

# Advancing Nursing Policy Advocacy Knowledge A Theoretical Exploration

**Patrick Chiu, RN, MPH**

Nursing policy advocacy continues to be recognized as a key part of a nurse's role by educators, professional associations, and regulators. Despite normative calls on nurses to engage in political action and advocacy, limited theories, models, and frameworks exist to support this practice within nursing. Using Walt and Gilson's Health Policy Triangle Framework, this article explores the theoretical underpinnings of policy advocacy to enhance nursing's contemporary role in advancing social justice. Specific consideration is placed on the type of nursing and policy knowledge and perspectives required to understand policy content, contexts, processes, and actors. **Key words:** *consumer advocacy, health policy, nursing knowledge, nursing role, nursing theory, policy making, policy theory, political participation, politics, public policy*

**P**ROMOTING social justice through advocacy has been central to nursing's social mandate and strongly aligns with the historical and philosophical roots of the profession.<sup>1</sup> It has been identified by many nursing academics, professional associations, and regulatory bodies as not only an important aspect of nursing practice, but an expectation and standard for nurses.<sup>2</sup> From a global perspective, organizations such as the International Council of Nurses state that "nurses advocate for equity and social justice in resource allocation, access of health care

and other social and economic services."<sup>3(p2)</sup> Contemporary global health policy priorities identified by the World Health Organization (WHO)<sup>4</sup> such as universal health coverage and the United Nation's<sup>5</sup> Sustainable Development Goals, coupled with key global movements and events such as the Nursing Now Campaign and the 2020 International Year of the Nurse and Midwife have shed a light on the need to continue scaling up nurses' policy leadership and influence.

While policy advocacy appears to be a foundational element of the nursing role, a common assumption is that nurses inherently possess the knowledge, skills, and competencies to effectively engage in this domain. Clinical practice within the discipline has been subject to intense theoretical and philosophical inquiry, and is well supported and developed through various theories, models, and frameworks. Although models to advance knowledge of health policy and political participation within the discipline do exist, such as Russell and Fawcett's<sup>6</sup> Conceptual Model of Nursing and Health Policy (CMNHP) or Cohen et al's<sup>7</sup> stages of nursing's political development, there are few in comparison to the normative calls on nurses to engage in policy.<sup>1,8-10</sup> The purpose of this article is to

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### **Statements of Significance**

#### **What is known or assumed to be true about this topic?**

Engagement in policy advocacy to advance social justice is a fundamental part of a nurse's role as indicated in regulatory standards and codes of ethics. Despite this acknowledgement, nursing leadership in influencing and shaping public policy remains underdeveloped globally. While clinical nursing practice has been subject to rigorous theoretical development, there has been little emphasis on the development of conceptual models and theoretical frameworks to advance the practice of policy advocacy in nursing.

#### **What this article adds:**

This article explores the theoretical underpinnings of nursing policy advocacy by building on existing theories, frameworks, and concepts within and outside of the discipline. It offers an innovative way to explore how nursing and policy knowledge can be integrated to advance nursing's unique contributions to public policy. Specifically, it contributes to a theoretical understanding of how nurses can strategically influence and shape policy by considering 4 key concepts including policy content, contexts, processes, and actors.

propose ideas for advancing the theoretical foundations of policy advocacy knowledge in the nursing discipline, specifically within the context of shaping and influencing public policy to achieve the goals of social justice.

### **POLICY ADVOCACY**

While some may disagree that policy work is part of nursing's mandate, nurses' engagement in political action can be traced back to key nursing figures such as Florence

Nightingale, who shaped not only nursing, but health care, human rights, and the environment through policy advocacy work.<sup>11</sup> From a historical perspective, policy advocacy was inextricably linked with the nursing role during the establishment of community health services in the areas of housing, child welfare, and suffrage movements over a century ago.<sup>10</sup> With such a strong history of nursing pioneers engaging in this domain, some may wonder why there is such a high level of incongruency with the level of political acumen of nurses in the 21st century. A close look at the literature suggests that the decline in nursing's involvement in policy advocacy is a product of social, economic, and political circumstances such as the institutionalization and medicalization of health care, nursing's introspective focus, emphasis on interventions within the context of the nurse-client relationship, lack of knowledge around the policy process, resistance from work environments, limited education in policy, dominance of the business model, and the changing nature of professional associations and regulatory body mandates.<sup>1,9,12-15</sup>

