

Strengthening Nurses' Influence in Health Policy

Application of the Patton Zalon Ludwick Policy Assessment Framework

ABSTRACT

With nurses at the forefront of health care, the need for their active engagement in policy has never been more urgent. Numerous national and global reports call for nurses to lead policy change. The Patton Zalon Ludwick Policy Assessment Framework is intended to answer this call by serving as a foundational guide to nurses' self-assessment of their health policy actions. It includes three dimensions: engagement, partnership, and reach, each with three levels. The levels of engagement are literacy, advocacy, and influence. The partnership levels are single unit or community group, interdisciplinary team(s), and broad-based coalitions. The reach levels are based on the location of policy work: local/unit/organization, regional/state, and national/global. The dimensions are interconnected, and the levels build upon one another but are not necessarily symmetrical, linear, or prescriptive. In this article, the authors describe each dimension and level in detail, and the accompanying tables provide examples of policy goals and actions. Nurses worldwide can use this framework to engage in self-reflection and envision actions to achieve their policy goals. It will enable nurses to evolve from being policy bystanders to becoming visible, credible policy leaders.

Keywords: advocacy, coalition, health policy, influence, literacy, nurses, partnership, self-assessment

Nurses, in their daily work, often recognize problems that require instituting a new or revised policy. They care deeply about a range of issues such as workforce crises and staffing, patient care quality, workplace safety, violence, full practice authority, telehealth, the opioid epidemic, racism, social justice, and their specialty practice. Policy affects nurses and their patients across a wide spectrum of these health care issues, since policy on multiple levels guides, changes, or influences these issues. Policy has many conceptual and operational definitions; here, policy is defined as a set of complex actions designed to achieve specific goals. It includes steps taken by governments and nongovernmental organizations that may encompass guidelines, standardized practices, procedures, protocols, codes, executive orders, budgetary processes, regulations, and laws.^{1,2}

Nurses often assume that policy action is synonymous with public policymaking. Public policy is developed in governmental arenas.³ However, policy permeates every aspect of professional practice and is not limited to public policymaking. Health care, like nursing, is highly regulated by myriad policies, and nurses are responsible and accountable for addressing policy issues related to patient care and professional practice. The scope of practice for nurses includes account-

ability to advocate for health. Table 1⁴⁻¹⁰ identifies seminal documents that outline the essential duties of the nursing profession as they relate to policy and advocacy. Each of these documents focuses on the foundational role nurses can and should play in improving patient care and the workplace environment from the perspective of serving as advocates for individual patients, with the responsibility and accountability to society that comes from being a professional nurse.

Given their unique knowledge of the health care needs of patients and populations, nurses can provide expert leadership when it comes to policy. Nurses should be prepared to consistently speak up, speak out, and be involved in policy. However, nurses often say they want to avoid this involvement. In fact, nurses are known to have an "aversion" to policy¹¹ because they regard such involvement as political, as something to be avoided. Nurses are not alone in this viewpoint. Martha Gellhorn, a noted American journalist, called out this common sentiment in our society with her widely circulated quotation: "People often say with pride, 'I'm not interested in politics.' They might as well say, 'I'm not interested in my standard of living, my health, my job, my rights, my future or any future.'"¹² The time has come to turn this viewpoint around to benefit patients and the nursing profession.

Historically, nurses have faced challenges to their active participation in policymaking. Three systematic reviews of nurses' policy involvement indicate that nurses experience numerous barriers, including intra- and interprofessional power dynamics; marginalization in policymaking; the tendency to assume passive roles; and inadequate preparation to address policy issues, particularly at the local and institutional level.¹³⁻¹⁵ These systematic reviews indicate an urgent need to provide nurses with tools to assist them in developing policy expertise. This need is echoed by the call for frameworks that nurses can use to support their policy roles.^{11, 16, 17}

