Political Aspects of Nursing - Advocating for Healthcare Policies

Introduction

Today's health care system is in trouble and in need of change. The experiences of many nurses practicing in the real world of health care are motivating them to take on some form of advocacy role in order to influence a change in policies, laws, or regulations that govern the larger health care system. This type of advocacy necessitates stepping beyond their own practice setting and into the less familiar world of policy and politics, a world in which many nurses do not feel prepared to operate effectively. (Abood, 2007).

The Meaning of Advocacy

The meaning of advocacy remains unclear in the nursing literature. One study conducted a 14-year review of the literature on nursing advocacy and found that advocacy was not viewed as negative or paternalistic by patients. They did not clarify whether patients perceived themselves as needing advocacy or were experiencing forms of oppression. Further, they did not describe the type of rights or which specific rights ought to be supported, nor did they answer the question of whether nurses have a moral or professional duty to advocate for them. Confusion over whether advocacy is a moral or professional duty could lead to ambivalence about an advocacy role. In order to realign the value of a nurse’s role with a professional political role, it will be essential for nurses to gain confidence in collective action and to explore their underlying values of citizenship. If they are not confident as citizens, they are unlikely to consider a political role. (Carnegie & Kiger, 2009). Beginning with Florence Nightingale, there have been outstanding examples of individual nurses throughout the history of the profession who have demonstrated their capacity to shape health. Nurses have done this through initiating policy proposals, changing or vetoing others' proposals, and/or substantially influencing the implementation of health policy. As in earlier times, many nurses today are inspired to take on some form of advocacy to bring about change in the current policies, laws, or regulations that govern the larger health care system. (Abood, 2007).

What is Healthcare Policy?

Healthcare policy is a set course of action or inaction, undertaken by governments or health care organizations to obtain a desired health outcome. The overall health care system, including the public and private sectors, and the political forces that affect that system are shaped by the health care, policy-making process. Public health-related policies come from local, state, or federal legislation, regulations, and/or court rulings which govern the provision of health care services. In addition to public policies, there are institutional or business policies related to health care. These policies are developed in the private sector by agencies, such as hospitals, accrediting organizations, or managed care organizations. Nurses are very familiar with institutional policies including those developed and implemented by the Joint Commission on Accreditation of Healthcare Organizations. (Abood, 2007). Policy making takes place in a wide variety of settings ranging from fairly open and public systems involving a relatively large number of actors.
to a closed system involving just a few actors. The location of decision making in the public or the private sector, the scope of the issue, and the nature of the policy, all have an impact on the characteristics of a policy. (Abood, 2007).

The Connection between Healthcare Policy and Politics

As any health care issue moves through the phases of the policy process, from a proposal to an actual program that can be enacted, implemented, and evaluated, the policy process is impacted by the preferences and influences of elected officials, other individuals, organizations, and special interest groups. These different factions do not necessarily view the issue through the same lens and often have diverse and competing interests. Added into the mix are the partisan agendas of the two political parties, the Democrats and the Republicans. The political party holding the majority usually has the political advantage. (Abood, 2007). Decision makers rely mainly on the political process as a way to find a course of action that is acceptable to the various individuals with conflicting proposals, demands, and values. Throughout our daily lives, politics determines who gets what, when, and how. Politics has been defined as "the process of influencing the authoritative allocation of scarce resources. (Abood, 2007). Political interactions take place when people get involved in the process of making decisions, making compromises, and taking actions that determine who gets what in the health care system. Special interest groups and individuals with a stake in the fate of a health care policy use all kinds of influencing, communication, negotiation, conflict management, critical thinking, and problem solving skills in the political arena to obtain their desired outcome. (Abood, 2007).

The Power of Nurses

As the largest group of health care providers, nurses could generate enough power to successfully reform the health care system based on numbers alone. This reality continues to offer the nursing profession a formidable power base that is largely untapped in the day-to-day world of the politics and legislation. (Abood, 2007). However, involvement of only a fraction of the nation's approximately 2.9 million registered nurses in even the smallest way could become a force for change for the nursing profession and for the health care system and the patients it serves. (Abood, 2007). The ability to successfully exert influence in the various arenas where future health care policy decisions are made and to take advantage of opportunities to present nursing's perspective on the health care issues depends on having a power base and knowing where and when to exert that influence. The following section addresses the power which can be found in numbers, along with five categories of interpersonal power, namely expert, legitimate, referent, reward and/or punish, and coercive. These are sources of power available to even novice policy advocates when they speak up to alter existing policies, institutional systems, laws, or resource allocations in ways that potentially benefit not just one person but many individuals. (Abood, 2007).

