Strengthening the Policy Advocacy Functions of Professional Nursing Associations

by

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Abstract

Background: Advocacy is core to the nursing profession as illustrated within the literature, codes of ethics, and regulatory standards. While scholars have advanced our collective understandings about how advocacy can be strengthened within the profession, the focus has remained largely situated at the individual nurse-client level, with less attention to advocacy undertaken by nursing organizations at the policy level. Across the globe, nursing organizations have a long history of engaging in policy advocacy to advance the profession, strengthen health systems, and influence public policy. While this work continues to be viewed by nurses as essential for the profession to meet its social mandate, there is a dearth of research that has critically examined the policy advocacy work of nursing organizations and the ways in which it could be strengthened given shifting social, political, and economic landscapes. The lack of literature focused on this topic and the emergence of the COVID-19 pandemic presented an opportunity to develop knowledge to advance this domain of practice within the profession.

Purpose: The purpose of this dissertation is to advance our collective understanding of policy advocacy undertaken by nursing organizations to identify ways to strengthen influence and impact. The aims of this research were to a) explore what constitutes nursing policy advocacy knowledge and the ways in which it can be advanced; b) examine the existing scholarly work focused on nursing organizations and policy advocacy to identify knowledge gaps; and c) to draw on the COVID-19 pandemic as an exemplar to examine the lessons that could be learned from professional nursing associations' policy advocacy responses to the global pandemic to inform future large-scale public health crises.

Methods: I conducted three studies including a) a theoretical exploration to explore how nursing and policy theories, models, and frameworks can be developed and integrated to advance nurses'

and nursing's policy advocacy knowledge; b) a scoping review to examine the nature, extent, and range of scholarly work focused on nursing organizations and policy advocacy; and c) an interpretive description study to explore the lessons that could be learned from professional nursing associations' policy advocacy response to the COVID-19 pandemic. This consisted of studying four professional nursing associations (two local, one national, and one global) through key informant interviews and document analysis.

Findings: The theoretical exploration highlighted the various models, theories and frameworks within the nursing and policy literature that nurses can use to develop policy advocacy knowledge within nursing. This framework focused on four key areas including policy content, context, processes, and actors. The scoping review revealed that the extant literature covered a broad range of topics ranging from the role and purpose of nursing organizations in policy advocacy, the identity of nursing organizations, the development and process of policy advocacy initiatives, the policy advocacy products of nursing organizations, and the impact and evaluation of organizations' policy advocacy work. While the breadth and depth of literature has expanded over the years, significant knowledge gaps exist, and several areas of require further inquiry. Specifically, this includes understanding the relationships between decision-making processes and theories of policy process and change, understanding the impact of organizational factors on policy advocacy processes and outcomes, examining external perspectives to inform policy advocacy approaches, engaging in advocacy and policy change evaluation, and adopting a critical lens to challenge the status quo. Findings from the interpretive description study identified several lessons learned about professional nursing associations' policy advocacy response to the COVID-19 pandemic including their role in supporting a wide audience (the 'who), the breadth of their policy priorities (the 'what'), their use of various advocacy strategies

(the ‘how’), the factors that influence their decision-making processes (the ‘why), their perspectives on evaluating policy advocacy work, and the importance of capitalizing on windows of opportunity.

Conclusions: The integration of studies conducted in this dissertation advances our collective understanding of the concept of advocacy and how it can be applied and studied at the policy level within the organizational context. While nursing organizations play a vital role in policy advocacy, greater scholarship is needed to build the knowledge base required to inform the ways in which this critical function can be strengthened for optimal influence and impact.

Preface

This thesis is an original work by Patrick Chiu. Dr. Greta Cummings (supervisor) and Dr. Kara Schick-Makaroff and Dr. Sally Thorne (committee members) supervised this thesis. Ethics approval was obtained through the University of Alberta Research Ethics Board for the following paper: Lessons from professional nursing associations' policy advocacy responses to the COVID-19 pandemic – An Interpretive Description Study (chapter five; Pro00111860). In chapter one, I situate my research within the existing literature and context and provide an overview of the philosophical and theoretical ideas that informed this thesis. In chapter six, I provide a summary of the findings from each study and discuss the implications for nursing research, education, and practice.

Chapter two is published in *Advances in Nursing Science* as Chiu. P. (2021). Advancing nursing policy advocacy knowledge: A theoretical exploration. *Advances in Nursing Science, 44(1), 3-15.* https://doi.org/10.1097/ANS.0000000000000339. I was responsible for the conceptualization, writing, and submission of this manuscript.

Chapter three is published in *Policy, Politics and Nursing Practice* as Chiu, P., Cummings, G., Thorne, S., & Schick-Makaroff, K. (2021). Nursing organizations and policy advocacy: A scoping review. *Policy, Politics & Nursing Practice, 22(4), 271-291.* https://doi.org/10.1177%2F15271544211050611. I was responsible for the conceptualization, data collection, analysis, writing, and submission of this manuscript. Drs. Greta Cummings, Sally Thorne and Kara Schick-Makaroff provided substantive guidance and feedback on all phases of this project.

Chapter four consists of an in-depth discussion of my methodological considerations when conducting my empirical study presented in chapter five.

Chapter five will be prepared for submission and titled ‘Lessons from professional nursing associations policy advocacy responses to the COVID-19 pandemic – An Interpretive Description Study’. The target journal for this publication is *International Nursing Review*. I was responsible for the conceptualization, data collection, analysis, interpretation, and writing of this manuscript. Drs. Greta Cummings, Sally Thorne and Kara Schick-Makaroff provided substantive guidance on all phases of this project and will be listed as co-authors. All co-authors will approve the final manuscript prior to submission.

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Table of Contents

List of Tables

Chapter 2

Chapter 3

List of Figures

Chapter 1: Introduction

What is Policy Advocacy?

The nursing profession has a long history of engaging in advocacy to improve patient care, health systems, and public policy. While advocacy is not a new concept within nursing, the discourses within the profession have largely focused on the responsibilities of individual nurses as advocates for patients, with less emphasis on advocacy at the policy level. Similarly, while nursing scholars have engaged in robust investigations to strengthen the advocacy capacity of individual nurses, much less attention has been directed to the work of those leading nursing organizations and their engagement in advocacy at the policy level. Broadly speaking, policy is defined as "a statement of direction resulting from a decision-making process that applies reason, evidence, and values in public or private settings" (Skelton-Green et al., 2014, p. 88). It involves any plans or procedures developed and implemented by governments and organizations to achieve desired goals (Bryant, 2009). Policy can be conceptualized as "big P", which refers to legislation and regulations enacted by public authorities, while "small p" refers to rules, guidelines, and protocols within specific agencies or organizations (Gardner & Brindis, 2017). The term public policy is often used synonymously with the idea of "big P" policy, which refers to the actions or inactions of public authorities to address a given issue or problem (Bryant, 2009; Dye, 2002).

The process of policy making is a complex and non-linear phenomenon that is highly influenced by a multitude of factors such as ideology, evidence, politics, ethics, globalization, timing, interests, and actors. Scholars who have contributed to the policy literature typically focus their inquiry on examining the process of public policy change and the impact that certain factors have on policy outcomes. Specifically, one important area of inquiry involves examining

the "who" of public policy making in order to understand the "how" and the "what" (Gardner & Brindis, 2017). Policy actors, whether they be individuals or groups, influence policy based on their positions and ideas, level of power, interest, and affiliation (Gen & Wright, 2018; Groenwald & Eldridge, 2019). This practice is also known as advocacy – championing or supporting a particular cause or policy goal through systematic efforts (Obar et al., 2012; Prakash & Gugerty, 2010). Actors who aim to influence policy specifically engage in the practice of policy advocacy.

Multiple definitions of policy advocacy exist within the literature. For example, Spenceley et al. (2006) define policy advocacy as knowledge-based action with the purpose of improving health through influencing decisions at the systems level. Macdonald et al. (2012) define this term as the act of "initiating, enacting, and enforcing structural and policy changes to benefit populations" (p.35). While definitions may vary, Gen and Wright (2013) suggest that the defining characteristics of policy advocacy within the literature include the following: the development of strategies to affect policy change or action, deliberate processes of influencing decision makers, processes of building momentum and support behind a specific policy issue or recommendation, and activities initiated by groups or organized citizens.

The Importance of Studying Advocacy Groups

Advocacy groups are defined broadly in the literature and can include anything from social movements, coalitions, interest groups, and professional organizations in public and private settings (Gardner & Brindis, 2017). While they can be defined under the umbrella of advocacy groups, they all differ in their ability to influence policy based on their size, composition, level of resources, organization, and approach. Drawing on different conceptualizations of public policy theories can be particularly meaningful in understanding not

only why advocacy groups are relevant within the larger policy system, but why it is important to study them. Miljan (2018) categorizes theories of public policy into two categories – structuralist theories and dynamic theories. Structuralist theories include ideas such as the Marxist model which suggests that class structures of state and society determine public policy; the globalization framework which suggests that the structure of global governance determines public policy; or institutionalism which asserts that the structure of institutions or the nature of bureaucracy determines public policy. In general, these theories largely suggest that public policy is driven by politics, institutions, bureaucracy, and society, which leaves little space for advocacy groups to influence policy (Villeneuve, 2016).

On the contrary, dynamic theories view the policy process as one that is open to influence in a competitive environment (Miljan, 2018). One important theoretical perspective is pluralism, which focuses on different groups as the most critical unit of analysis. These groups can include anything from formally organized entities focused on specific causes or interests such as professional associations, unions, human rights groups, or environmental organizations, to less organized collectives such as social movements. The key idea of pluralism is that citizens have the agency to influence the decisions of government and different groups in society compete for power and access to government to achieve their goals and objectives (Bryant, 2009; Miljan, 2018). Policy is developed based on competing ideas that are advanced and developed by multiple groups seeking to influence the behavior of governments. As suggested by Gardner and Brindis (2017), while public policymaking was previously viewed as something that was limited to a privileged few, increasingly, it is being acknowledged as a venue for individuals, groups, and organizations to intervene to influence system-wide change. Policy analysis that employs a pluralist perspective often focus on examining the role of advocacy organizations, how they

organize, the resource and strategies they use to meet their goals, and the outcomes of their influence of policy change (Bryant, 2009). Examining the policy advocacy work of advocacy groups is critical as they are one of the most powerful forces influencing policy processes and outcomes (Gardner & Brindis, 2017).

Professional Nursing Associations and Policy Advocacy

From a pluralist perspective, nursing organizations are key actors within the public policy process. Within the nursing profession, nursing organizations at the global, national, and local levels continue to evolve within a changing social, political, and economic landscape. In this dissertation, I draw on idea of the 'three-pillars', which has been adopted across Canada and other jurisdictions (Benton et al., 2017; Canadian Nurses Association & Canadian Council of Registered Nurse Regulators, n.d.; Villeneuve, 2017). This is comprised of separate types of nursing organizations including regulatory colleges – for public protection; nursing labor unions – for advancing the socioeconomic welfare of nurses; and professional nursing associations – for advancing the profession and influencing public policy. For the purposes of this dissertation, I use the term 'nursing organizations' broadly to encompass regulatory nursing bodies, nursing labour unions, and professional nursing associations; this does not include organizations that deliver nursing care or services. I use the term 'professional nursing association(s)' to signify organizations that operate under the single mandate of advancing the profession and influencing public policy with no regulatory or labor union functions. Further these professional nursing associations may be exclusive to one specific designation of nurses (e.g., registered nurses) or be inclusive of multiple designations (e.g., registered nurses, nurse practitioners, licensed practical nurses, registered psychiatric nurses).

Professional nursing associations are not only essential in influencing but also driving and shaping the profession, health systems, and society (Benton et al., 2017; Matthews, 2012; Villeneuve, 2017; Whyte & Duncan, 2018). While the way in which professional nursing associations are structured (e.g. single mandated or dual mandated with labor relations or regulatory functions) vary across jurisdictions, at the present time, most Canadian jurisdictions have, or are moving towards, single mandated regulatory colleges and professional associations. This has been a result of increased recognition of the inherent conflict of interest that exists between the mandate of public protection and advocacy for the profession (Benton et al., 2017; Garrett & MacPhee, 2014; Villeneuve, 2017). Historically, policy advocacy has been largely taken on by nursing unions and professional associations. According to Benton et al. (2017), the methods of advocacy for each nursing pillar differ. In general, policy advocacy by professional associations focus on broader issues, while nursing unions focus on benefits, worker's rights, and working conditions. However, it should be noted that some nursing unions do engage in advocacy around broader public policy issues.

In my review of the literature (Chiu et al., 2021) (paper 2) and scan of professional nursing associations' websites at the local, national, and global level, it was apparent that organizations have and continue to engage in wide variety of policy issues related to nursing, health care, and broader public policy. Some examples of nursing policy issues that professional nursing associations have and continue to address include scope of practice expansion, health human resource planning, and nursing leadership. Examples of health policy priorities include renewed primary health care models, the expansion of universal health coverage, initiatives to strengthen patient safety, and renewed funding models in sectors such as long-term care and community care. Further, examples of public policy priorities include international trade, the

United Nations' Sustainable Development Goals (SDGs), climate change, anti-racism, and Truth and Reconciliation (National Centre for Truth and Reconciliation, n.d.).

Professional nursing associations have devolved and evolved significantly overtime across jurisdictions, and their purpose and areas of focus (compared to unions and regulatory colleges) have become more ambiguous given their broad-based advocacy and lack of legislated mandates. While it is commonly accepted that professional associations are essential in providing a "nursing voice" to public policy debates, their policy advocacy work has not been subject to much examination. To strengthen the policy advocacy functions of professional nursing associations, engaging in research to better understand their policy agendas and spheres of influence, decision-making processes, and impact on health systems and policy can be particularly meaningful (Chiu et al., 2020).

Purpose and Research Questions

The convergence of the COVID-19 pandemic and the lack of research on professional nursing associations' policy advocacy work presented an opportunity to better understand and explore this critical function within the context of a public health crisis. I chose to focus on the COVID-19 pandemic in particular given the novelty and rarity of this global crisis and the significant implications it had on the social, political, economic, and environmental dimensions of society globally. The overarching aim of my dissertation research was to investigate how professional nursing associations engage in policy advocacy to identify ways to strengthen influence and impact. Key research questions that guided this dissertation included the following:

1) What knowledge is required to engage in policy advocacy within the nursing discipline?

2) What is the nature, extent and range of scholarly work focused on examining nursing organizations' advocacy to influence change at the policy level?
3) What can be learned from professional nursing associations' policy advocacy response to the COVID-19 pandemic?

This dissertation is comprised of four key products including the following: a) a theoretical exploration that examines the theoretical underpinnings of nursing policy advocacy knowledge (chapter two); b) a scoping review that maps the extant literature focused on nursing organizations' policy advocacy work (chapter three); c) a methodology discussion focused on designing and conducting an interpretive description study (chapter four); and d) an interpretive description study that investigated professional nursing associations' policy advocacy response to the COVID-19 pandemic (chapter five). Specifically, the theoretical exploration presented in chapter two is the product of research question #1, the scoping review presented in chapter three is the product of research question #2, and the interpretive description study presented in chapter five is the product of research question #3. Each study was designed to inform subsequent studies with the ultimate goal of producing knowledge to inform policy advocacy practitioners and nurse researchers who are interested in strengthening the role, influence, and impact of nursing organizations on health systems and policy through research and practice. The remaining discussion within this chapter focuses on the philosophical underpinnings and theoretical ideas that guided the exploration of my research questions.

Philosophical Underpinnings Guiding Nursing's Engagement in Policy Advocacy

Throughout this dissertation, I drew on the philosophical underpinnings of the nursing discipline as a lens to explore the 'what', 'why', and 'how' of nursing organizations' engagement in policy advocacy. In the section below, I illustrate how the nursing discipline's nature of being

(ontology), value orientation (axiology), and ways of knowing (epistemology), and underpin the profession's policy advocacy work.

The Nature of the Nursing Discipline (Ontology) - The 'What'

Simply put, ontology refers to the nature of being and reality (Lincoln et al., 2018). To ground this discussion, examining the substantive focus of nursing is useful to illustrate the multiple policy areas that are of concern to the discipline and profession. This is particularly important as illustrating nursing's worldview can help define the nature of policy issues that are investigated and the substantive areas of focus (Donaldson & Crowley, 1978; Meleis, 2018; Reed, 1997). Meleis (2018) suggests that the nursing discipline is defined by its goals, structures, and substances, and is connected through a fundamental logic and thought process. Over the past few decades, several scholars have examined the ontology of nursing – the nature of being according to the substantive focus on nursing. Fawcett's (1984) metaparadigm, which identifies the ontological foundations of the nursing discipline, expresses nursing's concern with not one singular concept, but multiple concepts such as nursing, person, health, and environment. As suggested by Northrup et al., (2004) the metaparadigm has given rise to nursing's divergent paradigms, philosophical and theoretical perspectives, creative conceptualizations, and research methodologies. Others have characterized nursing as a discipline and profession focused on human beings, caring relationships, health and wellness, consciousness, meaning, attention to patterns, and mutual processes (Meleis, 2018; Newman et al., 2008).

Scholars who have examined the central concepts within the discipline also illustrate that the nature of nursing is characterized by complexity and integration (Clarke, 2011; Donaldson & Crowley, 1978; Meleis, 2018; Risjord, 2010). Complexity refers to the multitude of variables that can be identified in any given situation, while integration involves synthesizing and

organizing these variables into a different form (Reed, 1997). As Reed (1997) suggests, nursing promotes well-being based on the perspective of complexity integration, while Clarke (2011) eloquently captures this sentiment and contends that "nursing is a mixture of things" (p. 403). Bender (2018) further argues that the nature of nursing is characterized not by independent concepts within the nursing metaparadigm, but by the "relation-sensing performance" (p. 6) that nurses bring to these concepts. By recognizing that the nature of nursing is comprised of a variety of concepts, it becomes possible to understand why the nursing profession has and continues to engage in a wide range of policy issues within the nursing, health and public policy context.

Nursing's Value Orientation (Axiological) – The 'Why'

Axiology refers to the study of values (Risjord, 2010). Beyond the nature of the discipline, nursing also has a social mandate which provides the profession with a political dimension (Risjord, 2010). Nursing knowledge and nursing values are inextricably linked, as nursing actions are not only based on what is known about a situation or phenomena, but what is a "good, right, or valuable" (Risjord, 2010, p. 42). Nursing's ethical values are expressed through codes of ethics and standards (Chinn & Kramer, 2018), and considered in its entirety, determine the social mandate of nursing. Taking into consideration the policy priorities identified by nursing organizations over time (Chiu et al., 2021) and the ethical statements within several codes of ethics documents (CNA, 2017; ICN, 2007), it is clear that ethical values such as a commitment to human rights, safe and healthy environments, social justice, equity, autonomy, empowerment, and beneficence have significant influence over how and what nursing identifies as areas of concern. As a result, by considering the nature of nursing and the discipline's values, we come to appreciate not only the role that nursing plays in society, but the kinds of policy

issues that the profession engages in, and how nursing values influence how policy issues and solutions are framed.

Nursing's Ways of Knowing (Epistemology) – The 'How'

While explicating the nature and values of nursing is useful in understanding nursing's role in policy advocacy, and why certain policy issues may be of concern to the profession, it is nursing's ways of knowing that informs the types of policy questions that are asked and the ways in which they may be investigated. Epistemology refers to the branch of philosophy that investigates the nature and foundation of knowledge (Meleis, 2018). It includes the examination of how knowledge is defined, developed, justified, or verified; and refers to the process of thinking, the relationship between what we know and what we see, and the truth that researchers seek and believe (Lincoln et al., 2018; Meleis, 2018). Articulating nursing's thought structure is complex given that it is a practice discipline and a profession (Schultz & Meleis, 1988).

Given the broad range of concepts central to the nature of nursing, the profession draws on multiple knowledge forms to engage in policy advocacy. Over time, nursing has recognized the need to embrace epistemological pluralism, which is characterized by complexity and holism (Shultz & Meleis, 1988). Carper's (1978) seminal work on the patterns of knowing, followed by White's (1995) addition of sociopolitical knowing and Chinn and Kramer's (2018) emancipatory knowing illustrates the many ways in which nursing knowledge continues to be manifested. As suggested by Schultz and Meleis (1988), nursing's disciplinary epistemology ranges from intuitive knowing to knowledge that is systematically verified empirically. Stajduhar et al. (2001) supports this sentiment and suggests that relational, empirical, and experiential knowledge should be enacted simultaneously. Further, Bonis (2009) suggests that nursing knowledge

involves the interface between objective empirical knowledge, individual awareness, personal experiences, and subjective perspectives.

Based on these epistemological assumptions, the policy questions, issues, and priorities of the profession and nursing organizations are likely informed not only by knowledge that is generalizable, objective, time and placed bound; but knowledge that is contextualized, holistic and subjective; and knowledge that is contextualized and emancipatory (Forbes et al., 1999). As a profession, nursing seeks to understand policy issues and put forward solutions by drawing on both objective and subjective knowledge, shared and local realities, and the general and the particular (Bonis, 2009; Thorne, 2016). It is this unique epistemological orientation that encourages nurses and the nursing profession to identify, frame, and address complex policy issues while informed by a variety of philosophical perspectives simultaneously.

For example, leaders within professional nursing associations may be concerned with asking questions related to causation or exploring phenomenon that can be predicted or measured in a controlled environment to develop or advocate for policies that can be adopted and generalized in all contexts (e.g., best practices or standardized policies). They may also be interested in understanding and interpreting how policy issues impact specific communities given varying contexts. Similarly, they may be interested in addressing issues related to social justice, equity, power, and oppression; leading to a policy focus on structural and systemic challenges faced by certain marginalized groups for the purposes of changing social policy and practice. The diverse policy issues that leaders of professional nursing associations might champion are informed by the many lenses which nurses draw on to view the world. Positivist or postpositivist perspectives help to illuminate ideas such as objectivity, prediction, and control; an interpretivist perspective allows nurses to attend to the importance of context; while

sociopolitical knowing (White, 1995), emancipatory knowing (Chinn & Kramer, 2018), and critical social theory perspectives enable nurses to consider policy issues within the context of societal structures. Leaders may draw on each of these perspectives to ask diverse questions, develop needed knowledge, and weave them together to address complex policy problems.