This article responds to the call for policy action in nursing's seminal documents and the need for frameworks. Here we introduce the Patton Zalon Ludwick Policy Assessment Framework that nurses across various settings and roles can use to examine their knowledge and actions for expanding policy activities. The framework was derived from the literature; the American Association of Colleges of Nursing's *Essentials*⁷; and our expertise in policy, teaching, writing, and presenting on health policy.^{2, 18-22}

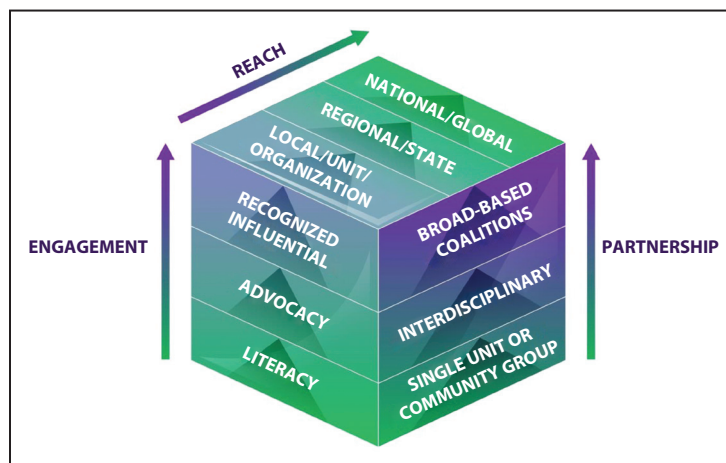
This framework for nurses defines three essential dimensions for policy: engagement, partnership, and reach. Each dimension has three levels (see Figure 1). The levels of engagement are literacy, advocacy, and influence. The partnership levels include a single unit or community group, interdisciplinary team(s), and broad-based coalitions. Finally, the reach levels are local/unit/organization, regional/state, and national/global. While the dimensions are interrelated and the levels build upon one another, they are not necessarily symmetrical, linear, or prescriptive. In this article, we describe and explain each dimension in detail and illustrate selected actions nurses can take to guide their self-assessment. The assessment results can then be analyzed to determine strengths and opportunities for furthering policy development.

ENGAGEMENT

Engagement, the first dimension of the framework, is the degree of understanding and experience with policy and the knowledge, commitment, and involvement with policy issues (such as firearm safety, the opioid epidemic, workplace violence, and safe staffing). The levels of engagement are defined as literacy, advocacy, and influence. These levels reflect a qualitative evolution in the degree of one's policy involvement. Basic policy literacy is the starting point on the policy engagement continuum, leading to policy advocacy and influence.

Literacy. Adapting the definition of health literacy from the Patient Protection and Affordable Care

Figure 1. The Patton Zalon Ludwick Policy Assessment Framework



Act,²³ we define policy literacy as the ability to acquire, understand, process, and communicate basic civic and policy processes and apply them to a policy issue. Policy literacy is not static; it is constantly expanding and changing. Policy literacy necessitates vigilance regarding the changing landscape of issues and the need to update one's knowledge. This is easier to accomplish when one's policy goals align with one's passion, often derived from a rich variety of clinical experience. This passion is illustrated by Karen Daley's "injury-driven departure from her clinical career" when she became an advocate for sharps safety and was instrumental in the passage of federal needlestick safety legislation.²⁴ As a past president of the American Nurses Association (ANA), Daley continues to work on workplace safety issues (see the video *Policy Is Not Magic* at <https://tinyurl.com/3epf523>).

The requisite knowledge for literacy includes an understanding of relevant definitions, governmental rules and regulations, organizational procedures and policies, and standards of practice, as well as an awareness of associated resources. These requirements are not meant to be prescriptive but are intended to serve as a guide to assess policy literacy. They illustrate a variety of ways one can enhance one's policy literacy and can serve as a gateway to engagement in policymaking. In the public policy arena, gaining knowledge might involve engaging in civic activities such as completing training to be a poll worker, poll watcher or monitor, or election protection hotline worker, or attending a Capitol Hill Day advocacy event. Within nongovernmental organizations and institutions, activities might include gaining knowledge of policy formulation and implementation pro-

cesses. In addition to foundational work, maintaining literacy can be accomplished by signing up for various policy information outlets (for example, listservs, newsfeeds, newsletters, blogs). Two examples are Healing Politics (<https://healing-politics.org>) and the ANA's Capitol Beat (<https://anacapitolbeat.org/2016/12/06/welcome-to-anas-capitol-beat>). To achieve the literacy goal of becoming informed about policy process(es) and issue(s), see Table 2 for a list of selected actions.

