This continuing nursing education is provided solely by the Michigan Nurses Association (MNA), and there is no commercial support or conflict of interest in these activities by the planners and developers of these CE modules. There is no discussion of off-label usage of products or endorsement of products by MNA or the American Nurses Credentialing Center (ANCC).

Requirements for successful completion of each self-study are:
• Read the entire article/module
• Complete the evaluation form/post-test and indicate responses on the answer sheet.
• Return the evaluation form and answer sheet by mail, e-mail or fax to: Lisa Gottlieb-Kinnaird, 2310 Jolly Oak Road, Okemos, MI 48864, 517.349-5818 (fax) or lisa.gottlieb@minurses.org.
• FREE for members, $20 for non-members

Purpose:
Upon completion of this activity, participants will be better prepared as constituents to speak up for their (health care) issues through an understanding of the relationship between the legislative process and patient advocacy.

Objectives:
1. Define the important concepts of advocacy, politics, and health care policy.
2. Analyze why nurses are an important influence on health care policy decisions.
3. Identify the roles nurses can play in supporting legislators who back nursing issues.
4. Compare the perceived effectiveness of communicating and advocating methods.

INTRODUCTION
When nurses think about patient advocacy, a picture of talking with legislators in downtown Lansing is not the first thing that comes to mind. Many nurses think patient advocacy happens only at the bedside, not in the halls of the Capitol! For many nurses, the political process is akin to taking care of a critically ill patient – multiple lines that can tangle, a variety of opinions on the best care from multiple sources, and constant background noise. It can be overwhelming and frustrating. Every candidate promises relief or positive change of some sort, but who is really trustworthy, and positive for who? And those TV and radio ads! Like many citizens, nurses breathe a sigh of relief when November 4th comes and the constant barrage of election information stops. The idea of getting involved with legislation and legislators seems too far removed from nursing practice and patient care.

However, there is a problem with that view from nurses. First of all, we’re not ordinary constituents – we’re highly educated nurses with a wealth of knowledge and experience about health care and patient safety. As the largest, most trusted group of health care providers, we represent a profession with great potential to create change. However, we have not developed ourselves into a cohesive,
influential power! We, as a profession, need to consider that failing to participate in health care and workplace decision making can affect our practice in ways that may not be in our and the patient’s best interest. (Cook, 2008) Our present health care system is unreasonably costly with a myriad of access and patient safety issues. Our creativity is needed to provide new solutions to problems. It’s time to put aside the limited idea of patient advocacy and determine what we can do individually and as a profession to effectively influence the legislative process and policy development.

What did Florence do?

We regard Florence Nightingale as the founder of modern nursing, but we tend to ignore her history as a patient advocate with political figures/legislators. She was fully aware that the changes that needed to be made to England’s health care system would have to come through the government. She was never deterred until she talked to the people who mattered, even if that meant going to the top and gaining the support of Queen Victoria and Prince Albert. (Selanders, 2012)

There have been outstanding examples of individual nurses throughout the history of our profession who have demonstrated their capacity to shape health care. Nurses have done this through initiating/revising health care goal policy proposals, and influencing the implementation of health policy. In fact, nurses who wanted to secure state registration for Michigan nurses created MNA. It took them over five years of lobbying to accomplish their goal and that was before women could even vote! (MNA, 2004)

We have a long, proud history of being active in directing health care through legislation. As in earlier times, many nurses today are inspired to take on some form of advocacy to bring about change in the current policies, laws, or regulations that govern the larger health care system. (Abood, 2007)

Who makes the rules and why does it matter that we know who they are?

