

Collaborating for Legislative Success: Overcoming Organizational Tribalism

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Historically, the roles and responsibilities of professional nursing organizations have often overlapped, creating friction and frustration within the profession. Who is responsible for what, how will the initiative be led, and perhaps the most concerning, but unspoken challenge: who will get the credit? Colorado professional nursing organizations have been experiencing these issues for years, with no real willingness to face these challenges head on, until recently. The state Nurse Practice

Act is going to sunset in 2020, and there are some clear challenges facing the profession that will have to be dealt with directly and collaboratively by nurse leaders. Without a strong, unified voice, the forces that oppose allowing professional nurses to work to the full extent of their education and experience will divide and conquer. If that happens, it isn't just nursing that loses; it is every citizen of the state who needs to access health care. Colorado nursing organizations and leaders are working to create a new and cohesive path to build strong and open partnerships designed to ensure that nursing retains and, in some ways, gains a stronger level of control over the future of the profession. This article tells how that story is beginning and how it may create an example for all states to build a cohesive legislative agenda designed to support, not only nursing leadership, but also the patients nurses serve.

PROBLEM STATEMENT

Ernest Hemingway once said that “the best way to know if you can trust someone is to trust them.”¹ Nurses are trusting souls. Nurses listen to and trust the stories of patients and their families. Nurses openly discuss treatment plans with providers. Nurses trust the evidence-based practice models that create best practices. Nurses trust their organizations and their leaders. Why, then, are nurses so quick not to trust each other? Why are nurses so quick to question, criticize, intimidate, and castigate other nurses who very likely want the same outcomes? This unwillingness to trust each other serves to break down opportunities for success in seeking the ulti-

mate mission of ensuring all people receive excellent health care and, just as importantly, hurts the profession. The old adage “Nurses eat their young” is too simple. Nursing leaders too frequently find themselves in conflict over a desire to be right, when perhaps it is time to stop worrying about being right and start focusing on leading the effort to create desired positive outcomes. Often, when leaders of professional political organizations want to oppose an initiative that may allow nurses to practice fully within their scope, the most effective and sometimes easy strategy is to divide and conquer within nursing. Time and again, this has appeared to be the norm even for leader behavior.

BACKGROUND AND RATIONALE

Available research focused on incivility in nursing indicates that much of the internal professional strife begins early, often in the education process. Cynthia Clark, PhD, RN, has spent many years researching the challenges that incivility brings at the student/faculty level. Conclusions of much of that work clearly indicate intentional communication between all players to develop focused strategies designed to change the culture of incivility is imperative.² More recently, she has written about the importance of organizational civility and the need for leaders to create a strong, safe, and civil culture. This begins with raising awareness and enrolling leaders in the conversation. Change will never occur if leaders are unwilling to intentionally address the barriers to civility.³ Navigating disagreements is hard enough within organizations, but the focus of this discussion is leadership navigating disagreements among organizations, for the good of the profession of nursing and the patients served by nurses. This requires a willingness on the part of leaders to identify and address interest-based conflicts that may interfere with moving an initiative forward.⁴

Clark's research supports the theory that culture is largely created by leaders within organizations.⁵ It is necessary for nurse leaders to remember the importance of setting aside old and petty past grievances to model collaboration and partnership. Doing so will serve to create a safe space within nursing so disagreements can be openly addressed without fear of retribution.⁶ This will serve to create clarity and, with time and patience, begin to build trust allowing professional nurses to safely undertake difficult conversations. Leaders improving communication will make it more difficult for opposing forces to divide nursing resulting in preventing professional nurses from practicing at the top of their education and experience.

STRATEGIES OF DIVISION

Leaders need to be aware of the many strategies that are used to keep professional nursing from moving forward in such a way that will allow nurses to provide the highest levels of care in which they are both capable and educated. All negative efforts are divisive and can deliver a serious blow to a nursing initiative if nursing leadership does not identify the strategy. National organizational leaders understand these challenges, but at the state and local level where the opposition may be a neighbor or family friend, nursing leaders are sometimes less aware of the kind of strategy used to keep nurses divided to hold back a policy initiative. Naming some of the most effective behaviors and strategies that can be observed being used to divide nursing may be helpful to these leaders as they attempt to address divisive strategies.