Expert Power
An important source of power available to nurses is referred to as expert power, which is
related to possessing the knowledge and skill that some one else needs. Expert power is the basis for collaboration and for advocacy in a variety of settings including the legislative arena and it provides nurses with considerable credibility to speak out on health care issues. Nurses have one of the better views of the health care challenges facing providers and patients and the very real impact of problems within the health care system, such as the existing nursing shortage. Nurses are in a unique position to share their expertise and knowledge when meeting with power players to educate them, to urge them to action, and to hold them accountable when their positions and voting records don't match their rhetoric. It is expert power that allows nurses to bring their knowledge of nursing, health care, and patient safety to bear directly on the promotion and achievement of their policy goals. (Abood, 2007).

**Legitimate Power**

Legitimate power is that bestowed by the particular status or the role of an individual. All registered nurses have legitimate power through their license granted by their State Board of Nursing to practice nursing. The rights and responsibilities that come with that license give the licensee standing in the health care community and the authority to speak out on nursing and health care issues. In addition, foundation documents developed by the American Nurses Association (ANA), such as the Code of Ethics for Nurses with Interpretive Statements and Nursing's Social Policy Statement; provide additional sources of the profession's legitimate power to address organizational, social, economic, legal, and political factors within the health care system and society. (Abood, 2007).

**Referent power**

Referent power is also a source of power available to nurse policy advocates. It is gained by having other people's admiration and respect. Registered nurses are part of a profession that commands a level of credibility and trust that few others in health care or any other field can claim. As for professional honesty and ethical standards, nurses are ranked as number one in terms of public respect. This trust is valuable and is transferable into action to improve what is failing in today's modern health care delivery system. Referent power is an incredible asset to use when advocating on behalf of the nursing profession and patients. It opens the door to the offices of power brokers and decision makers. It is also an important asset when reaching out to other groups to gain support for an issue or when enlisting public support for an issue. (Abood, 2007).

**Reward power**

Reward power is another available source of power. Reward power is the ability to give other people what they want, and hence ask them to do things for you in exchange. Rewards can also be used to punish, such as when they are withheld. (Abood, 2007). Because each elected official needs votes to attain and keep his or her office, the voice of every nurse voter is important to each person running for office. As voters, nurses have the ability to reward their own elected officials by voting them back into office and working for their re-election. Conversely, they have the ability to vote them out of office if they do not make decisions which strengthen the health care system. (Abood, 2007).
Coercive Power
Lastly, there is coercive power which is the opposite of reward power. Coercive power is based on the ability to punish and is rooted in fear or perceived fear of one person by another. Coercion is the ultimate power of all governments. We are all familiar with this type of government power when we obey the state and federal taxation laws. We may not be eager to pay the taxes, yet we do not want to face the negative consequences of not paying up. Generally, coercive power is seen as a negative in our society and not appropriate in situations where you are trying to persuade someone to see your point of view. Although both rewards and threats of punishment are powerful motivators, advocates are better served by using reward power than coercive power. (Abood, 2007).

Any individual can have more than one base of power. In fact more than being simply additive, the sum total of several power bases is usually greater than its individual parts. For example, physicians have effectively exercised coercive, legitimate, and expert power to dominate the health care policy process in both the private and public sectors for many years. (Abood, 2007). Understanding and using the various sources of available power is critical to ultimate success in the legislative arena. (Abood, 2007). The political power of nurses has and will continue to have a profound effect on nursing's future and the future of health care in the United States. (Pelc, 2009). Nurses possess the capacity to exercise tremendous power in the political and societal arenas. (Pelc, 2009). Not only does their great body of health care knowledge and expertise contribute to this power, but the significant number of nurses who actively vote have the potential to influence health care policy. (Pelc, 2009). Political power can impact nursing when it influences the development of powerful nursing practice. Powerful nursing practice is defined as, "practice in which the nurse acts powerfully on the behalf of patients and families and is recognized as powerful by others" (Pelc, 2009). When nurses exercise their political power to influence the nursing profession or the health care field, they strengthen the credibility of nurses as change agents with the knowledge and experience to significantly influence health care policy. (Pelc, 2009). Recently, the House of Representatives and the Senate passed legislation that places the tobacco industry under FDA regulation, and in July 2009, New York State passed a law prohibiting mandatory overtime for nurses except in an emergency. (Pelc, 2009). Nurses played an active role in influencing these decisions by providing expert knowledge and sharing their professional and personal experiences. (Pelc, 2009). Another example of nurses’ political power was seen with the passage of the “Affordable Care Act”. Soon after the Congressional House passed its healthcare bill in February 2010, President Obama placed three calls to the three powerhouse lobbies active in virtually every major health care debate. (Wayne, 2009). The third of those three calls went to Rebecca Patton, president of the American Nurses Association. Patton was in a meeting and didn’t answer her cell phone, so she learned about the call only when she checked her voice mail and heard Obama’s voice thanking her group for its sense of urgency and commitment to the cause. (Wayne, 2009). The nurses’ association played an outsized role in the debate by mobilizing its approximately 250,000 members to actively endorse the health care legislation. It’s the same strategy the group used to help President Obama get elected. (Wayne, 2009). By jumping on board early, the group is well positioned to extract some big gains for nurses in any health bill. Indeed, provisions benefiting nurses are sprinkled throughout the House bill. For
example, the bill authorizes $638 million over the next five years for various nursing programs run by the Department of Health and Human Services, including more grants and loans for nursing education. It also requires the government to study nurse-patient ratios at hospitals and authorizes grants to community health centers that are managed by nurses. (Wayne, 2009). In addition, the bill authorizes new Labor Department grants to train nurses and Education Department grants intended to reduce the ratio of students to nurses in schools. It also makes nurse practitioners eligible over the next decade for $4.7 billion in bonus Medicare payments that are primarily intended for doctors performing primary care. (Wayne, 2009). Each year, legislators at both the state and federal levels must wade through hundreds of bills that cover a broad range of issues. It is impossible for them to be knowledgeable about all issues and to completely understand each bill. This is where advocates can wield a lot of power by helping their own legislators to evaluate an issue and determine how they will ultimately vote on that issue. (Abood, 2007).

