

Government Response: Legislation

Politics: Playing the Game

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“Politics is the art of problem solving.”

—JONAH GOLDBERG, EDITOR-AT-LARGE, *NATIONAL REVIEW ONLINE*

KEY TERMS



WWW

Constituents: Residents of a geographic area who can vote for a candidate and whom the elected official represents.

Interest group: An organized group with a common cause that works to influence the outcome of laws, regulations, or programs.

Lobbyist: An individual who works to influence legislators and other governmental decision makers.

Political action committee (PAC): A formal organization that exists to engage in a process through which candidates for political office are endorsed and otherwise supported. It must adhere to state and/or federal laws in carrying out its activities.

INTRODUCTION

For many nurses, “politics” is a dirty word; it is the seamy side of the policymaking process that they prefer to ignore. Unfortunately, participating in the political aspects of policymaking is not an optional exercise. In many respects, such participation is key to ensuring nurses have a place at the policy table. Before one can influence policy, one has to be in the room where policy is being debated and developed—policy is made by those who show up, not necessarily by people with special expertise, and the usual way into the room is through the door labeled “political participation and savvy.” Even nurses who do see the need for political participation are somewhat naïve as to exactly what that participation entails and how to do it effectively. In part, it means playing the political game by the rules—even distasteful rules—at least until nurses have sufficient presence and clout to be able to affect the rules themselves. This chapter is intended to provide insight into the subtle rules governing political participation and set out the options available to nurses for finding their way through the political maze.

POLITICAL INVOLVEMENT: OPTION VS. OBLIGATION

“If you’re not at the table, you’re on the menu.”

—SUSAN CLARK, RN, LOBBYIST (PATTERSON, 2011, p. 1)

Nurses are part of a regulated profession in a regulated industry. One cannot become a nurse without meeting the requirements set forth in state laws. These laws contain the statutory definition of nursing practice; licensure requirements and exceptions to those requirements; grounds for discipline and penalties for violating the law; and numerous other provisions. Once one meets the requirements to be called a registered nurse or advanced practice nurse, the law (both state and federal) goes on to define payment mechanisms, establish staffing expectations, identify acceptable professional relationships, etc. These laws, which permeate the practice of nursing and health care in general, are made in political arenas in Washington, D.C., and in state legislatures across the country.

Despite the key role of the political process in their professional lives, most nurses characterize political activism as something for others to do. Politics somehow seems far removed from their everyday reality or experience and is seen as something that interferes with what is really important—caring for patients safely and effectively. Although many nurses decry political involvement, in reality, it is not an option, but a professional obligation. In other words, some level of political participation and political savvy are just as crucial to a nurse’s practice as knowledge of pharmacology, physiology, and psychology.

Not surprisingly, nurses’ attitudes with respect to political participation have hampered the profession’s ability to be viewed by key policymakers as a powerful political force, even in matters dealing with healthcare reform. “Nurses don’t show up” is the phrase used by many legislators to describe nurses’ participation in the legislative process. Interestingly, the general public believes that nurses and nursing’s interests were underrepresented when healthcare reform was debated in Washington in 2009. Nurses no doubt agree with the public’s assertion; however, agreeing alone does not ensure a greater role for nurses in future debates. To secure a meaningful place at the policy table, nurses will have to embrace their profession’s political side and make the politically-savvy nurse the rule rather than the exception.

Documents setting out professional obligations and expectations for nurses unequivocally agree on the importance of political participation. *Nursing’s Social Policy Statement* includes in the elements of the profession’s social contract the following statements:

- Public policy and the health care delivery system influence the health and well-being of society and professional nursing.
- Individual responsibility and inter-professional involvement are essential (American Nurses Association, 2010, p. 7).

The statement identifies one of the essential features of professional nursing as the “influence on social and public policy to promote social justice” (p. 9). The *Code of Ethics for Nurses* (American Nurses Association, 2010) alludes throughout to the role nurses play in promoting, advocating, and striving to protect the health, safety, and rights of the patient. This responsibility is not limited to the immediate surroundings in which nursing care is provided, but extends to statehouses, boardrooms, and other arenas in which this advocacy can affect public policy relative to health care and, ultimately, patient outcomes.

Finally, the *Future of Nursing* report issued by the Institute of Medicine in 2010 states that “nurses should be full partners with physicians and other healthcare professionals, in redesigning health care in the United States” (p. S-3). This role will be played out, in part, in the health policy context where nurses should participate in, and sometimes lead, decision-making and be engaged in healthcare reform-related implementation efforts. To be ready to assume this responsibility, nurse education programs should include course content addressing leadership-related competencies for all nurses. These competencies include a firm grounding in politics and policy-making processes.

POLITICS—WHAT IS IT REALLY?

“Politics in a real sense is the people who take the time to participate.”

—SEN. DANIEL INOUE (D-HI)

What is politics? “Politics is a process that includes not only that which is typically associated with political functions (e.g., government, police, workers’ unions), but also that which is involved in the regulation, structure, and action of all individuals’ behavior” (O’Byrne & Holmes, 2009, p. 155). As political scientists have noted, politics underlies the process through which groups of people make decisions. It is the basis for the authoritative allocation of value. When someone or something has the power to hand out things that are desirable, who gets what, when, and how is determined by politics. In order to be a beneficiary of this largess, people must successfully jump into the political fray.

Although politics is generally associated with behaviors and interactions within civil governments, the essence of politics is applicable to other group relationships—social relations involving authority and power, or methods and tactics used to formulate and apply policy. As long-time U.S. Senator Daniel Inouye (D-HI) acknowledged, “Politics . . . is the people who take time to participate” (Lanier, 1985, p. 166). When one “plays politics,” one is considered to be shrewd or prudent in practical matters, tactful, and diplomatic; playing politics is also seen as being contrived in a shrewd and practical way, or being expedient.

There is nothing particularly sinister about these descriptions; however, when one probes current popular electronic sources, the less positive aspects of the political process surface. Linking words such as “intrigue” and “control” to “political power” and governmental functions subtly sends a message that there is something unsavory about politics. When one plays politics, one engages in political intrigue to take advantage of a situation or issue; exploits an option or relationship; and/or deals with people in an opportunistic, manipulative, or devious way. These latter perceptions are what cause politics to be seen as one of the less savory societal activities that many people (especially nurses) go out of their way to avoid.

Nursing practice itself has many tasks or activities associated with it that are seen as distasteful by the general public. Once nurses accept the premise that political participation is as integral to everyday practice as other nursing-related tasks, they should simply don their protective gear and wade in! Before doing so, however, a bit of preparation is warranted.