THE GODFATHER STRATEGY

One strategy identified that has been very effectively used to divide nursing is something that, for the sake of this discussion, will be named "The Godfather Strategy." Leaders have often heard the saying "keep your friends close and your enemies closer." This is a particularly painful strategy to watch happen, because those promulgating this approach will active-

ly attack the nursing profession both publicly and privately. The attacker will then quickly sidle up to nurse leaders individually and apologize for the attack, letting them know that it isn't personal. It's just business, and the ultimate goal is to work with nursing for the best outcome "for the patient." This opposition singles out other nursing organizations as the real enemy, citing some past issue, suggested slight, personal dislike, or current disagreement on the policy at issue. The whole time, while actively and publicly attacking nursing, the opposition is quietly individually calling the nursing organizational leaders, sharing with them that "we are all in this together" and ultimately this strategy will benefit "everyone." The real message is that going along with the opposition is more often directed to appeasing medicine and if physicians don't approve, nursing can never advance. Embedded in this message is the ongoing triangulation identifying the other nursing organizations and their leaders as dangerous, short-sighted, and seeking to "steal" the credit for the expected success of the initiative. This seems so obvious when it is articulated clearly, but manipulation at this level is shrewdly accomplished, and intelligent people have very often been fooled. The strategic use of past known divisions between nursing organizations and their leaders can make it much harder to distinguish this strategy when the affected leader is you. Through this negative strategy these players are essentially "keeping their friends (opposition to nursing) close and their enemies (nursing) closer."

THE INNUENDO DROP

Another commonly negatively applied strategy can be called "The Innuendo Drop." The players who use this approach often talk to policymakers without validating data and attempt to suggest innuendo that infers nurses are not safe providers, an idea that often includes the implication that nurses can't get along with each other. This implies that any additional power given to nursing could be dangerous, because nurses' inability to collaborate is a patient safety issue. For example, a very effective lobbyist, while opposing a nursing initiative in Colorado, was overheard saying to a policymaker in an offhand manner, "Well, I understand that you are concerned about access to care...but...I just hope nobody dies if this goes through." Fear of potential, yet nonexistent or nonvalidated problems, can act to provide a powerful influence. There is a strong body of research showing that maintaining consistency with one's values is a strong persuader for people.⁷ Allowing innocent people to die is likely inconsistent with the values of any policymaker. The simple act of suggesting there *may be* a legitimate safety concern can be enough to get someone to vote against it, especially if that policymaker sees nursing through a lens that views ongoing infighting and disagreements as the pattern of behavior for the profession. Strong communication is imperative for patient safety.⁸ The notion of constant infighting suggests poor communication skills. Poor communication leads to poor connections,⁹ making it easy to suggest safety concerns and undermine the role of nursing in providing the full scope of safe and high quality patient care.

DAMAGING THE “BRAND”

A third very effective strategy that is often used by divisive people in dealing with nursing leadership is simply a general and calculated effort to damage the brand of nursing by highlighting internal divisions. This may be the most powerful of the 3 strategies. Every time nursing organizations publicly agree or simply don't disagree with the opposition about a negative opinion toward other nursing organizations by negative dealers, this divide is highlighted. Avoiding having a presence at joint nursing events, or at each other's optional and nonpolitical events, might suggest divisions. When communication is so limited between nursing bodies that organizations end up with competing conferences or simply fail to attend each other's events when invited, nurse leaders allow the rest of the world to visualize nursing by suggesting negative divisions rather than evidence of the many positive similarities.

LEADERSHIP SOLUTIONS

The strategies enumerated above have been effectively used in Colorado (and a myriad of other places) to divide the many nursing organizations and their leaders. This issue has been an ongoing and very challenging situation for a long time. The nurse leaders in Colorado have agreed for years that the resulting divisiveness is holding back the profession from full engagement and practice. Nurse leaders in other states have frequently identified similar challenges. Few leaders are clear about how to resolve these issues. Today in Colorado, tentative steps are being taken by nursing leadership to develop trust for each other. The US Department of Health and Human Services has published a tool that shows levels of collaboration, and identifies the characteristics of trust for creating full integration of alliances in any collective initiative (*Figure 1*).

Surveys of nurses in Colorado clearly suggest a desire among nurse leaders for a collaborative environment. The Colorado Nurse Practice Act is due to sunset in 2020, which means that the profession of nursing in the state must discern how to partner effectively to ensure its viability and sustainability. Intentional actions are now in place to begin building a level of trust between nursing leadership across the state that hasn't been evidenced for many years, and may have never emerged. Organizational nurse leaders now have the opportunity to model real collaboration with an aim toward integration around common goals. Continuing to perpetuate a culture within nursing that drives continuing and visible competition and “turf wars” between and among nursing organizations can only serve to allow organizational tribalism to continue to pull the profession apart from the inside out. Encouraging practicing nurses and nurse leaders to join their state and specialty professional organizations is a simple way that nurse leaders and CNOs can begin to break down barriers among nursing organizations by facilitating the emergence of more engaged professionals. A nurse who chooses to join both the state and a specialty nursing organization will, through active membership be motivated to encourage those organizations to partner with others in ways that advance the interests of the profession. Additionally, nurse leaders who emphasize

the importance of nursing organizational membership affirm a simple way to encourage nurses toward an expression of their own empowerment and linkage with each other as opposed to a default condition of nonpurposeful competition and self-serving, which constrains nursing by limiting the professions ability to speak and work with one voice.¹¹

