



Nursing Power through Advocacy

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Introduction to ‘Nursing Power through Advocacy’

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Many nurses may see this title and scoff, thinking “nurses don’t have power.” The U.S. health care system hierarchy does not focus on or feature nurses, despite nurses being educated and trained to think critically while assessing a patient’s response to an intervention. The ability or inability of a nurse to intervene is the difference between life and death for their patients. Nurses empower their patients and families to make decisions by teaching them about their disease, interventions, and/or reviewing consequences.

Nurses have been voted the most trusted profession every year since the initiation of the Gallop Poll (Brenan, 2023). The exception was 2001; firefighters took the top billing for most trusted profession that year due to the 9/11 tragedy (Brenan, 2023). During the height of the COVID-19 pandemic, nurses were called “heroes” for continuing to put the needs of their patients above the needs of their family members. Nurses are trusted because they have concern for what is done to the patient and how it is done (Wymer & Stucky, 2023). Though the public trusts nurses, their voice is rarely sought or listened to in the policy arena. Nurses are often not invited to the table where critical decisions related to the delivery, safety, and quality of health care or population health are being made.

Nursing’s voice is important because it brings a different perspective to health care discussions. Nurses consider the whole person, not just the person’s medical diagnosis. Rather, nurses take into consideration the impact the diagnosis will have on the patient’s livelihood, how the patient’s physical environment impacts their response to the diagnosis, and how the diagnosis impacts the patient’s family dynamics. Nurses consider the physical, social, and psychological impact on

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patients when they have an encounter in the health care system. This whole-person focus makes the nursing lens on an issue or topic different than the lens applied by other health care providers. The nursing perspective makes the nursing voice so important in the decision-making process.

There is great power in perspective. When nurses work with patients to understand the impact a treatment or intervention may have, they are viewing the situation through a different lens – or set of eyes, which helps a patient gain control over a situation. An individual has the power to change their own mind. The more knowledge of a situation or issue a person has, the more capable they are of making a decision. The ability to firmly decide how to intervene or proceed is powerful. By providing education, nurses use professional power to empower their patients.

Nurses’ Power and Advocacy

Power is defined as the ability to act or produce an effect (Merriam-Webster, n.d. a). It has also been defined as the capacity or ability to direct or influence the behavior of others or events (Murt, 2020). There are many kinds of power that fall into two major categories: formal and informal power. *Formal power* is tied to responsibilities of a position (Murt, 2020). *Informal power* is a result of personal characteristics and not tied to a specific position (Murt, 2020). Table 1 provides a list of the types of power and their definitions.

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In the **Nursing Power through Advocacy** series, Ann Sheehan, DNP, CPNP, FAANP, presents advocacy strategies and skills to better prepare the pediatric nurse to be a powerful voice for children in their own community.

Table 1.
Types of Power

Power Type	Definition
Expert/Information	Reputation as an expert Possess knowledge needed by others
Position/Legitimate	Authority Act, order, or direct
Connection/Referent	Gained by association with powerful people
Coercive	Instilling fear Perceived as being able to punish
Reward	Perceived as being able to provide rewards or favors

Nurses are well versed in using power to help their patients make decisions. They must harness this power to inform health policy discussions. All types of power are used in advocacy work. Nurses can shine in advocacy work by asserting their professional and personal power. Many times, nurses can also use organizational power (see Table 2). Nurses are experts on health care issues, patient interventions, and population health. It is imperative for nurses to use their power to make a difference in the way health care is delivered, improve patient outcomes, and determine how issues are framed as problems in society, the community, and/or health care organizations. The time is right for nurses to take the lead in defining how health care issues are addressed.

