

ED CORNER

We Aren't Together Until We Are All Together

Mark Longshore, PhD, RN

I am writing this on September 7, 2026, aka Labor Day. Facebook is littered with pro-union posts. Just last week I was reminded that the nurses at Swedish Medical Center voted to join National Nurses United. Nurses across Colorado and across the United States are split on the need for unionization among nurses and to be clear the Colorado Nurses Association is not a union. Still, the idea of working together to improve working conditions and patient safety should be a goal of all nurses. When I say "together," I mean all nurses.

Not until 1949 did the American Nurses Association agree to allow Black nurses into the organization, but "working together" certainly did not come easy. In 2022, the American Nurses Association issued a Racial Reckoning Statement, acknowledging that ANA continued to exclude Black nurses for decades after. That we have a "National Black Nurses Association" (NBNA), a "National Association of Hispanic Nurses" (NAHN), a "National Association of Licensed Practical Nurses" (NALPN), and even an "American Association for Men in Nursing" demonstrates that nurses have not reached the point of working together to improve working conditions and increase patient safety.

CNA works with many of these organizations. As posted on CNA's Facebook page, I joined representatives from NAHN and the Colorado Council of Black Nurses (CCBN) at the Colorado 150/America 250 event in Denver last month. While it was great to meet face to face with folks I see most often through Zoom meetings, it was also great to be together as we said "Hi" to community members who were nurses, were thinking about nursing, or whose lives were impacted by nurses.

But "together" does not end at one event. We continue to work with CCBN and NAHN on an effort to reach middle schoolers and educate them on the value of a career in nursing. Community outreach like this has long been a strength of CCBN and we at CNA are both supporting and learning from this project. In this issue you will also read about Annette Cannon's community work. You might be aware of the work done by the Workplace Advocacy and Nursing Education ANTs to reach out to nurse leaders in other states to learn about how we might implement a Safe Harbor program in Colorado if nurses feel they are subject to unsafe working conditions. The American Nurses Association recently sponsored a workgroup on Capitol Hill through which nurses, physicians, social workers, and healthcare systems met with congressional staff to educate them on workplace violence.

And why this outreach? We all have different experiences. We all have different knowledge of different areas of nursing and healthcare. The people we serve have their own experiences. Nurses need to see through stigma, through racism, through sexism and work together to find workable solution.

For some, working together means unionization. For others, it means mentorship. Still others find value in the meetings within professional organizations to find solutions to common problems and bringing those solutions back to their workplace. Personally, I am always looking for nurses to come together at the Colorado Capitol and testify on the many nursing related bills. ■

Join together. Let's make a difference.

From Change to Everyday Practice

Kenneth Oja, PhD, RN

Change is constant in healthcare. Nurses are often asked to incorporate changes into their work, and the pace of change can make it difficult to know what's truly improving patient care. Some changes are straightforward, while others require considerable planning and continue to evolve after they're introduced.Taking time to understand how change is implemented can help organizations learn from each initiative and make more informed decisions about what comes next.

Implementation science provides a systematic way to do that. While the field has been developing for decades, it complements approaches already familiar in nursing, including evidence-based practice and quality improvement. Its focus is on understanding how evidence and innovations are implemented in routine practice.[1]

An important part of learning from implementation is planning for evaluation from the beginning. Organizations already devote considerable attention to preparing for new initiatives, and incorporating evaluation into that planning

provides an opportunity to decide what success will look like, how it will be measured, and what the organization hopes to learn. Implementation outcomes provide a way to evaluate how well implementation is occurring, separate from the clinical or service outcomes an innovation is intended to influence.[2] Thoughtful evaluation takes time to plan and may begin months before implementation, allowing organizations to ask and answer important questions throughout the process and use what they learn along the way.

Implementation also extends beyond the day a new initiative is launched, with go-live representing one milestone in an iterative process. Understanding the impact of an initiative often takes time, and some important questions can't be answered until implementation is underway. Is the innovation working as intended? What can we learn from the people experiencing it? If nurses report that a new process is difficult to use or doesn't fit naturally within existing workflows, their experiences can provide important insight into how the innovation is working in practice.

While existing frameworks and lessons learned from other organizations can provide valuable guidance, studying implementation can help identify what supports or challenges an innovation as it moves into practice.[3] Nurses have an essential role in this work because they understand clinical practice in ways that few others can. They know where workflows fit naturally into patient care and where they create unnecessary burden. Their perspective can help organizations interpret what they're seeing and make practical improvements along the way.

As healthcare continues to evolve, that perspective will remain important. Nurses will continue to experience and lead change, and implementation science provides a systematic way to learn from those changes and understand how they become part of practice. With time, a change can stop feeling like another initiative or task and simply become part of routine nursing care. ■

References

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