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Nursing Engagement in Policy Development and Advocacy

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Abstract

At present, professional nursing does not benefit from strong policy development and advocacy influence in the United States. There are 425,000 licensed registered nurses in California, which is nearly twelve percent of the national nursing workforce. Yet only five percent of nurses serve on hospital boards, and legislative efforts to advance full practice authority for advanced practice RNs fail year after year in California and other states. Although nursing ranked most trusted and ethical profession for the past 16 years (Gallup 2017) and enjoys much respect in society, its collective voice is not being heard by decision-makers and legislators. This manuscript reviews the current standing of nurses in the policy arena, highlights importance of nurses' input in policy development and advocacy, and summarizes ten policy development and advocacy toolkits available on nursing organizations' websites, which facilitate nurses being heard on vital nursing policies as well as to optimal patient care.

Keywords: *advocacy, nursing policy, nursing advocacy, advocacy tool kit, nurs*, policy, healthcare, engagement, political process, legislation, policy development, policy toolkit, politics, nursing policy tool kit*

Nursing Engagement in Policy Advocacy

Overview

A key issue for registered nurses (RNs) is legislative approval of full practice authority. Yet this legislation fails to pass year after year because there is no widespread professional engagement in the political process by nurses to educate and sway legislators. Full practice authority is but one of many professional and patient-care concerns in nursing practice that are underaddressed on the policy level. Although RNs occupy the largest healthcare employee segment in the U.S., their numbers are not reflected in state or national legislatures or on hospital boards. Campaing for Action 2017 report states that in 2014, RNs were occupying five percent of seats on hospital boards, one percent less than in 2011. Currently, there are nearly 3.4 million licensed RNs in the United States (KFF, 2018), California (CA) alone accounts for almost 425,000 RNs, and thus provides about twelve percent of the national nursing workforce. The 115th Congress (legislative session 2018) included only three RNs elected (ANA, 2018). The CA legislative session 2017-2018 did not include any RN elected and RNs hold only a handful of positions of power in California policy development and advocacy. The ongoing legislative failures to advance full practice authority for all advanced practice registered nurses (APRNs) points to the need for nurses' increased engagement in public policy, and policy development and advocacy at the state government level.

Background

Every May, during National Nurses Week, the nursing profession celebrates the accomplishments of its very first policy advocate, Florence Nightingale. Nightingale's nursing advocacy illuminated the power of nursing and the vital role nurses play in policy development. She not only revolutionized healthcare delivery by introducing hygiene protocols for clean water and linen usage in hospitals, she also revolutionized nursing by advocating for and implementing

evidence-based nursing practice (Selanders & Crane, 2012). Based on Nightingale's teachings, the first American nursing school was established in 1874 in New York state. Within the next two decades, the American Nurses Association (ANA) and the National League of Nursing (NLN) were spearheading efforts advocating on behalf of nursing issues and on behalf of issues in nursing education. (Matthews, 2012). In the late 1890s, nurses already played an important role in the politics and development of social and public policy through advocacy in child welfare, poverty reduction, and the suffrage movement (Rafael, 1999). Almost a century later in the late 1980s, public health nurses recognized the public health arena as the foundation for future health and public policy debate (Reutter & Duncan, 2002). With such strong history of nursing advocacy in the public arena, one must examine the position of nurses in today's policy development and advocacy.

While professional nursing organizations play a vital role in educating and engaging members on issues relevant to the profession, historically, nursing has underestimated the important role nurses play in the political, legislative, regulatory and policy development process. A 1978 article from Beatrice Kalisch predicted that nursing in 2003 will acquire two new significant skills: nurses would use their creative imagination and they would have increased political awareness in order to advance the profession of nursing (Hearrell, 2011). Antrobus & Kitson cited that "broader socio-political factors which have influenced the way in which nursing leadership has developed have not been examined" (1999, p. 747). Reutter & Duncan (2002) recommended the development of policy analysis and advocacy skills for nurses. Antrobus (2004) described nursing as being almost indistinguishable in the health policy arena. Leavitt (2009) noted that while nurses did participate in policy development in the past, the profession of nursing overall remained outside the policy arena. Leavitt (2009) questioned why this is so, when nurses are the largest healthcare employee group in the U.S. In a systematic