The relevance of advocacy within nursing has been verified repeatedly in the literature and conceptualized as a philosophic foundation for nursing practice.<sup>9,16</sup> However, it has often been heavily situated at the level of the individual or family.<sup>1,9</sup> Despite political and upstream conceptualizations of advocacy being reflected in Canadian and American public health standards, Falk-Rafael<sup>13</sup> suggests that this conceptualization is largely invisible in nursing theories. To fulfill nursing's mandate of promoting social justice, Reutter and Kushner<sup>1</sup> suggest that it requires not only providing sensitive and empowering care to individuals and communities, but also addressing the environmental and social conditions that cause inequities. As a result, terms such as class advocacy, which involves addressing issues and solutions that serve the interests of larger communities or groups,<sup>17</sup> align more strongly with the intentions of

policy advocacy. Similarly, Spenceley et al's<sup>9</sup> conceptualization of policy advocacy as knowledge-based action with the purpose of improving health through influencing decisions at the systems level, or MacDonald et al's definition of policy advocacy as "initiating, enacting and enforcing structural and policy changes to benefit populations"<sup>18(p35)</sup> is useful in framing this discussion.

### **SOCIAL JUSTICE AS THE GOAL OF POLICY ADVOCACY**

As suggested by White,<sup>19</sup> policy influence is critical to nursing's ability to shape health care priorities and directions, where social justice is the key endpoint of such influence. Theoretical and philosophical frameworks to guide understandings of social justice within nursing have shifted overtime, with scholars noting limitations on the focus of fair distribution in addressing structural and systemic causes of health inequities.<sup>2</sup> Social justice discourses within the discipline have been historically centered around the paradigm of distributive justice with emphasis on ideologies of liberal individualism.<sup>20</sup> However, this perspective has been criticized, as it falls short of considering social justice within the broader social context, which is shaped by power, domination, and oppression.<sup>20</sup> Under this paradigm, Browne and Reimer-Kirkham<sup>20</sup> suggest that the emphasis placed on proximal and downstream causes of inequities creates limitations in understanding the distal or structural, economic, and social conditions that lead to inequities. Given that the goals of policy advocacy are to influence changes at the systems and structural levels to advance health equity, there is a need to consider social justice within a broader context.

### **METHODS AND CONCEPTUAL FRAMEWORK**

To explore the knowledge and perspectives required of nurses to engage effectively

in public policy, a narrative literature review was undertaken to obtain a broad understanding of advocacy at the policy level in nursing, as well as theories and frameworks commonly used in public policy. Historically, health policy largely focused on the content required for reform, with little attention to other components that influence policy development.<sup>21</sup> While many theories, models, and frameworks exist, some are more focused on explaining isolated elements within policy development such as agenda setting or coalition and network building; while others pay closer attention to the factors that explain how and why policies change.<sup>22-25</sup> Given the purpose of this theoretical exploration, Walt and Gilson's<sup>21</sup> Health Policy Triangle was selected, as it offers a simplified yet systematic approach for considering the holistic nature of public policy development with attention to policy content, contexts, processes, and actors.

Content refers to the ideas, objectives, evidence sources, assumptions, and values of a particular policy issue or topic.<sup>23</sup> Context refers to the systemic factors such as structural, political, cultural, economic, and environmental forces at the local, national, and global level that influence policy.<sup>23</sup> Specifically, these contexts can be heavily influenced by public perception, ideologies, political instability, history, and cultural values and beliefs.<sup>23</sup> Process refers to the stages of the policy process including agenda setting, policy formulation, implementation, and evaluation; and actors refer to individuals or groups who are involved, or have a stake in a specific policy issue.<sup>23</sup> Depending on the issues that nurses are advocating for, actors can include various stakeholders such as national or regional governments, civil society groups, professional organizations, unions, or private sector groups. Using these key components, I explore how nurses' knowledge in policy advocacy can be advanced through various concepts, theories, and frameworks within and outside of the nursing discipline (Table).

**Table.** Summary of Key Concepts in Theoretical Exploration

<b>Walt and Gilson's<sup>21</sup> Health Policy Triangle Framework</b>	<b>Approaches to Advance Nursing Policy Advocacy Knowledge</b>
Policy content	Extend the nursing metaparadigm <sup>26</sup> and patterns of knowing <sup>27-29</sup> from a micro to macro lens to: <ul style="list-style-type: none"> <li>• Develop systems-level thinking in policy advocacy</li> <li>• Identify and frame issues and solutions through a nursing perspective</li> </ul>
Policy process	Apply the stages heuristic model <sup>23</sup> to: <ul style="list-style-type: none"> <li>• Understand the policy development process and the stages that can be best influenced by nurses and nursing</li> </ul>
Policy contexts	Draw on Shiffman and Smith's framework on determinants of issues ascendance in global health <sup>25,30,31</sup> to: <ul style="list-style-type: none"> <li>• Examine how policy environments are influenced by actor power, the framing of issues, political contexts, and the characteristics of policy issues</li> </ul>
Policy actors	Utilize critical social theory <sup>32-34</sup> to: <ul style="list-style-type: none"> <li>• Examine who dominates the policy discourse or policy agenda</li> <li>• Examine the power dynamics between all actors involved</li> <li>• Understand the competing interests and ideologies of different actors</li> <li>• Examine who benefits and who is further marginalized</li> </ul>

## POLICY CONTENT

### A metaparadigm for nursing policy advocacy

In the process of claiming nursing's rightful place in influencing and shaping public policy, a common assertion is that nurses bring forth a "unique perspective," given that they are closest to the clients and communities they serve in comparison with other disciplines. While true, a key barrier that remains is a lack of understanding of the nature and depth of content required to influence and shape policy beyond a specialized yet limited perspective of nursing and health. More importantly, a key aspect that requires careful consideration is the ability to translate nursing knowledge from a clinical and individual level to a policy and systems level useful enough to shape and frame policy discussions and debates. As suggested by Salvage and White,<sup>35</sup> many nurses struggle to connect the macro to the micro, given that nursing is rooted in individual practice with clients

and communities. From a theoretical perspective, revisiting the nursing metaparadigm and patterns of knowing may not only create the necessary foundation to advance nursing policy advocacy knowledge, but provide the discipline with the language to articulate how and why the nursing perspective is truly unique and distinct.

As illustrated by Meleis,<sup>32</sup> a metaparadigm is introduced as a general orientation that embodies the commitment and consensus of scientists within a specific discipline. Within the hierarchal structure of nursing knowledge, the metaparadigm is the most abstract; and theories, conceptual models, and frameworks are largely derived from these concepts. The metaparadigm, which includes the concepts person, environment, health, and nursing, has been and continues to be used extensively as a map for the discipline.<sup>26,32</sup> Given that the concepts within the metaparadigm determine the unique perspective of nursing, reflect the profession's values, and support nursing's

research agenda,<sup>26</sup> a reconceptualization using an outward-looking lens may better support the development of nursing knowledge within the domain of policy advocacy (Figure).

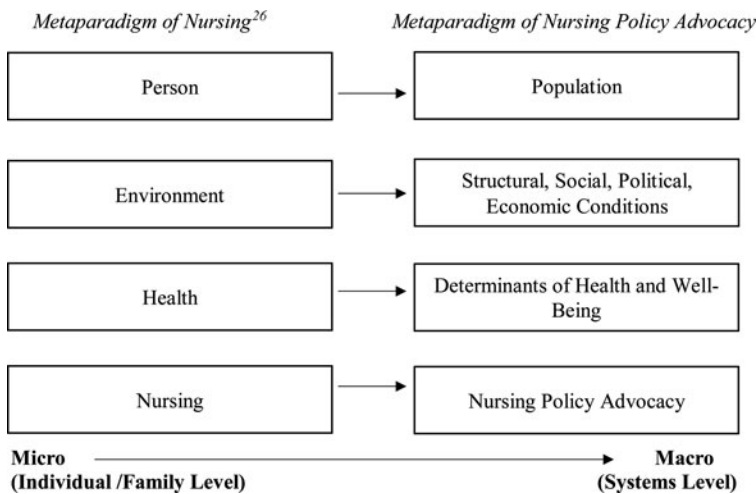
**Population**

As a first step, broadening the concept of person to groups and populations is a necessary prerequisite for influencing and shaping public policy. As suggested by Thorne,<sup>36</sup> while much of the theorizing in nursing has focused on the individual as the sole target of nursing interventions, many early theorists recognized the importance of attending to the health of populations. Rather than emphasizing the concept of a person as a client who is the recipient of care, a larger focus is placed on social groups and populations as the unit of observation. For example, while addressing the unique needs of individual clients is a fundamental part of a nurse’s practice, within the context of policy advocacy, attention is shifted toward examining and addressing how factors such as gender, race, sexual orientation, age and socio-economic status influence health, well-being, and health inequities; and how certain populations are more likely to benefit or become disadvantaged from public policy

decisions as a result of these intersecting factors.

**Structural, social, political, and economic conditions**

Given the macro-level focus of policy advocacy, the second concept within the metaparadigm, environment, must be broadened beyond the immediate internal and external surroundings that impact the health of a person to include the structural, social, political, and economic conditions that influence health and well-being. As suggested by Meleis,<sup>32</sup> while attention to the environment dates back to Florence Nightingale, this concept was largely silent during an era where illness and biology dominated nursing. However, nursing theorists have broadened their understandings of the environment overtime, incorporating understandings of the socioeconomic and political contexts of nursing and clients.<sup>32</sup> Returning to Chopoorian’s<sup>37</sup> work is particularly useful given the acknowledgment that adopting a broader conceptualization of the environment provides opportunities for nurses to contribute beyond patient care to resolving issues within society such as unemployment, poverty, isolation, and undernutrition. A broadened conceptualization of the



**Figure.** A reconceptualized metaparadigm for nursing policy advocacy.

environment also involves understanding the policy environment, specifically how allies and opponents, ideologies; and economic, cultural, technological, and societal factors enable or constrain certain public policy decisions.

### ***Determinants of health and well-being***

As the goal of nursing, the concept of health has often focused on the physical, spiritual, emotional, and psychological dimensions of an individual. While health remains one of the goals of policy advocacy, greater emphasis on the broader social, environmental, and economic determinants of health and well-being is warranted. For example, while a nurse practicing in primary care is focused on improving and managing a client's physical condition as a result of chronic diseases, being engaged in policy advocacy requires nurses to address the structural, social, environmental, and economic factors that influence the health, well-being, rights, and freedoms of populations; and to ultimately influence and create conditions that can bring about social justice and health equity.

### ***Nursing policy advocacy***

The last concept within the metaparadigm, nursing, has been largely conceptualized as actions or interventions to improve an individual's health. Within the context of policy advocacy, the concept of nursing must be broadened beyond interventions and actions that are situated at the individual nurse-client level. While discussions of what constitutes nursing remains highly debated, especially as it pertains to roles outside of clinical practice, I suggest that any intervention that utilizes nursing knowledge, skills, and judgment constitutes nursing. Within the context of policy advocacy, nursing interventions could include submitting policy briefs to government, engaging in campaigns, working with professional associations to address and expose the social, political, and economic structures

that contribute to issues of social injustice; engaging in the political process, and bringing forward policy solutions to key policy actors. Ultimately, this involves integrating the nursing process with the policy process to improve the health and well-being of populations.

### **The patterns of knowing**

While a broadened perspective of nursing within the context of the metaparadigm is useful in establishing the foundation of nursing policy advocacy knowledge, examining the patterns of knowing may be a fruitful way in capturing the unique perspectives that nurses bring to policy debates. As suggested by Bonis,<sup>38</sup> examining the patterns of knowing increases awareness of the unique perspective of nursing and the complexity and diversity of knowledge within the discipline. Historically, the patterns of knowing have been applied within the context of client care, and some have argued that the introspective focus has limited the profession's ability to attend to the social, political, and economic forces and structures required to improve health.<sup>9,27</sup> However, given that the patterns of knowing within a discipline are in constant evolution and subject to be transformed,<sup>32</sup> situating them within the policy advocacy context is possible. While sociopolitical knowing and emancipatory knowing seem to be more relevant to policy advocacy, I suggest that Carper's<sup>28</sup> original patterns of knowing can also be applied to this domain of practice to illustrate the unique and distinct perspectives that nurses bring to frame policy content.

### ***Sociopolitical and emancipatory knowing***

Sociopolitical knowing, introduced by White,<sup>27</sup> illustrates the importance of knowledge about the contexts and environments in which nurses and clients exist, and the influence of power on health and well-being. White<sup>27</sup> suggests that this type of knowing

not only involves understanding the sociopolitical context of persons, but also of nursing, the profession's understanding of society and politics, and society's understanding of nursing. Applied to policy advocacy, this involves examining how power and politics impact society's structures.<sup>27</sup> Emancipatory knowing, on the other hand, involves the ability to be aware of social injustices and inequities, and engage in critical reflection and action to address the historical, social, cultural, and political determinants of health that contribute to inequities.<sup>29</sup> Within nursing, emancipatory knowledge has been emphasized by theorists, as it provides nursing with the ability to answer questions of "what ought to be" in addition to "what is."<sup>39(pp119)</sup> Applied to policy advocacy, nurses who enact this knowledge pattern can address the structural determinants of health and well-being and influence the framing of policy issues and solutions by raising consciousness, shining a light on health inequities and social injustices, and connecting elements of experience and context to change the status quo.<sup>29</sup>

### ***Empirical knowing***

As 1 of the 4 original patterns of knowing developed by Carper,<sup>28</sup> empirical knowledge is obtained through sensory experience and expressed as facts, principles, theories, and laws with general applicability for the purposes of describing, predicting, and explaining.<sup>29</sup> While nurses within the clinical setting use empirical knowledge such as anatomy and physiology or pharmacology to inform their nursing interventions, nurses engaged in policy advocacy use empirical knowledge to bring forth evidence to illustrate how various structural determinants place certain groups or populations at higher risk of being disadvantaged. Similarly, empirical knowledge is used to highlight the positive health, social, and economic outcomes of certain public policies within and beyond the health sector on population health.

### ***Personal knowing***

Personal knowledge focuses on nurses' awareness of themselves and others in relationships and can be cultivated through lived experience and stories.<sup>29,32</sup> Situating personal knowledge in policy and advocacy work may not be a novel concept as Falk-Rafael<sup>13</sup> suggests that the political activism of nursing leaders such as Florence Nightingale, Lavinia Dock, and Margaret Sanger were developed through their personal knowledge in working with marginalized populations. By using stories to translate the impacts of public policies on clients and communities, nurses can influence the political agenda and the way in which issues and solutions are framed and analyzed. This is perhaps one of the most unique aspects of the nursing perspective—the ability to understand, communicate, and bridge the nuanced impacts of public policies on the experiences and lives of clients, communities, and populations.

### ***Ethical knowing***

Ethical knowledge is conceptualized as the moral aspect of nursing and is expressed through codes, standards, ethical theories, and ethical decision-making, which contribute to nurses' understanding of right from wrong within the context of client care.<sup>29</sup> Demonstrating ethical knowledge refers to having the awareness to understand what is required to make moral choices and the responsibilities of making those choices.<sup>27</sup> Nurses who apply ethical knowledge to policy advocacy bring forward their perspective of what is socially just and unjust, and it is crucial as it builds the foundation for their beliefs and values. As Risjord<sup>40</sup> argues, values and commitments such as autonomy and beneficence determine the goals of nursing practice, and therefore, values determine nursing's social mandate. In the realm of policy advocacy, nursing values such as social justice and equity not only influence how policy issues and solutions are identified and framed but are ultimately the key goals and endpoints of this practice.

### *Aesthetic knowing*

While the patterns of knowing are often viewed as separate entities, aesthetic knowing, also known as the art of nursing, provides nurses with an understanding of how they may approach and integrate the various knowledge patterns in different clinical situations.<sup>29</sup> By engaging in continuous process of engagement, interpretation, and envisioning, aesthetic knowledge is developed, and provides nurses with the ability to understand what clients need.<sup>29</sup> Often overlooked, this knowledge pattern is perhaps the most useful in illustrating nursing leadership and conveying the unique perspectives that nurses bring to public policy debates, as it involves simultaneously integrating all of sources of knowledge to comprehend, frame, and put forth solutions to complex public policy issues. While this knowledge pattern may not be evident for nurses at the outset, by continuously engaging with political content, processes, contexts, and key actors, nurses can develop a deeper intuition for how to best approach system-level issues using a variety of advocacy mechanisms and by leveraging policy windows of opportunity.

Although it is widely accepted within the discipline that nurses bring a “distinctive angle of vision”<sup>41(p283)</sup> on matters of public policy, searching for the language to define and articulate the precise attributes that make this perspective unique has often been challenging. By situating the patterns of knowing in the identification and framing of policy issues and solutions, we begin to understand the multiple sources of knowledge that nurses bring to policy discussions. More importantly, by applying empirical, personal, ethical, sociopolitical, and emancipatory knowledge, aesthetic knowing in policy advocacy is realized.

### **POLICY CONTEXT**

It could be argued that one of the key barriers preventing nurses from achieving a higher level of political influence is the com-

mon singular focus on nursing or health care content expertise, with little awareness of the need to be politically astute in understanding policy contexts. While much of the theoretical exploration above has been grounded in nursing theories and perspectives, developing the knowledge, skills, and competencies to successfully navigate the political context requires nursing to seek out theories outside of the discipline. As indicated in Walt and Gilson’s<sup>21</sup> Health Policy Triangle, knowledge of policy contexts refers to the structural, political, cultural, economic, and environmental forces that influence policy. One of the most widely used frameworks used to guide cross-national and cross-policy research is Shiffman and Smith’s<sup>25,30,31</sup> framework on determinants of issue ascendance in global health. Characterized by 4 key components including actor power, ideas, political contexts, and issue characteristics, this framework has been particularly useful in understanding policy environments, and why certain issues make it on to policy agendas while others do not.

For the most part, nursing’s focus has been largely centered on bringing forth knowledge and perspectives as it relates to policy content through a nursing lens. While important, based on Shiffman and Smith’s<sup>25,30,31</sup> framework, effective influence not only requires an understanding of how to internally frame issues collectively, but to frame them externally for decision-makers who control resources,<sup>25</sup> and are not familiar with the nursing or health care lexicon. Part of influencing policy agendas within complex political environments also involves understanding and assessing whether there are credible indicators to illustrate the severity and progress of a policy issue, the size of the burden in comparison to other issues, and the presence of effective interventions that can be communicated to decision-makers to support buy-in.<sup>25,30,31</sup> In addition, the likelihood of nurses’ advocacy issues gaining traction also depends on the degree to which policy issues are compatible with existing structural, political, cultural, and economic environments.



A third component of Shiffman and Smith's<sup>25,30,31</sup> framework speaks to the importance of understanding political environments with particular attention to policy windows and governance structures. While getting a seat at the policy table is desirable, political influence goes beyond showing up. Being able to understand how problems, policy, and politics interact and converge to create policy windows of opportunity<sup>25</sup> is equally, if not more important in influencing and shaping public policy. Whether nurses are engaged in this work at the local, national, or global level, awareness and knowledge of governance structures are critical in understanding how relevant institutions and their ideas collectively influence policy environments. Specific attention to national and global events and political cycles is also important, as they have significant influence on when policy windows of opportunity open and close, and how long they remain open.

The last component required to better understand policy environments relates to level of strength of actors involved in a policy issue.<sup>25,30,31</sup> For the purposes of aligning with Walt and Gilson's framework,<sup>21</sup> actors will be further discussed in a separate section of the article.

## POLICY PROCESS

Having examined the theoretical perspectives available to guide nurses in developing knowledge of policy content and contexts, a third area that requires careful consideration is the policy process. While it may be unlikely that nurses involved in policy advocacy are engaged in every stage, being knowledgeable of the entire policy process from issue identification to policy evaluation is warranted. Theoretical perspectives drawn from both nursing and policy studies discussed earlier can be integrated to form a better understanding of the policy process to support nurses in moving from ideas to legislation.<sup>42</sup> While policy development does not follow a linear trajectory, the stages

heuristic model, or often referred to as the public policy cycle, is commonly used to conceptualize the phases of policy development including agenda setting, policy formulation, policy adoption, implementation, and evaluation.<sup>23</sup>

The first stage of the policy cycle often begins with identifying policy issues and setting political agendas, which are always grounded in an underlying set of values and beliefs.<sup>42</sup> While it is important for nurses to identify their own values and beliefs, the same is required when conducting stakeholder analysis relevant to a particular issue.<sup>42</sup> Within the context of public policy advocacy, specific activities that nurses can be engaged in during the stage of agenda setting could include identifying and framing issues using the relevant data and sources to characterize a problem; developing knowledge of a policy issue by engaging in research, environmental scans, consultation; or creating public awareness.<sup>42</sup> Applying the patterns of knowing in conjunction with considerations of the policy environment during agenda setting is particularly important in ensuring that nurses frame issues and solutions that are not only compatible with their own policy advocacy goals, but the goals and values of external actors.

Similarly, these perspectives and patterns of knowing can be integrated during the stage of policy formulation. This stage is characterized by activities such as political engagement, stakeholder activation, policy deliberation, and policy adoption.<sup>42</sup> Beyond stakeholder activation, developing knowledge of governance structures and legislative processes is crucial in order for nurses to become effective in policy advocacy activities. This involves being knowledgeable about how health care is organized in their respective countries, the key actors within and outside of governments, the various levels of government (eg, federal, provincial/state, and municipal/local) and their jurisdiction over different policy issues, and the stages of moving from a policy idea, to a proposal, bill, and legislation.

While nurses engaged in policy advocacy may often only be involved in the first few phases of the policy cycle, acquiring knowledge of the different steps within policy implementation and evaluation is also important. Specifically, these stages require nurses to develop knowledge, skills, and competencies to prepare for, manage, and reinforce change—as well as to engage in evaluation to determine the outcomes of the policy process.<sup>42</sup> From an advocacy perspective, this requires that nurses be attentive to the way in which policy is executed, whether it is applied or not, assessing intended and unintended outcomes, and bringing forward solutions to mitigate unintended consequences.<sup>42</sup>

## POLICY ACTORS

The fourth component of Walt and Gilson's<sup>21</sup> framework is focused on policy actors. Given the common focus on content among nurses, knowledge of policy actors is one of the most overlooked and underdeveloped areas of knowledge when seeking to influence public policy. The diversity of policy actors varies significantly depending on each policy issue, and this section focuses primarily on highlighting the approach that nurse advocates can take to engage in critical analyses of actors. As suggested by Shiffman and Smith,<sup>30,31</sup> knowledge of policy actors is a fundamental component of navigating policy contexts and processes. To effectively and strategically move public policy issues forward, nurses must consider the level of cohesion within the policy community, the presence of leadership or champions in raising awareness, and the relevant guiding institutions and civil society organizations that can mobilize the required support.<sup>30,31</sup>

The use of critical theory can be particularly useful when examining the various actors who are involved in a public policy issue, and their influence in obstructing or advancing policy or legislation. Critical theories include a variety of perspectives from

intersectionality, feminism, queer, and neo-Marxist paradigms which originated largely from historical resistance movements.<sup>2,33</sup> The goal of critical theoretical perspectives is to raise awareness of the constraints that individuals or communities may be consciously or unconsciously operating in, and work toward the emancipation of individuals, groups, and communities.<sup>39</sup> As suggested by Browne and Reimer-Kirkham,<sup>20</sup> critical theoretical perspectives allow for an enhanced understanding of the historic, political, and economic conditions that shape the health, illness, and health care experiences of individuals, groups, or communities in different ways.

There are a variety of underlying assumptions within critical theories. Specifically, this includes the assumption that history influences social, economic, and political conditions; uncovering historical developments can help to understand the conditions within society; unequal power and oppressive structures are prevalent within society; and emancipation from oppressive conditions is a key component of a group's process to achieve well-being and integrity.<sup>33,34</sup> Critical social theories seek to work toward liberation from social, political, economic, and ideologic conditions that contribute to domination of constraints.<sup>34</sup>

The use of critical social theory within nursing was influenced by the recognition that empiricism and interpretivism provided little ability to understand issues of power, inequities, oppression, and structures within society.<sup>34</sup> As a theoretical framework, critical social theory has been, and can be used, in nursing to better understand and expose concepts such as domination, power, oppression, and political conditions.<sup>27,33,34</sup> This theoretical perspective is not only key in unpacking the political contexts in which populations live in, but the power relations among various actors involved in public policies that contribute to or threaten social justice. Specifically, when advancing public policies with the goal of social justice, nurses can draw on critical theory

perspectives to examine the various actors involved, and ask questions such as: who dominates the policy discourse or policy agenda, and why? What are the power dynamics between all actors involved? What are the competing interests and ideologies of actors involved? Who benefits and who is further marginalized? As highlighted by Browne and Reimer-Kirkham,<sup>20</sup> adopting a critical understanding of social justice allows nurses to consider the many structural inequities that exist such as neoliberal economic and social policies, gendered inequities resulting from systems of patriarchy, or the racialization of wealth and health on well-being.

