Informing Public Policy: An Important Role for Registered Nurses

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KEY TERMS

Advanced practice registered nurse (APRN): A registered nurse with an advanced degree, certified by a nationally recognized professional organization. Four types of APRNs are nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse–midwife (CNM), and certified registered nurse anesthetist (CRNA). Often, nurse executives or administrators are referred to as nurses in advanced roles.

Healthcare provider professionals (HCPs): Registered nurses, advanced practice registered nurses (APRNs), physicians, pharmacists, dentists, psychologists, occupational and physical therapists, dieticians, social workers and physicians' assistants, and others who are licensed or authorized by a state or territory to provide health care.

Policy: A consciously chosen course of action: a law, regulation, rule, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

Policy process: Problem identification, agenda setting, policy design, government/organizational response, budgeting, implementation, and evaluation of the policy.

Politics: The process of influencing the allocation of scarce resources.

Public policy: A program, law, regulation, or other legal mandate provided by governmental agents; also, actual legal documents, such as opinions, directives, and briefs that record government decisions.

Rules and regulations: Rules are a set of instructions that tell us the way things are to be done. Regulations are rules authorized by specific legislation. Comment on proposed rules and regulations at https://www.regulations.gov.

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Statute: A written law passed by a legislative body. Statutes differ from "common law" in that common law (also known as case law) is based on prior court decisions. Statutes may be enacted by both federal and state governments and must adhere to the rules set in the Constitution.
System (capital "S"): The U.S. healthcare delivery and finance system (usage specific to this text).
system (lowercase "s"): A group of hospitals and/or clinics that form a large healthcare delivery organization (usage specific to this text).

▶ Introduction

In 2010, the Institute of Medicine* (IOM) issued a report, *The Future of Nursing: Advancing Health, Leading Change*, that challenged nurses to work with other healthcare professionals in two ways: to learn from them and to help them learn from nurses. In this spirit of interprofessional cooperation and leadership, this text will incorporate a variety of **healthcare provider professionals (HCPs)** into the discussion of public policy, case studies, discussion points, and reader activities.

▶ How Is Public Policy Related to Clinical Practice?

It is the authors' belief that nurses and other HCPs are ideally positioned to participate in the policy arena because of their history, education, practice, and organizational involvement.

In this chapter, *policy* is an overarching term used to define both an entity and a process. The purpose of **public policy** is to direct problems to the government's attention and to secure the government's response.

The definition of public policy is important because it clarifies common misconceptions about what constitutes policy. In this text, the terms *public policy* and *policy* are interchangeable. The process of creating policy can be focused in many areas, most of which are interwoven. For example, environmental policy deals with determinants of health such as hazardous materials, particulate matter in the air or water, and safety standards in the workplace. Education policies are more than tangentially related to health—just ask school nurses. Regulations define who can administer medication; state laws dictate which type of sex education can be taught. Defense policy is related to health policy when developing, investigating, or testing biological and chemical weapons. There is a growing awareness of the need for a health-in-all-policies approach to strategic thinking about policy.

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*   The name of the Institute of Medicine was changed to the National Academy of Medicine in 2016.

Health policy directly addresses health problems and is the specific focus of this text. In general, **policy** is a consciously chosen course of action: a law, regulation, rule, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. By comparison, **politics** is the process of influencing the allocation of scarce resources.

Policy as an Entity

Official government policies reflect the beliefs and values of elected members, the administration in power, and the will of the American people. Official policies provide direction for the philosophy and mission of government organizations. Some policies, known as position statements, report the opinions of organizations about issues that members believe are important. For example, state boards of nursing (government agencies created by legislatures to protect the public through the regulation of nursing practice) publish advisory opinions on what constitutes competent and safe nursing practice.

Laws (or **statutes**) are one type of policy entity that serve as legal directives for public and private behavior. Laws are made at the international, federal, state, and local levels and are considered the principal source in guiding conduct. Lawmaking usually is the purview of the legislative branch of government in the United States, although presidential vetoes, executive orders, and judicial interpretations of laws also have the force of law.

Judicial interpretation occurs in three ways: (1) through courts' interpretation of the meaning of broadly written laws that are vague regarding details; (2) by determining how some laws are applied—that is, by resolving questions or settling controversies; or (3) by interpreting the Constitution and declaring a law unconstitutional, thereby nullifying the entire statute (Litman & Robins, 1991). For example, the 1973 Rehabilitation Act prohibited discrimination against people with handicaps by any program that received federal assistance. Although this may have seemed fair and reasonable at the outset, courts adjudicated questions of how much accommodation is "fair and reasonable" (Wilson, 1989). In general, courts are idealized as being above the influence of political activity that surrounds the legislature. The court system, especially the federal court system, may also resolve conflicts between levels of government (state and federal).

Regulations and rules are another policy entity discussed elsewhere in this text. Although they often are included in discussions of laws, regulations differ from statutes. Once the legislative branch enacts a law, the executive branch of government administers that law's implementation. The executive branch consists of the president, the White House staff, multiple agencies, commissions, and departments that carry out the work of implementing and monitoring laws for the public benefit. Government agencies formulate regulations that achieve the intent of the statute. Overall, laws are written in general terms, and regulations are written more specifically to guide the interpretation, administration, and enforcement of the law. The Administrative Procedures Act, enacted in 1946, ensures a structure and process that is published and open, in the spirit of the founding fathers, so the average constituent can participate in the process of public decision making.

All these policy entities evolve over time and are accomplished through the efforts of a variety of actors or players. Although commonly used, the terms

position statement, *resolution*, *goal*, *objective*, *program*, *procedure*, *law*, and *regulation* really are not interchangeable with the word *policy*. Rather, they are the formal expressions of policy decisions. For the purposes of understanding just what policy is, nurses must grasp policy as a process.

Policy as a Process

For purposes of analysis, policymaking comprises five processes:

- Agenda setting
- Government response (usually legislation and regulation)
- Policy design
- Implementation
- Evaluation of the policy outcomes
- Economics and finance of policy

The steps in the **policy process** are not necessarily sequential or logical. For example, the definition of a problem, which usually occurs in the agenda-setting phase, may change during fact-finding and debate. Program design may be altered significantly during implementation. Evaluation of a policy or program (often considered the last phase of the process) may propel onto the national agenda (often considered the first phase of the process) a problem that differs from the originally identified issue. For the purpose of organizing one's thoughts and conceptualizing the policy process, we will examine the policy process from a linear perspective in this text, but you should recognize that this path is not always strictly followed.

The opportunities for nurse input throughout the policy process are unlimited. Nurses are articulate experts who can address both the rational shaping of policy and the emotional aspects of the process. Nurses cannot afford to limit their actions to monitoring bills; they must seize the initiative and use their considerable collective and individual influence to ensure the health, welfare, and protection of the public and healthcare professionals.

Why You Are the Right Person to Influence Health Policy

Nursing's education requirements, communication skills, rich history, leadership, and trade association involvement, as well as our practice venues, uniquely qualify nurses to influence thought leaders and policymakers. Nursing and nurses have an ongoing impact on health and social policies. **FIGURE 1-1** illustrates some aspects of nurses' impact on the health and well-being of populations.

Advanced studies build on education and experience and broaden the arena in which nurses work to a systems perspective, including both regional health **systems** and the overall U.S. **System** of healthcare delivery and finance. Nurses not only are well prepared to provide direct care to persons and families but also act as change agents in the work environments in which they practice and the states/nations where they reside.

Nurses have developed theories to explain and predict phenomena they encounter in the course of providing care. In their practice, nurses also incorporate theory from other disciplines such as psychology, anthropology, education, biomedical science, and information technology. Integration of all