Advocacy, the next level in engagement, builds on policy literacy. It is a critical component of the *Code of Ethics for Nurses with Interpretive Statements*⁶ and is a new standard in the revised *Nursing: Scope and Standards of Practice*.¹⁰ Keeping current in policy is foundational to advocacy; however, policy advocacy moves beyond literacy by requiring a more focused level of action than acquiring knowledge and understanding. The *Code of Ethics for Nurses* defines advocacy as “the act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether an individual, group, population, or society) or for an issue, such as potable water or global health.”⁶ Thus, advocacy reflects individual and collective action. It is going public with one’s support or advancement of a desired policy, person, or group. It also involves communicating and negotiating with key stakeholders, decision-makers, and leaders, such as those with vested interests in the ideas and proposals for policy change. A long-standing impediment to advocacy is that while nurses are comfortable advocating on behalf of a patient, they are often hesitant to shift those advocacy efforts to the public arena.^{16, 25} To change policy, nurses must move their advocacy

efforts beyond actions taken on behalf of individual patients; they are encouraged to use an upstream approach by addressing the social determinants that contribute to the health problem.²⁶

Advocacy expertise includes identifying how to best implement a policy and employing strategies to facilitate solutions and minimize barriers to care. Advocacy can take many forms. In organizations, it can include advancing causes and policies through a professional practice or governance group. Other advocacy efforts can include raising awareness through public and professional education, lobbying, proposing legislation, and providing input for rulemaking. These activities often take place at the grassroots level with direct one-on-one contacts, including phone banking, canvassing, and legislative outreach. These grassroots activities may be carried out independently or as part of an organized group.

Influence. Becoming a policy influencer is the highest level of the engagement dimension. Prominent policy leaders and elected and appointed officials within governmental and nongovernmental settings exemplify policy influencers. A recognized force in the policy arena, influencers come from all backgrounds in nursing, including clinicians, researchers, and educators. Notable influencers with considerable sway in the policy arena are known as “grasstops,” in contrast to the more frequently used “grassroots” advocates who work at the ground level.²⁷ Individuals can be influencers within organizations (such as AARP or the ANA) to persuade and motivate members on policy issues and positions. Some individuals straddle several spheres because of their leadership roles within an association or their credibility regarding the use of

Table 1. Seminal Documents Highlighting Nurses’ Roles in Advocacy and Policy

Document	Nurses’ Roles in Policy
<i>Nursing’s Social Policy Statement: The Essence of the Profession</i> ⁴	Nursing definitions include its “influence on social and public policy to promote social justice.”
<i>The Future of Nursing: Leading Change, Advancing Health</i> ⁵	Nurses partner with physicians and other health professionals in redesigning U.S. health care.
<i>Code of Ethics for Nurses with Interpretive Statements</i> ⁶	The code’s nine provisions include advocacy and nurses’ policy roles.
<i>The Essentials: Core Competencies for Professional Nursing Education</i> ⁷	Health policy is a core component of the knowledge, facts, and skills essential to nursing practice.
<i>The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity</i> ⁸	All nurses should advocate for policies that promote population health and address social determinants of health.
<i>Global Strategic Directions for Nursing and Midwifery, 2021-2025</i> ⁹	Strengthening the roles of nurses and midwives ensures that they may optimally contribute to securing “universal health coverage and other population health goals.”
<i>Nursing: Scope and Standards of Practice</i> ¹⁰	Advocacy is included as a distinct performance standard in the latest revision.

