

9

CHAPTER

Policy Nurses Advance Policy Agendas in Many Arenas

Nancy J. Sharp, MSN, RN, FAAN

Key Terms

- ▶ **Advocacy training** All nursing organizations, either singly or in coalition style, have promoted 1- to 5-day advocacy workshops to educate nurses on the skills needed to be an advocate for patient and nursing issues. The courses offer either continuing education credits or academic credit.
- ▶ **Nursing specialty organizations** Nurses who work in clinical specialties and advanced practice nurses have organized into national specialty and subspecialty associations in which members receive continuing education in the clinical specialty, obtain journals, research programs and other benefits, and may seek certification. The largest clinical specialty organization is the American Association of Critical Care Nurses with about 65,000 members.
- ▶ **Policy nurses** Nurses employed in positions where public policy is developed in the legislative or executive branches of local, state, or federal government; or those employed in private entities where agenda setting, design of programs, implementation strategies, and evaluation are developed.

Introduction

I stand often in the company of dreamers: they tickle your common sense and believe you can achieve things which are impossible.

—Maryanne Radmacher-Hershey, 1998

Nurses working in public policy cannot only see the future of an improved healthcare system for the coming generations, but are in the middle of designing it through their daily work. The policy nurses of today are visionaries who are passionate in their desire to make positive change in healthcare delivery. They work in executive branches of state, local, and federal governments (e.g., Office of Secretary in the U.S. Department of Health and Human Services); in regulatory offices of state and federal government (e.g., Food and Drug Administration, Centers for Disease Control); state and federal legislative offices (e.g., U.S. Senate, House of Representatives); and in advocacy organizations for certain patient populations (e.g., AARP, Children's Defense Fund), various health conditions (e.g., American Diabetes Association, American Cancer Society), or in health professional societies (e.g., American Nurses Association, American College of Nurse Practitioners, Oncology Nursing Society). This chapter describes some of the growth and maturity in the number of policy nurses, but the bottom line is that we need many more nurses to look at nursing in the policy world as a rewarding career path.

Policy Nurses in Nursing Associations

The large, organized nursing organizations (American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, and the National Student Nurses Association) had Washington, DC-based government relations staffs as early as the 1950s. These staff made regular visits to Capitol Hill to lobby for federal grants and scholarships to fund nursing education and research. In addition, they worked with federal agency staff to work out implementation of various legislative policies that had been passed.

In the late 1970s, the clinical specialty nursing organizations recognized the need to add their voices to these advocacy efforts and become more involved in lobbying for federal funds for nursing research and education, as well as for their specific clinical nursing issues. Some of the early efforts were made by advanced practice nursing organizations such as the American College of Nurse Midwives and the American Association of Nurse Anesthetists. These groups were joined later by other clinical **nursing specialty organizations** with members who worked in emergency departments and operating rooms, as well as nurses working in oncology and nephrology units.

In those early days, not all of the government relations (GR) staff of the large nursing organizations were pleased to have the specialty organization representatives join in these efforts. Specifically, in 1982, a staff member of one of the large organizations told a specialty association GR staff member to “Get the hell out of legislation!” (personal communication, 1982). Stunned and saddened by this interaction, it took the staff member 24 hours to report this to the director because the staffer needed time to process the interaction. Having been hired as the specialty organization’s GR staff, it was certainly a slap in the face to the specialty organization that had decided to add GR staff to the Washington organization. It had seemed very reasonable to expect that the larger nursing community would be pleased that another nursing association staff member was joining the overall lobbying force for nursing.

Nurse in Washington Roundtable

Simultaneously, in the late 1970s, the nurses who worked in Congressional offices on Capitol Hill and in scattered offices of the various federal agencies in the Washington, DC, area needed a vehicle to meet and network with each other. They were fairly isolated in various offices across the Washington, DC, area. It was at this time that Thelma Schorr, then-editor of the American Journal of Nursing, and Sheila Burke, RN, BSN, who worked as a health legislative assistant to Senator Robert Dole (R-KS), decided to found the Nurse in Washington Roundtable (NIWR) and hold dinner meetings with a speaker to network among this early group of **policy nurses**. The NIWR started with a small group of a dozen or so and eventually grew into a group of several hundred. This group continued to function up until the early 2000s, when it became too large and unwieldy as a networking vehicle with volunteer organizers. An interesting dilemma!

Nursing Specialties Advocacy

The nursing specialty groups became much more active in the 1980s when it became necessary to coalesce to lobby for continued federal funding for nursing education and research. Nursing appropriations are in a constant state of danger of being eliminated. Late in 1984, a small coalition named the Nurses Coalition for Legislative Action was formed in the Washington, DC, community. The coalition leadership consisted of GR staff and volunteer representatives of the National Association of Pediatric Nurse Practitioners (NAPNAP), American College of Nurse-Midwives (ACNM), Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN), American Nephrology

224 | Chapter 9 Policy Nurses Advance Policy Agendas in Many Arenas

Nurses Association (ANNA), and the National Association of Orthopedic Nurses (NAON). The coalition expanded and was open to include membership from as many of the nursing specialty organizations as possible.

The NCLA focused on general nursing issues such as nursing education and research funding. It quickly became enlightened on the politics of nursing research, as it promoted legislation to establish the National Institute of Nursing Research (NINR), within the National Institutes of Health (NIH). It was eye-opening to view the disagreements when some nurses supported this effort to become an institute while others vehemently opposed it.

To assist with operations and communications of the NCLA, the leadership solicited \$100 donations from the specialty organizations. With those funds, and using regular mail and faxes (this was pre-e-mail), the NCLA sent notices and information packets to all specialty nursing organizations to ask that their members step up to the plate and participate in influencing policymakers at the national level. In this coalition, it was interesting to note that the five co-leaders each evolved into specific roles: one prepared overall strategy, one acted as policy analyst, one was the legal eagle, one was street-savvy and could interpret nuances seen and heard on Capitol Hill, and one was the schmoozer and communicator, welcoming participants with a smile and a hug when they came to meetings.

In an effort to further educate their individual members, several of the specialty nursing organizations had begun to hold 1- to 3-day advocacy workshops for their specialty groups in Washington, DC. In this **advocacy training**, the nurses learned how to advocate for their own specialty issues, such as seat belt laws, increased dialysis reimbursement legislation, maternal-child health programs, and others.

Nurses in Washington Internship

The NCLA leaders learned from the previous experience that the nursing community needed to educate and mentor a much larger cadre of nurses who would become nurse policy activists of the future. It was then that the leadership of NCLA formed a committee to prepare a proposal to present to the National Federation for Specialty Nursing Organizations (NFSNO). The proposal envisioned establishing an annual 5-day Washington, DC, experience for 50 to 100 members of the specialty organizations to attend. The proposal was titled “Nurses in Washington Internship (NIWI)” and described that the faculty of the 5-day program would include members of Congress and staff, regulatory bureaus federal agency staff, association lobbyists and GR staff, and other experts from the Washington policy world. The goal was to demystify the legislative process for specialty nurses.

The attendees of those NFSNO meetings were the leaders of then approximately 50 nursing specialty groups. Upon presentation of the proposal, the presidents and executive directors were a bit skeptical. The arguments against the proposal were that clinical nurses would either not want to come to Washington, DC, to learn about policy; could not afford to take 5 to 6 days off work to learn about the policy process; and could not afford the expense of a week in Washington, DC.

At the end of the day, however, the NFSNO agreed to treat this launch of NIWI as a pilot study and allowed that in the first year the NIWI should aim for 20 participants. The event was held in 1985 with 20 participants and received rave reviews from those 20 nurses. The committee recommended that the following year the number be increased to 50. Those 50 arrived the next year, and the committee recommended the limit be raised to 100, which it has been achieving ever since.

The Nursing Organizations Alliance (NOA) became the new name for the NFSNO in 2002, and the NOA now administers the NIWI as an educational policy experience. It is still going strong, although the time frame for the program has been reduced to three and one-half days. Approximately 2200 nurses have attended this policy workshop since 1985. Information is available at <http://www.nursing-alliance.org>.

Advanced Practice Nurse Organizations' Advocacy

As described earlier, the advanced practice nurse (APN) groups began their advocacy and policy agendas before the specialty nursing organizations with AANA and ACNM leading the way in the late 1970s. In 1985, a professional-facilitated forum was held in Chicago as an effort to unite the multiple national nurse practitioner (NP) organizations into one entity, or at least develop a mechanism that would make it easier to work together on policy issues.

An outcome of the Chicago Forum was the establishment of a group called the National Alliance of Nurse Practitioners (NANP). The leadership of several national NP groups met twice a year to come to consensus on issues of mutual concern. The group expanded to include representatives of state NP organizations, and New York and California were two very active members. One individual NP came to represent the interests of all NPs who were not members of any NP organization. The NANP put forth an enormous effort to produce some very sophisticated public relations brochures to elaborate on what an NP is and does, and these were distributed on Capitol Hill. This group, despite outstanding, exceptional individual NP leadership, got stuck in place because of its need for a full consensus agreement on policy issues. Without agreement, a public position could not be taken. The NANP continued to meet for awhile, mainly as a vehicle for networking among the remaining representatives.

For NPs, the next significant event occurred in 1993 at the first National Nurse Practitioner Summit in Washington, DC. At that meeting, a loosely organized group formed and named itself the National Nurse Practitioner Coalition (NNPC). This coalition formed upon hearing a loud, clear call from those present that it was time to form a collective of all NP groups. It was time to unite efforts, including time, energy, and money, to produce one shared message to give national policymakers, after listening and reflecting on every NP group's perspectives.

In 1994, the coalition changed its name to the American College of Nurse Practitioners (ACNP), and today remains a solid coalition-model organization focused on public policy. Membership includes state and national NP groups, as well as individual NPs who are focused on public policy. ACNP has utilized its volunteer members to advocate for policy issues affecting NPs, but also has contracted with Drinker Biddle Reath Carton, a Washington, DC, law firm with health specialists, to provide representation. ACNP has made a total commitment to its long-standing mission to ensure a solid policy and regulatory foundation that enables nurse practitioners to continue providing accessible, high-quality health care. The ACNP is clearly focused full time on policy issues that improve the practice environment and health-care system and that would allow NPs to practice at their fullest potential, without restrictions.

The ACNP has added another continuing education policy offering to the health professional community titled "Public Policy Institute for Health Professionals (PPI-HP)." This week-long educational program in Washington, DC, invites all advanced practice nurses, all advanced specialty nurses in administrative or managerial positions, and all nursing school faculty interested in updating their knowledge of the policy world to attend this expansive educational experience to hear from policymakers about how they frame the issues and debates on the latest policy issues. Information is available at <http://www.acnpweb.org> under the Conference tab.

The Nurse's Directory of Capitol Connections

In 1991, an idea sprang from two personal lists the author was keeping in her phone book. From this idea, a directory titled *The Nurses Directory of Capitol Connections* (Sharp, 1991–2000) was published (in five editions). The directory was a listing of nearly 500 positions and opportunities for nurse participation in health policy development in Washington, DC. It included nurses in (1) the legislative or congressional branch of government, including the three nurses elected to the House of Representatives; (2) the executive branch, or regulatory branch with the federal agencies, and, finally; (3) nurses in government

relations positions in the private sector world, whether in a healthcare association, consulting firm, public relations firm, law firm, or a non-profit group or foundation. The objective was to locate all the nurses in any of these positions so that they could be invited to networking events and meet others who were also using their nursing backgrounds in different sorts of health policy and advocacy roles.

By the year 2000, five editions of the directory had been published. When an agency or association or congressional office called looking for a nurse with a particular expertise, the directory was used to find such nurses. This directory was one component of the cosmic glue that connected these policy nurses together.

University Policy Courses

At the same time, there has been steady growth in the development of health policy or public policy courses and majors in universities. These courses can be a powerful motivator for students to start a career path toward work in the public policy sphere. However, more recently, a concern has surfaced that as the clinical and administrative faculty shortage grows, so does the faculty for teaching health policy in the nursing school curriculum.

As computer technology advances, there has been a further movement to put more and more courses online so that students can access the course and participate using their own computer remotely. Students and graduates can take a number of health policy courses, workshops, seminars for continuing education. Also, there are the concentrated 5-, 7-, and 10-day courses where graduate students can earn university credits. These students may be required to attend 35 to 40 hours of class, with reading assignments to be completed before the policy courses start, and preparation of a 10- to 15-page policy analysis at the conclusion of the course. George Mason University School of Nursing and Health Sciences began such a course in 1993. This is called the Washington Health Policy Institute (WHPI), and further information on this excellent course is found at <http://www.gmu.edu>.

Nightingale Policy Institute

In 2007, we both fear and embrace these changing times, but change always offers opportunities for visionaries. One phenomenon is the presence of the Internet and the fact that it is now mainstream. Nearly all nurse leaders either have their own personal computers in their own homes or have access to a computer and the Internet in a community-based setting. The Internet is no longer an odd phenomenon, and a

group of nurses in Washington, DC, and beyond began to think about how we could use the Internet to expand nursing's reach into the policy world, as well as how we could use the Internet to continue to grow this cadre of policy nurses.

In 2006, a group of five nurses with a variety of solid policy experience gathered to collectively establish a new sense of direction and focus for the future in regard to nurses and public policy. Originally conceived as the Nightingale Policy Group, the name soon was changed to the Nightingale Policy Institute (NPI). One of the goals is to move what had been pen and paper formats in the past to an electronic format on the Internet, moving it into cyberspace. The NPI Web site (<http://www.nightingalepolicygroup.org>) can serve as a space where policy nurses can debate critical issues affecting the healthcare system and nurses in that system.

The previously mentioned Nurse's Directory of Capitol Connections had been a useful publication, but even with five editions it was time-consuming and difficult to keep updated as nurses move from position to position and others fill new positions. If the publication were digitized and posted on the Internet, the entire world of nurses, as well as other healthcare professionals, could access it to find a policy nurse with expertise in a certain area. Finding such a specific policy nurse could be important if you have been asked to name a nurse for an important commission or advisory council.

The intent is to develop a virtual organization for policy nurses that would not be chapter-bound, state border-bound, or bound by any of the other constraints that hold an organization down. This organization would be open to all nurses, either working in public policy or aspiring to learn more and wanting to acquire the skills needed to become policy nurses.

The Nightingale Policy Institute's Founding Five members envision that the membership of NPI will grow and establish itself as an unparalleled vehicle for national and international interaction among policy nurses. We will write policy and make policy; inform other policymakers of our work; educate new, aspiring policy nurses; and present policy solutions to the transition into a evolutionary new healthcare system led by nurse professionals at every level of government. We are involved in the reformation of the current healthcare system and are working to develop the system into a more caring, humanistic, safe, and vital environment.

The Founding Five of NPI and their contact information are as follows:

- Sharon A. Brigner, MS, RN, sbrigner@phrma.org
- Pat Ford-Roegner, MSW, RN, FAAN, pfordroegner@aannet.org
- Carole P. Jennings, PhD, RN, FAAN, jennjournal@aol.com
- Jeri Milstead, PhD, RN, FAAN, jmilstead@bex.net
- Nancy J. Sharp, MSN, RN, FAAN, NurseSharp@aol.com

Conclusion

The community of policy nurses will continue to grow. The nation needs more nurses with policy expertise and passion. We encourage all nurses who have an interest in policy work to contact any of the Founding Five, or to follow any of the links mentioned to obtain more information about a particular program.

Discussion Points and Activities

1. Convene a group of nurses to discuss how to motivate and inspire nurses toward involvement in the policy process.
2. Attend NIWI and write a brief article about your experience.
3. Discuss a local, state, or national health issue with nurse colleagues and propose a solution to the agency responsible for the issue.
4. Analyze the impact of nurse advocacy for a specific health issue.

Reference

Sharp, N. J. (1991–2000). *The nurses directory of capitol connections* (1st–5th eds.). Bethesda, MD: Sharp Legislative Resources.

Suggested Readings

Kalisch, B. J., & Kalisch, P. A. (1982). *Politics of nursing*. Philadelphia: Lippincott.

Longest, B. (2002). *Policymaking in the United States*. Chicago: Health Administration Press.

Mason, D. J., Leavitt, J., & Chaffee, M. (2007). *Policy and politics in nursing and health care* (5th ed.). St. Louis, MO: Saunders.

Redman, E. (1973). *The dance of legislation*. New York: Simon & Schuster.

Reese, S. (2006). Nurses as policy makers. *Nursing Spectrum*. Retrieved July 17, 2007, from: <http://community.nursingspectrum.com/MagazineArticles/article.cfm?AID=22637>