1852	**Florence Nightingale** used statistics to advocate for improved education for nurses, sanitation, and equality.
1861	**Clarissa "Clara" Barton** was a hospital nurse in the American Civil War. She founded the American Red Cross.
1879	**Mary Mahoney** was the first African American nurse in the United States and a major advocate for equal opportunities for minorities.
1903	North Carolina creates first Board of Nursing in nation and licenses the first registered nurse.
1906	**Lillian D. Wald**, nurse, humanitarian, and author. She was known for contributions to human rights and was the founder of American Community Nursing. She helped found the NAACP.
1909	The University of Minnesota bestows the first bachelor's degree in nursing.
1916	**Margaret Higgins Sanger** was an American birth control activist, sex educator, writer, and nurse. Sanger popularized the term "birth control" and opened the first birth control clinic in the United States (later evolved into Planned Parenthood).
1925	Frontier Nursing Service was established in Kentucky with advanced practice nurses (midwives).
1955	**RADM Jessie M. Scott, DSc**, served as assistant surgeon general in the U.S. Public Health Service; led division of nursing for 15 years; testimony before Congress on the need for better nursing training led to the 1964 Nurse Training Act, the first major legislation to provide federal support for nurse education during peacetime.
1966	NP role created by **Henry Silver, MD**, and **Loretta Ford, RN**
1967	**Luther Christman, PhD**, became the first male dean of a School of Nursing (at Vanderbilt University). Earlier in his career, he had been refused admission to the U.S. Army Nurse Corps because of his gender. He was the founder of the American Association for Men in Nursing, as well as a founder of the National Student Nurses Association.
1971	Idaho statutorily recognizes advanced practice nursing.
1978	**Faye Wattleton, CNM**, was elected president of the Planned Parenthood Federation of America—the first African American and youngest person ever to hold that office. First African American woman honored by the Congressional Black Caucus.
1987	**Ada S. Hinshaw, PhD**, became the first permanent leader at the National Institute of Nursing Research at the National Institutes of Health.
1989	**Geraldine "Polly" Bednash, PhD**, headed the American Association of Colleges of Nursing's legislative and regulatory advocacy programs as director of government affairs. She became CEO of AACN in 1989 and co-authored AACN's landmark study of the financial costs to students and clinical agencies of baccalaureate and graduate nursing education.

FIGURE 1-1 Historical timeline of nurses who influenced policy. (*continues*)

1992	**Eddie Bernice Johnson, BSN**, was the first nurse elected to the U.S. Congress (D-TX). Strong voice for African Americans and pro-nursing policies.
1996	**Beverly Malone, PhD**, elected president of the American Nurses Association; President Clinton appointed her to Advisory Commission on Consumer Protection and Quality in the Health Care Industry and to the post of deputy assistant secretary for health within the Department of Health and Human Services.
1998	**Lois G. Capps, BSN**, California Representative to the U.S. House from 1998–2017, where she founded the Congressional Nursing Congress.
2001	**Major General Irene Trowell-Harris, EdD, RN, USAF (Ret.),** director of Department of Veterans Affairs, Center for Women Veterans. Instrumental in establishing fellowship for military nurses in the office of Senator Daniel K. Inouye (D-HI).
2009	**Mary Wakefield, PhD**, became the first nurse appointed as director of the Health Resources and Services Administration. In 2015, she became the Acting Deputy Secretary for the Department of Health and Human Services. Served as Chief of Staff for U.S. Senators Quentin Burdick (D-ND) and Kent Conrad (D-ND).
2010	**Mary D. Naylor, PhD**, a member of the Medicare Payment Advisory Commission influenced health policy with membership on the RAND Health Board, the National Quality Forum Board of Directors, and as pastchair of the Board of the Long-Term Quality Alliance.
2013	**Joanne Disch, PhD**, influenced health policy as chair of the national board of directors for the American Association of Retired Persons and the American Academy of Nursing.

FIGURE 1-1 Historical timeline of nurses who influenced policy. (*continued*)

this information reflects the extreme complexity of nursing care and its provision within an extremely complex healthcare system. Nurses understand that partnerships are valued over competition, and that the old rules of business that rewarded power and ownership have given way to accountability and shared risk. Transformation of today's broken healthcare system will require a radical, cross-functional, futuristic change in the way people think. Observing patterns in personal behavior can be useful when working with policymakers as they try to figure out the best or most cost-effective way to address public problems. Creative ways of examining problems and innovative solutions may cause discomfort among policymakers who have learned to be cautious and go slowly. Nurses and other professionals can help officials employ new ideas to reach their policy goals by sharing stories and interpreting data to show how those data affect patients and professionals.

