; Price & McGillis, 2014; Rezaei-Adaryani et al., 2012).

The concept of professional identity in nursing (PIN) brings a broader understanding of the vital roles nurses play in our rapidly changing health care environment and gives voice to the value they bring in their role as a leader to every patient care situation and to health care in general (Godfrey, 2022). However, a recent study describes nurses' perceived lack of ability to influence transformative actions in their workplace settings (Lopez-Deflory, 2023).

The purpose of this paper is to describe the creation of a framework for transforming the professional identity (PIN) and brand image of nurses (BIN) from "a caring profession" to "leaders" across all settings (practice, academia, research, industry, technology, regulatory, accreditation, policy arenas) and throughout the public domain. A group of select members from the International Society for Professional Identity in Nursing (ISPIN) and Institute for Brand Image of Nursing (IBIN) with particular leadership expertise at national/international levels, participated in a Consensus Development Workgroup (CDW) focused on the formulation of strategies and evidence-based recommendations for engaging nurses, health care organizations, professional associations, and the public in efforts to rebrand the profession of nursing as composed of leaders capable of influencing social change. Nurses' social contract requires nurses to identify and address health-related issues affecting individuals/families/communities as they implement innovative nurse-led solutions and seek to influence health policy at local, regional, state, national, and global levels (American Nurses Association, 2002). Nurses are uniquely positioned to be key stakeholders in the movement to eliminate health disparities and achieve health equity among the world's vulnerable populations because of the unique combination of education, expertise, public influence, and vast knowledge of the social determinants of health they inherently possess (Future of Nursing 2020-2030; Grossman & Valiga, 2017). As such, the nursing profession has ground-breaking, transformational opportunities to embrace *All Nurses as Leaders* as their brand identity if the profession is to boldly assume the influential roles required to meet society's expectations. The ultimate goal of establishing an effective BI of *All Nurses as Leaders* is to occupy a position in the mind of the public that differentiates that image in a manner that is positive, relevant, accurate, desirable, and consistent over time (Godsey & Hayes, 2023a). The creation of a conceptual framework to deconstruct the BI of *All Nurses as Leaders* is urgently needed as a blueprint to align nurses' PI with their BI as leaders. This paper

describes the first foundational unifying framework for rebranding *All Nurses as Leaders* across all corners and domains of nursing.

Background

In the first Future of Nursing Report (FON, 2011), the then-named IOM emphasized the need for nurses to demonstrate their role as leaders to the public while also acknowledging the persistent limitation that "while the public is not used to viewing nurses as leaders, and not all nurses begin their career with thoughts of being a leader, all nurses need to be leaders..." (IOM, 2011, Ch. 5). In the subsequent FON report 10 years later, the National Academy of Medicine (NAM, 2021) concluded that before nurses are in a position to lead with influence, *they must first see themselves as leaders*. Leadership, therefore, needs to be embraced as an integral function in the preparation of all nurses (van der Cingel & Brouwer, 2021). Despite these recommendations, "the profession of nursing lacks consensus on a framework to guide the development of nurses as leaders..." (Wilmoth & Shapiro, 2014, p. 333).

Leadership Versus All Nurses as Leaders

Some may argue that nursing leadership is a specialty that may not necessarily encompass the role of individual nurses. However, the specialty of nursing leadership (or administration, as it might be termed) transcends just inspiring self and others to create, articulate, and transform a shared vision into reality. Leadership is part of a specialty practice devoted to collaboratively and collegially setting the vision, mission, and values for health, human services, and social care. It requires influencing, empowerment, and governance of and with professional nurses and other team members (ANA, in press). Promoting the professional identity (PI) and brand image (BI) of *All Nurses as Leaders* encourages every member of the profession to exercise leadership when needed, thereby enhancing the safety and efficacy of patient care, nurse satisfaction, and excellence in education, research, and other spheres of practice. A shift in mindset regarding the concept of leadership itself—as well as the emerging concept of "leadering" (Huber & Joseph, 2021; Joseph & Godfrey, 2023) is required (Joseph & Fowler, 2016), along with branding strategies that clearly convey the image *All Nurses Are Leaders* to differentiate nursing's unique and varied roles as influential decision makers who bring value across all health care settings (Finkelman & Kenner, 2013; Godsey et al., 2020a; IOM, 2011).

