

Title:

Engaging Nurses in the Domains of Advocacy

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Rising Stars of Research and Scholarship Invited Student Posters

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Abstract Summary:

The Colorado Nurses Association identified the need to promote nurse participation in health policy, legislative activism, and professional membership. A review of literature reiterates the relevance of advocacy and social justice as a foundation of practice. A capstone project culminated in The Advocacy Boot Camp Webinar: Influencing Health Related Policy.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
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| The learner will be able to increase their knowledge and understanding pertaining to the role and responsibility of nursing advocacy as a constituent and an obligation as a professional nurse. | Identify current health legislation or issue impacting nursing or patient care utilizing the identification of one or more political representatives at a local, state, or national level, additionally describing venues and methods for advocacy (legislators, hearings, town hall, phone calls, letters, emails, professional organizations, coalitions etc.). |
| Achieve an elevated level of confidence in becoming active in advocating for self and others beyond the level of discussion through knowledge and skill attainment. | Demonstrate access to advocacy links on professional websites such as ANA, CNA, NLN, STT and Colorado legislative websites etc., increasing personal advocacy skills through the identification and utilization of related terminology and techniques. |

Abstract Text:

The Colorado Nurses Association provided an (pilot) advocacy webinar to promote engagement of its members and non-members in advocacy efforts. The educational format utilized a boot camp webinar. The intensive session was selected to deliver varied and condensed advocacy content in a 90-minute time frame. "The Advocacy Boot Camp Webinar: Influencing Health Related Policy", invited nurses throughout the state to participate in learning about their role as an individual or collective advocate. The offering defined the nursing role and responsibility related to the domains of advocacy, which impact health related policies and professional practice. The webinar committee consisted of the content expert and four members from the CNA Government Affairs and Public Policy (GAPP) committee. Each presenter created a PowerPoint ® with accompanied lecture based on preselected topics determined by the webinar committee. A question and answer session followed after the conclusion of the presentations. The Western Multi-State Division (WMSD) application was submitted for 1.5 continuing education credit approval. The content selected was based on the information from a review of literature.

Advocacy is embedded in the foundation of the profession of nursing. Matthews, (2012) describes advocacy as the cornerstone of nursing, which encompasses patient concerns, health care access, and professional issues. The most notable nurse advocate was Florence Nightingale who initiated the framework and navigated the plan for nursing education and governance of nursing practice. Her early achievements and advances have impacted generations of nurses regarding their personal career through educational and professional advancement. The continued professional progress would not have been possible without continued investment by respected professional nursing advocates. These factors are the resources of empowerment for the individual nurse and the collective professional nursing membership to advocate on behalf of nurses, patients, and health affairs. The early nursing pioneers and subsequent leaders realized the importance and necessity of nursing associations to meet the changing needs of the populace. These factors are the source of empowerment for the individual nurse and the collective professional nursing membership to advocate on behalf of self, patients, and health affairs (Lewenson, 2015; Feldman & Lewenson, 2000).

Florence Nightingale consistently modeled advocacy in defining the roles and responsibilities of nursing by establishing a profession from a domestic tasks oriented service (Maryland & Gonzalez, 2012). Nightingale achieved this accomplishment through formalizing academic based education (Sanford, 2012). This initial foundation enabled her successors to build upon this legacy, advocating for professional control, formulating nursing theories, establishing professional associations, and developing scopes and standards of practice etc. (Lewenson, 2015).

Nursing advocacy encompass issues pertaining to patients, self, and professional domains. Nurses are trusted and respected by patients and the health care industry, evidenced by the 2015 Gallup survey on honesty and ethics as the profession with the highest ethical standards, (ANA, 2015). These are impressive attributes that align well with the ability to advocate. These domains of advocacy do not exist in isolation but remain interconnected. A personal and collective nursing commitment is needed in the workplace and at state and national levels invested in professional organizations. Health care is in a continuous state of change; nurses have the opportunity to impact policy and reforms, shaping the future of their profession. Tomajan (2012) addresses the familiar role of patient advocate and less familiar responsibility of professional and self-advocate, citing less comfortable territory for many nurses. The ANA's Code of Ethics expands these responsibilities to mentoring, peer review, committee work, and professional membership etc. Nurses must develop and refine their communication, advocacy, collaborative, and influential skills to serve patients and their profession. Though there is a large body of evidence that supports collective advocacy, it should not diminish the power of the individual personal domain. Ethics and justice underpin personal nursing practices, achieving respect and the power to influence and advocate (NLN, 2016; Hanks, 2013).

