

Overview and Summary: Nurse Advocates: Past, Present, and Future

[Kathleen D. Sanford, DBA, RN, CENP, FACHE](#)

Citation: Sanford, K., (January 31, 2012) "Overview and Summary: Nurse Advocates: Past, Present, and Future" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Overview and Summary.

DOI: 10.3912/OJIN.Vol17No01ManOS

A couple of years ago I had the pleasure of chairing the Nurse in Washington Internship Program (NIWI) for the Nursing Organizations Alliance (NOA). Nurses from all over the country attended, to increase their political savvy, and to discuss healthcare policy with their elected officials. While there, I experienced one of those flashes of insight (also known as "aha" moments) in which I realized that I had gained most of what I needed to know about advocating for patients in my work as a hospital nurse leader. I found myself reminiscing about an early lesson learned when a physician colleague and I could not come to an agreement. He hadn't concurred with the nursing house supervisor, either, which was why the issue had escalated to me, the hospital chief nurse executive. I had explained to him that every bed in our sole community hospital was full, and that a dozen patients were now lying on gurneys in the emergency department hallway waiting for beds, with more patients flowing into the standing-room-only waiting area. Of the several patients he was attending, two had been assessed by the nursing staff as ready for discharge tonight, rather than the next morning. He refused to write discharge orders, even though he agreed they were stable enough to go home.

Mystified, I asked him to help me understand his rationale, especially since he had just made a speech at our capital budget meeting about how doctors are the major advocates for patients. "I *am* my patient's advocate," he replied, "That's why I'm holding onto those beds in case any of my other patients needs to be admitted before tomorrow morning."

That's when I realized that we were poles apart in our definition of advocacy, at least on this night. I was advocating for the entire patient population, through distribution of scarce resources based on most need. He was advocating for his own patients, even if they did not have a need for the resources he was attempting to hoard.

This was the first time I realized that advocacy has various meanings to different people and even to the same people at different times. To many people advocacy appears to primarily refer to attempts to influence public policy or resource allocation through the political process. To others it's about gaining rights for certain groups. In some countries, such as Scotland and India, advocate is a synonym for professional lawyer. In the following collection of articles, the word is a synonym for professional *nurse*. The authors featured in this issue share their ideas about the responsibility and privilege nurses have to advocate for our patients, as specific persons *and as* populations, and for our profession as a whole. Each addresses advocacy from a different point of view, but all offer thoughtful and broad discussions of what we can, and must, do as advocates who will work to improve healthcare across the continuum, for everyone.

Louise Selanders and Patrick Crane begin this topic with the most famous historical nursing leader. In "[The Voice of Florence Nightingale on Advocacy](#)," they state that while Nightingale did not directly use the word advocacy as a nursing responsibility, her actions and her writing were consistently about advocating for change. The woman who is credited with establishing nursing as a profession, rather than a domestic service, advocated for individuals, specific groups, and society as a whole. She was aware of the need to overcome gender bias through increasing opportunities for women. She insisted on equity of care regardless of religion or faith, and was a crusader for basic human rights. Selanders and Crane remind us that her techniques became the basis for modern nursing leadership theories, and that it is clear Florence Nightingale knew the importance of both leadership and advocacy.

Nightingale has been followed by generations of nurses who have identified the needs of patients and taken action to get these needs met. Mary Maryland and Rose Gonzalez offer examples of how this mission continues today in their article, "[Patient Advocacy in the Community and Legislative Arenas](#)." They point out that because nurses are trusted by patients and the public as a whole, we can influence care in our own communities, our states, and our nation by taking part in the legislative process. We are reminded that we have important information to share with our governmental representatives and policy makers about the effects of their choices and legislation on individuals and groups. The authors educate readers on how the

lawmaking process works along with ways for nurses to get involved. Their specific examples of advocacy for individual patients and community programs are especially helpful for nurses who are working to improve healthcare locally.

In her article, "[Role of Professional Organizations in Advocating for the Nursing Profession](#)," Jennifer Matthews reviews the characteristics of a profession and the history of professional nursing organizations, primarily in the United States. She details how societal changes, historical events, and the emergence of specialization have given rise to multiple nursing membership groups, while the American Nurses Association (ANA) and ICN have remained the only full service (representing all nurses, regardless of specialty) organizations. Her cogent message to the profession as a whole is that there is greater strength in numbers, and that the nursing profession will have stronger advocacy outcomes if we unite by joining these organizations to advocate for all nurses.

Karen Tomajan gives explicit ideas on how nurses in varied roles can support the profession and all of their nursing colleagues. In "[Advocating for Nurses and Nursing](#)" she talks about how, regardless of employment setting, we can consciously and conscientiously work together to build support for changing what needs to be changed for our patients and for ourselves. From point of care practitioners who must know how to get the voice of the front line heard by decision makers; to nursing managers and administrators who must advocate for healthy work environments; to nursing educators who have an important role in forming nurses' professional identity, nurses must be prepared as advocates. Tomajan's practical advice includes the development of specific scripts that can inform others about what it is that nurses do for our patients and organizations.

David Benton, CEO of the International Council of Nurses (ICN), shares stories about nurses of five developing countries who are working to improve quality care, either individually or collectively through their professional organizations. In his article, "[Advocating Globally To Shape Policy and Strengthen Nursing's Influence](#)," he explains a project conceived by a nurse to combat dengue fever in El Salvador as well as a nursing led project to provide testing for HIV and AIDS in remote areas of Papua New Guinea. He expresses his admiration for the nursing organization in Iran which has produced an ethical code of conduct for nurses and the movement to improve the quality of nursing education and professional standards in Rwanda. His depiction of the way nurses are pursuing a partnership with the government in Paraguay to meet the nation's healthcare needs exemplifies the reality that advocating for the nursing profession is also advocating for patients. Benton's underlying theme is that nurses throughout the world are leading their countries to better health. Acknowledging the need for even more nursing leadership, he reminds us that ICN sponsors three programs to build it: the Leadership in Negotiation Program, the Global Leadership Institute, and Leadership for Change.

In an economically challenged environment, all nations are looking for ways to transform healthcare by increasing value, (described as quality combined with efficiency) in our care delivery systems. As nurses we know how every one of our roles adds value to our patients, our communities, our countries, and our world. These five articles remind us that it is through advocacy that we can be sure others know this as well. The journal editors invite you to share your response to this OJIN topic addressing Nurse Advocates either by writing a Letter to the Editor or by submitting a manuscript which will further the discussion of this topic which has been initiated by these introductory articles.

Author

Kathleen D. Sanford, DBA, RN, CENP, FACHE
Email: kathleensanford@catholichealth.net

Dr. Kathleen Sanford is the system senior vice president and chief nursing officer for Catholic Health Initiatives. She currently serves as principle investigator for research on the use of virtual technology and nurse coaching. A retired Army nurse corps officer, she has held nursing positions in direct patient care and administration. She has also been associate faculty for a number of colleges of nursing.

Dr. Sanford is past president of the American Organization of Nurse Executives, and past president of the Northwest Organization of Nurse Executives. She has served on the nursing TriCouncil, the coordinating team of the Nursing Organizations Alliance, the boards of the American Hospital Association, the American Business Women's Association, numerous college nursing advisory boards and various editorial boards. Previously, she was a member of Congressman Rick White's (WA) advisory committee on Veteran's Affairs.

© 2012 OJIN: The Online Journal of Issues in Nursing
Article published January 31, 2012

Follow Us on:



The Voice of Florence Nightingale on Advocacy

[Louise C. Selanders, RN, EdD, FAAN](#)

[Patrick C. Crane, MSN, RN](#)

Abstract

Modern nursing is complex, ever changing, and multi focused. Since the time of Florence Nightingale, however, the goal of nursing has remained unchanged, namely to provide a safe and caring environment that promotes patient health and well being. Effective use of an interpersonal tool, such as advocacy, enhances the care-giving environment. Nightingale used advocacy early and often in the development of modern nursing. By reading her many letters and publications that have survived, it is possible to identify her professional goals and techniques. Specifically, Nightingale valued egalitarian human rights and developed leadership principles and practices that provide useful advocacy techniques for nurses practicing in the 21st century. In this article we will review the [accomplishments of Florence Nightingale](#), discuss [advocacy in nursing](#) and show how [Nightingale used advocacy](#) through promoting both egalitarian human rights and leadership activities. We will [conclude](#) by exploring how Nightingale's advocacy is as relevant for the 21st century as it was for the 19th century.

Citation: Selanders, L., Crane, P., (January 31, 2012) "The Voice of Florence Nightingale on Advocacy" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 1.

DOI: 10.3912/OJIN.Vol17No01Man01

Key words: Florence Nightingale, advocacy, nursing, profession

Nursing has never been simple. Early care stressors included exposure to the elements and a lack of knowledge as to how to treat serious injuries or diseases. Through ensuing generations, environmental conditions have improved and science has provided effective treatment pathways. However, other complexities, including societal acceptance of the profession, gender discrimination, and educational and regulatory disarray, have created a multifaceted and complicated backdrop against which nurses continue to provide the most basic of human interventions: caring.

One of the most effective tools that [Nightingale] employed was advocacy, both for individuals and for the nursing collective.

In the nineteenth century, one woman, because of her religious convictions and profound vision of the potential of nursing, altered the status of nursing from that of domestic service to that of a profession ([Nightingale, 1893/1949](#); [Nightingale, 1895a](#)). This woman, Florence Nightingale, utilized intellect, personal motivation, available opportunities, and the strength of her own persona to create a permanent professional transformation ([Bostridge, 2008](#); [Cook, 1913](#); [Dossey, 2000](#)). One of the most effective tools that she employed was advocacy, both for individuals and for the nursing collective. The purpose of this article is to explore Nightingale's use of advocacy as a tool and to identify the continuing value of her conceptual and practical advocacy strategies for the nursing profession in the 21st century. In this article

we will review the accomplishments of Florence Nightingale, discuss advocacy in nursing, and show how Nightingale advocated both through promoting egalitarian human rights and through her leadership activities. We will conclude by exploring how Nightingale's advocacy is as relevant for the 21st century as it was for the 19th century.

Who Was Florence Nightingale? On May 12, 1820, Florence Nightingale was born as the second of two daughters to English parents. As a young woman, she displayed exceptional intellect, learning multiple languages and being particularly capable in mathematics (Bostridge, 2008). Nightingale seemed to be most comfortable in the solitary activities of reading, writing in her journals, and attempting to discern purpose in her life. She deeply believed that she had a God-given purpose to better mankind, but the route to achieving this goal was unclear (Calabria & Macrae, 1994; Cook, 1913).

As a young woman, Nightingale wished for meaningful work and began to imagine herself caring for others, defying her parents' desire that she marry into a socially prominent family. On at least three occasions she declined proposals, indicating that she could not pursue her own goals as a married woman (Gill, 2004; Nightingale, 1859a/1978). By the age of 17 she had discerned that she had a Christian duty to serve humankind. By the age of 25 she had identified nursing as the means to fulfill this mandate (Gill, 2004). When she was 30 years old, she was permitted two brief periods of instruction in nursing at Kaiserswerth, a Protestant institution in Germany (Bostridge, 2008; Nightingale, 1851). This experience helped her to understand the essential components of basic nursing, hospital design, and personnel administration. Of even greater consequence was Nightingale's perception that formalized education was a necessary component of nurse preparation (Nightingale, 1851).

...her lifetime of work and her passion for improving healthcare provided nursing with a foundational philosophy for practice.

In 1852 Nightingale was offered the superintendency of a small hospital on Harley Street in central London (Verney, 1970). During her twelve months in this position, she developed effective administrative skills, identified appropriate qualifications for those employed as nurses, and affirmed her belief that egalitarian and competent care were basic human rights for all people (Selanders, Lake, & Crane, 2010; Verney, 1970).

As Nightingale was preparing to leave the Harley Street position, she was appointed by the Victorian government to lead a group of thirty-eight women to Ottoman, Turkey, to provide nursing care for British soldiers fighting the Crimean War (Bostridge, 2008; Woodham-Smith, 1983). Nightingale's singular motivation was to improve the plight of the wounded. She stated, "...I did not think of going to give myself a position, but for the sake of common humanity" (as cited in Goldie, 1987, p.21). Her administrative skills allowed her to negotiate the male worlds of both the military and medicine. She successfully solved the issues of supply purveyance, resolved interpersonal squabbles between nursing factions, and designed care modalities in the face of massive overcrowding, incompetence, uncaring physicians, and a military structure that was outdated and inept. In a letter to her uncle, Nightingale stated that the Purveyor had intentionally withheld supplies for his own gain, noting, "This little Fitzgerald [Purveyor] has starved every hospital when his store was full- & not, as it appears from ignorance, like some of the honorable men who have been our murderers, but from malice prepense." (Nightingale, March 6, 1856, as cited in Goldie (1987, p. 225).

On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare.

On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare. Her establishment of the Nightingale School in London in 1860, and the distribution of trained nurses abroad established the basis for nursing education worldwide (Baly, 1986; Godden, 2010). Through the support of Queen Victoria and Prince Albert she was able to design improvements for the British military and establish public health standards in India (Dossey, 2000; Mowbray, 2008). Additionally, her lifetime of work and her passion for improving healthcare provided nursing with a foundational philosophy for practice (Selanders, 2005a).

Nightingale remained actively concerned with the development and behavior of the Nightingale nurses educated at the Nightingale School until her death in 1910 at age 90. Between 1872 and 1900, she wrote a series of thirteen letters to the Nightingale nurses that both documented the progress nursing made in the late nineteenth century and warned nurses that they must remain current, competent, and caring. In 1897, she wrote of the danger of relying on words over actions:

"There is no doubt that this is a critical time for nursing... ..There is a curious old legend that the nineteenth century is to be the age for women and has it not been so? Shall the twentieth century be the age for words? God forbid." (Dossey, Selanders, Beck, & Attewell, 2005, p. 283).

Advocacy in Nursing

...advocacy has not always been a clear expectation in nursing...Early nursing education emphasized conformity and a position subservient to the physician.

Advocacy has been defined as an active process of supporting a cause or position ([Illustrated Oxford Dictionary, 1998](#)). However, advocacy has not always been a clear expectation in nursing. Seminal documents in the development of the American nursing curriculum, such as *Nursing and Nursing Education in the United States* ([Goldmark, 1923](#)) and *A Curriculum Guide for Schools of Nursing* ([National League of Nursing Education, 1937](#)), do not explicitly mention advocacy. Early nursing education emphasized conformity and a position subservient to the physician. Isabel Hampton Robb, an early leader in the development

of American nursing education, encouraged obedience as the primary activity of the nurse. In 1900 Robb stated:

Above all, let [the nurse] remember to do what she is told to do, and no more; the sooner she learns this lesson, the easier her work will be for her, and the less likely she will be to fall under severe criticism. Implicit, unquestioning obedience is one of the first lessons a probationer must learn, for this is a quality that will be expected from her in her professional capacity for all future time.... ([Hamric, 2000](#), p. 103).

While Nightingale expected obedience in following the rules and medical direction, her intent was to allow nurses the autonomy of purpose to advocate for patients and the profession (Nightingale, 1893). It is probable that she would have disapproved of Robb's emphasis on obedience.

The term 'advocacy' was first utilized in the nursing literature by the International Council of Nurses in 1973 ([Vaartio & Leino-Kilpi, 2004](#)). Today the American Nurses Association (ANA) states that high quality practice includes advocacy as an integral component of patient safety ([ANA, n.d.](#)). Advocacy is now identified both as a component of ethical nursing practice and as a philosophical principle underpinning the nursing profession and helping to assure the rights and safety of the patient. Nurses are seen as advocates both when working to achieve desired patient outcomes and when patients are unable or unwilling to advocate for themselves.

The term 'advocacy' was first utilized in the nursing literature by the International Council of Nurses in 1973.

Since 1973 advocacy has been considered a major component of nursing practice - politically, socially, professionally, and academically. Despite the seeming lack of a professional focus on advocacy before the early 1970s, it is argued that Nightingale implicitly laid the foundation for nurse advocacy and established the expectation that nurses would advocate for their patients.

Nightingale and Advocacy

Nursing is now recognizing how [Nightingale's] ideas and techniques can be useful in the 21st century.

The scope of Nightingale's effect on nursing and her utilization of advocacy as a functional principle, like the profession itself, is complex. Nightingale did not directly address the concept of advocacy. She did, however, demonstrate advocacy in exceptional ways throughout her lifetime. We know of Nightingale's actions, thoughts, and motivations through her correspondence. At least 13,000 letters remain in public archives and private collections. She was the shadow author for a number of official government documents relating to healthcare in the military and the subcontinent of India ([Bostridge, 2008](#); [Mawbray, 2008](#)). Some of her most insightful writings, such as those found in *Suggestions for Thought* ([Calabria & Macrae, 1994](#)), were published privately, thus controlling the distribution to friends and colleagues. However, they are now publically available. The volumes Nightingale published for public consumption, including *Notes on Hospitals* ([1859b/1982](#)) and *Notes on Nursing: What it is and what it is not* ([1860/1982](#)), specifically outline the role of the nurse and the environment in which care should occur ([Selanders, 2005b](#)).

Nightingale was a singular force in advocating *for* as opposed to *with* individuals, groups, and the nursing profession. Her expressions of advocacy grew with age, experience, and public acceptance of her as both nurse and expert. Her significant contributions include her advocacy for egalitarian human rights and for advocacy in her

Advocacy Through Promotion of Egalitarian Human Rights

As a young woman, Nightingale became acutely aware of the unequal status and opportunity provided to men as compared to women in English society. Stark ([1979](#)) described the social structure:

Victorian England was a country in the grip of an ideology that worshipped the woman in the home. Women were viewed as wives and mothers, as potential wives and mothers, or as failed wives and mothers. The woman who was neither wife nor mother was called the "odd woman" or the "redundant woman" (p. 4).

In Nightingale's frustration, she wrote the lengthy essay *Cassandra* ([1859/1979](#)), named after the tragic Greek mythological figure who, although able to predict the future, was not believed, and therefore, was powerless. As a part of this diatribe, she compares the perceived value of a woman's activity to that of a man:

Now, why is it more ridiculous for a man than a woman to do worsted work and drive out everyday in a carriage?... Is man's time more valuable than woman's? or is it the difference between man and woman this, that woman has confessedly nothing to do? ([Nightingale, 1859a/1979](#), p. 32).

Nightingale's first significant demonstration of advocacy for individuals came as she was superintendent of the Hospital for Gentlewomen in Distressed Circumstances. On one hand, assuming the superintendency of this institution had to have been extremely daunting for a woman of 32 entering her first employment. The hospital was a newly acquired facility in poor condition with inadequate furnishings and a poorly trained staff. She reported that in the first month of occupancy she had experienced a gas leak with small explosions, a fight between workmen in the drawing room, a drunken foreman, and the death of 5 patients ([Verney, 1970](#)). On the other hand, it was the opportunity to participate in a healthcare situation under her control that allowed her to create and utilize environmental and patient care standards that were to become foundational to the development of modern nursing ([Selanders, 2005a](#)).

Nightingale did have the general support of the Ladies' Committee, the body to whom she reported. Her first major concern, however, was a policy held by the Committee stating that only individuals who were members of the Church of England would be admitted to the institution. Nightingale could not accept this position, perhaps because of her liberal Unitarian upbringing and her deeply rooted beliefs in the value of individuals without respect to religious preference. In a private note to her close friend and ally, Mary Clarke Mohl, she airs her frustration, indicating she would leave the post if this disagreement could not be resolved:

From committees, charities, and schism, from the Church of England, from philanthropy and all deceits of the devil, good Lord deliver us. My committee refused me to take in Catholic patients; whereupon I wished them good morning, unless I might take Jews and their Rabbis to attend to them. ([Verney, 1970](#), p. viii).

Eventually, she won the battle with the Committee so that patients of all faiths – or no faith – were equally admitted to the hospital ([Verney, 1970](#)). The importance of this event cannot be overlooked in Nightingale's development as a social reformer and healthcare advocate. She won this encounter partially through logical persuasion, but also because of her status as a 'lady' – a person of the upper class. This allowed her to meet the committee members on equal social footing. Use of personal position and social acquaintances, logic and debating skills, and the development of statistical evidence were tools she would refine and employ over the next fifty years. This immediate victory helped her to retain her moral convictions and to move forward as an advocate for women and nursing ([Selanders, Lake, & Crane, 2010](#)).

Nightingale next turned her attention to the development of care standards for patients, including the right to a peaceful death. The chronically and the mentally ill were often ignored by staff. Those determined to be 'malingers' and the dying did not meet the criteria for admission ([Scott, 1853](#)). Nightingale, however, accepted these patients and allowed them to remain as long as she believed that they were benefiting from care despite staff objections. For a staff member to refuse to work to Nightingale's standard resulted in dismissal, signaling the application of administrative standards of care. This is explicitly demonstrated in her May 15, 1854, report to the Governors when she wrote, "I have changed one housemaid on account of her love of dirt and inexperience, & one nurse, on account of her love of Opium & intimidation" ([Verney, 1970](#), p. 28).

...Nightingale never wavered from the idea that a basic human right was high-quality patient care provided by a

Nightingale advocated for patients on a larger stage during her 20 months in Scutari and the Crimea. These nurses were individually selected for their ability to nurse, the likelihood that they would accept authority, and the expectation that they would remain for the duration of the conflict. Ultimately, many of those selected did not fulfill these criteria. However, Nightingale never wavered from the idea that a basic human right was high-quality patient care provided by a dedicated

nursing staff.

dedicated nursing staff.

Following her return to England she established similar operating principles at The Nightingale School at St. Thomas' Hospital. Nightingale again insisted that probationer students be admitted without respect to religious preference ([Bostridge, 2008](#)). The development of educational standards in a tightly controlled environment began to elevate nursing as a respectable profession that provided women with meaningful employment ([Adern, 2002](#)).

Advocacy Through Leadership

Leadership was one of Nightingale's innate qualities. During her fifty productive years, she continually benefited from the cumulative experiences of Harley Street, Scutari, the Crimea, and her interactions with government officials in determining the potential of nursing. Her education, social stature, extensive range of acquaintances, and international travel provided essential context, opportunity, and a public voice. Her major contributions to the profession had evolved from leadership of a few at Harley Street and in the Crimea to the professional collective. She was able to explore the potential of a refocused nursing, as opposed to remodeling the status quo.

One of Nightingale's central themes was the importance of nursing's role in the management of the patient environment ([Nightingale, 1859b/1982](#)). For much of Nightingale's life she believed in miasmatism, the idea that foul odors caused disease ([Selanders, 2005c](#)). While this was an inaccurate theory, it did focus attention on the role of the environment in relation to illness. The deplorable conditions at Scutari reinforced this viewpoint, and led to her advocating for the importance of an appropriate environment for the patient both internally and externally. She began her *Notes on Nursing* ([1860/1982](#)) by stating that the incidence of disease is related to "...the want of fresh air, or of light, or of warmth, or of quiet or of cleanliness..." (p. 5). All of these factors are viewed as being within the purview of nursing. Although there is dispute as to the degree that the death rate was reduced in the Crimea, it is undeniable that there was a specific link between the state of the environment and the death rate ([Small, 1998](#)). Nightingale was also a supporter of the sanitation movement in London. She joined forces with reformers, such as Farr and Chadwick, in advocating for permanent improvements in public health ([Selanders, 2005c](#)). This emphasis was later extended to her environmental work in India ([Mowbray, 2008](#)).

One of Nightingale's central themes was the importance of nursing's role in the management of the patient environment.

...she envisioned the extension of nursing as the essential force which would meet the growing healthcare needs in sectors outside of the hospital.

A second major outcome/theme of Nightingale's leadership was the establishment of the Nightingale School at St. Thomas' Hospital in London. She advocated for *educated* nurses who had a knowledge base and a specific role in healthcare. Further, she envisioned the extension of nursing as the essential force which would meet the growing healthcare needs in sectors outside of the hospital. This resulted in the development of nursing in the military, midwifery, poor law nursing (care of paupers), and nurse visiting (public health nursing) ([Baly, 1986](#)). This role expansion created a full range of services in and out of the hospital and across the life span, thus further expanding the role and autonomy of the nurse.

Nightingale's continuing complaint from adolescence and into adulthood concerned the strict social mores relative to women and work outside of the home. Nursing actually served to begin to change the location of women's work from the home into a formal workplace. Two factors contributed to the success of this change. The first was that nursing education under the Nightingale model took place in a tightly controlled environment that included a nurses' home with a matron who functioned as parent and guardian ([Baly, 1986](#)). This allowed families to agree to send their daughters to nursing school, as nursing education was deemed to be in safe surroundings. The second factor was that nursing was initially viewed as domestic work that had been transplanted into the hospital, thus extending the typical woman's sphere ([Selanders, 2005d](#)).

Nightingale, Advocacy, and 21st Century Leadership

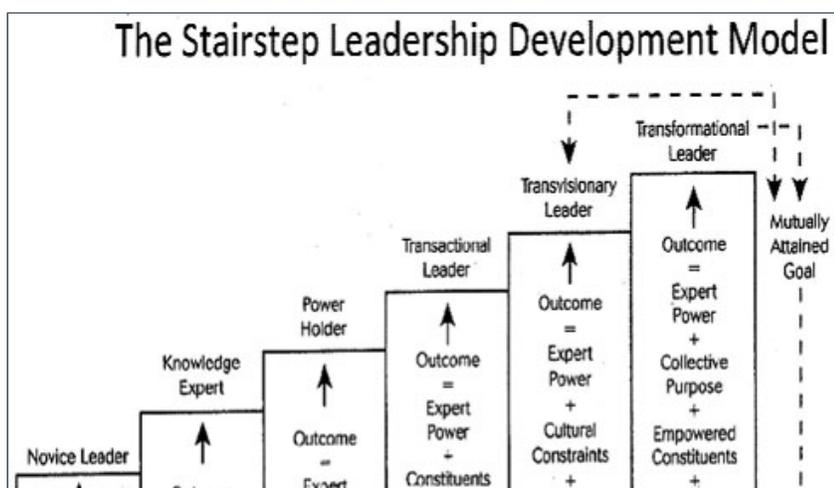
Nightingale's lasting legacy is a composite of her accomplishments and her vision of what can and should be undertaken by the profession. She wrote prolifically and demonstrated methods that were effective. Her lessons have

become the roadmap for future generations.

Perhaps the most significant and enduring of Nightingale's contribution to nursing is learned not by reading one document, but rather by synthesizing the entire body of literature that she wrote regarding nursing. From this body of literature can be extracted nursing's foundational philosophical base (Selanders, 2005a). [The Table](#) summarizes the major referents defined by Nightingale as essential to nursing practice, education, and research.

Table: Nightingale's Philosophical Referents for Professional Nursing	
The general nature of nursing:	
▷	Nursing is defined as a unique profession that is both art and science
▷	The basic nursing activity is the alteration of the internal and external nursing environment
▷	Nursing is autonomous within the defined scope of practice
▷	Nursing is collaborative with all other healthcare professions
▷	The goal of nursing is to foster health within the patient
▷	Individuals are complex, holistic beings
▷	The power of nursing comes from decision-making activities based on empirical observation of the patient
▷	The practice of nursing should not be limited by gender, spiritual beliefs, or values
▷	The nurse should be allowed to develop to the maximum of his or her potential
The nature and value of nursing education:	
▷	Nursing has specialized educational requirements with theoretical and clinical components
▷	Nurses should be educated by nurses who specialize in education
▷	Nurses should have a grounding in basic sciences
▷	Nursing education should be controlled by the school, not the hospital
▷	Students are to be regularly evaluated and apprised of this evaluation during the course of the education
The nature of nursing research:	
▷	The most basic element of research is empiricism
▷	The nurse should be the primary investigator of nursing phenomena
▷	Statistics provide the basis for logical and factual argument

Nightingale understood the value of and the methods for achieving visionary leadership. She repetitively utilized techniques which have been developed as the *stairstep leadership development model* (Figure). This paradigm blends the ideas of Nightingale with the current leadership terminology of Burns (1978, 2003), who identified the relative merit of leadership outcomes, with the 'novice-to-expert' concept of Benner (2000) which focuses on the necessity of building leadership skills.



The goal of this stairstep leadership development model is to identify a progression of stages through which individuals achieve positive leadership behaviors over time. This model does not assume that an individual holds a formal leadership position in order to demonstrate leadership; rather, it assumes that all nurses are leaders by virtue of assuming the role of nurse. The ultimate goal of this model is that leaders and followers achieve a mutually defined goal with collective purpose and long-term effectiveness ([Selanders, 2005d](#)).

...transformational leaders seek to create long-term or permanent change through the mutual identification of goals between individuals and the organization.

The first three steps of the model identify the progression from novice nurse to someone who is experienced in a specific realm of nursing. This is consistent with Benner's ([2000](#)) model. This progression may be repeated multiple times as the nurse moves from position to position. Additionally, it supports the idea that leaders are developed rather than the belief that some have innate leadership capabilities while others do not ([Broome, 2011](#)).

Expected outcomes of the model are that an individual ultimately will assume the characteristics of either a transvisionary or transformational leader. Burns ([1978, 2003](#)) has defined these levels. Transactional leaders tend to exchange valued commodities, such as exchanging work for pay. This is often coercive in nature, and while perhaps effective for the short term, does not achieve long-term results. Conversely, transformational leaders seek to create long-term or permanent change through the mutual identification of goals between individuals and the organization. This is effective in achieving change that has lasting value.

Transvisionary leadership is an appropriate goal when the leader is able to envision a new or unusual change that may not be fully understood by constituents. This is effective in setting insightful goals within an organization that is experiencing new initiatives and outcomes. This is the mode that Nightingale innately chose to use out of necessity when moving nursing from a disorganized and ill-conceived occupation to a profession. A transvisionary leader relies on both expert power and opportunity to achieve results. As the leader attains effective outcomes and the goals become recognized as sound and accepted, the leadership style may move from the transactional to the transformational mode ([Selanders, 2005d](#)).

Transvisionary leadership is an appropriate goal when the leader...envision[s] a new or unusual change that may not be fully understood by constituents.

Summary

Nightingale demonstrated that advocacy is what gives power to the caring nurse.

Nursing has never been simple, nor is serving as a patient advocate. However, nursing has embraced advocacy as a professional construct. Advocacy includes a complex interaction between nurses, patients, professional colleagues, and the public. Nightingale's experiences in nursing demonstrated to her the value of advocating for nurses and patients. She embraced an egalitarian value system and utilized leadership techniques to create change in nursing. Nightingale demonstrated that advocacy is what gives power to the caring nurse.

Authors

Louise C. Selanders, RN, EdD, FAAN
E-mail: selander@msu.edu

Dr. Louise C. Selanders is a professor in the College of Nursing at Michigan State University (MSU) and Director of the MSU Nursing Master's Program. She has extensive teaching experience in undergraduate, graduate, and lifelong education programs. Each summer, she coordinates and teaches a study abroad program in England which emphasizes the historical origins of modern, western nursing as applicable to modern practice. Dr.

Selanders is internationally recognized as a Nightingale historian and scholar. She is co-author of *Florence Nightingale Today: Healing, Leadership, Global Action*, which received the 2005 American Journal of Nursing Book of the Year Award. She holds degrees from MSU, East Lansing, MI; Adelphi University, Garden City, NY; and Western Michigan University, Kalamazoo, MI.

Patrick C. Crane, MSN, RN

E-mail: Patrick.crane@hc.msu.edu

Patrick Crane is an instructor at the Michigan State University (MSU) College of Nursing in East Lansing, MI. He currently teaches both in the MSU undergraduate nursing curriculum and in a study abroad course in London, England. This course focuses on the history of nursing, as well as the education and regulation of nurses in the United Kingdom as compared to nurses in United States. He has earned both his BSN and MSN from MSU and is currently a Doctor of Nursing Practice student at Wayne State University in Detroit, Michigan. He has addressed the role of Nightingale in the development of contemporary nursing practice through publications and presentations at national and international conferences.

References

Adern, P. (2002). *When matron ruled*. London: Robert Hale.

American Nurses Association. (n.d.). *Advocacy*. Retrieved from: www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Advocacy.aspx

Baly, M. (1986). *Florence Nightingale and the nursing legacy*. Kent, England: Croom Helm.

Benner, P. (2000). *From novice to expert: Excellence and power in nursing practice*. Upper Saddle River, NJ: Prentice-Hall.

Bostridge, M. (2008). *Florence Nightingale: The woman and the legend*. London: Penguin.

Broome, M. (2011). Leadership: Old concept, new visions. *Nursing Outlook*, 59, pp. 253-255.

Burns, J.M. (1978). *Leadership*. New York: Harper Torchbooks.

Burns, J.M. (2003). *Transforming leadership: A new pursuit of happiness*. New York: Grove Press.

Calabria, M & Macrae, J. (Eds.). (1994). *Suggestions for thought by Florence Nightingale: Selections and commentaries*. Philadelphia: University of Pennsylvania Press.

Cook, E. (1913). *The life of Florence Nightingale*. (Vol 1). London: Macmillan and Co.

Dossey, B.M. (2000). *Florence Nightingale: Mystic, visionary, healer*. Springhouse, PA: Springhouse.

Dossey, B., Selanders, L., Beck, D., & Attewell, A. (2005). *Florence Nightingale today: Healing, Leadership, Global Action* Silver Spring, MD: American Nurses Association.

Gill, G. (2004). *Nightingales: The extraordinary upbringing and curious life of Miss Florence Nightingale*. New York: Ballantine Books.

Goldie, S. (Ed.) (1987). *"I have done my duty": Florence Nightingale in the Crimean War 1854-56*. Manchester, UK: Manchester University Press.

Goldmark, J. (1923). *Nursing and nursing education in the United States*. New York: MacMillan.

Godden, J. (2010). The dream of nursing the empire. In S. Nelson & A.M. Rafferty (Eds). *Notes on Nightingale: The influence and legacy of a nursing icon*. London: ILR Press.

Hamric, A. (2000). What is happening to advocacy? *Nursing Outlook*, 48, 103-4.

Illustrated Oxford Dictionary. (1988). *Advocacy*. New York, NY: Oxford University Press.

- Mowbray, P. (2008). *Florence Nightingale and the Viceroy's*. London: Haus Books.
- National League of Nursing League of Nursing Education. (1937). *A curriculum guide for schools of nursing*. New York: National League of Nursing Education.
- Nightingale, F. (1851). *The institution of Kaiserswerth on the Rhine*. London: London Ragged Colonial Training School.
- Nightingale, F. (1859a/1978). *Cassandra*. In R. Strachey. *The cause*. London: Virago, pp. 395-420.
- Nightingale, F. (1859b/1982). *Notes on hospitals: Being two papers read before the National Association for the promotion of Social Science at Liverpool in October, 1858*. London: John W. Parker and Son.
- Nightingale, F. (1860/1982). *Notes on nursing: What it is and what it is not*. London: Harrison.
- Nightingale, F. (1893/1949). Sick nursing and health nursing. In I. Hampton (Ed.), *Nursing the Sick – 1893* (pp. 24-43). New York: McGraw-Hill.
- Nightingale, F. (1895a). Nursing: Training of. In R. Quain (Ed). *A Dictionary of Medicine* (pp. 231-2374). New York:; D. Appleton and Company.
- Nightingale, F. (1895b). Nursing the sick. In R. Quain (Ed). *A Dictionary of Medicine* (pp. 237-244). New York:; D. Appleton and Company.
- Scott, J. (1853, July 23). Benevolent institutions: Establishment for gentlewomen during illness. *The Pen*, 80.
- Selanders, L. C. (2005a). Nightingale's foundational philosophy for nursing. In D.B. Dossey, L.C. Selanders, D.M. Beck & A. Attewell. *Florence Nightingale today: Healing, leadership, global action* (pp.66-74). Silver Spring, MD: American Nurses Association.
- Selanders, L. C. (2005b). Leading through theory: Nightingale's Environmental Adaptation Theory of Nursing Practice. In D.B. Dossey, L.C. Selanders, D.M. Beck & A. Attewell. *Florence Nightingale today: Healing, leadership, global action*. Silver Spring, MD: American Nurses Association.
- Selanders, L.C. (2005c). Florence Nightingale, dirt and germs. In D.B. Dossey, L.C. Selanders, D.M. Beck & A. Attewell. *Florence Nightingale today: Healing, leadership, global action* (pp. 107-113). Silver Spring, MD: American Nurses Association.
- Selanders, L.C. (2005d). Social change & leadership: Dynamic forces for nursing. In D.B. Dossey, L.C. Selanders, D.M. Beck & A. Attewell. *Florence Nightingale today: Healing, leadership, global action* (pp. 81-89). Silver Spring, MD: American Nurses Association.
- Selanders, L., Lake, K. & Crane, P. (2010). From charity to caring: Nightingale's experience at Harley Street. *Journal of Holistic Nursing*. 28, 284-290.
- Small, H. (1998). *Florence Nightingale: Avenging angel*. London: Constable and Co.
- Stark, M. (1979). *Cassandra: An essay by Florence Nightingale*. New York: The Feminist Press.
- Vaario, H. & Leino-Kilpi, H. (2004). Nursing advocacy – A review of the empirical research 1990-2003. *International Journal of Nursing Studies*, 42, 705-714.
- Verney, H. (1970). *Florence Nightingale at Harley Street: Her reports to the Governors of her nursing home 1853-4*. London: W.P. Griffith & Sons Ltd.
- Woodham-Smith, C. (1983). *Florence Nightingale 1820-1910*. New York: Atheneum.

Related Articles

Advocating Globally to Shape Policy and Strengthen Nursing's Influence

David Benton, BSc, MSc, MPhil, RGN, RMN, FRCN (January 31, 2012)

Patient Advocacy in the Community and Legislative Arena

Mary A. Maryland, PhD, MSN, APN-BC; Rose Iris Gonzalez, PhD, RN (January 31, 2012)

Role of Professional Organizations in Advocating for the Nursing Profession

Jennifer H. Matthews, PhD, RN, A-CNS, CNE, FAAN (January 31, 2012)

Advocating for Nurses and Nursing

Karen Tomajan, MS, RN, NEA-BC (January 31, 2012)

Follow Us on:



© 2012 The American Nurses Association, Inc. All Rights Reserved
American Nurses Association - 8515 Georgia Avenue - Suite 400 - Silver Spring, MD 20910
ISSN: 1091-3734 | 1-800-274-4ANA | Copyright Policy | Privacy Statement

Patient Advocacy in the Community and Legislative Arena

[Mary A. Maryland, PhD, MSN, APN-BC](#)

[Rose Iris Gonzalez, PhD, RN](#)

Abstract

Nurses have hundreds of patient experiences upon which to draw in order to impact public policy. It is our obligation to strengthen skills that enable us to influence public policy so we can better serve patients. This article provides examples of how nurses can translate their hands-on experience with patients into steps that will influence policy. We begin by [describing advocacy](#) and providing examples of how nurses can [advocate in the community](#), specifically in economic matters and the educational and healthcare systems. Then we describe the [process for advocating in the legislative arena](#). We [conclude](#) by noting that the public needs the voice of nursing in public policy and that now is the time to move forward to advocate for patients in these various arenas.

Citation: Maryland, M., Gonzalez, R., (January 31, 2012) "Patient Advocacy in the Community and Legislative Arenas" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 2.

DOI: 10.3912/OJIN.Vol17No01Man02

Key words: advocate, school nurse, public policy, bill, amendment, bipartisan, community health, legislative arena, healthcare economics, educational system, healthcare system

Registered nurses can impact public policy through advocacy from a unique vantage point. Clinical experiences provide real-life examples illustrating the needs of patients and the outcomes of public policy on patient morbidity and mortality. Nurses should not underestimate their ability to influence access to appropriate, efficient, and effective quality care. They are in excellent positions to share with various constituencies the importance of appropriate healthcare services available to all United States (U.S.) citizens and residents.

Clinical experiences provide real-life examples illustrating the needs of patients and the outcomes of public policy on patient morbidity and mortality.

Healthcare cost, access, and quality outcomes are a large part of many political agendas ([National Health Expenditure Data, 2008](#)). Although elected officials frequently are tasked with taking positions on various healthcare proposals, it is nurses who understand healthcare issues and are trusted by patients and the public. It is important that they prepare themselves to take legitimate seats at the various tables where healthcare decisions are made so they can incorporate experiences and insights into the healthcare dialogue.

In this article we will describe advocacy and provide examples of how nurses can advocate in the community, specifically in economic matters and the educational and healthcare systems. We will also describe the process for advocating in the legislative arena. We will note in conclusion that the public needs the voice of nursing in public policy and that now is the time to move forward to advocate for our patients in these various arenas.

Advocacy Described

When nurses have the ability to share experiences and insights with public and elected officials, they can advocate for patients and families effectively and become a powerful force in the policy-making process.

Advocacy involves the process of persuading someone to at least consider one's point of view. The role of the nurse as an advocate in healthcare policy is not a new one. Historically, from the time of Florence Nightingale, the nurse has been the person who has identified patient needs and sought ways to have these needs met. The many opportunities nurses have to observe first-hand the positives and negatives of the current healthcare system enable them to identify needs and concerns related to the care patients currently receive (or don't receive). Additionally, nursing continues to be ranked highest among the various professions in terms of being the most trusted ([Porter-O'Grady & Malloch, 2011](#)). When nurses have the ability to share experiences and insights with public and elected officials, they can advocate for patients and families effectively and

become a powerful force in the policy-making process. Whether nurses are advocating for increased access to immunizations or increased funding for education, the respect they already have strengthens their ability to persuade elected officials and other 'gatekeepers' to create the needed changes regarding patient care and services in a variety of arenas.

Although experience can highlight issues, alone it does not offer sound solutions. Nurses also need the ability to analyze these experiences so they can propose sound changes and persuade the elected officials and other gatekeepers to accept these changes. They need to develop skills that enable them to participate in the public policy process.

Advocating in the Community Arena

The following sections will give examples illustrating how nurses can develop and use their skills to advocate effectively in the community to persuade those in positions of power and authority to meet the needs of patients and their families. These arenas include economic matters and the educational and healthcare systems.

Economic Matters

The cost of healthcare continues to rise making it difficult, if not impossible for some patients to receive the care they need. Families are often willing to share with the nurse the difficulty they are experiencing in obtaining needed treatments due to the costs of these treatments. Conversations with patients, neighbors, and the general public can highlight these situations and help nurses address inadequate funding and the effect of this inadequacy on patients' failure to receive appropriate healthcare services ([Institute of Medicine, 2010](#)). Indeed a small amount of effort on the part of the nurse can pay enormous dividends in terms of helping patients obtain the healthcare resources they need.

Families are often willing to share with the nurse the difficulty they are experiencing in obtaining needed treatments due to the costs of these treatments.

One example in which the broader community has already addressed inadequate healthcare funding is that of prescription drug costs. Many healthcare providers can share how patients have told them they need to limit the frequency with which their prescriptions are filled because they can't afford the co-payments or because they simply lack of knowledge regarding how to obtain discounts or community resources to fill their prescriptions. Nurses may be aware of a number of resources, either within the immediate community or within pharmaceutical companies themselves, that can assist those who have difficulty paying for their prescribed medications. These resources may include programs in local stores that offer significant cost savings in terms of pricing for prescription medications. One specific example is that of a national chain store currently offering a 30 day supply of a number of common medications for \$4.00, or a 90 day supply of select medications for \$10.00 ([Walmart, n.d.](#)). Nurses can advocate for patients by sharing this information with their patients, and if necessary, persuading a specific pharmacy to match these prices for a patient, thus enabling patients to receive the medications they need.

Another example of how nurses can assist patients to overcome economic barriers to healthcare involves cancer care services. Cancer care is a prime

Cancer care is a prime area where individual nurse advocacy can play an important role in outcomes for patients and their families.

for patients and their families. Cancer treatments typically require long-term intervention even though treatments can be episodic. The cost of this care may create an extreme burden for a patient and family with limited resources. In such situations a nurse can advocate by sharing with elected officials and other gatekeepers the high cost of some cancer treatments, the burden this cost places on patients and families, and the need to relieve some of this cost burden. The nurse might also discuss with individual patients or groups ways to obtain lower prices when looking for ways to meet both the physical and the emotional care needed while receiving treatment for cancer. A nurse might be able to share treatment resources available through not-for-profit groups, such as the American Cancer Society, both with patients and with nurses through workshops and/or seminars. These may seem like simple

acts, yet they can have a profound impact on patient outcomes and quality of life.

Although Medicare Part D has helped to address some concerns regarding the high cost of prescription drugs for seniors, the costs of medications continue to be a major concern for many patients. Nurses can advocate for patients by helping patients do the research needed to fit a given situation. Specifically, they can help to develop a basis for comparison of one drug over another, including cost as one of the factors to consider. The nurse might also teach patients how to ask their provider whether there are prescription preparations that are combinations of drugs and whether such preparations might offer cost savings. For example, if the patient is currently taking both a blood pressure medication and a diuretic, the nurse may help to advocate by asking the provider to consider a combination medication that would eliminate one prescription. If the provider has access to prescription drug samples, the nurse might also work to persuade the provider to give the patient medication samples to tide the patient over until the prescription can be filled. Medication samples can provide an important safety net for patients; they can be the difference between patients not taking needed medications and patients continuing to control their health problem.

The Educational System

Nurses can impact the quality of healthcare by advocating for an adequate number of school nurses in the primary and secondary school systems. In many cases the number of students that a school nurse is expected to care for can be overwhelming ([National Association of School Nurses \[NASN\], 2010](#)). It is not uncommon in some parts of the US for the school nurse to be responsible for the care of students in more than one school, thus compromising the care that is offered because the ratio of school nurses to students exceeds national standards ([NASN, 2010](#)). In these situations school nurses themselves can become involved in the community and/or attend school board meetings to share the negative impact of not having enough nurses to monitor students' health status. It is important that school nurses share this concern with the community and use their knowledge and expertise to educate and advocate for change. They can advocate for this concern to be addressed with school principals, parents, teachers, and school boards. Data could be used to build a case and demonstrate that on the days a school nurse is not available, healthcare decisions may be deferred to staff who are not qualified to give direction on healthcare issues, thus compromising the safety and quality of care for students ([NASN, 2010](#)). By educating students, parents, and school administrators, the nurse can help them become great allies to effect needed changes to strengthen healthcare services for students in the school system.

By educating students, parents, and school administrators, the nurse can help them become great allies to effect needed changes to strengthen healthcare services for students in the school system.

Working collaboratively with educational institutions of higher learning can improve healthcare in the community by leveraging a relationship with an academic institution. Consider a situation in which a public health clinic needs additional staff and a local nursing program is experiencing a shortage of nursing faculty. Nurses from both the clinic and the nursing program could advocate for their administrators to develop a collaborative relationship that would meet immediate patient care needs and provide a resource necessary to meet the need for an adequate supply of future nurses. This would happen if nursing students could be assigned to the clinic both to gain experience in clinic nursing and to provide needed care while one of the qualified clinic nurses served as the faculty for these students.

The Healthcare System

...it is critical that nurses gain a broad understanding

Additionally, nurses can impact healthcare through their relationships and experiences in their various healthcare work settings. Perhaps a given community healthcare institution is considering a remodeling or expansion project. If a public forum, sometimes called a hearing, is called to facilitate public discussion about the proposed

of the different projects in their agencies and in their community that may be seeking funding in order to better influence the public debate about healthcare resource distribution.

remodeling/expansion of services at an individual healthcare center, nurses who work together as a group could attend such a hearing and offer information about why the proposed project would be a good idea. Nurses could highlight, based on experiences, the benefits of the project. They might explain how the quality of services would be enhanced if, for example, a new area was built to replace an aging, out of date and/or overcrowded section of the facility. They could describe the potential impact of the project on patient care, including length of time to receive services; concerns regarding scheduling issues; and expected benefits of the project such as improved patient care, quality outcomes, and patient satisfaction.

Frequently, funding for important healthcare services and projects competes with funding for other important projects, such as education and infrastructure development. Therefore it is critical that nurses gain a broad understanding of the different projects in their agencies and in their community that may be seeking funding in order to better influence the public debate about healthcare resource distribution. In so doing they will help patients secure the resources and care they need to be healthy.

Advocacy in the Legislative Arena

Providing information to elected officials can be a source of significant influence and reward. As a member of the nursing profession involved in the policy development process, the nurse has the opportunity and the responsibility to provide accurate and up-to-date information. This opportunity requires that the nurse be prepared to discuss the issues factually, that information be based on credible research, and that facts be double checked and presented in a succinct manner using easily understandable language. The approach must be cordial and given in a spirit of cooperation with the hope of achieving the desired outcome or at least an acceptable compromise.

An elected official who is well respected and who sits on a key committee can carry significant weight in this process and can best facilitate the bill's advancement.

A variety of resources provide information related to how our laws are made. One resource is Project Vote Smart ([2010](#)). For discussion purposes, we will provide below a broad, general overview of the process by which laws are made. However do note that the U. S. Congress and each State Legislature all have their own specific rules. For more information regarding specific rules, please refer to each individual website. The U.S. Constitution Online ([2010](#)) provides the rules for the U.S. Congress.

The first step in the legislative process is for an individual to desire to address a certain issue or problem. The issue may be as simple as a desire to give public recognition to a person or event or else an issue of a more complex nature. That desire or idea needs to be communicated to a legislator or staff member who believes the idea or issue is worth addressing through the legislative process and who will work with legal counsel to develop a bill. Once the bill is developed, the legislator will approach colleagues to garner support for its introduction. A bill is usually introduced only after some support for the proposed piece of legislation has been secured. An elected official who is well respected and who sits on a key committee can carry significant weight in this process and can best facilitate the bill's advancement.

It is often the case that the more co-sponsors garnered, in a bipartisan way, the greater the likelihood the bill will advance.

The good news is that nurses can be the impetus for the introduction of new bills. Typically this would mean the nurse would need to find an elected official who is willing to listen to her/his idea. Consider the example of a bill related to implementation of the advance practice registered nurse (APRN) Consensus Model in your state. A state legislator in either the House or the Senate could take up the cause. This process usually involves multiple meetings with the legislator or the legislative assistant; it will culminate with the crafting of what will become a bill in support of the APRN Consensus Model. It is often the case that the more co-sponsors garnered, in a bipartisan way, the greater the likelihood the bill will advance. Seniority of the elected official seeking to advance the bill may be also play a role.

Nurses can help facilitate these steps of getting a sponsor, making the proposal, and persuading potential co-sponsors to sign on with their support. Because elected officials are not typically healthcare providers, the nurses' real life experiences and commitment to the cause will be essential for a successful outcome.

All proposals are identified as either House bills or Senate bills and they become part of the legislative record for that session. If a bill has significant support and is presented successfully, it can be sent to either the House or the Senate for consideration. Next bills are reviewed in Committee. Sometimes the assigned committee can be critical in terms of making changes or amendments, based on the committee's knowledge of the potential constituent concerns ([The U.S. Constitution Online, 2010](#)).

Many organized groups, including nurses, have lobbyists who are experts in navigating the complex legislative process. On a rare occasion, a bill can sail through the legislature. Most commonly, however, bills have a longer process and require public hearings. These hearings provide an opportune time for nurses to gather other like-minded nurses and supporters to present what is called 'testimony' on behalf of the specific piece of proposed legislation. If public testimony is solicited, then notification of the scheduled hearing must be provided. The scheduling of the date for the testimony needs to be known fairly well in advance so that persons or organizations desiring to be heard are given the opportunity to do so. Typically on the state level, once notice is provided, an individual may participate and share their concerns or support for the legislative proposal under consideration.

This is considered testifying before the committee. On the federal level, an individual must be invited by a legislator to participate in the hearing. Those serving as formal witnesses are expected to provide expert comments (testimony) regarding the issue under consideration. They are given set time parameters and instructions as to the information the Committee is seeking. This process becomes an opportunity to support/oppose the legislation. It also provides an opportunity to propose changes in the language of the bill. Finally, the public testimony process allows legislators the opportunity to hear both sides of an issue and get their questions or concerns addressed.

Nurses can help facilitate these steps of getting a sponsor, making the proposal, and persuading potential co-sponsors to sign on with their support.

Once a committee of elected officials reviews a bill or proposed legislation, usually after the hearing process is completed, it can move forward. There are some procedural maneuvers that can be implemented so that a bill is not called, or is temporarily postponed, or is postponed indefinitely. However, if a bill is considered and has successfully passed either the House or the Senate it can then move to the other chamber. There are several calendars for legislative activities; and it is the decision of the Speaker of the House or the Senate Majority Leader to determine the order in which bills will be debated.

The legislative process is one of negotiation and consensus...It is important for nurses to be sure that they've established coalitions in support of their proposed legislation well in advance of even seeking support from a member of the House or Senate

The process of actual voting is not particularly complex. Legislators are given two choices up or down (for or against). The voting can be completed electronically or by means of a voice or roll call vote. The decision regarding a voice or roll call vote is a privilege of the House or Senate members and can be requested at their discretion. Once a bill has been approved by either the House or the Senate, it is sent to the other chamber where the same process and tracking of approval or disapproval occurs. If either of the chambers passes a bill which has been amended, then any changes from the original language in the bill must be reconciled with the other chamber. The House or Senate can decide to adopt the amended bill or they can choose to establish a conference committee to work out the differences in the legislative language. The conference committee is comprised of representatives from either chamber who are appointed by their respective chamber to negotiate a compromise that both chambers would be willing to adopt.

On the state level, once successfully negotiated with both the House and Senate, and adopted by both houses, the bill can be sent to the Governor. If the Governor signs the bill, it becomes law. There is the option for no action to be taken when the legislature is in session. If indeed there is opposition to the bill, the Governor has the option to hold it. If the Governor takes no action on the bill submitted within 10 days of the legislature's adjournment, the bill is considered dead. On rare occasions the legislature can attempt to override a gubernatorial decision, in other words, override a veto. However, doing so requires a two thirds vote after a quorum of the chambers in both the Senate and House has been established. This bar to override a veto is conspicuously and deliberately high. As you can see, the legislative process is a difficult, tortuous, and time-consuming process that can be influenced by a number of external forces. The process alone makes it difficult to create new laws. Because state laws differ, it is important that nurses refer to their own state legislative website to get the most accurate information regarding their legislative process.

It is important for nurses to be sure that they've established coalitions in support of their proposed legislation well in advance of even seeking support from a member of the House or Senate ([The U.S. Constitution Online, 2010](#)). This step can ease the way towards introducing the bill. There can be more than one sponsor on a piece of legislation and co-authoring bills is a popular strategy among many legislators. If there is good bipartisan support, and if the nursing community has come together around the proposed legislation, the process to move it forward can be significantly shorter and easier.

If there is good bipartisan support, and if the nursing community has come together around the proposed legislation, the process to move it forward can be significantly shorter and easier.

Having the right sponsor for a piece of legislation does not ensure all will be smooth sailing. Frequently on significant but controversial issues there are equal numbers of people who are mobilizing their forces in opposition. The legislative process is one of negotiation and consensus. The lack of a vote on a piece of legislation that nurses support may be a temporary setback but not necessarily an indication that the 'game' is 'over.' There will be another opportunity, perhaps in the next session, to perfect the proposed legislation and try again. A renewed effort, great sponsors, bipartisan support, and hard work may prevail in getting the legislation passed at a later date.

Conclusion

Our perspectives as nurses, our experience in patient care, and our passion for quality care are valuable tools for creating change.

Nurses have the knowledge, experience, and skills to be excellent advocates. This article has provided examples demonstrating how a nurse can create change by engaging in the advocacy process in the community to impact healthcare access, cost, and quality. It has also provided an overview of a state legislative process, offering specific advocacy strategies to enable readers to become effective advocates in legislative arenas. The skills nurses need to become successful advocates include the ability to develop a clear and broad understanding of the issues, to know the players, and to know how their proposed solution will impact the problem being addressed. As noted above, nursing is the most trusted profession. Yet nurses need to earn this position of honor, respect, and trust every day. Similarly in the policy-making arena, trust is of paramount importance and needs to be earned.

As authors we hope this information has been sufficient to entice you to get involved and become an advocate for your patients both in your community and in the broader legislative arena. Nurses have much to offer: their knowledge, tenacity, public support, and the courage of their convictions. Our perspectives as nurses, our experience in patient care, and our passion for quality care are valuable tools for creating change. Now is the time to move forward and advocate for patients in these various arenas. The public needs our voice!

Authors

Mary A. Maryland, PhD, MSN, APN-BC
E-mail: mmaryland94@aol.com

Dr. Mary Maryland, a board-certified adult nurse practitioner, is currently the American Cancer Society Clinical Nurse Navigator for Loyola University (Maywood, IL) Health System. Her research interests include primary care, health promotion, and disease prevention. She has held nursing positions in academia, administration, and direct patient care.

Her current professional contributions include service as a Health Resources and Services Administration (HRSA) grant reviewer, a member of the Joint Commission's Ambulatory Professional and Technical Advisory Committee (PTAC); the National Quality Forum Healthcare Disparities and Cultural Competency Consensus Standards Steering Committee; and the American Hospital Association Health Research & Education Trust (HRET) Institutional Review Board. She is an active researcher with the University of California (San Francisco)

International HIV/AIDS Nurses Network.

Dr. Maryland is a past member of the Board of Directors for the American Nurses Credentialing Center and the American Nurses Foundation, and a past board member and vice-chair of the American Nurses Association Political Action Committee (PAC). Additionally, she has 22 years of service as a volunteer for the American Cancer Society Illinois Division. She currently serves on the Board of Directors for the University of Illinois Alumni Association and on the Andrews University Department of Nursing Advisory Board in Berrien Springs, Michigan. She is also a member of the Editorial Advisory Board of *OJIN: The Online Journal of Issues in Nursing*.

Mary provided testimony in Washington, DC before Speaker Nancy Pelosi for the Congressional Committee looking at the Health Insurance Reform proposal component of the Affordable Care Act. She is a founding member of Congressman Danny K. Davis' 7th Congressional District Healthcare Task Force.

Dr. Maryland earned her Master of Science in Nursing from Governors State University (University Park, IL) with a focus on nursing administration, and her postmaster's certificate as an adult nurse practitioner at North Park University in Chicago. She received her PhD in Nursing Science/Public Health from the University of Illinois at Chicago.

Rose Iris Gonzalez, PhD, RN

E-mail: Roseig@comcast.net

Dr. Gonzalez has worked in the Government Affairs Department at the American Nurses Association (ANA) for more than 17 years, and has served as the Director of Government Affairs for the past 11 years. In this role she oversees the department that lobbies both the Executive Branch of the United States (U.S.) government and the U.S. Congress on issues important to nursing. These issues include nursing workforce development programs, staff nurse issues, and issues of concern to Advanced Practice Nurses. Dr. Gonzalez coordinates the work of the ANA-Political Action Committee which provides funding for candidates running for political office on the federal level and also the Nurses Strategic Action Team (N-STAT), ANA's grassroots program, along with ANA's State Government Affairs Program, which serves as a resource and provides strategy on state legislation to ANA's state nurses' associations. These responsibilities allow for an integrated approach to Federal and State legislative activities.

Before coming to ANA, Dr. Gonzalez served as the Acting Executive Secretary of the New York State (NYS) Boards for Optometry and Veterinary Medicine and prior to that worked with the NYS Board of Nursing. She has held various positions in nursing and worked in a variety of healthcare settings. She has a BSN degree from Mount Saint Mary College and a Master's of Professional Studies degree with a concentration in healthcare administration from the State University of NY in New Paltz. In August 2011, she earned a PhD in Nursing from George Mason University, Fairfax, VA.

References

Institute of Medicine of the National Academies. (2010). *The future of nursing: Leading change, advancing health*. Retrieved from www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

National Association of School Nurses. (2010). *New student – to – school nurse ratios new 2009 ratio ruler shows disparities in public schools throughout the nation*. Retrieved from www.nasn.org/.

National health expenditure data. (2008). Retrieved from www.CMS.HHS.gov/national_health_expand_data/downloads/project_2008.pdf

Porter-O'Grady, T., & Malloch, K. (2011). *Quantum leadership advancing innovation transforming healthcare*, 3rd ed. Sudbury, MA: Jones and Bartlett Learning,

Project Vote Smart. (2010). *Government 101: How a bill becomes law*. Retrieved from www.votesmart.org/resource%20govt101_02.101%20_02

The U.S. Constitution Online. (2010). *Constitutional topic: How a bill becomes law*. Retrieved from www.usconstitution.net/const.html

Walmart Corporate. (n.d.) *Affordable prescription program*. Retrieved from <http://walmartstores.com/HealthWellness/8247.aspx>

Related Articles

Advocating Globally to Shape Policy and Strengthen Nursing's Influence

David Benton, BSc, MSc, MPhil, RGN, RMN, FRCN (January 31, 2012)

Role of Professional Organizations in Advocating for the Nursing Profession

Jennifer H. Matthews, PhD, RN, A-CNS, CNE, FAAN (January 31, 2012)

Advocating for Nurses and Nursing

Karen Tomajan, MS, RN, NEA-BC (January 31, 2012)

The Voice of Florence Nightingale on Advocacy

Louise C. Selanders, RN, EdD, FAAN; Patrick C. Crane, MSN, RN (January 31, 2012)

Follow Us on:



Role of Professional Organizations in Advocating for the Nursing Profession

[Jennifer H. Matthews, PhD, RN, A-CNS, CNE, FAAN](#)

Abstract

Professional organizations and associations in nursing are critical for generating the energy, flow of ideas, and proactive work needed to maintain a healthy profession that advocates for the needs of its clients and nurses, and the trust of society. In this article the author [discusses the characteristics of a profession](#), [reviews the history of professional nursing organizations](#), and [describes the advocacy activities of professional nursing organizations](#). Throughout, she explains how the three foundational documents of the nursing profession emphasize nursing advocacy by the professional organizations as outlined in the American Nurses Association *Code of Ethics for Nurses With Interpretive Statements*. The author [concludes](#) by encouraging all nurses to engage in their professional organizations and associations, noting how these organizations contribute to the accountability and voice of the profession to society.

Citation: Matthews, J., (January 31, 2012) "Role of Professional Organizations in Advocating for the Nursing Profession" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 3.

DOI: 10.3912/OJIN.Vol17No01Man03

Key words: advocacy, profession, professional association, professional organization, roles, code of ethics for nurses, social policy, standards of practice, scope of practice

Early on, certain individuals within each society began providing care and nourishment for those who were unable to care for themselves. As these individuals became 'care experts,' they began to share with others the practices that worked for them and to train others as apprentices who would someday carry on their work. The evolution of modern nursing from a vocation, to the discipline and profession of nursing, began in the late 1800s as Florence Nightingale articulated her views about how nurses should be trained and educated and how patient care should be provided ([Hegge, 2011](#)).

The first training school for nurses in the United States (US) opened in 1873. Twenty years later nursing school administrators felt the time had come to network and share their best practices related to teaching the newly formed discipline of nursing. These nursing administrators formed the American Society of Superintendents of Training Schools for Nurses to establish and maintain a universal standard for training nurses; this society later became the National League for Nursing (NLN) (See [Table 1](#)). By 1896, graduate nurses were beginning to seek consistency, specifically in regard to standards in nursing education and competency in nursing practice. Nursing school alumni came together and formed a national organization designed to elevate the standards of nursing education, establish a code of ethics, and promote the interests of nursing. This organization, originally known as the Associated Alumnae of Trained Nurses of the United States and Canada, was renamed the American Nurses Association (ANA) in 1911 ([ANA, 2009](#)). Thus, the formal foundations were laid for the profession of nursing, and for the interests of professional nurses and all of society.

The purpose of this article is to describe the role of professional nursing organizations in advocating for the nursing profession and for nurses. I will discuss the characteristics of a profession, review the history of professional nursing organizations, and describe the advocacy activities of professional nursing organizations. Throughout, I will explain how the three foundational documents of the nursing profession emphasize nursing advocacy by the professional organizations as outlined in the *Code of Ethics for Nurses With Interpretive*

Statements (ANA, 2001). Finally, I'll conclude by encouraging all nurses to engage in their professional organizations and associations, explaining how these organizations contribute to the accountability and voice of the profession to society.

Table 1. Time Line of Developments for the Nursing Profession	
Organization or Event	Year
The Bellevue Hospital School of Nursing, New York City, founded on the principles of nursing as developed by Florence Nightingale	1873
American Society of Superintendents of Training Schools for Nurses founded; this group evolved by 1952 to become the National League for Nursing	1893
Formation of the Associated Alumnae of Trained Nurses of the United States and Canada. This association became the American Nurses Association in 1911	1896
International Council of Nurses founded as the first international nursing organization	1899
Publication of ANA's première journal, the <i>American Journal of Nursing</i>	1900
Four states created Boards of Nursing and state licensure exams	1903
The National Association of Colored Graduate Nurses established	1908
The University of Minnesota became the first university- based nursing program	1909
Publication of the <i>Goldmark Report</i> addressing the quality of nursing education	1923
New York State became the first state to require RN licensure to practice	1938
A "Tentative Code" published in the <i>American Journal of Nursing</i> but not adopted	1940
<i>Code for Professional Nurses</i> unanimously accepted by ANA House of Delegates	1950
<i>Nursing Research</i> published its première issue	1952
ANA House of Delegates and Board of Directors stated that the minimum preparation for beginning professional nursing practice at the present time should be a baccalaureate degree in nursing	1965
ANA developed and published the first <i>Standards of Nursing Practice</i>	1973
ANA developed and published the first <i>Nursing: A Social Policy Statement</i>	1980
ANA developed and published the first <i>Scope of Nursing Practice</i>	1987
ANA-American Nurses Credentialing Center (ANCC) launched the Magnet Recognition Program for Nursing Excellence; re-launched the program in 1997	1993
ANA developed and published <i>Scope and Standards of Advanced Practice Registered Nursing</i>	1996
ANA opened its National Database for Nursing Quality Indicators (NDNQI) to national participation	1996
<i>Code of Ethics for Nurses with Interpretive Statements</i> accepted by ANA House of Delegates	2001
ANA published <i>Nursing: Scope and Standards of Practice</i> addressing the continuum of nursing practice	2004
Advanced Practice Registered Nurse (APRN) <i>Consensus Model</i> published by APRN Consensus Work Group and APRN Joint Dialogue Model	2008
ANA expands <i>Nursing: Scope and Standards of Practice</i> to include competencies and position on role competency	2010
Adapted with permission from ANA (2009; 2010a, Appendix E, pp 169-171)	

Characteristics of a Profession

Beginning in the 1920s, as the new field of sociology began to study societies, disciplines, and organizations, the characteristics of, and criteria for establishing 'what is a profession' were explored. The heyday of scholarly discourse on identifying the criteria for a 'profession' occurred between the 1950s and 1980s (Brante, 1988; Bucher & Strauss, 1961; Cogan, 1955; Donaldson & Crowley, 1978; MacIver, 1955; Merton, 1958; & Page, 1975). Beginning in the early 1950s leaders in nursing worked to establish nursing as a profession as well as a discipline and sought direction to support their efforts. Dr. Merton, Professor of Sociology at Columbia University, was engaged as a consultant to ANA to assist the organization to better understand the requirements of a profession (Merton, 1958). In 1958 Merton defined a professional association as "an organization of practitioners who judge one another as professionally competent and who have banded together to perform social functions which they cannot perform in their separate capacity as individuals" (p. 50). Since that time the following characteristics have come to characterize a profession (Bucher & Strauss, 1961; Cogan, 1955; Hillman, 2005; Merton, 1958):

- a basis in systematic theory - a distinct way of viewing phenomena surrounding the knowledge base of the profession
- specialized competencies and practitioners who are effective in practicing the professional role
- dedication to raise the standards of the profession's education and practice
- availability of professional education as a life-long process and mechanisms to advance the education of professionals established by the profession

- coalitions that coalesce into unified segments – known as specialties with specific missions
- authority recognized by society and the clientele of the profession
- approval of the authority sanctioned by a broader community or society
- a code of ethics to regulate the relationships between professionals and clients
- self-regulation that protects practitioners and supports disciplinary criteria and actions to censure, suspend, or remove code violators
- a professional culture sustained by formal professional associations, such that the membership may develop a biased perspective through their profession's lenses.

As nursing has developed over time it has evolved to professional status. Beginning in the 1950s and guided by Merton's directives, nurses throughout the nation have worked with ANA membership and staff to formulate three documents that are foundational elements of a profession. In nursing these three foundational documents are known as the *Code of Ethics for Nurses with Interpretative Statements* (2001), the *Social Policy Statement: Essence of the Profession* (2010a), and *Nursing: Scope and Standards of Practice* (2010b). These critical elements/statements continue to distinguish and support nursing as a profession, and to delineate its unique perspective, essence, and core processes.

As nursing has developed over time it has evolved to professional status.

History of Professional Nursing Organizations

There are over a hundred national nursing associations and many other international organizations.

Human beings have a tendency to congregate, talk among themselves, and advocate for their causes. This has certainly occurred in nursing as evidenced by the breadth and depth of the various nursing groups that seek to enhance the work of nurses generally and in their specialty areas. There are over a hundred national nursing associations and many other international organizations. The website, *Nursing Organization Links* (NOL, 2011), maintains a web-based list of organizations, yet acknowledges this list is not complete. Of the national and international organizations reviewed for this article, all but two are specialty-focused. Examples of these organizations include:

- setting-specific nursing (ambulatory, perioperative, long-term care)
- system-specific disorders or conditions (heart failure, nephrology, HIV-AIDS)
- age periods along the continuum of life (neonate, pediatric, adult, geriatric)
- ethnic- and cultural-specific (Hispanic, Black, Filipino, Male)
- graduate level and advanced practice nurse specialties (Clinical Nurse Specialists, Nurse Practitioner, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Nurse Executives and Administrators, Nurse Attorneys, Nurse Educators)
- educational-level-specific (undergraduate [NLN, American Association of Colleges of Nursing, (AACN)]; graduate and professional staff development [NLN, AACN, National Nursing Staff Development Organization]).

One might ask what occurred to bring the nursing profession from two fledgling nursing organizations (NLN and ANA) to this marked diversity of organizations. The answer lies in societal changes and increased demands on the nursing profession. Events, such as war, politics, regulation, legislation, and improved educational practices and settings, heavily influenced the direction of nursing and its practice. Regulation via licensure was an early major milestone in ensuring public safety and quality of care. In the face of war, nurses in the military developed specialty skills in trauma care and brought these critical care skills to many settings. Parallel with the development of specialization in the 1960s and 1970s, increases in practice-specific organizations developed. In the late 1970s ANA set in motion an era of change as it began discussions to restructure its constituency model. This moved the organization from the individual member model, in which specialty practice support was administered by 'sections and councils,' to the federation model, in which state nurses associations held the membership in ANA. As 'practice' sections were eliminated, nurses assembled new organizations according to specialty interests. This change coincided with ANA's support of nurse participation in unions resulting from the passage of the *National Labor Relations Act* of 1974 (personal communication June, 16, 2011, Corinne Dorsey, Committee on History, Virginia Nurses Association; [ANA, 2009](#)).

Events, such as war, politics, regulation, legislation, and improved educational practices and settings, heavily influenced the direction of nursing and its practice.

Each of more than one hundred organizations speaks for nurses and nursing, based on their mission and vision statements that are specific to their specialty interests, goals, and purposes. One national organization, the

American Nurses Association (ANA), and one international organization, the International Council of Nurses (ICN) speak to the needs of, and advocate for all nurses and the nursing profession independent of specialty areas. [Table 2](#) presents the purpose statements of these organizations.

Organization	Statement
American Nurses Association (ANA); based in Silver Spring, Maryland www.nursingworld.org/	ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and lobbying the congress and regulatory agencies on healthcare issues affecting nurses and the public. Its mission: Nurses advancing our profession to improve health for all (ANA, 2011a)
International Council of Nurses (ICN); based in Geneva, Switzerland www.icn.ch/	ICN is a federation of more than 130 national nurses associations; ANA is the U.S. representative, along with other nursing associations, representing the more than 13 million nurses worldwide. Founded in 1899, ICN is the first and most wide-reaching international organization for health professionals. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce. Its mission is to represent nursing world-wide, advancing the profession, and influencing health policy (ICN, 2011).

Advocacy Activities of Professional Nursing Organizations

Advocacy is the cornerstone of nursing – nurses advocate for patients, causes, and the profession. Our advocacy, motivated by moral and ethical principles, seeks to influence policies by pleading or arguing within political, economic, and social systems, and also institutions, for an idea or cause that can lead to decisions in resource allocation that promote nurses, nursing, and all of healthcare. In this section I will explain how the Nursing Code of Ethics strengthens nursing's position as an advocate and describe how professional associations advocate for the nursing profession, nurses, and healthcare for the citizens of the US.

Advocacy Support from the Code of Ethics

Advocacy by the profession of nursing developed within the US as visionaries, leaders, and nurses from across the nation formulated the first (and subsequent) revisions of the *Code of Ethics for Nurses with Interpretive Statements*, often referred to as the Code of Ethics, ([ANA, 2001](#); also see [Table 1](#) Timeline). The concluding statement of the *Code of Ethics* preface states:

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA.

...the *Code of Ethics* is the ethical standard for all members of the profession. No one outside of nursing can alter it.

Hence the *Code of Ethics* is the ethical standard for all members of the profession. No one outside of nursing can alter it. It is only through the formal processes, provided in the bylaws of the House of Delegates of the ANA, that revisions and amendments can be made and adopted.

The nine provisions of the *Code of Ethics for Nurses* are listed in [Table 3](#). I have added the '(advocacy)' notation because the focus of this article is on nursing advocacy. The *Code* and subsequent publications (for detailed reading and explanations see [ANA, 2001](#); [Fowler, 2008](#); [Monsen, 2009](#); [Pinch & Haddad, 2008](#)) guide the

profession in applying the Code of Ethics to nursing. In the *Code of Ethics for Nurses*, the concept of advocacy for the individual nurse is openly named in Provision Three (See [Table 3](#)). Advocacy by the nurse is an implied theme in most of the provisions and highlighted in Provisions 6, 7, and 8.

Table 3. Provisions of the Code of Ethics for Nurses, 2001	
Provision	Statement
Provision 1	The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problems (p. 7).
Provision 2	The nurse's primary commitment is to the patient, whether an individual, family, group, or community (p. 9).
Provision 3 (Advocacy)	The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient (p. 12).
Provision 4 (Advocacy)	The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care (p. 16).
Provision 5 (Advocacy)	The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth (p. 18).
Provision 6 (Advocacy)	The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action (p. 20).
Provision 7 (Advocacy)	The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development (p. 22).
Provision 8 (Advocacy)	The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs (p. 23).
Provision 9 (Advocacy)	The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy (p. 24).
<i>The Code of Ethics with Interpretive Statements</i> ©2001 American Nurses Association. All rights reserved . Reprinted with permission from ANA.	

The Profession's Advocacy Efforts

In Provision 9 ([Table 3](#)) the professional associations, created by nurses for nurses to articulate nursing values, integrity, practice, and social policy, demonstrate advocacy and self-regulation. In the US, ANA is the organization that solicits and coordinates ideas from individuals, and from the nursing specialties and associations, deliberates regarding these ideas, and develops them based on the Code of Ethics and the other two 'framework documents' that serve as the basis of the nursing profession. The three framework documents include:

- The Code of Ethics for Nurses - asserts the values and commitment to excellence for patients, society, and nurses individually and collectively as a profession ([ANA, 2001](#));
- The Social Policy Statement - details the authority, based on the social responsibility of the profession to society. It serves as nursing's contract between the profession of nursing and society to uphold the highest values and standards in delivering its service of nursing care ([ANA, 2010a](#)); and
- The Scope and Standards of Practice in Nursing - delineates the scope of nursing practice and then defines the standards of professional nursing practice and accompanying competencies ([ANA, 2010b](#)).

Nurses, healthcare consumers, legislatures, organizations, and other stakeholders are encouraged to provide comments that influence the wording and conceptual development of these documents.

From conception, and through subsequent revisions, these documents have been created by members and representatives of the professional associations. This work is transparent in that drafts are posted and open for public comment through multiple announcements using a variety of venues and formats. Nurses, healthcare consumers, legislatures, organizations, and other stakeholders are encouraged to provide comments that influence the wording and conceptual development of these documents. All of these comments are analyzed and deliberated

to determine the appropriateness of their inclusion within the framework documents. These dynamic documents are reviewed regularly; they evolve as society and the landscape of nursing and healthcare change.

The following paragraphs describe how our various nursing professional organizations work together to advocate for nurses and nursing. This occurs by maintaining a spirit of unity, engaging in political advocacy, keeping nurses informed, disseminating professional knowledge, and promoting professional development.

Unity in advocacy. Each of the specialty organizations advocates for nurses as their organizational goals pertain to its members, specialty, and practice settings. Many specialty organizations, and their members, educate the public, policy makers, healthcare administrators, and professionals on specific issues. Nursing organizations are cognizant of the power of unity and engage in collaborative ventures with other nursing and health-related professional organizations when appropriate. [Table 1](#) lists the early collaboration efforts between nursing organizations; [Table 4](#) lists additional and more current examples of working together and forming alliances.

Many specialty organizations...educate the public, policy makers, healthcare administrators, and professionals on specific issues.

Year	Organization	Collaboration	Focus
1973	National Federation for Specialty Nursing Organizations (NFSNO)	Nearly 35 specialty-organization members; functioned as an entity with independent governance separate from any organization	Advance specialty nursing practice and its contribution to the health of the nation through shared learning, networking, and collaboration
1977	Tri-Council for Nursing grew out of a 1973 inter-organizational committee and a 1975 coordinating forum (Redman et al., 1995)	National League for Nursing, ANA, the American Association of Colleges of Nursing; and in 1985, the American Organization of Nurse Executives	Discuss issues of practice, nurse supply, education, and federal monies that support nursing practice, research, and education
1982	Nursing Organization Liaison Forum (NOLF)	Organizations and nursing specialties; organized as a component of ANA's structure	Provide a forum for organizations to address professional and national health policy issues of common concern to national nursing organizations
1994	National Database of Nursing Quality Indicators® (NDNQI®) www.nursingworld.org/ndnqi2	University of Kansas, ANA, U.S. hospitals, Magnet facilities	Provide hospitals with unit-level performance comparison reports of nursing-sensitive indicators reflecting the structure, process, and outcomes of nursing care
2002	National Organizations Alliance (NOA)	Merger of NFSNO and NOLF	To increase nursing's visibility and impact on health through communication, collaboration, and advocacy
2006	Congress of Nursing Practice and Economics (CNPE)	Congress of Nursing Practice (1968) expanded in 2006 to include nearly 30 affiliate members and 30 elected/appointed ANA members (see links below Table for affiliate members and membership information) (ANA-CNPE, 2011b)	Recommends to ANA Board of Directors nursing's approach to emerging trends within the socioeconomic, political, and practice spheres of the healthcare industry. Operates around three overarching focal points: considering workplace issues; refining and defining the practice of nursing; and work towards fulfilling the mission and goals of the association-profession
2008	National Council of State Boards of Nursing and 50 organizations (NCSBN, 2008). Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation: Licensure, Accreditation, Certification, and Education	Organizations involved in development of the Consensus Model	To create a unified platform for the definition and scope of practice for APRNs

CNPE membership information:

www.nursingworld.org/FunctionalMenuCategories/AboutANA/WhoWeAre/AffiliatedOrganizations

<http://nursingworld.org/DocumentVault/About-ANA-docs/Org-Affiliates-Obligations.pdf>

Goals of political advocacy include greater nurse involvement in providing access to care, influencing the cost and quality of care, determining the scope and authority of practice, and increasing and improving the healthcare workforce.

Political advocacy. Members and experts from many specialty organizations work with ANA lobbyists in the U.S. Congress and the various state legislatures to inform and persuade legislators concerning the needs of nursing and the general public regarding healthcare issues and quality care. Some of these activities have included, and continue to include advocating for a greater nursing presence in the current *Patient Protection and Affordable Care Act* (P.L. 111-148, March 2010) ([ANA, 2011a](#); [Gallagher, 2010](#)). Goals of political advocacy include greater nurse involvement in providing access to care, influencing the cost and quality of care, determining the scope and authority of practice, and increasing and improving the healthcare workforce. Many specialty organizations advocate for the removal of barriers to the use of advanced practice nurses, to allow them to practice to their full scope of practice across all settings and in all states and also to receive just payment for their services rendered.

Informing nurses. The ability of professional organizations to communicate quickly with their members is one of the many benefits of involving a variety of organizations in collaborative efforts. Newsletters and bulletin alerts keep members aware of issues and help explain developments that may affect nurses and patient care delivery. Issue-specific communication to members often request nurses to respond to late-breaking developments. In this age of communication, nurses can respond in a variety of ways, e.g. through phone calls, email, Tweets, and Facebook™ postings, to ask decision makers to support and advocate for nurses, letting them know how a given proposal will affect those who give and those who receive healthcare. Of the more than three million nurses in the U S, 2.6 million are actively involved in the workforce ([Bureau of Health Professionals, 2011](#)); many, if not most of them, have access to electronic communications. These nurses have the ability to analyze the information provided and to respond quickly. The power of over two million voices at the national level is awesome! It can significantly influence the development of policy and legislation.

...nurses can respond in a variety of ways...to ask decision makers to support and advocate for nurses...

The privilege of participating in association advocacy is an important benefit of membership in one's professional organization (s).

Today professional organizations have list-servs and networking information-sharing features that strengthen a nurse's ability to advocate for nurses and nursing. The privilege of participating in association advocacy is an important benefit of membership in one's professional organization(s). As the associations continue to strengthen communication support structures, professional membership increases in value by offering a mechanism for communicating via secure, intra-member, social networks.

Dissemination of professional knowledge. In addition to regular communication with membership, many associations solicit scholarly manuscripts of relevance to members and publish the latest advanced knowledge in a specialty area and/or the profession. Several organizations now have the capacity to publish books that meet the needs of nurses practicing in specialty areas. Through business agreements with the associations some companies provide literature review searches, allow access to nursing and medical databases, distribute titles of newly published journal articles, and/or provide integrated, online services to provide nurses with the evidence-based answers they need to address pressing clinical questions. These publications and literature searches can help provide the data needed to advocate for changes in nursing care.

Professional development. Professional organizations provide for the professional development of their membership. Some associations provide continuing education contact-hour credits for free or at a significant discount. Webinars and web-based media formats also aid nurses in learning new information. Frequently these

offerings focus on advocating for nurses and nursing and teaching, for instance, how to contact and work with legislators and how to advocate for new ways to strengthen healthcare.

Conclusion

The goal of advocacy efforts by professional associations is to educate association members, all professional nurses, and the public about the importance of broad-base membership, creative ideas, esprit de corps, and energetic participation in helping the profession improve and move to higher levels. In prior eras, visionary nurses realized the need for associations in order to meet the changes occurring in the social, cultural, and economic sectors of their world. Elected association leaders today remain responsive to their members and incorporate members' input by devising new mechanisms to advance healthcare through the nursing profession, thus allowing members to contribute to the accountability and voice of the profession to society.

The goal of advocacy efforts by professional associations is to educate association members, all professional nurses, and the public...

When greater numbers unite in one voice, stronger and more powerful arguments can be advanced to achieve advocacy outcomes. Accolades and kudos to the professional registered nurses who are engaged, involved, and contributing members of our associations -- these nurses are advocating for and advancing the profession of nursing and the healthcare we offer to our patients.

Acknowledgement: The author thanks Rita Munley Gallagher, former ANA Senior Policy Fellow, for her thoughtful review and contributions. The author appreciates the review and comments of Carol J. Bickford, current Senior Policy Fellow, ANA Department of Nursing Practice and Policy. She also appreciates the contributions of Corinne Dorsey, Historian, Virginia Nurses Association.

Author

Jennifer H. Matthews, PhD, RN, A-CNS, CNE, FAAN E-mail: jmatthewsRN@comcast.net

Dr. Matthews is Professor of Nursing at Shenandoah University in Winchester, VA. She also serves as an Adult-Health Clinical Nurse Specialist and Clinical Staff Nurse at Warren Memorial Hospital, Front Royal, VA. Dr. Matthews is a member of the American Academy of Nursing and the American Nurses Association's Committee on Bylaws. She serves as a Senior Magnet ® Appraiser for the Magnet Nursing Services Recognition Program (American Nurses Credentialing Center). Her work with the Magnet Program and the Virginia Nurses Association has enhanced her ability to advocate for policies related to nursing practice and quality nursing care. Dr. Matthews earned her PhD in Nursing Administration and Policy from George Mason University, Fairfax, VA; her Master of Science in Business Management from Troy State University (European Division), Wiesbaden, Germany; and her Master of Science in Nursing from the Medical College of Virginia, Richmond.

References

American Nursing Association. (2011a). *NursingWorld*. Available: www.nursingworld.org/.

American Nurses Association. (2011b). *Congress of nursing practice and economics*. Retrieved June 19, 2011 from www.nursingworld.org/FunctionalMenuCategories/AboutANA/Leadership-Governance/NewCNPE.

American Nurses Association. (2010a). *Nursing's social policy statement: The essence of the profession (3rd ed.)*. Silver Spring, MD: Nursebooks.org.

American Nurses Association. (2010b). *Nursing: Scope and standards of practice, (2nd ed.)*. Silver Spring, MD: Nursesbooks.org.

American Nurses Association. (2009). *Historical review of nursing and the ANA*. Retrieved June 19, 2011 from

www.nursingworld.org/FunctionalMenuCategories/AboutANA/History.

American Nurses Association. (2001). *The code of ethics for nurses with interpretive statements*. Washington, DC: Nursesbooks.org.

American Nurses Association. (1965). *A position paper on educational preparation for nurse practitioners and assistants to nurses*. ANA Board of Directors and ANA House of Delegates: Kansas City, MO.

American Nurses Credentialing Center (ANCC). (2008). *Manual: Magnet recognition program®*. Silver Spring, MD: Nursebooks.org.

American Nurses Credentialing Center. (2011). Available: www.nursecredentialing.org/.

Brante, T. (1988). Sociological approaches to the professions. *Acta Sociologica*, 31(2), 119-142. Available: www.jstor.org/stable/4200695.

Bucher, R., & Strauss, A. (1961). Professions in process. *American Journal of Sociology*, 66 (4), 325-334. Available: www.jstor.org/stable/2773729.

Bureau of Health Professions. (2011). *The registered nurse population: Findings from the 2008 National Sample Survey of Registered Nurses*. Retrieved June 19, 2011 from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey2008.html>.

Cogan, M. L. (1955). The problem of defining a profession. *Annals of the American Academy of Political and Social Science*, 297, 105-111. Available: www.jstor.org/stable/1029845.

Donaldson, S. K., & Crowley D. M. (1978). The discipline of nursing. *Nursing Outlook*, 33(1), 113-120.

Fowler, M. D. (Ed). (2008). *Guide to the code of ethics for nurses: Interpretation and application*. Silver Spring, MD: Nursesbooks.org.

Gallagher, R. M. (2010). Quality is NOT an irreconcilable difference: The patient protection and affordable care act (P.L. 11-148). *Nursing Management*, 41(8), 18-20. DOI-10.1097/01.NUMA.0000384004.09214.23.

Hegge, M. J. (2011). The lingering presence of Florence Nightingale. *Nursing Science Quarterly*, 24(2), 152-162. DOI: 10.1177/0894318411399453.

Hillman, A. (2005). Reflections on service orientations, community, and professions. *Academy of Management Journal*, 48(2), 185-188.

International Council of Nurses. (2011) *About ICN*. Retrieved November 1, 2011 from www.icn.ch/about-icn/about-icn/.

MacIver, R. M. (1955). The social significance of professional ethics. *Annals of the American Academy of Political and Social Science*, 297, 118-124. Available: www.jstor.org/stable/1029847.

Matthews, J. H. (2010). When does delegating make you a supervisor? *OJIN: The Online Journal of Issues in Nursing*, 15(2), DOI: 10.3912/OJIN.Vol15No02Man03.

Merton, R. K. (1958). The functions of the professional association, *American Journal of Nursing*, 58(1), 50-54.

Monsen, R. B. (Ed). (2009). *Genetics and Ethics in Health Care: New questions in the age of genomic health*. Nursebooks.org: Silver Spring, MD.

National association of colored graduate nurses records, 1908-1951. History. (1984). New York Public Library Digital Library Collections. Available: http://digilib.nypl.org/dynaweb/ead/scm/scmnacqn/@Generic_BookTextView/143#X

National Council of State Boards of Nursing (2008). *APRN model act/rules and regulations*. Retrieved November 1, 2011 from https://www.ncsbn.org/APRN_leg_language_approved_8_08.pdf.

National database for nursing quality indicators. (2011). Available: www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality.aspx

National League for Nursing. (2011). *About the NLN*. Retrieved November 1, 2011 from <http://dev.nln.org/aboutnln/info-history.htm>.

Nursing organization links. (2011). Retrieved November 1, 2011 from www.nurse.org/orgs.shtml.

Nursing research. (2011). Retrieved November 1, 2011 from <http://journals.lww.com/nursingresearchonline/pages/default.aspx>.

Page, B. B., (1975). Who owns the profession? *Hastings Center Report*, 5(5), 7-8. Garrison, NY: The Hastings Center. Available: www.jstor.org/stable3561221.

Pinch, W. J. E & Haddad, A. M. (2008). *Nursing and Health Care Ethics: A legacy and a vision*. Silver Spring, MD: Nursesbooks.org.

Redman, B. K., Bednash, G., Boston, C., & Maraldo, P. J. (1995). The tricouncil for nursing: 15 years of fruitful cooperation. *Nursing Outlook*, 39(3), 128-131, 135.

© 2012 *OJIN: The Online Journal of Issues in Nursing*
Article published January 31, 2012

Related Articles

Advocating Globally to Shape Policy and Strengthen Nursing's Influence

David Benton, BSc, MSc, MPhil, RGN, RMN, FRCN (January 31, 2012)

Patient Advocacy in the Community and Legislative Arena

Mary A. Maryland, PhD, MSN, APN-BC; Rose Iris Gonzalez, PhD, RN (January 31, 2012)

Advocating for Nurses and Nursing

Karen Tomajan, MS, RN, NEA-BC (January 31, 2012)

The Voice of Florence Nightingale on Advocacy

Louise C. Selanders, RN, EdD, FAAN; Patrick C. Crane, MSN, RN (January 31, 2012)

Follow Us on:



© 2012 The American Nurses Association, Inc. All Rights Reserved
American Nurses Association - 8515 Georgia Avenue - Suite 400 - Silver Spring, MD 20910
ISSN: 1091-3734 | 1-800-274-4ANA | Copyright Policy | Privacy Statement

Advocating for Nurses and Nursing

[Karen Tomajan, MS, RN, NEA-BC](#)

Abstract

Every nurse has the opportunity to make a positive impact on the profession through day-to-day advocacy for nurses and the nursing profession. In this article the author [defines advocacy](#); describes [advocacy skills](#) every nurse can employ to advocate for a safe and healthy work environment; and explains how nurses can advocate for nursing as part of their daily activity whether they are [point-of-care nurses](#), [nurse managers](#), or [nurse educators](#). The advocacy practices discussed are applicable whether advocating on one's own behalf, for colleagues at the unit level, or for issues at the organizational or system level.

Citation: Tomajan, K., (January 31, 2012) "Advocating for Nurses and Nursing" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 4.

DOI: 10.3912/OJIN.Vol17No01Man04

Key words: advancing the profession, advocacy, advocate, change management collaboration, communication, decision making, healthy work environments, nurse educators, nurse leaders, shared governance, staff involvement, influence, problem solving

These are challenging times in which to be employed in healthcare. Unprecedented changes in the healthcare system are impacting care in all practice settings. These changes include financial pressures, uncertainty of the direction of healthcare reform, mandates from regulatory agencies to improve quality and patient safety, advancing technology, looming workforce shortages, and changes in the patient population. These changes can challenge resource allocation decisions and adversely affect the work environment. However, these forces can also create opportunities for nurses and the nursing profession. These opportunities include a greater voice for nursing in healthcare policy, expanded employment opportunities, and an enhanced image for nurses and the profession ([Benner, Stephen, Leonard, & Day, 2010](#); [Institute of Medicine, 2011](#); [Page, 2005](#)).

...changes can challenge resource allocation decisions and adversely affect the work environment [and] can also create opportunities for nurses and the nursing profession.

In order to successfully capitalize on these emerging opportunities, it is important for nurses to work together, across employment settings and roles, to advocate on behalf of colleagues and the profession. Nurses comprise the largest professional group within healthcare and have been recognized by the public as the most trusted profession ([Gallup, 2010](#); [Jones, 2010](#)). Despite nursing's strengths inherent in its size, diversity, and unique relationship with the public, the full potential for influence by the nursing profession has yet to be realized ([Buresh, Gordon, & Benner, 2006](#)).

Although nurses in the United States anticipate future benefits resulting from healthcare system reform, the stress of today's workplace falls squarely on the shoulders of nurses at the point of care. To reap these future benefits, nurses need to advocate for the profession's desired future. It is important that all nurses engage in, and become involved in developing processes in their respective work settings to advocate for realistic changes that meet the needs of both patients and staff.

Other articles on advocacy in this topic have addressed the role of the nurse in patient advocacy and the advocacy role of the professional association. The purpose of this article is to explore strategies that enable nurses to successfully advocate for themselves and the nursing profession. Whether working within one's own employment setting to advocate for a safer work environment, or at the state level to achieve prescriptive authority for advanced practice nurses, the process and skills required for successful advocacy are the same.

Advocacy Defined

Advocacy often requires working through formal, decision-making bodies to achieve a desired outcome.

Advocacy is defined by the Merriam-Webster Collegiate Dictionary (2009a) as the act or process of supporting a cause or proposal. An advocate is defined as one that pleads, defends, or supports a cause or interest of another. Much of the literature on advocacy comes from non-profit and special interest groups that prepare potential advocates to influence public policy. Strategies promoted by these groups are also applicable for nurses and the nursing profession. Amidei (2010) has described advocacy as "seeing a need and finding a way to address it" (p. 4). Sharma (1997) defined advocacy as "action aimed at changing the policies, positions or programs of any type of institution" (p. 4). Family Care International (2008) promoted advocacy as "the process of building support for an issue or cause and influencing others to take action" (p. 3); while the Worldwide Palliative Care Alliance (2005) identified advocacy as "a process that can lead to change through influence" and a "way of directing decision-makers towards a solution" (p. 4). These definitions all suggest that the role of an advocate is to work on behalf of self and/or others to raise awareness of a concern and to promote solutions to the issue. Advocacy often requires working through formal, decision-making bodies to achieve a desired outcome. This process could include the 'chain of command' within a healthcare organization, a commission, a state legislature, or other groups at the healthcare system's policy level.

While most nurses readily embrace the mandate of the professional nurses' advocacy role as it applies to patients, the expectation for advocacy on behalf of colleagues, the profession, or even oneself may not be so clear or consistently noted. The professional responsibilities of the nurse to work with colleagues to promote safe practice environments are described in the American Nurses Association's (ANA) foundational documents, including the *Nursing Scope and Standards of Practice* (2010) and the *Code of Ethics for Nurses with Interpretative Statements (Code of Ethics)* (2001). The ANA *Scope and Standards of Practice* identifies advocacy for safe, effective practice environments as a responsibility of the professional nurse (ANA, 2010). The *Code of Ethics* describes the responsibility of the nurse to work through appropriate channels to address concerns about the healthcare environment. In addition, the *Code of Ethics* identifies a range of advocacy skills and activities that nurses are expected to demonstrate. These activities promote the profession and form the basis of the advocacy role for the professional nurse. The skills include service to the profession through teaching, mentoring, peer review, involvement in professional associations, community service, and knowledge development/dissemination (ANA, 2001). These activities and skills form the basis of advocacy role of the professional nurse.

Advocacy Skills

The ability to successfully support a cause or interest on one's own behalf or that of another requires a set of skills that include problem solving, communication, influence, and collaboration. Each of these skills will be discussed below.

Problem Solving

Advocacy is focused on addressing problems or issues in need of a solution. The steps in the advocacy process are first to identify the issue (s) to be addressed and develop goals and a strategy to address the issue(s). Once the strategy is identified, a plan of action is developed to

...it is important to take the time to develop a compelling

organize advocacy efforts and establish a time line for completing each activity that supports the strategy. Most advocacy initiatives involve approaching decision makers with requests for action to address the identified issue. Before approaching decision makers, however, it is important to take the time to develop a compelling request and to identify the appropriate time and individual to whom to make the request. Patience and a sense of timing are necessary in order to achieve a successful outcome. Few victories are achieved on the first attempt. Most advocacy initiatives are accomplished through collaboration, negotiation, and compromise; they may require a series of actions over time in-order-to achieve a desired outcome.

request and to identify the appropriate time and individual to whom to make the request.

Communication

It can be helpful to put a 'human face' on the issue by using 'word pictures' to make the communication more compelling. Successful advocacy requires effective communication skills.

Most advocacy initiatives involve bringing individuals and groups together to address an issue or concern. Advocates need to communicate clearly and concisely and to structure the message to fit both the situation and the intended audience. Advocates must be comfortable with verbal, written, and electronic formats. Communication regarding the issue should be factual and consistent. While it is important to be prepared to discuss the specific facts and data associated with the issue, it is equally important to discuss the impact of the situation on those involved. It can be helpful to put a 'human face' on the issue by using 'word pictures' (words that create a picture in another's mind) to make the communication more compelling (Amidei, 2010).

One way to help to formulate a consistent communication message is to prepare a 'Sixty- Second Speech.' This is a brief, practiced speech used to introduce the issue and proposed solution. Distributing a one-page fact sheet or brochure is an excellent way to close the speech, and ensure that the listener is walking away with the key points (Amidei, 2010). The following Box describes the content to include in a Sixty-Second Speech.

<p>Box. Items to include in a sixty-second speech</p> <p>Sixty-Second Speech to Advocate for Nursing</p> <p>Share your name, where you work or live, and the name of the department or agency you are representing</p> <p>Describe the issue you are addressing</p> <p>Put a human face on your request, paint a word picture, and/or tell a story</p> <p>Describe what you would like the person/group to do</p> <p>Distribute a fact sheet describing your request and including your contact information.</p>
--

Influence

To facilitate change or solve an issue, the advocate must be able to influence others to action. Influence is the ability to alter or sway an individual's or group's thoughts, beliefs, or actions; it is essential to the advocacy process (Merriman-Webster, 2009b). Influence is built on competence, credibility, and trustworthiness. Keeping the best interests of those involved in the situation builds trust and credibility. An effective advocate influences decision makers by building a case for the desired change, backing the case with facts and data, and putting a human face on the issue using a compelling visual image. Persuasion is a stronger form of influence that makes use of an appeal or argument to make one's point. While effective in small increments, persuasion can elicit defensiveness in others, thus undermining the overall success of an initiative.

Influence is built on competence, credibility, and trustworthiness.

Collaboration

In addition to demonstrating the skills described above, the advocate must

Collaboration is working with other individuals or groups to achieve a common goal. It differs from cooperation which involves groups working together to achieve their own individual goals.

support necessary to address the issue. Collaboration is working with other individuals or groups to achieve a common goal. It differs from cooperation which involves groups working together to achieve their own individual goals. In collaboration, the individuals or groups involved develop common goals, along with common strategies and activities that will achieve that goal (Denise, n. d.). Collaboration is built on trust, mutual respect, and credibility. The end result of groups collaborating to achieve a common goal can be greater than that which each group could accomplish independently. Successful collaboration requires careful communication with the groups involved in the process, seeking input when appropriate, and providing ongoing reports related to progress on achieving the goal.

It is necessary, during the advocacy process, to work with those people (the stakeholders) who are affected by the issue. In addition, the advocate may collaborate with others in the organization interested in solving the issue. These individuals often have expertise that would be beneficial to the effort. Developing a collaborative relationship with professionals in support departments, such as infection prevention, employee health, or human resources, will be invaluable when addressing issues that involve these departments. Likewise seeking out support staff in other venues, such as a legislative aid or the assistant to a commissioner, can be equally helpful.

In summary, advocacy is a complex process that requires skillful use of problem solving, communication, influence, and collaboration to achieve a solution to an issue. Often, advocacy is an incremental process of achieving change through a series of efforts that may take months or years to accomplish.

Point of Care Nurses as Advocates for Nurses and Nursing

It is essential that point-of-care nurses develop and use advocacy skills to address workplace concerns, promote positive work environments, and advocate for the profession. Never before has the voice of the nurse at the bedside been so critical to patients, colleagues, and healthcare facilities. An increasing number of facilities have, or are developing shared governance structures to ensure that nurses at the point of care have a voice in decisions related to patient care and the work environment. The impact of registered nurses on patient outcomes is increasingly evident; and nursing input into organizational decision making related to safety and quality initiatives is invaluable. Nurses are increasingly positioned to advocate more effectively than ever before not only for patients, but also for themselves and the nursing profession.

Never before has the voice of the nurse at the bedside been so critical... The impact of registered nurses on patient outcomes is increasingly evident...

Opportunities for Point-of-Care Advocating

While the time an employee invests in completing a survey may be only a few minutes, the outcome can be very significant for improving working conditions for all staff.

Membership on committees, councils, and quality improvement teams provides opportunities to advocate. When serving on a committee, council, or team, it is important to represent the needs of both colleagues and patients. Sometimes this means considering the impact of an issue or proposed solution on nurses and staff in other departments as well as one's own workgroup. The best way to work through the needs of multiple groups is to consider what ultimately is best for the patient, client, or population served.

Engagement in organization-wide activities provides opportunities to advocate for colleagues and for the profession. Many organizations conduct periodic, employee satisfaction or opinion surveys that are used to develop plans to promote staff engagement. While the time an employee invests in completing a survey may be only a few minutes, the outcome can be very significant for improving working conditions for all staff. Often a comment or recommendation will focus the attention of decision makers on a specific issue or possible solution. Being as specific as possible about the issue or potential solution will help organizational leaders to more

appropriately address the concern. Nurses can also use employee forums or town hall meetings to raise awareness of their concerns. When making use of these opportunities, it is important to use good advocacy skills, which include communicating with credibility and promoting a sense of trust. Identifying an issue, proposing a solution, and/or offering to be involved are very effective ways to serve as an advocate.

Nurses have an opportunity for advocacy when involved in teaching nursing students and new nurses at the bedside. Students and new nurses are excited about the profession they have chosen. They see practicing nurses as role models and mentors. Modeling positive professional behaviors and helping those new to the profession to acquire these behaviors is a form of advocacy. Providing guidance during a difficult learning situation, such as the first time a novice performs a procedure, can advocate for both the patient and the novice.

Modeling positive professional behaviors and helping those new to the profession to acquire these behaviors is a form of advocacy.

Nurses can help to portray a more accurate picture of nursing by talking specifically about what they do, describing the complexity of their work, and explaining the types of clinical judgments they make.

Nurses also have opportunities to advocate for the profession by describing the strengths of the profession whenever they are asked about their work. Although nursing is consistently rated as the most honest and ethical profession, the role of the nurse is not well understood by the public (Buresh et al., 2006). Another opportunity to advocate for the profession is by promoting public understanding of the nursing role. Many individuals do not comprehend that nurse have an independent practice responsibility beyond following the doctor's orders. There is an important need to educate the public that a nurse's role is to assess, plan, and intervene to address healthcare issues. Nurses can help to portray a more accurate picture of nursing by talking specifically about what they do, describing the complexity of their work, and explaining the types of clinical judgments they make. Developing a sixty-second speech to describe the nurse's role and share the consequences of nurses not being available to attend to patient concerns or complications prepare a nurse

to respond effectively to any advocacy opportunity that might arise during working or non-working hours (Buresh, 2006).

Examples of Point-of-Care Advocacy

In one hospital a committee was established to address patient 'throughput' in the acute care setting, so as to expedite patient transfer from the emergency department to the nursing unit. The committee was comprised of nurses from the emergency department, intensive care, and medical surgical units, in addition to managers and admitting staff. The team was charged with developing a process to limit extensive waiting in the emergency department. One important area of discussion among the nurses was mitigating the disruption caused by patient transfers during shift change. Following a lengthy, heated discussion about the issue, the impasse was solved when the group agreed to focus on what was best way to get the patient to the most appropriate venue for care. Once this was established, the rest of the plan fell into place, and a strategy for minimizing the impact on inpatient areas was developed, thus improving the working conditions of staff nurses as well as addressing the needs of the patient.

Opportunities for advocacy occur at many levels: some occur in the work setting and others may occur in the grocery store.

In another agency nurses were concerned about the increasing incidence of back injuries among the nursing staff. The staff approached the hospital risk manager who organized a task force to develop a program to reduce back injuries. Nurses, nursing assistants, physical therapists, and transporters were all involved in developing the program and testing products. They reviewed the lift and transfer devices available to facilitate safe patient handling and ensure staff safety. In addition, they assisted with training on the use of the equipment, which over time included ceiling-mounted lifts and transfer devices. The committee members also served as champions for eliminating manual patient lifting. As a result, the incidence of staff injuries decreased significantly.

In summary, every nurse can play a role in advocating for nurses and the profession. It is through day-to-day collective action that nurses work together to advocate for improvements in the work environment and for the advancement of the profession. Opportunities for advocacy occur at many levels: some occur in the work setting

and others may occur in the grocery store. The key is to promote the profession with every advocacy opportunity that arises.

Manager/Administrator Role in Advocacy

Leaders advocate for patients, nurses, and the profession in a number of ways. This advocacy can include actions both to ensure appropriate resource allocation and to promote positive work environments.

Advocacy for Appropriate Resources

Today's work environment is increasingly stressful, and competition for resources is keen. Nursing leaders can advocate for staff by actively involving staff in decisions that directly affect the practice environment. Advocacy is enhanced when scheduling and staffing are a collaborative process that involves staffing committees and self-scheduling approaches. Staff involvement can help to ensure balanced schedules and flexible staffing approaches that meet the needs of both patients and staff. In addition, proactive planning to formulate solutions to unpredicted staff shortages can facilitate patient and staff safety in unforeseen situations

Leaders also fulfill the advocacy role by protecting nursing resources during times of budget scrutiny, work process redesign, or work flow change. Staff involvement in the budgeting process promotes an understanding of the challenges operating in today's healthcare environment. Staff can be included in a number of ways, for example by providing input on and prioritization of equipment and supply purchases. Increased staff knowledge of the costs associated with procedures also promotes effective usage and cost containment. When staff are involved in organizational initiatives, they are more likely to advocate for, and foster adoption. Collaboration between nursing managers/administrators and staff nurses is essential for maintaining adequate resources.

Staff involvement in the budgeting process promotes an understanding of the challenges operating in today's healthcare environment.

Staff input on purchasing decisions for supplies and equipment is now the norm in many healthcare agencies. Nurses sitting on purchasing committees serve as advocates by testing products and providing input on behalf of colleagues. Nurses involved in product decisions ensure that selection is based on patient and nurse safety, usability, and value, rather than being based on cost alone. In one agency a nurse attended a national conference and talked with a vendor about an IV catheter that appeared to be less likely to cause needle sticks. She brought samples and brochures home with her and took the information to her nurse manager and the unit's representative on the new product committee. The committee contacted the vendor and worked with the staff to evaluate the IV catheter, which was eventually adopted by the institution. This nurse advocated on behalf of colleagues by working within the organizational structure to promote staff safety.

Advocacy for a Healthy Work Environment

When leaders support open communication, collaboration, and conflict resolution skills, staff are able to advocate more effectively for themselves and for colleagues.

Managers play a pivotal role in developing the advocacy capabilities of staff. When leaders support open communication, collaboration, and conflict resolution skills, staff are able to advocate more effectively for themselves and for colleagues. In contrast conflict undermines effective teamwork and jeopardizes patient safety. Much has been written about the negative consequences of nurse incivility ([Bartholomew, 2006](#); [Longo, 2010](#)). Fostering the development of conflict resolution skills and addressing unprofessional behavior, including incivility, promotes an environment in which advocacy can flourish.

Leaders promote advocacy when they enable staff to autonomously address concerns. They foster staff ownership of issues when they refer a concern to staff councils and form task forces, involving other departments as appropriate. In such situations the role of the leader becomes primarily a coach who provides guidance, helps staff navigate within the organization, and removes barriers to the process.

One hospital recruitment and retention committee, comprised of staff from a

variety of nursing units, plus recruiters, staff development educators, and human resource professionals, met regularly to plan and evaluate recruitment and retention programs. The committee had already implemented a comprehensive nurse retention program that included recognition for national certification, incentives for nurse preceptors, and strategies to improve communication between nurses and physicians. One staff nurse on the committee felt that recruitment and retention could also be improved by providing an on-campus RN-to-BSN program. Prior to approaching the committee with this idea, he talked with nurses from across the organization to determine the level of interest and the program features that would accommodate working nurses. When he presented the idea to the recruitment and retention committee, he was able to identify the potential number of nurses interested in the program and volunteered to serve on a planning committee.

Leaders promote advocacy when they enable staff to autonomously address concerns.

The nursing education director then sent a call for proposals to all baccalaureate nursing programs in the community, and the most appropriate program was identified by a selection committee comprised of bedside nurses. The faculty assigned to this program worked closely with these students to accommodate scheduling issues and to construct meaningful class assignments to facilitate learning. Through this program the hospital achieved a significant increase in the proportion of baccalaureate-prepared staff. In addition, many of the staff graduating from this program moved in to leadership positions within the facility which benefitted the facility as well as the staff. Advocacy was demonstrated as the university faculty provided convenient and meaningful learning experiences.

...it is important to help nurses at all levels of the organization understand the current reality of the healthcare system and engage them in designing a preferred future state.

In this time of change, it is important to help nurses at all levels of the organization understand the current reality of the healthcare system and engage them in designing a preferred future state. Quality improvement activities and process redesigns often create anxiety and disrupt the patient care environment. New construction, implementation of new technology, and redesign to improve work flow are opportunities both for disruption and for nursing leadership to involve staff in creating the future of their healthcare setting. Changing the dynamic from panic and dread to challenge and opportunity can have a profound effect on staff buy in and morale. Advocacy during times of change includes using positive language when communicating about controversial issues, listening carefully to staff concerns, and acting to address these concerns. In today's healthcare environment, change is a given. Leaders

set the tone regarding reactions to change; they can make the difference between stress and success during the implementation process ([Kotter, 1996](#); [2008](#)). Managers and administrators can show their commitment to advocating for nurses and nursing by the manner in which they facilitate change.

Nurse Educator's Role in Advocacy

One trend in healthcare over the past twenty years has been the active involvement of the nursing staff in decision making. This involvement increases the need for staff with more fully developed leadership skills and the ability to advocate effectively. No one plays a more critical role in developing the capacity and capability for professional advocacy than do nursing educators who model advocacy behaviors for students in both education and practice settings. Nurses in staff development roles contribute to this process of role formation by providing ongoing mentoring to nurses in practice. In many ways faculty in academic settings and nurse educators in professional development roles serve as the culture carriers for the profession. These educators are pivotal in the formation and continued development of nurses' professional identity as advocates, an identity that transcends their entire career ([Benner et al., 2010](#)).

...faculty in academic settings and nurse educators in professional development roles serve as the culture carriers for the profession. These educators are pivotal in the formation and continued development of nurses' professional identity as advocates, an identity that transcends their entire career.

It is expected that the future will bring expanded nursing roles, enhanced opportunities for collegiality, and a greater voice for nurses at the organization and system level. It is essential that we prepare nurses now with the advocacy skills they will need to bring about this new world of healthcare. In 2006, the American Nurses

Association invited academic nursing programs to serve as pilot sites to test a curriculum for safe patient handling. One component of this curriculum included the teaching of advocacy skills to prepare the students to use advocacy in overcoming barriers to the use of equipment that enhances the safety and quality of care.

Another example of teaching advocacy skills occurred in a hospital in which the Nursing Shared Governance Council was tasked with addressing the nurse-to-nurse incivility prevalent in some areas of the facility. Council members worked with staff educators to develop an educational program to address this issue. The council members developed case scenarios and role play activities and served as facilitators for classes designed to help nursing staff respond to situations of incivility. This teaching project heightened awareness of incivility and introduced new communication skills that promoted healthier ways of interacting within the nursing division. In addition, staff became more comfortable confronting difficult situations. Through this process, the council members learned to advocate effectively for a healthier work environment.

Educators involved in forming the professional identity of nursing students and shaping the capabilities of the nursing workforce are pivotal to advancing the profession. Healthcare is changing. Achieving the best possible future requires that nurses be prepared to advocate for nursing and for their professional roles.

Summary

Every nurse in every setting has the opportunity to make a positive impact on the profession through advocating daily for nurses and the nursing profession.

It is an exciting time to be a nurse. Healthcare is changing and the role and practice of the professional nurse is changing along with it. Advocacy skills are becoming increasingly important in this ever-changing world. Opportunities abound for point-of-care nurses to advocate both for nurses and for the profession. Point-of-care nurses have an opportunity to build on their public image of being the most trusted profession by communicating and advocating for a more accurate view of their contributions to healthcare and society. Managers and administrators work daily, advocating to obtain adequate resources for their nursing staff and to promote positive work environments. Nurse educators play a critical role in preparing nurses to strengthen the profession through advocacy. Every nurse in every setting has the opportunity to make a positive impact on the profession through advocating daily for nurses and the nursing profession.

Author

Karen Tomajan, MS, RN, NEA-BC

E-mail: karen.tomajan@johnmuirhealth.com

Ms. Tomajan is Director of the Nursing Practice/Magnet Program at John Muir Health, an American Nurses Credentialing Center Magnet Recognition Program[®]-designated facility in Concord, California. Her nursing career includes a variety of roles that have focused on advocacy for patients and nurses, including staff nurse, nurse manager, patient advocate, and nurse educator roles, along with leadership roles in nursing education and quality management. She has published in the areas of nursing staff development, the image of nursing, and safe work environments. She lectures on lean thinking, team training, patient safety, nurse retention, and healthy/safe work environments. Ms. Tomajan is active in her state nursing association as well as the American Nurses Association (ANA) where she currently serves as Chairperson for the ANA Congress on Nursing Practice and Economics. She is a past president of the Oklahoma Nurses Association. Ms. Tomajan serves on community college advisory boards and precepts graduate students in nursing administration programs. She also serves as a Program Evaluator for the National League for Nursing Accrediting Commission and an Editorial Advisory Board Member of *OJIN: The Online Journal on Issues in Nursing*. Ms. Tomajan received her Bachelor and Master of Science Degrees in Nursing from the University of Oklahoma (Oklahoma City).

References

Author. (2009). *Advocacy*. (2009a). Merriam-Webster collegiate dictionary (11th ed). Springfield, MA: Merriman-Webster Incorporated.

Author. (2009). *Influence*. (2009b). Merriam-Webster collegiate dictionary (11th ed). Springfield, MA: Merriman-Webster Incorporated.

Alliance for Justice. (nd). *What is advocacy? Definitions and examples*. Retrieved May 13, 2011, from www.aji.org/for-non-profits-foundations/advocacy

Almidei, N. (2010). *So you want to make a difference: Advocacy is the key*. (16th ed.) Washington DC: OMB Watch.

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Nursesbooks.org.

American Nurses Association. (2010). *Scope and standards of practice* (2nd ed.). Silver Spring, MD: Nursesbooks.org.

Bartholomew, K. (2006). *Ending nurse to nurse hostility: Why nurses eat their young and each other*. Marblehead, MA: HCPro.

Benner, P., Stephen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey Bass.

Buresh, B., Gordon, S., & Benner, P. (2006). *From silence to voice: What nurses know and must communicate to the public* (2nd ed.). New York, NY: Cornell University Press.

Denise, L. (n.d.). Collaboration vs. c-three (cooperation, coordination, and communication). *Innovating*, 7(3). Retrieved from www.ride.ri.gov/adulteducation/Documents/Tri%20part%201/Collaboration%20vs.%20the%203c's.pdf

Family Care Institute (2008). *An advocacy toolkit for programme managers*. Retrieved from www.familycareintl.org/en/resources/publications/66

Gallup. (2010). Nursing leadership from the bedside to the boardroom: Opinion leader perceptions. Top Line Report. Washington DC: Gallup News Service. Retrieved from www.rwjf.org/files/research/nursinggallupolltopline.pdf

Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington DC: National Academy Press.

Jones, J.M. (2010). Nurses top honesty and ethics list for 11th year. Washington, DC; Gallup News Service. Retrieved from www.gallup.com/poll/145043/nurses-top-%20honesty-ethics-list-11-year.aspx

Kotter, J. (2008). *A sense of urgency*. Boston, MA: Harvard Business Press.

Kotter, J. (1996). *Leading change*. Boston, MA: Harvard Business Review Press.

Longo, J. (2010). Combating disruptive behaviors: Strategies to promote a healthy work environment. *Online Journal of Issues in Nursing*, 15 (1). 10.3912/OJIN.Vol15No01Man05.

Page, A. (2004). *Keeping patients safe: Transforming the work environment of nurses*. Washington, DC: The National Academies Press.

Robert Wood Johnson Foundation. (2009). *Quality and safety in education for nurses*. Retrieved from www.qsen.org/overview.php

Sharma, R. (1997). *An introduction to advocacy*. Retrieved from www.aed.org/Publications/upload/PNABZ919.pdf

Worldwide Palliative Care Alliance. (2005). *An advocacy toolkit for hospices and palliative care organizations*. Retrieved from www.worldday.org/EasySiteWeb/GatewayLink.aspx?allId=20886

Related Articles

Advocating Globally to Shape Policy and Strengthen Nursing's Influence

David Benton, BSc, MSc, MPhil, RGN, RMN, FRCN (January 31, 2012)

Patient Advocacy in the Community and Legislative Arena

Mary A. Maryland, PhD, MSN, APN-BC; Rose Iris Gonzalez, PhD, RN (January 31, 2012)

Role of Professional Organizations in Advocating for the Nursing Profession

Jennifer H. Matthews, PhD, RN, A-CNS, CNE, FAAN (January 31, 2012)

The Voice of Florence Nightingale on Advocacy

Louise C. Selanders, RN, EdD, FAAN; Patrick C. Crane, MSN, RN (January 31, 2012)

Follow Us on:



© 2012 The American Nurses Association, Inc. All Rights Reserved
American Nurses Association - 8515 Georgia Avenue - Suite 400 - Silver Spring, MD 20910
ISSN: 1091-3734 | 1-800-274-4ANA | Copyright Policy | Privacy Statement

Advocating Globally to Shape Policy and Strengthen Nursing's Influence

[David Benton, BSc, MSc, MPhil, RGN, RMN, FRCN](#)

Abstract

The International Council of Nurses is a federation of national nursing associations that works to enable nurses to speak with one voice so as to influence health policy and advance the profession of nursing. In this article the author highlights how nurses can advocate for the nursing profession by [coordinating nursing actions](#) to develop both public and healthcare-service policies. He addresses issues that are common in many parts of the world and provides [examples](#) drawn from real-life experiences that illustrate how nurses in El Salvador, Rwanda, Paraguay, Papua New Guinea, and Iran have worked in their countries to coordinate their actions and advocate for public and/or healthcare service policies within their countries. He [concludes](#) by noting that all nurses must do their part and use a wide range of opportunities creatively, and with clarity of intent, to improve the profession and the lives of the millions of people who depend upon us.

Citation: Benton, D., (January 31, 2012) "Advocating Globally to Shape Policy and Strengthen Nursing's Influence" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 5.

DOI: 10.3912/OJIN.Vol17No01Man05

Key words: Leadership development, coordinated action, policy, advocacy, influence, change, International Council of Nurses

The International Council of Nurses (ICN) believes that nurses are key to improving access to quality and cost-effective care and to enhancing the health of populations. To this end it is essential that nurses are able to effectively influence change at local, organisational, systems, national, regional, and international levels. This is true for every country, whether the country is an industrialised or a developing nation. Every year ICN encourages its members to celebrate International Nurses Day and produces resource kits that include evidence-based materials, press ready messages, and short videos to share with nurses and the general public ([ICN, 2011](#)).

...it is essential that nurses are able to effectively influence change at local, organisational, systems, national, regional, and international levels.

In 1999, ICN launched a global vision for the 21st Century ([ICN, 2010a](#)). The vision declared, in part, that "our mission is to lead our societies to better health" (p. 1). If nurses are to realize this vision, nurses must do more than care for patients and conduct research. They need also to be actively involved in shaping health policy. In this article I will begin by highlighting how nurses can advocate for the nursing profession by coordinating nursing actions to develop both public and healthcare-service policies. These actions include maintaining solidarity within the profession and developing strong leadership. Then I will provide examples, drawn from real-life experiences, that illustrate how nurses in El Salvador, Rwanda, Paraguay, Papua New Guinea, and Iran have coordinated actions in their own countries to advocate for public and/or healthcare service policies. I will conclude by noting that all nurses must do their part and use a wide range of opportunities creatively, and with clarity of intent, to improve the profession and the lives of the millions of people who depend upon us.

Although space does not permit a full theoretical exploration of these examples, at the heart of each example can be seen the embodiment of the change equation in action. This equation involves creating a situation where dissatisfaction with the status quo, coupled with a vision for the future and tangible first steps, can overcome the resistance that is embodied in both individuals and the system to a given change ([Beckhard & Harris, 1987](#)).

Coordinating Nursing Actions

Nurses' associations can serve as a key vehicle for influencing policy, both nationally and globally...the majority of initial improvement(s) in the profession can be traced to the organised commitment of individuals working under the auspices of nursing associations.

Nurses provide essential services and are knowledgeable about client needs. They interact closely with healthcare consumers, including patients, families, and/or populations, in a wide variety of settings. This gives nurses a broad appreciation of health needs, an understanding of how factors in the environment affect the health of clients and their families, and insight into how people respond to different strategies and services. Nurses help to interpret people's needs and expectations for healthcare. Nurses also understand the needs and expectations of society's vulnerable groups. The nursing community in every country has gathered valuable knowledge regarding healthcare needs. Hence nurses are well positioned to provide advice regarding accessibility to services and to understand relationships between health and social patterns.

Nurses also have qualities and skills gained as part of their nursing practice that are valuable in other contexts, such as policy development. Furthermore, because nurses, as health professionals, constantly work with the cost-quality constraints of health service delivery, they are in an excellent position to offer advice on policies aimed at cost-effectiveness in healthcare.

Nurses' associations can serve as a key vehicle for influencing policy, both nationally and globally. In my work as the Chief Executive Officer (CEO) of ICN I have noticed that the majority of initial improvement(s) in the profession can be traced to the organised commitment of individuals working under the auspices of nursing associations. ICN itself works to shape health policy at the global level. It publishes, disseminates, and regularly updates a series of position statements covering many aspects of professional practice, regulation, and socio-economic welfare – all available in English, French, and Spanish ([ICN, 2010b](#)). The ICN advocates for policies that contribute to the health of populations, sustainable development, and the security and just treatment of nurses and healthcare professionals. Working with national associations in each country, ICN can amplify these effects and realise change.

Unfortunately the area of policy development has traditionally been nursing's area of slowest advancement ([WHO, 2011](#)). All too often nursing's role has been to implement policies and programmes, rather than to participate in and bring the nursing perspective, experience, knowledge, and skills to policy formulation and healthcare planning.

...policy development has traditionally been nursing's area of slowest advancement...All too often nursing's role has been to implement policies and programmes, rather than to participate in and bring the nursing perspective.

The question remains as to how nurses who are knowledgeable and skilled health professionals, who advocate for and make healthcare decisions, can become involved with shaping health policy. How can nurses be more effective in assuring that everyone, everywhere, has access to services that are sensitive to patient needs, provide a full range of integrated care, conform to professional ethical and practice standards, and reflect the right to confidentiality, information, and informed consent? I will discuss below how nurses can coordinate their actions so as to advocate for the nursing profession by maintaining solidarity within the profession and developing strong leadership.

Maintaining Solidarity Within the Profession

The single most important factor in influencing health sector policy is solidarity within the profession...the aim is to reach agreement on key issues and maintain that stance in public.

The single most important factor in influencing health sector policy is solidarity within the profession. Strong, well-organised nursing associations are a powerful vehicle for influencing and achieving nursing's goals. Unity within the profession is essential to ensure that nursing's voice is heard. Nurse leaders need to work through their national nursing associations. They need to bring all perspectives to the policy debate; determine what the specific goal or purpose is to be; and after often-robust debate, agree and maintain that approach and position in public.

There is no guarantee that all nursing associations, or indeed all nursing leaders, will be in agreement on every issue. Yet the aim is to reach agreement on key issues and maintain that stance in public. Although specific issues can be dealt with on a case-by-case basis, agreement on key directions is essential if nursing is to have real influence in the policy arena.

ICN provides its members with the platform and the means to achieve common goals through collaborative action, working together for the benefit of society, the advancement of the profession, and the development of its members. The strength of nursing numbers; strategic and economic contributions; and ability to collaborate with the public, health professionals, families, and communities for whom nurses provide care all add power to the vision.

Developing Strong Leadership

ICN is only as strong as the leaders in the associations that make up the federation. It is therefore essential that nursing leaders develop the ability to give direction and empower those who make up the profession. A range of tools are available to this end that can be downloaded from organisations such as the Western Pacific Office of the World Health Organisation (WHO) ([2005](#)) and The World Bank ([2011a](#), [2011b](#)).

On every continent, in every nation, and in every community, people need to understand that strong nursing leadership is critical...

The financial challenges currently experienced by many countries have resulted in the recognition that strong and effective leadership is imperative. On every continent, in every nation, and in every community, people need to understand that strong nursing leadership is critical if the ICN vision - *to lead societies to better health* – is to become a reality. That is why so much of the work at ICN is focused on developing nurse leaders.

...ICN uses a very basic description of the concept of leadership, seeing leadership as: a relationship, a process of getting things done through people; as something to be shared and celebrated.

Today leadership requires us to bridge the 'divides' of race, class, gender, culture, language, and nation. Because none of these divides is simple to tackle, ICN uses a very basic description of the concept of leadership, seeing leadership as: a relationship, a process of getting things done through people; as something to be shared and celebrated. Extensive international research, conducted over a period of two decades, has consistently underlined that nurse leaders need to be competent, inspiring, and honest. Increasingly the profession also expects them to be forward looking and to have 'vision.'

Indeed vision is central to leadership. It is all very well to say that as a nurse one wants to change things for the

better. But meaningful change grows from a targeted vision and the development of a strategy to get there. Leaders need the ability to create this clear view out of chaos, change, or rigid conformity to the status quo.

Leadership is one of ICN's five core values, along with Inclusiveness, Flexibility, Partnership, and Achievement. Nurse leaders have historically had a significant impact on societies nationally, regionally, and internationally. Our predecessors, such as Nightingale and Bedford-Fenwick, recognised the potential value of nurses working globally. Indeed, Bedford-Fenwick and her peers, working in unison to improve health and raise standards of nursing care, established the International Council of Nurses. Over the years ICN's leaders have understood that if nurses from all nations join together and work toward common goals, they can create political and social change. ([Bush et al., 2001](#)).

...meaningful change grows from a targeted vision and the development of a strategy to get there.

ICN has three programmes aimed at building the capacity for such leadership in societies around the world. These programmes include the Leadership in Negotiation Programme, the Global Nursing Leadership Institute, and the Leadership for Change Programme.

The Leadership in Negotiation Programme ([ICN, 2010c](#)) equips nurses with the skills necessary to achieve safer working environments and fair levels of remuneration as valued members of the society. Over the past 20 years nearly 30 countries have been involved in this programme.

The Global Nursing Leadership Institute (GNLI) ([ICN, 2010d](#)), established in 2009, offers senior and strategic leadership development at the executive level for nurses from countries across regions of the world. The programme draws on the expertise of international faculty, allowing participants to review and enhance their national and global leadership skills and behaviours within a collaborative and stimulating learning culture. At the very highest levels of nursing leadership it is often difficult to find a confidante, i.e., a person who can empathise with one's position and offer a sounding board for one's ideas. Based on an action-learning approach, participants work in teams to develop and share an in-depth understanding of the challenges that are being faced, the commonalities, the successes, and the failures. In so doing participants get new insights, build alliances, and formulate new and innovative solutions.

The third programme is the long established Leadership for Change (LFC) Programme ([ICN, 2010e](#)). This programme aims to develop strong leadership skills that enable nurses to be more effective at their national level. Following an initial ICN programme at the national level, further LFC programmes are delivered by certified LFC Trainers, including some 400 trainers working across all world regions, helping many countries to sustain and continue their nurse leadership development. Established in the late 1990s, the programme has developed some 2,500 nurses around the world. Additional trainers continue to introduce the programme for interested nurses. In this way ICN is helping to develop the capacity of nurse leaders so that they become more effective leaders within their societies. The next section will illustrate leadership activities demonstrated in five different countries.

Examples of Advocating For Health-Related Policies

It is important that nurses not become complacent...Societies and opinions change, and nurses need to keep focused on issues that matter.

The examples below illustrate the importance of nursing leadership in attaining healthy societies. ICN always has a strong delegation at the annual World Health Assembly held each May in Geneva, Switzerland. At this Assembly nursing's voice is heard as positions and interventions are delivered in open forums. Nursing's voice shapes the seeds of the policies that will subsequently be developed and implemented in various countries. Early intervention is essential. Getting the direction right from the outset means that a nation's nursing work force can truly contribute to the development of a nation's health and social policies at an international level. It is important that nurses not become complacent about their leadership positions. Societies and opinions change, and nurses need to keep focused on issues that matter.

As nurses we also have a burden of responsibility – we must constantly seek to earn and sustain leadership roles in society through striving for the

best and highest standards of care, through using influence to increase access to care, and by being courageous in the face of threats to the quality and safety of that care. This requires us to display strong leadership and advocacy in the interests of society. Leadership and advocacy happen when nursing leaders use different approaches and focus on real issues for society using the various strategies presented below, including addressing emergent needs, coordinating action, using the power of communication, employing planned leverage, and celebrating success.

Leadership and advocacy happen when nursing leaders use different approaches and focus on real issues for society...

Addressing Emergent Needs: El Salvador

Although making great strides in the provision of health services to its people, El Salvador still faces many problems. Distressed by the number of patients with Dengue fever one nurse was seeing in a remote and rural clinic, she decided to take things into her own hands and develop a plan for change. She knew that she would need to obtain the support of her local manager, a doctor. She decided to gather evidence as described by WHO (2007a) and to create a plan (WHO, 2007b).

This nurse did not have any public health training; yet she did not let this lack of training stop her. Instead she went to the books and the Internet and learned ...

This nurse did not have any public health training; yet she did not let this lack of training stop her. Instead she went to the books and the Internet and learned that by creating a geographic map of cases (Kirschenbaum & Russ, 2002) she could identify the location and magnitude of the problem. She was also able, by looking at the records, to identify that the problem was getting worse. After she presented this information, along with a suggestion that the clinic should develop targeted health information sessions for the most affected local groups, progress in fighting Dengue fever was dramatic. The local people themselves are currently helping in the fight against this major problem; and this nurse, who is now part of the local management team, is helping to develop programmes in other clinics for similar problems.

Coordinating Action: Rwanda

When people hear mention of Rwanda, they often think about the terrible genocide that this population experienced. Although this genocide has not been forgotten, the political leadership of the country has been able to use this experience to move forward. Rwanda has one of the highest percentages of women in government in any country in the world, specifically 48.8% of those in the national parliament are women (Powley, 2005). Women have been empowered to be a major force in the regeneration of the country. It is therefore not surprising that nurses have taken advantage of this opportunity.

Rwanda's Chief Nurse, along with the president of the national nursing association, recognized that there was a need to introduce professional regulation. Although introducing new legislation can be difficult and time consuming, the Rwandan nurses were not deterred. Instead they worked together to identify what they wanted to happen and to gather support for their proposals using their extensive networks. They also invited ICN to lobby the government on their behalf. Because they were not content with the length of time it was taking to develop appropriate legislation, they persuaded local nurses that until the legislation was passed they should operate as if the legislation was in place. In effect they created a 'shadow' and voluntary regulatory council. This legislation focused on making improvements to the quality of nurse education and professional standards of practice; it was synchronized with the government's vision to improve health services. The legislation has now been passed. A Council, based on this voluntary commitment to a vision created by innovative leaders, has been created. The Council has now completed setting educational and practice standards and is able to improve the quality of nursing practice.

Using the Power of Communication: Papua New Guinea

Papua New Guinea is a country with a variety of health challenges. One challenge relates to the high rate of HIV and AIDS in remote and rural areas and the lack of people coming forward for testing. Some of the nurses in Papua New Guinea, to fulfill requirements of their Leadership For Change Action-Learning Project, decided to tackle this problem. These nurses identified key local stakeholders, including youth and women's groups and community leaders in 14 villages, among whom they would work to increase awareness about HIV/AIDS. They

used short-wave radio services; community-based, outdoor, remote broadcasting systems; and local newspapers to deliver information about health needs and available health services. The nurses offered remote clinics in each village and conducted workshops on HIV and AIDS. They also taught the local people about other primary healthcare topics, such as diabetes, hypertension, prenatal care, and immunisation. Following one of the workshops, 365 people came to the health centre for HIV testing. Anyone who tested positive was referred to the hospital for counseling and treatment.

These nurses not only tapped into their knowledge of the population needs, they also utilised technologies that were commonly available. In so doing they made a difference. Because the nation's Ministry of Health is a partner in the Leadership For Change Programme, they were able to quickly build upon this initial programme to develop a national approach for increasing public engagement with HIV testing, thus establishing a win, win, win situation – wins for the government, the citizens, and the nursing profession.

Employing Planned Leverage: Paraguay

Paraguay, in Latin America, has faced many challenges. Yet the national nursing association's leadership is strong. During my recent visit ICN-CEO visit to Paraguay it became clear to me that the Paraguay Nursing Association was going to use my visit to leverage change. Taking a results-focused approach the association sent me emails describing what issues they wanted to address and what national outcomes they wanted to achieve as a result of my visit. The association sought to raise the profile of various issues with government officials, the profession, the media, and key citizens during the various events scheduled as part of the visit.

Upon my arrival in Paraguay the Board of Directors and senior leadership of the nursing association, under the expert guidance of the association president, arranged a series of meetings. For example, my early meeting with the Ministry of Health was immediately followed by press conferences, and later with formal presentations on a range of relevant topics to leaders, frontline staff, and students.

The idea was to use my visit both to highlight the appalling levels of staffing in the country and to secure a stronger and more influential voice in the policy-making process for the nursing profession. We developed clear messages on these two themes, marshalled the evidence, and took advantage of the opportunity to raise awareness of these situations.

The Ministry of Health was fully engaged and attended all the presentations offered to the various audiences. Then, mid-visit, Ministry representatives decided to take advantage of an arranged meeting with nurses to share the government's ideas regarding future healthcare policy directions. This provided a significant opportunity in which nurses could talk directly to the Minister and senior officials, providing first-hand information on what nurses are doing and could do in the future. We described how nurses in other parts of the world have supported governments in dealing with the same problems that Paraguay was facing and explained how nurses could contribute to meeting the healthcare goals set by the government. Working in partnership, ICN and the nursing association were able to open doors and move forward the agenda to strengthen healthcare in Paraguay.

Celebrating Success: Iran

Having recently returned from a fascinating visit to the Islamic Republic of Iran, my perspective is now very different from the perspective I had of Iran before visiting there. The Iranian Nursing Organisation has made extremely rapid progress since the election of its first Board in 2002. The organisation has taken a broad-based approach to the development of the nursing profession. It has explored opportunities in education, regulation, socio-economic welfare, culture, and wellness to advance the status of its members and the role of nursing.

Utilising the International Nursing Day theme, the Iranian National Nurse's Day commemorations now attract approximately 5,000 nurses from various parts of the country to celebrate the contribution of the profession and take advantage of the creative and locally sensitive resources that ICN makes available. Events that profile nurses are well attended by ministers of health, government officials, the Iranian President, and senior religious leaders. This approach creates opportunities in which the nursing voice can be heard loudly in the corridors of power. In doing this the organisation fully utilises ICN's position statements to initiate debate and bring about change. In 2011, the Vice President of the country launched an Ethical Code of Practice based on an ICN document. The impetus for initiating the development of this Code came directly from a discussion and request by the Supreme Leader of the country, Grand Ayatollah Seyyed Ali Hoseyni Khamenei.

Conclusion: Transformation, Solidarity, and Progress

Additional examples of these activities of nursing associations could be

highlighted; but instead of doing so let's focus on the future. As ICN's Leadership for Change Programme explains, nurse leaders are transforming agents, effective in bringing about change. These leaders are creative thinkers who consider long-term needs. They develop their members into new leaders. They learn, listen, coach, experiment, and network. In short these leaders lead their societies toward better health.

If each nurse would take every opportunity to learn from the experiences of colleagues throughout the world and to initiate and influence policy development, we would have the expertise, strength, and knowledge to lead the world to better health.

All nurses must do their part to speak with one voice, develop leadership skills, and advocate for healthy public policy using a wide range of opportunities creatively, but with clarity of intent, to improve the profession, and the lives of the millions of people who depend upon us. If each nurse would take every opportunity to learn from the experiences of colleagues throughout the world and to initiate and influence policy development, we would have the expertise, strength, and knowledge to lead the world to better health. Indeed we have already begun.

Author

David C. Benton, MSc, MPhil, RGN, RMN, FRCN

E-mail: benton@icn.ch

Mr. Benton is the Chief Executive Officer of the International Council of Nurses, a federation of over 130 national nursing associations around the world. He has worked in a wide range of policy position for over 20 years and is both a registered general and mental health nurse. David has undertaken research in a wide range of topics, and is an expert in nurse regulation. He has published over 100 articles and book chapters. Mr. Benton earned his nursing qualifications (RGN and RMN) from the Highland College of Nursing and Midwifery, Inverness Scotland, his BSc from the Robert Gordon University in Aberdeen Scotland, his MSc from the Complutense University, Madrid, Spain, and his MPhil at the University of Abertay; Dundee, Scotland.

References

Beckhard, R., & Harris, R.T. (1987). *Organisational transformations: Managing complex change*. Wokingham, Addison Wesley.

Bush, B.L., Lynaugh, J.E., Boschma, G., Rafferty, A.M., Stuart, M., & Tomes, N.J. (2001). *Nurses of all nations: A history of the International Council of Nurses 1899-1999*. Philadelphia, PA: Lippincott Publishing, Ltd.

International Council of Nurses. (2010a). *Vision for the future of nursing*. Geneva, International Council of Nurses. Retrieved from www.icn.ch/about-icn/icns-vision-for-the-future-of-nursing/

International Council of Nurses. (2010b). *Position statements*. Geneva, International Council of Nurses. Retrieved from www.icn.ch/publications/position-statements/

International Council of Nurses. (2011c). *Leadership in negotiation*. Geneva, Retrieved from www.icn.ch/pillarsprograms/leadership-in-negotiation/

International Council of Nurses. (2010d). *Global nursing leadership institute*. Geneva, International Council of Nurses. Retrieved from www.icn.ch/pillarsprograms/global-nursing-leadership-institute/

International Council of Nurses. (2010e). *Leadership for change*. Geneva, International Council of Nurses. Retrieved from www.icn.ch/pillarsprograms/leadership-for-change/

International Council of Nurses. (2011). *International nurses day: Closing the gap, increasing access and equity*. Geneva, International Council of Nurses. Retrieved from www.icn.ch/publications/2011-closing-the-gap-increasing-access-and-equity/

Kirschenbaum, J., & Russ, L. (2002). *Using geographic data for neighbourhood revitalization: A tool from the equitable development toolkit*. New York, NY: Policy Link. Retrieved from www.usmayors.org/brownfields/library/mapping.pdf

Powley, E. (2005). *Strengthening governance: The role of women in Rwanda's transition*. Washington, DC: Women Waging Peace. Retrieved from www.idea.int/publications/wip2/upload/Rwanda.pdf

The World Bank. (2011a). *Health policy toolkit*. Washington, DC: The World Bank. Retrieved from <https://www.wbginvestmentclimate.org/toolkits/public-policy-toolkit/>

The World Bank. (2011b). *Healthy partnerships: How governments can engage the private sector to improve health in Africa*. Washington, DC: The World Bank. Retrieved from https://www.wbginvestmentclimate.org/advisory-services/health/upload/Healthy-Partnerships_Full-Rpt-bkmarks-2.pdf

World Health Organisation. (2007a). *Report of the scientific working group meeting on Dengue*. Geneva, World Health Organisation. Retrieved from http://apps.who.int/tdr/publications/tdr-research-publications/swg-report-dengue/pdf/swg_dengue_2.pdf

World Health Organisation. (2007b). *Working paper: Research needs relating to Dengue case management in a health system*. Geneva, World Health Organisation. Retrieved from www.tropika.net/svc/review/061001-Dengue_Clinical_management

World Health Organisation. (2011). *Strategic directions for strengthening nursing and midwifery services 2011-2015*. Geneva, World Health Organisation. Retrieved from www.who.int/hrh/resources/nmsd/en/index.html

World Health Organisation: Western Pacific Region. (2005). *Health service planning and policy-making: A toolkit for nurses and midwives*. Manila, World Health Organisation. Retrieved from www.wpro.who.int/publications/PUB_9290611863.htm

© 2012 OJIN: The Online Journal of Issues in Nursing
Article published January 31, 2012

Related Articles

Patient Advocacy in the Community and Legislative Arena

Mary A. Maryland, PhD, MSN, APN-BC; Rose Iris Gonzalez, PhD, RN (January 31, 2012)

Role of Professional Organizations in Advocating for the Nursing Profession

Jennifer H. Matthews, PhD, RN, A-CNS, CNE, FAAN (January 31, 2012)

Advocating for Nurses and Nursing

Karen Tomajan, MS, RN, NEA-BC (January 31, 2012)

The Voice of Florence Nightingale on Advocacy

Louise C. Selanders, RN, EdD, FAAN; Patrick C. Crane, MSN, RN (January 31, 2012)

Follow Us on:

