

Nurse Leaders: *Extending Your Policy Influence*

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Opinion leaders have long held the belief that nurses' voices are largely silent in policy making, particularly within the legislative and regulatory arenas. Issues such as nursing workforce and health disparities are examples of policy established in law. Because health care policy is constantly changing, nurses must always have a seat and a voice at the table. Therefore, nurse advocacy needs to extend beyond the clinical setting. There are many points of entry into the political arena for nurses, and those who get involved can identify a trigger or defining moment that started them on their political advocacy journey.

BEYOND THE BEDSIDE AND BOARDROOM, POLICY INFLUENCE AWAITS YOU

Opinion leaders have long held the belief that nurses' voices are largely silent in policy making, particularly within the legislative and regulatory arenas. And although advocacy is familiar to nurses, most think of patient advocacy even though nurse leaders advocate each day for their staff and those they serve. But nurses' influence is needed beyond the clinical setting. Issues such as nursing workforce, the Quadruple Aim, and health disparities are examples of policy established in law, laying a foundation for broader policy transformation.

The *Future of Nursing: Leading Change, Advancing Health* report published in 2010 was the result of a 2-year initiative between the Robert Wood Johnson Foundation and the Institute of Medicine. It provided an assessment of the current state and recommendations for transforming the nursing profession in the next 10 years. The advice, though not surprising, legitimized the work that professional nurses' associations have undertaken for decades. One message was that in addition to advocating for the profession, "Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States."^{1(p.1)} Being a full partner translates more broadly into being actively involved in the health policy arena, or political engagement. As we approach the 10-year mark, *The Future of Nursing 2020-2030*² has emerged. This consensus study from the National Academy of Medicine will focus on the current and future nursing challenges to meet the health and social care demands of the future.² It is anticipated that nurses will again be called to action with regard to health care delivery and health policy.

The word *politics* often garners a negative connotation, but without the political process, there would be no laws. Politics refers to the activities and

affairs involved in managing a state or government.³ Because nurses have a unique perspective on the health care system, every nurse is qualified to be a health policy expert. Policy change implies needed action, and both lobbying and advocating are examples of engagement. Although similar, a primary distinction between lobbying and advocating is that lobbying is an effort to influence decisions with regard to specific legislation or regulation, whereas advocacy stresses education about the issue. Lobbying is highly regulated. Advocacy is not.

Florence Nightingale stated, "I think one's feelings waste themselves in words; they ought all to be distilled into actions, and into actions which bring results."^{4(p.94)} Nursing should be heard through their actions, because nurses remain the largest segment of health professionals in the United States, at 4 million registered nurses, and were voted as the most ethical and trusted by the Gallup poll for the 17th year in a row. We also have an obligation by virtue of the widely accepted American Nurses Association (ANA)'s Code of Ethics and Interpretive Statements.⁵ Advocacy is defined as "the act or process of pleading for, supporting, or recommending a cause or

KEY POINTS

- **Because nurses have a unique perspective on health care, every nurse is qualified to be a health policy expert.**
- **Most nurses who get involved in politics can identify a trigger or defining moment that began their political advocacy journey.**
- **Nurses are essential to educating new and returning legislators on the depth, breadth, and scope of our work and the challenges faced.**

course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” So, what inhibits nurse leaders from getting involved? Is it time? Lack of understanding of the process? This question is not well answered in the literature; however, most sources agree that nurses are more comfortable advocating for their patients than their profession. However, after just 1 experience in the political arena, that uncomfortable feeling can vanish. There are many points of entry into the political arena for nurses. Many who get involved in politics can identify a trigger or defining moment that started them on their political advocacy journey, such as formal education, a mentor, a role model, attending advocacy day at the Capitol, or their frustration with a clinical issue such as patient access to care.

Even when a nurse leader experiences that trigger or defining moment, determining how to blend advocating for a cause with their job responsibilities can be unclear. It may result from the nurse leader’s perception of their place within the hierarchy of the organization in which they are employed, that their individual beliefs cannot be expressed. The authors of this article conducted informal interviews with hospital nurse leaders. Most articulated uncertainty with regard to their comfort level of getting involved with health policy, whether inside or outside of their workplace. They knew the name of their hospital lobbyist, but most did not have any direct communication with their lobbyist except during leadership briefings. Some nurse leaders confessed they did not understand the legislative speak and felt out of their comfort zone. The fact is that most hospitals and large health systems employ lobbyists to monitor local and national legislation as it applies to the setting, not necessarily the profession or public health. They will brief leadership about initiatives and recommend the views the administration should consider: support, oppose, or remain neutral. As such, even when nurse leaders expressed passion about a piece of legislation (such as immunizations), they believed they were expected to adhere to the position of their employer, resulting in internal professional conflict. To move from conflict to resolution, one must understand the intersection and impact of policy and nursing. The Framework for Action, a political action model for nurses, was introduced in 1985 and was updated in 2012.⁶ The framework includes 4 overlapping spheres of influence: community, workplace and workforce, government, and associations and interest groups. All nurses are encouraged to find their place as a health care advocate, and nurse leaders can serve as role models. To help you on this journey, the following exemplars highlight how the voice of nursing influences policy.