Putting Politics in Perspective

Although the number of men in nursing has increased over the years (comprising approximately 6–7% of the total number of registered nurses [American Association of Colleges of Nursing, 2011]), the vast majority of nurses continue to be women. Women’s struggle to achieve a place at the policymaking table has evolved and parallels the societal changes affecting women as a whole. Going from a largely subordinate role in a patriarchal society to prominent leadership roles in boardrooms (Lanier, 1985), women are now faced with more career choices than ever before. With that transition has come increased opportunities to fill power positions in the workplace and a more powerful presence overall. The suffrage movement in the 20th century gave women the right to vote, and a certain amount of attendant power outside of the workplace came along with that right. Whether women have made the most of that power over the years is debatable; however, political parties recently have become very aware of the importance of the women’s vote and are making concerted efforts to win it. Because nursing remains largely a woman’s profession, the forces affecting women are the same ones that affect how nurses will be received (and succeed) in the political arena.

With the economic down turn of the early 21st century, health care became one of the few growth industries in the bleak economy. Health care also re-emerged as the focus for one of the most significant policy debates facing the United States. Because of the financial stake state and federal governments have in health care, and the vast investment special interest groups have in the healthcare system, the reform efforts and attendant policymaking took on political overtones from the outset.

Politics and power go hand-in-hand. It’s all about power relationships. Interestingly, the concept of “power” is changing as technology has flattened the world and lessened the importance of the traditional trappings of power—money, name, and job title. Despite these changes, power and the perceptions associated with it control political processes and outcomes. While the source of that power may vary, its essence does not.

Power does not exist in a vacuum. Every aspect of power implies a relationship between two or more people. There are varying degrees of power. Simply because someone is powerful in one situation does not mean that power translates to a different venue. Power takes on several forms—coercion, persuasion, and manipulation. Coercion depends on force for its effectiveness, persuasion involves the acceptance of positions put forth by one person without threats, and manipulation is the con man form of power. One can have power because of the position held or because of a special expertise that is needed in a particular situation. The amount or type of resources at one's disposal can determine how much power can be exerted and how that power will affect the relevant political relationships.

Nurses most often use persuasion (or perhaps manipulation) rather than coercion to achieve their desired goals. To be an effective persuader, a certain amount of expertise is required not only with respect to the complex issues at hand, but also with respect to the processes and dynamics—the politics—that are at play. In the traditional context in which playing politics is seen as a means to manipulate governmental decisions, a fundamental understanding of the legislative process is important in order to wield or grasp a modicum of power. In other words, there is no substitute for expertise.

Passage of the Affordable Care Act in 2010 was only the beginning of what promises to be an ongoing debate that will affect the future of the nursing profession, as well as health care itself, in the years ahead. Who actually benefits is also the root of healthcare reform debates. Logically, nurses, by virtue of their numbers alone (making up the largest segment of the healthcare workforce), should have the potential to influence the far-reaching policy changes affecting health care; however, the extent of that influence has yet to be measured, and it will happen only if nurses are genuine payers in the political game. The public is certainly supportive of an increased role for nurses in these discussions and debates, thus giving nurses a power base from which to build. However, nurses, especially advanced practice nurses, must first seize the moment and take advantage of the unprecedented opportunities open to them.

Wading In: What Does It Look Like?

“There are two things one should never watch being made—sausage and laws.”

—ANONYMOUS

The tools of the legislative process include know-how, networks, and money. Know-how means one must be familiar with both the political processes and the people who are the actors on the political stage, but sadly, the majority of people cannot identify their federal, state, or local elected officials. While many can name the President of the United States, few will be able to say with assurance who represents them in the halls of Congress and fewer still can name their state senators or representatives. Effectiveness in the world of politics is not possible unless one knows who is in the game. Technology has made it easy to learn the identity of lawmakers at every level by simply going to federal or state websites and entering zip code data. These sites

also provide brief biographical information, photos, and other pertinent and helpful background material.

Why is this important? Politics is at heart a people process and, like other people-centered endeavors, the relationships among and between people determine outcomes. Nurses are well aware of how important communication and personal connections are in the care-giving context, and those same principles also affect the world of politics. Knowing a state representative and being able to recognize him or her on sight, while also knowing something about the issues, are fundamental to producing solid relationships. Just as nurses realize the importance of establishing good rapport with clients, that same principle applies when establishing the connections needed to influence lawmakers.

In addition to knowing the people, one must also know the process—how laws are made. Most nurses complete a government course in high school and promptly disregard most of the subject matter because it holds little relevance for them at the time. While diagrams depicting “How a Bill Becomes a Law” are important, they are also very rudimentary (see **Figure 3-1**). There is much more to the process than can be neatly depicted on a chart.

Anatomy of Congress: There are 535 members: 100 senators (two from each state) and 435 House members. The party in control of the majority of seats holds considerable power:

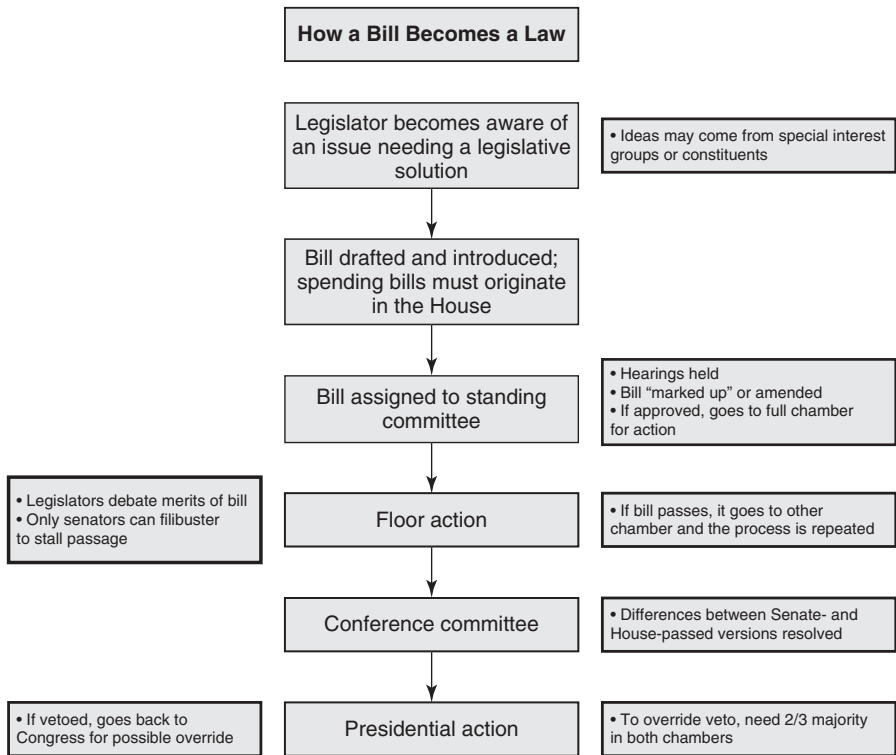
- Setting legislative agenda
- Chairing all committees
- Identifying problems
- Identifying possible solutions that are more likely to be enacted

Each state will follow a similar pattern—two chambers, a senate, and a house (except in Nebraska where there is a unicameral system).