Illuminating these philosophical perspectives enabled me to explore my research questions within the context of nursing's ontology, axiology, and epistemology. Specifically, explicating the nature of nursing and the discipline's value orientation provided me with an opportunity to identify and explore the areas that may be of concern to those leading the policy advocacy work of nursing organizations, while examining the discipline's epistemological underpinnings shed light into the kinds of policy questions that nurses ask and the ways in which these questions are addressed. Nursing is characterized by epistemological pluralism, where there is careful attention to both subjective and objective knowledge, the general and the particular, and acknowledgment of single and multiple realities pertaining to the wide range of priorities of concern to the profession. In considering past and current policy priorities identified by leaders within nursing organizations, it is clear that nursing's "philosophical middle ground" position (Stajduhar et al., 2001, p.79) allows for the utilization of a range of knowledge forms simultaneously to fully account for the complexities inherent within a practice discipline such as nursing.

Theoretical Perspectives

Beyond the philosophical underpinnings discussed above, I also drew on a wide range of theoretical ideas from various fields, to understand the complexity of organizations, the way in which decision are made, the factors that influence policy development, and the advocacy approaches that are taken up. While there are numerous theoretical perspectives that can inform

this area of research, the discussion below summarizes the theoretical ideas that I drew on to guide my studies.

Descriptive decision theory focuses on understanding and "discovering patterns, regularities or principles in the way people actually decide in given situations" (Matteson & Hawkins, 1990, p.6). Attention is placed on understanding how the decision maker's goals and values, state of knowledge, thinking habits, and biases influence decisions. This contrasts with prescriptive decision theory, which has been historically used to determine how rational individuals or groups should make decisions (Matteson & Hawkins, 1990). Descriptive theory also focuses on understanding how people decide, as opposed to how they 'ought' to decide, and as a result, was a useful perspective for examining the decision-making processes of those leading nursing organizations as it relates to their policy advocacy priorities and approaches. Institutional theory (Scott, 2013) suggests that institutions are comprised of "regulative, normative, and cultural-cognitive elements that together, associated with activities and resources, provide stability and meaning to social life" (p. 56). This theoretical perspective was useful for informing inquiry focused on understanding the internal factors that influence the decision-making of those leading the policy advocacy work of professional nursing associations.

Another type of theories come from the field of public policy. These theories were specifically useful in informing questions about the policy priorities, processes, and outcomes of those leading the policy advocacy work of professional nursing associations; and the factors that influence their decision-making. Walt and Gilson' (1994) Health Policy Triangle framework is commonly used for policy analysis to examine how policy content, processes, contexts, and actors lead to specific outcomes. Similarly, Shiffman and Smith's (2007) framework on determinants of ascendance in global health was developed to understand why certain policy

issues are taken up in policy agendas while others are not. This framework focuses on similar constructs as presented in Walt and Gilson's (1994) Framework, including actor power (policy community cohesion, leadership, guiding institutions and civil society mobilization), ideas (internal and external frame), political contexts (policy windows, global governance structure), and issue characteristics (credible indicators, severity and effective interventions) (Shiffman & Smith, 2007; Shiffman et al., 2016).

Last, I drew on theories related to advocacy to support my investigations into the strategies and approaches that are taken up by those leading the policy advocacy work of nursing organizations to achieve their intended policy goals. The Advocacy Coalition Framework developed by Sabatier and Jenkins-Smith (Jenkins-Smith et al., 2018) has been used widely to examine how various actors within policy subsystems build coalitions to influence policy, with careful examination of their beliefs and resources. The Advocacy Strategy Framework (Coffman & Beer, 2015) is a tool that can be used to understand theories of change that underlie public policy advocacy strategies. The framework is organized using two key dimensions. First, audiences – the public, influencers, and decision makers; and second, outcomes – awareness, will, and action. Depending on the target audience and outcome, the framework outlines several advocacy strategies that are most appropriate. Further, Start and Hovland's (2004) model maps out four key policy influence approaches including advising, advocacy, lobbying, and activism depending on whether organizations are driven by interests and values versus evidence and science, and cooperation versus confrontation.

These philosophical and theoretical ideas in conjunction with my professional experiences illustrate the lens that I adopted to develop my research questions, design my studies, and engage in analysis and interpretation. In the forthcoming chapters, I present the

studies that I undertook to accomplish my overarching dissertation goal of investigating how those within professional nursing associations engage in policy advocacy to identify ways to strengthen influence and impact.

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Chapter 2 (Paper 1): Advancing Nursing Policy Advocacy Knowledge – A Theoretical Exploration

Introduction

When conceptualizing the various studies within my dissertation, the first area that I identified as needing further development was the concept of policy advocacy, given the dominant focus on advocacy at the micro level within the nursing literature. While the practice of policy advocacy is not new to the nursing profession, the theoretical foundations within the nursing discipline remained highly underdeveloped. Much of the literature within nursing focused on advocacy at the individual level with little attention to the knowledge that is required to engage in advocacy at the policy level. The question that guided this theoretical exploration was: *What knowledge is required to engage in policy advocacy within the nursing discipline?* The theoretical exploration provides clarity by offering an organizing framework for knowledge development in policy advocacy within the nursing context. I chose to ground the theoretical exploration using Walt and Gilson's (1994) Health Policy Triangle Framework as it provided a simplified yet systematic approach for examining the key the areas of knowledge required for nurses to engage in policy advocacy. However, there are many other approaches that can be taken to advance knowledge development within this domain, and this theoretical exploration offers only one way to do so. Although this exploration is situated within the context of individual nurses, the concepts presented are equally relevant and applicable to the work undertaken at the organizational level.

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Abstract

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.

Background

Promoting social justice through advocacy has been central to nursing's social mandate and strongly aligns with the historical and philosophical roots of the profession (Reutter & Kushner, 2010). 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 (Walter, 2017). From a global perspective, organizations such as the International Council of Nurses (ICN) state that "nurses advocate for equity and social justice in resource allocation, access of health care and other social and economic services" (ICN, 2012, p. 2). Contemporary global health policy priorities identified by the World Health Organization (WHO, n.d.) such as universal health coverage and the United Nations' (2015) 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 (2005) Conceptual Model of Nursing and Health Policy (CMNHP) or Cohen et al.'s (1996) stages of nursing's political development, there are few in comparison to the normative calls on nurses to engage in policy (Ellenbecker et al., 2017; Reutter & Duncan, 2002; Reutter & Kushner, 2010; Spenceley et al., 2006). The purpose of this of paper is to 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 (Selanders & Crane, 2012). 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 (Reutter & Duncan, 2002). With such a strong history of nursing pioneers engaging in this domain, some may wonder why there is such a high level of incongruence 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, educational factors, dominance of the business model, and the changing nature of professional associations and regulatory body mandates (Duncan et al., 2015; Falk-Rafael, 2005; Lewenson, 1998; Mechanic & Reinhard, 2002; Reutter & Kushner, 2010; Spenceley et al., 2006).

The relevance of advocacy within nursing has been verified repeatedly in the literature and conceptualized as a philosophic foundation for nursing practice (Curtin, 1979; Spenceley et al., 2006). However, it has often been heavily situated at the level of the individual or family

(Reutter & Kushner, 2010; Spenceley et al., 2006). Despite political and upstream conceptualizations of advocacy being reflected in Canadian and American public health standards, Falk-Rafael (2005) suggests that this conceptualization is largely invisible in nursing theories. To fulfill nursing's mandate of promoting social justice, Reutter and Kushner (2010) suggest that it not only requires 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 align more strongly with the intentions of policy advocacy (Carnegie & Kiger, 2009). Similarly, Spenceley et al.'s (2006) 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 (2012) definition of policy advocacy as "initiating, enacting and enforcing structural and policy changes to benefit populations" (p.35) is useful in framing this discussion.

Social Justice as the Goal of Policy Advocacy

As suggested by White (2014), 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 (Walter, 2017). Social justice discourses within the discipline have been historically centered around the paradigm of distributive justice with emphasis on ideologies of liberal individualism (Browne & Reimer-Kirkham, 2014). 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 (Browne & Reimer-Kirkham, 2014). Under this paradigm, Browne and Reimer-Kirkham (2014) 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.

Method 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 (Walt & Gilson, 1994). 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 (Buse et al., 2012; Walt et al., 2008; Walt & Gilson, 1994; Weible & Sabatier, 2018). Given the purpose of this theoretical exploration, Walt and Gilson's (1994) 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 (Buse et al., 2012). 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 (Buse et al., 2012). Specifically, these contexts can be heavily influenced by public perception, ideologies, political instability, history, and cultural values and beliefs (Buse et al., 2012). Process refers to the stages of the policy process including agenda setting, policy formulation, implementation, and evaluation; and actors refers to individuals or groups who are involved, or have a stake in a specific policy issue (Buse et al., 2012). 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 or 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 2.1).

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 (2019) 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 (2018), 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 (Fawcett, 1984; Meleis, 2018). Given that the concepts within the metaparadigm determine the unique perspective of nursing, reflect the profession's values, and support nursing's research agenda (Fawcett, 1984), a reconceptualization using an outward-looking lens may better support the development of nursing knowledge within the domain of policy advocacy (Figure 2.1).

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 (2014), 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 (2018), 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 (Meleis, 2018). Returning to Chopoorian's (1986) work is particularly useful given the acknowledgement 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 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, wellbeing, 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 judgement 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 (2009) 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 (Spenceley et al., 2006; White, 1995). However, given that the patterns of knowing within a discipline are in constant evolution and subject to be transformed (Meleis, 2018), 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 (1978) 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 (1995) illustrates the importance of knowledge about the context and environments in which nurses and clients exist, and the influence of power on health and well-being. White (1995) 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 (White, 1995). 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 (Chinn & Kramer, 2018). 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" (Mill et al., 2001, p. 199). Applied to policy advocacy, nurses who enact

this knowledge pattern can address 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 (Chinn & Kramer, 2018).

Empirical Knowing

As one of the four original patterns of knowing developed by Carper (1978), 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 (Chinn & Kramer, 2018). 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 outside 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 (Chinn & Kramer, 2018; Meleis, 2018). Situating personal knowledge in policy and advocacy work may not be a novel concept as Falk-Rafael (2005) 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 (Chinn & Kramer, 2018). Demonstrating ethical knowledge refers to having the awareness to understand what is required to make moral choices and the responsibilities of making those choices (White, 1995). Nurses who apply ethical knowledge to policy advocacy bring forward their perspective of what is socially just and unjust, and is it crucial as it builds the foundation for their beliefs and values. As Risjord (2010) 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 (Chinn & Kramer, 2018). 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 (Chinn & Kramer, 2018). 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 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" (Thorne, 2015, p. 283) 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 common 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 (1994) 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 framework on determinants of issues ascendance in global health Shiffman & Smith, 2007; Shiffman et al., 2016). Characterized by four 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 framework (Shiffman & Smith, 2007; Shiffman et al., 2016; Walt & Gilson, 2014), 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, and are not familiar with the nursing or healthcare 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 (Shiffman & Smith, 2007; Shiffman et al., 2016; Walt & Gilson, 2014). 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 framework speaks to the importance of understanding political environments with particular attention to policy windows and governance structures (Shiffman & Smith, 2007; Shiffman et al., 2016; Walt & Gilson, 2014). 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 (Walt & Gilson, 2014) 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 critical, 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 (Shiffman & Smith, 2007; Shiffman et al., 2016; Walt & Gilson, 2014). For the purposes of aligning with Walt and Gilson's (1994) framework, actors will be further discussed in a separate section of the paper.

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 (Villeneuve, 2017). 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 (Buse et al., 2012).

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 (Villeneuve, 2017). 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 (Villeneuve, 2017). 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 (Villeneuve, 2017). 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 (Villeneuve, 2017). Beyond stakeholder activation, developing knowledge of governance structures and legislative processes is critical 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 (e.g. federal, provincial/state, 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 critical. Specifically, these stages require nurses to develop knowledge, skills, and competencies in order to prepare for, manage, and reinforce change; as well as to engage in evaluation to determine the outcomes of the policy process (Villeneuve, 2017). 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 (Villeneuve, 2017).

Policy Actors

The fourth component of Walt and Gilson's (1994) 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 (2007), knowledge of policy actors is a fundamental component of navigating policy contexts and processes. In order 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 (Shiffman & Smith, 2007; Shiffman et al., 2016).

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 and originated largely from historical resistance movements

(Stevens & Hall, 1992; Walter, 2017). 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 (Mill et al., 2001). As suggested by Browne and Reimer-Kirkham (2014), 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 (Browne, 2000; Stevens & Hall, 1992). Critical social theories seek to work toward liberation from social, political, economic, and ideologic conditions that contribute to domination of constraints (Browne, 2001).

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 (Browne, 2001). 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 (Browne, 2000; Browne, 2001; Meleis, 2018). This theoretical perspective is not only key in unpacking the political contexts in which populations live in, but the power relations amongst 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 (2014), adopting a critical understanding of social justice allows nurses to consider the many structural inequities 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 (Stevens, 1992). Browne (2001) 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. In order to advocate for social justice and health equity, understanding, analyzing, and critiquing issues of power are required within nursing (Carnegie & Kiger, 2009). Ultimately, attending to the underlying power structures that influence the distribution of economic and social resources require 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 (Reutter & Kushner, 2010).

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 (2009) contend that the benefits 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 (Stevens & Hall, 1992).

Addressing social injustice at the policy level require nurses to work closely with communities (Carnegie & Kiger, 2009; Stevens & Hall, 1992), and critical theoretical perspectives enable nurses to take a stand, ask critical questions, build coalitions, challenge the status quo, and engage in collective strategies (Stevens & Hall, 1992). Ultimately, it can be used to guide actions toward emancipation, equality, and freedom as it works toward understanding the socio-political context of situations and ways to change conditions that are incompatible with these goals (Carnegie & Kiger, 2009). A more practical use of critical theory as suggested by Duncan and Reutter (2006) 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 paper 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 paper, I have used Walt and Gilson's (1994) Health Policy Triangle as a framework to examine how nursing knowledge in policy advocacy can be developed in order to engage in, and understand 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 (2020) *State of the World's Nursing 2020* landmark report. In order 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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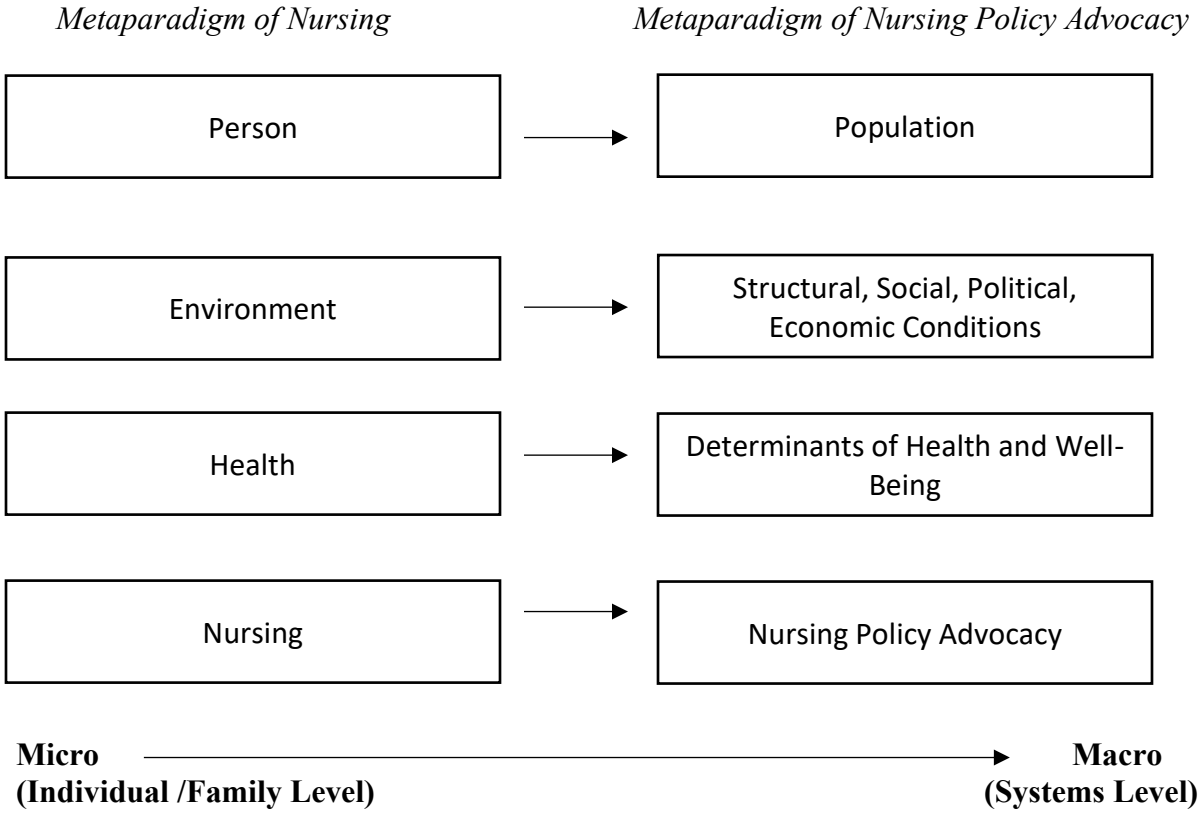
Table 2.1. Summary of Key Concepts in Theoretical Exploration

Walt and Gilson's (1994) Health Policy Triangle Framework	**Approaches to Advance Nursing Policy Advocacy Knowledge**
Policy Content	Extend the nursing metaparadigm (Fawcett, 1984) and patterns of knowing (Carper, 1978; Chinn & Kramer, 2018; White, 1995) from a micro to macro lens to: • Develop systems level thinking in policy advocacy • Identify and frame issues and solutions through a nursing perspective
Policy Process	Apply the stages heuristic model (Buse et al., 2012) to: • Understand the policy development process and the stages that can be best influenced by nurses and nursing
Policy Contexts	Draw on Shiffman and Smith's framework on determinants of issues ascendance in global health (Shiffman & Smith, 2007; Shiffman et al., 2016; Walt & Gilson, 2014) to: • Examine how policy environments are influenced by actor power, the framing of issues, political contexts, and the characteristics of policy issues
Policy Actors	Utilize critical social theory (Meleis, 2018; Browne, 2000; Browne, 2001) to: • Examine who dominates the policy discourse or policy agenda • Examine the power dynamics between all actors involved • Understand the competing interests and ideologies of different actors • Examine who benefits and who is further marginalized

Figure 2.1. A Reconceptualized Metaparadigm for Nursing Policy Advocacy



Chapter 3 (Paper 2): Policy Advocacy and Nursing Organizations – A Scoping Review

Introduction to Chapter 3

In chapter three, I extend the concept of policy advocacy from the individual level to the organizational level. To lay the foundation for examining the policy advocacy work of nursing organizations, I conducted a scoping review to map the extant literature focused on this topic. I drew on scoping review methodology as opposed to other forms of knowledge syntheses as the topic is not well studied. Scoping reviews are more exploratory in nature and focus on summarizing (or mapping) rather than synthesizing and critiquing existing literature, clarifying concepts and definitions, acting as precursors to systematic reviews, and analyzing knowledge gaps (Munn et al., 2018; Paré et al., 2015; Schick-Makaroff et al., 2016).

Chiu, P., Cummings, G., Thorne, S., & Schick-Makaroff, K. (2021). Nursing organizations and policy advocacy: A scoping review. *Policy, Politics & Nursing Practice, 22(4), 271-291.* https://doi.org/10.1177%2F15271544211050611

Abstract

Policy advocacy is a fundamental component of nursing's social mandate. While it has become a core function of nursing organizations across the globe, the discourse around advocacy has focused largely on the responsibilities and accountabilities of individual nurses, with little attention to the policy advocacy work undertaken by nursing organizations. To strengthen this critical function, an understanding of the extant literature is needed to identify areas that require further research. We conducted a scoping review to examine the nature, extent, and range of scholarly work focused on nursing organizations and policy advocacy. A systematic search of six databases produced 4731 papers and 68 were included for analysis and synthesis. Findings suggest that the literature has been increasing over the years, is largely non-empirical, and covers a broad range of topics ranging from the role and purpose of nursing organizations in policy advocacy, the identity of nursing organizations, the development and process of policy advocacy initiatives, the policy advocacy products of nursing organizations, and the impact and evaluation of organizations' policy advocacy work. Based on the review, we identify several research gaps and propose areas for further research to strengthen the influence and impact of this critical function undertaken by nursing organizations.

Background

As a profession, nursing has a long history of engaging in advocacy to strengthen and advance the profession, patient care and outcomes, health systems, and public policy. Nursing organizations in particular, continue to serve as critical platforms for policy advocacy – the practice of engaging in political processes to initiate, enact, and enforce structural and policy changes to benefit populations (Canadian Nurses Association, 2020; MacDonald et al., 2012a; Matthews, 2012). While a plethora of extant literature focuses on advocacy within nursing, attention is largely placed on examining strategies to strengthen individual nurses' advocacy skills at the patient level, with limited attention to advocacy at the policy level (Ellenbecker et al., 2017; Reutter & Duncan, 2006; Reutter & Kushner, 2010; Spenceley et al., 2006). Further, despite recognizing policy advocacy as a fundamental component in meeting the profession's social mandate (Bowman, 1973; Catallo et al., 2014; Duncan et al., 2015), policy advocacy enacted by nursing organizations has been subject to less critical examination. This is an important area of inquiry, as advocacy groups are considered one of the most powerful forces in shaping policy agendas, processes, and outcomes (Gardner & Brindis, 2017; Miljan, 2018).

To strengthen this function of nursing organizations, examining their policy spheres of influence and impact, decision-making processes, and advocacy approaches can be particularly meaningful. While much can be learned from the policy advocacy work of organizations in other disciplines, advocacy organizations are not equal in their ability to influence public policy; some have greater political clout than others (Bryant, 2009). The nursing profession's experience in policy advocacy is likely unique given various historical, social, and political factors (e.g., nursing as a gendered profession, the dominance of medicine, society's perceptions of nurses and nursing); and as a result, we chose to situate the review within the nursing context. Although

some literature on this topic exists, no comprehensive review has been undertaken to examine the nature, extent, and range of scholarly work focused on nursing organizations and policy advocacy. To our knowledge, two synthesis papers related to this topic exist: MacDonald et al. (2012a) conducted a scoping review to examine the factors that influence nursing organizations' priority setting when undertaking policy advocacy, and Benton et al. (2017) conducted an integrative review to examine the differences between regulatory bodies, professional associations, and trade unions. Although these reviews provide a useful overview of specific issues related to nursing organizations' policy advocacy work, without a comprehensive understanding of the scope of literature that exists, identifying knowledge gaps and areas for further research remains difficult.

