

October 27, 2026

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Submitted via email to NINRstrategicplan@mail.nih.gov

Dear Dr. Aklin,

The American Nurses Association (ANA) appreciates the efforts of the National Institute of Nursing Research (NINR) as it develops its next strategic plan for 2027 through 2031. NINR's research goals and objectives are an important component for the field of nursing science, as the research conducted by NINR highlights evidence-based knowledge, processes, and solutions that are critical to furthering the nursing profession. The next strategic plan will send an important signal as to what future areas of nursing research will advance patient care.

As part of the process to develop the new strategic plan, NINR is soliciting feedback and ideas from stakeholders. We applaud this approach and appreciate the opportunity to weigh in with ANA's perspective on the future of nursing science. We recommend a framework that advances foundational nursing science, resolves consequential uncertainties about health and care, and sustains the people and partnerships needed to conduct that research and deliver quality nursing care. Broad priorities should guide investigators across populations, conditions, and settings while allowing scientific questions and approaches to evolve.

ANA represents the interests of the nation's over 5 million registered nurses (RNs) through its constituent and state nursing associations, organizational affiliates, and individual members. ANA advances the nursing profession by championing nurses, fostering rigorous standards of nursing practice, promoting safe and ethical work environments, bolstering nurses' health and wellness, and advocating on the healthcare issues that impact both nurses and their patients. ANA seeks to ensure that nurses' voices, interests, and perspectives are represented and heard in all policymaking discussions. Our membership consists of both RNs and Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). ANA has also expanded membership to include licensed practical nurses (LPNs) and licensed vocational nurses (LVNs) effective in 2027 to ensure ANA represents the interests of all nurses.

Nursing is a profession grounded in critical thinking, scientific rigor, and evidence-based practice. Nurses are central to the delivery of high-quality care across many settings and serve in essential direct care, research, and administrative leadership roles. Nurses form the backbone of the American health care system, applying their clinical expertise and training to provide and coordinate care, educate patients and the public, as well as counseling and supporting patients

and their families. As the most trusted profession, nurses play a critical role in treating patients, advancing health outcomes, and helping create healthier communities.¹

We appreciate NINR's thoughtful development of the proposed strategic plan framework and welcome the opportunity to offer the following feedback on the framework, including additional areas that we believe are essential to advancing nursing research and its impact on health.

Foundational Nursing Research Priorities

ANA recommends sustained investment in understanding how people experience and respond to health and illness, and how nursing care influences symptoms, function, self-management, caregiving, and quality of life. These concerns cut across a person's lifespan and include prevention and living with complex or chronic conditions. Research should prioritize approaches that reflect unresolved knowledge gaps, and potential benefits for individuals, families, and communities.

Research must encompass discovery and explanation, intervention development and evaluation, and implementation. Biological, behavioral, social, and organizational perspectives can each advance nursing science. Methods should align with the scientific purpose. Identifying a neglected phenomenon or explaining a mechanism may be essential before an intervention is ready for testing.

Emerging Science

ANA urges NINR to conduct research into what the appropriate role of the nurse is as technology advances. Further, how will these advances change health care and, more specifically, the nursing profession. As nurses adapt to technological advances in the delivery of care to patients, ANA believes more research is needed into how these advances are impacting the profession and clinician burnout and what, if any, future considerations must be accounted for. ANA recommends that NINR pay explicit attention to digital health and artificial intelligence (AI), including its implications for nursing judgment, care relationships, safety, and health outcomes. AI should have a prominent place within broad scientific priorities and clear connections to care delivery, workforce capabilities, and implementation.

Existing research provides a foundation for this work. Studies have shown that much of the evidence-based research was concentrated on development and performance evaluation, with limited comparative testing in nursing practice, and focus on selected outcomes.² These types of findings support further evaluation of clinical utility, reproducibility, unintended consequences, and sustained benefit, with conclusions specific to the application, population, and setting for nurses.

¹ American Nurses Association. (2026, January 12). *Nurses ranked most trusted profession for 24th consecutive year* [Press release]. <https://www.nursingworld.org/news/news-releases/2025/nurses-ranked-most-trusted-professionals-for-24th-consecutive-year/>

² Robyn Cant, C. Ryan, and R. Chugh, "Artificial Intelligence Technologies in Nursing Clinical Decision-Making: An Umbrella Review," *Journal of Advanced Nursing* 82, no. 10 (2026): 8968–8983, <https://doi.org/10.1111/jan.70579>; K. Mikkonen et al., "Artificial Intelligence Technologies Supporting Nurses' Clinical Decision-Making: A Systematic Review," *Journal of Clinical Nursing* 35, no. 4 (2026): 1525–1540, <https://doi.org/10.1111/jocn.70156>.

ANA strongly encourages further research on the conditions under which digital innovations yield benefits and on how effects vary across users and communities. The plan should also accommodate emerging health threats and changes in care as consequential research gaps are identified.

