

## An Interview with Angela Kurosaka, President of the American Nephrology Nurses Association, 2022-2023

Beth Ulrich, EdD, RN, FACHE, FAONL, FAAN



**Beth Ulrich:** Hi, I'm Beth Ulrich, the Editor-in-Chief of the *Nephrology Nursing Journal*. It's my pleasure to interview Angela Kurosaka, the 2022-2023 President of ANNA. Angela, thanks for joining us today.

**Angela Kurosaka:** It is my pleasure.

**Beth Ulrich:** Let's start at the beginning. Where did you grow up? Where's home?

**Angela Kurosaka:** Home is in a little town, northwest corner in Alabama called Waterloo. It's very, very rural and 21 miles to the nearest hospital or anything.

**Beth Ulrich:** Did you grow up there through high school and college?

**Angela Kurosaka:** I went to the same school, in the same building, from first grade through 12th grade. We had a small graduating class, but we were the school's second largest at 41.

**Beth Ulrich:** When did you decide to become a nurse?

**Angela Kurosaka:** I had asthma from the time I was one year old. Growing up, I was in and out of the hospital with asthma attacks. And I knew from the time I was a small child that I wanted to do something to give back. At 15 years old, I was like, "Yep, I'm going to be a nurse. And I'm not only going to be a nurse, I'm going to be a director of nursing one day." That set my path in motion. I became a candy striper, except we didn't call them candy strippers at our hospital – we were Bonnie Blues or something like that. I did that for a few summers until I graduated and then went to nursing school.

**Beth Ulrich:** Where did you go to nursing school?

**Angela Kurosaka:** My nursing education journey is long. I started out at an associate degree program at Northwest Alabama Junior College, which has a different name now. I did that because the pass rate at the four-year university near where I grew up was not as good. I thought I would rather go somewhere that I could pass

**Editor-in-Chief's Note:** I had the privilege of interviewing Angela Kurosaka, the 2022-2023 President of the American Nephrology Nurses Association (ANNA). This is a transcript of the interview recorded on April 4, 2023. The audio version of the interview is available as part of the NNJExtra podcast.

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and have a better chance. From there, I went on and finished my bachelor's degree 18 years later. As soon as I started back getting my bachelor's, I didn't stop. I did my master's degree in a year. I entered the DNP program and graduated from the University of Alabama with my DNP in 2011.

**Beth Ulrich:** What did you do your DNP project on?

**Angela Kurosaka:** My capstone project was on creating quality metrics in an auditing environment. At the time, I worked for a health care recovery audit company. And we would go in and audit hospital bill records or DRG validations. When I took over as the chief nurse at that facility, I said, "Well... Who audits us? How do we know we're doing a good job?" And they said, "What?" And that was where my capstone project was born – we created a process to measure ourselves.

**Beth Ulrich:** Tell us about your path in nephrology nursing.

**Angela Kurosaka:** I'd been out of nursing school for about three years. And I remember that at first I worked evenings. The first time I saw one of the nephrology nurses pushing the machine down the hall, I was like, "Oh, my gosh, what is that going down the hallway?" I was not exposed to that in my nursing education.

**Beth Ulrich:** I think that was true for a lot of us.

**Angela Kurosaka:** Right! I had a lecture on a Monday and a test on Friday on renal, and that was it. So then, I found out what it was. I talked to the nephrology nurse, and I got to know her. We hit it off. I adored working with the nephrologist. He would make rounds in the evenings, and he was just such a wonderful, gentle man. He was

super smart and always treated the nurses well. I was working on a med-surg floor that also did oncology, and we had some new oncologists who the hospital had recruited in. They were not what I was hoping they would be in terms of bedside manner. I happened to be rounding with the nephrologist, and I said, “Do you have any openings because I really like what she [the nephrology nurse who worked with the physician] does. I talk to her when she comes on the floor.” He owned his own facility at the time (it was across the street), and he said, “Yes. Call this number. Tell them I sent you.” The rest is history.

**Beth Ulrich:** Tell us a little bit more about the rest of your career.

**Angela Kurosaka:** I started out as a staff nurse on a med-surg floor. Two to midnight, seven on, seven off. I loved it. You know, it was a lot of fun. I learned a lot. I still think all nurses should spend some time in med-surg because I think it gives you a well-rounded education. I know that many don’t anymore. They graduate and they go right into ICU or CCU, but I really enjoyed it, and I valued the time I spent in med-surg. We also did oncology. So I was actually thinking about going to get my oncology certification. That’s what I did before I started nephrology. I did a little bit of ICU and cardiac on the side. That was my background.