The purpose of this review was to fill this knowledge gap by assessing the nature, extent, and range of scholarly work focused on examining policy advocacy undertaken by nursing organizations. Specific objectives included mapping the available body of literature in relation to purpose, time, location, and source; identifying the volume of scholarly work; identifying the ways in which policy advocacy by nursing organizations has been studied; identifying gaps within the literature; and informing the development of additional research questions.

Methods

We conducted a scoping review based on Arksey and O'Malley's (2005) framework with updated guidance by Levac et al. (2010) and Peters et al. (2020). Given the exploratory and descriptive nature of the research question, we identified that a scoping review would be the most appropriate knowledge synthesis method.

Research Question

The research question that guided the scoping review was: what is the nature, extent, and range of scholarly work focused on examining nursing organizations' advocacy to influence change at the policy level? Levac et al. (2010) suggest that combining broad questions with a clearly articulated scope of inquiry and defining concepts within the question can be useful to establish an effective search strategy. As a result, we understood policy to be "a statement of direction resulting from a decision-making process that applies reason, evidence, and values in public or private settings" (Skelton-Green et al., 2014, p.88). This included organizational, nursing, health, and public policy at the local (e.g., state or provincial), national, and global levels. Advocacy referred to "the act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues" (Canadian Nurses Association, 2017). Nursing organizations referred to regulatory bodies, professional associations, nursing labor unions, specialty nursing practice groups, and nursing student groups at the local, national, and international level.

Search Strategy

A search was conducted in July 2020 with the assistance of a professional librarian. We searched six databases, including CINAHL, Medline, Embase, Scopus, HealthSTAR, and ProQuest, given the broad range of literature focused on the review topic as indicated in an initial cursory search. The basic structure of the search was organized under three concepts derived from the research question including nursing organizations, advocacy, and policy. Based on these concepts, search terms and search strings were developed (Table 3.1). Subject headings were used and 'exploded' when possible to increase the number of relevant papers (Table 3.2).

Inclusion and Exclusion Criteria

The criteria were purposely broad to ensure all relevant scholarly work was captured to meet the objectives of the review. As suggested by Peters et al. (2020), scoping reviews can include both research and non-research sources. We defined scholarly work broadly to include any research or non-research peer reviewed work focused on both nursing organizations and policy advocacy work. Including various types of peer-reviewed work allowed us to fully examine the nature, extent, and range of literature focused on this topic. For the purposes of this review, dissertations and theses were included given their scholarly merit, despite not being commonly accepted as peer reviewed. We understood research papers to be those that investigated a research question focused on policy advocacy and nursing organizations with methods of data collection (primary or secondary), analysis, and interpretation using a methodological approach (Creswell & Creswell, 2018). This included papers of all study designs and methods, as well as dissertations and theses. We understood non-research papers to be those that investigated or discussed a topic, issue, or question related to policy advocacy and nursing organizations without the use of specific methods or methodological approaches. Editorials, commentaries, letters, interviews, and news articles were excluded given the likelihood of limited in-depth exploration and investigation into the topic. Limitations were not placed on publication year or location to meet our objective of mapping the literature in relation to time and location.

Data Management and Article Selection

Papers retrieved from the database search were imported into Covidence (2020), a web-based software used to store, manage, and screen articles for systematic reviews. Two reviewers (PC and TP) participated in all phases of screening and selection. We piloted the inclusion and

exclusion criteria using a sample of 100 papers. We resolved conflicts through consensus and further refined the criteria for clarity. Specifically, we clarified the concept of advocacy at the policy level after the pilot given the heterogeneity of papers and the many forms in which it can be taken up. We also further specified what constituted non-research after gaining a sense of the type of papers retrieved for screening. Reviewers independently screened the papers in both the abstract and title, and full-text screening phases. Additional hand searched articles were retrieved through chain searching, and consensus meetings were held to resolve any conflicts (Figure 3.1).

Data Extraction

We used a descriptive-analytical narrative method to chart the data. Two separate data extraction forms – one for research and one for non-research papers were developed using Excel spreadsheets. Fields within the extraction forms were based on the objectives of the research question. Common data extracted from both research and non-research papers included the authors, publication year, organizations' country of origin, jurisdiction of nursing organization discussed (i.e., global, national, provincial/state level), and aims and purpose. While some features were common to both data extraction forms, there were also some differences. Specifically, the extraction form for research papers included additional fields to capture the methods/designs of studies, theoretical or conceptual frameworks, and key findings; while the extraction form for non-research papers included a field to capture key concepts. We piloted the forms using 10% of the included full-text papers, and discrepancies were resolved through consensus. After the pilot, the first author completed the categorization and data extraction for all full-text articles. Papers were first sorted as research versus non-research. Research papers were then further sorted based on their method/design while non-research papers were sorted into

further groupings developed by the author. Where ambiguity was noted during this process, the first author consulted additional reviewers.

Data Analysis

Common descriptive data were summarized and analyzed using descriptive statistics. We extracted text related to the aims and purpose of each paper, key findings, and key concepts, and collated and imported the text into Quirkos version 2.3.1 (2020) - a qualitative analysis software to assist with data analysis. We used conventional content analysis to analyze extracted text, which is typically employed when existing theory of a phenomenon is limited (Hsieh & Shannon, 2005). We engaged in basic coding of extracted data as suggested by Peters et al. (2020) and developed several categories and sub-categories through an inductive and iterative process (Hsieh & Shannon, 2005).

Findings

Characteristics of Included Papers

In total, we included 68 papers in the review. We identified 40 (58.8%) as non-research, 28 (41.2%) as research. The literature has been increasing throughout the decades; most papers were published between 2010-2020 (n=26, 38.2%), followed by 2000-2009 (n=21, 30.9%), and 1980-1989 (n=11, 16.2%) respectively. All papers (n=66, 97%) except two theoretical and conceptual papers discussed a specific nursing organization, with the majority originating from the United States (n=43, 65.1%) followed by Canada (n=13, 19.7%) and the United Kingdom (n=4, 6.1%). Four papers (6.1%) discussed organizations from multiple countries (Table 3.3).

Research Papers

A large portion of research papers employed historical methods (n=12, 42.9%). Others included case studies (n=3, 10.7%), mixed methods (n=3, 10.7%), media analysis (n=3, 10.7%) policy analyses (n=2, 7.1%), qualitative descriptive studies (n=2, 7.1%), critical discourse

analysis (n=1, 3.6%), environmental scan method (n=1, 3.6%), and systematic website review method (n=1, 3.6%). Out of the 28 research papers, 11 (39.3%) were dissertations and theses. Most research papers were published between 2010-2020 (n=12, 42.9%) followed by 1980-1989 (n=8, 28.5%), 2000-2009 (n=5, 17.9%), and 1990-1999 (n=3, 10.7%). Papers largely focused their inquiry on nursing organizations located in the United States (n=18, 64.2%) and Canada (n=7, 25.0%). Sixteen (57.1%) research papers focused on organizations at the national level, seven (25.0%) discussed organizations at the provincial or state level, and five (17.9%) discussed multiple organizations in different jurisdictions. Theories and conceptual frameworks used to guide research papers varied; however, the majority were related to policy process and development, policy and advocacy knowledge and engagement in nursing, and organizational systems (Table 3.4 and 3.5).

Non-Research Papers

We sorted non-research papers into four key groups. These groups were developed and defined iteratively based on our interpretation of the nature of papers during full-text screening. The four groups developed included: a) analytical papers – those that examined the policy advocacy work of an organization with a presented argument or claim; b) descriptive papers – those that solely described or summarized the policy advocacy work of an organization with little to no analysis; c) theoretical and conceptual papers – those that focused on concepts, theories, models, or frameworks used to study nursing organizations, policy, or advocacy; and d) case examples – those that involved a detailed example or account of advocacy undertaken for a particular policy issue, topic, or event by nursing organizations, without adhering to the methodological principles of an empirical case study approach (Yin, 2018).

We sorted over half of the non-research papers as case examples (n=21, 52.5%), followed by analytical papers (n=13, 32.5%), descriptive papers (n=4, 10.0%), and theoretical or conceptual papers (n=2, 5.0%). The majority were published in the first two decades of the 2000s (n=30, 75.0%), while the oldest paper was published in the 1970s. Similar to the research papers, the majority discussed nursing organizations located in the United States (n=25, 65.8%) followed by Canada (n=6, 15.8%) (Table 3.6 and 3.7).

Key Content of Included Papers

Five key categories were developed to illustrate the nature of scholarly work including: a) the role and purpose of nursing organizations in policy advocacy b) the identity of nursing organizations c) the development and process of nursing organizations' policy advocacy initiatives (subcategories: factors influencing policy advocacy initiatives and strategies and tactics) d) the policy advocacy products of nursing organizations (subcategories: policy positions, and foundational documents and social justice), and e) the impact and evaluation of nursing organizations' policy advocacy work.

The Role and Purpose of Nursing Organizations in Policy Advocacy

Seven papers were focused on the role and purpose of nursing organizations within the context of policy advocacy. Some discussed the role of professional nursing organizations in shaping and influencing health and social care policy more broadly (Fyffe, 2009; Kenner, 1995; Matthews, 2012), while others focused on the role of nursing organizations in advancing a specific policy area such as cancer care (Rieger & Moore, 2002) and patient safety (Rowell, 2003). Two papers took a more critical approach: Vogelstein (2016) examined whether professional health care associations should take controversial stances on matters related to professional ethics, and the implications of such stances on individual members' views and

positions; while Welchman and Griener (2005) problematized nursing organizations' withdrawal from advocacy for patient care issues.

The Identity of Nursing Organizations

Five papers were focused on specific characteristics of organizations in relation to their development and identity. Bowman (1973) discussed the application of political group theory to professional nurse organizations and the characteristics that qualify and make nursing organizations successful as political interest and pressure groups. Lewenson (1989) investigated the tension between nursing's politically conservative image as described in the literature and the progressive positions of four American professional nursing associations during the suffrage movement. The other three papers were focused on discussing the American Nurses Association's development and promotion of power (Freitas, 1986), organizational culture and relationship with evolving policy positions (Woods, 1989), and political preference and values based on donations to political parties (Kent & Liaschenko, 2004).

The Development and Process of Nursing Organizations' Policy Advocacy Initiatives

Thirty-seven papers were focused on the development, process, or evolution of an organization's policy advocacy work. Most papers focused on organizations' advocacy efforts related to a specific policy issue or topic including: nurse training and education (Fondiller, 1980; Hall-Long, 1995; Hardy, 1985; Hardy, 1988; Leurer, 2013), advanced practice or nurse practitioner practice (Hansen-Turton et al., 2009; Jones, 2004; Madler et al., 2014; O'Brien, 2003; Sampson, 2009; Sharp, 1994; Young, 1983); nursing shortages, salaries, and staffing issues (Birnbach & Orr, 1993; Eaton, 2012; Green et al., 2004; Hundemer & Durando, 2014; Kishi & Green, 2008; Wieck et al., 2004), health care reform (Rubotzky, 2000), women's suffrage (Lewenson, 1989), registration status (Birnbach, 1982), nursing legislation (Brekken &

Evans, 2011; Young, 1983), insurance for the aged and enactment of Medicare (Woods, 1989), community health (Cho & Kashka, 2004), primary health care (Whyte & Stone, 2000), continence services (Thomas et al., 2004), cancer care (Rieger & Moore, 2002), environmental health (MacDonald, 2012, Sattler, 2003), lesbian, gay, bisexual and transgender health and equality (Keepnews, 2011), and key legislation such as the Canadian Health Act (Dick et al., 1986). Of the 37 papers, six were focused on examining nursing organizations' policy advocacy agenda in a more evolutionary and holistic manner and described their engagement in multiple policy issues over an extended period of time (Bednash, 2015; Betts, 1996; Chiu et al., 2020a; Freitas, 1986; Mosley, 1996; Villeneuve & Betker, 2020).

Factors Influencing Policy Advocacy Initiatives.

Twenty-five papers included some discussion on factors that influence organizations' policy advocacy work. Common internal factors were related to internal expertise, resources and infrastructure (Baumgart, 1993; Baillie & Gallagher, 2010; Bowman, 1973; Chiu et al., 2020a; Dick et al., 1986; Fyffe, 2009; Hardy, 1985; Hardy, 1988; Kishi & Green, 2008; Rieger & Moore, 2002; Rubotzky, 2000; Woods, 1989; Young, 1983), organizational structures, governance, and leadership (Baillie & Gallagher, 2010; Chiu et al., 2020a; Fondiller, 1980; Freitas, 1986; Fyffe, 2009; Hardy, 1985; Hardy, 1988; Macdonald, 2012; Macdonald et al., 2012b; Rieger & Moore, 2002; White, 1983), and membership size, engagement, and factions (Bowman, 1973; Chiu et al., 2020a; Fondiller, 1980; Hardy, 1985; Hardy, 1988; MacDonald et al., 2012b; Sharp, 1994; White, 1983). Common external factors were related to relationships and coalitions (Birnbach, 1982; Chiu et al., 2020a; Dick et al., 1986; Eaton, 2012; Freitas, 1986; Fyffe, 2009; Hardy, 1988; Kishi & Green, 2008; Koehn, 2020; Rubotzky, 2000; Sampson, 2009), political environments (Birnbach, 1982; Chiu et al., 2020a; Dick et al., 1986; Hardy, 1988;

Madler et al., 2014; Mosley, 1996; Sampson, 2009; Sharp, 1994; Woods, 1989; Young, 1983), social changes and trends (Birnbach, 1982; Chiu et al., 2020a; Fondiller, 1980; Freitas, 1986; Hardy, 1985; Hardy, 1988; Mosley, 1996; Sampson, 2009), and health care legislation and trends (Chiu et al., 2020a; Fondiller, 1980; Hardy, 1985; Macdonald, 2012; MacDonald et al., 2012b).

Strategies and Tactics.

Thirty-seven papers included some discussion on strategies and tactics related to policy advocacy within the organizational context. Some papers were focused on discussing strategies more broadly while others focused on the strategies used by specific organizations. Commonly identified strategies included interorganizational collaboration and coalitions (Baumgart, 1993; Bednash, 2015; Betts, 1996; Birnbach & Orr, 1993; Brekken & Evans, 2011; Chiu et al., 2020b; Cho & Kashka, 2004; Dick et al., 1986; Fyffe, 2009; Green et al., 2004; Hall-Long, 1995; Hardy, 1985; Hansen-Turton et al., 2009; Jones, 2004; Kenner, 1995; Kishi & Green, 2008; MacDonald, 2012; Madler et al, 2014; Miyamoto & Cook, 2019; Mosley, 1996; O'Brien, 2003; Rieger & Moore, 2002; Rubotzky, 2000; Sampson, 2009; Sattler, 2003; Sharp, 1994; Thomas et al., 2004; Wieck et al., 2004; Whyte & Stone, 2000), meeting with policymakers and government (Betts, 1996; Brekken & Evans, 2011; Cho & Kashka, 2004; Green et al., 2004; Hansen-Turton et al., 2009; Hall-Long, 1995; Hardy, 1985; Kishi & Green, 2008; Macdonald, 2012; Madler et al., 2014; Miyamoto & Cook, 2019; O'Brien, 2003; Rieger & Moore, 2002; Sharp, 1994), using media and campaigns to garner public support (Baumgart, 1993; Birnbach, 1982; Birnbach & Orr, 1993; Bowman, 1973; Catallo et al., 2014; Chiu et al., 2020b; Dick et al., 1986; Green et al., 2004; Hall-Long, 1995; Hardy, 1985; Jones, 2004; Kishi & Green, 2008; Leurer, 2013; Macdonald, 2012; Mosley, 1996; Rieger & Moore, 2002; Sattler, 2003; Thomas et al., 2004; Waddell, 2019; Whyte & Duncan, 2016), membership engagement (Baumgart, 1993; Birnbach

& Orr, 1993; Catallo et al., 2014; Chiu et al., 2020b; Hall-Long, 1995; Hundemer & Durando, 2014; Jones, 2004; Kenner, 1995; Macdonald, 2012; Madler et al., 2004; Miyamoto & Cook, 2019; O'Brien, 2003; Sampson, 2009; Sharp, 1994; Taylor, 2016; Whyte & Duncan, 2016), strategic planning and seeking experts (Baumgart, 1993; Bednash, 2015; Brekken & Evans, 2011; Birnbach, 1982; Birnbach & Orr, 1993; Fyffe, 2009; Green et al., 2004, Hall-Long, 1995; Jones, 2004; Kenner, 1995; Kishi & Green, 2008; Macdonald, 2012; Madler et al., 2014; Rubotzky, 2000; Sattler, 2003; Sharp, 1994), and providing testimony and writing letters or briefs to decision makers (Baumgart, 1993; Brekken & Evans, 2011; Catallo et al., 2014; Hall-Long, 1995; Hardy, 1985; Hansen-Turton et al., 2009; Hundemer & Durando, 2014; Kenner, 1995; Macdonald, 2012; Miyamoto & Cook, 2019; Rieger & Moore, 2002; Sharp, 1994).

The Policy Advocacy Products of Nursing Organizations

Twenty papers were focused on analyzing or critiquing the policy advocacy products (e.g., position statements, policy briefs, public statements, and discussion papers) of nursing organizations. We further categorized these papers into two sub-categories – those that focused on analyzing or critiquing organizations' policy positions, and those that focused on organizations' foundational documents related to social justice.

Policy Positions.

Of those 20 papers, 12 were focused on analyzing or critiquing the policy positions of nursing organizations. These papers were focused on examining how organizations constructed their positions in comparison to others (Kelly, 2008; Kent & Liaschenko, 2004; Saulnier, 2003), the evolution of policy positions overtime (Hardy, 1985; Hardy, 1988; Lewenson, 1989; Woods, 1989), and the breadth and depth of policy positions in relation to specific topics such as spheres of influence (Chiu et al., 2020b), harm reduction (Gagnon & Hazlehurst, 2020), and climate

change (Nicholas & Breaky, 2017). Two papers were focused on critiquing organizations' positions on matters that were more controversial such as assisted suicide (White, 1999) and conversion therapy (Blackwell, 2008).

Foundational Documents and Social Justice.

Eight papers were focused on the foundational policy documents developed by nursing organizations. Silva (1983), Rowell (2003), and Matthews (2012) examined the American Nurses Association's foundational documents (e.g., Code of Ethics, Social Policy Statement) and its utility in providing a framework for nursing's commitment to society and engagement in professional advocacy. Welchman and Griener (2005) critiqued the American Nurses Association and Canadian Nurses Association's Code of Ethics and argued that the over-reliance on individual nurse responsibility has blinded nursing associations from their responsibility in engaging in advocacy related to patient care issues. The other four papers involved a critique of nursing organizations' documents in relation to the concept of social justice (Bekemeier & Butterfield, 2005; Reifsnider, 1992; Valderama-Wallace, 2017; Wilmot, 2012).

Policy Advocacy Impact and Evaluation

Thirty papers included some discussion on impact, however, only one paper was a formal evaluation of a nursing organization's policy advocacy campaign (Baillie & Gallagher, 2010). One paper examined the perceptions of policy and political leadership of nursing organizations in New Zealand (Donovan et al., 2012). The other 28 papers included mention of organizations' policy advocacy impact on specific issues (Bednash, 2015, Betts, 1996; Birnbach, 1982; Birnbach & Orr, 1993; Cho & Kashka, 2004; Dick et al., 1986; Eaton, 2012; Fondiller, 1980; Freitas, 1986; Green et al., 2004; Hansen-Turton et al., 2009; Hardy, 1985; Hardy, 1988; Hundemer & Durando, 2014; Jones, 2004; Kishi & Green, 2008; Koehn, 2020; Leurer, 2013;

Madler et al., 2014; Miyamoto & Cook, 2019; Mosley, 1996; O'Brien, 2003; Rubotzky, 2000; Sattler, 2003; Sampson, 2009; Thomas et al., 2004; Wieck et al., 2004, Young, 1983).

Discussion

This review provides an overview of the current state of scholarly work focused on examining the policy advocacy undertaken by nursing organizations. To our knowledge, this is the first scoping review to examine the nature, extent, and range of scholarly work focused on this topic. The broad inclusion criteria enabled the review and analysis of both research and non-research papers, which provided a comprehensive overview of the available literature. The following discussion summarizes the knowledge gaps that have been identified and proposes additional research topics and questions to advance this program of research.

The findings indicate that while the amount of literature has been increasing throughout the decades, policy advocacy within the context of nursing organizations has not been subject to much empirical investigation. Much of the extant literature focuses on national nursing organizations as opposed to those located at the provincial or state level. While we made efforts to categorize the nursing organizations discussed in papers according to their functions based on three common organizational types (regulatory colleges – for public protection; labor unions – for advancing the socioeconomic welfare of nurses; and professional associations – for advancing the profession and influencing public policy) (Benton et al., 2017), the evolving identities, definitions, and functions of organizations created challenges. As a result, accurate categorization was not possible as the clear delineations and conceptualizations between professional associations, unions, and regulatory bodies that exist today were not the case when many of the included papers were written.

The majority of included papers were non-research accounts and descriptions of organizations' policy advocacy work. Where empirical work exists, there are minimal studies within the contemporary context. While some included in the review were unclear in their reporting of research methodologies and methods, it is clear that many of the studies used a historical method, and other studies were largely qualitative and retrospective. Although these approaches are often employed to describe and understand past events, successes and challenges, and the unique processes involved in policy advocacy; studies focused on policy implementation, outcomes, and evaluation using quantitative and mixed-methods approaches are also required to provide direction for how nursing organizations' policy advocacy work can be better situated, conducted, and implemented.

Research Gaps and Further Areas of Inquiry

While the findings provide us with some understanding about the policy advocacy work of nursing organizations and how it has been studied; the existing body of work does not provide us with sufficient knowledge to understand how this work can be strengthened to achieve optimal outcomes. We acknowledge that the extant literature focused on policy advocacy of organizations within other disciplines or sectors may inform the work of nursing organizations; however, the unique historical, social, and political contexts in which nursing is situated across jurisdictions require more focused inquiry. Specifically, while generalizations from existing literature can be useful, nursing knowledge requires careful attention to contexts. The areas of inquiry identified in this section provide readers, specifically nurse researchers and policy advocacy practitioners, with considerations for how nursing organizations' role, influence, and impact can be further investigated to strengthen this critical function.