**Influencing Health Policy Decisions**

Professional and political courage is required amongst nursing leaders and managers to steer nursing towards reducing the dualisms of individual versus collective health and a medical versus social model of health. Having a vision of an informed, activist nursing profession, can play a part in raising the level of discourse within society. Activism can give meaning to nursing inquiry, and to be meaningful the work of nurses must connect with the larger community. Managers need to provide the conditions for nurses to have the right and responsibility to act as political beings in local and national arenas. Nurses need an approach that moves from being distant from the daily experience of a community to one that acts as a resource to members of communities and policymakers. For better policymaking to take place, nurses as advocates and interpreters of science must feel empowered to come forward in support of healthcare policy. (Carnegie & Kiger, 2009). Transformational leadership traits can help all nurses become self advocates in their prospective settings. (Paternoster, 2011). There are four different traits associated with the transformational leadership style that the nurse can adopt to enhance their nursing practice. The four traits of the transformational leadership style are: 1) Inspirational Motivation; 2) Idealized Influence; 3) Intellectual Stimulation, and; 4) Individualized Consideration. Here are the definitions of the four traits:

1. **Inspirational Motivation**--The nurse who uses this trait talks optimistically about the future and what is to be accomplished. He/ she is able to articulate a compelling vision of the future, and likewise express a confidence that the goals will be achieved.

2. **Idealized Influence**--The nurse who uses this trait instills pride in others, goes beyond self-interest, acts in ways that builds others respect, displays a sense of power and confidence, is the person who has a strong sense of purpose, and considers the moral and ethical consequences of a decision.

3. **Intellectual Stimulation**--The nurse who uses this trait seeks differing perspectives when solving problems, gets others to look at problems from many angles and suggests new ways of looking at how to complete assignments.

4. **Individualized Consideration**--The nurse provides a supportive climate in which they listen carefully to the individual needs of followers. The nurse uses delegation as a means
to help followers grow through personal challenges. (Paternoster, 2011).

Nurses need to deliberate on professional goals for the particular societies within which they work. These goals might include challenging healthcare delivery, challenging social policy and regulation, proposing methodologies for research and promoting the democratization of the institutions which determine research priorities and policy. (Carnegie & Kiger, 2009). The present troubled health care system motivates nurses to frequently step out into the unfamiliar world of politics. (Pelc, 2009). Being politically aware does not require each individual nurse to always take the initiative; it requires a network that advises nurses when issues need a response and leadership to drive a strategic, timely response. The challenge is to know how to make an appropriate response to political change at the right time. (Cook, 2008). Nurses often need to form strategic alliances with other organizations with similar interests and issues. These alliances provide a coordinated and united approach that can have more impact than each organization acting individually and give nurses a stronger voice. (Cook, 2008). The nursing profession has been fortunate to have Representative Lois Capps, RN, one of the three nurses currently in Congress. Capps has focused on Medicare reform, the nursing shortage, cancer, mental health, energy policy, the environment, and telecommunications issues. Representative Capps is also the founder and has been co-chair of the Congressional Nursing Caucus, a non-partisan forum for the discussion of issues that impact the nursing profession. The Nursing Caucus allows members of Congress an open forum to address issues affecting the nursing community. (Abood, 2007). One of the new nurse political voices focusing on healthcare and health-related issues is Florida House State Representative, Daphne Campbell. She is a newly elected Miami Democrat who has established a task force to focus on health-care needs in Miami-Dade County. (Derby, 2010). Rep. Campbell, said, “As a nurse for 30 years, I recognize the great need for better access to quality health care for all Floridians”. “It is my goal to champion the health-care concerns of my community, and through my service in the state House of Representatives, I hope to bring to Tallahassee increased awareness of health-care issues.” (Derby, 2010). Rep. Campbell called for state-mandated screening and monitoring of children's health. (Derby, 2010). “Prevention of chronic conditions and promotion of lifelong health will minimize the reliance on emergency rooms for primary care,” added Campbell. “Services for children with special health-care needs and their families should be organized in ways that families can use them easily. Access to health care should be easy, patient-friendly, cost-effective, and readily available. Families of children should be satisfied with the services they receive.” (Derby, 2010). Campbell’s task force is chaired by Jennifer Townsend, CEO of Health Management Ventures and includes Mayor Daisy Black of El Portal. (Derby, 2010).