Five years ago, a group of professional nursing organizations in Colorado began gathering together for an annual, day-long event titled, “The Interdisciplinary Collaboration for the Improvement of Patient Outcomes.” The group includes a variety of different nursing professional organizations, and was first initiated by a local nurse leader in the American Association of Critical Care Nurses who identified the importance of improving communication among specialties at the facility level to enhance patient safety. Annually, the event includes 7 to 9 different nursing specialty organizations and brings in between 100 and 200 participants.

Building on the success of that event, the Colorado Center for Nursing Excellence (the Center), the Colorado Nurses Association (CNA), and the Colorado Organization of Nurse Leaders (CONL) recently held a joint meeting for interested nurses in the state designed to discuss the role of these professional organizations in relationship to the Colorado Nurse Practice Act sunset. The conversation focused on how the organizations will collaborate in the upcoming work of strengthening the nurse practice act working to ensure that outside and nonaligned vested interests are not successful in negatively affecting the full scope of nursing practice. The evening meeting was held at the University of Colorado's Anschutz Medical Center, and 84 people registered to attend, which was many more than anyone expected. Nursing schedules along with family commitments can create challenges to attendance in these types of evening events where no personal advantage is obtained except the opportunity to influence the advancement of nursing practice. These unexpected registration numbers suggest that nurses in Colorado have an interest in nursing organizational collaboration around a common interest. As a result of these discussions, it was agreed that CNA, as the strongest political arm in the state, should coordinate management of the sunset efforts. The financial costs to shoulder this work are quite burdensome. Responding to the cost challenges, the Center pledged \$5000 to the effort and challenged all nurse leaders in the state to request funds from their own organizations to support a concerted integrated effort. Additionally, this forum developed a public statement regarding full scope of practice and commitment from the 3 participating organizations to continue to work collectively to ensure a collaborative voice in these sunset efforts.

These organizational leaders are also actively engaging with each other to create a stronger support network and build connections with each other.¹² CNA has standing membership on the advisory council of the Center. The Center currently has employees on the CNA board of directors. This allows both organizations to have some ownership in the success of the other. Sitting on a board encourages the participants to stimulate the organizations that employ them

Figure 1. Tamarack Collaboration Spectrum¹⁰

						Trust
Compete	Co-exist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Competition for clients, resources, partners, public attention	No systematic connection between agencies	Inter-agency information sharing (e.g., networking)	As needed, often informal interaction on discrete activities or projects	Groups and organizations systematically adjust and align work with each other for greater outcomes	Longer team interaction based on shared mission, goals; also shared decision-making and resources	Fully integrated programs, planning, and funding
Turf						

to actively support the organization in which they are a board member. It also requires a high level of awareness around potential conflicts while enrolling the participants in the mission of both organizations. The intent is to build more collaboration and trust. The organizations are intentionally inviting participants within the other organizations to attend a variety of educational meetings to, again, build stronger connections. CONL and CNA have collaborated to ensure their annual meetings do not coincide, so members may attend both meetings.

The nursing profession in Colorado will only be successful in these efforts if there are ongoing and focused communication strategies.¹² Setting an intention for each meeting as well as creating an agreed upon commitment for how the participants will communicate is very important. Discourse should be honest and respectful so that differing points of view can be heard; however, it is important to understand that it is unrealistic to expect complete agreement on every issue.

Early identification of arising conflicts is imperative, and there must be a willingness to identify challenges early, so any potential conflict can be mediated before it destroys the partnership. Porter-O’Grady and Malloch⁴ provide clear steps to resolving interest-based conflicts to ensure positive resolution by first identifying what personal elements are involved in the conflict. Initiate the work by identifying the interests, wants, needs, and desires of the parties. This can help clarify both common and differing goals. These leaders need to create a process to identify what is negotiable, possible, relevant, and obtainable. The final step in this dynamic is to clarify and state agreed-upon outcomes and deliverables.⁴ Modification in this process may be the placement of the final step in this process as the first. Beginning with an end in mind ensures that the work is initiated and the process created early is emphasized with a consistent eye on the ultimate goal.