Bills are ideas that legislators have determined need to be ratified into law. The ideas can come from many sources: the legislator’s own experiences, the issues brought forward by **constituents**, or by special **interest groups**. Once the idea is drafted into the proper bill format, it is introduced into the House or Senate, depending on the chamber to which the bill’s chief sponsor belongs. (All budget bills are initiated in the House, as it was designed to be most representative of the average citizens’ interests. Because of the importance of budgeting in regards to policymaking, it was given a primary role in the budget process.)

Once introduced, a bill is then referred to a standing committee for further consideration. These standing committees are generally subject-matter focused, so bills

Figure 3-1 How a bill passes through Congress.



related to health care go to a health committee, finance issues to a banking committee, farm-related matters to the agriculture committee, and so on. Standing committees can be configured differently over time and subcommittees may be named to consider particular bills in greater detail. Committee hearings are important, but they often appear to be more chaotic than productive. Much of the real business of law making is conducted behind the scenes, but one must also participate in the defined processes to earn a place at the more informal behind-the-scenes-tables.

Committee chairs are extremely influential, particularly with respect to the subject matter areas that are the focus of the committee’s work. Chairs determine what bills will be heard and when, and they establish the procedural framework under which the committee operates. The chair’s position on an issue can determine its fate from the outset. Because of the extent of their power and influence, committee chairs are able to raise large sums of money from special interest groups to support their re-election, and re-election is always an important consideration for lawmakers. House and Senate

leadership (elected by their colleagues) determine who will be named as committee chairs. Certain committees are seen as more prestigious than others, so being named the chair of one of those committees is even more important to an ambitious legislator. Not surprisingly, political considerations play a role in this entire process. Being aware of the dynamics that are the foundation of the overall committee process helps ensure more effective representation by those who want to influence the outcome of the committee's work.

If a bill is able to garner committee approval, it goes to the full chamber for a vote. The timing for scheduling a vote, as well as various attempts to amend the bill or delay the vote, are all integral parts of the lawmaking process. Much maneuvering occurs backstage and the ability to influence these less public interactions is as important as the words or concepts being debated. Again, peoples' relationships and politics determine the ultimate results. To be able to be effective in one's efforts to influence outcomes, one must be aware of these relationships and take them into account. Once a bill is approved in either the House or Senate, it must begin the process again in the other chamber. The chief executive (president or governor) must sign the bill before it can become law and all of this must happen within a single legislative cycle—two years. It is not surprising that it often takes several years for a particular legislative issue to finally become law, especially when the issue is not one that garners a lot of public interest or attention. The state and federal processes each have special nuances, but the overall process is similar for both, as are the people dynamics that affect each step of the process.

Given all the hidden factors that affect success on Capitol Hill or in state legislatures, how can an individual nurse hope to have sufficient knowledge or time to make a difference in the policymaking aspects of the profession? Fortunately, the American Nurses Association (ANA) and its state constituent associations, as well as specialty nursing groups, can provide their members with the tools they need to be successful. The success of these organizations' efforts in the legislative arena depends in large part on their members' involvement with and understanding the importance of an effective legislative presence on behalf of the profession in Washington, D.C., and in statehouses across the country. An individual nurse need only become a member of his/her professional association and then take advantage of the resources provided by these organizations to be part of the cadre of politically-active nurses who are taking seriously the obligations set forth in the profession's social policy statement and its code of ethics. These organizations keep nurses informed about what, why, and how things are happening, as well as help develop succinct messages to be conveyed to key lawmakers.

EFFECTIVE LOBBYING: A THREE-LEGGED STOOL

In addition to knowing the procedural aspects of lawmaking, nurses can also benefit from understanding the lesser known but equally important relational aspects of the process: the connections not depicted on any chart purporting to show how a bill

becomes a law. Success in the legislative arena is much like a three-legged stool, with each leg essential to the sturdiness of the stool as a whole. The first leg is the formal lobbying effort provided by independent paid individuals, many of whom have close ties with elected and appointed officials. Leg number two is the grassroots leg, and the third leg is the political leg—the one that actively tries to influence the outcome of elections.

Leg One: Professional Lobbyists

No bill becomes law without lobbyists' input. Lobbying is the act of influencing—the art of persuading—a governmental entity to achieve a specific legislative or regulatory outcome. While anyone can lobby, **lobbyists** are most often individuals who represent special interest groups and are looked to as the experts by lawmakers who need information and rationale for supporting or not supporting a particular issue. The role of lobbyists has become even more critical as the complexity of legislation has increased; for example, the 1914 law creating the Federal Trade Commission was a total of eight pages, the Social Security Act of 1935 totaled 28 pages, and the Financial Reform bill (conference version) of 2010 contained 2,319 pages (Brill, 2010). Legislators, often pressed for time, rely on lobbyists' expertise to help them understand what they are voting for or against.

On September 18, 1793, President George Washington laid the cornerstone for the U.S. Capitol. While the shovel, trowel, and marble gavel used for the ceremony are still displayed, repeated efforts to locate the cornerstone itself have been unsuccessful.

At times, policymaking seems as shrouded in mystery as the location of the Capitol's cornerstone. That's why you need an experienced partner (a.k.a. lobbyist) to help you unravel the mystery.

—A pitch for Capitol Tax Partners, a lobbying firm

According to the Center for Responsive Politics, there were 10,404 federal lobbyists in 1998; in 2010, there were 12,488. While this number represents a decrease from a high of 14,869 in 2007, the number of lobbyists has significantly increased over the years. In 1998, \$1.44 billion was spent on lobbying; in 2010, the total was \$2.61 billion, again down from \$3.49 billion spent in 2009. Nevertheless, this represents a general increase overall. The American Nurses Association reported spending \$1,197,342 on its lobbying efforts, utilizing the services of six lobbyists. The American Hospital Association, on the other hand, spent \$13,585,000 and employed 72 lobbyists, many of whom were categorized as “revolving door” lobbyists, or individuals who left positions in the legislative or regulatory arenas for typically more lucrative private sector employment. (The revolving door provides an entry and connections that are invaluable to a lobbyist

and the special interests he/she represents. The more revolving door lobbyists an organization employs, the better connected it is to the inner workings of Capitol Hill.)

The willingness of entities to invest the level of resources associated with lobbying efforts is indicative of how important the connections forged by lobbyists are to the reputations of the interest groups, and to their ability to get the job done. Members of special interest groups expect legislative success, and that success comes with a price. Tellingly, it is a price many nurses are reluctant to embrace. Nurses must be more aware of the key role that lobbyists play and be willing to support the lobbying efforts of professional associations by becoming members of these organizations. Success in the halls of Congress and at statehouses is integral to the advancement of the profession itself and its societal values. Nurses want their legislative agenda advanced successfully, and that expectation comes with a price tag that only nurses can pay.

