

# Leader to Watch

## Adriana Perez, PhD, CRNP, ANP-BC, FAAN, FGSA

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**LBB: Tell our readers what motivated you to become a nurse?**

**AP:** My grandmother in Mexico was a nurse. She was a great role model and my first inspiration for nursing. People in the neighborhood looked up to her, called on her for help and healing. My siblings and I would sometimes spend the summers in Mexico. I must have been 7 or 8 years old, and I remember that my grandmother would take me with her to work. She was a private duty nurse caring for a special needs child, and the parents of the child loved my grandmother. I saw how much trust they had in her, and seeing her make a difference in people's lives had a major impact on me. Fast-forward to years later, as a senior in high school, our English teacher, Mrs. Barbara Bradford, assigned a research paper about the profession we would pursue after graduation. I wrote about nursing and got an "A" on my paper, which made me so happy because Mrs. Bradford was a tough teacher, yet she encouraged me and told me I would be a great nurse. Having someone believe in me erased any doubt I had in myself. I chose to pursue nursing at our local community

college because it had a great reputation, smaller classes, and I wanted to stay close to my family. However, I always knew that I wanted to reach my highest potential in nursing and that meant I would eventually have to move away from home. The day after I graduated with my ADN, I moved to Phoenix, Arizona. I enrolled in the ADN to BSN program at Arizona State University, while working as a registered nurse at St. Joseph's Hospital and Medical Center. I loved St. Joseph's Hospital because of its Catholic mission, caring for the most impoverished, which reminded me of my grandmother. She was very proud of me for pursuing nursing. She told me that as a nurse, I would always have God's mercy. She was right. I have never regretted becoming a nurse. I also interpreted that to mean nursing would be a great way to get into heaven.

**LBB: Describe your career path.**

**Why academia?**

**AP:** Early in my career, while practicing in a medical-surgical telemetry unit, I was a part of a Cardiac Quality Team that was tasked with ensuring our health system met all cardiac quality indicators

for patients diagnosed with acute myocardial infarction and congestive heart failure. As an interdisciplinary team, we regularly discussed cases in which we might have fallen short of that goal. Most of those patients, I noticed, were typically older, women, immigrant, non-English speaking, and Latinas. I had also started graduate school and had the option of completing a thesis project. I conducted my first research study focused on the cardiovascular health of older Latinas. I learned that this population was not well represented in most research, which meant most prevention and chronic care models did not reach them. All of these experiences informed my first research questions and served as my motivation to pursue a PhD after I had completed my master's ANP program. I was mentored by the chair of both my thesis and dissertation committee, Dr. Julie Fleury, a young, tenured professor whose work in cardiovascular nursing research included community-based interventions, theory testing, model generation, and exercise health. Her work opened my eyes to nursing's "empowering potential" to design health promotion models, guided by conceptual frameworks that target



individual motivation, environmental resources, and social support, which are all concepts found to be strong contributors to physical activity among Latinas. I am so grateful for her mentorship. She taught me to approach research problems with the community in mind, which includes understanding the problem from their perspective, but also the inherent strength, wisdom, and health goal of each individual. My dissertation was funded by both the National Institute of Nursing Research and the John A. Hartford Foundation, supporting the development and testing of a community-based, physical activity intervention that addressed the linguistic and cultural needs of older Latinas. As a Claire M. Fagin Post-doctoral Fellow, I further tested and refined this intervention, ensuring cultural equivalency in the measures and strategies for enhancing motivation for physical activity in the population. Because my work is anchored in the community, my research participants taught me the importance of the built-environment and health policies that promote effective, sustainable physical activity interventions.

There are many challenges to pursuing an academic career, especially for Latina scientists. This is reflected in the dismal number of tenured and tenure-track faculty from underrepresented racial and ethnic groups, particularly in nursing schools. Efforts to change the culture of academia must include strong mentorship models for diverse scholars.

I was fortunate to have received high quality mentorship and leadership training through my scholarships from the National Hartford Centers of Gerontological Nursing Excellence (NHCGNE). The program fostered a strong mentorship relationship between mentor and mentee, with the goal of producing highly successful scholars in aging research. In addition to Dr. Fleury, I was mentored by other national leaders in the field and also formed a strong peer-mentorship network of more than 200 NHCGNE Scholars and Fellows across the country. This experience reaffirmed my decision to pursue an academic career. Not only am I contributing new knowledge that may impact the health and health care of our aging Latino population, but also I have the opportunity to teach and mentor future nurses with my NHCGNE tools. My hope is that Latino and other underrepresented students see me and consider an academic career as well because we need more.

**LBB: You have had the opportunity to lead organizations and community groups. Why did you pursue these opportunities, and what did you learn from the leadership experience?**

**AP:** I have pursued leadership opportunities for several reasons. First, I believe leadership is about serving others and that is a value that is part of who I am. My role as an advanced practice nurse and my service to the profession and community keep me grounded. I have served as a leader in nursing and nonnursing organizations because our voice is critical and necessary to make a positive impact in our health care system and in the health of our community. I do believe every board and organization would benefit greatly from the knowledge of nurses, especially those with different perspectives and experiences. Second, I did not have many Latina role models as a young nurse, but the few that I did have

inspired me to follow in their footsteps and take advantage of the doors they opened for me. I am proud to be a Latina nurse leader. I am determined to succeed in my research trajectory and to create safe spaces that honor diversity and inclusion, where all faculty can thrive and work across disciplines to eliminate health disparities.