Table 2. Engagement Levels, Goals, and Selected Actions

Level	Goals	Selected Actions
Literacy	Become informed about the policy process(es) and policy issue(s).	<ul style="list-style-type: none"> • Educate yourself on issues and content (for example, continuing education or degree programs that are personal and meaningful). • Learn how to discern the accuracy of policy information from the micro to the macro level. • Participate in advocacy activities like Capitol Hill Day. • Become certified in a specialty area. • Train in civic engagement activities like being a poll worker, poll watcher/monitor, or election hotline worker. • Join a civic, community, or workplace committee. • Take media training. • Subscribe to newsletters, listservs, newsfeeds, and action alerts (for example, ANA RN Action at https://rnaction.org/SitePages/Homepage.aspx). • Use workplace, professional associations', and community organizations' policy resources. • Complete a civic knowledge self-assessment like the U. S. Naturalization Test (www.uscis.gov/citizenship/find-study-materials-and-resources).
Advocacy	Back, support, or advance a desired policy, person, or group.	<ul style="list-style-type: none"> • Respond to calls for action by communicating with elected representatives, letter writing, and using social media. • Encourage diverse stakeholders' use of storytelling and narratives when communicating with policymakers. • Encourage and support nurses running for office. • Communicate regularly with elected and appointed officials. • Invest time and expertise in issues of importance in an organization or a political cause. • Invite or join other individuals to take part in a new or existing initiative (for example, a quality improvement project for a clinic or professional practice governance for a hospital). • Participate regularly in a legislative committee of an association, organization, or health care system. • Serve as a health policy resource for a lawmaker. • Donate money to a political cause.
Influence	Become a recognized voice in policy arenas.	<ul style="list-style-type: none"> • Assume an organizational leadership role in a nurses association or health care organization. • Run for and serve in elected or appointed offices in organizations or government (for example, township commissioner, coroner, water sanitation board member). • Create a digital presence by sharing information and knowledge on various social media venues. • Highlight your activities and accomplishments and those of other nurse advocates, including elected or appointed officials. • Disseminate information, talking points, evidence, or research widely in various public settings and formats. • Provide data, evidence, examples, and stories to policy stakeholders.

data and evidence, thereby increasing their span of influence. Influencers can be found at any level: local, state, national, or global. For example, a local influencer can chair a hospital's shared or professional governance council. An influencer at the national level might be a member of Congress or a high-level official at a government agency.

PARTNERSHIP

Partnership is the second dimension of the framework. Partnerships can be developed within a single unit, a community group, interdisciplinary teams, or broad-based coalitions. Relationship building and subsequent networking are at the core of partnership development. Individuals may enter a partnership independently or

join an organizational initiative. The partnership levels illustrate the increasing complexity of relationships among key policymaking players. The policy problem's nature and goals determine the type of partnership needed. Developing and strengthening partnerships provides opportunities to gain insights, incorporate diverse opinions, and expand influence.

Single unit or community group. Initially, developing partnerships often involves working within a single group, organization, or community. These single work groups are often situated within a single domain, like a clinical unit, department, professional association, or community. The group can be formal or informal and focused on a single issue or a range of issues germane to the group's purpose. An example of a focus for a clinical unit group might be addressing families' verbal abuse of staff or providing support to families experiencing perinatal loss. Joining a task force of a state or specialty nurses association is another way to address a specific issue (for example, surgical smoke or maternal mortality). In Table 3, we suggest actions that can be taken to

strengthen relationships within a single discipline, area of practice, or group.

Interdisciplinary team. As a group works on an issue(s), members may determine the need to expand and move to the next partnership level—the interdisciplinary team level. Including a broader interdisciplinary group of key players and stakeholders strengthens the opportunities for developing and implementing successful health policy solutions. However, nurses need to be more prepared to work in teams that address policy.¹³ Therefore, assessing one's actions, as described in Table 3, is a first step in determining opportunities for strengthening this vital skill.