Leg Two: Grassroots Lobbyists

While the paid lobbyists are the ones who most commonly come to mind when thinking of lobbying efforts, the so-called grassroots lobbying can be more effective if appropriately organized and informed. Grassroots lobbyists are constituents who have the power to elect officials through their vote. When constituents have expertise and knowledge about a particular issue (such as nurses in the healthcare reform debates), they are especially valuable resources for their elected officials. While issues debated in Washington, D.C., are national in scope, members of Congress are still concerned about how the issue is perceived back home. The connections established by a nurse constituent with his/her lawmakers at the federal, state, and local levels may provide timely access and a listening ear at key points during the policymaking process. To be effective, grassroots lobbyists must recognize that getting a law passed can take many years and entails compromise and commitment, along with an understanding of the political forces at work. In addition to employing paid lobbyists, professional nurse organizations have become increasingly aware of the strength of grassroots lobbying—seen by some as the most effective of all lobbying efforts (deVries & Vanderbilt, 1992).

Many state-level associations have established legislative liaison programs that match legislators with a nurse constituent from their districts, then provide nurses the tools needed to become an effective resource for the legislator. The American Nurses Association has also initiated similar efforts, as have other specialty nursing organizations at the federal level. These kinds of relationships take time to develop, but they provide both tangible and intangible benefits if diligently nurtured. An individual nurse who is willing to serve in a liaison capacity can markedly increase a legislator's understanding of nursing and the role nurses play in health care. With increased understanding, the legislator is more apt to be supportive of the profession's legislative agenda.

Before embarking on a lobbying effort, it is important to be aware of ethics laws as they relate to lobbying. Most states have strict reporting requirements, along with restrictions that apply to the use of funds and gifts to influence legislators. These laws generally are targeted at the paid lobbyists rather than grassroots efforts, but because each state defines “lobbying” differently when determining when the ethics laws apply, it is important to review the relevant statutes so as to avoid unwanted surprises later. State nurses associations can provide guidance on this matter.

There is no substitute for visibility in the legislative arena. Showing up is what political activism is all about, and showing up is the essence of lobbying. Building trusting relationships, demonstrating interest and concern for the public good, and providing information on issues important to the nursing profession are all things that can be done through regular participation in all aspects of the legislative process. Grassroots lobbying has been described by some as a “contact sport” (Patterson, 2011, p. 1), with the contacts taking various forms, such as in-person visits (the most effective), personally written letters, fax messages, phone calls, and emails.

Grassroots initiatives can put additional pressure on lawmakers if done well; however, it is not without its risks. Promising to unleash a firestorm of support or opposition to a measure is only effective if the people making up the grassroots actually respond. Promising and not delivering a grassroots campaign affects credibility and actually weakens the interest group’s overall influence. When the grassroots response is a message that is repeated verbatim (as with form letters or computerized email messages), it becomes clear that the effort is not a spontaneous outpouring of individuals’ sentiments and, therefore, is not the most effective approach. Volume does matter—legislators will ask how many letters or phone calls have been received either supporting or opposing the particular issue—but the best communication includes at least something about the writer’s personal experiences with the matter being legislated.

Effective communication tips:

Written:

- Communication should be typed, no longer than two pages and addressing no more than two issues.
- State the purpose of the communication at the beginning.
- Present clear, compelling rationale for the position(s) being advocated.

- When expressing disappointment about a past vote or position, do so respectfully.

Verbal:

- Identify up front the amount of time allocated for the meeting.
- Avoid too much small talk that eats up the allotted time, but take advantage of any shared connections or experiences that might enhance rapport.
- Time should be structured so that the issue can be presented succinctly.
- Do not assume the legislator or aide has the same amount of expertise as you do on the subject, and do not get too complex in your explanations.
- Provide a one-page summary at the end that highlights key points.
- Always send a follow-up note or letter after a meeting, thanking the legislator and/or aide for speaking with you. Always reiterate the points you made during the discussion.

While most people think of lawmaking when considering how policy is made, regulation and rule making are equally important to nursing's agenda. Regulations are made by executive branch agencies in accordance with the somewhat complex administrative procedures acts passed by lawmakers. While the processes vary from state to state, the relationship considerations apply equally to the enactment of laws and the adoption of regulations. One must know the process and the people and establish a reputation as a trustworthy, reliable resource in order to be an effective voice for the profession.

The relationships at issue are not limited to elected officials. Rather, a savvy lobbyist—whether professional or grassroots—knows the value of establishing connections with staff members and legislative aides working for lawmakers, as well as with other lobbyists from various special interest groups. These latter relationships frequently can be more important than direct contact with the legislators themselves. Timing is often the key to success, and having a timely “heads-up” about what is transpiring behind the scenes can mean the difference between success and failure. The connections with staff and other lobbyists are frequently the source for the kinds of tips and gossip that define and redefine strategies for advancing one's agenda.

No lawmaker can be an expert on every issue; therefore, they have grown increasingly reliant on professional staff members to serve as their eyes, ears, and often spokespersons. This is true for state legislators as well. Staff members frequently have political/constituent ties to the legislator.

Congressional staff members include:

- Chief of staff or administrative assistant with oversight responsibilities
- Legislative directors responsible for day-to-day legislative activities
- Press secretary
- Legislative assistants (LAs) who are responsible for specific legislative issues. For example, the health LA may also work on education and Social Security issues. LAs are very influential because of the role they play in the lawmaker's daily activities. The LA may "staff" the congressperson at committee hearings and prepare the member's statements and questions for witnesses. They accompany the legislator to meetings with lobbyists and constituents and are often the gatekeepers who funnel information and opinions. The LA also works with the office called the Legislative Council to draft bill language that includes the policy concepts identified by the lawmaker. The LA is someone a nurse should cultivate and work through.

Committee staff: These individuals support the work of congressional committees. Separate staff members are allocated to the majority and minority parties, with a larger number serving the majority party. Committee staff members have a narrower focus than the legislator's personal staff and are typically older and more experienced. Their duties include:

- Planning committee agendas
- Coordinating hearing schedules and witnesses
- Preparing legislation for committee and floor action
- Gathering and analyzing data
- Drafting committee reports
- Working cooperatively with their counterparts in the other chamber

It is best not to wait until there is an important bill pending to begin developing relationships. Regular contact with legislator offices and staff members to convey interest in the activities and issues they are dealing with and volunteering to serve on committees and task forces can help to develop name recognition, credibility, and trust.