**Beth Ulrich:** When you got into nephrology, what was your first job in nephrology?

**Angela Kurosaka:** I was an acute dialysis coordinator. At the time, we serviced two hospitals. It was just myself and one other RN. It was really small, maybe 25 to 30 treatments a month. It wasn’t much. But we grew the program, and we ended up going to four hospitals. When I left there, we had a staff of five. We had a dialysis suite that had three stations. It was quite robust when I left, and we had started doing plasmapheresis and CVHD. I learned in the chronic unit. At the time, the chronic unit still shut down for an hour between the first and second shift. That was a great way to learn because I would go to take everybody off the machine. I’d clean, I’d strip them down, clean the machines, get all the set-ups ready for the second shift, and get everybody on for the second shift. It was a really good learning time. It was not the staggered schedule they do today.

**Beth Ulrich:** And then did you stay in that job a while? Or did you move into something else?

**Angela Kurosaka:** I stayed there for almost two years. And during that time, the doctor actually sold his clinics to REN Corporation. And so I stayed with the corporation. They recruited me and moved me to Nashville, Tennessee, to be the head nurse. It was chronic, acute, and home. I stayed there for about four and a half years and then started moving up the ladder. REN became Gambro, and Gambro became Davita over time. So I stayed in that same family of companies for 20 years – from staff nurse to head nurse to division vice president.

**Beth Ulrich:** Angela, you’ve been an active member of ANNA for awhile and now you’re our president. When did you join ANNA and why?

**Angela Kurosaka:** I joined ANNA because I’ve always felt like professional certification is what a nurse should do. From the time I started working in the hospital as a med-surg nurse, I became certified as a medical-surgical nurse. I mentioned a few moments ago about considering oncology, so I was also considering the OCN. It was an easy transition for me. When I became an ANNA member, I thought that I needed to get certified, but I wasn’t ready to take the test yet. I needed to do a bit more studying. I started in nephrology in 1990, and I quickly became a member of ANNA. As a matter of fact, before I left and moved to Tennessee, I tried to start a chapter. I had talked to some people in the Huntsville area, which was, you know, the largest closest metropolitan area to where I was working and living. We had a name, we got it funded, and then I got a promotion and moved. It was going to be the Helen Keller chapter because Helen Keller grew up in Tusculumbia, Alabama, which is that whole northwest Alabama area. I sat for my CNN in 1994. And I’ve been certified ever since.

**Beth Ulrich:** Tell us a little bit about your path in ANNA. I know you’ve worked on a lot of committees, and you’ve done a lot of things for the association up to you becoming President and now with you as President.

**Angela Kurosaka:** I moved to Birmingham in 1999, and I started going to the Hazel Taylor Chapter meetings. I really wasn’t too involved in terms of committees and things, but I would go to some of the meetings. And I always went to either the National Symposium or the fall meetings. And I started learning and meeting some of the folks in the Hazel Taylor Chapter. Some names that everybody’s pretty familiar with I’m sure, like Cindy Richards, Jane Davis, and Sarah Kennedy. We all just really gelled together, and so I started getting active in the chapter probably in 2000. I did everything but treasurer. I was the health policy rep. I was secretary. I’ve been vice president. I’ve been president several times. Then I started thinking about a little bit more broadly because, you know, giants before me – the Presidents before me. I was like, I want to do that. I’ve been a nurse leader my whole career. That’s what I wanted to do. I thought I need to be president. So truly, that sort of set my path, my journey for seeking out the presidency over a decade ago. I knew that I needed to learn more, not only about myself as a nurse leader, but also as about ANNA. So I’ve served on the Awards and Scholarship Committee. I was chair for awhile. That was so much fun! It’s so much fun giving the money away and just seeing the look on people’s faces when they win an award. From there I went to the Leadership Committee. I was on the Research Committee for a spell. And then I decided to run for President. It took a few times. You can’t say that I’m not persistent. I felt like I was ready for it. To me this is one of the pinnacles of my career.

**Beth Ulrich:** What has your presidential year been like?

**Angela Kurosaka:** Everybody tells you that it will go really quickly, and it has, and everybody tells you that you will be topsy turvy for the whole year because it is so much work, and I agree with that. We have role descriptions available to anyone thinking about running for an ANNA office, and we talk about a day in the life. None of those will truly prepare you for what you experience, but what I will say is that [Anthony J. Jannetti, Inc. (AJJ)], our management company, does such a beautiful job preparing the incoming president and being a support for them throughout the year. I would not consider my year the success it has been, had it not been for the support not only from the staff at AJJ, from my friends, and from previous presidents. I know that I've called many of you throughout the year to say, hey, what do you think about this? It really is a wonderful support system, and I don't think you would be successful without that. I'm truly blessed in having that. But I'm ready for Jennifer [Payton] to come in behind me and to pass on the Vision Crystal.