Communication skills are integral to the education of nurses, who often must interpret complex medical situations and terms into common, understandable, pragmatic language. Nurse education programs have formalized a greater focus

on communications than is present in any other professional education program. From baccalaureate curricula through all upper levels of nurse education, major segments of nursing courses focus on individual communications and group processes. Skills include active listening, reflection, clarification, assertiveness, role playing, and other techniques that build nurse competence levels. These same skills are useful when talking with policymakers. Other chapters in this text discuss the differences in nurses' communication with patients/colleagues and with nonclinician policymakers.

Nursing care is not only a form of altruism but also incorporates intentional action (or inaction) that focuses on a person or group with actual or potential health problems. The education of nurses puts them in the position of discovering and acknowledging health problems and health System problems that may demand intervention by public policymakers. For these many reasons, accrediting agencies require policy content within nurse education programs.

Practice and Policy

Evidence and theory provide the foundation for nursing as a practice profession. Nurses stand tall in their multiple roles—provider of care, educator, administrator, consultant, researcher, political activist, and policymaker. In their daily practice, nurses spot healthcare problems that may need government intervention, although not all problems nurses and their patients face in the healthcare System are amenable to solutions by government. Corporations, philanthropy, or collective action by individuals may best solve some problems. Most nurses are employees (as are most physicians today) and must navigate the organizations in which they work. By being attuned to systems issues, nurses have developed the ability to direct questions and identify solutions. This ability is reflected in the relationships that nurses can develop with policymakers.

Nurses bring the "power of numbers" when they enter the policy arena. According to a 2017 report from the National Council of State Boards of Nursing, there are 3,913,805 registered nurses (RNs) in the United States. Collectively, nurses represent the largest group of healthcare workers in the nation.

Nurses have many personal stories that illustrate health problems and patients' responses to them. These stories have a powerful effect when a nurse brings an issue to the attention of policymakers. Anecdotes often make a problem more understandable at a personal level, and nurses are credible storytellers. By applying evidence to a specific patient situation, nurses may also bring research to legislators in ways that can be understood and can have a positive effect.

Nurses live in neighborhoods where health problems often surface and can often rally friends to publicize a local issue. Nurses are constituents of electoral districts and can make contacts with policymakers in their districts. Nurses vote. It is not unusual for a nurse to become the point person for a policymaker who is seeking information about healthcare issues. A nurse does not have to be knowledgeable about every health problem, but she or he has knowledge of a specific patient population as well as a vast network of colleagues and resources to tap into when a policymaker seeks facts. The practice of nursing prepares the practitioner to work in the policy arena. The public policy process (**FIGURE 1-2**), after all, involves the application of a decision-making model in the public sector.
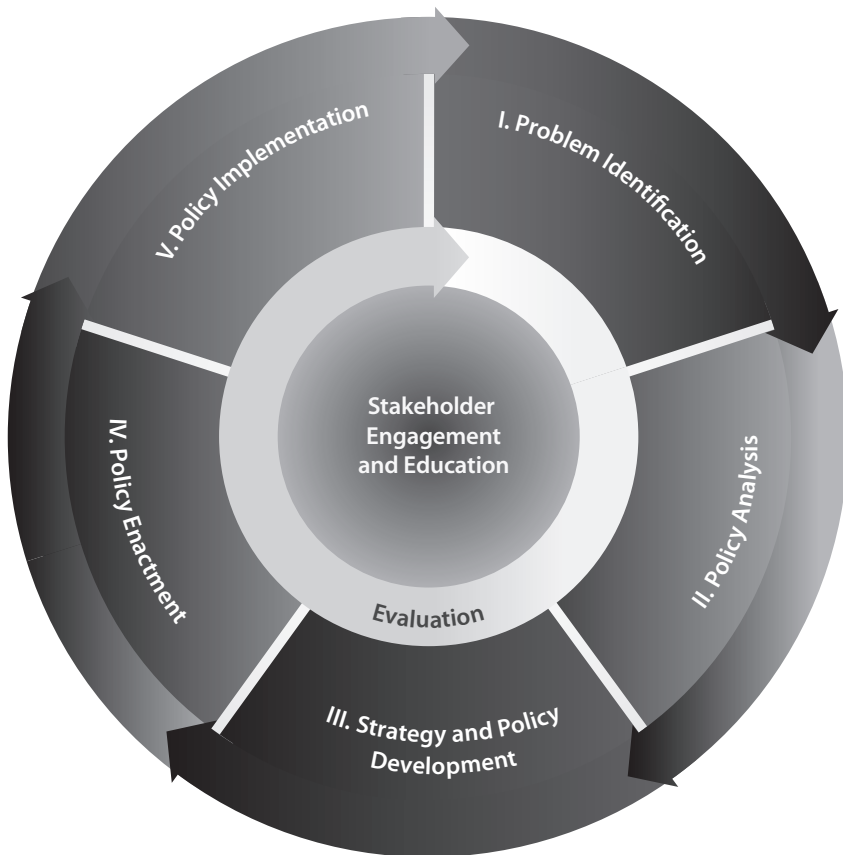
FIGURE 1-2 The policy process.