Images of Nursing

Many stereotypical images of nursing "stress virtue and busyness, but not strength and innovation, thus reinforcing the notion that nurses are helpers, not leaders" (Glerean et al., 2017; McBride, 2020, p. 108). The profession of nursing itself has historically emphasized traits such as caring and compassion but has given insufficient attention to communicating an image that encompasses the changing and advancing roles of contemporary nurses (Godsey et al., 2020a, 2020b; Prybil, 2016; Prybil et al., 2019; van Dongen et al., 2021). When the profession does not effectively communicate a consistent PI and BI, others can fill the gap by creating images that are frequently based on their own priorities, misconceptions, stereotypes, or misunderstandings (Gallo, 2018; Kotler et al., 2002; Stokes-Parish et al., 2020). In the health care arena, fiscally-oriented viewpoints that label nurses as costly can serve to diminish nursing's value and deny their cost-saving contributions in health maintenance, disease/injury prevention, and the provision of quality health care (Muro et al., 2022). Female status and cultural stereotypes are also frequently reinforced by the media, which emphasize the public's perceptions of nurses as caring and trusted individuals who lack influence due to their perceived subservient role to physicians (Cabaniss, 2011; Gill & Baker,

2021; Girvin et al., 2016; Price & McGillis, 2014). The discussion of these findings is not to minimize the important role of caring science in nursing practice. According to Watson (1979), caring science incorporates both the art and science of nursing by acknowledging the unity of interconnectedness of nurses with their patients and surroundings as essential to holistic care. Emphasizing the role of nurses as leaders highlights some of the other essential attributes of nurses that may not be well understood or communicated to the public (Godsey et al., 2020a). A focus on the PI and BI of *All Nurses as Leaders* offers an unprecedented opportunity for nursing to strategically reimagine the nursing workforce in a way that boldly targets the perceived lack of autonomy, influence, and empowerment that persists for the profession's BI. To this end, the nursing profession should engage in intentional and consistent messaging that clarifies, highlights, asserts, and advocates for the right and responsibility of the profession and each of its members to provide leadership and inform policy across all settings (Blau et al., 2023; Buresh & Gordon, 2013; van Dongen et al., 2021).

The position of *Nurses as Leaders* aligns with the concept of Professional Identity, which includes the responsibility to lead as part of the nurse's professional being. Professional identity is defined as "a sense of oneself, and in relationship with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse" (Godfrey & Young, 2021, p. 363).

PI of Nurses as Leaders

The Carnegie Foundation (Kalet et al., 2017) defined PI in terms of the profession's values, norms, and beliefs that need to be committed to and internalized. A recent concept analysis linked a strong sense of PI to (a) stronger interprofessional relationships, (b) better practice and better patient outcomes, (c) decreased stress, (d) supportive workplaces, and (e) increased satisfaction with practice (Fitzgerald, 2020). In contrast, a weaker PI was linked to (a) increased stress, (b) moral distress, (c) values dissonance, (d) decreased self-confidence and decision-making ability, and (e) the risk that others will define the profession (Fitzgerald, 2020).

Value and Ethics encompass the core values and principles that guide conduct. Knowledge is defined as awareness, analysis, and application of theoretical and practical information derived from empirical arts and sciences, experiences, critical reflection, and scientific discovery. Nurse as a Leader is defined as inspiring self and others to create, articulate, and transform a shared vision into reality. Professional Compartment refers to a nurse's professional behavior, as demonstrated through words, actions, and presence.

Quantitative Research on PI of Nurses as Leaders

In a 2022 study in the northwestern United States, 718 nurse participants were asked to rank which domains of PI were most important. Values and Ethics were identified as the most important domain (as rated by 56% of study respondents), the second most important area (as seen by 36%) was Knowledge, and the third most important (rated by 35%) was Professional Compartment. By comparison, 64% of respondents rated *Nurse as Leader* as the least important domain, though 97% of these participants reported that nurses with a strong PI had a higher impact than those who did not (Phillips & Priddy, 2023). It is essential that efforts be made to promote and help all nurses internalize an identity as leaders capable of fulfilling nursing's social contract to enable health within society.

BI of Nursing: All Nurses Are Leaders

Differentiation and consistent communication of the brand are core components for rebranding a profession. The concept of "brand" includes logos, slogans, and any trademark that identifies a product,

organization, or even a profession (Keller, 1993; Kotler et al., 2002). Brand positioning is the process of intentionally designing and communicating an organization's or profession's image so that it is distinctive and valued by consumers (Kotler, 2003; Wu and Chen, 2019). The concept of brand positioning in nursing refers to the process of moving the brand perception currently held by the public to the brand perception most desired by nurses (Godsey et al., 2020b). The ultimate goal of an effective brand is to "own," in the consumer's mind, a "position" that differentiates the brand in a manner that is positive, relevant, accurate, desirable, and consistent over time (Hayes, 2015).

Inconsistencies and inaccuracies in nursing's brand image were described in a recent qualitative study. Factors identified by nurses as contributing to an inaccurate/inconsistent image included image not being a priority, lack of leadership development, lack of professionalism, portrayals in the media and online, and female role assumptions (Godsey et al., 2020a). Clarifying the BIN should address the inconsistencies and inaccuracies identified as (a) media portrayal of nursing as a troubled profession, (b) entertainment value in demeaning nursing, (c) role incongruity as nursing is trusted but not respected, and (d) nursing roles that remain poorly understood (Girvin et al., 2016). Sustained efforts need to be made by the nursing profession to differentiate nursing from other professions through a strong identity that communicates nurses' leadership role in health care and other spheres and in a manner that differentiates the brand in a manner that is positive, relevant, accurate, desirable, and consistent over time (Hayes, 2015).