review, Richardson & Storr (2010) noted that the existing gaps in education in nursing leadership and policy development impacted nursing empowerment and their role in leadership and advocacy. However, faced with a limited measurable effect of transformative leadership on nursing practice, in addition to the lack of empirical data, it also suggests a nursing-wide underappreciation for the importance of nurses' role in policy development (Richardson & Storr, 2010).

While the empirical data is limited, available resources, such as the Institute of Medicine, now known as the Future of Nursing, report (2010), DNP (Doctor of Nursing Practice) Essentials (2006), Robert Wood Johnson Foundation Report (2015), Johnson & Johnson campaign (2018), American Organizations of Nurse Executives (2018) and the annual Robert Wood Johnson Foundation Health Policy Fellows (RWJF, 2018), all discuss the importance of nursing leadership and nursing involvement in policy development and advocacy. They, however, do not offer one-size-fits-all approach for how to increase nursing engagement in policy development and advocacy. While Forbes magazine noted the rising political power and influence of the American Nurses Association (ANA) in Washington, D.C. and state capitals across the nation (Japsen, 2016), (Staebler et al (2017) reported that only 21% of nurses are actively engaged in policy development and compiled a list of existing barriers to teaching health policy to nursing faculty. A majority of nurses are not convinced that their efforts or input would be effective in creating policy change on any level. A 2011 study conducted in the Midwest showed that only 40% of registered nurses felt they could impact local decision-making, while only 32% felt they could impact policy decision-making at the state or federal level (Vandenhouten, Malakr, Kubsch, Block & Gallagher-Lepak). In 2016, Woodward, Smart & Benavides-Vaello's exploratory literary review highlighted the lackluster political involvement of RNs in policy development and advocacy and determined actionable steps focused on increasing nursing

engagement and participation in policy development and advocacy. Woodward, Smart &

Benavides-Vaello (2016) described learned expertise in several core nursing skills such as

communication, clinical expertise and empathy as skills transferable to policy development and

advocacy. RNs use these complex skills in their everyday work. Effective nursing requires the

ability to assess, analyze, adapt to fluid situations and manage conflict with a host of differing

players, RNs therefore should be well positioned as valuable potential partners working with

policy experts, analysts, elected officials and coalition partners in the political arena. Thus, it is

safe to say that nurses already possess the required skills for effective policy development and

advocacy (Warner, 2003). And yet, nurses remain unrepresented in the health policy arena, so the

need to further study nurses' participation in policy development and advocacy remains

consistent (Waddell, Adams & Fawcett, 2017). Waddell, Adams & Fawcett (2017) further

identified that a) clear communication, b) knowledge of how policy is made, and c) passion for

policy are strong determinants for nurses' engagement in policy development and advocacy.

Nursing Engagement Impact

To underscore the relevance of nurses as fundamental players in policy development that

stems from the fifth DNP Essentials focused on "Health Care Policy for Advocacy in Health

Care" (2006, p. 13), this author searched for documented nursing policy development and

advocacy successes to highlight the power of nurses and nursing engagement. In early nursing

advocacy, the 1938 passage of the Todd-Feld Act in New York State mandating licenses for all

registered and practical nurses working in the state underscored the importance of the profession

of nursing leading policy development and advocacy in the delivery of health care (Whelan,

2013). Nursing advocacy was successful when the Oregon Nurses Association achieved full

practice authority and prescriptive privileges for Oregonian nurse practitioners (NPs) through the

change of legislation in 1979. In 2013, the Oregon Nurses Association advocacy efforts helped to

pass a state law mandating insurance companies reimbursing NPs at the same rate as physicians

for the same provider services in primary care and mental health settings (NPO, 2018). This law

highlighted the relevance and importance of nursing advocacy and further cemented Oregonian

NPs as equal healthcare partners. While there are already twenty-three states where state

legislatures granted full practice authority to APRNs, California is not one of them (Spetz, 2018).