**Beth Ulrich:** What are the biggest opportunities and challenges that you see for individual nephrology nurses right now? You probably know the environment better than any of us with your year in the presidency.

**Angela Kurosaka:** I think life is probably the biggest challenge for a nephrology nurse individually right now. You know the world is very chaotic. There are lots of stressors going on with COVID and everything else that's surrounded that. People feel like they have to choose between their family and working. And those are hard decisions. I'm fortunate that my children are grown. I can't imagine what the last three or four years have been like for parents, nurses who have small children and dealing with the pandemic and all the stressors of the pandemic, and then just dealing with health care in general with all of the challenges and headwinds that occur from not being able to have your continuing education, maybe not being able to have the mentorship and the partnerships that maybe you would like to have as an individual nephrology nurse. I think many nurses feel like they're probably on an island by themselves because many times they are. You know, they're in a clinic. They're by themselves at times. Doing acutes many times, you know they're by themselves. They have no one to rely on but themselves. So I think those are some of the biggest challenges for an individual nephrology nurse today.

**Beth Ulrich:** What do you think the opportunities are?

**Angela Kurosaka:** I certainly think that nephrology nurses should be a member of ANNA for a lot of reasons. You will no longer be alone. There are about 7000 members, and we have the ANNA Connected forum where you can ask questions. It's a non-judgmental zone. You can ask whatever kind of question. People are there to be supportive and welcoming. I think that if you're a nephrology nurse and working in whatever sphere of

nephrology that you're in, you should consider being an ANNA member for education, for camaraderie, for support, and just – you know – a shoulder to lean on.

**Beth Ulrich:** What about for nephrology nursing in general? As a profession, what are our challenges and opportunities right now?

**Angela Kurosaka:** I think workforce is our biggest challenge. We don't have enough nephrology nurses. We don't have nurses coming into the specialty. I don't know why they don't want to join in the nephrology specialty. I suspect it's lots of reasons. I don't think we have gotten the word out broadly enough in the education space to even let them know that nephrology is a potential selection for them, coming out of school. I think the challenge for the dialysis clinics themselves or even in the home programs in the communities, patients and people in these smaller communities. They like their community, and they don't want their life disrupted, and so there are all kinds of social challenges that are on top of whatever's causing their kidney disease. So I think workforce is probably the number-one challenge facing nephrology nursing in general. We are all getting older. And there's not enough of us coming behind us to take our place. And that troubles me. Just think about the CKD incidence of one in seven who is going to be on dialysis. We don't have enough nurses.

**Beth Ulrich:** What about ANNA? What's what are the challenges and the opportunities for ANNA right now?

**Angela Kurosaka:** A few things. We certainly want to continue all of the wonderful educational offerings that we have. So those will continue. I don't see that as a challenge. I see that as an opportunity, and I think we could do more with our educational opportunities outside of the borders of the United States. I don't think we should let those borders dictate. We are the experts in creating that educational material. We should take advantage of that. I think one of the challenges for the association is membership. I don't think that some companies have always been supportive of their nurses joining ANNA in years past. Some of that's changing, and it's wonderful to see. We need more of that support. I think we should also support certification. Because if you support certification and you encourage certification with Magnet<sup>®</sup> hospitals, and if you're working inside a hospital, obviously you want to be Magnet<sup>®</sup>, and that requires certification. I just think we have an opportunity there to increase that pool. I would say that we've had challenges with not adapting fast enough in some of our technology. We're correcting that right now with ANNA's new website that I'm promised is coming any day, so I'm excited about that. We do have a new platform for our online community as well. So that was a challenge. Previously, it was very static and not very engaging, and the platform that we're moving to is much more engaging and much more robust. I guess I'm telling you some challenges, opportunities, and action items all at the same time. And then you know, we just hired a DEI

consultant to help ANNA through its DEI journey. I could not be more pleased. We are very fortunate to be able to have Dr. Deborah Stamps to work with ANNA. She's just started. She's amazing and very well known in the industry.

We still don't have the funding for nursing programs and nursing education programs. ANNA has been very, very active in our health policy activities. If nurses are remotely interested in health policy, they should get involved. It's not a lot of pressure. It's not like you have to go knock on doors in DC to talk to your legislator or anything like that. I think those are some of the challenges, but I also think we have plenty of opportunities. The world is our oyster right now. The Board has started working on the membership campaign, and I think you'll see that continue through Jennifer's tenure and even [Nancy Colobong Smith's] tenure after that. It's not something that will be corrected quickly. But I think if we could get the people who we work with in the industry, like the dialysis organizations, dialysis providers, nephrologists who have nurses working in their office, to say, hey, you should be a member of ANNA, you'll get a lot of education there. I think we have lots of opportunities in that space that we can continue to get the word out about ANNA, and we are doing much more with student nurses. Kristin Larsen, who is on the Board, has been very involved in the student nursing area. She was at the National Student Nurses Association meeting last year representing ANNA. It's going to be in Nashville in a week and a half, and I'm going to attend. I'm told there will be 3000 student nurses there, so hopefully we can encourage a few to become nephrology nurses. That would be exciting.