WHAT WOULD OUR PROFESSION LOOK LIKE IF WE WERE SILENT?

The formation of state nurses associations as early as 1901 resulted in the identification of nursing as a pro-

fession and support for regulation. Prior to 1903, nursing education, training, and practice varied widely. It’s difficult to imagine a time when nursing was not regulated. The journey to achieving state regulation was not easy. It was through organized strategies of the state nurses associations and nurse leaders who led the charge. Perseverance with state legislators resulted in the standardization of nursing education and practice through the adoption of laws, known as Nurse Practice Acts (NPAs). Here is a historical gem in the history of the Arizona Nurses Association, formerly known as the Arizona State Nurses Association (ASNA). In 1921, the bill to create the Arizona State Board of Nurse Examiners and the Arizona Nurse Practice Act was presented to the state legislature. On the last day of the legislative session, the bill still hadn’t been passed, so ASNA took action. Edith Snowden, RN, chair of ASNA’s committee of legislation, took some of her committee members to the legislature. Miss Snowden said in an interview, “We went into the balcony (of the legislative chambers) with bags of peanuts, jelly beans, and popcorn to ward off the hunger pangs. We sent word down to the Chairman of the Legislature that we were prepared to stay until our bill was passed. The legislators looked in our direction several times to see if we meant what we said. Finally, at 2am the bill was passed.”^{7(p.9)}

There will always be issues impacting nursing practice. Two examples that continue today are removal of scope of practice barriers and securing title “nurse” protection. Regardless of your role or position, both have implications for the profession and the public. Scope of practice barriers can limit access to care, as well as disenfranchise nurses when they are unable to function fully to the extent of their education or training. As nurse leaders, you are empowered to address this inequity within your organization. But beyond, there are laws and regulations, particularly impacting the 4 roles of advanced practice registered nurses (APRNs), limiting their practice. For years, professional nursing associations have been striving to advance legislative and regulatory initiatives that would remove practice barriers for all nurses. The nursing community, comprising 40 organizations, released the APRN Consensus Model in 2008.⁸ This document addressed the inconsistency of APRN scope of practice across the nation. The regulatory model (often referred to as the LACE model) recommended changes to licensure, accreditation, certification, and education. It is necessary for each state to garner amendment of their nurse practice act to recognize APRNs’ qualifications and recognize their ability to practice fully and consistent with their educational preparation. This endeavor has been plagued by opposition from organized medicine, but nurses have prevailed and continue to pressure state legislators to modernize nurse practice acts. The National Council of State Boards of Nursing tracks the Consensus Model implementation status on their website.⁸

The second issue, limiting use of the title “nurse,” is often minimized. It is common for a school or medical office to refer to clinical staff as “nurse” even when they are not licensed as a nurse. This is misleading and potentially dangerous to the public. At least 39 states have passed laws that protect use of the title “nurse,” making it illegal for anyone who is not a licensed nurse to use the title “nurse.”⁹

LEGISLATION IS NOT ALWAYS THE ANSWER, BUT THAT DOESN'T STOP IT FROM HAPPENING

Imagine a state legislator introduced a bill that, if passed, would require all hospitals to ensure that every patient identify a “caregiver” within 24 hours of admission (caregiver being defined as a person who will be involved with their care upon discharge and could be a neighbor). The nurse must provide and document discharge instructions, including any required demonstration, and return demonstration at least 4 hours prior to discharge. This is clearly a best practice, so why would a policy maker seek to legislate it? Because all it takes is a constituent or group with a relationship with the legislator to ask for a bill. In this case, nursing was never consulted, but to the policymaker, there is logic as to why this might be necessary. This is an example in which well-intentioned legislation is flawed, unlikely to solve the problem, and identifies the importance of nurses to be engaged and explain why.

Legislation is intended to achieve uniformity, sustainability, and accountability. Sometimes the solution to a problem is so complex or even so simple that legislation is either unnecessary or results in negative unintended consequences. Legislating best clinical practices is rarely a good idea because the practice environment is continuously evolving. Policymakers expect to hear from you. You are viewed as the expert, both trusted and respected.