Linking Decision-Making Processes with Theories of Policy Process and Change

Findings from the review suggest that nursing organizations are engaged in a variety of policy issues and employ several advocacy strategies and tactics to influence and shape policy. Although many papers were focused on discussing the internal and external factors that influenced the development or process of an advocacy initiative, there was little emphasis on the process of decision-making that influenced their priority setting and advocacy strategies – two commonly investigated areas within policy studies. Several theories of policy process and change exist, and many influence the approaches taken by policy advocacy groups (Gardner & Brindis, 2017). By examining the decision-making processes of individuals leading the policy advocacy work of nursing organizations and considering them within the context of promising practices and existing theories, the work of nursing organizations can be better evaluated to identify practices that should be leveraged and areas that require improvement.

The Impact of Organizational Factors on Policy Advocacy Process and Outcomes

Despite discussions around the influence of organizational culture and identity on policy advocacy approaches within the included papers, the relationships between internal processes, structures, leadership, and climate on the level of visibility, effectiveness, and influence of organizations has not been widely studied within the nursing context. Institutional theory (Scott, 2013) can be particularly useful in examining how rules, norms, and culture influence organizations' decision-making about their policy advocacy work; and how they positively or negatively impact their outcomes. Cross case comparisons would be meaningful to identify whether trends or patterns exist between organizations' internal cultures, structures, and processes, and their level of effectiveness in policy advocacy. This is a particularly important area to consider, as it has the potential to inform individuals working within nursing

organizations about the internal factors that support or hinder effective policy advocacy processes and outcomes.

From a governance perspective, further investigation into the nuances between joint versus single mandated organizations, stand-alone organizations versus nationally federated models, and unions versus professional associations is needed. While many nursing organizations discussed within the included papers have evolved over time, scholars have focused very little attention on examining the impact of changing governance structures on organizations' policy advocacy processes, practices, and outcomes. This could involve examining the differences and similarities in policy advocacy engagement, whether the public and decision makers view them differently, and the implications on the success and effectiveness of policy influence. As illustrated by Benton et al. (2017), differences in activities, principal policy focus, political partisanship, source of power, and methods of advocacy have been noted within the literature between regulators, associations, unions. Consequently, by further examining these areas of inquiry, nursing organizations may be better informed as to how they might choose to govern and organize to maximize policy influence and impact.

The Use of External Perspectives to Inform Policy Advocacy Approaches

Another observation noted from the findings is the lack of literature focused on nursing organizations and policy advocacy from an external perspective – that of elected officials or bureaucrats within governments, leaders within other advocacy groups, and members of such organizations. While understanding the internal processes of policy advocacy within organizations is important for identifying ways to improve this work, it is not the only perspective that can inform change. The success of policy advocacy is influenced by several external factors. As suggested in the findings, many nursing organizations seek to influence the

decision-making processes of key decision makers. As a result, understanding how they are perceived in the eyes of external stakeholders can inform the advocacy strategies that are taken up. Future research questions may include the following: How do individuals within governments or key decision makers perceive different nursing organizations? What do they make of the policy advocacy work of such organizations and what approaches are they most likely to respond to? How do these perceptions differ from non-nursing organizations?

Advocacy and Policy Change Evaluation

While some of the papers made mention of the impact of organizations' policy advocacy initiatives (Baillie & Gallagher, 2010; Bednash, 2015, Betts, 1996; Birnbach, 1982; Birnbach & Orr, 1993; Cho & Kashka, 2004; Dick et al., 1986; Donovan et al., 2012; Eaton, 2012; Fondiller, 1980; Freitas, 1986; Green et al., 2004; Hansen-Turton et al., 2009; Hardy, 1985; Hardy, 1988; Hundemer & Durando, 2014; Jones, 2004; Kishi & Green, 2008; Koehn, 2020; Leurer, 2013; Madler et al., 2014; Miyamoto & Cook, 2019; Mosley, 1996; O'Brien, 2003; Rubotzky, 2000; Sattler, 2003; Sampson, 2009; Thomas et al., 2004; Wieck et al., 2004, Young, 1983), greater empirical research is needed to evaluate and examine the relationship between specific advocacy strategies and outcomes such as changes in public awareness and perception, legislation, policy, and practice. Advocacy and policy change evaluation is an important area of inquiry as advocacy organizations are increasingly expected to demonstrate the value of their work to their membership, stakeholders, and funders (Gardner & Brindis, 2017). Although it may be difficult to identify direct causal relationships given the complexity of the policy making process, evaluating the impact and outcomes of organizations' advocacy work is ultimately required to identify the ways in which organizations can achieve greater influence and impact.

A Critical Lens to Challenge the Status Quo

As indicated in the findings, while some critical analysis of nursing organizations' engagement on social justice issues exist, scholarship focused on examining nursing organizations' involvement in significant social movement is limited. Given the civil rights movements within the last few years (Moorley et al., 2020), greater critical analysis is warranted to examine whether the actions of nursing organizations that promote an advocacy role are adequate and effective in addressing the social injustices confronting our time to ensure that these institutions uphold their ethical, moral, and professional obligations. A critical lens may be useful for examining the following questions: How are nursing organizations framing these complex issues? What rhetoric are they engaging in or promoting? How do these issue frames shape nursing organizations' policy advocacy actions? Is the policy advocacy work of nursing organizations adequate in informing changes at the individual, organizational, and systems levels? These questions provide both researchers and policy advocacy leaders with an opportunity to critically reflect on the unique role and position of nursing organizations in addressing these pressing and complex societal issues.

Approaches to Inquiry

The areas of inquiry identified above can be investigated using a variety of research methods and theoretical frameworks developed in the fields of nursing, social science, policy studies, and organizational studies. Future research related to policy advocacy undertaken by nursing organizations can be examined by focusing on different units of study. For example, researchers may choose to examine organizations' policy advocacy within the context of a single or on-going event (e.g., a political election, coronavirus pandemic), a process (e.g., decision-making process related to priority setting and advocacy strategies), a relationship (e.g., coalitions

within and beyond nursing), or a specific project or policy issue (e.g., mental health, primary health care, human resources of health, etc.).

While much of the extant research and non-research literature is focused on examining the policy advocacy work of a single organization, greater attention should also be placed on studying and comparing organizations across jurisdictions at the national and global level. Although some papers did compare nursing organizations with those of other disciplines, most focused internally within the profession. Consequently, there may be much to be gained from future investigations that explicitly compare nursing organizations' policy advocacy approaches against those of other disciplines. This would not only enhance our understanding of the similarities that exist irrespective of different contexts**,** but the aspects of policy advocacy that are more sensitive to change based on the various professional, social, political, and economic contexts.

Limitations

Only papers published in English were included given the lack of translation services available. Further, given the unclear reporting of methodologies in some research papers, and the sorting of non-research papers into categories developed by the author, a level of interpretation and judgement was required. Where there was a level of ambiguity, additional reviewers based on expertise were consulted to reach consensus. However, from the body of literature available, there is sufficient breadth and scope to understand the type of questions that nurses have been asking about the advocacy capacity of their organizations and the answers they are providing.

Conclusion

Policy advocacy is often accepted without question as a key function of many nursing organizations. As a result, it has not been subject to much critical examination or empirical

investigation. This review has provided an overview of the nature, extent, and range of scholarly work focused on examining policy advocacy undertaken by nursing organizations. The findings lay the groundwork for future areas of inquiry and suggest that a more focused and critically reflective body of knowledge is required to help challenge current approaches, identify areas for improvement, and offer new insights into how these institutions can best meet the needs of nurses, the public, and health systems. To continue to strengthen the policy influence of nursing globally for the betterment of our societies and health care systems, our focus must extend beyond the advocacy undertaken by individual nurses to ensure we effectively mobilize the capacity of nursing organizations to have optimal impact on policy, practice, and society.

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Table 3.1: *Search Terms*

Concept	Search Words and Strings
Concept 1: Nursing organizations	Nurs* adj2 (organization* or association* or union* or body or bodies or societ*)
Concept 2: Policy	((Nurs* or public or health* or healthcare or "health care" or social) adj2 (policy or policies or legislation or regulation* or law*))
Concept 3: Advocacy	Advoca* Politic* Lobbying

Table 3.2: Search Strategy Example from Medline Database

1. (Nurs* adj2 (organization* or association* or union* or body or bodies or societ*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms
2. exp Societies, Nursing/
3. ((Nurs* or public or health* or healthcare or "health care" or social) adj2 (policy or policies or legislation or regulation* or law*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
4. exp policy/ or exp public policy/ or exp health policy/
5. exp legislation as topic/ or exp legislation, drug/ or exp legislation, food/ or exp legislation, hospital/ or exp legislation, medical/ or exp legislation, nursing/ or exp legislation, pharmacy/ or exp medicare/
6. advoca*.mp.
7. exp consumer advocacy/ or exp patient rights/ or exp reproductive rights/ or exp right to health/ or exp right to work/ or exp social justice/ or exp women's rights/
8. politic*.mp.
9. exp politics/ or exp diplomacy/ or exp lobbying/ or exp political activism/ or exp stakeholder participation/
10. 1 or 2
11. 3 or 4 or 5
12. 6 or 7 or 8 or 9
13. 10 and 11 and 12
14. (editorial* or letter* or news* or interview*).pt.
15. 13 not 14

Figure 3.1: PRISMA Flow Diagram

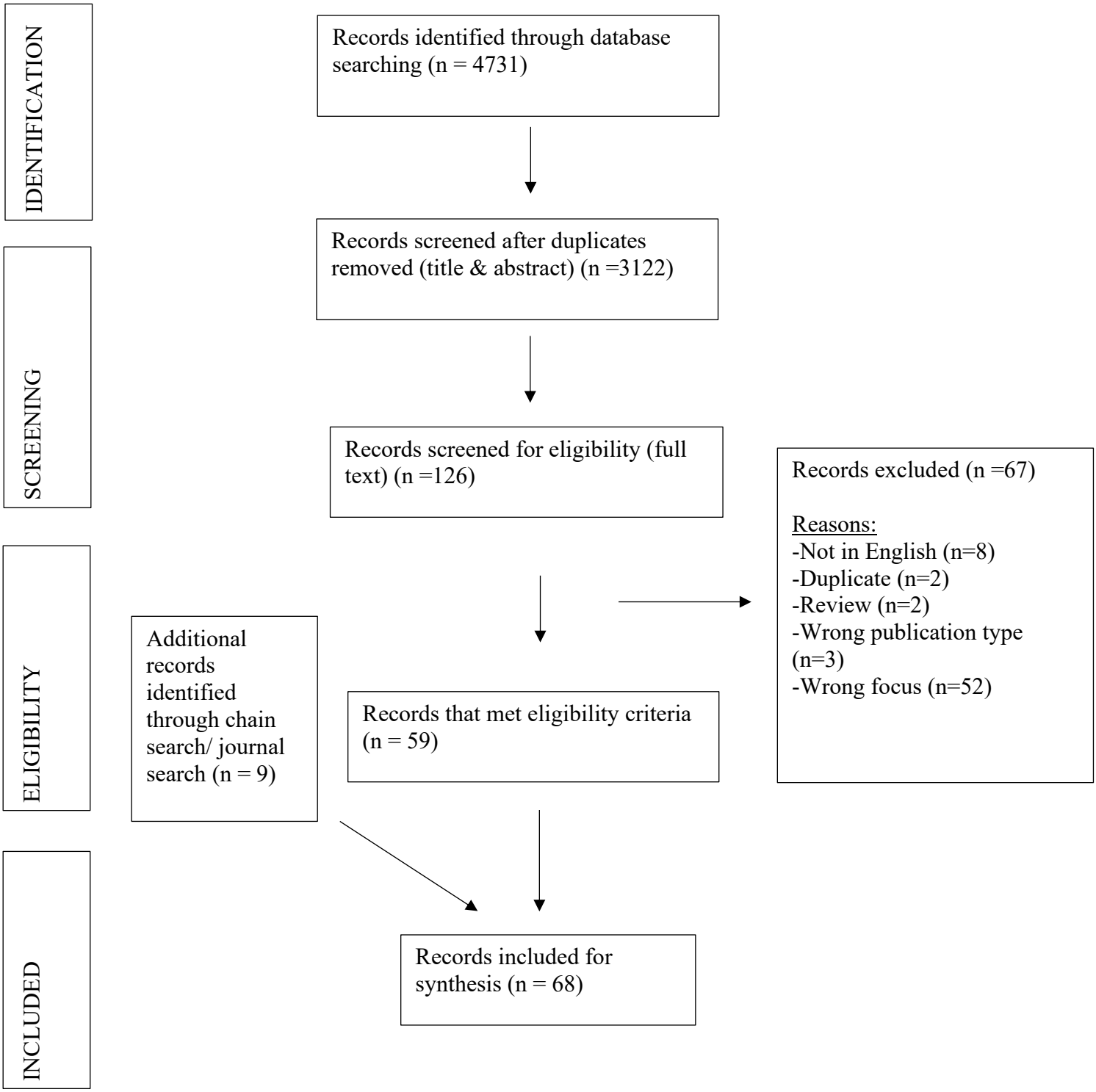

Table 3.3: Included Papers Characterized by Source, Time, and Location (n=68)

Characteristics	Categories	Included Papers n (%)
Source	Research	28 (41.2%)
	Non-Research	40 (58.8%)
Time	2010-2020	26 (38.2%)
	2000-2009	21 (30.9%)
	1980-1989	11 (16.2%)
	1990-1999	9 (13.2%)
	1970-1979	1 (1.5%)
Location (Geographic location of organizations discussed in each paper *)	United States only	43 (65.1%)
	Canada only	13 (19.7%)
	United Kingdom only	4 (6.1%)
	Multiple countries	4 (6.1%)
	Korea only	1 (1.5%)
	New Zealand only	1 (1.5%)

Note. *Two conceptual/ theoretical papers did not discuss any specific organization.

Table 3.4: Characteristics of Included Research Papers (n= 28)

Characteristics	Categories	Research Papers n (%)
Design/Method	Historical	12 (42.9%)
	Case Study	3 (10.7%)
	Mixed Methods	3 (10.7%)
	Media Analysis	3 (10.7%)
	Policy Analysis	2 (7.1%)
	Qualitative Descriptive	2 (7.1%)
	Critical Discourse Analysis	1 (3.6%)
	Environmental Scan	1 (3.6%)
	Systematic Website Review	1 (3.6%)
Time (By decade)	2010-2020	12 (42.9%)
	1980-1989	8 (28.5%)
	2000-2009	5 (17.9%)
	1990-1999	3 (10.7%)
Location (Geographic location of organizations discussed in each paper)	United States only	18 (64.2%)
	Canada only	7 (25.0%)
	New Zealand only	1 (3.6%)
	United Kingdom only	1 (3.6%)
	Multiple countries	1 (3.6%)
Jurisdiction of Nursing Organizations Discussed in Each Paper	National only	16 (57.1%)
	Provincial/ State only	7 (25.0%)
	Multiple jurisdictions (mix of above)	5 (17.9%)

Table 3.5: Summary of Included Research Papers (n=28)

Source	Design/Method	Country of Organizations	Jurisdiction of Organizations	Theoretical/ Conceptual Frameworks that Guided Study or Inquiry	Aim and Purpose
Baillie & Gallagher (2010)	Case Study	U.K.	National		Details findings from an evaluation of seven sites which where early adopters of the Royal College of Nursing's Dignity Campaign.
Birnbach (1982) *	Historical	U.S.	Provincial/ State		Investigates the earliest unified effort of five American state nurses associations' campaign for registration status.
Catallo et al. (2014)	Systematic Website Review	Multiple countries	Multiple (National and International)		Examines how international and national professional nursing associations engaged registered nurses in health policy activities, including policy priority setting, policy goals and objectives, policy products, and mechanisms for engaging nurses in policy issues.
Chiu et al. (2020a)	Historical	Canada	National	Bubble Theory and Spheres of Policy Influence Model (Shamian, 2014)	Examines the evolution of the Canadian Nurses Association's policy advocacy agenda over the past century.
Chiu et al. (2020b)	Media Analysis	Canada	Multiple (National and Provincial)	Bubble Theory and Spheres of Policy Influence Model (Shamian, 2014)	Examines Canadian nursing organizations' policy priorities and engagement during a federal election and proposes theoretical frameworks to study policy advocacy in nursing organizations.

Donovan et al. (2012)	Qualitative Descriptive	New Zealand	National	Stages of Nursing's Political Development (Cohen et al., 1996)	Examines the perceptions of policy and political leadership in nursing in New Zealand.
Fondiller (1980) *	Historical	U.S.	National		Examines the response of the National League for Nursing over two decades to the movement toward higher education in the United States.
Freitas (1986) *	Historical	U.S.	National	Social Exchange Theory (Blau, 1964)	Investigates the American Nurses Association's evolution relative to the development of power, the structural changes and their effect upon the organization's development of power, the use of power to influence acceptance of controversial issues, and changes that occurred within the organization to promote its power.
Gagnon & Hazlehurst (2020)	Environmental Scan	Canada	Multiple (National and Provincial)	Canadian Harm Reduction Policy Project (CHARPP) Framework (Hyshka et al., 2017)	Examines how nursing organizations have undertaken projects related to harm reduction and proposes ways that nursing organizations can strengthen their position on harm reduction.
Hall-Long (1995)	Case Study	U.S.	National		Examines the Tri-Council for Nursing's political strategies during the 1991 to 1992 reauthorization of the Nurse Education Act.
Hardy (1985) *	Historical	U.S.	National		Examines the development of the American Nurses Association legislative program from 1896 through 1984, the goals and strategies used to influence federal nurse training funding legislation from 1941 through 1984, and the results of these goals and strategies

Hardy (1988)	Historical	U.S.	National		Examines the American Nurses Association legislative policy for federal funding for nursing education between 1952 and 1972 and implications of that policy since that time.
Kelly (2008) *	Policy Analysis	U.S.	Provincial/ State		Examines the policies advocated by New York labor unions and provider advocacy groups, along with state government efforts toward solving the nursing shortage.
Kent & Liaschenko (2004)	Historical	U.S.	National		Examines how campaign contributions reflect organization values of nursing and medicine by analyzing the contributions made by the American Nursing Association's and the American Medical Association's political action committees (PAC) to candidates for the U.S. House and Senate from 1989 to 2002.
Leurer (2013)	Media Analysis	Canada	Multiple (National and Provincial/ State)	Policy Cycle	Examines the media advocacy efforts of nursing stakeholders in Saskatchewan, Canada in response to a new government policy that would have impacted educational requirements for licensure as a registered nurse (RN) in that province.
Lewenson (1989) *	Historical	U.S.	National		Investigates the tension between the politically conservative image of nursing presented in nursing literature and four professional nursing organizations' actual involvement in the suffrage movement.

MacDonald (2012) *	Case Study (comparative)	Canada	Multiple (National and Provincial)	Whole Systems Socio-Ecological Theory (Gunderson & Holling, 1995, 2002) and Institutional Theory (Scott, 1994; Szyliowicz & Galvin, 2010)	Examines factors that influenced three Canadian nursing associations' priority setting and policy advocacy for community environmental health (CEH).
Mosley (1996)	Historical	U.S.	National		Examines the contributions of the National Association of Colored Graduate Nurses and the National Black Nurses Association in advancing the standards of nursing and developing leadership within the ranks of Black nurses.
Rubotzky (2000)	Historical (Post-Modern Feminist Oral History)	U.S.	National		Examines the success of nursing in overcoming the impediments of tradition, organizing, and acting as an identifiable group, and speaking out with clarity as advocates for the health of American society.
Sampson (2009)	Historical	U.S.	Provincial/ State		Examines the New Hampshire Nurse Practitioner Association's involvement in negotiations over time for independent practice.
Saulnier (2003) *	Policy Analysis (critical)	Canada	Provincial/ State		Examines the construction and deconstruction of competing representations of problems that need to be addressed in the policy process, and whether new ideas about 'problems,' (i.e. federalism, health, policy, and evidence) can both promote and prevent the uptake of strategies aimed at affecting innovative changes.

Sharp (1994) *	Mixed Methods	U.S.	Provincial/ State	Model of the Political Process of Health - combination of systems theory and equilibrium theory (derived from Bentley, 1949; Easton, 1965, 1966, 1981; Merriam, 1934)	Examines the lobbying strategies used by lobbyists to influence the independent practice of physical therapists and prescriptive authority for licensed nurse practitioners.
Taylor (2016)	Mixed Methods	U.S.	Provincial/ State	Social Cognitive Theory (Bandura, 1986)	Examines the key qualities of advocacy initiatives of two regional nursing associations that motivate nurses to sustain momentum in public policy advocacy beyond a single episode.
Valderama-Wallace (2017)	Critical Discourse Analysis	U.S.	National		Examines conceptualizations of social justice and connections to broader contexts in the most recent editions of the American Nurses Association's Code of Ethics, Scope of Practice, and Social Policy Statement documents.
Waddell (2019)	Qualitative Descriptive	U.S.	National	Conceptual Model of Nursing and Health Policy (CMNHP) (Russell & Fawcett, 2005) and Culture of Health Action Framework (CHAF) (Robert Wood Johnson Foundation, 2015)	Examines Facebook and Twitter content associated with three United States national nursing organizations during the month preceding the 2016 United States presidential election.

Whyte & Duncan (2016)	Media Analysis	Canada	National	Bubble Theory and Spheres of Policy Influence Model (Shamian, 2014)	Examines the methods and messages developed by national nursing organizations to communicate their policy platforms and their strategies for member and public engagement during a federal election.
Woods (1989) *	Historical	U.S.	National	Model of Organizational Culture (Schein,1986)	Examines the evolution of the position of the American Nurses Association on government health insurance for the aged between 1933 and the enactment of medicare in 1965, as well as the relationship of that position to the association's organizational culture.
Young (1983) *	Mixed Methods	U.S.	Provincial/ State	Three models of professionalization (Attribute, Competition and Political Model of Professionalization)	Examines organized nursing's efforts, during the 1970's and on, to gain autonomy and change legal definitions of nursing practice in fifty states, to provide for expanded services of nurse practitioners and other nurse specialists.