**Beth Ulrich:** ANNA has a strong and a long history on providing quality care to patients. What do you think are the issues there? How can we ensure that we provide quality care to patients?

**Angela Kurosaka:** You know, that's a really good question. I think from a policy perspective, CMS is trying. They came out with the ETC Model, they've done the ESCOs, and they're trying to move everybody toward value-based care. I think that will have, in the long run, a profound impact on the quality of care that patients receive and even their health and wellness. So now we have the CKC program, which is another demonstration project through 2026, and that focus is all about reducing hospitalizations. Getting those catheters out because we all know the quality of care decreases with those catheters because they have infections and multiple infections and multiple hospitalizations. And you know, we could go on and on and on about that. I think that, over time, CMS will be successful, and I think we'll move away from this sort of Medicare, the pay-as-you-go model, and start more value-based care and paying for performance and quality, and not paying for just doing something. That's what I see happening now, and that's what I think will continue to happen and just even expand more as we move forward.

**Beth Ulrich:** Why should nurses choose nephrology nursing if their specialty?

**Angela Kurosaka:** Nephrology nursing gives you an opportunity in your career that you would never have had inside the four walls of a hospital. And what I mean by that is that I've always felt that you can work in a hospital on a floor, on a medical floor, labor and delivery, whatever. And you could do that your whole life. And maybe you're kind of happy, but you're not really happy. I don't feel like nephrology nursing is that way. You either love it or you hate it. And there's no happy medium. But if you love it, you love fluid, acid-base balance, fluid volume metrics, math, and you like talking about the different organs and how they all work and the anatomy and physiology. It's meeting people and developing long-term relations with them. And impacting patients in a way that I don't think you get in a lot of places, and there's nothing, nothing that makes me happier than when I was still working in a clinic to find out if a patient didn't show up for treatment because they had a transplant in the middle of the night. And so it makes me happy, and I love it. You meet people who ground you in your profession, who support you. That's not to say that other specialties don't, but we're a unique, complicated, complex specialty. If you like using your brain, this is the place to be because it will challenge you every single day. I think some people may have the notion that, oh, it's not hard – the patient comes in, sits in the chair for four hours three times a week. What can go wrong? Everything can go wrong! I think that's what is exciting about that. It's because yes, it is a treatment; yes, it is consistent, but no two treatments are alike. And there's always something new to learn. So that's why you should go into nephrology nursing.

**Beth Ulrich:** I agree. I think, like you say, it's different from a lot of specialties. I think a lot of people don't understand all the sub-specialties in nephrology nursing. You can go from home care to doing an acute dialysis in an ICU in a tertiary care hospital. I don't think you see that many options in a lot of specialties.

**Angela Kurosaka:** To me, conservative management with patients is just as important as whatever modality they choose. Trying to keep them off dialysis is a challenge and even toward the end of life, it gives a peace. There's a peace to it. It's like it's whole. And I just have never found that in any other specialty. I did case management for a long time. And even with case management, you get to meet your patients, and you get to know them in a hospital setting, but it's not the same. It's just not the same.

**Beth Ulrich:** You're about a month from finishing your Presidency. You'll still stay on the Board for another year. As we finish the interview, I wanted to give you the opportunity to share whatever message you'd like to share with our members.

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## An Interview with Angela Kurosaka

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**Angela Kurosaka:** I would just like to say thank you so much for entrusting me with this position and this opportunity. As I said earlier, I prepared for over a decade for it. It was something that I knew I wanted to do. And I am so humbled that you allowed me this year. I'll never forget it. I'll never forget any of it. For every meeting that I've been to, every conference that I've been to, every call, etc., I've got some piece of memorabilia. I have saved it and all the name badges, all the everything. It's afforded me an opportunity to share my nursing love and my nurse executive leadership. And I just want to say thank you. That sounds so contrite, but it is. I am very humbled about having had this opportunity to be the President of ANNA. I am totally in awe of what we do and of the association and the opportunity that the membership afforded me. So thank you so much.

**Beth Ulrich:** Thank you for giving us the time this afternoon to do this interview. We really appreciate being able to talk to you and we also appreciate very much what you've done for ANNA, for your Presidency, and for what you'll continue to do.

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