Scientific Workforce and Training

ANA encourages NINR to dedicate focused research on training and career support that enables nurses to develop and sustain independent research programs across academic, clinical, and community settings. Priorities should include mentored entry into research, rigorous scientific preparation, access to methodological expertise, and protected time to develop programs of inquiry. Career support should extend through transitions to independence and sustained scientific leadership.

Academic and practice organizations need practical arrangements for joint appointments, mentorship, research infrastructure, and protected research time. Training opportunities should be accessible to nurses across diverse career backgrounds and institutions. The Royal College of Nursing's strategy offers an international example of attention to research careers, leadership, and a culture of research in practice.³

Scientific workforce development concerns the people and conditions needed to conduct research. Research on the clinical nursing workforce addresses unresolved questions about preparation, work organization, nurse health, and care outcomes. Both deserve attention, with their scientific purposes and expected contributions clearly articulated.

Innovation

ANA encourages NINR to pursue research into innovations in measurement, data structures, and analytic capabilities to improve understanding of nursing's contribution to health. Measures should capture outcomes meaningful to patients and families, including symptom burden, function, quality of life, and caregiving experience. New measures should demonstrate validity and added value for the scientific purpose.

NINR should support nursing-relevant data standards, interoperability, and responsible reuse of clinical and community data. These investments should enable credible assessment of relationships among nursing care, organizational conditions, and outcomes. Nurses and people receiving care should help develop and evaluate tools, with attention to privacy, bias, burden, and usefulness.

Economic and societal outcomes warrant rigorous evaluation that captures the full range of nursing's contributions. Existing evidence highlights the need for stronger approaches to assessing organizational return on investment, with relatively few studies comprehensively evaluating both

³ A. Hui and J. Ball, The Royal College of Nursing Research Strategy: Maximizing Impact and Outcomes through Research (Royal College of Nursing, 2025), <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2025/September/012-233.pdf>.

the costs and financial benefits of nursing investments and findings that remain mixed.⁴ Research should account for investment costs, resource utilization, and both direct and indirect benefits. While organizational financial returns are an important dimension of value, evaluations should also explicitly consider patient outcomes, access to care, and broader societal impacts.

Translation and Implementation

ANA recognizes that sustained scientific focus on how evidence-based knowledge and practice translates into bettering everyday care. NINR should support research on adaptation, implementation, sustainment, and spread across organizations and communities. This work should explain variation in outcomes and identify conditions that influence feasibility, equitable benefit, and resource requirements.

Evidence that a clinical intervention is effective may still leave consequential uncertainty about its delivery across care settings, its adaptation to a population, or the durability of its effects. These uncertainties warrant research approaches appropriate to the problem. Practicing nurses, patients, families, and community partners should help identify the outcomes and implementation conditions that matter.

Priority setting should distinguish gaps in implementation knowledge from the need to apply established evidence. When dependable evidence already addresses the relevant decision, education, leadership, policy, or quality improvement may be the immediate need. Additional implementation research should identify remaining uncertainty about strategies, context, adaptation, or sustained outcomes.

Conditions of Daily Life

ANA recommends that NINR devote continued attention to the social, material, and relational conditions under which people manage health and illness. Research should examine how resources, housing, caregiving responsibilities, discrimination, and geography influence health and the effectiveness of nursing interventions. This emphasis should extend beyond individual patient characteristics.

The plan should encourage research that explains differences in access, participation, experiences, and outcomes across populations and communities. Investigators should consider how intervention requirements align with people's daily circumstances and how benefits and burdens are distributed. Patients, families, and communities should help define relevant outcomes and interpret findings. This approach can help distinguish an intervention's limitations from barriers stemming from its delivery conditions.

Care Settings

ANA urges NINR to expand research on nursing interventions, roles, practice conditions, and care models across hospital, ambulatory care, home, community, and long-term care settings. The

⁴ O. Yakusheva, K. Lee, A. V. Fial, and M. E. Weiss, "Organizational Return on Investment in Nursing: A Systematic Review," *International Journal of Nursing Studies* 170 (2025): 105146, <https://doi.org/10.1016/j.ijnurstu.2025.105146>.

portfolio should address access, continuity, safety, patient experience, and health outcomes, with economic evaluation where relevant. Scientific priorities should reflect unresolved care needs across these settings.

A recent study found that hospital nurse-physician substitution produced similar or slightly better results across several outcomes, with varying certainty and unclear effects on direct costs. The review also identified limited evidence from other low- and middle-income countries.⁵ These findings underscore the importance of defining the roles, populations, and contexts to which the evidence applies. ANA encourages evaluating nursing roles and care models that address consequential uncertainty in the intended setting.