I have learned so many lessons from different leadership experiences, from growing as a leader in my own research and clinical practice, to serving on professional community boards and coalitions. The most important lesson is to remember your “why,” your own motivation, your “true north,” because when you are tired or experience failure, rejection, and frustration, you can remind yourself why it is all worth it.

From a practical perspective, leadership takes practice. You must learn to take criticism, starting with patients, families, and those you serve. I am also learning to develop my own leadership style by creating my own environment and adopting skills from the leaders that I admire, while remaining true to who I am.

**LBB: The Hispanic population continues to grow in the United States and the Americas. What are their health care needs, and what actions have you undertaken in your career to address those health needs?**

**AP:** While the United States’ Hispanic population tends to be younger, it is projected that current Hispanic adults will become the fastest growing aging population, and, as a result, the sizeable increase of Hispanic youth and children will continue this growth for decades to come. This dramatic change in demographics will impact our health care system and the health of our nation. Currently, we are not prepared





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PhD in Nursing (Arizona State University), MS Adult Health Nurse Practitioner (Arizona State University), BSN (Arizona State University), ADN (Arizona Western College)

**First job in nursing:**

I was a licensed practical nurse at Palm View Rehabilitation and (Long-Term) Care Center in Yuma, Arizona, where my passion for improving the lives of older adults began. My first management job was at St. Joseph's Hospital and Medical Center in Phoenix, Arizona, where I served as night shift supervisor for 4 years and helped my team reach some of the highest patient satisfaction scores in the hospital, including high cardiac quality indicators and the lowest staff turnover during my tenure. At one point, there was a waiting list of nurses that wanted to work night shift with my team. I have fond memories of these 2 firsts.

**Being in a leadership position gives me the opportunity to:**

make a difference in the health and lives of not one, but many. Nurses are leaders by definition; therefore, we do not need a formal title, we can lead at the bedside, as researchers, and as nurse executives. We are all in a position to lead, if we choose to. We just have to let that leader emerge from within.

**Most people don't know that I:**

am a Carolina Panthers football fan. I have gotten front row seats at one of their games for the last 5 years with my little nephews, hoping that they might get a football and give it to me.

**My best advice to aspiring leaders:**

is to "be the leader you wish you had." I love this quote by Simon Sinek, regarding positive leadership. Once you realize your vision and dreams, help others do the same. Pay it forward. This is one of the most important leadership qualities that I learned from my mother. Nurse leaders should always role model philanthropy.

**One thing I want to learn:**

is how to ballroom dance. I tried to learn with my husband, but this resulted in many arguments because we both wanted to lead.

**One word to describe me:**

Resilient

for this, which will contribute to health disparities in the Hispanic population.

The Hispanic population is diverse and includes many subcultures. I am learning so much about the migration of Hispanics from other countries who are aging in our communities and how their immigrant experiences affect their health. There are language barriers, including patient-provider concordance that may have a cumulative effect on patient-provider communication and perceptions of health care.

Despite the historic gains of Hispanics obtaining access to health insurance coverage through the Patient Protection and Affordable Care Act (ACA), they remain one of the highest uninsured groups, and those that are newly insured require health insurance literacy to navigate our complex health care system. States with the largest Hispanic populations did not expand access to Medicaid, while others are affected by their immigration status. This prevents many Hispanics from obtaining health services and access to preventive care. One action that I took to address this was to work in partnership with the American Association of Retired Persons (AARP) Arizona to educate Hispanics about health insurance literacy and opportunities for health insurance coverage through the ACA, including those newly enrolled in Medicare. This preliminary work led to the creation of a nurse-led "train-the-trainer" program, 1 of only 13 funded by the United States Department of Health and Human Services, Office of Minority Health. This demonstration project was delivered by members of the National Association of Hispanic Nurses in 10 states and resulted in more than 100 community partnerships nationwide and outreach to more than 7,000 multicultural individuals and families in 2 years.

I believe that one of the most critical health needs of Hispanics is the need for representation in research, especially in clinical trials. The Centers for Disease Control and Prevention have called for increased efforts to better represent all Hispanics in national health surveillance data and research study data that can drive the improvement of Hispanic health.

In my research and practice, I see the results of these factors in the disproportionate burden that Hispanics experience related to cardiovascular disease and a growing number of those with neurocognitive diseases, such as Alzheimer's and other dementias. That is why I am committed to the testing and translation of effective, multilevel interventions that address the cultural, social, and physical activity needs of Hispanic elders. Women, in particular, are central to promoting the health of their family.