Note. ***** Indicates papers that are dissertations/theses.

Table 3.6: Characteristics of Included Non-Research Papers (n= 40)

Characteristics	Categories	Non-Research Papers n (%)
Type of Non-Research Papers	Case Example	21 (52.5%)
	Analytical	13 (32.5%)
	Descriptive	4 (10.0%)
	Theoretical/ Conceptual	2 (5.0%)
Time (By Decade)	2010-2020	14 (35.0%)
	2000-2009	16 (40.0%)
	1990-1999	6 (15.0%)
	1980-1989	3 (7.5%)
	1970-1979	1 (2.5%)
Location (Geographic location of organizations discussed in each paper) *	United States only	25 (65.8%)
	Canada only	6 (15.8%)
	United Kingdom only	3 (7.9%)
	Multiple countries	3 (7.9%)
	Korea only	1 (2.6%)
Jurisdiction of Nursing Organizations Discussed in Each Paper *	National only	26 (68.4%)
	Provincial/ State only	10 (26.3%)
	Multiple jurisdictions (mix of above)	2 (5.3%)

Note. *Two theoretical and conceptual papers make no mention of a specific organization

Table 3.7: Summary of Included Non-Research Papers (n= 40)

Source	Type of Non-Research Paper	Country of Organizations Discussed	Jurisdiction of Organization	Aim and Purpose
Baumgart (1993)	Case Example	Canada	National	Describes the Canadian Nurses Association's advocacy for quality health care.
Bednash (2015)	Analytical	U.S.	National	Describes the valuable work done through the TriCouncil between 1977-2014 for nursing's shared commitment to collaboration.
Bekemeier & Butterfield (2005)	Analytical	U.S.	National	Critically reviews the American Nurses Association's Code of Ethics for Nurses with Interpretive Statements, Nursing's Social Policy Statement, and Nursing: Scope and Standards of Practice to examine content related to social justice, and to critique them for their support of nursing responsibilities aimed at achieving broad health outcomes attained through social reform.
Betts (1996)	Case Example	U.S.	National	Describes nursing's participation in health care reform debate from 1991-1994, with emphasis on the American Nurses Association, TriCouncil of Nursing, and the Nursing Organization Liaison Forum.
Birnbach & Orr (1993)	Case Example	U.S.	Provincial/State	Describes the strategies that the New York State Nurses Association used to influence the policymakers on issues important to professional nursing, specifically the shortage of nurses.
Blackwell (2008)	Analytical	Multiple	National	Explores the historical perceptions of homosexuality as psychiatric pathology, efficacy of conversion-based therapies in the changing of clients' homosexual orientations to heterosexual, positions of professional medical and nursing organizations regarding the use

				of conversion therapies, and ethical considerations these types of therapies pose for psychiatric and mental health nurses.
Bowman (1973)	Theoretical/ Conceptual	N/A	N/A	Describes how professional nurse organizations may apply political group theory.
Brekken & Evans (2011)	Case Example	U.S.	Provincial/State	Describes the strategies used to achieve success when opening nurse practice acts.
Cho & Kashka (2004)	Case Example	Korea	National	Reviews the changes to community health nursing in Korea with the aim of describing the evolutionary process that culminated in a community health care system that is meeting the needs of Korean citizens who live in rural and isolated areas.
Dick et al. (1986)	Case Example	Canada	National	Chronicles the political activity of the Canadian Nurses Association and its role in lobbying and influencing the guiding legislation for Canada's national health insurance system.
Eaton (2012)	Case Example	U.S.	Provincial/State	Describes how the Virginia Nurses Association addressed the nursing faculty shortage by introducing legislation to improve faculty salaries and promote nursing education
Fyffe (2009)	Case Example	Multiple	National	Discusses how nursing as a profession in the United Kingdom is developing its role in shaping and influencing policy using lessons learnt from a policy study tour undertaken in the United States of America.
Green et al. (2004)	Case Example	U.S.	Provincial/State	Describes a successful collaborative endeavor by organizations within Texas to address the nursing shortage, with emphasis on the strategic planning process for the development and passage of legislation, the content of the legislation, and a 2-year summary of the impact of the legislation on the Texas nursing education infrastructure.

Hansen-Turton et al. (2009)	Case Example	U.S.	Provincial/State	Describes how advanced practice nurses in the state of Pennsylvania were able to successfully advocate for nursing-related legislative reforms and the years of advocacy conducted by a broad coalition of nurses, which paved the way for the Prescription for Pennsylvania's reforms.
Hundemer & Durando (2014)	Case Example	U.S.	Provincial/ State	Describes how the California School Nurses Association successfully guided a bill to improve the student-to-school nurse ratio, into law.
Jones (2004)	Case Example	U.K.	National	Discusses the approach taken by the Royal College of Nursing and its key members in policy formulation and influence related to nurse prescribing.
Keepnews (2011)	Analytical	U.S.	National	Discusses aspects of the profession's record on issues related to lesbian, gay, bisexual and transgender (LGBT) health and equality in the United States, focusing on civil rights, military discrimination, and human immunodeficiency virus/AIDS.
Kenner (1995)	Case Example	U.S.	National	Describes the concept of, and need for political action, and the role that professional organizations (with focus on the National Association of Neonatal Nurses) can play in the process by using examples related to health care reform.
Kishi & Green (2008)	Case Example	U.S.	Provincial/State	Describes statewide efforts to address the nursing shortage in Texas including strategies for positively affecting the legislative, regulatory, and health policy processes related to nursing workforce development.
Koehn (2020)	Case Example	U.S.	Multiple (National and Provincial/ State)	Describes and analyzes the policy process through which nurses, individually and organizationally collaborated and advocated to

				address issues by triggering local, state, and national action by stakeholders.
MacDonald et al. (2012b) *	Theoretical/ Conceptual	N/A	N/A	Proposes a conceptual framework to guide research to understand whether and how nursing associations take action for community environmental health.
Madler et al. (2014)	Case Example	U.S.	Provincial/ State	Describes how nurse practitioners in the state of North Dakota used strategic policy actions to obtain independent prescriptive privileges.
Matthews (2012)	Descriptive	U.S.	National	Reviews the history of professional nursing organizations, and their role in advocating for the nursing profession and for nurses as outlined in the American Nurses Association's Code of Ethics for Nurses with interpretive statements.
Miyamoto & Cook (2019)	Analytical	U.S.	National	Examines how collaboration at the micro and macro level in nursing can advance the United Nations' sustainable development goals, with the Nursing Community Coalition as an example.
Nicholas & Breaky (2017)	Analytical	Multiple	National	Discusses social justice issues associated with climate change and human health, and the work of nursing organizations on this topic.
O'Brien (2003)	Case Example	U.S.	National	Discusses the history of nurse practitioners, their efforts to achieve provider status, and lessons learned from their activism.
Reifsnider (1992)	Analytical	U.S.	National	Reviews the American Nurses Association and National League for Nursing's Agenda for Health Care Reform, a blueprint for restructuring the health care system, within the framework of ethical theory of distributive justice.

Rieger & Moore (2002)	Descriptive	U.S.	National	Reviews the role of professional organizations in advocacy, specific to cancer related policy and political issues using the Oncology Nursing Society as a paradigm.
Rowell (2003)	Descriptive	U.S.	National	Describes the documents and activities of the American Nurses Association that promote patient safety.
Sattler (2003)	Case Example	U.S.	National	Chronicles a 10-year-old movement that has affected policies on both micro and macro levels and nationally and internationally to improve the environmental health status of the health care industry.
Silva (1983)	Analytical	U.S.	National	Analyzes the American Nurses Association's position statement on nursing and social policy.
Thomas et al. (2004)	Case Example	U.K.	National	Presents a case history of the process followed by a group of nurses who used their power and influence to improve the provision of continence services within the National Health Service in England.
Villeneuve & Betker (2020)	Descriptive	Canada	National	Describes the history of health system development and reform, considers nursing policy and advocacy in the 21st century, and offer examples of nurse-led solutions from Canadian nurses and the Canadian Nurses Association to build, overhaul, and improve health systems and influence health policy.
Vogelstein (2016)	Analytical	U.S.	National	Argues that professional healthcare organizations such as the American Medical Association and American Nurses Association ought not to take controversial stances on professional ethics.

Welchman & Griener (2005)	Analytical	Canada	Multiple (National and Provincial/ State)	Argues that nursing associations' withdrawal from advocacy for patient care issues is detrimental to nurses and patients.
White (1999)	Analytical	U.S.	National	Examines the American Nurses Association's published position on assisted suicide and argue that the association's absolute prohibition of assisted suicide is misguided.
White (1983)	Analytical	U.K.	National	Examines the pluralist nature of the nursing society and highlights the different and often conflicting objectives of the several interest groups; using the Royal College of Nursing as an example of how these difficulties were dealt with during 1948-61.
Whyte & Stone (2000)	Case Example	Canada	Provincial/State	Describes the work of one provincial nursing association – the Registered Nurses Association of British Columbia to promote primary health care as the foundation of the health care system.
Wieck et al. (2004)	Case Example	U.S.	Provincial/State	Describes how a collaborative model of action was used to influence statewide rules and regulations through a Texas state-based initiative to improve the work environment by incorporating the American Nurses Association staffing principles.
Wilmot (2012)	Analytical	Canada	National	Examines two editions of the Canadian Nurses Association's discussion document on social justice, and particularly its emphasis on the principle of equity. The paper considers whether a coherent justification can be made for the CNA's espousal of equity.

Note. *This paper was a component of MacDonald's (2012) dissertation, which has also been categorized under research papers.

Chapter 4: Designing and Conducting an Interpretive Description Study

Introduction

In chapter three, I presented several research gaps within the discussion section of my scoping review and suggested that these areas of inquiry could be explored using a wide range of study designs and methodologies. To advance this research agenda, I undertook an interpretive description study to examine how professional nursing associations engaged in policy advocacy during the COVID-19 pandemic. In this chapter, I discuss and reflect on how I designed and conducted that empirical study for the purpose of laying the foundation for the findings presented in chapter five.

Background

Nursing research has evolved over the years, and the adoption of qualitative research beyond quantitative approaches has signaled the recognition of an alternate paradigm available for examining a wide range of phenomena (Thorne, 2013). While many nursing scholars have conducted and continue to conduct qualitative research using methodologies developed within the social sciences, modifications have been required to align with the unique questions of concern for nursing and nurses. Interpretive description (ID) was developed as a methodological underpinning to research for the purposes of providing a mechanism to explore questions relevant to applied practice (Thorne, 2016). It shifts from traditional qualitative methodologies such as phenomenology, grounded theory, and ethnography as these approaches have been critiqued to be less compatible with the pragmatic questions asked by applied and practice disciplines (Thorne, 2016).

As suggested by Hunt (2009), while there is ample methodological guidance for researchers who are interested in adopting traditional qualitative methodologies, the range of literature focused on ID is noticeably small in comparison. Although many researchers have taken up ID as both a method and logic to investigate a wide variety of topics, much of the existing scholarship focuses on phenomena that are of interest to clinical practice, with few exemplars situated within other domains such as policy. In this chapter, I offer insights and considerations for designing an ID study grounded in nursing's disciplinary epistemology in the policy context. The example discussed within this chapter is based on my dissertation study (presented in chapter five) focused on examining professional nursing associations' policy advocacy response to the COVID-19 pandemic. Specifically, I provide a brief overview of ID; consider the factors that influenced formulation of my research questions; outline my rationale

for choosing ID as a method; explore my design and analytic choices; and reflect on how I maintained rigor.

Interpretive Description

ID is a 'non-categorical' qualitative research approach that focuses on producing knowledge for applied practice. Research endeavours that employ ID as a methodology are developed in a naturalistic context that values subjective and experiential knowledge, seeks an understanding of the general and the particular, and acknowledges the potential for multiple realities to exist (Thorne, 2016). Rather than offering a prescriptive method for conducting research, ID encourages researchers to draw on their disciplinary epistemology as the logical foundation to guide inquiry. In general, ID aligns with an interpretive naturalistic orientation which suggests that there are multiple constructed realities that can be examined in a holistic manner; the knower and known are inseparable and influence one another; and no *a priori* theory can encompass the multiple realities that will be encountered (Lincoln & Guba, 1985; Lincoln, 2007). However, while this approach to research gravitates toward an interpretive naturalistic context, it does not pledge allegiance to one single philosophical paradigm or interpretive framework. Rather, it draws on the researcher's disciplinary epistemology as the philosophical underpinning for the purposes of establishing a coherent logic in the process of knowledge production.

Developing the Research Question

In any study, the research question(s) should drive which methodology is taken up, and it is important to be mindful of the manner in which questions are framed. As suggested by Thorne (2016), questions that align with ID go beyond generic qualitative description, avoid language that implies causation and explanatory pretensions, and side-step signifiers that have become

firmly associated with traditional qualitative methodologies. Within the context of applied and practice disciplines such as nursing, one of the key reasons for conducting research is to develop knowledge to inform practice as opposed to pure theorization. My empirical study presented in chapter five focused on examining how leaders within professional nursing associations engaged in policy advocacy to respond to the COVID-19 pandemic, where I asked the following question: *what can be learned from professional nursing associations' policy advocacy response during COVID-19?*

When framing my research question, I drew on my disciplinary (nursing) epistemology which values both commonalities and variations through subjective and experiential knowledge; recognizes that human experience will always possess infinite variation; and sees value in engaging in research to inform practice (Thorne, 2014). This allowed me to avoid framing questions in the manner of "what is *the lived experience* of those leading nursing organizations' policy advocacy response to COVID-19" or "what is *the process* of nursing organizations' policy advocacy work", which might signal the philosophical standpoint that there is one single universal experience or process 'out there', and fails to position the inquiry within the context of praxis. In addition to my main research question, I developed sub-questions to inquire about organizations' policy priorities and advocacy strategies, decision-making processes, facilitators and barriers, and evaluation processes. These questions were informed by a combination of theoretical ideas, professional experiences, and my understanding of the current state of literature.

Rationale for Using ID

I drew on ID to design my study and as a methodological underpinning. Different research approaches lead to different kinds of knowledge, and the selection of a methodological

approach should be grounded in researchers' understandings of what their disciplines are interested in looking for, and why it is worth seeking (Thorne, 2016). As a nurse, I understood the importance of carefully attending to both objective and subjective information, understanding both the general and the particular, and producing knowledge for action. Although other qualitative methodologies have value in answering questions that are of interest to disciplines such as nursing, a key limitation is that they are often silent on the importance of applying that knowledge, while applied methodologies recognize that action is being taken to address a problem and engage explicitly to develop knowledge to inform action. As suggested by Thorne (2016), qualitative nursing inquiry should involve a normative moral imperative, where the problem being studied can be justified based on the premise that it is a phenomenon that should be improved on. Within the context of my study, the moral imperative was that professional nursing associations play a pivotal role in ensuring the nursing profession meets its social mandate, and advancing this mandate requires a greater understanding into how policy advocacy is conducted within this context. Given that my goal was to generate knowledge that can be useful to inform the future policy advocacy work of professional associations, ID offered the best guidance for developing knowledge to inform action. In addition, because I was interested in investigating several areas of focus (e.g., policy, advocacy, nursing organizations), ID provided me with the necessary logic to draw on a variety of design options and theoretical lenses simultaneously, without the requirement of adhering to one singular theoretical framework at the outset.

Theoretical Scaffolding

ID is not a prescriptive method that outlines rigid steps and processes that must be adhered to. While it invites researchers to borrow specific data gathering or analysis techniques

and designs from other methodologies, the attention is placed on articulating the disciplinary epistemology and theoretical positioning of the researcher and using that as a logic to justify design choices (Thorne, 2013). Given that ID studies are geared towards generating knowledge for applied practice rather than solely theorizing, the method promotes the idea of theoretical scaffolding, which requires researchers to be explicit about how philosophical and theoretical perspectives, ideas within the literature, disciplinary perspectives, and personal experiences influence a study's design logic (Thorne, 2016). In this section, I discuss components within my theoretical scaffolding and how it influenced my design logic.

Nursing's Disciplinary Epistemology

The epistemological orientation of the nursing discipline is unique compared to other disciplines in several ways and key aspects that informed my design choices included: valuing both subjective and objective forms of knowledge, appreciating commonalities and variations, recognizing nursing as a practice discipline, and appreciating the infinite variation in human experience. My interest in understanding the decision-making of those leading the policy advocacy work of professional nursing associations acknowledged that decisions were informed by both evidence and other forms of knowledge that are more subjective in nature. Similarly, my interest in examining both the commonalities and variations that exist across nursing organizations was heavily influenced by an understanding that a nursing epistemological orientation values both the general and the particular. Given the recognition that variation in human experience will always exist under a nursing epistemology, the goal of my study was to uncover lessons that could be useful in informing future policy advocacy work undertaken by those leading the policy advocacy work of nursing organizations within the context of a global

pandemic, rather than landing on a single universal truth claim to prescribe or predict what future policy advocacy responses should or could look like.

Literature Review

The rationale for studying a specific phenomenon using a qualitative approach should be justified based on the premise that themes or patterns of the phenomenon have not been well documented, subjective or experiential elements may not have been fully reported, or links between elements have not been fully made (Thorne, 2016). Prior to the study, I conducted a scoping review (presented in chapter three) to examine the nature, extent, and range of scholarly work focused on nursing organizations and policy advocacy (Chiu et al., 2021). Based on this review, I learned that the amount of scholarship focused on policy advocacy and nursing organizations has increased steadily over the years, with the majority being non-empirical papers describing the policy advocacy work of nursing organizations at the national level. Where empirical studies exist, the majority consists of historical research. While the findings within this literature review suggested that nursing organizations' policy advocacy work has been studied and reported on, it did not enable me to fully understand the complexities that exist across organizations. However, findings from the review did provide me with a good working knowledge of the current state of literature. It not only influenced the key areas of investigation within my study but supported me to situate my findings within the larger body of work during data analysis and interpretation.

Theoretical Ideas

Whereas many traditional qualitive methodologies often encourage researchers to either adopt a single theoretical framework or enter with a 'blank slate', entering an ID study in this manner is incongruent with the way in which researchers in the applied and practice disciplines

view the world (Thorne, 2016). Rather, ID encourages researchers to be aware of the multiple theoretical ideas that they may bring into a study and reflect on how those ideas may inform data collection, analysis, and interpretation. One of the key areas of inquiry within my study was to investigate the factors that influenced the process of decision making of those working within professional nursing associations as it related to their policy priorities and advocacy strategies. As a result, I drew on multiple theoretical ideas from different fields including descriptive decision theory (Matteson & Hawkins, 1990), policy theories (Walt & Gilson, 1994; Shiffman & Smith, 2007; Shiffman et al., 2016), advocacy theories (Coffman & Beer, 2015; Jenkins-Smith et al., 2018; Start & Hovland, 2004), and institutional theory (Scott, 2013). These theoretical ideas not only shaped my research questions, but I used them to inform my analysis and interpretation.

Personal Experiences

As suggested by Thorne et al. (2016), nurses inherently enter their research informed by knowledge drawn from their professional practice. I brought my experiences as an individual who was a member of three provincial professional nursing associations, worked in policy and professional practice roles in two professional nursing associations, and was highly involved with nursing organizations both nationally and globally. These experiences influenced the study in several ways due to my knowledge and assumptions of internal and external factors that influence decision-making, understandings of the role of professional associations, and knowledge about the historical, political, economic, and social factors that continue to shape professional nursing associations.

Study Design

Sample

ID can be conducted on samples of almost any size, and decisions should be guided by several factors such as the knowledge needed, the options available for getting as close as

possible to that knowledge, and the ability to conduct the study ethically. It is reasonable to propose sample sizes based on what is likely to allow for a beginning consideration of the probable commonalities as well as instances where variations may present (Thorne, 2016). I employed purposive sampling as a strategy for selecting professional nursing associations. This involved recruiting organizations based on the acknowledgement that they could provide unique perspectives on my topic of interest (Creswell & Poth 2018; Thorne, 2016). As a result, I selected organizations based on the criteria that they were professional nursing associations (i.e., not unions or regulators), member-driven, governed by a board of directors, and engaged in policy advocacy during the COVID-19 pandemic. I also recruited organizations at the local (e.g., provincial/state level), national (e.g., country level), and international level (e.g., organizations that represent members from multiple countries). This was informed by my observations of their level of policy advocacy activity during the COVID-19 pandemic as illustrated on their websites and social media channels. Further, I did not restrict the selection of professional nursing associations based on nursing designation.

The idea of selecting 'comparable' organizations was not my focus, as variation was as much of an interest as the commonalities. While it is unlikely that the organizations chosen were representative of all professional nursing associations, representation was not my goal. Rather, I selected organizations based on variation. My sampling decisions were also influenced by the concept of information power (Malterud et al., 2016), which took into consideration the aims of my study, the specificity of research questions, the degree to which specific nursing organizations engaged in policy advocacy work related to COVID-19, the knowledge and experiences of key informants, and my analysis strategies. Each organization was treated as a

unique case for the purposes of data collection and analysis. I aimed for a minimum of three organizations and identified 'back-up' organizations as a contingency plan.

I also used purposive sampling to select key informants within each organization. I aimed to interview one to three key informants from each organization to ensure that the perspectives of those who had the deepest knowledge were captured. Given that there may have been a need for more key informants in the case that some study participants were poor informants, or where additional informants were identified as having greater knowledge about a specific topic, I identified theoretical sampling as an option to further investigate topics or questions that arose during the iterative phases of data collection and analysis. However, the rich data produced through interviews and organizations' document did not require further theoretical sampling.

Recruitment and Gaining Access

To recruit and gain access, I established contact with an individual at each organization (CEO or President), who determined access into the organization. Through email, I invited each organization to participate and provided an information study letter with the opportunity to further discuss the study. The main contact was asked to forward the invitation to those in their organization that could best speak to their policy advocacy work during COVID-19 and to inform me of their interest in participating in the study.