In spite of ongoing legislative attempts, California remains one of six states with very restricted

APRN practice (California Healthline, 2016). Twenty-eight states still have laws and regulations

preventing NPs to practice to the full extent of their license, education, and training, thus

depriving increased access to timely, appropriate, and high-quality care to their patients. Facing

ongoing legislative battles in California for full practice authority for all APRNs, American

Academy of Nurse Practitioners (AANP) conducted a recent survey of its members and found

that NPs have very low political efficacy and participation in policy development and advocacy

(O'Rourke, Crawford, Morris & Pulcini, 2017). The AANP survey results are important because

it is only through political involvement and engagement in policy development and advocacy will

state legislatures change laws and grant full practice authority to NPs and all other APRNs in the

remaining twenty-eight states, including California. The need for increased nursing engagement

and involvement in policy development and advocacy is clear.

　　　　In terms of a nursing policy development success, in 1996, it was the ANA, alongside the

Association of California Nurse Leaders established the Collaborative Alliance for Nursing

Outcomes (CALNOC) that founded the National Database of Nursing Quality Indicators

(NDNQI). The Collaborative Alliance for Nursing outcomes further contributed to the

establishment of the National Quality Forums for nurse-sensitive metrics and led policy

development (CALNOC, 2016). Hospitals responded to NDNQI data with increased nursing

hires, a clear success of nursing engagement in policy development and advocacy. CALNOC

policies for improved treatment of pressure ulcers and use of restraints changed nursing care

delivery and in a concrete way measurably improved the wellbeing of countless patients

(CALNOC, 2016). All changes do not take place in the halls of political power; some are

successfully effected at policy panels and at stakeholder meetings. Increased nursing engagement

in policy development and advocacy has changed policies as crucial as reimbursement formulae

or providing evidence-based nursing care. CALNOC's achievements in policy development and

advocacy fundamentally changed how hospitals' view the role of RNs s and how RNs' input

improves the standard of care. Moreover, public nursing advocacy efforts in 2016 led the U.S.

Department of Veterans Administration (VA) to issue a new rule authorizing three groups of

APRNs to practice at the top of their education, training and license (Sofer, 2017). Federal

Register (2016) reported that during the 60-day public comments period in the Summer of 2016,

the VA received nearly 225,000 comments. It was nursing policy development and advocacy that

changed the face of nursing in the United States by aligning quality nursing care policy with good

patient outcomes. On the other hand, full practice authority for all APRNs, academic progression,

ending nurse abuse in workplace, and Bachelor of Science in Nursing as an entry level to practice

that Matthews (2012) pointed out ANA House of Delegates adopted back in 1965, are topics

appropriate for increased nursing engagement in policy development and advocacy as they all

require legislative, regulatory and policy change inside state and federal legislative bodies,

regulatory agencies, or healthcare institutions. Needless to say, involvement in policy

development and advocacy is necessary for achieving nursing priorities. RNs and profession

nursing organizations must develop strategic tools in policy development and advocacy to

increase their visibility and strengthen the voice of nursing as RNs are instrumental in delivery of

safe and quality care (Donelan, Buehaus, DesRoches & Burke, 2010).

Barriers to Participation

There is a paucity of resources and educational material for the California nurse who wants to participate in the policy change process but is inexperienced in how to do so. An initial search for policy development and advocacy resources exposed limited options for the staff nurse who wants guidance in how she or he goes about learning legislative advocacy, which suggests that there a considerable lack of understanding on how to effectively engage nurses in policy development and advocacy (Wilson, 2002). Case in point, ANA\C, a member-led professional state nurses organization, currently does not offer resources or toolkit to its members who want to learn about policy development and advocacy in the profession of nursing. For a professional state lobbying organization, this existing gap in membership services should be considered as an impetus needed for an urgent development of a policy development and advocacy toolkit. In order to increase nurses' voices in the CA state legislature, ANA\C must educate its members on the important role nurses can play in policy development and advocacy and offer not only relevant education resources about the process itself, but combine the educational material with ongoing support for member-led policy development and advocacy efforts.

The American Nurses Association\ California (ANA\C) is an affiliate of the ANA and is an ideal entity to develop and distribute necessary tools and resources to increase engagement in nursing policy development and advocacy. ANA\C is the fifth largest state nurses association having a steadily growing membership since 2015 (Bautista, 2017). Only Washington, Oregon, Ohio and Texas state nurses associations are larger in membership numbers. The four aforementioned state nurses association are also stronger by operating at both sides of the nursing advocacy spectrum: they advocate on labor issues and on professional interest issues while currently, ANA\C advocates on professional interest issues only. ANA\C is the only lobbying nursing organization in California that represents the interests of all California licensed RNs,

regardless of their education, nursing specialty, board certification, or place of employment (ANA, 2018). Other California nursing organizations represent interests of specific groups only, such as the NPs, nurse midwives, nurse anesthetists, clinical nurse specialists, school nurses, nurse leaders, labor unions, emergency or critical care nurses, men in nursing, or specialty organizations such as the Armenian or Philippino nurses. Additionally, many of these more specialized nursing organizations do not have the resources necessary to employ executive directors or office staff to work on policy development and advocacy issues every day, nor do they have a specific non-profit tax status of a lobbying organization that would allow them to lobby elected officials. By having the needed staff resources and having a lobbying organization tax status, ANA\C could de facto serve as an umbrella organizations actively advancing the professional interests of all California RNs by forming coalitions with other nursing organizations to attain mutually agreed upon legislative or policy goals. ANA\C member engagement in policy development and advocacy is crucial to not only its membership, but also to the advancement of nursing practice. One of the goals of the Future on Nursing report (2010) calls for nurses to become full partners in redesigning American healthcare. Making nursing voices indispensable inside and outside healthcare facilities is a part of not only the ANA Strategic Plan 2017-2020 (ANA, 2017), but also of the Nurses on Boards Coalition (NOBC, 2018). The role of a nurse in policy development remains a crucial aspect of professional nursing practice (Reutter & Duncan, 2002).

Available Resources

Although several national and specialty nursing organizations offer some form of a policy development and advocacy toolkit, if RNs are not members of said specialty, or belong to state or national organizations such as the American Association for Nurse Practitioners, the Society of Pediatric Nurses, the American Association of Colleges of Nursing, or the National Association

of School Nurses, they do not have full access to all resources. In September 2018 an internet search of 'nurse and advocacy tool kit' and 'nurse and policy toolkit' was executed in an attempt to assess readily available resources offered by nursing organizations to RNs learning about policy development and advocacy. The search produced over 4,230,000 entries and the first ten organization produced were reviewed. The first two organizations appearing in the search results were the ANA and the American Organization of Nurse Executives (AONE) policy toolkit: While both the ANA and the AONE offer limited policy toolkits with condensed resources on how to contact or set up a meeting with federal elected officials (AONE, 2017), how to find a town hall meeting and how to write a letter to the editor (ANA, 2017), the ANA also offers a subscription free to all RNs (members and non-members) in their RN Action service that includes ANA Capitol Beat. This blog, written by ANA Government Affairs (GOVA) staff, compiles and regularly distributes e-reports of congressional policy developments and advocacy activities in Washington D.C. The RN Action also offers additional opportunities to engage on pressing nursing issues though their call to action tab (ANA Capitol Beat, 2018). The AONE advocacy toolkit includes links to federal Senate and House Committees and to member-only access for relevant videos. Overall, the AONE policy development and advocacy resources are limited to federal legislative issues advancing nursing leadership and patient care priorities as the subsidiary of the American Hospital Association (AHA). Representing the interests of hospital-based nurses is as important as the professional development skills that AONE offers to their members. Some of these skills include executive leadership, various certifications and review courses, and financial courses for nurse executives that in term make for a well-rounded nurse advocate. These specific resources are offered to AONE members only. While the ANA policy toolkit includes more tips on finding town hall meetings, writing op-ed pieces, or links to personal stories from nurses actively engaged in policy development and advocacy, both organizations lack a

comprehensive overview explaining the important role nurses play in policy development and advocacy, and why they are so crucial in the political system. These two aspects should be a part of any policy development and advocacy toolkit. The ANA advocacy website does include a link to individual state nurses association websites and to their specific member-only policy development and advocacy content.

The following four organizations offer some of the most comprehensive overviews of policy development and advocacy process in nursing. Since its inception in the late 1890s, the National League for Nursing (NLN) has been focused on nurse educators in the legislative and policy arenas. Their well-structured and well-explained policy development and advocacy resources are available to all nurses and non-nurses alike. The NLN offers several toolkits under the professional development programs tab on their website. Their Public Policy Advocacy Toolkit© offers a wide range of advocacy teachings, NLN strategic priorities, how the political system works, and engagement strategies for navigating the political landscape, and information on opportunities for nurses involvement (NLN, 2018). Their Legislative Action Center link includes a legislative tracking system, which is for NLN members only. Overall, the information and resources available to all RNs on the NLN website is substantial.

Association of Public Health Nurses (APHN) offers a wide array of policy development and advocacy resources information (APHN, 2016). Their online 2016 Public health policy advocacy guide book and toolkit, created by the APHN public health policy workgroup 2016, presents a comprehensive and well explained review of the policy process and advocacy know-how. This policy toolkit includes top ten rules of advocacy, strategies on becoming effective nurse advocate, and it includes the APHN's organization chart in terms of policy decision making. It also explains why APHN should be involved in advocacy. The legislative process is clearly explained and it includes tips for connecting with elected officials and explains how to

prepare for committee hearings testimonies. It also covers the importance of working in

coalitions and the need for a continued risk assessment. They also explain how a federal budget

works and offer a legal guide for non-profit charitable organizations in social media advocacy.

The APHN policy and advocacy tool kit is comprehensive, includes substantial relevant content,

and is easily available on APHN website to all members and non-members alike (APHN, 2016).

      Association of Rehabilitation Nurses (ARN) and American Association of Neuroscience

Nurses (AANN) offer toolkits and both credit the Oncology Nursing Society (ONS) for providing

relevant materials and important information. These extensive advocacy toolkits include sixteen

chapters starting with policy development and advocacy essentials, such as why policies and

programs of both organizations should be supported and why advocacy is essential. They offer

simple overviews of the U.S. political system, cover different types of legislation, how a bill

becomes a law, most important legislative committees for nursing and healthcare, and also

explain how to effectively engage in policy development and advocacy. These toolkits offer

recommendations for connecting with elected officials, and they debunk common misconceptions

surrounding effective policy development and advocacy. Recognizing the importance of media in

advocacy, these toolkits offer ideas on how to be an effective advocate in print and how to look

beyond media headlines while serving as an expert. The ARN toolkit was last updated in 2012

and uses data from the 111th Congress (2009-2011 legislative session). The AANN toolkit was

last updated in 2014 and uses data from the 113th Congress (2013-2015 legislative session).

Although some information is out of date in both toolkits, the overall resources are easily

accessible, comprehensive and all encompassing. Both toolkits offer a breadth of knowledge,

additional tips, resources and top ten lists on policy development and advocacy. Both toolkits are

available to members and non-members on their websites (ARN, 2012 & AANN, 2014).