A successful lobbying initiative depends on several additional relational components that are particularly relevant to nurses:

- *Unity*: Divisiveness within the profession is a certain road to defeat and fuels the opposition's fire. Opponents are well aware of the potential impact a united nursing profession could have on health policy decisions and other important issues. Nurse's numbers alone are formidable. For that reason, competing interests subtly and purposefully poke at the hot spots that typically divide nurses (e.g., educational preparation; union vs. non-union). Nurses often align themselves within specialty practice groups and are willing to lobby only when an issue relevant to that particular group is being considered. Ideally, all nurses should have a basic understanding or awareness of the legislative initiatives of specialty groups. They should actively support the initiatives of their colleagues, or, at a minimum, refrain from opposing the cause publicly; instead, concerns should be shared privately in hopes of working towards a compromise position.
- *Outreach*: Nurses have often been too insular in devising legislative strategies. Instead they should seek and define bases of support external to the profession. Identify groups and individuals who have something to gain if the cause is successful or something to lose if it is not. Groups may include consumers, other licensed professionals, and special interest groups such as AARP.
- *Timing*: There are windows of opportunity for a political agenda to move forward. Sometimes it is important to wait for the right climate or the right moment to proceed. Nurses often become impatient when their well-meaning advocacy, which often is intended to improve the public's health, seems to fall on deaf ears. Patience and timing are essential to success. Because of the critical nature of timing, it is often important to be ready to respond at a moment's notice. It is also important to be aware of the general environment in which an issue is being considered. For example, when a state is facing significant budget shortfalls or the nation is headed towards unfathomable deficits, it would not be a good time to try to move a costly program forward without identifying a credible, sustainable funding stream. During periods of reform, there is a stronger likelihood that change can be made.

The legislative process is an evolving one, founded on compromise. Settling for part of an initiative may be the best way to eventually achieve the entire goal. Willingness to persevere and keep returning to the legislature year after year, if necessary, is essential. New faces are chosen at each election and the volatility of the entire political arena can result in major philosophical changes in a relatively short time.

Leg Three: The Role of Money

The final leg of the stool is the one that causes much discomfort and concern to nurses and others: money. Politics in its most primitive form is on display when considering how money influences who wins or loses an election. The amount of money that flows to and through the legislative process has raised serious questions as to whether the whole process is “For Sale” to whoever has the deepest pockets. Unfortunately, winning an election or re-election, even at the local level, can be a very expensive proposition costing millions of dollars. The total spending by political parties, candidates, and issue groups for the mid-term elections in 2010 is estimated to have exceeded \$4 billion—a trend that is likely to continue in light of the recent United States Supreme Court decision in *Citizens United v. Federal Election Commission* (2010).

Not only has the amount of money flowing to campaigns increased dramatically, the source of those dollars (who has the deep pockets) has also changed and is expected to change even more in the future. For example, American Crossroads GPS (the brainchild of Republican strategists Karl Rove and Ed Gillespie, both of whom held influential staff positions under former President George W. Bush), American Action Network, Republican Governors Association, and the Chamber of Commerce are groups based in Washington, D.C., that financed state races across the country on behalf of Republican interests in 2010. On the Democratic side, organized labor, EMILY’s List, and the League of Conservation Voters continue to contribute millions to fund campaign messages (Crowley, 2010). While these groups may appear to operate independently of each other, in actuality “coordination is as easy as walking across the hall” of their shared office space (p. 31). How this evolving dynamic will affect future elections and alliances remains to be seen, but its existence cannot be ignored or underestimated.

The Court in its *Citizens United* ruling struck down the 2002 federal campaign finance law prohibiting unions and corporations from spending money directly advocating for or against candidates. The First Amendment was the basis for the Court’s decision. The League of Women Voters has voiced its support of legislation that would require disclosure of the sources of the spending that is now legal and basically unlimited as long as the efforts are not coordinated with an individual’s campaign.

The need to raise the kind of money in question often discourages potential candidates and gives greater influence to special interest groups that are able to generate large sums of money from members and supporters. Re-election is essential to maintaining incumbency and the opportunity to continue to affect policymaking; therefore,

re-election considerations become important almost as soon as the oath of office is administered. Raising money is a year-round expectation, with political party leaders putting pressure on their ranks to meet ambitious fundraising goals. Success in these endeavors often determines who will be elected to leadership positions in the House and Senate and appointed as committee chairs. Incumbents have a significant edge in the fundraising race, which further disadvantages newcomers and ultimately affects election results. For example, in the 2008 election, the odds of a challenger beating an incumbent if the challenger spent under \$1 million were 302:1. If the challenger were able to spend \$2 million or more the odds changed to 14:9. Contrast that to the 1998 election cycle, when a non-incumbent who spent \$500,000 or more had an even chance of victory (Center for Responsive Politics, 2010).

While the convergence of politics and money is not always pretty, ignoring the importance of financial contributions to moving ones' legislative agenda forward is naïve at best and will ultimately undermine efforts to advance the positive aspects of the nursing profession's agenda. Nurses, like all other citizens, need to know at least the basics of what is happening in the political arena with respect to funding political campaigns. Because of the importance of political contributions, nurses should also provide financial support to those entities that are able to make strategic political contributions on their behalf. Unfortunately, when accounting for political contributions to federal candidates in 2010, contributions from nursing-focused groups ranked far below those of other healthcare-related interest groups. For example, according to information compiled by the Center for Responsive Politics, based on reports from the Federal Elections Commission as of April 25, 2011, the highest amount contributed to federal candidates in 2010 by a healthcare PAC (the National Association of Community Pharmacists) was \$1,719,403. The American Nurses Association's contributions totaled only \$582,911 during that same time frame (Center for Responsive Politics, 2011). It should therefore come as no surprise that organized nursing interests are at a disadvantage when trying to gain the ear of legislative decision-makers. Were it not for other sources of power—numbers and the general trusted reputation of the nursing profession—trying to gain a seat at the policy table would be an elusive aspiration at best.

Despite the need to know, following the money can be a difficult task: however, thanks to technology, it is not an impossible undertaking. State/county governmental websites include the campaign finance reports filed by political parties and candidates on the local level, and the Center for Responsive Politics (<http://www.opensecrets.org>) is a good resource for federal election funds. The first step is simply to gain an understanding of the critical role money plays in the process. While it may seem to undermine the integrity of policymaking, ignoring this reality will ensure frustration and likely failure.

Along with the money component of this leg of the stool, special interest groups also affect election outcomes by endorsing candidates running for office. Candidates who want to demonstrate their appeal to the overall electorate prize these endorsements; this is particularly true for endorsements issued by nurse organizations such as the

American Nurses Association on the federal level and state constituent associations of ANA on the state level. This level of political activity occurs through the associations' **political action committees (PACs)**. Federal and state election laws contain many requirements and restrictions a PAC must follow. For example, in order to participate in federal candidate advocacy, a federal PAC must be established and reporting requirements and contribution levels set forth in federal law adhered to. Similarly, if an organization wishes to endorse candidates seeking state office, it must set up a state PAC and follow state election laws. Generally, a federal PAC endorses candidates seeking a federal office such as the presidency or a congressional office, while state PACs focus on candidates running for state-wide offices such as governor, attorney general, secretary of state, and state legislative bodies. An endorsement may include monetary support for the campaign, or simply a publicized communication of support. According to Gallup's annual Honesty and Ethics survey released in December 2010, nurses continued to be recognized as the most trusted profession by the general public (Gallup, 2010); therefore, an endorsement from a nursing organization has value that transcends money.