Centers for Disease Control and Prevention. (2012). Overview of CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Serivces. Retrieved from https://www.cdc.gov/policy/analysis/process/

All facets of nursing practice and patient care are highly regulated by political bodies. State boards of nursing and other professional regulatory boards exert much influence in interpreting the statutes that govern nursing. Scope of practice is legislated by elected members but then defined in the **rules and regulations** by boards. Because each state and jurisdiction defines the practice of nursing differently, there is wide variation in the nursing scope of practice across the specific states. A fear expressed by many boards is that their decisions may interfere with Federal Trade Commission (FTC) rules that restrict monopoly practices. In 2014, the FTC published a policy paper addressing the regulation of the **advanced practice registered nurse (APRN)** that includes five key findings with important implications for policymakers:

1.   APRNs provide care that is safe and effective.
2.   Physicians' mandatory supervision of and collaboration with advanced nurse practice is not justified by any concern for patient health or safety.
3.   Supervision and collaborative agreements required by statute or regulation lead to increased costs, decreased quality of care, fewer innovative practices, and reduced access to services.

4. APRNs collaborate effectively with all healthcare professionals without inflexible rules and laws.
5. APRN practice is "good for competition and consumers" ("FTC Policy Paper," 2014, p. 11).

Professional nurses who are knowledgeable about the regulatory process can more readily spot opportunities to contribute or intervene prior to final rule making.

Organizational Involvement

Professional organizations bring their influence to the policy process in ways that a single person may not. There are a myriad of nurse-focused organizations, including those in specialty areas, education-related organizations, and leadership-related organizations. For example, the American Nurses Association, National League for Nursing, and Sigma Theta Tau International state a commitment to advancing health and health care in the United States and/or on a global scale, as noted in their mission statements and goals, and offer nurses opportunities to develop personal leadership skills. The Oncology Nurses Society, American Association of Critical Care Nurses, American Association of Nurse Anesthetists, Emergency Nurses Association, and many other specialty organizations focus on policies specific to certain patient populations and provide continuing education. Participating on committees within trade associations provides opportunities to learn about the organization, its mission, and its outreach efforts in more depth.

Professional associations afford their members experiences to become knowledgeable about issues pertinent to the organization or the profession. These groups can expand a nurse's perspective toward a broader view of health and professional issues, such as at the state, national, or global level. This kind of change in viewpoint often encourages a member's foray into the process of public policy. Some nurses are experienced in their political activity. They serve as chairs of legislative committees for professional organizations, work as campaign managers for elected officials, or present testimony at congressional, state, or local hearings; a few have run for office or hold office.

Political activism is a major expectation of most professional organizations. Many organizations employ professional lobbyists who carry those organizations' issues and concerns forward to policymakers. These sophisticated activists are skilled in the process of getting the attention of government and obtaining a response. Nurses also have an opportunity to voice their own opinions and provide information from their own practices through active participation in organizations. This give-and-take builds knowledge and confidence when nurses help legislators and others interpret issues.

Taking Action

Nurses cannot afford to limit their actions in relation to policy. Instead, nurses need to share their unique perspectives with bureaucrats, agency staff, legislators, and others in public service regarding what nurses do, what nurses and their patients need, and how their cost-effectiveness has long-term impacts on health care in the United States.