The need for theoretical frameworks to guide nursing practice at the community and population level to address public health challenges has been long recognized.<sup>33</sup> Browne<sup>43</sup> suggests that nursing's focus on individualism coupled with the underdevelopment of political theoretical knowledge within the nursing context has impacted the profession's ability to adequately critique issues related to social justice and political ideologies such as neoliberalism that contribute to and perpetuate these issues. To advocate for social justice and health equity, understanding, analyzing, and critiquing issues of power are required within nursing.<sup>17</sup> Ultimately, attending to the underlying power structures that influence the distribution of economic and social resources requires nurses to be situated at the systems level, as it is public policies that determine how resources are distributed, and it is societal structures that shape these public policies.<sup>1</sup>

Within the context of public policy, a critical theoretical perspective can also guide nurses in unpacking the relationships between certain public policy issues and the implications on certain actors, given the intersections of race, gender, class, sexual orientation, and physical ability. Carnegie and Kiger<sup>17</sup> contend that the benefit of utilizing critical social theory within nursing is the ability to support nurses in engaging in political analysis and action by continuously interrogating and critiquing structures and ideologies and engaging in reflection.

By exposing the relationships between social structures and health, critical theory can support the effectiveness of nursing interventions, such as policy advocacy, by ensuring that they are grounded in the knowledge of structures that influence the determinants of health.<sup>33</sup>

Addressing social injustice at the policy level requires nurses to work closely with communities,<sup>17,33</sup> and critical theoretical perspectives enable nurses to take stand, ask critical questions, build coalitions, challenge the status quo, and engage in collective strategies.<sup>33</sup> Ultimately, it can be used to guide actions toward emancipation, equality, and freedom, as it works toward understanding the sociopolitical context of situations and ways to change conditions that are incompatible with these goals.<sup>17</sup> A more practical use of critical theory, as suggested by Duncan and Reutter,<sup>44</sup> is in policy analysis to understand how policy issues are identified, framed, and addressed by actors; the ideologies or values of actors that determine policy issues and their proposed solutions, the level of inclusivity within political debates, and the impact of policies on the experience of individuals or communities.

## IMPLICATIONS FOR THEORY AND PRACTICE

The concepts, frameworks, and theories presented in this article can be useful to a variety of audiences. Those who are interested in further theorizing may use this exploration as a foundation to critically examine how existing nursing theories facilitate or constrain nursing policy advocacy knowledge; and the need for further development of middle-range or situation-specific theories within this domain. Nurse educators and students may use this exploration to identify and map the knowledge, skills, and abilities required of nurses to become effective policy advocates. Further, nurses involved in organized groups, whether it be formal professional associations or grassroots movements, may find it fruitful to use these concepts to build capacity and

to inform the development of strategic policy advocacy initiatives.

## CONCLUSION

Exploring the theoretical underpinnings of nursing policy advocacy is critical if nursing is to achieve the level of policy influence it desires. While nurses have engaged in policy advocacy for over a century, the development of nursing knowledge within the realm of public policy has been impacted by several internal and external forces. In this article, I have used Walt and Gilson's<sup>21</sup> Health Policy Triangle as a framework to examine how nursing knowledge in policy advocacy can be developed to engage in, and under-

stand the policy content, contexts, processes, and actors. I have suggested that it is possible to develop nursing-specific knowledge in policy advocacy to achieve the goal of social justice by reconceptualizing and building on existing theories, frameworks, and concepts within and outside of the nursing discipline. The importance of developing nurses' political knowledge and leadership to strengthen health systems and global priorities has been echoed loudly within the WHO's<sup>45</sup> *State of the World's Nursing 2020* landmark report. To fulfill this call to action, establishing and advancing the theoretical and philosophical underpinnings of nursing policy advocacy will continue to be of utmost importance.

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