Typically, organizations issuing endorsements have a process for doing so that can be fairly complex and usually involves a screening component. Decisions are based on criteria that take into consideration the political climate, the political index (the ratio of Republicans to Democrats to Independents in the district), the voting record of incumbents, and other intangible factors. While candidate endorsements can enhance an organization's perceived power, the decisions are not without risks both internally and externally. Externally, endorsing the "wrong" candidate—the loser—can have repercussions when trying to gain support for a legislative initiative from the elected official—the unendorsed winner—once the election is over. Internally, members of endorsing organizations who are unhappy about an endorsement decision may cancel their membership as a sign of protest, thus weakening the power in numbers that is especially important for nursing organizations.

Elections are inherently a partisan process where political party labels do matter. Nurses are not all Republicans or all Democrats, and the partisan nature of candidate endorsements is often distasteful and misunderstood. Endorsements, regardless of the political party of the candidate, are useful tools on several levels, however. First, exposing candidates to issues important to the nursing profession during the endorsement screening process is a way to educate potential lawmakers about these issues. Candidates are introduced to nurses who may be looked to as resources in the future when healthcare issues arise. Additionally, candidates who may not be particularly well versed about the complexities of the healthcare system receive information from a nursing perspective that they may not get elsewhere. Finally, an endorsement is not a directive to vote for a particular candidate, but serves as one more tool voters can use when making their own decisions. For nurses, an endorsement sends a signal that the candidate has participated in the screening process and appears to be someone nurses should seriously consider. Before reacting negatively to an endorsement decision made by a nursing

organization, nurses should contact the organization to obtain more information as to why the decision was made. Voicing concerns to the decision-makers is productive, while cancelling membership serves only to undermine the profession's power base.

In addition to being aware of the inter-relational aspects of the legislative and political processes, it is also important to understand some of the labels attached to those who are players on the political stage. It is especially important when the labels mean different things to different people. For example, “One of the most incendiary words in today’s political lexicon is *progressive*” (Moser, 2010, p. A-11). Members of the liberal wing of the Democratic Party use this term proudly, while conservatives use it as a term of reproach. For liberals, the word means “a set of policies (that) were attempts to address real problems that emerged in the development of an urban, industrial society. These policies have brought about immense tangible improvements in the lives of ordinary Americans” (Moser, p. A-11). Conservatives believe progressivism is an ideology that ignores the principles of limited government, separation of powers, and even unalienable individual rights that are the principles underlying the foundation of the United States. “The complexities of day-to-day operations of government make it necessary to take the operations out of the hands of the people themselves and entrust it instead to trained experts” (Moser, p. A-11) is a belief attributed to Liberals that Conservatives liken to fascism. According to Moser, “The problem is both sides are right, but neither seems willing to consider the other’s definition” (p. A-11). Whether we can have a real national conversation or will simply continue to engage in the shouting match is unclear; however, some of the trends that are evolving make it more important than ever for all participants to speak the same language.

TRENDS AND TOOLS

Trends

I had endured plenty of rough politics in Texas. I had seen Dad and Bill Clinton derided by their opponents and the media. Abraham Lincoln was compared to a baboon. Even George Washington became so unpopular that political cartoons showed the hero of the American Revolution being marched to a guillotine. Yet the death spiral of decency during my time in office, exacerbated by the advent of twenty-four hour cable news and hyper-partisan political blogs, was deeply disappointing. The toxic atmosphere in American politics discourages good people from running for office. (Bush, 2010, p. 120)

Whether today’s political climate is really nastier than in the past is debatable. “Perhaps the 19th-century political cartoons and stump speeches were uglier than anything seen today” (“In Search of Civility,” 2010, p. A10), but today’s technology enables these

attacks to be more powerful because they spread “farther, faster, and linger longer” (p. A10). In addition to fueling what can be characterized as bully-like behavior, the power of technology gives more opportunity for citizen groups to develop, grow, and spread their message. The Tea Party movement is one such group, but others such as the “no labels” group are springing up. The trend of more citizen action is likely to continue, with its actual impact yet to be determined.

The Tea Party is characterized as a “conservative revolt” that is shaking up the Republican Party; however, the Democratic Party is not immune from the forces of unrest and frustration that gave rise to the movement. Generally, “Tea Partiers favor traditionally smaller government, unfettered financial markets, defanged regulation, and shrinking federal entitlements” (Scherer, 2010, p. 28). Whether Tea Partiers are the extremists they are portrayed to be, or whether their goals appeal to more mainstream Americans, remains to be seen. Thus far, there is no organizational structure for the Tea Party that parallels what is in place for the established Republican and Democratic parties; rather, it is a movement or loose aggregation of ideologues whose influence is fueled by evolving social media technology and a few dynamic individuals. The movement has generated enthusiasm, however. What also remains unclear is how much long-term impact it will have over the Republican Party and, ultimately, election outcomes. Candidates running for the U.S. Senate in seven states (Nevada, Colorado, Utah, Alaska, Kentucky, Delaware, and Florida) who were singled out for support by avowed Tea Partiers were victorious in the 2010 primary elections. They defeated Republican mainstream rivals, many of whom were handpicked by party leaders in Washington, D.C. Of the seven, four were successful in the general election.

Taking the stage after the 2010 election was a movement called the “no labels” group that purports to put aside traditional party labels in favor of a more centrist approach that espouses “doing what is best for America.” “Political outliers—not quite Republican, not quite Democrat—are forming new alliances in a communal search for ‘home’” (Parker, 2010, p. A13). The group thus far does not offer policy solutions to America’s challenges; rather, it promotes civil behavior in public discourse. Its founders are high-ranking political operatives from both political parties, as well as candidates who lost an election because their positions were not liberal or conservative enough for the more extreme wings of their parties. Corporate backers include Andrew Tisch, co-chairman of Loews Corp.; Ron Shaich, founder of Panera Bread; and Dave Morin, ex-Facebook executive. The group kicked off its efforts in December 2010, so the extent of its impact remains unclear.

While the impact of technology and the fate of these emerging political groups are unclear, what is clear is the trend toward more dissatisfaction with the traditional two-party system that has controlled the political process. The ability of rogue groups fueled by the power of the Internet and other technology to form and send a widespread message will have an impact on election outcomes and campaign strategies in years ahead. The 2010 uprisings in Egypt and other Middle-Eastern countries are further

evidence of the power that can be unleashed through electronic social networks. Nurses and nursing organizations should be aware of the potential of technology and use it to their advantage. Technology levels the power playing field and provides a cost-effective, far-reaching mechanism to leverage power that heretofore was available only to those with extensive resources at their disposal.