Many nurses are embracing the whole range of options available in the various parts of the policy process. They are seizing opportunities to engage in ongoing, meaningful dialogues with those who represent the districts and states and those who administer public programs. Nurses are becoming indispensable sources of information for elected and appointed officials, and they are demonstrating leadership by becoming those officials and by participating with others in planning and decision making. By working with colleagues in other health professions, nurses often succeed in moving an issue forward owing to their well-recognized credibility and the relatively fewer barriers they must overcome.

Addressing Nursing Shortages

Nurses can bring research and creativity to efforts geared toward solving public policy issues such as the nursing shortage and the most efficacious use of RN and APRNs. Aiken and colleagues have reported repeatedly that hospitals with higher proportions of baccalaureate-prepared nurses demonstrate decreased patient morbidity and mortality (Aiken et al., 2003, 2012, 2014; Van den Heede et al., 2009; Wiltse-Nicely, Sloane, & Aiken, 2013; You et al., 2013). Aiken's research includes studies in the United States and in nine European countries. Although the National Council of State Boards of Nursing has stated that it is not ready to support legislation or regulation that requires a bachelor of science in nursing (BSN) degree as the entry level into practice as a registered nurse, the marketplace is moving in a different direction. Many healthcare agencies are limiting new hires to those with a BSN and have developed policies that require RNs with associate's degrees or diplomas to complete a BSN within 5 years of employment. Academic institutions have expanded or created RN-to-BSN programs in response to the demand from the accrediting agency for Magnet status, the American Nurses Credentialing Center.

Second-degree nurse education programs, reminiscent of similar programs initiated during World War II, have flourished at the bachelor's and master's degree levels. These programs were created to accept applicants with college degrees in fields other than nursing and provide students with an opportunity to graduate with a degree in nursing in an abbreviated time period; graduates are eligible to sit for the National Council Licensure Examination (NCLEX-RN) to become registered nurses. These popular programs provide new avenues that address the nurse shortage.

Perhaps the greatest potential for change in the education of nurses will be the effect of the IOM (2010) report, *The Future of Nursing: Leading Change, Advancing Health*. Developed under the aegis of and funded by the Robert Wood Johnson Foundation, this report explicitly recognized that nurses (the largest healthcare workforce in the United States) must be an integral part of a healthcare team. Its authors emphasize four key messages (IOM, 2010, pp. 1–3):

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners with physicians and other healthcare professionals in redesigning health care in the United States.

4. Effective workforce planning and policymaking require better data collection and an improved information infrastructure.

A consortium of professional organizations has moved forward together to address common problems. The Josiah Macy Jr. Foundation (2014) developed recommendations that support working together in five areas: (1) engagement, (2) innovative models, (3) education reform, (4) revision of regulatory standards, and (5) realignment of resources.

▶ Healthcare Reform at the Center of the Public Policy Process

Starting with the Harry Truman administration in the 1940s, every U.S. president's administration has struggled to reform the healthcare System to meet the needs of all U.S. residents. President Barack Obama declared early in his administration that a major priority would be health care for all, and in 2010, the Patient Protection and Affordable Care Act (commonly known as the ACA and "Obamacare") was established, a huge first for the United States. Seven years after the passage of the ACA, however, more than one-third of U.S. residents were unable to identify that Obamacare and the ACA were one and the same (Advisory Board, 2017).

The Affordable Care Act was being debated and amended as this text was being revised; no one can predict how health care for the nation will be addressed by the Trump administration. Public uncertainty about personal coverage and methods of financing care are major issues; the former solutions may not fit new program designs. Most care providers recognize the problems inherent in offering care to the uninsured and underinsured. The disparities in care seen in low-socioeconomic groups and vulnerable populations (e.g., children, the elderly) and groups with specific health concerns (e.g., persons with diabetes, smokers) present enormous challenges. Nurses have proffered solutions that have been taken seriously by major policy players.

Expanding the historical boundaries of nursing will require skills in negotiation, diplomacy, assertiveness, expert communication, and leadership. Sometimes physician and nurse colleagues are threatened by these behaviors, and it takes persistence and certainty of purpose to proceed. Nurses must speak out as articulate, knowledgeable, caring professionals who contribute to the whole health agenda and who advocate for their patients and the community. All healthcare professions have expanded the boundaries of practice from their beginnings. Practice inevitably reflects societal needs and conditions; homeostasis is not an option if the provision of health care is to be relevant.