There is a notable disconnect between the 3.4 million registered nurses and their engagement in professional membership, legislative involvement, and policy-making. Salvador (2010) sought to investigate this discrepancy in her doctoral thesis, "Registered Nurses Perceptions and Practices Related to Health Policy." It is evident that nurses have the ability to influence health care policy which supports optimal patient outcomes yet do not exercise their full potential of their collective voice. A summation of Salvador's findings pertinent to nurse advocacy engagement include is provided in the poster presentation.

The 2010 Institute of Medicine (IOM) Report On the Future of Nursing made an enormous impact on the nursing profession through its findings and recommendations. Eight-action points started a transformation in nursing that will continue to influence the profession and health care (Peltzer, Teel, Frank-Ragan, & Nelson-Brantley, 2016). Each recommendation exemplifies advocacy for and within the profession. There is a great potential to increase participation in leadership, professional, and legislative efforts.

Nursing organizations such as the American Nurses Association (ANA) and National League for Nursing (NLN) provide advocacy links, tools, articles in an effort to promote nurse engagement such as tracking and interpreting bills, legislative messaging, and building coalitions. The commitment and service of professional organizations is constant in their efforts to advance nursing. The NLN, ANA, and Sigma Theta Tau International have all established programs committed to developing nurse leaders to work in positions of influence answering IOM's recommendations (Sullivan, 2013). Professional membership goes hand in hand with nurse engagement in legislative advocacy. Matthews, (2012) articulates the importance of the professional organizations in nursing to create unification at the local and national level. The early beginnings of the ANA and NLN have expanded to include over one hundred affiliates and specialty organizations.

The NLN is aligned with foundations of nursing education and promotes itself as The Voice for Nursing Education. This organization connects its advocacy efforts through nursing education, social justice, and its responsibility to the public trust, which has progressed and advanced during war, epidemics, social upheaval, civil unrest, and victories for human rights (NLN, 2016). The Robert Wood Johnson Foundation (RWJF) underwriter of the Institute of Medicine's (IOM) 2010 Report on The Future of Nursing: Leading Change, Advancing Health defined the potential contribution and impact on health care in the 21st century. The IOM report views nursing as integral to the health care team and leadership in the

reformation of health care in America. The IOM report visualizes nursing as a major stakeholder with the ability to continue its positive influence on society (IOM, 2011).

The nurse-advocate gains familiarity demonstrating a continuum of expertise exemplified in Benner's Novice to Expert theory when embarking on nurse activism (Hanks, 2013). In the course of one's professional career many nurse activists cite a defining moment when they begin the process of becoming proactive instead of reactive, using their voice and expertise to influence and become a change agent. It is often the failure or lack of policy and legislation that triggers this process. Their influence is needed, desired, and respected. (Mason, Leavitt, & Chaffee, 2014). Nurse educators must provide a foundation based knowledge, skills, and advocacy because of its relevance to professional practice and an expectation of professional responsibility (Logan, Pauling, & Franzen, 2011). Students must comprehend the advocacy connection of nursing care, legislative action, and health care policy, which has a major effect on patient and professional affairs. They must visualize their ability to influence and invoke change.

Political activism and involvement in legislative activity requires education, experience, and mentorship (Mason Leavitt & Chaffee, 2014). Nurses naturally possess the skills and abilities to become successful in legislative endeavors through communication, professional collaboration, and a conceptual foundational in nursing advocacy. The article by Selanders & Crane (2012) reiterates Nightingale's continued relevance in the 21st Century as a reminder that advocacy is inclusive of the individual and the nursing collective. Nurses are respected and knowledgeable but may lack often lack leadership skills to influence reforms. Leadership roles require a formal education, mentorship, and experience related to in the healthcare policy (Peltzer et al., 2016). Nurses must not assume that the representatives are aware of issues and must identify problems to impact, and generate solutions. (Carroll, 2011; Milstead, 2004). The "nurse" identifier is an asset, with a special perspective to health policy, sharing their knowledge and expertise, evolving as a change agent in this domain via professional membership and collective advocacy (Mahlin, 2010).