Partnering in interdisciplinary teams is the second level. A typical example is a health care system interdisciplinary team to address perinatal loss. Such a team of stakeholders may include nurses, other health care professionals, and lay representatives who work to establish a perinatal loss support group and accompanying policies. An example of a community-based team might be a task force to address water supply

Table 3. Partnership Levels, Goals, and Selected Actions

Level	Goals	Selected Actions
Single group, discipline, or organization	Develop relationships beyond your immediate circle.	<ul style="list-style-type: none"> • Seek out individuals sharing your policy interests. • Develop several approaches for introductions to key leaders and stakeholders across various venues. • Assume an active role in a group such as a state or specialty nurses association. • Establish a network in a virtual or in-person community such as the ANA Community (https://community.ana.org) • Seek out mentors or become a mentor. • Seek a board position and sign up on the Nurses on Boards Coalition website (www.nursesonboardscoalition.org).
Interdisciplinary team(s)	Strengthen relationships to build sources of commonality and identify mutual goals.	<ul style="list-style-type: none"> • Become informed about the positions and strategies of stakeholder groups or organizations. • Assume an active role in an interdisciplinary or multidisciplinary group (such as the No Silence on ED Violence campaign). • Become visible through regular participation in public policy meetings involving health care professionals and other stakeholders. • Share your contributions within interdisciplinary or multidisciplinary teams. • Network to disseminate information across groups or disciplines. • Recruit colleagues from other disciplines or community groups to join a policy initiative about a clinical issue (for example, sepsis and maternal mortality).
Broad-based coalitions	Reach consensus and coordinate an approach for specific policy opportunities or challenges.	<ul style="list-style-type: none"> • Join or form a coalition. • Identify resources needed and their availability for coalitions. • Advocate for the broad, diverse representation of critical stakeholders and their sustained participation. • Recruit partner organizations and champions to align with the coalition's focus. • Engage with policymakers to support the coalition's action plans. • Seek grant opportunities and funding for the coalition.

safety. Besides nurses, this latter group might include public health officials, other health care professionals, engineers, chemists, elected officials, and community representatives. Numerous organizations, such as the Gerontological Society of America, are committed to an interdisciplinary focus. A highly visible example is the partnership between the Emergency Nurses Association and the American College of Emergency Physicians for the No Silence on ED Violence campaign focused on education and legislation. See the resources available on their joint website: www.stopedviolence.org.

Broad-based coalitions. Coalitions reflect the most complex level of partnerships and are an effective strategy to strengthen advocacy and advance policy development. Not only do coalitions bring strength in numbers, but the diversity of their membership is vital to facilitating more equitable health care.²⁸ The essential features of coalitions are a shared vision, various perspectives, and the opportunity to engage in coordinated approaches and activities. The most recent *Future of Nursing* report echoes the critical role of coalitions, especially in advancing health equity.⁸ A shared vision provides credibility to coalition efforts and counters arguments that a single group only functions to preserve its self-interest.

on Maternal Health (<https://saferbirth.org>), and National Coalition for the Homeless (<https://nationalhomeless.org>). These examples of coordinated approaches show how developing a priority focus and achieving consensus from diverse opinions make the desired policy change more amenable to implementation by policymakers.

REACH

Reach, the third dimension of the framework, is where policy activities have their impact. Reach encompasses actions to improve clinical outcomes or population health at the local/unit/organization, regional/state, or national/global level. The reach of policy can have an impact across a range of settings or a geographic area, whether through the provision of direct care across a health care system or through state or federal legislation and regulation. It originates and unfolds at different levels and settings. One of the determining factors for the range may be the data collected (such as incidence, prevalence, evaluation) and its quality. For example, policy may be implemented with the passage of legislation and regulations, but implementation at the point of care may lag. The opposite may occur when practice moves forward before legislation, regulation, or practice standards can be implemented, such as during the height of the