**The Need for Nurse Advocacy Training**

The development of politically competent nurses is needed now and in the future to ensure nursing’s equal voice in the arena of health care policy development. (Pelc, 2009). This will serve to protect the nursing profession and the quality of care nurses deliver to their patients. (Pelc, 2009). Basic nursing education has concentrated on the development of a competent health care provider, with less focus on the development of political
competence in the field of nursing. (Pelc, 2009). Nurses need to understand their political influence as it relates to their responsibility as citizens of the United States. Citizenship implies a reciprocal relationship between individuals and society. (Pelc, 2009). A curriculum for development education should embrace the skills and attitudes necessary for someone to act as a ‘global citizen’. These include that the individual: is aware of the wider world and has a sense of their role as a world citizen, is willing to act to make the world a more equitable and sustainable place, has knowledge and understanding regarding social justice and equity, has the ability to think critically, argue effectively, and challenge injustice and inequalities, in co-operation and conflict resolution, and has a sense of identity and self esteem, empathy, commitment to social justice and equity. (Carnegie & Kiger, 2009). It is imperative that nursing educators consider the importance of political understanding and the power this knowledge brings to the body of the profession. Curriculum development regarding politics and nursing is absolutely essential to all nursing programs. (Pelc, 2009). Academic preparation in health policy can increase nurses’ political astuteness. (Primomo, 2007). One study found that political astuteness changes after students complete a graduate course in health systems and policy. (Primomo, 2007). According to the study, the Political Astuteness Inventory (PAI) is an excellent learning tool that raises awareness about political actions. The inventory may also be used as an outcome measure for health policy courses in nursing curricula. (Primomo, 2007). The PAI is a short structured inventory of items. Sample items include: “I know the names of my representatives in Washington, DC.,” and “I know of at least two issues related to my profession that are currently under discussion at the state or national level.” A total score is calculated by counting the items checked, providing a level of political astuteness. (Primomo, 2007). Political advocacy must include understanding of decisions made in the contexts of local, national and international policy. If nurses are to explore health care needs in light of the demands of a region, country or state, they need to acknowledge the constraints on local actors and explore contradictions within partnerships and include discussions that take place with stakeholders. (Carnegie & Kiger, 2009).

Critical social theory could also be a useful tool to enable nurses to reflect on their professional practice and ideologies, and to pursue political and ethical action. This action is necessary for the empowerment of nursing. However, it should not be assumed that everyone including nurses has the resources to participate equally in society and to claim their rights. For nurses wishing to act as global citizens, an understanding of critical social theory can enable political analysis and aid decision-making when interacting with global and local policy. This will lead to the ability to think as an actor as well as to take action. (Carnegie & Kiger, 2009).

Many state nursing and specialty nursing organizations sponsor annual state legislative days, offer policy internships or fellowships, and conduct policy workshops, all designed to give nurses the opportunity to learn more about current health care issues and the legislative process. They provide new advocates with easy access to more experienced nurse advocates willing to serve as mentors. Jan Howard, an experienced nurse advocate from New York, has served as a mentor to many fledging advocates. She reports that it's exciting to watch a registered nurse with no legislative experience grow into the
realization that she/he can make a difference for the profession legislatively. Another nurse stated, "I had no idea how important legislation was to my practice at the bedside." It's rewarding to watch a nurse progress from saying, "Please go with me for the legislative visit. I won't know what to say," to one who can independently discuss legislative issues and articulate his/her position so well that the legislator becomes supportive of the legislation being discussed. (Abood, 2007). Some organizations participate in the “Nurse in Washington Internship” conference, to help train nurses to become advocates. According to registered nurse Hellier, on her first visit to Capitol Hill to attend the Nurse in Washington Internship conference, the experiences she gained provided her with valuable insight into the legislative processes that affect nurses and patients. She added that the experiences helped her realize that what was missing from her career as an educator and clinician was involvement in the health care policy process. (Hellier, 2010).