Quantitative Research on the BIN as Leaders

Research on the BIN was conducted using psychometrically sound instruments to measure (a) the current BIN (NBIS, using 42 words/phrases) and (b) the current brand position of nursing (NCBPS) versus the desired brand position of nursing (NDBPS) using 10 brand position statements (Godsey et al., 2018).

RN's Perceptions of Current Image. Registered Nurse (RN) faculty and alumni members of a private university national network ($n = 286$) participated in BIN research and identified the following words/phrases as current descriptors of the nursing profession: Advocates, Caring, Compassionate, Critical thinkers, and Essential Members of the Healthcare Team (Godsey, Schertzer, Kallmeyer, & Hayes, 2018). The respondents, however, did not incorporate a view of nurses as leaders, as indicated by some of the lowest ranking scores for the descriptors Powerful Decision Makers, Autonomous, and Health Experts. Despite not thinking of their brand image as leaders, the nurses in this study expressed a desire for their brand position to convey that nurses are, indeed, leaders in practice, education, and research (Godsey et al., 2020b).

Gaps Between RN's Current and Desired Image. Replication BIN research was then conducted using data from a combined diverse U.S. sample of RNs ($n = 573$) (Godsey & Hayes, 2023a; Godsey et al., 2020b). Results were largely consistent with original research findings but further quantified significant gaps between how nurses see themselves currently compared to how they would like to be seen. The largest gaps between nurses' current versus their most desired brand position were found within the following statements: (a) *autonomous* health care providers, (b) *empowered* decision makers, (c) *leaders* in health care reform, and (d) *leaders* in practice, education, and research ($p < .01$) (Godsey & Hayes, 2023a). These gaps are illustrated by the bar graph in Figure 1.

Public Perceptions of Nursing's Image. Another gap was revealed when exploring perceptions of nursing among members of the U.S. public from all 50 states ($n = 743$). While the public's top-ranked choices were similar to nurses for Caring (45%), Essential Members of the Team (21%), and Patient-Centered (17%), they also included

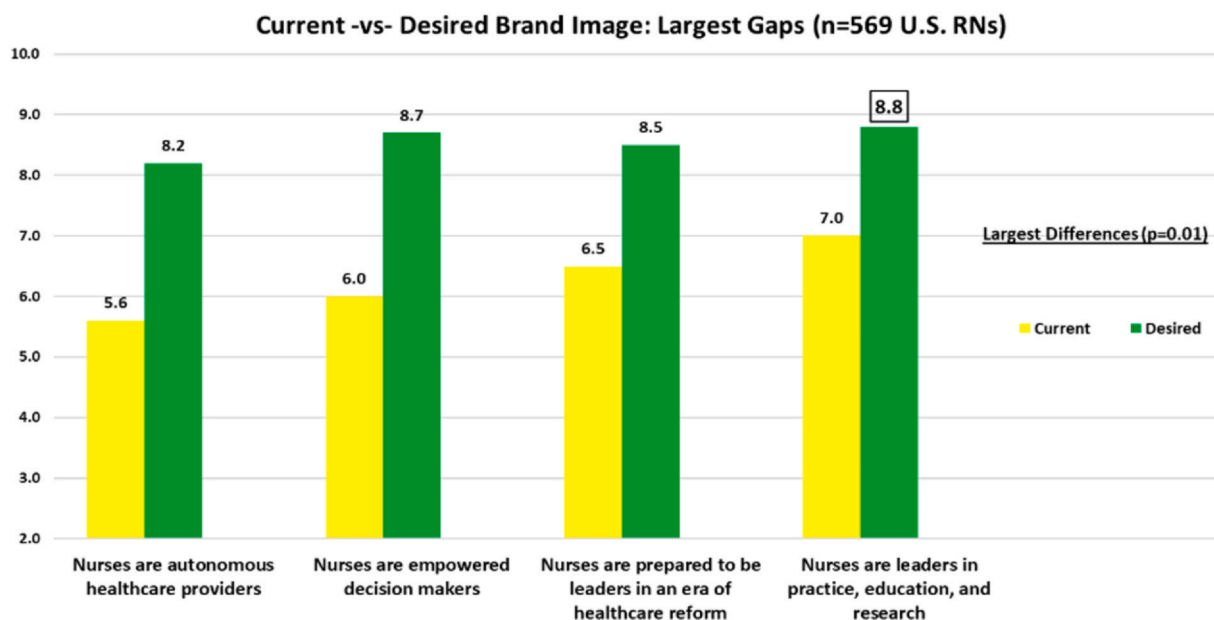


Figure 1. Gaps between nursing's current-vs-desired brand image.
Source: Godsey and Hayes (2023a). Reprinted with permission.