Tools

Although the political process itself may seem formidable, there are tools nurses can use to make participation feasible. Technology provides the information one needs to be an informed voter; however, it is often difficult to wade through the political rhetoric or to know who or what is the source for the information. Technology, although potentially useful, can be so overwhelming that its usefulness is lost in the clutter. Information from non-partisan sources can be especially useful in sorting out the kind of information being provided; the League of Women Voters and the Center for Responsive Politics are examples of two such sources. In addition, websites of professional nurse organizations often include governmental affairs links and background information that is available to members and, on a limited basis, to non-members.

Other tools:

- *EMILY's List*: Founded in 1985 by 25 women who understood the importance of money to the political process. EMILY—Early Money Is Like Yeast—raised \$1 million by 1988 and over \$10 million by 1992 in support of pro-choice Democratic women candidates. It issued its first presidential endorsement in 2007, supporting the candidacy of Hillary Clinton. While clearly targeted at Democratic women candidates, the organization has become a formidable political force whose interests often parallel those of nurses. EMILY's List is a network designed to provide its members with information about candidates and encourages them to write checks directly to the candidates. Its membership had grown to 600,000 by 2010 and, in addition to being a national PAC, it also provides training opportunities for potential women candidates running for state and local offices, prepares women to work in political campaigns, and has undertaken get-out-the-vote initiatives in targeted states. EMILY's List is credited with helping to elect 80 House members, 15 senators, and 9 governors.
- *WISH List (Women in the Senate and House)*: Formed in 1992 to support pro-choice Republican women, it has contributed \$3.5 million to its candidates since its inception, while also offering candidates advice and training opportunities.
- *The Susan B. Anthony List*: Formed in 1992 to support pro-life candidates and advance the pro-life agenda.

Federal and state government websites can be ready sources of information about the status of legislative initiatives, the individuals serving in elective offices, and the legislative process in general. These sites have links to all three branches of government (executive, legislative, and judicial) and can provide historical perspectives about past legislative sessions, as well as information on current ones. Federal legislative information is available through the Library of Congress at <http://thomas.gov>. You may also sign up for email alerts by contacting the offices of committee chairs and asking to be placed on their email lists.

When trying to decide which candidates to support in a particular election, candidates' nights can be especially useful, particularly those sponsored by nursing or healthcare-related organizations where the focus is often on healthcare issues. Audience members have a chance to see each candidate respond to questions and often can have an opportunity to talk to them one-on-one. While the candidates' answers to difficult questions may not be as responsive as one might wish, it could be instructive to see them in action.

What other tools can a nurse use to influence decisions around issues of importance, both professionally and more generally?

- First and foremost, vote. Voting records are readily available and people can easily check to see whether someone regularly exercises his/her right to vote. Being able to say "I am a voter in your district" with authority can make a difference in how the rest of the message is received.
- Be an informed voter. Do not rely on media messages; check out websites, attend candidates' nights, watch debates, and contact candidates directly through their campaigns to learn more about their philosophy and priorities.
- Volunteer to help during a campaign if a candidate seems especially knowledgeable/supportive of the nursing profession's issues. This can be as simple as addressing postcards or putting up a campaign sign to making phone calls or going door-to-door. Candidates remember those who help them, and doing so also provides an opportunity to get to know the candidate's staff and family members, many of whom are likely to have a strong influence over candidate perceptions and positions once the election ends.
- Contribute to a campaign and let the candidate know that the contribution comes from a nurse. Offer to hold a fundraiser or house party for the candidate. This level of assistance is very much appreciated by the candidate and can help gain access once the election is over.
- Letters to the editor provide an opportunity to express an opinion about a candidate or issue to a ready audience. Elected officials and candidates regularly monitor these communications, as do other readers.
- Write letters, call, or send email messages to elected officials to let them know how you feel about a particular issue. These messages, especially if not part of a mass mail/call initiative, can be very influential.

- Take advantage of resources provided by nursing organizations to keep informed about what is happening in a timely manner.
- Join a professional nurse organization and volunteer to be part of its political action arm. Let the organization know of your particular concerns and offer to testify should a legislative initiative arise that is within your areas of concern or expertise.
- Consider becoming part of organized political efforts in your county or voting district, such as county political parties or other efforts that will inevitably spring up through social media opportunities.
- Volunteer for committees (e.g. school districts, city council) doing foundational work that could become the basis for local policies.
- Join organizations such as the League of Women Voters to forge connections and gain a broader awareness of the political dynamics affecting decision-making.
- Run for office, locally, statewide, or nationally.

CONCLUSION

Then-State Representative Kevin DeWine (R-Fairborn), speaking at a Nurses' Day event at the Statehouse in Ohio, noted that the job of nurses and others is to make his life miserable. He then went on to rhetorically ask who wouldn't want a job that essentially offers a 2-year minimum contract for basically part-time work, and where no one pays attention to how you are doing the job. He concluded, "That is what you do if you don't hold me accountable for the decisions I make on a regular basis, not just on Election Day" (DeWine, personal communication, March 2005).

Holding elected officials accountable for their decisions means one must pay attention to what is happening in Washington and at statehouses on a regular basis. While politics may not be pretty, it is an integral part of how things get done. The decisions made by elected officials affect nursing practice and nurses' professional lives each and every day. To ensure a positive future for the nursing profession, as well as a healthcare system that reflects nurses' perspectives, nurses are required to engage in the political side of their profession. It need not be time-consuming, but it must become a more common occurrence that all nurses accept as essential to their professional practice.

RUNNING FOR ELECTIVE OFFICE—ONE NURSE'S EXPERIENCE

In 2008, after over 25 years of working in the state legislative arena as a lobbyist for nursing's interests, I became a candidate for the state House of Representatives. I had worked as a nurse in the clinical arena for many years and, after earning my Juris Doctor (JD), had practiced law as a healthcare attorney. I frequently spoke with nurses and nursing students about the importance of getting involved in the political process and often was asked why I didn't run myself. Heretofore, I had always managed to

dismiss that possibility as far-fetched. Now healthcare reform was a major issue, along with education reform and the economy, and I soon became convinced that my background would appeal to voters who wanted change. Before proceeding, I had to make certain my family was on board, my employer would be supportive, and that I could put together a solid campaign team. If all those elements fell into place, I determined I would enter the race.

By the late fall of 2007, I had negotiated a satisfactory arrangement with my employer and was assured by my family that they were on board as well. In addition, I found campaign managers who were excited to take on the Lanier campaign to put a nurse in the statehouse! Although the incumbent was not eligible for re-election due to term limits, the race was not going to be easy. I was running as a Democrat in a very Republican district, and I faced a challenge in the primary election, which meant the campaign needed to get busy fast for the early March vote.

A March election meant campaigning during the cruel winter months. Climbing over snowdrifts to get signatures on candidate petitions, hammering campaign signs into frozen ground, and going door-to-door to meet voters in temperatures that would put Alaska to shame became routine. Was it fun? Not necessarily. But it was part of the job I signed on for when I said I wanted to be the candidate, so I did it almost without giving it a second thought.