**Healthcare Issues Affecting Patients and Nurses**

**Scope of Practice**
With the implementation of the Patient Protection and Affordable Care Act, interdisciplinary fights are becoming more public. (Gardner, 2010). Currently, one of the most visible fights is over scope of practice (SOP) expansion, state laws that govern advanced practice nursing and vary idiosyncratically by state; without clear justification. Until there is an expansion of SOP, advanced practice nurses (APNs) in many states will not be able to provide services to the fullest extent of their training and knowledge, skills, and experience and patients will continue to go without care. Individual state and national nurse practitioner organizations are actively engaged in the fray. (Gardner, 2010). The SOP issue has created an intractable battle line for some time, but leveraging the content and context of health reform to challenge SOP issues is a timely strategy. The idea of an expanded role for APNs figures prominently in many models of a less costly and more accessible health care delivery system. For nurses this is a window of opportunity to influence the redesign of state practice acts that will support all nurses to provide the same services across states. (Gardner, 2010).

**Healthcare Finance**
Most health care economists agree that to address the goal of reducing costs, real reform will only come when the financial incentives of the current system are altered to reward quality and efficiency rather than volume. However, most primary care physicians do not believe they are overpaid under the present system. Many have experienced decreased net income over the past years. Restructuring of the health care delivery and payment systems to decrease overall spending means there will be a smaller pie. With a smaller pie comes disputes over how to slice it up. The reality is that if dollars are limited, expanding the role of APNs may allow them to get a larger piece and that may make someone else's piece even smaller, particularly for those physicians in primary care. This reality is a key force behind the turf war that continues to escalate between APN and physician groups. (Gardner, 2010).
Nurse Shortage

State legislators are preparing for legislative sessions, where one of their greatest challenge will be to find funds for operating states’ core functions of public education, health, safety, and transportation, in addition to many other worthwhile endeavors. (Bowers-Lanier, 2006). The public’s health depends on an educated nursing workforce in sufficient numbers to care for the state’s citizens. All states are staring at a shortage of nurses that threatens to jeopardize the public’s health. What is the states’ role in assuring an adequate supply of nurses? The answer lies in funding for nursing education that is sufficient to meet the states’ demand for nurses. (Bowers-Lanier, 2006). And therein lies the tension. Economic driving factors have led to increased interest in nursing, but educational capacity has not kept up with demand. (Bowers-Lanier, 2006). Recruiting and retaining faculty in publicly supported colleges are dependent on an adequate supply of qualified faculty and salaries commensurate with the service sector. Educating nurses for faculty roles and fully compensating faculty are “big-ticket items” for constrained state budgets. (Bowers-Lanier, 2006). So how do nurse educators and other stakeholders make the case for states to adequately fund nursing education? How does nursing education leap over the many other competing priorities for state expenditures? (Bowers-Lanier, 2006).

There are several other healthcare issues. Many of the safe-work practices listed in a new report directly concern nurses. The 34 practices shown to reduce the incidence of adverse events in health care facilities are documented in the National Quality Forum's Safe Practices for Better Healthcare—2009 Update: A Consensus Report, released in March. (Wong, 2009). Examples of practices that affect nurses include “Safe Practice 8: Care of the Caregiver”, which advocates counseling nurses when errors occur, rather than using accusations, and including them in the evaluation process. (Wong, 2009). The issue of understaffing is addressed in “Safe Practice 9: Nursing Workforce”, which advocates an adequately resourced and actively managed nurse staffing plan. “Safe Practice 10: Direct Caregivers” recommends that non-nursing direct care staffing levels be adequate so that nurses do not spend too much time performing non-nursing tasks. (Wong, 2009).

It is necessary within professional and specialty nursing organizations to ensure that current issues of all nursing professionals remain on the forefront for their membership. Only then can nurses be assured that their voices are heard and remain audible. (Pelc, 2009).

Why Should the Health Policy Advocate be a Nurse?