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Coalition composition will vary depending on the issue and the group's mission. Formal coalitions are a common strategy employed by national professional and consumer groups and governmental entities; coalitions may comprise individual members, organizations, or combinations of both. Nurses who are policy experts are well positioned to be leaders of coalitions. A long-standing coalition is the Nursing Community Coalition (www.thenursingcommunity.org), which includes more than 60 nurses' associations and organizations and is designed to address issues related to nursing education, practice, research, and regulation. Other well-known nursing coalitions include the Nursing Organizations Alliance (www.nursing-alliance.org) and the Nurses on Boards Coalition (www.nursesonboardscoalition.org). Serving as an association's representative to a coalition assumes that one is an expert on the issue and has the credibility to speak on the member association's behalf. Examples of coalitions outside of nursing that address barriers to health in underserved populations include the Latinx Advocacy Team and Interdisciplinary Network for COVID-19 (<https://latin19.org>), Alliance for Innovation

COVID-19 pandemic. The term "glocal" is used as a descriptor for issues with local and global considerations such as COVID-19, access to clean water, or chronic disease burden. Thus, like the other dimensions, reach in terms of policy has multiple overlapping levels—from local to global—that are not always linear. Assessing the extent of one's involvement at the local, state, or national level provides an opportunity to reflect on one's strengths and opportunities to improve one's policy work.

Local/unit/organization. Often, people have their first experiences with policymaking where they live or work and can see the impact on individuals/families, surrounding populations, or colleagues/employees. These experiences can take place at local organizations or institutions (hospitals, clinical practices, long-term care facilities, and home health agencies) or local government entities (school boards, city/township councils, planning commissions). These policies can have an impact beyond their immediate or initial reach. They can have a long-term effect on the population health of a community and can serve as an impetus for broader action. An example recounted

by Loan and Patricia begins with evidence collected by a pediatric critical care staff of an increasing incidence of child abuse manifesting as head trauma.²⁹ The staff's observations led to multiple statewide policy initiatives, including legislation to address nonaccidental abusive head trauma. This example shows that local policy can be interconnected with the state or federal regulatory environment. State and federal laws and regulations may influence local policy; conversely, local efforts may influence policy development at a state level and beyond.

Regional/state. Reach extends to state and regional entities at the next level. Policies at these levels are often governmental. Statewide policies must be implemented through governmental action. This may include legislation and regulations, judicial decisions, executive orders, or interstate agreements (such as licensure compacts). Practice requirements and regulations for clinicians are primarily embedded in state-level governmental processes. However, professional associations and health care organizations or agencies also set policy goals for their specific arena within

Table 4. Reach Levels, Goals, and Selected Actions

Level	Goals	Selected Actions
Local/Unit/ Organization	Improve clinical outcomes or population health at the local/unit/organizational level.	<ul style="list-style-type: none"> • Identify and evaluate local partisan and nonpartisan organizations that provide opportunities for policy action aligned with your goals (for example, the League of Women Voters, American Civil Liberties Union, a political party). • Champion a local issue of concern to an association, health care organization, or governmental entity (such as firearm safety or nonaccidental head trauma). • Facilitate data and evidence collection for a policy issue. • Contribute financially to organizations that foster policy action. • Collaborate to pass legislation and impact regulations on a local policy issue. • Provide testimony or comments on proposed local legislation or regulation.
Regional/State	Amplify the impact of policy action beyond the local level.	<ul style="list-style-type: none"> • Convene regional or state groups to address a health care problem. • Scale up a local policy initiative to a regional or state level through professional or statewide advocacy groups. • Align policy (such as smoking, opioid use disorder) with national initiatives (for example, Healthy People 2030, https://health.gov/healthypeople). • Collaborate to introduce and pass legislation or impact regulations on a state policy issue. • Provide testimony or comments on proposed state legislation or regulations.
National/Global	Build a broader audience and address issues at a macro level.	<ul style="list-style-type: none"> • Monitor and champion national/global issues. • Identify and join a national/global group. • Align policy with national and international initiatives like Healthy People 2030 and the UN Sustainable Development Goals (https://sdgs.un.org/goals). • Organize countrywide or worldwide stakeholders. • Disseminate challenges and successes of policy initiatives at international meetings (such as meetings of the International Council of Nurses, www.icn.ch). • Share narratives that illustrate the impact of policy on health outcomes or population health. • Scale up a regional or state policy initiative to the national/global level. • Collaborate to introduce and pass legislation or impact regulations on a national policy issue. • Provide testimony or comments on proposed federal legislation regulations. • Participate in global activities of professional organizations.