INITIAL SUCCESSES

Colorado passed the Enhanced Nurse Licensure Compact, with the Governor’s signature in 6 business days at the open-

ing of the 2018 legislative session. This allowed the nurses already licensed and working in the state to seamlessly move into the new compact. The leadership in the Colorado Nurses Association engineered this success by joining forces with the nurse anesthetists, CONL, Colorado Center for Nursing Excellence, school nurses, public health nurses, schools of nursing, and nearly every nursing organization in the state to pass this bill quickly and with very little challenge. During testimony, one legislator said that every single member of the House of Representatives had heard from at least 1 nurse in their district requesting they support the initiative to ensure that all citizens of the state continue to have access to quality nursing care. The initiative was focused and allowed for speedy passage of the legislation with very little opposition.

Immediately on the heels of this success, a new initiative was introduced that would impact nursing education. The second initiative was brought forth by others with no evidence of engagement of nurse leaders. Disappointment permeated nurse leaders across the state. This bill was written and ready to introduce prior to engaging any nursing organizational input. The legislative session opened in early January, and professional nursing organizations weren’t made aware of this new bill until just before Thanksgiving, effectively ensuring that it may be deprioritized because of the holidays. Community college administrators, independent of their nursing colleagues, created this bill, which focused solely on nursing education, without including a broad professional nursing voice of discussion and deliberation related to the bill. This decision was defended with the rationale that including nurse educators and organizations across the state would only create conflict and opposition to their bill as they saw it. This bill had the potential to sever all the hard-earned, yet fragile, connections that Colorado is building at the relational and political level in the state. Nurse leadership in Colorado across all sectors moved past their conflict and opted instead to build a strategy for advancing professional nursing values together. Nursing organizations and educators did weigh in on this

issue, and the bill ultimately passed with major revisions to which they contributed. Many nurses never supported the legislation, but there was strong agreement that the resulting amended bill was much stronger than the original bill and could now offer some unintended opportunities, mitigating conflict over the new law. As a result, doors have been opened to other possible future legislative actions for nursing to plan and undertake together (Figure 2).

CONCLUSION

The Bureau of Labor and Statistics indicates that in 2017 there were 2.9 million employed nurses in the United States.¹³ This does not include nonpracticing nurses. Nursing has the power and opportunity to influence the trajectory of health care if professional nurse leaders are willing to work in concert related to critical practice and policy issues. Connections within the nursing profession matter. Building on the strength of those connections, albeit sometimes challenging, will always impact positive outcomes as nursing moves toward important legislative advocacy action.⁹ There is an opportunity for nursing leaders to stop historical organizational tribalism and continue to work together as a single large, powerful, and very important professional group with one strong voice. Colorado is currently doing just that; with nurse leaders undertaking 1 step, 1 conversation, 1 meeting, 1 strategy, and 1 initiative at a time. Some seasoned politicians in Colorado are betting against nursing's success at obtaining equity and advancing the health of citizens of the state and hope the profession falls back into old, historical, and antagonistic patterns. If Colorado nurse leaders in the state continue their collective professional effort, there is nothing that can't be achieved in the interests of the profession and the citizens it serves. After all, when all is said and done, it is the ultimate mission of the nursing profession to ensure all people have access to the highest quality of health care available. Through these contemporary efforts of nursing leadership in Colorado, the profession is well positioned to meet the goals of advancing people's health. Nurse leaders simply need to remember that all nurses are working together to advance this common aim. NL

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Figure 2. Key Principles for Sustainable Public Leadership

The following collaborative principles guiding the action of nurse leadership is critical in order to sustain strong public efforts in the interest of advancing nursing practice and positive patient outcomes:

1. Nurse leaders must be clear, specific, and agreed on the particular aims of the public or political initiative prior to undertaking efforts to legislate it in order to avoid the fracturing of nursing efforts with regard to policy initiatives.
2. Nursing organizational leadership need to agree within its constituencies what elements are negotiable and what components are nonnegotiable in advocating for policy or legislative decisions.
3. Nurse leaders should anticipate that in the fractious political process, efforts to separate and divide policy or legislative proponents against each other are common strategies. Leaders should establish strategies for maintaining consensus and common ground around policy and legislative positions to avoid these pitfalls.
4. Policymakers and legislators should have access to nurse leader proponents of a policy or legislative agenda or item in order to help them justify and clarify their political and legislative support of the issue promulgated by nursing.
5. All political and legislative action is fraught with the vagaries influenced by political relationships, timing, vested interests, and the capacity to negotiate the political landscape. The unique characteristics associated with this concerted political action should be understood by nurse leaders in advance and anticipated as a normative part of the political, policy, and legislative process. Patients and perseverance are fundamental requisites.

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