Data Collection

Interviews

I used semi-structured interviews as the main source of data as they were the most appropriate in helping me surface multiple co-existing interpretations and realities about my research questions. Interviews were particularly useful in investigating the commonalities and differences across organizations. Prior to conducting each interview, I scanned organizations'

documents and audiovisual materials to get a sense of their policy priorities and advocacy strategies in order to inform my follow up and probing questions. Given the focus on each organization as a unit of study, organizations that identified more than one key informant were provided with the option of being interviewed together in the form of dyads or triads (Morgan et al., 2013; Polak & Green, 2016). I considered this as an option due to my goal of seeking an organizational perspective. In total, I conducted five interviews – three in the form of dyads and two in the form of one-to-one (a total of eight key informants across four organizations). This approach provided me with the ability to capture shared accounts of the phenomenon, generate richer and more detailed accounts given the opportunity for participants to prompt one another, and step back and allow key informants to co-construct their version of the research topic (Morgan et al., 2013; Polak & Green, 2016). While I recognized that a potential limitation was the risk of key informants silencing each other, I determined that this was unlikely given that participants were selected based on their collaborative teamwork in strategizing and operationalizing the policy advocacy work of their organizations. However, to address potential issues with power dynamics, I provided participants with the option of being interviewed individually or together as well as the opportunity for individual follow-up if the latter approach was taken.

I conducted interviews virtually and recorded them through Zoom due to COVID-19 precautions and the range of organizations in different jurisdictions. The rise in the use of communication technologies during the pandemic created both challenges and opportunities for conducting research. Some advantages noted in the literature include convenience, cost-effectiveness, flexibility, extended reach and inclusivity, and the ability for participants to be interviewed in locations of greatest comfort; documented challenges include technical

difficulties, unreliable internet connections, and interruptions depending on the location of the participant (Archibald et al, 2019; Oliffe et al., 2021). Some of these advantages and disadvantages resonated with my own experience.

Interviews allowed me to target and focus on my study topic to generate rich insights, explanations, and personal views (Yin, 2018). While a disadvantage of interviews as a data source includes the potential for bias due to poorly worded questions, response bias, and poor recall (Yin, 2018), I employed measures such as reflexivity and an interview protocol to help mitigate these concerns. I developed interview questions based on my key areas of inquiry as informed by my theoretical scaffolding, and developed probing questions based on an initial scan of organizations' policy advocacy work throughout COVID-19 – specifically in relation to their policy priorities, messages, and advocacy strategies. I engaged in reflection after each interview, created memos, and refined the interview questions as required.

Documents and Audiovisual Material

Beyond interviews, I also drew on other forms of data including documents and audiovisual materials to uncover and corroborate information related to organizations' policy priorities and messages, advocacy strategies, and decision-making processes as gathered from my interviews. Documents of interest were largely available to the public through organizations' websites and mass media (e.g., policy briefs, media releases, blogs, reports), while access to internal documents (e.g., strategic or operational documents) required negotiation with organizations. Given the context of COVID-19, many professional nursing associations engaged in advocacy and used a wide range of virtual communication platforms such as webinars, presentations, and media interviews. Similar to documents, I drew on these data sources primarily for the purpose of corroborating data from interviews and informing my interview

questions. Many organizations developed a plethora of documents and audiovisual materials over the course of the pandemic. To address this, I employed convenience sampling and asked participants to suggest which materials were most useful in further understanding their policy priorities and advocacy strategies. The number of products produced by organizations varied depending on their individual contexts (e.g., resources, jurisdiction, need, etc.) as well as their willingness to share internal documents. As a result, the number of documents analyzed for each organization ranged from 10 to 33.

Data Analysis and Interpretation

My data analysis process involved data reduction, data display, and the establishment and verification of conclusions (Miles et al., 2014). Specifically, I followed the common steps used in qualitative data analysis outlined by Creswell and Poth (2016), with further analytic choices informed by ID (Thorne, 2016).

Prepare and Manage Data

I first organized the data into digital files using a file naming system. I saved interview transcripts and documents in separate folders for each organization to allow for within case analysis. I reviewed the transcripts against each video recording and cleaned the data for accuracy. This stage involved "playing" around with the data to uncover initial patterns, insights, and concepts (Yin, 2018). I read and reviewed the interview transcripts in their entirety several times to develop a sense whole. During this initial review, I created memos to capture my reactions, thoughts, and ideas which helped me identify the specific components within the data to extract and analyze based on my research questions. When reviewing the documents produced by organizations, I created memos to capture my thoughts and identified which of my research questions they could help answer after reflecting on each source. I used the following questions

to guide my review of documents: What is it? Why, when, how, and whom was it produced for? What meanings does the material convey? (Creswell & Poth, 2016; Grbich, 2013). My memos created a digital audit trail which was used later as a validation strategy.

Sort and Organize Data

When sorting and organizing the data, my primary goal was to know the data intimately, consider emerging similarities and differences, and to identify what was meaningful or not within the whole data set (Thorne, 2016). As a result, I avoided excessive coding at the outset to ensure that I could see beyond the codes and develop alternate perspectives. Given the scale of the project, I imported interview transcripts and documents into Quirkos –a qualitative data management software used to sort and organize data. I first created preliminary 'buckets' based on my sub-questions to sort the data and to examine what was potentially thematically related. This involved developing a few broad codes and later expanding on them as analysis continued. By grouping data that was potentially thematically related, it allowed me to examine the data as a whole and consider relationships that may or may not have existed. As the initial coding of interview transcripts progressed, I applied some of these codes to the content extracted from documents. However, I also developed new codes when content from documents were not captured in the interview transcripts. During this process, I reflected on my memos continuously.

I engaged in data collection and analysis concurrently using a constant comparative analysis approach (Glaser & Strauss, 1967). This approach allowed me to identify patterns within and across cases. Given that I was interested in understanding the commonalities and variations among organizations, I completed within case analyses first, followed by cross-case comparisons (Yin, 2018). Descriptive codes that I generated from individual cases were constantly compared against each other to examine the similarities and differences, and potential

relationships that may have existed. During this process, I drew on guidance provided by Miles et al. (2014) and created a data display matrix to display and analyze the data across cases.

Develop and Assess Interpretation

With the use of this data display matrix, I reflected on and interpreted the data iteratively and sought to move from identifying components within the data that were self-evident to what was previously not apparent, and what was similar and different (Thorne, 2013). This stage involved moving away from the initial organizing structure that I created using my sub-questions (i.e., the data display matrix) and examining the data across cases to develop categories and themes inductively. This also required me to constantly shift my focus between my sub-questions and overarching research question. As opposed to solely labelling findings as themes that 'emerged' from the data, ID requires the researcher to carefully interrogate what data are meaningful or not, which is informed by the researcher's theoretical scaffolding and research goals. To do this, I asked myself the following questions during data interpretation: What am I seeking to answer? What am I seeing? Why am I seeing that? What am I not seeing? What do they tell me about the whole? (Thorne, 2016).

I also drew on Srivastava and Hopwood's (2009) reflexive framework during analysis and asked myself the following questions: What does the data tell me? What do I want to know? What are the opposing relationships between what the data are telling me and what I want to know? As suggested by Thorne (2016), "the researcher is not simply a vehicle through which study participants speak, but an interpretive instrument of making sense among cases to uncover insights that would not normally be accessible to you if you were only familiar with any single case" (p.175-176). This stage required a high level of reflexivity, which I documented as part of

my audit trail. During data analysis and interpretation, I drew on components identified within my theoretical scaffolding to inform the development of categories and themes.

Through this process, I created two potential drafts of organizing structures, each with different categories and themes as a way to reflect on the best way to interpret and present the data. When selecting the most appropriate organizing structure for my thematic summary, I considered the impact that I wanted the findings to have on my target audience and the ability for the organizing structure to generate nuanced and new thinking about the phenomenon. After selecting the organizing structure, I brought my tentative interpretations back to the research participants in the form of a summary to provide them with the opportunity to reflect, comment, and elaborate on whether these initial interpretations resonated with them (Thorne, 2016). I asked participants to comment on whether the findings surprised them, whether there was anything missing from what they communicated during the interviews, whether anything expressed in the summary misrepresented a situation from their perspective or that of their organization, and whether they had any additional thoughts or reflections. By reviewing their responses, I was able to determine whether there were additional areas requiring further data collection, understand what was self-evident or not, and assess the impact of these initial findings on research participants' understanding and experiences.

Concluding Data Collection

Within the context of qualitative research, researchers often use the notion of saturation to justify that there is sufficient data to represent the phenomenon truthfully and fully; at which point a level of credibility is achieved. However, taking into consideration nursing's disciplinary epistemology within the context of research for applied practice, credibility has less to do with data saturation and more to do with whether a researcher has collected sufficient data with

adequate relevance, richness, and depth to represent the phenomenon and to answer their research question (Thorne et al., 2016). In this sense, credibility can be demonstrated by "the articulation of what one has been able to discern on the basis of the exposures one has achieved (or not achieved) through the research process" (Thorne, 2016, p.107). Malterud et al. (2016) express a common sentiment and suggest that within the context of exploratory studies, the purpose is not to obtain a complete description of all aspects of a phenomenon, but rather to capitalize on the insights offered in a study to challenge or contribute to our current understandings. Taking this into consideration, I drew on three overarching questions to assess whether I had sufficient data to conclude data collection.

Question #1: Is There Adequate Information Power Within the Data?

Applied researchers are rarely concerned with developing a theory that is so coherent that it outshines pre-existing theories in explaining the fundamental nature of social processes (Thorne, 2020). Rather, the purpose of qualitative research within the applied practice context is to generate findings that have the capability of adding new richness and perspectives for understanding the phenomenon at hand. As opposed to being fixated on the number of events or ideas of perceived fullness, what is more important is determining whether the sample has provided coherent data to establish adequate and information-rich accounts (Malterud, 2012). An adequate sample size is one that has enough rich information to answer the research question sufficiently (Fawcett & Garity, 2009).

I also drew on Malterud et al.'s (2016) concept of information power to inform my decisions around data sufficiency. The level of information power within a sample is determined by assessing how broad or narrow the aim of a study is, the specificity of experiences and knowledge of participants; the use of theory, the quality of interview dialogue, and the strategies

chosen for analysis (e.g., single or cross-case). As opposed to focusing on an arbitrary number of participants who may be required to reach saturation, I considered how different contexts lead to varying levels of information power. Within the context of my study, given that I had clearly identified the aims within my study, drawn on a wide range of theoretical ideas, involved participants that were highly specific for the study aim, and engaged in strong interview dialogues, I was confident that the data contained an adequate level of richness and depth to answer my research questions compared to a situation where the conditions were the opposite.

Judging the quality and depth of data requires the researcher to understand the wide range of factors that influence information power, and by considering these factors, I was able to think beyond the notion of information redundancy. Factors such as the research design, sampling procedures, and relative frequency of the phenomenon being explored all need to be considered (LoBiondo-Wood & Harber, 2014). Ultimately, decisions about whether there is sufficient data to reach credible findings depend on the adequacy of the sample, quality of data, and variability of relevant events (Malterud et al., 2016).

Question #2: Is There Adequate Variation and Complexity?

Building on the first question, I assessed whether the data I collected provided enough variation and complexity to offer a meaningful contribution to the ways in which the phenomenon could be understood; capturing both the commonalities and variations. Within the context of applied qualitative research, the researcher has a pivotal role in generating findings as the interpreter. To capture variation and complexity, I drew on several techniques such as prolonged engagement with and persistent observation of the data, engagement with the literature and experts, and data triangulation to analyze the data rigorously (Cypress, 2017; Thorne, 2016).

By selecting a range of organizations at the local, national, and global level, and reflecting on various data sources from each organization, I was able to understand the policy advocacy work of each organization intimately, which enabled me to assess whether I captured sufficient variation and complexity within and between cases. By considering data within the context of existing literature and discussing findings with experts in the field, I was able to identify any potential blind spots, and determine whether I gathered sufficient data to represent the complexities of the phenomenon credibly through multiple angles and perspectives. I used data triangulation as a technique to gain meaningful insights into my research questions by drawing on different sources such internal and external documents produced by organizations and to complement what may have not been apparent in participant interviews. Specifically, I used documents to triangulate the policy priorities and advocacy strategies mentioned by participants during interviews. By drawing on multiple data sources, I was able to corroborate findings and seek out other possible outliers within the data to capture a broader understanding and representation of the policy advocacy work of nursing organizations. Further, by asking critical questions and paying attention to both the commonalities and variations throughout the process, I was better equipped to determine whether the data I collected contained enough variation and complexity to generate new and meaningful insights; recognizing that there will always be infinite variation.

Question #3: Are the Data Rich and Relevant Enough to Provide Meaningful Insights to Inform Practice?

The third question that I reflected on was whether the data I had collected were rich and relevant enough to provide meaningful insights to inform practice. Quality criteria and the assessment of rigor should be assessed based on a researcher's ability to adhere to the principles

that are congruent with the philosophical assumptions of the methodology they are using (Caelli et al., 2003; Davies & Dodd, 2002). As suggested by Thorne (2016), the approaches that researchers draw on to establish credibility should be based on "what they are attempting to achieve beyond methodological precision or technical accuracy" (p. 112). As a result, what constitutes sufficient data should be determined based on the epistemological assumptions of the researcher and the goals of the research study. Within the context of research for applied practice, researchers are ultimately in the position of determining what constitutes data and what data are relevant. Rather than relying on information redundancy to justify the closure of data collection, a better way for nurse researchers to assess data sufficiency may be to consider it within the context of their disciplinary epistemology, theoretical ideas, and existing literature to determine whether they have explored the phenomenon with enough detail to make meaningful tentative truth claims that can be of use to the target audience.

The purpose of my study was to understand the lessons that could be learned from the policy advocacy work of nursing organizations during the COVID-19 pandemic. I drew explicitly on nursing's disciplinary epistemology, where I acknowledged that human experience will always consist of infinite variation. My goal was not to develop a universal truth claim about a comprehensive set of lessons related to nursing organizations' policy advocacy work, but rather a tentative truth claim based on my interpretation of the data that I collected through a variety of data sources. To determine whether I had sufficient data to reach credible findings, I engaged in a critical reflexive process by considering my epistemological positioning, theoretical ideas, and existing literature to assess whether the data that I had collected contained enough depth, richness, and relevance to offer meaningful insights that could be used to inform nursing associations' policy advocacy work during future public health crises.

Another technique that I used to assess whether the data was rich enough to provide meaningful insights to inform practice was to seek the feedback from participants on my tentative findings. While researchers commonly use member checking to confirm the accuracy of data, this may not be particularly useful for the goals of an interpretive description study. As a result, I invited participants to comment on and clarify my tentative analysis, test the recognizability of findings, and expand my analytical thinking (Thorne, 2016). The feedback provided from participants not only confirmed that the insights generated were meaningful to inform practice but illustrated participants' curiosity to learn more.

Represent and Visualize the Data

The product or objective of an ID study can fall between a thematic summary or conceptual description (Thorne, 2016). According to Sandelowski and Barroso (2003), conceptual or thematic descriptions involve generating new concepts or themes to reframe phenomena rather than using themes or concepts from existing theoretical or empirical literature to organize findings. While it was not possible to prescribe what the final product would look like at the outset given the inductive and iterative nature of analysis, it became clearer as I engaged with and reflected on the findings. I represented the findings in the form of a thematic summary containing themes and categories developed to answer my overarching research question. I also accompanied my thematic summary with an illustration of the themes that I generated.

Interpret Meaning

The last stage of data analysis and interpretation involved further examining the meaning of results within the larger context of the extant literature. During this stage, I made general claims about what was found during data analysis and identified elements to further highlight. To

determine what to prioritize and further expand on, I reflected on what new knowledge I gained after conducting the study against my prior knowledge and assumptions. This was informed by an understanding of my target audience (i.e., leaders working in professional associations), reflection on how and why the findings departed from what I originally expected based on new and old literature, sources beyond the nursing discipline, as well as my previous understandings prior to entering the study (Thorne, 2016). I returned to the ideas within my theoretical scaffolding as well as the existing literature to explore the similarities and differences. I aligned the discussion with my overarching research questions and identified lessons learned for the purposes of informing practice. By using the findings, I was able to discuss the current state of how some professional nursing associations engage in policy advocacy within the context of a pandemic and propose ideas for ways to strengthen this work in the future. Interpretive approaches produce knowledge that is "particularistic, relativistic, and evolving according to changing circumstances" (Forbes et al., 1999, as cited in Thorne, 2016, p.228). As a result, I made efforts to ensure that my conclusions reflected the contexts in which they were developed and avoided making universal truth claims.

Establishing Quality and Rigour

In order to strive for quality and rigour within the context of ID, conventional ideas of rigour and quality such as transferability, dependability, confirmability (Lincoln & Guba, 1985) may not be the best approach to ensuring quality. Rather, attention is placed on several other criteria that depicts 'excellent' qualitative research including the ability to articulate the context that grounds the purpose of the research question, orientation toward the applications of ideas produced, and respect for complexities of truth claims (Thorne, 2016). As a result, to strive towards creating a high-quality ID study, I aimed for the following: epistemological integrity –

by ensuring my research question, data collection, and analysis were consistent with my epistemological standpoint; representative credibility – by ensuring that my theoretical claims were consistent with my sampling decisions and through the triangulation of data sources; analytic logic – by developing an audit trail that demonstrated coherence from my theoretical forestructure to decisions related to data collection, analysis, and interpretation; interpretive authority – through "validity-as-reflexive accounting" (Altheide & Johnson, 1994); moral defensibility – by illustrating why data collected from research participants were necessary and the purposes of that knowledge once it was obtained; disciplinary relevance – by justifying how the knowledge generated was appropriate for the nursing discipline; pragmatic obligation – by considering my research findings as if they may were applied in practice; contextual awareness – by articulating my findings as contextual in order to recognize that the accepted realities will shift with time; and reflexivity – by engaging in critical reflection and being aware of how my own ideas and biases influenced the findings.

Conclusion

ID offers researchers a flexible and adaptable approach to develop knowledge around complex phenomenon for applied practice. It encourages researchers to draw on their disciplinary epistemological positioning as the philosophical underpinning to guide their design and analytic choices, as opposed to relying on a series of prescriptive and rigid steps and processes. Research questions that align with an ID approach are those that seek to uncover commonalities and variations, are oriented towards praxis, seek knowledge beyond pure description, and aim to inform rather than explain or predict causation (Thorne, 2016). Researchers who draw on ID are encouraged to incorporate and reflect on a variety of perspectives through their theoretical scaffolding to inform their research inquiries, rather than

adopt a singular theoretical framework or enter a study within a blank slate. Design choices related to sample sizes, data sources, and analytical techniques will vary, however, researchers should be able to justify these choices based on their disciplinary epistemology. Researchers should also think critically when determining when to conclude data collection, beyond adhering to common ideas such as data saturation. Further, given that ID seeks to move beyond description, researchers should draw on their theoretical scaffolding when engaging in the process of interpretation during data analysis, and when deciding what to prioritize and expand on in the discussion of findings.

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Chapter 5 (Paper 3): Lessons from Professional Nursing Associations' Policy Advocacy Responses to the COVID-19 Pandemic – An Interpretive Description Study

Introduction

Taking into consideration the theoretical underpinnings of policy advocacy established within my theoretical exploration in chapter two, my understanding of the knowledge gaps based on the findings within my scoping review in chapter three, and my design logic and methodological considerations discussed in chapter four, in this chapter, I present my interpretive description study focused on examining the policy advocacy work of professional nursing associations during the COVID-19 pandemic. I use the findings to discuss the lessons learned about the policy advocacy role, policy priorities, policy advocacy approaches, and evaluation practices of professional nursing associations within the context of the COVID-19 pandemic. Beyond the nursing profession, the knowledge generated from this study may also inform other non-state actors including professional associations of other regulated health professions and advocacy groups.

The overarching research question that I sought to answer was: *What can be learned from professional nursing associations' policy advocacy response during COVID-19?* To guide my line of inquiry, I also asked the following sub-questions which were used to frame my interview questions and data analysis:

- What were the goals and objectives of associations' policy advocacy response?
- What types of policy issues did associations focus on and why? What were their policy positions, directions, and messages on these issues, and why?
- What advocacy strategies did they use and why? What contextual factors influenced these decisions?

- What barriers and challenges did they face in their policy advocacy work? How did they overcome them?
- What facilitated or enabled associations to work towards and achieve their policy advocacy goals?
- How do they measure and evaluate success?
- What practices, processes or strategies will organizations consider for future pandemic responses why? What would they do differently and why?

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Abstract

Background: Professional nursing associations across jurisdictions engaged in significant policy advocacy during the COVID-19 pandemic to support nurses, the public, and health systems. While professional nursing associations have a long history of engaging in policy advocacy, scholars have rarely critically examined this important function. The pandemic provided an opportunity to better understand the nature of this work and the ways in which it can be strengthened to increase influence and impact.

Purpose: The purpose of this study was twofold: a) to examine how professional nursing associations engage in the process of policy advocacy and b) to develop knowledge specific to policy advocacy within the context of a global pandemic.

Methods: This study was conducted using interpretive description. A total of eight individuals from four professional nursing associations (two local, one national, one international) participated. Data sources included semi-structured interviews conducted between October 2021-December 2021 and internal and external documents produced by organizations. Data collection and analysis occurred concurrently. Within-case analysis was conducted prior to cross-case comparisons.

Findings: Six key themes were developed to illustrate the lessons learned from these organizations including: their organization's role in supporting a wide audience (professional nursing associations as a compass); the scope of their policy priorities (bridging the gaps

between issues and solutions), the breadth of their advocacy strategies (top down, bottom up, and everything in between), the factors influencing their decision-making (looking in and looking out), their evaluation practices (focus on contribution, not attribution); and the importance of capitalizing on windows of opportunity.

Conclusions: This study provides insight into the nature of policy advocacy carried out by professional nursing associations. The findings suggest the need for those leading this important function to think critically about their role in supporting a wide range of audiences, the breadth and depth of their policy priorities and advocacy strategies, the factors that influence their decision-making, and the ways in which their policy advocacy work can be evaluated to move toward greater influence and impact.

Background

The COVID-19 pandemic laid bare the lack of preparedness of health systems and the social vulnerabilities that exist across the globe. This crisis illustrated the critical role that non-state actors play in supporting communities through the delivery of services, leading innovation and solutions, and advocating for stronger and more resilient health and social care systems. In particular, the three pillars of nursing organizations – regulatory bodies, labour unions, and professional associations (Benton et al., 2017) all carried a significant role in responding to the pandemic to protect the public, nurses, and the health system. While nurses continue to recognize the pivotal role of the professional association pillar in offering a "nursing voice" to public policy debates, their policy advocacy work has not critically examined by many scholars. Given their broad mandates, the nature of their policy advocacy work and the parameters around their areas of focus have also been fairly ambiguous compared to that of regulatory bodies and labour unions. The convergence of the COVID-19 pandemic and the lack of research on the policy advocacy work of professional nursing associations presented an opportunity to better understand and explore this critical function within the context of a public health crisis.