Empathetic (9%), Nurturing/Mothering (8%), and Physician's Assistant (8%). The U.S. public assigned some of the lowest ranks (0%–1.2%) for nurses as Leaders, Technological, Holistic, Powerful Decision Makers, Autonomous, and Researchers, as well as gave the lowest scores (< 3%) for brand position statements that focused on nurses' roles as empowered decision-makers, holistic, and leaders in research, education, and practice (Godsey & Hayes, 2023b).

Replication Research in China (RNs). Research using BIN instruments has also been replicated with nurses from 29 provinces in China (Nursing Brand Image Scale-Chinese; NBIS-C) ($n = 759$) (Zhou et al., 2022). Nurses in both the United States and China ranked some of the same words/phrases *highest* as current descriptors for nursing, including Caring/Compassionate, Essential Members of the Health care Team, and Patient-Centered/Focused. Nurses in both countries similarly ranked many of the same words/phrases among the *lowest* for the profession of nursing (0%–3%), including Leaders, Powerful Decision Makers, Health Experts, and Influential. Interestingly, no U.S. nurses (0) selected Technological as a descriptor for nursing (vs almost 8% in China).

International Replication Research (RNs and Public). The Chinese public was also surveyed ($n = 810$) using BIN instruments translated in Chinese (Nursing Brand Image Scale-Chinese-Public; NBIS-C-P), with the highest scores reflecting many of the same virtuous features of nurses while scoring many of nurses' most desirable leader traits lowest (future publication pending by Zhou et al., 2023). Replication research is also currently underway in Oman (in Arabic) and is planned to begin in Spain (in Spanish) from 2023 to 2024.

Methods

Conceptual Design

A CDW design was used between the ISPIN and the IBIN to advance the concept of *All Nurses as Leaders* across every domain of nursing. Collectively, the interprofessional PIN/BIN CDW included 15 national leaders representing academia, practice, policy, business/marketing, and technology settings. Consensus methods are useful when relevant and

rigorous evidence in the literature is lacking, insufficient, or inconsistent (Hutchings & Raine, 2006). Obtaining formal consensus is an effective way to synthesize the views of content experts, opinion leaders, and other invested stakeholders and is a common methodology for the development of guidelines for clinical practice (James & Warren-Forward, 2015). Consensus development methods can also be used to inform the design of national or global frameworks and policy development when complex decision-making is required that makes use of not only what is currently known in the literature (existing evidence) but also incorporates the opinions of experts in the field (Arakawa & Bader, 2022; Fawcett, 2013).

CDW Participants

The ISPIN is comprised of expert nurses from practice, education, and regulation whose purpose is to advance the concept of PI by incorporating the realities that (a) nursing is global; (b) professional identity is influenced by political, cultural, demographic, and societal contexts; and (c) professional identity is formed during nursing school and reinforced in all settings and all roles; and (d) nurses are able to achieve positive health outcomes through either a direct or indirect role. Most importantly, societal perceptions will influence prospective nurses' perceptions of their identity (Joseph et al., 2023). The work of ISPIN continues to advance the conceptual model for PIN in four domains. Regarding the *Nurse as Leader* Domain in particular, such efforts align clearly with the BIN, which is essential to influence the public's perception of nursing as a profession with influence and power as well as respect and compassion. Acknowledging and quantifying nurses' contributions as leaders provides professional recognition and counters the negative view of nurses as a burdensome cost to an organization. Co-founding Directors for the IBIN (2022) were asked to join the CDW to contribute findings from their interprofessional research on the BIN.

Setting and Project Description

The *All Nurses as Leaders* PIN/BIN CDW convened via regular online meetings over a period of 18 months. The PIN/BIN CDW was completed using the six steps outlined in Figure 2.