In addition to the physical side, I also had to raise money to buy the signs, establish a credible web presence, and print the campaign literature being distributed on my behalf. That meant making phone calls and sending what I called my “begging letter” to everyone I could think of who might support the effort financially. There was no how-to book that really addressed all the aspects of campaigning, so I was learning on the job each day, every day.

Nurses were my best supporters and no one worked harder on our weekend “Nurses Make House Calls” initiatives. On the rainy, frigid-cold Election Day, nurses stood outside polling places with “Lanier” signs as one last reminder of who to look for on the ballot. That night, as the election results came trickling in, we soon learned that we had been successful, so there were a few moments of celebration with friends, family, and supporters. What a fun night! Winning made it all worthwhile. The next day, however, the campaign for the general election started its 8-month marathon.

This time, the snow had turned to warm/hot days with more time for meeting voters and raising those elusive funds. By the time the November election day arrived, I had knocked on over 10,000 doors personally, and the total neared 16,000 when the efforts of volunteers were included. We had participated in numerous local parades and attended candidates’ nights, festivals, and fundraisers. Many special interest groups had issued valued endorsements of my candidacy, while others disappointingly endorsed my opponent. I had answered countless questionnaires about my position on every issue imaginable. We had designed a series of direct mail pieces and other materials to give voters a reason to vote for me. I survived some hurtful negative

encounters with people who were convinced that my party affiliation meant I was un-American, and I learned to ignore cruel blog comments that were focused on the superficial, rather than genuine issues. I shared a stage with presidential candidate Barack Obama and was introduced by then-Senator Hillary Clinton at a local rally. I attended a VIP briefing with a United States senator and was treated to some remarkably frank discussions about how to address some of the serious problems affecting the state and the nation.

Throughout the process, I learned how many people were struggling with the challenges posed by job losses and foreclosures. I talked with people who could not get the health care they needed because they had lost or never had adequate health insurance coverage. I watched as volunteers set up a health clinic designed to serve economically disadvantaged people, many of whom were working in minimum wage jobs. I visited local farms, preschools, and a school for children with autism.

Despite all the efforts by so many, I did not win the seat in the House I worked so hard to attain. [Editor's note: Ms. Lanier won nearly 40% of the total vote, a remarkable feat as a Democrat in a highly Republican district. She is to be celebrated for this effort.] Winning is lots more fun than losing, so the November election night party was subdued at best. In the end, all agreed that we ran a good campaign and had no regrets or what ifs to carry around. Although the loss was incredibly disappointing, I have no second thoughts about taking the chance. I have a whole new understanding of and appreciation for the political process and politics in general. I met people I would never have met otherwise, and my life is richer for having done it. My family, particularly my grandchildren, got to experience a political campaign first hand. They know what it feels like to distribute candy during a parade and to do a "lit drop" through many neighborhoods.

So what is it like to be a candidate for an elective position that was not featured in the local media, one that was more people-focused than media driven?

- First and foremost, I found it to be one of the loneliest experiences of my life. Although I was constantly around people, I was really always on my own. Knocking on doors and never knowing what might be on the other side was disconcerting, but my nursing experience prepared me well to deal with whatever arose. I probably had more information about people's health status than the local health department!
- It was a very humbling experience with a huge learning curve. I learned how much I didn't know about the many issues facing people each day. I came to appreciate the unrealistic expectations we have for our elected officials. We elect people to state and federal legislatures expecting them to find solutions to all of the varied problems that challenge our cities, states, businesses, schools, industries, environment, and economy, and then do not give them the tools or time they need to be successful.

- I realized once I received my first campaign contribution that it was no longer about my own personal ambitions, but it was bigger than that. I now owed something to others; my best effort was put forth to ensure their trust in me was not misplaced. When I got tired or discouraged, I thought about the \$5 contributions I received from retired nurses who wanted to help me in some way, and that kept me moving ahead. I also learned, sadly, how those big contributions really do have an impact. Because a campaign, even so-called down ticket races, are expensive and few people (especially a nonincumbent) can raise the dollars needed or expected to be a credible candidate, when someone or some group hands you a check with multiple zeros in the amount, it has an impact. That's a fact, like it or not.
- You cannot do it alone. A good team is essential—campaign manager, treasurer, volunteer coordinator, media/public relations/web specialist, and a constituency willing to work for you. Being a candidate is a full-time job. It was a year out of my life in which I had to be on my best behavior at all times because you never know who may be watching. My family members were also affected and had to be careful of what they said and did.
- Hard work alone will not result in a victory. Timing and location (district demographics—the political index) are critical factors as well. No candidate should run unopposed, however, so candidates should be encouraged to come forward. Voters should always have a genuine choice on Election Day. Sadly, the rigors of campaigning, including the personal scrutiny, discourage rather than encourage broad participation.
- People actually thanked me for running, which really surprised me.

Government is only as good as the people who hold elective office. Cynicism and a lack of participation will eventually doom our form of government. Partisanship needs to take a backseat to collaboration in order to solve the very serious problems facing all of us. Nurses can be candidates or part of a campaign team or simply a volunteer, but regardless of what they do, they should do something!

DISCUSSION POINTS AND ACTIVITIES



- Watch the HBO movie *Iron Jawed Angels*. What political considerations were at play in efforts to win voting rights for women? Have women today become complacent with respect to the importance of voting? Is the fight waged by suffragettes similar to the one nurses have waged to gain recognition of advanced practice? Describe. How does complacency imperil future professional advances for nursing?
- There are many metaphors for the future role of advanced practice nurses in the healthcare system. Select one of the metaphors below and describe the political considerations that come into play with respect to the selected metaphor.

1. The future role of advanced practice nurses is like a great roller coaster on a moonless night. It exists, twisting ahead of us in the dark, but we can only see the track that is just ahead. We are locked in our seats, and nothing we may know or do will change the course that is laid out for us; in other words, the future role is outside of our control.
2. The future role of advanced practice nurses is a huge game of dice. It is entirely random and subject only to chance. Since everything is chance, all we can do is play the game, pray to the gods of fortune, and enjoy what luck comes our way; in other words, the future is totally random and we do not know how or if our actions make a difference.
3. The future role of advanced practice nurses is like a great ship on the ocean. We can travel freely upon it and there are many possible routes and destinations. There will always be some outside forces, such as currents, storms, and reefs, to be dealt with, but we still have the choice to sail our ship where we want it to go; in other words, we can choose whatever future we want if we are willing to work with a purpose and within the knowledge and constraints of outside forces.
4. The future of advanced practice nurses is a blank sheet of paper. It is there for us to fill in with our actions and decisions in the present. If we choose the future we want and spend time within our professional lives trying to make it happen, it will probably materialize. If we leave it to the powers that be to decide upon and plan the future, we will have a very different kind of future—one dominated by traditional powerful forces. In other words, we have control over our future if we choose to act upon it.

Source: Adapted from *Facing the Future*, 2006.



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