Although professional nursing associations across the globe have been active in responding to the COVID-19 pandemic, the breadth and depth of associations' policy advocacy work remain unclear. While some scholars and nursing leaders have written about their organizations' policy advocacy work during the COVID-19 pandemic (Huang et al., 2020; Kennedy, 2021; Largent, 2021; Ziehm et al., 2021), the body of literature remains small, with the majority focused on examining the experiences of, and impacts on, nurses. The importance of learning from the COVID-19 pandemic to strengthen global pandemic preparedness and response systems has been identified by governments and non-state actors as a top priority

(International Council of Nurses, 2020; The Independent Panel Preparedness and Response, 2021; United Nations, 2021). Given the important roles held by professional nursing associations during the COVID-19 pandemic, examining their policy advocacy responses is warranted as it can inform and strengthen their future work during large-scale public health crises. The purpose of this study was twofold: a) to examine how professional nursing associations engage in the process of policy advocacy and b) to develop knowledge specific to policy advocacy within the context of a global pandemic.

Method

Design and Research Question

I conducted a qualitative study using interpretive description as the methodology given my focus on developing knowledge to inform action beyond pure theorization (Thorne, 2016). The study was designed and informed by my theoretical scaffolding which included the integration of nursing's disciplinary epistemological orientation; existing literature; decision-making, policy process, advocacy, and institutional theories; and personal experiences. I sought to answer the following question: *what can be learned from professional nursing associations' policy advocacy response during COVID-19?* This included examining several sub-questions in relation to the role and goals of professional nursing associations, their areas of focus and advocacy approaches, their decision-making processes, their facilitators and barriers, and evaluation practices within the context of the pandemic.

Recruitment and Sample

The sample included professional nursing associations (i.e., not regulatory bodies or labour unions) at the local (e.g., at the provincial/state level), national (e.g., at the country level), and global levels (e.g., international organizations with members from multiple countries). I employed purposive sampling to select participants, which was informed by a preliminary scan

of associations' policy advocacy work as publicly reported on their websites and social media channels. I sent an email with study information (appendix a) to the Chief Executive Officer (CEO) or Executive Director (ED) of six professional nursing associations seeking their interest to participate and to gain access into their organizations. The CEO or ED of four associations consented to take part, and two did not respond. Within the recruitment email, I asked the CEO or ED to identify individuals that would be interested in participating and could best speak to their policy advocacy work during the COVID-19 pandemic. The CEOs/EDs introduced me to their selected staff through email and I followed up with each individual to seek interest. All participants held leadership positions within their association. The number of participants for each association ranged from one to three, with a total of eight participants from four associations (two local, one national, and one international). Of the eight participants, four were the CEOs/EDs of each organization while the other four were individuals leading policy, communications, and government relations within their organization. When referring to the actions taken by 'professional nursing associations' or 'associations' throughout this paper, I am referring to the actions taken by individuals within these associations who led the policy advocacy response of their organization during the COVID-19 pandemic.

Data Collection and Analysis

Data collection and analysis occurred concurrently. I used interviews as the primary source of data, while documents and audiovisual materials were collected and analyzed to support triangulation and the refinement and generation of additional interview questions. I conducted semi-structured interviews (appendix b), and associations with more than one key informant were provided with the opportunity to be interviewed in dyads or triads based their preference and availability (Morgan et al., 2013; Polak & Green, 2016). In total, five interviews

were conducted – three in the form of dyads and two in the form of one-to-one. Documents included internal materials such as internal newsletters, processes, and decision-making tools that some participants provided upon request. External materials included publicly available products such as policy briefs, reports, and position statements developed by the association. Audiovisual materials included recorded presentations by organizations such as briefings to government committees. Given the large number of materials generated over the course of the pandemic, I used convenience sampling for documents. The number of documents analyzed from each organization ranged between 10 to 33. This consisted of news releases, position statements, policy papers, fact sheets, transcripts of presentations, newsletters to members, and documents capturing internal processes.

Interviews were conducted between October 2021 and December 2021, during the fourth wave of the pandemic. Prior to interviewing key informants, I reviewed the available external documents to inform the development of probing questions for the interviews. I conducted interviews virtually over Zoom and stored the recordings and transcripts in a secure drive. After reviewing the interview transcripts against the video recordings and cleaning the data as needed, I stored external and internal documents produced by associations in a secure drive. To organize the data, I sorted the transcripts and documents for each association into separate folders and imported them into Quirkos – a qualitative data management software to sort and organize data. I initially sorted the data into groups based on my sub-questions and organized it into a data display matrix (appendix c) (Miles et al., 2014). Using this matrix, I coded the data into categories through an inductive approach and developed themes to answer my sub-research questions (appendix d). Drawing on guidance from Thorne (2016), I developed two different organizing structures to explore alternative ways to conceptualize the data, and then reflected on

and chose the best possible conceptualization by which to display the findings and meet the goals of the study. When thinking about the best way to structure my thematic summary, I considered the impact that I wanted the findings to have on my target audience and the organizing structure that could best illuminate new thinking about the topic. I sent participants a summary of findings (appendix e) based on my chosen organizing structure and provided them with an opportunity to review the findings, provide additional comments, and reflect on whether the summary resonated with their experience. I then integrated these comments into the findings and concluded data collection by assessing whether I had enough information power within the data set (Malterud et al., 2016), whether there was adequate variation and complexity, and whether the data was rich and relevant enough to provide meaningful insights to inform practice.

Rigour

I maintained rigor by incorporating Thorne's (2016) criteria of quality including epistemological integrity, representative credibility, analytic logic, interpretive authority, moral defensibility, disciplinary relevance, pragmatic obligation, contextual awareness, and reflexivity. I maintained an audit trail to capture my analytical decisions throughout the data collection and analysis process and revisited my memos continuously.

Ethical Considerations

I received Ethics approval from the University of Alberta Research Ethics Board (REB 1, Pro00111860). I took several measures to ensure that data collection adhered to the principles of ethical research including respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research et al., 2018). Specifically, I obtained written consent from each participant, and explained the purpose and nature of the study clearly to ensure they understood their role and the degree of anticipated disruption. I assured them of confidentiality and made

efforts to avoid leading questions. Given the potential for the disclosure of sensitive information, I notified participants that they could go 'off-record' anytime during the interview. I stored all data in a secure driver, assigned pseudonyms to organizations and participants during data analysis, and strived to report on multiple perspectives and contrary findings.

Findings

The analysis of interviews and documents produced by those within the organizations led to the development of six key themes. These themes capture the lessons that can be learned about some professional nursing associations' policy advocacy role, areas of focus, advocacy strategies, decision-making processes, and evaluation methods within the context of the COVID-19 pandemic. To construct a comprehensive description of associations' policy advocacy work, the findings are organized around the following reflective questions: What were their roles? What were their policy priorities and messages? How did they engage in policy advocacy? Why did they make the decisions they did? How did they evaluate their policy advocacy work? The findings begin with a description of associations' roles based on their target audiences (theme: professional nursing association as a compass – the 'who') which provides context for why the nature of their policy priorities and messages were so broad in scope (theme: bridging the gaps between issues and solutions – the 'what'). By uncovering their policy areas of focus, I move into discussing the strategies that those working within associations used to accomplish their goals (theme: top down, bottom up, and everything in between – the 'how'). This is followed by a description of participants' decision-making processes around their policy advocacy work (theme: looking in and looking out – the 'why'), evaluation methods (theme: focus on contribution, not attribution), and their perspectives on opportunities during the pandemic (theme: capitalize on windows of opportunity). I conclude the findings section by describing the

opportunities that existed during the pandemic based on my interpretation of participants' responses, which lays the groundwork for exploring the lessons learned within discussion section of this paper. These findings are also illustrated in a visual diagram in figure 5.1.

The Professional Nursing Association as a Compass (the 'Who')

The COVID-19 pandemic led to severe disruptions in the lives of all citizens around the world and it changed the way in which we lived, worked, and played. The experience of a global pandemic was unfamiliar to most, and all sectors of society were forced to adapt within an environment filled with unknowns and daily changes. In many ways, professional nursing associations served as a compass, and played a significant leadership role in providing guidance and direction to not only nurses, but the public, and government and organizational decision makers.

For Nurses and Nursing

Participants spoke about their goal and role in advocating for nurses by highlighting and communicating the impacts of COVID-19 on the profession and ensuring that nurses' input were present in all aspects of the pandemic response. One participant said, "I think our role was…to be sure and guarantee that the nursing voice was being considered at the decision table of governments." Another participant said "one of the things that we have been doing, and continue to do during the course of the pandemic is run a commentary about what the impact of the pandemic is on nurses." Participants from one organization spoke about the importance of professional nursing associations in providing a safe space for nurses to speak freely about their concerns without fear of reprisal:

> We've done some surveys with members, and I think that's a really strong advocacy role for us – to share the overall feedback from nurses about their experience. I think that

> because they can do it through us anonymously, it's easier. It gives them a vehicle to honestly share their feedback without fear of commenting on their employers.

While advocating on behalf of nurses was a key goal of those leading the work professional nursing associations, some participants also spoke about their association's leadership role in providing direction and guidance to nurses by developing resources to support policy and practice, sharing accurate and evidenced-informed information, providing updates on constantly shifting public health measures, and empowering nurses to address issues related to the pandemic. Given the level of misinformation generated and promoted during the COVID-19 pandemic, leaders within associations also developed messages directed towards nurses around the importance of adhering to their professional and ethical obligations in promoting science and evidence-based information.

> One of the responsibilities is to make sure that your membership has easy access to information that will help them navigate the practice issues that they're dealing with in the course of the pandemic, and that is obviously making sure that the information is evidence-based beyond reproach…nursing associations also have an opportunity to arm members with resources that membership can use to speak with patients and clients.

Those working within professional nursing associations played a leadership role in developing resources and guidance to support nurses within practice settings on topics such as culturally safe care, anti-racism, vaccinations, decision-making as it relates to personal protective equipment, and caring for patients with COVID-19. Guidance on ethical decision-making was highlighted by multiple participants and some associations developed resources to support nurses in navigating complex and uncharted territory. These resources provided nurses with principles,

considerations, and guidelines to work through complex situations and to address increasingly worrisome issues such as moral distress.

> There was a set of work which we did which was just about nurses allowing us to share good clinical practice and guidance, and in the early days when nobody really knew how to look after people with COVID. Through the website we set up, and the learning and the sharing, there was a lot of stuff that associations were posting which was coming out of the learning from how you deal with the acutely ill COVID patient.

For the Public

While many leaders within associations focused their policy advocacy efforts with the goal of better supporting their membership (i.e., nurses), they also played a role in advocating for and providing direction to the public. This involved advocating for stronger and more balanced public health measures to protect the most vulnerable, exercising the precautionary principle, and promoting accurate public health information. Specifically, those working within associations focused their messages on highlighting the responsibility of all citizens to adhere to public health protocols, encouraging citizens to become vaccinated, and communicating their role in helping to protect health workers and those around them. Documents produced by associations also communicated the position and support of associations and the nursing profession for strict and robust public health measures.

For Governments and Decision Makers

Much of the policy advocacy responses developed by leaders within associations were targeted towards governments and decision makers such as individuals leading health service organizations, public health leaders, employers. This work focused on providing recommendations on ways to improve the pandemic response and the health system more

broadly, through proactive engagement and communicating evidence. Participants spoke about the importance of maintaining connections and translating the experiences of nurses into policy solutions when providing recommendations to governments and organizational decision makers. One participant said, "one of the things we did was bring whatever best evidence we could to bear on decisions, discussions with members of parliament, and other officials and government." Another said:

> One responsibility, particularly as we moved through stages of the pandemic was to be sure that we as the association were connected to health authorities, the ministry, and the provincial health office so that when things like vaccine rollouts began, when we started talking about schedules, when we started talking about PPE, that the nursing lens was as present as possible.

While not a key priority, some leaders within associations also developed messages within their policy products directed to employers around their responsibility in better supporting nurses in their practice settings. Some associations developed policy messages that articulated the importance of recognizing the shared responsibility between stakeholders in the delivery of safe patient care. Specifically, this involved highlighting the reciprocal duty of employers in supporting and protecting nurses and health workers by providing adequate protective equipment, staffing resources, safe practice environments, and financial support during required isolation periods.

Bridging the Gap Between Issues and Solutions (the 'What')

Given associations' broad target audience as described above, their policy priorities and messages were reflective of this. Participants spoke about their efforts in bridging the gap between issues and solutions for nursing, health, and broader public policy issues. Key policy

priorities including capitalizing on nursing leadership, protecting the public, protecting and supporting the nursing and health workforce, and strengthening health systems and health service delivery.

Capitalizing on Nursing Leadership

One of the key policy directions that all associations advocated for was around the need to capitalize on nurses' leadership and expertise. Participants spoke about the importance of positioning nursing as a solution and maximizing nurses' contributions in all aspects of the pandemic response. Regardless of the jurisdiction in which the association was situated, advocacy for greater involvement of nurses from the point-of-care at decision-making tables was a clear priority.

> I say this all the time, there will be a nurse at the table, and everybody's assuming that that's bringing the nursing voice. Well, often that nurse, for one thing might not be bringing the practice expertise, might be coming from a business lens or a political lens or whatever it might be. But because there is one nurse at the table, everybody thinks that nursing is covered off without understanding the importance of including nurses from that point-of-care practice perspective, and how critical that is in providing solutions to the issues that we're seeing in the health care system but also in the nursing profession.

Policy briefs and letters developed by organizations called on decision makers repeatedly to place nurses at the center of the COVID-19 pandemic response. For example, many letters and briefs sent to governments focused on urging decision makers to recognize the untapped potential within the nursing workforce to lead the implementation of vaccination programs, increase vaccine confidence, and support safe school re-opening. Beyond the pandemic response, the policy messages developed by those leading associations focused on the importance of

drawing on nursing knowledge to lead health system transformation and reform. These messages were framed using a common set of ideas that provided the basis for why greater involvement of nurses was an important policy imperative. For example, the messages focused on the ability of the nursing workforce to scale up vaccination programs given the strength in numbers; the high level of public trust placed on nurses by the public; the ability for nurses to access hard to reach groups; and the ability for nurses to interpret science and translate knowledge to educate the public. To capitalize on nursing leadership, leaders within associations advocated strongly for the establishment of formal leadership positions such as a chief nursing officers to create the necessary infrastructure and mechanisms to support not only the nursing workforce but the priorities of governments.

Protecting the Public

Leaders within associations placed a significant amount of focus on advocating for robust public health measures and the application of the precautionary principle to protect the public. Some participants spoke about their work in supporting governments to develop strong public health communication on matters such as vaccine rollout and public health guidelines that were constantly shifting. One participant said:

> One of the underpinnings of the work we did was that whenever we possibly could, heavily support the message that came out from the public health office and the ministry of health so that we would be an anchor for their messaging campaigns.

While those leading the policy advocacy response of associations remained steadfast in their calls for strict public health measures as illustrated in their policy products, they were also mindful of the need to address the unintended consequences of public health restrictions and the importance of placing mental health at the centre of the pandemic response. They recognized that

the pandemic was contributing to severe short-term and long-term consequences for people across all age groups, genders, and socioeconomic status. As the pandemic progressed, some associations highlighted the surge in mental health issues reported amongst the general public and the need for longer-term supports. The policy products of associations illustrated their focus on bringing these issues to the attention of decision makers and advocating for a more balanced and well-thought-out policy approach to ensure mental health was prioritized as much as physical health.

Within the context of public protection, some organizations also focused their advocacy efforts on specific populations such as children and youth, people living with substance dependence, and individuals living in long-term facilities. As the pandemic became increasingly difficult to manage with new variants, some associations directed their advocacy towards their own membership and the health workforce, voicing their support for additional measures such as mandatory vaccination to protect patients and the public. The high degree of inaccurate or misleading information (coined as the 'infodemic') continued to circulate across all social media channels and became a serious threat to public safety. In some jurisdictions, leaders of associations spoke loudly and condemned anti-evidence and anti-science narratives that were being promoted by a small group of health care workers.

Turning the Invisible into the Visible

Many of the policy issues that associations focused on were also championed by other stakeholders such as health profession organizations, unions, and community advocacy groups, and as a result, garnered significant media attention and were maintained within the public discourse during the pandemic. However, some associations demonstrated their careful attention to the unique contexts and challenges faced by marginalized groups that were not as visible to

the general public. The policy products developed by some associations illustrated their efforts in highlighting the disproportionate impact that COVID-19 had on specific populations. For example, some policy messages focused on addressing racism and discrimination faced by black, indigenous and people of color (BIPOC) communities; the need for disaggregated data to inform policy and action plans to address inequities; and the need for governments to work closely with these communities to develop community driven solutions.

In addition, some associations highlighted the unintended consequences of public health restrictions which exacerbated the vulnerabilities of certain groups such as persons experiencing housing instability, persons of disabilities, incarcerated individuals, children, older adults, persons using substances, persons experiencing domestic violence, sex workers, and victims of human trafficking.

> Whether it was people in abusive situations with partners, under housed, substance misuse or whatever it may be, we knew that this was going to be a group of people who were being disproportionately impacted, and that effectively, a lot of the regulations that were coming down in terms of public health orders, while necessary and important, they were also regulations and order of privilege. You can't isolate at home if you don't have a home, and it's all fine and good to tell people to wash their hands all the time. What if you don't have a sink? So, we knew that while we would be supporting these public health orders and that they were the right things to tell people to do, the challenge was, from a nursing perspective, that leaves out a lot of people.

Some associations highlighted the importance of making COVID-19 information easily accessible and understandable to all groups and to ensure alternative measures were in place for individuals who did not have the resources or options to adhere to public health protocols. From

a global perspective, associations recognized the notion of 'no one is safe until everyone is safe' and advocated to governments and decision makers around the importance of expanding access to vaccines in low and middle-income countries to ensure vaccine equity. Further, while long standing systemic inequities existed well before the COVID-19 pandemic, this significant public health crisis further exposed the vulnerabilities within communities across the globe. As a result, many associations called on governments to focus their attention on creating better social and economic conditions to enable citizens to thrive.

Protecting and Supporting Nurses' Physical, Mental, Social and Economic Welfare

All associations spent a significant amount of attention on advocating for better protection and supports for the nursing and health workforce. The physical and mental health of nursing students, nurses, and other health care workers was a top priority. The lack of access to personal protective equipment (PPE) was also a core issue which all associations advocated on. Given that the science behind COVID-19 was changing rapidly, organizations urged governments to exercise the precautionary principle, to err on the side of over-protection, and to allow health care workers to assess the appropriate level of PPE based on their point-of-care assessments.

> One of the issues that was forefront for nurses and health care workers was around personal protective equipment and getting access to that. And not just supply. In some cases, there was enough supply, but the hospitals were restricting access to nurses from getting the appropriate PPE, and then also, what type of PPE would be appropriate when there was a N95 or the surgical mask…we were looking at the evidence and saying, what is [the] evidence saying about what's most appropriate, and there wasn't necessarily a clear cut answer… in uncertain circumstances like COVID-19, where the evidence was

> changing so quickly, we were urging governments to assume to err on the side of overprotection for health care workers, and also ensuring that nurses had the opportunity to make the appropriate decisions at the point-of-care.

As vaccinations became available, some associations advocated for health care workers to be prioritized given the risk of occupational exposure from COVID-19. Some organizations surveyed nurses and many reported increased mental exhaustion, burnout, anxiety, distress, and trauma over the course of the pandemic. This was largely attributed to increased workloads, lack of supports and resources, concerns about personal and family safety, and moral distress. This prompted some associations to advocate for rapid and long-term access to free mental health supports, especially in the face of rising nursing shortages. One participant said:

> It costs a lot of money to get mental health care in this country because you just can't see a psychiatrist, you're going to see a counselor that you pay for, or your work pays for one session, and you pay for the rest. So, we lobbied around free mental health care.

While these issues were already identified early on during the first wave of pandemic by multiple stakeholders, associations continued to advocate strongly on these matters during latter waves of the pandemic given the on-going issues with adequate and consistent protection of health workers.

In some jurisdictions, violence, protests, and threats by citizens against health care workers became increasingly prevalent during the latter stages of the pandemic, and some organizations spoke loudly on this matter. For example, associations called on governments and employers to commit to a zero-tolerance approach to violence and discrimination against nurses and health workers. Associations that engaged in this issue put forward recommendations targeted towards governments and those in decision-making positions to address misinformation,

to collect data to inform policy actions, and to enforce strong actions against perpetrators of attacks.

Advocacy for protecting health workers went beyond physical and mental health to include social, economic, and legal protections. Some associations spoke more loudly on issues pertaining to the socioeconomic welfare of nurses (e.g., pay and compensation). For example, one association advocated for emergency funding to support health care workers who were unable to work due to quarantine measures and those who needed childcare support. Another advocated for classifying COVID-19 as an occupational illness and the need to provide better financial protection, compensation, and benefits to nurses; as well as remuneration for added risks from COVID-19. One association advocated for changes in legislation to ensure the legal protection of nurses from any potential litigation arising from the spread of COVID-19 or any associated outbreaks.

Sustaining and Strengthening Nursing Workforce Capacity

Participants stressed the importance of focusing on solutions for sustaining and strengthening the nursing workforce. One participant said: “it’s not enough just to say nurses are having a really bad time during the pandemic, you need to invest in them some more. I’m looking for where we can find the policy fixes, policy changes, and policy solutions.” Nursing workforce issues such as staffing, recruitment and retention, and the need for better health workforce data were key policy priorities for organizations. Difficulties with retaining nursing staff created significant pressures for health care systems, which was further complicated by disruptions to nursing education impacting graduates’ transition into the workforce, an ageing workforce, and shortages of unregulated providers such as health care assistants. In some

jurisdictions, shortages began in long-term care settings and quickly moved into acute care facilities during the latter waves of the pandemic.