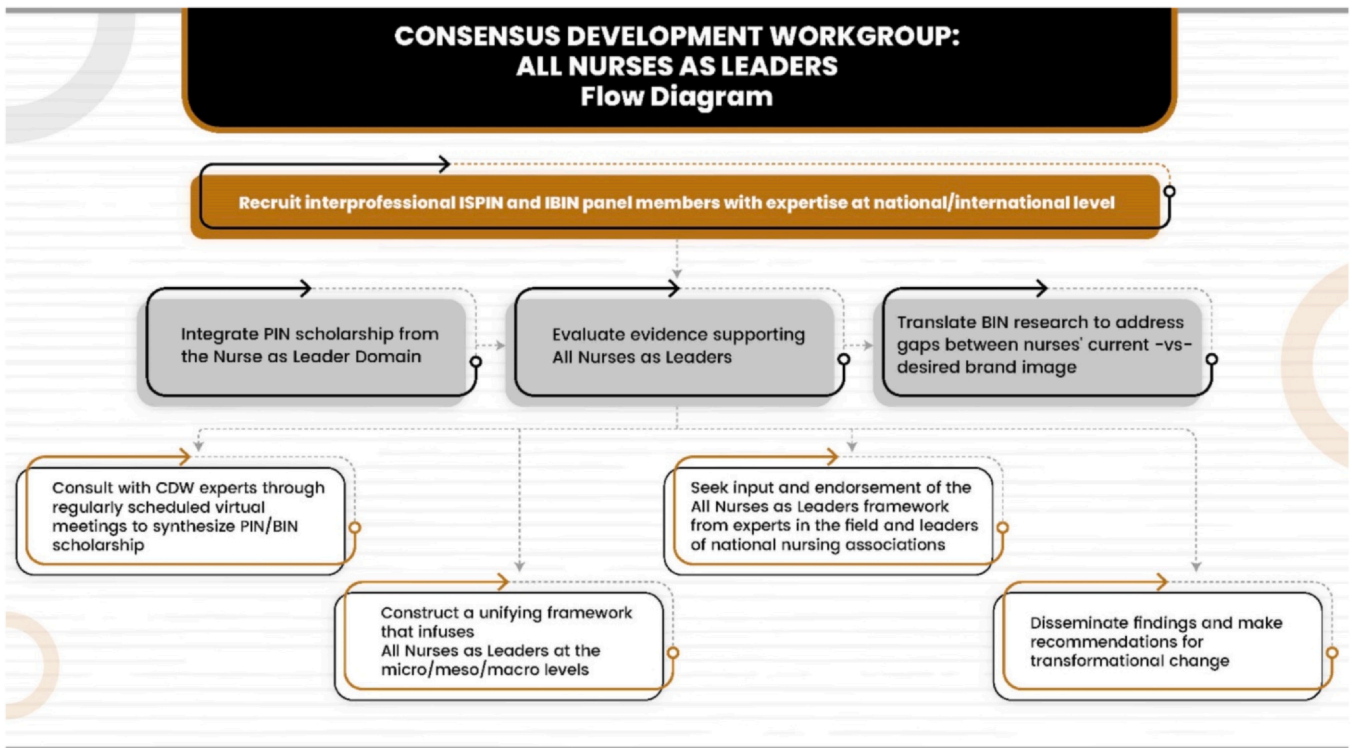


Figure 2. Consensus Development Workgroup flow diagram. BIN, brand image of nurses; IBIN, Institute for Brand Image of Nursing; ISPIN, International Society for Professional Identity in Nursing; PIN, professional identity in nursing.

Outcomes from the PIN/BIN CDW

Outcome 1: Development of an All Nurses as Leaders Unifying Framework

The primary goal of the PIN/BIN CDW was to create a framework for transforming the PI and BI of *All Nurses as Leaders* across all settings and throughout the public domain. The framework was designed to be a

blueprint for deconstructing the essential components of current nursing practice and their alignment with nurses' professional identity and desired BI (Fawcett, 2013). Based on a comprehensive review of literature and months of thoughtful discourse from the expert workgroup, the framework was developed using the following three attributes: (a) professional unity, (b) enhanced awareness, and (c) evolution in brand consciousness. The framework (Figure 3) was designed to enable new ways of thinking about nursing, or an "evolution