The experiences of many nurses practicing in the real world of health care are motivating them to take on some form of an advocacy role in order to influence a change in policies, laws, or regulations that govern the larger health care system. The current health care environment with a myriad of policies, laws, and regulations imposed by government agencies, private sector insurers, and institutions, challenges both nurses and patients who are often caught between the cross currents of cost constraints and access to appropriate quality care. As nurses interact with patients and their families, they are often the first providers to see clearly when and how the health care system is not effectively meeting
patient needs. Every day nurses are positioned to see not only the impact of health policy on individual patients but also the need for more comprehensive changes in the policies that address many health-related issues. Nurses come face to face with issues associated with patient safety and satisfaction, access to services, clinical outcomes, and health disparities. Dealing with these concerns and other workplace issues that having broad implications for whole groups of people, nurses have the choice to continue on trying to make do while feeling victimized by current changes or to motivate themselves to take action and find opportunities to bring about change in the health care system itself. (Abood, 2007). Health policy is forever changing as new systems are developed, new facilities are commissioned and new technology is introduced. Health policy affects the daily working lives of nurses and of the people they care for and nurses need to be at the decision-making table to make sure policy enhances good health care. Nurses have a responsibility to become politically aware and be involved in all levels of policy development, whether at an organizational level, developing operational policies for services, or in response to nationwide policy changes. Nurses need to be actively involved and play a strong and constructive role in the development and changes in health and policy. (Cook, 2008).

Nurses can play a leading role in influencing their elected representatives to enact desperately needed changes in health care and nursing policy. (Artz, 2006). It is obvious that the entire U.S. health care system requires real change and that policies needed to tackle the nursing shortage and workplace issues are long overdue. (Artz, 2006). As constituents, nurses can educate elected officials and candidates for federal office about such issues, urge them to action, and hold them accountable when their positions and records do not match their rhetoric. (Artz, 2006). Furthermore, electing pro-nursing candidates represents one of the best ways of making sure that nurses and patients have partners at the state and federal levels in efforts to gain quality, affordable, and accessible health care. (Artz, 2006).

**Barriers to Health Policy Nurse Advocacy**

In spite of a serious and ongoing nursing shortage, widespread dissatisfaction among bedside nurses, the aging nursing workforce and teaching faculties, continuing conflicts with physicians, and lack of success to demographically diversify, the nursing profession has not been able to actualize their collective power. Nursing has not developed into a cohesive, increasingly powerful professional force that could be a partial counterweight to the dominance of medicine in the policy arena. (Abood, 2007). In fact, a frequent observation made about nursing advocacy at the policy level is its absence or at least its invisibility. Yet there is a persistent belief that nurses will participate in advocacy at the societal level in matters of health. (Spenceley; Reutter, and Allen., 2006). When it comes to many of the issues facing our profession, a large number of nurses are not engaging in the conflict. Nurses will fight for patients, they may fight for safer working conditions or for improved salaries and time off, but nurses don't like to fight with other health professionals, especially physicians. Nurses want cooperation not confrontation. (Gardner, 2010). Although gaps exist in our knowledge about how to advocate at the policy level, a number of other factors contribute to the disconnect between what nurses
are expected to do in terms of policy advocacy and what they actually do. (Spenceley; Reutter, and Allen., 2006).

There are many factors that limit the nurse’s participation in policy advocacy. Nurses are busy people; they don’t just have nursing career responsibilities but also juggle the responsibilities of family, homes, children and/or elderly parents. Time for political activities is limited and for some nurses this may not be an activity they can give a great deal of time to. (Cook, 2008). However, inactivity may result in the nurse's practice being changed in a way that is not in the best interest of the nurse or the health consumer. (Cook, 2008). Some factors prevail that restrain the potential power nurses individually and collectively possess to influence politicians to make informed decisions regarding health care policy. (Pelc, 2009). They include: 1) failure to convey a clear message that encourages an even greater number of nurses to exercise their valuable right to vote; 2) poor membership numbers in professional organizations that collectively advocate for health policy; 3) failure of the profession to advocate for a single educational entry into the nursing profession; and 4) lack of basic nursing education regarding health advocacy measures that can influence the political arena. (Pelc, 2009).

The failure of the nursing profession to come to consensus regarding entry level into the profession and the fact that nursing has been historically taught in the hospital setting rather than the university setting, have also contributed significantly to the powerlessness of nursing in the political arena. Nurses are often viewed as having a lower status than physicians and other health care professionals. The nursing profession can no longer afford to ignore the issue of entry level education into the profession. Federal policy that would require a minimum educational entry level into the nursing profession would serve to promote the profession's status in the eyes of other professionals, legislators, and the public. Much is at stake for nurses and for those who are in their care if this issue remains unresolved. The profession must avail itself of every opportunity to remove this restraint of their practice and their power, translating into the need for collective support for legislation that would mandate one educational entry level into the nursing profession. (Pelc, 2009).