Barrett's *Theory of Power as Knowing Participation on Change* has four major assumptions:

1. Power is a phenomenon that exists in the universe; 2. Human beings are born with power; 3. No one can give power to another, and no one can take power away; and 4. Human beings have free will and can knowingly participate in creating change. (Barrett, 2015, p. 507)

This theory defines two types of power: power-as-freedom and power-as-control, with both types of power deriving from four dimensions: awareness, choices, freedom to act intentionally, and involvement in creating change (Barrett, 2015). Barrett (2015) goes on to provide a definition of power as "the capacity to participate knowingly in change" (p. 497). All of this to say that one has power by being aware of what one is choosing to do, feeling free to do it, and doing it intentionally. This definition of power describes the way nurses approach patient care, daily. By giving patients information/knowledge, nurses are able to exert some power to create change through their own actions (Ethridge-Bagley, 2022). Barrett's theory parses that power can be causal or acausal in both types of power. Knowledge has been affirmed to be useful in both power-as-freedom and power-as-control (Barrett, 2015).

Table 2.
Power Categories

Category	Definition
Personal	Extent to which a person believes they can influence events through personal efforts.
Professional	Uses professional expertise and competence to affect change.
Organizational	Formal authority delegated to the holder of a position.

This theory can easily be applied to nurses' power in relation to advocacy. *Advocacy* is any action that recommends or argues for a cause or pleads on behalf of another person. Merriam-Webster (n.d. b) defines advocacy as the act or process of supporting a cause or proposal. Advocacy and power are words that can often strike fear in the minds and hearts of nurses, even though they use both of these concepts regularly while caring for patients. As with all things, advocacy skills improve with practice, and the use of different types of power becomes more comfortable with experience.

This shift in thinking from the nurse-patient relationship to a system level is generally an uncomfortable transition for many nurses (Taft & Nana, 2008). Understanding the significant role nurses can play in shaping or influencing policy decision-making is powerful. Understanding the policy process and issues surrounding a particular policy helps nurses engage in advocacy. However, many nurses have not intentionally practiced advocacy skills, so the thought of engaging in advocacy is very daunting.

Gun Violence in Schools

Over the next several months, this author will provide a series of articles related to *Nursing Power through Advocacy*. This series of articles will incorporate ways for nurses to brush up on their advocacy skills to be the voice for children in their own community. This author has chosen gun violence in schools as the issue to use as an exemplar to refresh the reader's advocacy skills and raise a powerful voice for change with mortality and morbidity related to gun violence in our schools. It is a matter of safety and security.

Gun violence in schools plays against the basic human need of safety and security. Parents must feel safe sending their children to school, and children and adolescents have to feel safe while they are attending school and participating in school functions to be successful. In 2020, firearm-related injuries became the leading cause of death for children and adolescents (ages 1 to 19 years) in the United States (Centers for Disease Control and Prevention [CDC] & National Center for Health Statistics [NCHS], 2022). Additionally, children and adolescents in this age group were twice as likely to die from firearm-related injuries than the general population (CDC & NCHS, 2022). School shootings have

increased significantly over the last decade. There were 11 reported school shootings in 2009 and 93 in 2021 (CDC & NCHS, 2022). In turn, firearm-related trauma has increased anxiety and depression diagnoses in school-age children and adolescents (Koepke et al., 2023).

Conclusion

Taft and Nana (2008) posit that policy is shaped by how policymakers learn about health care issues and how those issues are defined as problems. This statement resonates with this author as the reason nursing's voice is so important in today's health care environment. Gun violence is a serious safety issue in schools. It is imperative nurses understand the issue from all sides and impart their knowledge to decision makers. In this way, nurses can use both power-as-control and power-as-freedom. Providing evidence-based information builds trust. When a relationship is based on trust, the nurse can have influence (Wymer & Stucky, 2023).

Ultimately, a nurse needs to have influence and power to affect change. When a nurse understands a situation needs to be changed but does nothing, the nurse is choosing powerlessness (Barrett, 2015). This does not create better patient outcomes or improve population health. Every legislator has encountered a nurse in some way throughout their life. The reader is encouraged to seek out the *Nursing Power through Advocacy* articles over the next several months, and practice the advocacy skills reviewed in each article to raise awareness and improve knowledge related to gun violence in schools. ■

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