▶ Developing a More Sophisticated Political Role for Nurses

In addition to being clinical experts, nurses are entrepreneurs, decision makers, and political activists. Many nurses realize that if they are to control practice and

move the profession of nursing forward as major players in the healthcare arena, they must be involved in the legal decisions about the health and welfare of the public—decisions that often are made in the governmental arena.

For many nurses, political activism used to mean letting someone else get involved. Today's nurses often tune in to bills that reflect a particular passion (e.g., driving and texting), disease entity (e.g., diabetes), or population (e.g., childhood obesity). Although this activity indicates a greater involvement in the political process, it still misses a broader comprehension of the whole policymaking process that provides many opportunities for nurse input before and after legislation is proposed and passed.

Nurses who are serious about political activity realize that the key to establishing contacts with legislators and agency directors is to forge ongoing relationships with elected and appointed officials and their staffs. By developing credibility with those active in the political process and demonstrating integrity and moral purpose as client advocates, nurses are becoming players in the complex process of policymaking.

Nurses have learned that by using nursing knowledge and skill, they can gain the confidence of government actors. Personal stories drawn from professional nurses' experience anchor altruistic conversations with legislators and their staffs, creating an important emotional link that can influence policy design. Nurses' vast network of clinical experts produces nurses in direct care who provide persuasive, articulate arguments with people "on the Hill" (i.e., U. S. congressional members and senators who work on Capitol Hill) during appropriations committee hearings and informal meetings.

Nurses regularly participate in formal, short-term internship programs with elected officials and in bureaucratic agencies. Most of these internships were created by nursing organizations convinced of the importance of political involvement. Interns and fellows learn how to handle constituent concerns, how to write legislation, how to argue with opponents yet remain colleagues, and how to maneuver through the bureaucracy. They carry the message of the necessity of the political process to the larger profession, although the rank-and-file nurses still are not active in this role.

Nurses who have been reluctant to become active in the political arena cannot afford to ignore their obligations any longer. Each nurse counts, and collectively, nursing is a major actor in the effort to ensure the United States' healthy future. Many nurses have already expanded their conception of what nursing is and how it is practiced to include active political participation. The process is similar at the federal or state level: Identify the problem and become part of the solution.

Working with the Political System

Many professional nurses and APRNs develop contacts with legislators, appointed officials, and their staffs. Groups that offer nurse interaction include the House Nursing Caucus and Senate Nursing Caucus (their membership shifts with the election cycle). Members hold briefings on the nurse shortage, patient and nurse safety issues, vaccination, school health, reauthorization of legislation (e.g., the Emergency Medical System, the Ryan White Act), preparedness for bioterrorism, and other relevant and pertinent issues and concerns.

Nurses must stay alert to issues and be assertive in bringing problems to the attention of policymakers. It is important to bring success stories to legislators and officials—they need to hear what good nurses do and how well they practice. Sharing positive information will keep the image of nurses positioned within an affirmative and constructive picture. Legislators must run for office (and U.S. representatives do so every 2 years), so media coverage with a local nurse who is pursuing noteworthy accomplishments is usually welcomed.

▶ Conclusion

Healthcare professionals must have expert knowledge and skills in change management, conflict resolution, active listening, assertiveness, communication, negotiation, and group processes to function appropriately in the policy arena. Professional autonomy and collaborative interdependence are possible within a political system in which consumers can choose access to quality health care that is provided by competent practitioners at a reasonable cost. Professional nurses have a strong, persistent voice in designing such a healthcare system for today and for the future.

The policy process is much broader and more comprehensive than the legislative process. Although individual components can be identified for analytical study, the policy process is fluid, nonlinear, and dynamic. There are many opportunities for nurses in advanced practice to participate throughout the policy process. The question is not *whether* nurses should become involved in the political system, but *to what extent*. Across the policy arena, nurses must be involved with every aspect of this process. By knowing all the components and issues that must be addressed in each phase, the nurse in advanced practice will find many opportunities for providing expert advice. APRNs can use the policy process, individual components, and models as a framework to analyze issues and participate in alternative solutions.