**LBB: What steps have you taken to increase the number of Hispanic men and women who enter and advance in the nursing profession?**

**AP:** I have been a member of the National Association of Hispanic Nurses since my undergraduate program, when I received a scholarship from the association. I served on the national board and as President of the Phoenix

Chapter in Arizona, where I was proud to have worked to become the largest chapter, nationally. In less than 1 year, we grew our membership by approximately 250% and our budget by more than 500%. That work involved tremendous teamwork, a high level of commitment, “out of the box” thinking, including speaking at high schools, colleges, and universities to aspiring Latino nursing students. I practiced fundraising and used my grant writing skills to secure several community grants that engaged nursing students, new graduates, and members in health promotion initiatives. We developed partnerships with AARP Arizona and received scholarship funding support from several local organizations, including Chicanos Por La Causa, Arizona Pain Specialists, the Latina Strong Foundation, plus almost every major health system in our community. In addition to supporting several undergraduate and graduate student scholarships, funding supported leadership development for board members, monthly meetings, and our first annual conference.

For almost 5 years, I have served as diversity consultant for the Center to Champion Nursing in America at AARP, funded by the Robert Wood Johnson Foundation. My commitment to promoting gender and ethnic representation in nursing has included working with state action coalitions, a national team and presidents of all ethnic minority nursing associations, and the American Association for Men in Nursing to develop an online learning collaborative, grounded in the Future of Nursing: Campaign for Action report, using webinars and blogs to share lessons learned and promising practices that may increase gender and ethnic representation in education, practice, and leadership.

**LBB: Describe your passion for nursing and the steps you have taken in your career to engage others in the profession?**

**AP:** I have made many sacrifices to pursue my passion for nursing and am committed to make our profession more inclusive to promote health equity. I engage others internally in our profession, as well as in the broader health care community. For example, I was honored to have been one of the first appointed members to the American Organization of Nurse Executives board and served on task force to determine the leadership needs of Advanced Practice Registered Nurses members. I feel fortunate to have a combination of experiences related to advanced practice, research, education, and policy. I am passionate about all but feel strongly that engaging others in nursing research could be my greatest contribution to the profession.

**LBB: What is your true north? What are you most passionate about in life, and how does that passion drive you as a nurse leader?**

**AP:** This is such an important question. For me, my passion and my “true north” is *mi familia*. Starting with my mother, who is the strongest person I know. My husband and best friend, as well as my immediate and extended family, which has now grown to include my patients at Mercy LIFE, colleagues, and students. Furthermore, my family is my community, where my heart is, and where I hope my research can

contribute to health and longevity for the most vulnerable in this country. This passion fuels my commitment to ensure that my research reflects the voice, needs, and strengths of my community. And ultimately, a health care system that works for all.

**LBB: What advice would you offer to the following?**

**1. Nurses seeking to acquire knowledge and skills to advance their practice**

**AP:** I believe strongly in life-long learning. Of course, I always encourage nurses to consider a PhD or DNP, depending on their nursing passion. However, that is not always possible or appealing to all, therefore I recommend considering certification programs (i.e., leadership or clinical area). There are incredible leadership institutes, as well as critical care, and population specific programs.

**LBB: 2. Hispanic men and women considering nursing as a profession**

**AP:** Join the National Association of Hispanic Nurses. Though I belong to different professional associations, there is something very empowering about seeing other Hispanic nursing students and leaders in the field who share their lessons learned for success. The National Association of Hispanic Nurses offers different scholarships for both undergraduate and graduate students, as well as mentorship and resources for ongoing professional development.

**LBB: 3. Hispanic men and women considering to advance their contributions to the profession**

**AP:** One way is to contribute to safe and healthy work environments. Welcome and mentor others in our profession, and build supportive peer and team networks. We need to do more by taking care of ourselves and each other. And never stop growing and learning.

**LBB: 4. Nurses transitioning from clinical to academic practice**

**AP:** Most academic careers require a graduate degree in nursing, but some states have specific requirements. Make connections with others in academic practice who can help you navigate the requirements, as well as the policies and politics of the environment.

**LBB: 5. Nurses seeking to engage the community to improve health and health practices**

**AP:** Make it a point to meet and get to know community leaders, face-to-face, including other health professionals and stakeholders who have an interest in promoting the health and well-being of the community. Consider nontraditional partners that have broad access to the population of interest. There is growing research that shows promising outcomes when engaging barbershop owners in promoting blood pressure awareness in non-Hispanic black men. Similarly, there is evidence that social determinants of health may be better addressed with teams that include *promotores de salud* (community health workers).

**LBB: 6. Organizations seeking to engage and assist the Hispanic community to improve health outcomes**

**AP:** Internally, invest in mentoring and preparing bilingual, Hispanic nurses to take on leadership positions in your organization. Of course, offer linguistically appropriate services and

access to resources using written and electronic platforms. I also strongly recommend convening a Hispanic community advisory board that includes past patients and local leaders that can provide context, helpful insights, and guidance for engagement. There is great interest within the Hispanic community to help improve health outcomes in the population.

**LBB: What legacy do you hope to leave for nursing and those who trust us with their lives?**

**AP:** I hope to leave a better model, a better framework for health promotion and disease prevention that reaches the most vulnerable, aging populations through my research. My little niece wants to be a nurse, and I hope that by the time she is practicing, she could say that her *tia* (auntie) contributed to the evidence that helps her and her peers provide better health care for her older patients. **NL**

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