**How to Become a Health Policy Advocate**

Any nurse who has an interest in influencing the policy process, even one with limited time and resources, can find a way to become a confident advocate. There are multiple ways to get actively involved ranging from simply writing a letter or making a call about an issue to getting elected to public office. (Abood, 2007). Once one is aware of a situation in which a change in policy would improve the health care environment or the delivery system, one can move to exploring the pros and cons of possible solutions, and then work to get others interested and involved in the issue. Depending on one's level of confidence and where the issue is in the policy process, one could also testify about the problem at public meetings and describe the merits of the solution one is advocating, lobby decision makers for or against proposed health policy changes under consideration, and/or work with the media to bring attention to the problem and the proposed solutions. (Abood, 2007). Many issues are too big or complex to be easily resolved by a few phone
calls or even the dedicated efforts of one person. In reality, very few policy changes take place without the concerted efforts of many advocates working together to bring about a common goal. Joining a professional nursing organization is an important way to enhance individual advocacy efforts. Nurses in an organized professional association have more resources, and are able to strategize more effectively to bring nursing’s perspective to health policy decision makers than do individual nurses. Professional nursing organizations are able to monitor public policy and offer ways for their members to learn about health policy. They also serve as a resource for reliable information related to policy issues and policy makers. Another way that professional associations work for the benefit of nurse advocates is by providing information and tools to ensure that candidates who are supportive of nursing are elected to, or remain in, office. Registering to vote and voting in all elections is a must for every nurse advocate. Here again, being part of a professional association with an established political action committee (PAC) can be very helpful in discovering where elected officials stand on issues and finding opportunities to work for the candidates who are supportive of nursing and health care issues. (Abood, 2007). To influence policy, nurses need to move from being reactive to policy changes to having a planned, strategic approach. Being strategic requires a good understanding of the issues, knowing who to influence, how to influence and the appropriate timing to initiate lobbying the right people. (Cook, 2008). Each nurse should consider volunteering for a board that steers health policy decisions. The old saying that decisions are made by those that show up is true. To change health policy, nurses need to have a place at the table. Even if the nurse has not done this before, or is new to the profession, he or she brings a valuable perspective and have ideas to contribute. The nursing profession has unique insight into the lives of patients and communities. When nurses have positions on boards, it helps give voice to this knowledge and provides an added platform to advocate for the needs in the communities and healthcare system. (Kopanos, 2008).

The effective advocate will work to develop communication skills in order to convince others to listen and gain the perceptions of others. Repeated contacts with legislators and their staffs made in a straightforward manner greatly increase the likelihood that the information one provides will be heard and understood, and perhaps influence their decisions. (Abood, 2007). When dealing directly with policy makers, advocates must be informed, be concise, and be clear about what they want. Writing a well crafted letter, sending emails, leaving a written summary of your issue with staff, sending thank-you notes, and inviting the legislator to visit your workplace are all ways to get one's legislators to consider one as an expert on health care and nursing issues and to make contact when they need information related to nursing and health care. One state legislator stated, "The nurses in my home district made me aware of the impact this legislation would have on patients." By utilizing the nurse's information the nurse provided, the legislator was able to reconsider her position on several pieces of pending legislation and supported bills relevant to nursing practice. To review some techniques for working with policy makers go to Hill Basics: Visiting Capitol Hill and Making Your Voice Heard in Congress. (Abood, 2007).

For advocacy groups, such as nurse educators, obtaining funding does not happen by accident. (Bowers-Lanier, 2006). Playing the advocacy game requires adopting the same
strategies that other successful constituencies use to achieve their legislative goals: knowing the right people, contributing to campaigns, and telling the story again and again. Adopting those strategies for nurse educators, the following are suggestions for legislative success. 1) Nurse educators should collaborate with other nursing leaders to create a unified voice for nursing to increase funding for nursing education. All nurses should tell the same story of how the diminishing supply of nurses affects their areas of influence, from nursing administrators to staff nurses to advanced practice nurses. Nurses must speak with one voice. (Bowers-Lanier, 2006). 2) Nurse educators must actively contribute to the nursing profession’s political action committee in their state. Supporting the political action committee will ensure that legislators know nurses are willing to financially contribute to their election campaigns. (Bowers-Lanier, 2006). 3) Each publicly supported nursing school should establish a “dog-and-pony show” for legislators and other influential people in the community. An example is a tours at the school of nursing. Invitees hear informal presentations about nursing research and education, tour simulation laboratories, observe students in hospital settings, and meet informally with students. 4) Nursing education administrators should identify and cultivate relationships with influential community leaders, such as hospital administrators, members of boards and chambers of commerce, business leaders, and economic developers. The nursing message is much more powerful when it is told by others, including students. (Bowers-Lanier, 2006). 5) Nurse educators must be members of the professional association to fund the lobbyists who can directly advocate for them, as well as enhance their grassroots advocacy skills. The work of lobbyists is invaluable. They are present during legislative sessions, maintain relationships with legislators between sessions, and know the informal relationships that can create real success. (Bowers-Lanier, 2006). Wishing it so will not make it happen. To increase educational capacity and recruit nurse educators will take concerted efforts to raise awareness, support, and funding for nursing education. Political columnist Molly Ivins has been quoted as saying, “You can’t ignore politics, no matter how much you’d like to”. The answers for increasing educational capacity lie, in part, with increasing the political involvement of nurse educators. (Bowers-Lanier, 2006).