Moreover, ANA believes that nurse health and practice environments should be treated as substantive scientific concerns, with their consequences for nurses and care made explicit. Research has shown the benefits of some person-directed burnout interventions but there is limited evidence on organizational interventions and long-term effects.⁶ We recommend research on organizational approaches to safe and sustainable practice, including effects on nurse well-being, care continuity, and patient outcomes.

Work Environment

ANA recommends that NINR explicitly adopt, in its strategic plan, research into effective mitigation strategies and the cost to the profession of workplace violence. Reinforced in ANA's Code of Ethics with Interpretive Statements, nurses are required to create an environment of dignity and respect—and be afforded the same.⁷ This results in the nursing profession at a point where violence of any kind can no longer be tolerated in the nursing profession. Unfortunately, we know that workplace violence remains pervasive. While research has been conducted on the prevalence and the impact of smaller tactics to address this issue, more meaningful research is warranted. NINR must build on existing research to identify evidence-based solutions.

In addition, research is needed into quantifying what the cumulative issues are that finally push many nurses out of the profession. Last, research and identification of effective reporting measures are critical to fully capture the scope of this issue and impact on patient care. Together, focusing on these aspects can help to identify successful, sustainable solutions that can be implemented across all care settings to finally put an end to workplace violence experienced by our nation's nurses.

⁵ Megan Butler, Mary Kirwan, V. J. C. Mc Carthy, J. A. Cole, and T. J. Schultz, "Substitution of Nurses for Physicians in the Hospital Setting for Patient, Process of Care, and Economic Outcomes," *Cochrane Database of Systematic Reviews* 2026, no. 2 (2026): CD013616,

⁶ C. Salcedo Sampedro et al., "Effectiveness of Burnout Interventions in Nursing: A Systematic Review of Systematic Reviews with Meta-Analysis," *Nursing Outlook* 74, no. 2 (2026): 102715, <https://doi.org/10.1016/j.outlook.2026.102715>.

⁷ American Nurses Association, *Fostering Civility and Respect in Nursing: Empowering Nurses to Prevent Incivility and Bullying* (September 10, 2026), <https://www.nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/incivility-and-bullying-position.pdf>.

Partnerships

ANA urges NINR to center sustained academic–practice–community partnerships with shared roles in priority setting, research development, interpretation, and implementation. Practicing nurses, patients, families, and community partners should participate early enough to influence the scientific direction. Partnership support should include the time and infrastructure needed for meaningful participation.

Practice-based research networks can connect investigators with diverse care settings and support studies that address local needs. Professional organizations and credentialing bodies can help identify practice uncertainties, engage nurses, and align research with professional standards and care improvement. Community organizations and philanthropic partners can provide additional perspectives and complementary support.

NINR should encourage partnerships that define clear scientific responsibilities, ensure transparent governance, and provide appropriate data access and sharing. These arrangements should protect scientific independence and ensure that findings are useful to participating communities and care organizations.

Payment Parity

Currently, many nursing services are bundled in the acute care setting in the general hospital cost report. Other nursing services are paid disproportionately less than other clinicians providing the same service. These payment disparities do not reflect the critical nurse role in delivering health care services. At the same time, we are seeing providers and facilities adopt alternative payment models and care coordination efforts to drive efficiency and increase quality in patient care. Many of these include nurse led models or other recognition of the nurse role. This correct recognition has underscored the importance of nursing services and, thusly, ensuring all nurses are appropriately compensated for the services they provide to patients and families. There must be parity in payment across all qualified health professionals for the scope of services tied to delivering high-value care to patients.

ANA recommends that NINR include, in its framework, a determination and examination of what evidence-based measures can be researched and then adopted that reflect the value and role of the nurse in care delivery across all care settings. To bolster efforts to achieve payment parity, additional research is key to strengthen the argument to policymakers. Through research, NINR can identify methods to quantify the value of nursing services in the health care delivery system. We also know that many nurses choose care settings based on the experience and reputation of the nursing staff. NINR should examine how that relationship with patients and value to health care facilities further stress the need for payment parity.

ANA encourages NINR to implement the strategic plan by periodically assessing evidence and the research portfolio. Updated evidence, ongoing studies, health needs, and community perspectives should inform decisions about where additional investment can contribute most.

ANA appreciates NINR's thoughtful consideration of our feedback on its strategic plan and welcomes the opportunity to meet with NINR leadership to discuss our comments in greater detail. We look forward to continued engagement with NINR on shared priorities and opportunities for collaboration. To arrange a meeting or for any questions regarding ANA's comments, please contact Tim Nanof, ANA's Executive Vice President of Policy & Government Affairs, at (301) 628-5166 or tim.nanof@ana.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Goettl', with a stylized, flowing script.

Bradley Goettl, DNP, DHA, RN, FAAN, FACHE
Chief Nursing Officer

cc: Jennifer Mensik Kennedy, PhD, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer