

2017 MEMBERSHIP
ASSEMBLY



JUNE 10, 2017
WASHINGTON HILTON
WASHINGTON, DC

Report of the Reference Committee 2017

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June 10, 2017

Washington Hilton Hotel, Washington, DC

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Presented by: Mary Tanner, PhD, RN

Chair, ANA Reference Committee

Madam Chair and ANA Membership Assembly Representatives:

Dialogue Forum #1: Fostering Member Engagement in Association Policy Development

The Dialogue Forum, *Fostering Member Engagement in Association Policy Development*, was submitted by the Individual Member Division (IMD).

Issue Summary

Developing policies for the nursing profession is a core function of the American Nurses Association (ANA), constituent and state nurses associations (C/SNAs), and the Individual Member Division (IMD). Policies guide associations' ¹ legislative, regulatory, and public outreach efforts and inform decision-making around related activities on given issues.

Currently, member engagement in association policy work is minimal, which can reduce an association's transparency and credibility, as well as members' trust in the association. Greater member engagement will help guide policy development to ensure ANA, the C/SNAs, the IMD as well as ANA's Organizational Affiliates (OAs) are strategically positioned as the healthcare landscape continues to evolve.

Participant Comments

Following table top discussions, attendees offered the following as challenges, modifications, and strategies to optimize member engagement in association policy development process.

Challenges

- Lack of time (e.g., busy lives)
- Lack of awareness, knowledge, and experience
- Lack of material incentive to engage
- Competing priorities (e.g., family, work)
- Burnout – workload too much to engage in policy development

¹ Associations = ANA, C/SNAs, and Organizational Affiliates

Strategies

- Provide rewards/incentives for innovation
- Update website
- Create policy poster sessions to connect like-minded professionals and recommend professional issues panels, as appropriate
- Engage more members in red and blue states by taking a non-partisan approach
- Engage others (e.g., students, consumers)
- Develop database of experts
- Make process relevant through mentoring
- Organizational Affiliates offer scholarships for internships in Washington
- Share resources between Organizational Affiliates and state nurses associations

How to change process (Donabedian model)

❖ Structure

- Create effective and efficient structure for member input
- Solicit input from members related to progress on Dialogue Forum recommendations
- Develop public online forums that are C/SNA or IMD specific

❖ Process

- Create nimble process for the dissemination of information
- Conduct environmental scan to identify specific issues
- Develop timely and friendly feedback loop
- Acknowledge communication from members
- Use compelling sound bites and foundational documents (e.g., Code of Ethics)
- Provide continuing education
- Increase transparency (e.g., “user friendly” website, better promotion of the Call for Reference Proposals, additional online resources, accessible information, detailed timelines)
- Send MNORN’s approach as a “case study”.

❖ Outcomes

- Increased engagement of members in the identification of policy and policy guidance
- A two-pronged approach to policy development that separates advocacy on nursing-specific policies and issues that could be considered more “political” in nature (i.e., travel ban) and allow members to associate with one or both of the prongs.

Optimizing Engagement

- Allow individual registered nurse members to submit proposals
- Use social media to attract members and raise the visibility
- Capture ideas all year long
- Leverage Organizational Affiliates in the identification of policy topics and advocacy issues
- Consider more desirable “micro-volunteering” opportunities for policy and advocacy efforts
- State conduct survey among members to narrow down issues to manageable level

Appendix A: Background Document: Fostering Member Engagement in Association Policy Development

Dialogue Forum #2: Preparing Nurses to be Effective Advocates in an Uncertain Health Care Environment

The Dialogue Forum Topic, *Preparing Nurses to be Effective Advocates in an Uncertain Health Care Environment*, was submitted by the Minnesota Organization of Registered Nurses (MNORN).

Issue Summary:

Historically, registered nurses have been seen as advocates, a role clearly defined within the foundational documents of the nursing profession. Today's health care environment is uncertain to say the least. While nursing education and organizational efforts-to-date have focused primarily on patient advocacy and policy advocacy, there is a need for nurses to broaden their concept of advocacy and engage more fully in advocacy efforts to meet changing societal needs.

Participant Comments

Following the table top discussions, the subsequent contributions were made during the forum report out.

- There is a need to educate nurses about advocacy. The American Nurse Advocacy Institute (ANAI) is a good resource.
- A process is needed that will allow for the timely development of position statements and other policy positions in order to respond quickly to emergent issues.
- It is important to speak to the budgetary and financial impact of the proposed policy.
- Administration and other stakeholders need to be "open" to receiving information.
- Advocates must "do their homework and make a compelling case."
- One way to support advocacy is to provide short, easy communication with specific assignments.
- Concern was expressed about a lack of understanding of advocacy and the need for nursing's voice.
- It is necessary to thread the importance of advocacy in nursing school throughout class work. Engage with nursing education policy leaders to include more policy requirements in the Essentials.
- Nurses must network and be proactive to attain information, leverage the expertise of others, and access the data that is needed to make a compelling case.
- Need to identify confidence building strategies to support interfacing with legislators – legislators work for us – talking points, role playing, etc.
- Collaboration with other agencies and organizations to strengthen nursing's power; be armed with data and prepared with a middle ground; know the political background of

the person with whom you are engaging – know who they are and how they are likely to vote.

- It is necessary to build relationships with legislators.

Through a review of the written documents, the following inputs from participants were identified:

Barriers to advocacy:

- Time, work-life balance
- Budget
- Skills/knowledge/understanding the political process and staying current in real time about issues
- Culture change in nursing
- Competing priorities and/or initiatives
- Uninformed policy makers, consumers, colleagues, and stakeholders
- Nursing does not speak with one voice
- Lack of support from leadership, “clay layer”, hierarchy, power imbalance
- Lack of data and tools
- Attitudinal issues: willingness to ask for help, resistance to change, “it wasn’t my idea, so we are not going to do it”
- Lack of confidence
- Geographic location, isolation
- Fear of retaliation, “toxic work environment”

A number of strategies and resources overlapped between questions two and three for this forum. Therefore, the Reference Committee captured these suggestions in *either* the strategies category *or* the resources category.

Strategies for Effective Advocacy

- Develop business case, use evidence and research
- Mentoring/Networking/Cross training
- Be in a position to provide a timely response by having positions already established
- Start in Nursing School
- Financial support/Fundraising/Grants
- Provide virtual options
- Ensure effective and concise communication
- Build relationships (e.g., coalitions, stakeholders, interdisciplinary focus, collective voice)
- Use personal stories – both patients and RNs
- Employ marketing strategies
- Make sure YOU are registered to vote
- Use tools to support professional practice (e.g., Code of Ethics, policies, procedures, position statements)
- Hold Nurses Day with legislators
- Provide access to ANA staff for consultation

Resources for Effective Advocacy

- ANAI/Nurses in Washington Institute (NIWI)/role play/trainings
- Inclusion in nursing education Essentials
- Timely and up-to date data
- Speakers Bureau
- How to develop a business case
- Access to journals for evidence in the literature
- Policy briefs, one-pagers, fact sheets, talking points
- Webinars

Appendix B: Background Document: *Preparing Nurses to be Effective Advocates in an Uncertain Health Care Environment*

Recommendations

Having reviewed the discussion and written feedback from both Dialogue Forums, the Reference Committee found that there was considerable overlap between the findings and feedback. Given this, the Reference Committee decided to combine the recommendations from both Dialogue Forums into one set of recommendations.

The Reference Committee recommends that ANA:

1. Highlight and promote the use of policy and advocacy resources.
2. Emphasize policy development and advocacy as central to the role of all registered nurses.
3. Advance mechanisms to heighten the involvement of individual registered nurse members in the generation of policy and advocacy topics.

Appendix A

Background Document

Fostering Member Engagement in Association Policy Development

Topic Submitted by: Individual Member Division (IMD)

Invited Speakers: Dave Hanson, MSN, RN, ACNS-BC, NEA-BC, IMD Chairperson
Kathi Koehn MA, RN, FAAN, Minnesota Organization of Registered Nurses (MNORN), Executive Director
Kathy Baker, PhD, NE-BC, RN, Barriers to RN Scope of Practice Professional Issues Panel, Steering Committee Co-Chair

ANA Staff Contacts: Tina McRae-Phelps, MSM, Director, Constituent Relations and Membership Support
Cheryl Peterson, MSN, RN, Vice President for Nursing Programs and Special Projects
Maureen Thompson, MA, CAE, Director, Leadership Services and staff liaison to the Reference Committee

Session Overview:

Developing policies for the nursing profession is a core function of the American Nurses Association (ANA), the C/SNAs, and the Individual Member Division (IMD). Policies guide the associations' legislative, regulatory, and public outreach efforts and inform decision-making around related activities on given issues. Currently, member engagement in association policy work is minimal, which can reduce transparency, credibility, and trust in the association. Greater member engagement will help guide policy development to ensure ANA and the C/SNAs, the IMD and ANA's Organizational Affiliates (OAs) are strategically positioned as the healthcare landscape continues to evolve.

Session Objectives:

For purposes of this Dialogue Forum the discussion will center on: *How ANA, the C/SNAs, the IMD and the OAs receive information, facilitate member involvement (Engagement) in the work, and determine what (Policy) the association moves forward (Advocacy).*

- Identify challenges and obstacles that impede consistent member engagement in the association's policy development process.

- Determine the optimal structures and processes necessary to effectively support member engagement in the association’s policy development process.
- Discuss the role of the C/SNAs, IMD and OAs in ANA’s policy development process.
- Describe ways to overcome barriers to member engagement in the policy development process at all levels of the association.

Definitions:

- Association ~ ANA, the C/SNAs, the IMD, and Organizational Affiliates.
- Engagement ~ *emotional involvement or commitment* (merriam-webster.com, 2017).
- Policy ~ *a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions* (merriam-webster.com, 2017).
- Advocacy ~ *the act or process of supporting a cause or proposal* (merriam-webster.com, 2017).

Overview/Background:

“One of the main troubles facing modern-day associations is lack of member engagement. Low levels of engagement also lead to a lack of economic participation, with members who only occasionally use the association’s services. This undermines the feasibility for associations to derive their financial support from members. A final complication of poor member engagement is the impact of diminished expansion of associations. Individuals who are more involved in an association seek to include others in the group, aiding in the continued expansion of the association and renewing its membership base” (Hakelius, 2003).

Avedis Donabedian described the relationship between structures, processes and outcomes; and theorized that an organization with the right structures and processes in place will produce better outcomes (Donabedian, 1988). “Initial engagement is the “hook” that grabs the attention of the nurse...The initial engagement prerequisite may often be expressed in the question, “What’s in it for me?” (French-Bravo and Crow, 2015) It is incumbent on the association to provide a clear answer so as to engender members’ interest in the policy development process.

Consideration should also be given to encouraging the involvement of emerging registered nurse leaders, particularly those from around the world, in the policy development process. “Associations have reason to be optimistic about attracting and retaining young, international members. Every year more international students come to the U.S. to begin graduate studies in professional programs. Associations already have a good reputation among these newcomers. By tending to their needs and making them feel welcome, a strong base can be created” (Dicke and Saitgalina, 2014).

“Public incentives offered by professional associations (such as lobbying on behalf of collective interests) compete with private incentives (such as member networking opportunity) in promoting monetary gifts, voluntary coproduction of organizational outcomes, and commitment to the association...Incentives are motivations for engagement; association members participate more when they perceive more opportunities for influence... In a changing landscape of associational life in the United States, professional associations have become important and essential to civic engagement” (Hager, 2014).

Policy development for the nursing profession is at the center of the association’s work. Policy guides legislative, regulatory, and public outreach efforts and informs decision-making and resource allocation around related activities on specific issues. Currently, member engagement in the policy work facilitated by ANA’s Reference Committee, is not optimal, which can reduce transparency, credibility and trust.

ANA, in part through the work of its Reference Committee, develops policy based on input received through the Dialogue Forums held during the annual Membership Assembly. Including topics submitted by staff, the C/SNAs, the IMD and the OAs, since 2013, the Committee has received a total of twenty-three (23) proposed topic submissions...an average of 4.6 proposals per year. Of those 23, eleven (11) were developed as Dialogue Forums and considered by the Membership Assembly. In addition to this year’s topics, discussions have focused on:

- Licensure Jurisdiction
- Interprofessional Teams
- Palliative Care
- Scope of Practice
- Patient Safety and Quality of Care
- Ethics
- Infection Prevention and Control
- Advocacy for LGBTQ Patients
- Substance Use Disorder in Nursing

In addition to the aforementioned Dialogue Forums, ANA convenes ad-hoc Professional Issues Panels to evaluate changes in nursing practice and health policy and engage nurses in deliberations and well-researched decisions on pressing issues. Panels are convened around specific practice and policy questions approved by the Board of Directors. Since 2013, ANA has engaged approximately 3,000 individuals in panels concentrating on a variety of professional issues. Several panels were a direct result of reference proposals submitted to the Reference Committee and focused on:

- Full Practice Authority for All RNs;
- Integration of Palliative Care into Health Care Delivery Systems; and,

- Moral Resilience

A survey was sent via email to all ANA members requesting that they submit proposed strategic policy topics aligned with ANA’s 2017-2020 strategic goals to support the Reference Committee’ work. The table below lists the 10 most frequently submitted topics. The [detailed survey responses](#) can be found on the Reference Committee page on nursingworld.org.

Topic	# of Submissions
Optimal Nurse Staffing	42
Work Environment	42
Scope of Practice APRN	28
Advocacy	19
Academic Preparation	18
Health Policy	14
Healthy Nurse Healthy Nation	11
Licensure	11
Scope of Practice RN	8
Professional Development	5

Summary:

Avedis Donabedian described the relationship between structures, processes and outcomes; and theorized that an organization with the right structures and processes in place will produce better outcomes (Donabedian, 1988). “Initial engagement is the “hook” that grabs the attention of the nurse...The initial engagement prerequisite may often be expressed in the question, “What’s in it for me?” (French-Bravo and Crow, 2015). It is incumbent on the association to provide a clear answer so as to engender members’ interest in the policy development process.

As health care continues to evolve, heightened member engagement will guide policy development and ensure nursing is strategically positioned within the dialogue. An association’s accomplishments are dependent on member engagement, which is heightened through participation. “The internalization of organizational goals...depends...on the extent to which the individual shares actively in the determination of organizational decisions and in the rewards which accrue to the organization” (Katz, and Kahn, 1978). “Buy-in does not occur until

the individual's goals and core beliefs align with those of the organization" (Porter-O'Grady and Malloch, 2011). Working to increase member engagement in the association's policy development process has the potential to result in..." maximal spontaneity and innovativeness in the service of those goals" which are critical in furthering organizational success" (Porter-O'Grady and Malloch, 2011).

The goal of this Dialogue Forum is to discuss how ANA, the C/SNAs, the IMD and the OAs receive information and subsequently facilitate member engagement in the work associated with policy development.

Appendices:

Appendix A: Donabedian Model

Appendix B: Approach Used by Minnesota Organization of Registered Nurses (MNORN)

Appendix C: Professional Issues Panel Information

Appendix D: Breakout Questions

References:

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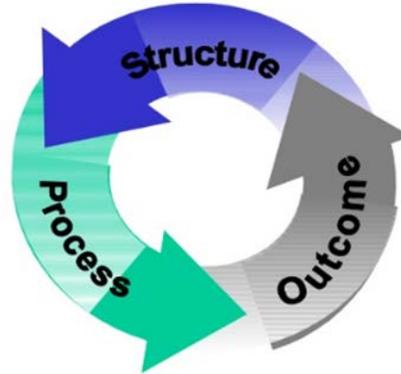
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Appendix A

Donabedian Model



Source: Donabedian, A. (1988). The quality of care: How can it be measured?
Journal of the American Medical Association, 260(12): 1743-1748.

Appendix B

Approach Used by Minnesota Organization of Registered Nurses (MNORN)

1. During the MNORN elections, a question is placed on the e-ballot which describes ANA's Dialogue Forum (Reference) Process. MNORN members are asked what they would like ANA Membership Assembly Representatives to discuss during the next Membership Assembly. Members are able to free-form their suggestions for the next year's Dialogue Forum topics.
2. After sorting responses into functional (like) categories, a survey is sent to all MNORN members asking them to rank in order of importance the responses from the e-ballot. They may also add topics or refine existing responses. Any topics ANA staff may have recommended are also included.
3. The survey results are provided to the MNORN Board to inform their consideration of topics to submit in response to ANA's Call for Reference Proposals.
4. The MNORN Board discusses the topics and selects two for submission as Reference Proposals. For 2016, the MNORN Board only considered topics that MNORN members suggested; they did not add any other topics that might be of interest to them as individuals.
5. MNORN members then receive the survey results that were provided to the MNORN Board, the two topics the MNORN Board selected for submission as Reference Proposals, and all supporting documentation.
6. During National Nurses' Week, MNORN holds a face-to-face meeting of MNORN members to discuss the Dialogue Forum Topics approved by the ANA Board of Directors. A report of the discussion is sent to all MNORN members and informs MNORN's representatives to the Membership Assembly participation at Membership Assembly.
7. After Membership Assembly, a report of the ANA Dialogue Forums and their outcomes is sent to all MNORN members.

Appendix C

Professional Issues Panels Information

The world of professional nursing practice and health policy is ever evolving to meet the new dynamics of care needs in every setting. In order to effectively address these changes, ANA uses **Professional Issues Panels** to drive toward informed decision-making, member engagement and active dialogue with members. Panels are convened around specific practice and policy questions as approved by the ANA Board of Directors. Each Panel will include both a Steering Committee and an Advisory Committee to ensure sufficient rigor while also allowing for broad feedback from a full range of practice arenas and interests.

- **Steering Committee** ~ The Steering Committee typically includes up to 15 ANA members who will do a deep dive into the topic. This committee meets intensively via conference call for a three to six-month period, depending on the topic.
- **Advisory Committee** ~ The Advisory Committee provides additional information, feedback and advice to ANA and the Steering Committee by responding online to specific questions, documents and dialogue.

Professional Issues Panel Topics

- Moral Resilience
- Palliative and Hospice Nursing
- Barriers to RN Scope of Practice
- Workplace Violence and Incivility
- Care Coordination Quality Measures
- Nurse Fatigue Panel
- Revision of the Code of Ethics for Nurses with Interpretive Statement

Appendix D

Discussion Questions

The goal of this Dialogue Forum is to discuss how ANA, the C/SNAs, the IMD and the OAs receive information and subsequently facilitate member engagement in the work associated with policy development.

- 1. What are the challenges and obstacles that impede consistent member engagement in the policy development process?*
- 2. What are the 'best practice' or innovative strategies – Nursing/Health Care association related and non-Nursing/Health Care association-related – that should be evaluated/considered in order to help increase member engagement in the policy development process? Please identify/credit the association involved.*
- 3. In looking at member engagement in the association's policy development process through the lens of the Donabedian Model (1988), what specific modifications should be made to our association structures and processes in order to achieve better outcomes (i.e., consistent member engagement in the association's policy development process)?*
- 4. Recognizing that consistent member engagement in the policy development process will take all of us working together, what specifically can the C/SNAs, IMD and OA's do to optimize engagement of their respective members in ANA's policy development process?*

Appendix B

Background Document

Preparing Nurses to be Effective Advocates in an Uncertain Healthcare Environment

Topic Submitted by: Minnesota Organization of Registered Nurses (MNORN)

Invited Speakers: Heidi Orstad, BSN, RN, PHN, CCM, Doctor of Nursing Practice Student and Director, MNORN Board

Karen Daley, PhD, MPH, RN, FAAN

ANA Staff Contacts: Michelle Artz, Director, MA, Government Affairs

Mary Beth Bresch-White, BS, Director, Health Policy

Janet Haebler, MSN, RN, Senior Associate Director, State Government Affairs

Cheryl Peterson, MSN, RN, Vice President, Nursing Programs

Maureen Thompson, MA, CAE, Director, Leadership Services

Session Overview:

Historically, registered nurses have been seen as advocates, a role clearly defined within the foundational documents of the nursing profession. Even registered nurses who don't think of themselves as advocates engage in advocacy every single day when they initiate action to improve a patient's care; interact with administration to create a better working environment; or speak to family, friends, or the general public about the profession and what it means. For the most part, registered nurses learn advocacy strategies "on the job" and adapt their strategies to meet changing health care needs and changes in the health care system.

Today's health care environment is uncertain to say the least and changing at warp speed. ANA's *Principles for Health System Transformation* (2016a) provide nurses with direction for participating in the current policy discussion related to the delivery of health care. To facilitate the inclusion of these principles in both legislation and regulations will require individual

registered nurses, as the most numerous of the health professions, to be effective advocates at all levels (e.g., individual, interpersonal, organizational, and policy) within their communities of influence (e.g., places of employment, professional organizations, community groups, etc.). (ANA, 2015a)

While nursing education and organizational efforts-to-date have focused primarily on *patient* advocacy and *policy* advocacy, there is a need for nurses to expand their understanding of the concept of advocacy and engage more fully in advocacy efforts in order to meet changing societal needs in today's health care environment. Advocacy in the broader context (ANA, 2015b) also includes education, mentoring and peer review through nursing administration, community service/civic activities, and knowledge development and dissemination. Individual registered nurses must pursue ongoing continuing education and leverage available resources and tools to develop a broader interpretation of advocacy in order to maximize advocacy efforts at the local, state, and national levels and achieve positive health outcomes.

Session Objectives:

1. Develop a broader interpretation of advocacy
2. Re-present registered nurses to their professional responsibility to advocate
3. Discuss frameworks that have been used to support advocacy efforts in different settings and at different levels
4. Identify additional resources to support advocacy efforts in the current healthcare environment

Overview/Background:

Through her advocacy, Florence Nightingale changed the status of nursing from that of a domestic service to that of a discipline and profession. Nightingale laid the foundation for nurse advocacy and established the expectation that *all* nurses would advocate. Her advocacy efforts are as relevant for today's uncertain health care environment as they were for the 19th century. (Selanders and Crane, 2012)

The uncertainties of the current political climate may result in unprecedented changes in both the financing and delivery of health care in all settings, which could result in significant threats, such as regression of nursing opportunities, if the health care system reverts back to more of a "sickness-oriented" model. Fortunately however, inherent in nearly all challenges are opportunities!

Individual registered nurses need to be prepared to turn these challenges into new opportunities by participating in respectful, informed dialogues to facilitate the development of

policies that protect a health care system where all people can receive necessary care and to ensure that the care provided achieves the Quadruple Aim of “care, health, cost, and meaning in work” (Sikka, et al., 2015). As the most trusted profession for 15 consecutive years (Gallup, 2016), nurses should not underestimate the degree to which they can serve as powerful and influential advocates.

Foundational Documents:

The contemporary definition of nursing, which forms the basis for the foundational documents of the American Nurses Association (ANA), includes the nursing function of “*advocacy in the care of individuals, families, groups, communities, and populations*” (ANA, 2015a).

As noted in *Nursing: Scope and Standards of Practice* “(n)ursing occurs in any environment where there is a healthcare consumer in need of care, information, or advocacy.” The *Standards of Practice* also note that the individual registered nurse must advocate: “*each can serve as a catalyst for collaboration, promote partnerships in healthcare delivery, and reflect substantive support for nurses and nursing practice.*” (ANA, 2015a)

Several of the *Standards of Practice* (ANA, 2015a) refer specifically to competencies related to nurses’ role in advocacy:

- Standard 5A. Coordination of Care. “*The registered nurse advocates for the delivery of dignified and holistic care by the interprofessional team.*”
- Standard 7. Ethics. “*The registered nurse:*
 - *advocates for healthcare consumers’ rights to informed decision-making and self-determination, and*
 - *advocates for the rights, health, and safety of the healthcare consumer and others.*”
- Standard 8. Culturally Congruent Practice. “*The registered nurse advocates for policies that promote health and prevent harm among culturally diverse, under-served, or under-represented consumers.*”
- Standard 16. Resource Utilization. “*The registered nurse advocates for resources that support and enhance nursing practice.*”
- Standard 17. Environmental Health. “*The registered nurse advocates for the safe, judicious, and appropriate use and disposal of products in health care.*”

Advocacy is further defined in the *Code of Ethics for Nurses with Interpretive Statements* as the “*act or process of pleading for, supporting, or recommending a cause or course of action*” (ANA, 2015b). All of the provisions of the *Code* can be applied to advocacy, while some provisions specifically address various aspects of advocacy:

- Provision 3 addresses patient advocacy: *“The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”*
- Provision 6 addresses workplace advocacy, and also speaks to the role of the professional organization in advocating for nurses *“by supporting legislation; publishing position statements; maintaining standards of practice; and monitoring social, professional, and healthcare changes.”*
- Provision 7 addresses policy advocacy: *“The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.”*
- 7.3 : *“Nurses must lead, serve, and mentor on institutional or agency policy committees within the practice setting. They must also participate as advocates or as elected or appointed representatives in civic activities related to health care through local, regional, state, national, or global initiatives.”*
- Provision 9 addresses the specific role of professional organizations: *“The Profession of Nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.”* In the process of integrating social justice as part of this task, nurses *“must be vigilant and take action to influence leaders, legislators, governmental agencies, non-governmental organizations, and international bodies in all related health affairs to address the social determinants of health.”*

The *Guide to Nursing’s Social Policy Statement* (Fowler, 2015) states that nurses can work individually as citizens or collectively through political action to shape society, social and health policy, and social reform and speaks of civic professionalism as *“setting nursing and nursing care within the context of the broader moral, social, and political context that is concerned to advance or reform health and health care.”* The following elements of the social contract between nursing and society speak to the expectation of nurses to engage in advocacy:

- *Collaboration:* That nursing will contribute its distinctive perspective and voice to the wider healthcare conversation, collaborating with other health professions and disciplines to address the health needs of society.
- *Promotion of the Health of the Public:* It is expected that nurses will address the problems faced by individual patients including issues of health disparities and that nursing will be involved with and lead in health-related issues important to society. In some instances nursing will be in the vanguard of emerging health-related issues. Nursing will participate in the promulgation of healthcare policy at regional, state, national and global levels. Protection of the public through advocacy also includes whistleblowing.

Advocacy in Action:

Advocacy can occur in many settings and at all levels. This theme is evident in the work of Ludwick et al. (2014); *“Collectively nurses must collaborate among themselves and other health care professionals to transform health care.”* An example of such collaboration is the recently-formed partnership between the American Psychiatric Nurses Association (APNA) and the National Association of School Nurses (NASN) to enhance school nurses’ ability to address children’s mental health issues (Burtka, 2017), which demonstrates how two organizations have blended their expertise to *“better equip school nurses to identify and respond to students’ mental health issues.”* By collaborating with related professionals on an issue of mutual concern, school nurses now have access to an online certificate program that will provide them with new knowledge and skills needed to care for the one-in-five children who may have mental health or substance abuse issues.

Another area of practice in which nurse advocacy is critical is end-of-life care. ANA’s position statement (ANA, 2016b), *Nurses’ Roles and Responsibilities in Providing Care and Support at the End of Life*, includes recommendations related to practice, administration, education, and research to improve end-of-life practice as well as recommendations for how nurses can overcome many of the barriers in the current healthcare system related to end-of-life care. In March 2017, the ANA Board of Directors approved, *Call for Action : Nurses Lead and Transform Palliative Care*, which was developed collaboratively by ANA and the Hospice and Palliative Nurses Association. The purpose of this Call for Action is to enhance and leverage the efforts of all nurses, nursing organizations, and interprofessional teams to advocate for access to and ensure delivery of safe, quality, and person-centered palliative care to all in need.

Advocacy Frameworks:

Various frameworks can and have been used to support advocacy efforts at all levels. One example is a framework mentioned in Provision 9 of the *Code*, nurses must address the social determinants of health (SDOH), which are defined as *“the conditions in which people are born, grow, live, work, and age. They are shaped by the distribution of money, power, and resources at global, national, and local levels.”* (ANA, 2015b)

The SDOH (CDC, 2017), developed by the World Health Organization (WHO, 2008), cover five key areas: economic stability, education, social and community context, health and health care, and neighborhood and built environments. They provide a structure to address health inequities at all societal levels.

The Minnesota Department of Health (MDH) used the SDOH framework to document the relationship between the SDOH and health interventions at the state level (MDH, nd). A state-

wide assessment found health disparities between the white population and populations of color and American Indians. As a result of these findings, funding was provided for the development of programs to eliminate some of these disparities. One such program is the Eliminating Health Disparities Initiative, which was a collaborative effort between the MDH, Office of Minority and Multicultural Health and the Minnesota Visiting Nurse Agency. With other agencies, the outcome of the program was healthy births for many of the at-risk families (Goodnue, nd) and a portal through which programs can share information, strategies and progress on goals. The collection and evaluation of the outcomes of this program and others like it facilitate advocacy efforts for the development of new programs as well as ongoing funding and support for existing ones.

Another framework designed to improve the U.S. healthcare system, which has also been used to support advocacy efforts is the Triple Aim (Berwick, et al., 2008). The Triple Aim focuses on the pursuit of three goals: improve population health, enhance the patient experience, and reduce per-capita healthcare spending. Concerns with the health of providers and the relationship of that to the health of their patients, a fourth dimension was added namely, improve the work life of healthcare providers, including clinicians and staff. The framework is now referred to as the Quadruple Aim (Bodenheimer and Sinsky, 2014).

ANA's Healthy Nurse, Healthy Nation™ Grand Challenge (ANA, 2016c) supports the fourth goal of the Quadruple Aim by encouraging nurses to improve their health in order to become stronger role models, advocates, and educators for their families, communities, work environments, and ultimately for their patients.

A recent article by the Washington Nursing Action Coalition (WNAC, 2017), outlines the importance of all nurses supporting the achievement of the Triple Aim (or revised Quadruple Aim) by understanding the impact of the SDOH on the health of individuals and communities. WNAC states, *“to more successfully reform the health care system, it's crucial to understand – and articulate to others – what are the most important contributors to a person's health, why some people are healthier than others, and how we can ensure health equity for everybody and address health disparities.”* Health begins at home, in school, and within the community for all of us; nurses' health is affected by work situation and job-related impacts.

Use of the SDOH and Quadruple Aim frameworks can support nurses' advocacy efforts in the current health care environment. Nurses need to improve their own health status and work environment in order to decrease their stress, burnout, and episodes of workplace violence, which are related to lower patient outcomes and satisfaction. A thorough assessment, using a

broad-based model such as the SDOH or the Quadruple Aim, will identify key areas for improvement and create accessible data to support individual goals.

Summary:

Advocacy is a powerful and important catalyst for the change we want to see and nursing's role in advocacy is embedded in many professional roles and settings, primarily in direct care and legislative/policy development. As the health care environment changes, it is imperative that individual registered nurses embrace their professional responsibility to advocate, expand their perspective on the topic, and engage more fully in advocacy efforts in their communities of influence and at all levels. The ongoing commitment of both individual registered nurses and nursing organizations to advocacy efforts at the local, state, and national levels is critical.

Resources:

ANA has a long-standing commitment to growing nurses' advocacy skills, both formally and informally:

- **Legislative Agenda:** Ongoing Federal and state legislative engagement to advance ANA's policies and advocacy agenda for the benefit of nurses and patients.
- **Capitol Beat Blog:** Where nurses can go to stay up-to-date and plugged into ANA's federal advocacy efforts.
- **ANA's RNAction:** Website and email alerts that keep nurses up-to-speed on key bills as they move through Congress; and let them know when their emails, phone calls, and letters will make the most impact.
- **American Nurses Advocacy Institute:** A year-long mentored program designed to develop nurses into political leaders while expanding the grassroots capacity for the nursing profession and health care.
- **ANA-PAC:** Through funds raised by ANA members, ANA-PAC supports worthy candidates for federal office who have demonstrated their belief in ANA's legislative and regulatory agenda.
- **Nurses on Boards Coalition:** A campaign to improve the health of communities and efficient and effective health care systems at the local, state, and national levels through the service of nurses on boards and other bodies.
- **Resources and Tools :** ANA offers advocacy resources on the following topics : Conducting a Political Environmental Scan, Political Action Committees, Regulatory Guide, Tracking and Interpreting Bills, Messaging to Advance Legislative/Regulatory Agenda, Coalition Building Guide, Advocacy Toolbox, and much more.
- **Health Care Reform Website:** Other healthcare-related information is available from ANA at <http://nursingworld.org/healthcarereform>.

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Discussion Questions

**In relation to your role as a member of the nursing profession
Think about an experience in which you carried out an advocacy role**

- 1. What barriers did you encounter in serving as an advocate, either in your nursing role, practice environment, or other setting?***
- 2. What strategies have you used that were effective in overcoming the barriers you encountered?***
- 3. What additional guidance, education, resources, tools, etc. would support individual registered nurses in serving as effective and confident advocates on behalf of the profession in their communities of influence in the current health care environment?***