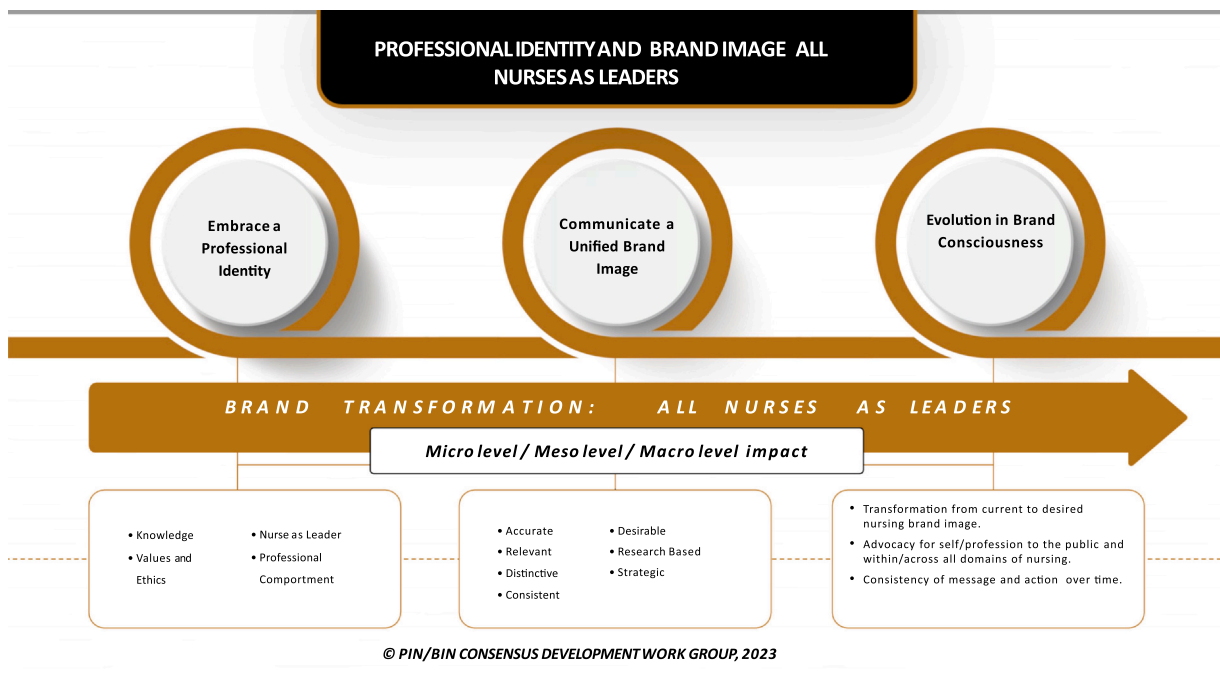


Figure 3. Framework for the PI and BI *All Nurses as Leaders*.

Table 1
Strategies to Achieve the Professional Identity and Brand Image of All Nurses as Leaders

<p><i>Individual Nurses</i> See ourselves as leaders who can influence those with whom we interact and use that power to enhance decision-making and create positive change.</p> <p>Avoid minimizing our role as nurses. We are well-positioned to speak to a patient's journey, propose innovative care delivery models, and strengthen complex systems that impact health and wellness.</p> <p>Use the language of professional identity in nursing and the domains of Knowledge, Values and Ethics, Professional Comportment, and <i>Nurse as Leader</i> to inform and guide our daily practice.</p> <p>Consistently embrace the leader within to influence and advocate for patients, increase equity, and improve the practice setting and the health care system as a whole.</p> <p><i>Nursing Practice</i> Attend to the four subdomains of the leader within:</p> <ul style="list-style-type: none"> • Reflective practice (evidenced, in part, by an understanding that the assertion of leading begins from within). • Foundational thinking (recognizing the role of beliefs and values that influence one's decision-making process). • Career development (ongoing personal and professional career plan and measurement of that progress). • Personal and professional accountability (prioritizing self-care health behaviors through daily practices and routines and work-life integration). <p>(AONL, 2023).</p> <p>Recognize and effectively manage organizational relationship dynamics using professional assertion, advocacy, and leadership to ensure positive patient outcomes through research that promotes the image of the <i>Nurse as Leader</i>.</p> <p>Create structural, cultural, and communication opportunities that empower nurses and embrace their autonomy in local, national, and global settings.</p> <p>Recognize, measure, and celebrate the leadership provided and contributions made by <i>Nurses as Leaders</i> who are empowered to address health inequities through their vast knowledge of the Social Determinants of Health (SDOH).</p> <p><i>Accrediting Agencies</i> Make explicit in curriculum standards that students be prepared to act as leaders, regardless of their level of preparation, scope of practice, role, or setting.</p> <p>Make explicit in curriculum standards that students in all types of nursing programs should be guided toward incorporating a professional identity that includes the responsibility to act as a leader whenever needed to ensure equity, promote excellence, and advance the profession.</p> <p>Recognize faculty by linking performance and program evaluation standards for those who role model and integrate the professional identity and brand image of nurses as leaders.</p> <p><i>Administrative Groups</i> Ensure structural empowerment and enablement for nurse executives to fulfill the organizational mission and vision and perform at the top of their license and the full extent of education.</p> <p>Support quantifying the value that <i>All Nurses as Leaders</i> contribute to patient care outcomes and the transformation of health care.</p> <p>Create and sustain academic, industry, and regulatory partnerships that invest and institutionalize the long-term value of supporting nursing leadership education and practice across the continuum of care settings.</p> <p>Recognize and evaluate the links between nurse leadership efforts and key performance indicators most relevant to the organization.</p> <p>Ensure resource allocation, mentorship, and opportunities for nurses to assimilate the role of leader in their daily practice (Future of Nursing 2020–2030, NAM, 2021).</p> <p><i>The Public</i> Allow freedom to practice: Support legislation to enable nurses to have the authority and freedom to practice within the full extent of their education and practice. Expect Respect and Just Remuneration: Support the profession in having a consistent voice at the table and increase funding for research and education.</p> <p>Solicit policy briefs on health care issues to inform legislators and staff about health care and workforce issues.</p>	<p><i>Profession of Nursing</i> Develop and consistently communicate a central brand position message that threads nurses as leaders throughout all practice, education, and professional endeavors.</p> <p>Develop a coordinated marketing strategy that consistently reflects and measures the impact of <i>All Nurses as Leaders</i> across all corners and specialties of nursing.</p> <p>Intentionally communicate the professional contributions of nursing in the media and correct inaccurate stereotypes such as “nurses are too costly.”</p> <p>Manage the nursing brand via frequent reviews and updates to ensure they accurately reflect the critical role of <i>All Nurses as Leaders</i>.</p> <p><i>Academia</i> Integrate the professional identity and brand image of <i>Nurses as Leaders</i> throughout the nursing curriculum (in every course) and as outlined by the Essentials:</p> <ul style="list-style-type: none"> • Form and cultivate a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values (domain 9). • Communicate a consistent image of the nurse as a leader (domain 10.3h). • Recognize the importance of nursing's contributions as leaders in practice and policy issues (domain 10.3i). • Advocate for the nursing profession in a manner that is consistent, positive, relevant, and distinctive (domain 10.3q). <p>(AACN Essentials, 2021)</p> <p>Emphasize a shift in consciousness from clinical tasks to professional identity formation that includes attention to <i>Nurse as Leader</i>, Knowledge, Values and Ethics, and Professional Comportment.</p> <p>Embrace the role of the <i>Nurse as Leader</i> by coaching nurses to use noticing, interpreting, responding, and reflecting.</p> <p>Develop curricula and learning experiences that reflect the Framework for Nurse Leadership (CCL, 2023) and the four levels of leading: leading self, leading others, leading health care, and leading beyond health care.</p> <p><i>Regulatory Agencies</i> Design licensing parameters that articulate the expectation that all licensed nurses should act as leaders whenever needed to ensure equity, promote excellence, and advance the profession.</p> <p>Formulate regulatory leadership and management concepts and content that facilitate students to function as leaders to ensure equity, promote excellence, and advance the profession.</p> <p>Create academic program standards that include expectations that students are prepared to function as leaders within the scope of their practice.</p> <p><i>Professional Nursing Associations</i> Invest in and develop members' professional identity by supporting and facilitating initiatives that help nurses continually develop as leaders who influence positive outcomes in the association's area of concern.</p> <p>Support public policy and advocacy initiatives that place nurses in positions (e.g., nominations to federal commissions) where their leadership is visible.</p> <p>Serve as convenors with health care and non-health care organizations to develop collaborative strategies designed to advance the concept of all nurses are leaders.</p> <p>Continue to partner with other organizations to ensure that nurses serve on boards, federal/state/local commissions, advisory bodies, and political offices where their leadership is evident.</p> <p>Prioritize the branding principle of “consistency of message and action over time,” which serves as the foundation for successful re-branding strategies (Hayes, 2015, p. 113).</p>
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in consciousness” (Rogers, 1972) capable of transforming nursing's PI and BI into one influential leader.

1. Professional Unity on the PI of Nurses as Leaders relies on the identification and communication of a consistent brand image that conveys the depth and scope of the nursing profession, regardless of occupational specialty.

2. Enhanced Awareness relies on understanding and translating empirical research to aggressively correct the significant gaps between nurses' current image (caring profession) and their most desired BI (influential leaders).

3. Evolution in Brand Consciousness occurs in the nursing profession when PI and BI transform from the current state to the desired state (leaders) through coordinated advocacy for self/

profession within and across both nursing and public domains. Achievement of these milestones can be experienced at the micro, meso, and macro levels, which serve as the foundation for designing strategies and providing essential resources to develop nurses who can live their PI and BI as leaders.

Broadly, the mechanisms for achieving brand transformation for *All Nurses as Leaders* can be accomplished at the micro level (PIN of self), the mesosystem (institutional/organizational strategies to reinforce PIN), and the macro level (BIN). Each of these system levels is described relative to the achievement of *All Nurses as Leaders*:

- Micro Level: PI provides pillars to guide professional nursing practice based on Knowledge, Values, Ethics, Nurse as Leader, and Professional comportment.
- Mesosystem Level: Infuse the role of *All Nurses as Leaders* into systems, including curricular redesigns that thread this concept throughout every course and as a priority in institutional strategic plans that include resources to support, recognize, and nurture nurses to “live the brand” as leaders.
- Macro Level: A unified PI and BI must be consistently communicated across all corners of nursing in a manner that is desirable, accurate, relevant, distinctive, research-based, strategic, and consistent over time.