▶ Discussion Points

1. Identify a problem you have encountered in school or in practice (e.g., "My patients all have dental problems and have no means of paying for dental care"). Discuss how the diagram of the policy process (Figure 1-2) can help inform how you approach finding a solution to this problem. Reflect on which level of government might address this problem and why. Identify the stakeholders in this issue.
2. Discuss the role of research in nursing/healthcare practice as it affects health policy. What has been the focus over the past century? What is the pattern of nursing research vis-à-vis topic, methodology, and relevance? To what extent do you think the current focus on evidence-based practice has influenced research? Cite examples.
3. Trace the amount of federal funding appropriated for nursing or HCP research over specific year(s). Do not limit your search to federal health-related agencies; that is, investigate departments (e.g., commerce, environment,

transportation), military services, and the Department of Veterans Affairs. Which funding opportunities exist for nurse scientists/HCP scientists?

4. Read books and articles about the changing paradigm in healthcare delivery systems. Discuss the change in nursing or another healthcare profession as an occupation versus a profession.

5. Consider a thesis, graduate project, or dissertation on a specific topic (e.g., clinical problems, healthcare issues) using the policy process as a framework. Identify policies within public agencies and determine how they were developed. Interview members of a government agency's policy committee to discover how policies are changed.

6. Review official governmental policies. Which governmental agency is responsible for developing the policy? For enforcing the policy? How has the policy changed over time? What are the consequences of not complying with the policy? What is needed to change the policy?

7. Identify nurses and healthcare professionals who are elected officials at the local, state, or national level. Interview these officials to determine how the nurses and HCPs were elected, what their objectives are, and to what extent they use their nursing knowledge in their official capacities. Ask the officials if they tapped into nurses groups during their campaigns. If so, what did the nurses and HCPs contribute? If not, why?

8. Discuss the fluidity among the major components of the policy process. Point out how players move among the components in a nonlinear way. How can this knowledge facilitate entrance into the policymaking process?

9. Watch television programs in which participants discuss national and international issues. Analyze the patterns of verbal and nonverbal communication, pro-and-con arguments, and other methods of discussion used on the program. Position your analysis within the framework of gender differences in communication and utility in the political arena.

10. List ways in which healthcare professionals can become more knowledgeable about the policy process. Choose at least three activities in which you will participate. Develop a tool for evaluating the activity and your knowledge and involvement.

11. Select at least one problem or irritation in a clinical area, and brainstorm with other healthcare professionals or graduate students on how to approach a solution. Who else could you bring into the discussion who could become supporters? Discuss funding sources—be creative.

12. Attend a meeting of the state board of your health profession or a professional convention. Identify issues discussed, resources used, communication techniques, and rules observed. Evaluate the usefulness of the session to your practice.

13. Discuss which skills (e.g., task, interpersonal) and attitudes are required for the nurse in the policy arena. Who is best prepared to teach these skills, and which teaching techniques should be used? How will the skills be evaluated? Develop a worksheet to facilitate planning. Discuss at least five strategies for helping nurses integrate these skills into their practices.

14. Convene a group of healthcare professionals and discuss common problems, potential solutions, and strategies to move forward.

🔍 *CASE STUDY 1-1: The Addiction Epidemic*

You are an acute care nurse practitioner who works in an urban emergency room (ER). You see many people who come to the ER who have overdosed (OD) on heroin. Emergency medical services personnel may administer a drug that might reverse the overdose such as naloxone (Narcan). You may see three ODs during each 12-hour shift; some of these patients are admitted to the hospital, and others are sent home with a consultation for psychiatric followup. You are becoming hardened to the issue and have begun to question what you can do to address this epidemic.

Discussion Points

1. You hear that the state health director is convening a task force. List four actions you can take to be invited to participate in this task force.
2. Which other healthcare professionals should be included on the task force?
3. Which state agencies and regulatory boards could add value to the discussion?
4. Which information/experience could the APRN use to lead a discussion about widespread addiction?
5. Identify three issues that might be brought up at a meeting that could derail a focus on public safety. Which tactics can the nurse use to bring the discussion back to the issue of safety?
6. Which design tactics could be considered when writing a policy to address this issue?
7. How can information about this issue be disseminated within the profession and to those outside the profession?

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