WHERE TO START

The easiest place to start is to make sure that you are registered to vote. Never underestimate the power of your vote. At 4 million strong, nurses are the largest healthcare workforce in the nation. It is believed that 1 in 100 US citizens over 18 years of age is a nurse, which is a reminder of our political power. Do not assume policymakers understand what nurses do. In large part, as with the public, there is a belief that a nurse is a nurse, not considering differing roles, settings, and expertise. Nurses are essential to educating new and returning legislators on the depth, breadth, and scope of work and challenges faced. It is normal to feel apprehensive at your first face-to-face meeting with your elected official(s). The fact is that most elected officials appreciate being educated on the work of nursing. Begin your meeting by collecting a baseline of their understanding of nursing. Many will tell you that their neighbor or friend is a nurse, but when you delve a bit deeper, there

is no real understanding of the work of nursing. Then weave your personal nursing story to include a day in your life as a health care provider. Many nurses report that this experience was so powerful for them that it became their health care advocacy trigger point.

If you are not already aware, identify your elected officials in both Congress and at the state level. Read their bios, and review the committees on which they serve, which will help you appreciate their assignments and subsequent focus. If not involved in health, you may have a heavier lift in helping them understand your world. Schedule time to meet with them in the district office or meet up for coffee. It's far better to do this when they are not in session, distracted by committee meetings, hearings, floor votes, and other groups commanding their attention (which means you don't have to travel to the capitol). Sign up for their newsletters, another way to gain insight into who they are and where they are providing their support. Take advantage of any town hall meetings they have. When at the capitol (or via live feed), you can listen in on a hearing or a floor debate.

Like the legislative process, your entrance into the political process is not linear. A good way to demystify the policymaking process is to compare it with the steps of the nursing process: recognize and identify a problem, formulate a policy, implement the policy change, and monitor and evaluate the result.¹⁰ It's often easier to get involved through a connection with your professional association, whether at the state or federal level. One critical issue to nurse leaders is ensuring a viable and ample nursing workforce now and into the future. One way to promote this is through support for the federal bill Title VIII Nursing Workforce Reauthorization Act of 2019 (H.R. 728). This makes available the largest source of federal funding for nursing workforce development, education including prelicensure through graduate education. Currently active in Congress, with bipartisan support, ANA and AONL along with other members of the nursing community are pushing for passage, which would fund programs through 2024.¹¹ In addition to understanding the process, it's helpful to have an idea of the bills being considered. ANA and state nurses associations have broad portfolios, dedicated to issues impacting the profession and public health. They monitor hundreds of bills of the several thousand introduced during any given legislative session. The advocacy pages on each nurses' association's website is probably one of the most frequently visited pages due to the interest of nurses and the advocacy assignments of nursing students from prelicensure to advanced degree programs. Years when a state has a nurse-centric bill, such as APRN full practice authority, the interest and engagement of nurses peaks. Both AONL and ANA maintain an interactive advocacy platform. AONL's platform can be accessed at <http://advocacy.aone.org/>, and ANA's platform at <http://www.rnaction.org>. There are

opportunities to sign up for grassroots alerts and receive legislative and policy updates. AONL, ANA, and state nurses' associations sponsor advocacy days, day at the capitol, and other opportunities to get involved in health policy. Attending an event at the state capitol or annual Hill Day is just another way to get involved; it's invigorating and a great way to network.

A NURSE'S PLACE IS IN THE HOUSE (OR THE SENATE)

Seeking an elected position can be an outgrowth of nursing experience. Over the years, we have had nurses serve in both state and national legislative and regulatory seats. "Nurses have a unique perspective and contribution to politics and health policy," states Margaret Henbest, MS, RN, CPNP.¹² Ms. Henbest decided to run for a legislative seat in the state of Idaho House of Representatives after attending health committee meetings and hearings. She sat in the Idaho House of Representatives for 12 years. According to Ms. Henbest, nurses have the attributes to make wonderful legislators: knowledge of the scientific method, public trust, human experience, and foundational communication skills. Additional attributes include ability to compromise, partner, and find the win/win and relationship builders. Lauren Underwood is an RN from Naperville, Illinois, specializing in public health. She ran for and won the 2018 congressional seat in Illinois' 14th district. It's no surprise that health is one of Congresswoman Underwood's focus issues. Currently, Ms. Underwood is 1 of only 2 nurses serving in the 116th Congress, whereas there are 16 physicians of the 535 members. Don't rule out a run in your future.

Leadership extends beyond the bedside and boardroom. When nurses do not regularly communicate with their elected officials, they will listen to non-nurses. Don't let this happen.

Get started today. Our future is in *our* hands, only if we act on it.

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