The last four organizations completing the critique and commentary review of the first ten available policy development and advocacy toolkits include a various level of policy and advocacy content and various level of member only access. American Association of Colleges of Nursing (AACN*)* offers an extensive AACN advocacy guide focused on issues in nursing education. The AACN advocacy guide includes broad overview of federal and state legislative activity and links to letters sent to Congress supporting various causes such as nursing education reauthorization and gun violence research. AACN's Take Action link offers opportunities for immediate engagement through sending a letter to federal elected officials directly from the AACN website. The AACN website provides a list of state grassroot liaisons in each state with their e-mail address. They also provide further policy resources for nursing faculty (AACN, 2018). Access to AACN's grassroot advocacy network is for members only.

American Association for Nurse Practitioners (AANP) offers prepared templates for letters to Congress advocating on nursing issues, such as home health care, NPs' inclusion in shared savings in accountable care organizations, or access to diabetic shoes for Medicare patients. Their advocacy center tab also allows the user to send a letter to federal elected officials directly from their website. It also offers various policy briefs, state map depicting various levels of APRN full practice authority in the U.S., and position statements on NP-specific policy issues and legislative priorities. Access to state fact sheets and various state legislative resources are for members only (AANP, 2018).

The Society of Pediatric Nurses (SPN) offers an advocacy toolkit for members only. The advocacy toolkit was developed by the former Society of Pediatric Nurses Child Advocacy Committee in 2013 and members of this Society can download it after logging in.

The National Association of School Nurses (NASN) offers a summary of why school nurses should be involved in policy development and advocacy and the importance of telling

one's story when communicating with elected officials. The NASN website includes a list of

federal legislative issues relevant to school nurses e.g., increased access of children to Medicaid

healthcare services in schools, reauthorization of funding for nursing education, or the

importance of the Child Nutrition Reauthorization Act. It further offers talking points, several

white papers and fact sheets, a list of relevant federal agencies, and a link connecting NASN to

the Kaiser Family Foundation website with information on healthcare reform (NASN, 2018).

Additionally, the NASN website offers links to individual state school nurses organizations and

to a downloadable advocacy e-toolkit for members only.

Since dual membership in ANA\C and ANA is open to all RNs with California RN

license, the importance of ANA\C's policy development and advocacy toolkit cannot be

understated. While some national organizations offer valuable policy development and advocacy

resources, a California-specific policy development and advocacy toolkit would give ANA\C

members the opportunity to learn about policy development and advocacy process, why is it

essential for RNs to be a part of the political process, who the important stakeholders are, how to

contact them, how to prepare for a meeting, how a bill becomes a law, and who are the important

players in the California political spectrum. In addition to being the fifth largest state nurses

association, in the state with the fifth largest world economy and a year-round legislative session,

ANA\C's engagement in shaping of the California policy spectrum through policy development

and advocacy efforts is crucial to having nurses' unique experience and expertise represented in

the halls of power, at stakeholders meetings, or serving on boards.

Discussion and Conclusion

Nursing policy development and advocacy are fundamental to modern nursing practice. In

order to successfully advocate for a legislative or regulatory change, nurses must understand the

intricacies of policy process. Moreover, nurses who want their voices heard in this arena must

have clear policy communication, messaging, and possess necessary passion for policy development and advocacy. Policy development and advocacy toolkits should provide valuable resources aimed at disrupting the current limited engagement of nurses in policy and advocacy. Additional organizational support may be needed to sustain an ongoing policy development and advocacy efforts. ANA\C, as the largest state professional nurses association, could develop and distribute a policy development and advocacy toolkit that offers a basic overview of the political process, how a bill becomes a law, who the important stakeholders and influencers are in California, and how to effectively communicate with the state elected officials and their staff. Moreover, nursing education could benefit from an increased focus on the role of RNs in policy development and advocacy, and how fundamental nursing expertise is in the decision-making process. By arming nurses with empirical policy knowledge, policy advocacy communication tools, and practical tips necessary for successful foray into the political arena, nurses are empowered to change not only the existing political landscape, but also increase the overall standing of nurses in the political process for the good of the nursing profession as well as improved patient outcomes.

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