With more nurses entering government, the International Council of Nurses has established a nurse political network (www.icn.ch/npnnet.htm) to serve a forum for communication among elected and appointed nurse politicians. It is intended to facilitate the exchange of information internationally and assist in the mentoring of new and/or aspiring nurse politicians. Nurse politicians have access to a restricted space for information sharing and exchange. (Nurse political network: www.icn.ch/npnnet.htm, 2007).

Reshaping our future requires that we rise above our fear and:

1. Question authority: We should never accept a rule simply because it’s dictated by a person of authority, be it the unit manager, assistant director of nursing, vice president of nursing, or CEO. If a rule is counter-productive or jeopardizes patient safety, we must speak up.

2. Talk one-on-one. The most important step in bringing nurses together is personal, one-on-one discussion. Take the time to connect with your colleagues. Have discussion groups outside the hospital setting. Get to know what’s on each other's minds so that you can speak with a more unified voice.
3. Find the natural leaders. Support your vocal leaders. Don't let your colleagues go out on a limb. Stand behind them.

4. Get others involved. Encourage colleagues to get involved in creating change. An easy first step is to start your own newsletter so that everyone can stay informed.

5. Build on your success. Most movements grow because of the success of one small victory after another. These victories give us the confidence that we can do more. Don't be afraid to start small! (Vonfrolio, 2006).

Reshaping our future requires that we raise our colleagues' consciousness, bring issues to light, and take action. Start within your own unit. Together ... now! (Vonfrolio, 2006).
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Quiz

1. Nurses, individually and collectively, need to recognize and cultivate the power in an intelligent and organized fashion
   a. True
   b. False

2. The significant number of nurses who actively vote has the power to influence healthcare policy.
   a. True
   b. False

3. Quality care will continue to suffer as long as nursing is manipulated, exploited, and abused.
   a. True
   b. False

4. Powerful nursing practice is defined as:
   ________________________________________________________________
   ________________________________________________________________

5. Confusion over whether advocacy is a moral or professional duty could lead to:
   a. Being a caregiver
   b. Ambivalence about an advocacy role
   c. Honesty and Ethics
   d. Being docile

6. Soon after the Congressional House passed its healthcare bill in February 2010, President Obama placed his 3rd call to:
   a. Mary Kaplan
   b. Charlie Christ
   c. Rebeca Patton, president of the American Nurses Association:
   d. Sarah Palin
7. Managers need to provide the conditions for nurses to have the right and responsibility to act as political beings in local and national arenas.

   a. True
   b. False

8. The traits of the transformational leadership style are:

   a. Inspirational Motivation
   b. Idealized Influence
   c. Intellectual Stimulation
   d. Individualized
   e. All of the above

9. Academic preparation in health policy can increase nurses’ political astuteness

   a. True
   b. False

10. A factor that restrain the potential power nurses individually and collectively possess to influence politicians to make informed decisions regarding health care policy is:

    a. Failure to convey a clear message that encourages an even greater number of nurses to exercise their valuable right to vote
    b. Poor membership numbers in professional organizations that collectively advocate for health policy
    c. Lack of basic nursing education regarding health advocacy measures that can influence the political arena
    d. Any of the above

11. Health policy issues include:

    a. Standard of practice issues
    b. Nurse staffing
    c. Nurse shortage
    d. Costs of health care
    e. All of the above
12. Some factors that restrain nurses’ potential power to influence health policy decisions are:

a. Failure to convey a clear message that encourages an even greater number of nurses to exercise their right to vote.

b. Poor membership numbers in professional organizations that collectively advocate for health policy.

c. Failure of the profession to advocate for a single educational entry into the nursing profession.

d. Lack of basic nursing education regarding health advocacy measures that can influence the political arena.

e. All of the above

13. An understanding of critical social theory can enable political analysis and aid decision-making when interacting with global and local policy.

a. True
b. False

e. All of the above

14. Reshaping our future requires that we rise above your fear and:

a. Question authority
b. Talk one-on-one
c. Find the natural leaders
d. Get others involved
e. All of the above
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19.
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Answers to Quiz

1. A
2. A
3. A
4. "practice in which the nurse acts powerfully on the behalf of patients and families and is recognized as powerful by others"
5. B
6. C
7. A
8. E
9. A
10. D
11. E
12. E
13. A
14. E