To be effective in directing health care, we have to know the players who make up the rules. As any health care issue moves through the phases of the policy process, from a proposal to an actual program that can be enacted, implemented, and evaluated, the policy process is impacted by the preferences and influences of elected officials, other individuals, organizations, and special interest groups, whether they understand the health care issue or not. These different factions do not necessarily view the issue in the same way and often have diverse and competing interests. The health care field is not well represented in the Legislature and many elected officials have no idea how a health care issue will actually affect either the people who provide care or the patients who will receive it, other than what they are told. Added into the mix are the partisan agendas of the two political parties, the Republicans and the Democrats, with the party holding the majority having the advantage. (Abood, 2007)

Decision makers rely mainly on the political process as a way to find a course of action that is acceptable to the various individuals with conflicting proposals, demands, and values. Political interactions take place when people get involved in the process of making decisions, making compromises, holding legislators accountable, and taking actions that determine who gets what in the health care system. Special interest groups and individuals with a stake in the fate of a health care policy – nurses – use all kinds of influencing, communication, negotiation, conflict management, critical thinking, and problem-solving skills in the political arena to obtain their desired outcome. (Abood, 2007)

If nurses are not present in the process, we have no one to blame but ourselves if bad law~

---

“Government shapes literally every aspect of our lives in some form or another. The real question is whether we passively allow ourselves to be impacted by government or whether we adapt to impact government ourselves, to attempt to beneficially shape outcomes.”

– Silvia Federici
is created out of ignorance.

It falls upon nurses, then, to determine who are the decision makers and assess two conditions. First, does the legislator actually understand what is at stake with certain proposed policies in regard to its effect on health care. Second, do they support the knowledge of a trusted professional over a special interest group with less altruistic goals (profit margins, CEO benefits, building programs, etc.)?

**Change for the better**

The experiences of many nurses practicing in the real world of health care are motivating them to take on some form of an advocacy role in order to influence a change in policies, laws, or regulations that govern the larger health care system. Every day, nurses are positioned to see not only the impact of health policy on individual patients, but also the need for more comprehensive changes in the policies that address many health-related issues.

Nurses come face to face with issues associated with patient safety and satisfaction, access to services, clinical outcomes, and health disparities. Dealing with these concerns and other workplace issues that have broad implications for whole groups of people, nurses have the choice to continue on, trying to make do while feeling victimized by current changes or to motivate themselves to take action and find opportunities to bring about change in the health care system itself. *(Abood, 2007)*

Additionally, nurses can play a leading role in influencing their elected representatives to enact desperately needed changes in health care and nursing policy, including helping to determine who gets elected and who doesn’t. As constituents, nurses can educate elected officials and candidates about health care issues, urge them to action, and hold them accountable when their positions and records do not match their rhetoric. *(Artz, 2006)* Furthermore, electing pro-nursing candidates represents one of the best ways of making sure that nurses and patients have partners at the state level and federal levels in efforts to gain quality, affordable, and accessible health care. *(Artz, 2006)*

**Continuing the tradition of political advocacy**

The debate on whether advocacy is a moral or professional duty means little as it relates to political advocacy. If you have taken on the role of a nurse, both your ethics and your professional integrity mean that you advocate for patients. Since issues that can dramatically affect nursing practice can easily come through the legislative process, nurses must be at that table. Too much can go wrong if legislators, who do not understand these changes, are left to make decisions without the input of those who provide professional care 24 hours a day, 365 days a year.

There are multiple levels of involvement within political advocacy that range from clicking a button on a computer to send an e-mail letter to your representative or senator, to becoming a liaison to legislators through the Michigan Nurses Association. Each individual must determine his or her ability to influence the legislative process and act accordingly. But act we must.

**REFERENCES:**


Congress Merge, PO Box 232 Mount Vernon, VA 22121-0232 E-mail: Copyright 2005 Congress Merge, All Rights Reserved www.nann.org/.../Getting_Involved_in_Health_Policy_and_Advocacy


Kopanos, Tay. (2008, March). What is your power to influence healthcare policy? Colorado Nurse


NURSING’S VOICE IN POLITICS:
The Ongoing Relationship Between NURSES and LEGISLATORS

POST-TEST DIRECTIONS

• Carefully read the entire article.

• This CE is free for MNA members and $20 for non-members.

• Complete the evaluation and post-test response form and make your payment ONLINE.

OR

• Complete the evaluation and post-test response PDF FORM and mail or fax to MNA.

Michigan Nurses Association, 2310 Jolly Oak Road, Okemos, MI 48864
Fax: 517-349-5818

AWARDING OF CE

Participants who achieve a minimum passing score of 80% (8 correct answers) will receive a certificate awarding 1.0 contact hours. Certificates will be mailed within six weeks of receipt of evaluation and post-test. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.