a state (for example, nurses associations, medical associations, health departments). These policies are often implemented at the state or regional levels as initiatives. Compacts can address mutual needs within a state or across state boundaries. These policy efforts are not mutually exclusive but may overlap, enhance each other, or possibly be in conflict. State- and regional-level policies can serve as the impetus for implementing policies at the next level.

National/global. Policies at the national level often garner the most attention. This is reinforced by the focus of policy education in nursing and the media on national issues.¹³ At the national level, policies often derive their authority from legislation and regulation, judicial decisions, executive orders, and standards developed by national organizations. Nurses can and have intervened or participated in developing the aforementioned policy structures. Examples include efforts to address access to care with the Improving Care and Access to Nurses Act and reducing maternal mortality through the Black Maternal Health Omnibus Act, which consists of 13 individual bills. These two bills have the support of numerous professional groups like the ANA, specialty nurses associations, and interdisciplinary groups.^{30, 31} Nurses can actively engage in organized group efforts to amplify their impact by tracking bills and taking corresponding action like writing letters of support, providing testimony, or contributing to bill cosponsorship campaigns.

At the national/global level, considerable work has been done to achieve consensus on policies like the U.S. Healthy People 2030 objectives and the United Nations Sustainable Development Goals (SDGs). These documents provide guidance and additional opportunities for nurses to become involved in upstream policies that impact health outcomes and population health (such as health literacy in Healthy People 2030³² and zero hunger in the SDGs³³). For example, using a nursing lens for the SDGs, a nurse who administers medications and provides related education to a patient with diabetes needs to consider policies that impact access to nutritious foods, like eliminating food deserts. Nurses can use the actions listed in Table 4 to strengthen their national/global involvement and expertise in policy and as a springboard to enhancing their policy skills.

CONCLUSION

The Patton Zalon Ludwick Policy Assessment Framework is a novel approach for assessing three dimensions of policy work: engagement, partnership, and reach. Nurses worldwide, functioning in different roles and settings, can use this framework to engage in self-reflection and to envision actions to achieve their policy goals. Selected examples of this framework's use for an overall policy impact assessment have been provided. Such an assessment is not meant to be prescriptive or scored, but rather is intended to

serve as a fluid and dynamic guide that can be used and reused as one's policy interests, goals, and trajectory evolve.

Nurses are increasingly called on to become global citizens.^{34, 35} Being strategic about broadening policy work and choosing the proper level for exerting their efforts will enable nurses to become more visible in doing this work. As International Council of Nurses president Pam Cipriano noted, policy work is essential to “moving nurses from invisible to invaluable in the eyes of policymakers, the public, and all those who make decisions affecting the delivery and financing of health care.”³⁶ Nurses can and must be involved in policy. The framework described in this article provides a practical assessment structure to assist nurses in setting direction for success in the policy arena. ▼

For 30 additional nursing continuing professional development activities on health policy and reform topics, go to www.nursingcenter.com/ce.

Margarete L. Zalon is professor emerita at the University of Scranton Department of Nursing, Scranton, PA, and adjunct professor at the Marian K. Shaughnessy Nurse Leadership Academy at the Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH. Ruth Ludwick is professor emerita at the Kent State University College of Nursing, Kent, OH, and adjunct professor at the Marian K. Shaughnessy Nurse Leadership Academy at the Frances Payne Bolton School of Nursing, Case Western Reserve University. Rebecca M. Patton is the Lucy Jo Atkinson Professor in Perioperative Nursing, Marian K. Shaughnessy Nurse Leadership Academy at the Frances Payne Bolton School of Nursing, Case Western Reserve University. Contact author: Margarete L. Zalon, margarete.zalon@scranton.edu. The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

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