Outcome 2: Development of a Position Paper

Another goal achieved by the PIN/BIN Consensus Development Workgroup was the development of a position paper entitled “A Call for Dialogue to Advance the Concept of Nurses as Leaders within the Nursing Profession and Throughout the Public Domain.” This paper calls on all members of the nursing profession to embrace the expectation that nurses internalize an identity of themselves as leaders and act as leaders who have a positive impact within their chosen area of practice (Joseph et al., 2022). To make this expectation a reality, nurses in all areas of practice—clinical settings, academia, research, industry, regulation, accreditation, and policy must engage in serious dialog about the nature of leadership, the significance of a PI, and ways in which nurses can be prepared for and supported in their efforts to lead. The “call” issued is intended to stimulate such dialog and achieve a common understanding across the profession that (a) all nurses need to think of themselves as leaders, (b) all nurses need to act in ways that demonstrate leadership that influences positive change, (c) all stakeholders need to assess their roles and accountabilities in supporting this call, (d) organizations should embrace an *All Nurses as Leaders* culture of excellence that “reflects a commitment to continuous growth, improvement, and understanding” (NLN, 2023) about what it means to be a leader, and (e) the public can be enlightened to perceive nurses as leaders. This position paper has been shared with multiple professional organizations, and we have received endorsement by the American Organization for Nursing Leadership, The National League of Nurses, and the American Nurses Association in an effort to expand workgroup consensus and promote the evolution of brand consciousness of *All Nurses as Leaders*, as described earlier in this paper. Ongoing efforts of the CDW involve engaging in dialog with associations in the Tri-Council and other groups to develop awareness and embrace the concept of *All Nurses as Leaders*. Hopefully, these collaborations with nursing associations will allow nursing leadership to consistently empower nurses to lead, influence the c-suite to view all nurses as leaders, and influence institutional and public policy to allow nurses to practice at the top of their license and their ability. The next approach is to engage with the public to see how to support these efforts in local communities, as well as with legislators, to bring awareness to the desired BI of nurses.

Outcome 3: Design Strategies to Achieve the PI and BI of All Nurses as Leaders

A final achievement of the PIN/BIN CBW was the development of strategies and evidence-based recommendations to engage the nursing profession, stakeholders, and the public in efforts to rebrand the nursing profession as leaders who are capable of influence. Following more than a year-long period of in-depth review and discourse, expert members of the PIN/BIN CDW called upon their collective professional national experience to collaboratively design strategies to engage the nursing profession and the public for social change by transforming the PI and desired BI of *All Nurses as Leaders* throughout all settings and across all corners of nursing. These strategies are outlined in Table 1.

Conclusion

A change in the mindset regarding *All Nurses as Leaders* could enable the nursing profession to affect positive outcomes for patients, health care systems, and themselves. A leader mindset may also support nurses—regardless of position—to confidently assert their expertise, provide suggestions for improvement, advocate for change, and lead in creating a preferred future. The domains of their PI (i.e., Nurse as Leader, Knowledge, Values and Ethics, and Professional Comportment) will be clearly evident in the daily practice of every nurse and provide the foundation for excellence in practice and self-efficacy in that practice, which in turn creates a sense of well-being (Joseph & Fowler, 2016; Karanikola et al., 2018) that is foundational to retention and recruitment. However, there are particular strategies that the profession and society need to adopt first to close the gap between nursing’s current and desired brand image.

PI development, sustainment, and branding strategies are needed to close the gap between nursing’s current and desired BI, particularly as it relates to *All Nurses as Leaders*. For repositioning to occur, the central position of nurses as influential leaders needs to be threaded throughout all corners of the nursing profession and consistently communicated on a broad scale, over time, by all members of the profession and with wide support from professional associations (Godsey & Hayes, 2023a). More specifically, Table 1 displays strategies that could serve to enhance nurses’ role as leaders and decision-makers across multiple spheres of influence.

Society’s expectation of nurses supports the position presented by the ISPIN and the IBIN of *All Nurses as Leaders* (Godsey & Hayes, 2022; Joseph et al., 2022). If the goals of eliminating health disparities and enhancing the quality of life across the globe are to be realized (WHO, 2020), nursing’s influence needs to be actualized in every setting where nurses practice as licensed autonomous health care professionals (Grinberg & Sela, 2022). It is essential that nurses understand and can clearly articulate their role and value as not only members but also as leaders within the broader health care team. The concept of *All Nurses as Leaders* describes professionals who influence individuals and systems in practice, academia, research, industry, technology, regulatory, or policy arenas to ensure excellence and enhance the quality of life across the globe. This strength in leading requires expert knowledge of the nursing profession, clear values, ethics, and professional comportment. The vision is that in 10 years if someone asks any nurse, “What do you do?” the response may be, “I am a nurse leader who influences individuals and systems in practice, academia, research, industry, technology, regulatory, accreditation, or policy arenas to ensure that nursing excellence enhances the quality of life across the globe.”

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