Some associations advocated strongly for the collection of standardized and disaggregated data to monitor the impacts of COVID-19 and to guide health workforce planning and the pandemic response. Depending on the capacity of the organization, some organizations also collected their own data and used it to inform themselves, their partners, and decision makers. One participant said:

> One of the pieces that we identified during that initial period of the pandemic was that we really don't have enough information about our national health workforce to make any real decisions. We didn't even have at the beginning, information about how many health care workers were actually getting sick from COVID or no centralized data around those issues. So that's something we were really proud to partner with [other organizations] on to make sure that information was being captured, because that shows the impact that it's having not just on the health workforce but nurses generally.

Associations worked with stakeholders to communicate the impacts of shortages on patients and health system capacity; they lobbied governments and decision makers to retain and sustain the nursing workforce. For example, one association advocated for governments to establish funds to support individuals who lost their jobs in other sectors to become nurses, which also served as a way to address issues related to unethical recruitment from other countries. Other recommendations included making changes to regulatory processes, increasing immediate and long-term supports to protect the socioeconomic welfare of nurses, and prioritizing the systematic collection of health workforce data. Some associations highlighted the importance of considering gender within the context of nursing shortages, and the impact on

women's participation in the workforce. One participant said, "to me, it revealed how gendered the response was and how completely disproportionately this landed on the backs of new immigrants, women, people of color, but particularly women in nursing."

While governments were increasing the number of additional hospital beds in some jurisdictions, and employers were redeploying nurses into critical care areas, some associations called on governments to clarify their messaging around the capacity of the health system for the public. For example, one association highlighted that the addition of critical care beds did not necessarily equate to more capacity given the lack of nurses who were skilled in critical care to staff those beds. Re-deployment and unsafe workloads also prompted some associations to advocate towards employers and practice settings for better support, training, supervision, mentorship, communication, and education given the redeployment of nurses outside of their traditional practice settings. The messages within the policy products developed by some associations illustrated the importance of creating practice environments where nurses could speak up safely and freely about their concerns without fear.

Improving Health Systems and Health Service Delivery

Beyond advocating for better protections and supports for the nursing and health workforce, associations spent a considerable amount of time advocating for solutions to strengthen health systems and health service delivery. When describing their policy areas of focus, one participant said:

> We sort of have two streams. We have work that we're doing to advocate for nurses, so say retention and mental health – those kinds of things. Then we have work that we're doing as the nursing expertise in health. If we're working with our specialty groups, it's usually work on a health issue that their expertise can drive forward or create positive

> change in. So, there's kind of the two lanes that we're working in – direct advocacy for nurses and for their well-being in the health system, in their workplace, or in the nursing profession as a whole and elevating the profession; and then work on health issues.

In general, associations' priorities related to health systems and health service delivery focused on two main areas: the pandemic response and improvements to the health system beyond the pandemic. Common priorities related to health service delivery improvements that organizations advocated on included the better use of nurses to support and lead the pandemic response, especially as it related to the rollout of vaccination programs and contact tracing and testing. Other common priorities included advocating for immediate support in hard-hit areas such as long-term care and critical care, investing in resources such has public health nurses to support school re-opening, and scaling up mental health services and supports.

Many leaders within associations identified the need for themselves, stakeholders, and governments to use the lessons learned from earlier waves of the pandemic to improve the pandemic response, especially in areas where vulnerabilities were exposed. One participant said:

> It's not taking the nursing experience, good, bad or indifferent, advocating on that and saying this is terrible, this is going on, and then that's it. It's about taking it and saying, so if these are the challenges, or if these are the opportunities, or if there's potential to do things better, what then needs to happen within health systems, and what needs to happen on a policy level to address these things.

Where governments were quick to lift public health restrictions, associations continuously advocated for greater precautions and communicated the risks and impacts of these decisions on health systems that were already heavily strained. Given the constant shifts in public policy, some associations communicated the confusion caused by different guidelines and

directives across jurisdictions and practice settings. Associations articulated the importance of consistent guidance and messaging from governments and the need for greater collaboration amongst all levels of decision-making, not only in response to the pandemic, but for reforming health care systems. These policy messages extended beyond associations' respective jurisdictions and some called on governments to scale up global collaboration and solidarity. One participant spoke about their association's proactive work in working with stakeholders to identify global actions required to enable stronger pandemic preparedness and responses for the future, even in the midst of responding to COVID-19.

Beyond the pandemic, many association leaders leveraged the opportunity to advocate for investments to strengthen their health systems to enable long-term recovery. While these priorities varied depending on the jurisdiction of the association, a common message observed in associations' policy products was the importance of capitalizing on nurses' skills and expertise to strengthen the delivery of health services. Association leaders demonstrated foresight and reiterated the importance of not losing sight on other pressing policy priorities that could help strengthen health systems, access to care, and equity. Some of the priorities included scaling up and investing in virtual health and innovative technology, primary care, long term care, end-of-life and palliative care, home and community care, and universal pharmacare; increasing funding to support the needs of an aging population; enhancing health services in rural and remote communities; ensuring access to high speed reliable internet; and continuing to invest resources to address other public health emergencies such as the overdose crisis. In addition to providing solutions to strengthen health service delivery, some leaders within associations focused on the importance of attending to broader systemic issues such as the social determinants of health,

decolonizing anti-racism, and climate change within the context of a long-term 'build back better' recovery plans.

Top Down, Bottom Up and Everything in Between (the 'How')

To advance the policy priorities discussed above, participants spoke about a wide range of advocacy strategies and tactics that they deployed. While much of these advocacy approaches involved association leaders lobbying decision makers and governments, strategies also included building and leveraging partnerships and coalitions, maintaining public awareness, empowering members and stakeholders, and developing knowledge.

Lobbying Governments and Decision Makers

All participants spoke about their work in lobbying governments and decision makers while emphasizing the importance of communicating issues, evidence, and solutions. When describing the types of advocacy strategies used, one participant said:

> I think number one was the concept of direct lobbying and of course there's huge leg work and background work that exists for us to be able to request a meeting and sit down with a minister, parliamentarian or someone in [the prime minister's] office for example. We've proposed recommendations and said…this is what nurses are saying, they're being affected in this way or that way, and this is what needs to be done to help the country get out of COVID-19…the number of one thing was to not only focus on government or the [party affiliation] of members of parliament or ministers, but also develop and maintain good relationships with the opposition as well.

The policy products developed by individuals within associations illustrated that they maintained presence and contact with decision makers and government through a plethora of avenues such as writing letters, holding formal meetings, using social media, delivering

statements and presentations, and participating in any studies related to governments' response to COVID-19. The policy products of all organizations illustrated that they used these avenues to repeat their policy messages consistently over the course of the pandemic. In general, participants described their lobbying approach as collaborative and relational.

> Generally speaking, we try to go and set up meetings or send letters to prompt those meetings with government first before we go public. We find that to be a more collaborative approach, and we don't want to sideswipe government or surprise them in the media without giving them a chance to respond first. So, our main tactic would be, putting together key messages so that we can communicate the right information to them through either letters, information statements, background documents, that kind of thing.

Building and Leveraging Partnerships and Coalitions

Participants spoke about the importance of leaning on their networks, building relationships, collaborating, and developing coalitions to achieve their goals. Within their networks, participants discussed the importance of sharing knowledge and resources, avoiding duplication, and finding synergies. These networks involved other partner organizations champions, and subject matter experts within and beyond the nursing profession, and their membership. One participant highlighted the importance of working with stakeholders beyond governments and employers including those within public, private, voluntary and charitable sectors. Some associations developed joint statements with partner organizations targeted towards governments and decision makers on the issues identified above. Participants spoke not only about the importance of building coalitions, relationships, and unity within nursing, but beyond the profession.

> You're unified within nursing, you've identified who your supports and champions in other organizations might be, but you take patients and public groups with you as well and build stronger alliances with them. Those sorts of partnership relationships, I think, are the name of the game in terms of really getting things advanced and moved forward. To do it on a unique professional basis, I think, you're only going to get so far down the road. And I think you need to be open to the fact that those partnerships and relationships change over time. It might be that to get a certain thing done on nursing leadership, it's a group stakeholders and partners, the next six months. But, if you're trying to get something done on nursing education, it's a different group of partners over a different time. So, there's a dynamism to getting stuff done which affects the relationships that you need to have.

Another participant said:

> I think what we've been trying to do more now is partner up with other organizations more often than not, because at the end of the day, even though we're advocating for the same thing, broadly speaking, we're still competing for space and for governments' ear. So, if we partner up and go to them with the same messages and asks, that helps to cut through the noise because our voice gets more powerful if we're working together and not competing for airtime.

Maintaining Public Awareness

Leaders within associations also worked hard to create and maintain awareness about their policy priorities, positions, and solutions amongst the general public. One participant said, "without public support, government's not going to make change if they don't think that that's what people are looking for." Some leaders within associations participated in virtual events and

meetings hosted by their partners to discuss joint priorities and areas to strengthen collaboration. This served to amplify their association's policy recommendations to increase awareness and presence within their networks. Participants spoke about their work in using social media, developing public campaigns, as well as their engagements with traditional media to garner public support and attention. Although all associations engaged with the media, their use of media as a strategy varied depending on their goals and contexts:

> Sometimes it's important to get the public and the media's attention to bring more focus to your advocacy work, so that can be another tool. Sometimes, we'll just send letters and we won't put out a media statement. Sometimes we'll put out a media statement with letters, and with more of a push to the media so that we have another voice and other way to advocate to government…so doing interviews with [news media outlets] can also be a really important tool to advocate, it just depends on what the issue is.

Another participant said:

> We often hear both from members or board members that we should be doing more interviews which isn't a bad thing, but we also need to have something to talk about and have a position to take forward to speak with media about. It also has to be used at the right time. So, it's not always just the most effective strategy to just be in the media. Just as much as it can be effective when we need it to create a push to create pressure on decision makers to make change, it can also aggravate decision makers if they feel like the other steps haven't been utilized, or if they haven't had the opportunity to look at it and we go straight to the public. That doesn't put us into a great position with them because they feel like they haven't had a chance to review the issue or be consulted.

Empowering Members and Stakeholders

While much of the policy advocacy work was undertaken by leaders within each organization, some participants spoke about their engagement with members to empower and build their advocacy capacity. Participants described a wide range of methods and tools to solicit feedback from members such as surveys, polls, and webinars. Some leaders within associations developed mechanisms and tools such as fact sheets, briefing notes, advocacy toolkits, and webinars to support their members' awareness, understanding, and engagement in key policy issues. One participant talked about the opportunities that existed to engage their members and stakeholders given the shift to virtual communications:

> Because everything was shifted to virtual, we really tried to leverage the momentum of that moment, if you can say that, and launched a couple of letter writing campaigns online for nurses, the general public, [and] health advocates to come and use a tool we set up to send letters to their members of parliament.

Another participant noted: "because the situation was evolving so quickly, we actually ended up hosting regular webinars with experts so it gave opportunities for nurses to be engaged around some of those topics, not just providing feedback but being able to ask questions."

Developing Knowledge

Some associations who had the capacity and resources also engaged in knowledge development to support their policy advocacy efforts. This included generating evidence through surveys, polls, and commissioning research reports and briefs to support practice and their policy messages and solutions. For example, some associations led the developments of reports on issues such nursing supply and mobility and long-term care, while others supported knowledge development initiatives led by other organizations.

Looking In and Looking Out (the 'Why')

While there were commonalities between organizations' policy priorities and advocacy strategies, participants described a wide range of factors that influenced their decision-making. External factors included the ideas, interests, and positions of their broad networks; and shifting needs, contexts, and evidence. Internal factors included organizational values, priorities, and goals; and organizational strengths and limitations. Participants discussed the importance of ensuring a balanced perspective on the issues they were involved in. One participant described their process of decision-making as an 'art and a science':

> It's why I say it's the art and science around all of this as well. There absolutely is the science in terms of key issues that we need to be thinking about but then how that meshes and gels together, and how you exactly position that, how you say it, and the timing of when you say it as well, can be hugely important.

Understanding the Ideas, Interests, and Positions of the Broad Network

Participants acknowledged their position within broad networks comprised of diverse stakeholders such as their membership, government, the public, champions, those in opposition, and the media. They spoke about the importance of reflecting on the policy priorities and positions of these stakeholders, as well as their awareness and understanding of the nursing profession and their respective associations. These considerations influenced what participants chose to focus on, how they framed their policy issues and solutions, and the type of advocacy tactics they deployed.

> It's a network in terms of stakeholders, and they all influence each other. At the end of the day, what we're trying to do is influence a decision or action from government, but then government is influenced by not only [our association] or health organizations,

> they're influenced by a multitude of other issues, organizations, stakeholders…at the end of the day, for government relations, lobbying, and advocacy, you're trying to influence government directly but you're also trying to influence government indirectly by using other audiences and stakeholders.

Given the member-driven nature of all associations included in the study, participants discussed the significance of assessing and balancing the ideas and needs of their membership to ground their policy advocacy work. One participant said, "I think our priorities are mainly set based on what we're hearing from members, from our member surveys, through our COVID surveys, [and] the response from [our webinar series]." Another participant said:

> For us, it was really important to hear directly from nurses who were on the front lines as well, so we engaged in a number of different outreach opportunities…. that's also what the government wants to hear from us. They want to know what nurses are experiencing or what nurses are saying. It's not just us sitting in a room coming up with ideas but us using the input and feedback that we're getting from our members and sharing that with government. And that's what I think honestly moves the needle in a lot of cases, where you can provide a story for politicians to hold on to that resonates, whether it's their constituents or what not. That kind of, I think, grabs attention and more so than sometimes really good policy ideas.

As described earlier, much of the work of leaders within associations included lobbying decision makers and governments, and participants spoke about the importance of strategically aligning their goals with those of decision makers.

> In terms of engaging with government, I think the number one thing we first look at is what is important and a priority for nurses and nursing, and there's a lot of ways that we

> get that sort of feedback from members and key experts. Then, we look at what is currently the government's priorities? What is their mandate? And the number one thing we have to do is align what are the concerns and issues and priorities of nurses and nursing, and that has to be aligned with what the government is trying to achieve.

Another participant said:

> I think the number one most effective advocacy strategy is to align it with the government's priority, so if our advocacy priorities are their priorities, then we have a much higher rate of success because we're basically bringing forward the solutions to their problems that they want to solve.

Participants' ideas about the level of receptiveness to nursing amongst governments and decision makers varied depending on their contexts. For example, one participant suggested that the Year of the Nurse and Midwife (World Health Organization, n.d.) enabled greater receptiveness while another participant discussed their government's continued tendency to default to physicians on matters within the domain of nursing. While some association leaders described that there was more interest from governments and decision makers to consult their respective organizations during the pandemic, they still had to be proactive in attracting their attention, regardless of how well the established the association was.

> I think health professionals, generally health groups, but mostly doctors and nurses, enjoyed a lot of access to government. We've seen governments being even more interested than before in engaging with groups like ours because we're at the forefront of the fight against the pandemic as nurses…. that doesn't mean that if we were to keep quiet and not engage directly and in a more proactive way that government would come looking for us. So, at the same time that they were interested in hearing from the nursing

> perspective and us as the nursing association, we still had to dispense efforts and resources in terms of being very proactive, going to governments and sharing our thoughts and perspectives and expertise in terms of the decisions that they were making.

While the ideas and interests of their members, decision makers, and governments played a strong role in determining the policy priorities, messages, and advocacy approaches taken up by those leading associations, participants also spoke about the importance of keeping a close eye on the policy advocacy work of other civil society organizations (e.g., professional organizations, labour unions, patient care groups, health service organizations, etc.). This was particularly important when making decisions about whether their respective organization had a role in leading, supporting, or addressing a policy issue. One participant said, "we do environmental scanning, we listen to our [members] to understand what their needs and demands are, but we also then try to understand what they are working on so that we don't duplicate what they are already working on." Another participant said:

> We have a tool that we look at that – it has three levels. What won't happen if [we don't] do it? Is there something here that only [we] can do, or nobody else is willing to do, and therefore we should lead this, invest money, invest staff and so on…what does nursing need to do? And where can [we] play a supporting role or a co-leading role but not be completely out in front. And finally, what are the things we need to start to keep our eye on?

Beyond understanding the ideas and interests of their membership, governments, decision makers, and other civil society organizations, leaders within associations also drew on public opinion to inform their policy priorities and messages, and to get a sense of the level of support

and opposition for their policy solutions. One participant described the significance of public opinion:

> When there is this concept of huge, big government, public opinion really starts to matter more than usual, I think, because governments like to have greater power, but they're also at the end of the day, a bit afraid of it because public opinion can backlash, and they see that reflection in the elections.

Responding to Shifting Needs, Contexts, and Evidence

While association leaders' networks had significant influence on their decision-making, they were also required to respond to constantly shifting needs, contexts, and evidence, which influenced their policy priorities and advocacy approaches.

> There were so many policy priorities, and the evidence was changing so quickly that what was an issue today, next week became a backburner issue because something else came up. You see that with issues around long-term care, and then as you shifted into the school year, then it became issues around school. And even just the waves – the first wave, second wave, now the fourth wave of COVID-19 and each wave has its own priorities or challenges.

Participants spoke about the importance of pivoting based on changing political landscapes:

> I think in terms of choosing what are the most appropriate and effective advocacy, government relations, and lobbying tactics, [it's about] taking a very long look at the current scenario, what's going on in government, what's going on in Parliament and developing those strategies and responses to that scenario, because with government relations and advocacy, it's all about the timing of things, and depending on the cause or

> issue or policy recommendation you're trying to put forward, one tactic might not work. Another [factor] might just be because of where things are at in terms the political landscape.

Another participant stressed the importance of timing:

> The timing of when you say it as well, can be hugely, hugely important. All associations have experience with this. They put out what they think is a really important story or issue and they might do it once and it doesn't fly, and then they try it again another month because there's something that the media or the politicians or the policy makers can connect it with, and then suddenly you get traction with it as well, and there isn't a clear model or algorithm which tells you that either.

The politization of the pandemic and the competing ideologies of diverse groups created an environment of constant debate and disagreement. This required leaders within associations to keep their finger on the pulse and assess the social context and climate which influenced their policy advocacy priorities, messages, and approaches. One participant described their process of assessing the social climate*:*

> [We assess] what we're hearing, how many people have commented generally speaking on a story that we were following; was it positive, negative, or neutral? So, keeping that tone tally was also helpful because it helps us to understand where the general thinking was and where we might want to answer question.

All participants discussed the importance of incorporating evidence into their decision-making, and the impact of shifting evidence on their policy messages. For example, when discussing their approach to getting governments' attention, one participant posed an important

question: "…do we have enough evidence to bring good fiscal, economic arguments to the table…You have to do the hard homework of actually doing the math." Another participant said:

> It's really the evidence that provides the direction and so as an organization that is the professional voice, how else could we speak on behalf of the issue that we're speaking on if we're not driven by evidence, because we want to be recognized as credible.

The policy products produced by those leading the work of nursing associations were consistently updated to reflect the most up-to-date evidence possible.

Some participants also spoke about the importance of considering the urgency, magnitude, and severity of issues when making decisions about what to take on. One participant reflected on their process of decision-making:

> Is this something for members? Is this just a member service thing or is this about public policy and advocacy because they may take different directions…so it's really [about] what's the impact on society, what is the cost to society. If it's something minor, we probably aren't going to chase that rabbit hole too far, but if it's something like long-term care, hugely expensive…there's a problem right now."

Another participant said:

> We took [our list of issues] internally to weekly COVID briefings that we had and we would go through that. This was comprised of obviously members of our board and councils, a couple of other people would weigh in from the perspective of whether or not they had expertise in particular area, but we would take that list and we would say, okay, this is where the thing that most people are talking about…what do or don't we want to touch, what's important from an association point of view….we would triage that into the

> list and start marking them green, yellow, red. What needed to come first? What could wait? Low, medium, high priority.

Given all these intersecting factors, participants discussed the importance of taking a balanced approach when making decisions about their policy advocacy work. Some participants spoke about the impact of multiple voices and opinions circulating through the media on their advocacy strategies. One participant suggested that rather than contributing to the excessive noise, they took an alternative approach: "we spoke some consistent messages around mandatory vaccines, PPE, long term care, but we didn't flood the airwaves with nurses' opinions." When discussing their position on a controversial issue, another participant said "ultimately, where I always end up is that the most responsible things for us to do as an agency that represents an unbelievably diverse pool of members is to land ourselves on balance as much as possible."

Understanding the Roles, Goals, and Values of their Organization

Beyond the external factors discussed above, several internal factors influenced what association leaders chose to prioritize, how they crafted their messages, and the types of advocacy tactics they used. Specifically, participants' ideas about their role as a professional association (versus that of a labor union, regulatory college, and employer) influenced their decision-making. The extent to which leaders within associations considered issues to be within their realm varied depending on their context and dynamics within the jurisdiction. One participant said:

> The union would speak around the individual nurses and their workplace conditions, whereas we tend to come up in the middle and talk about what's going on across the profession. What's the impact on the public, and what is the impact of how we structure the nursing workforce on health outcomes, that sort of thing. But you can imagine, PPE is

> a good example, it's pretty hard to find a line between the individual and the profession if the whole profession is kind of getting impacted by this."

Another participant said:

> Of course, there's direction representation and support for people who are struggling and have difficulties in the workplace, and people often think of that as being a trade union function. Well, if the nurse is concerned about not enough staff, a model of care, lack of equipment, I mean that's a safety issue, a patient safety issue as well. So, there's that representation and support which is about supporting the nurse but I think it's also got benefits to health systems in terms of patient safety agenda.

When describing their approach to advocacy, participants discussed the importance of reflecting inwards on the intended goals of those within the association and using those goals to drive their policy advocacy work. One participant spoke about their process of decision-making:

> What pressure points am I trying to put on the political debate and the political discourse? Where can I most effectively do that? …there are some areas where [our organization] speaking on behalf of nursing can have more influence than on others…it's where you can maximize your leverage in your influence on the political process, but then thinking about where the policy gaps are…I might be wanting to highlight where a policy has worked well or where there's an absence on policy as well.

The policy products developed by individuals leading the policy advocacy response of associations also illustrated the influence of their values and principles. For example, policy messages embedded principles and values related to equity, nursing ethics, integrated and comprehensive patient-centred care, evidence, nursing leadership, the social determinants of health, decolonizing anti-racism, and sustainable development. Some leaders within associations

crafted their policy messages within the context of national and global treaties, declarations, and reports which also embedded these principles.

Being Aware of and Responding Based on Organizational Strengths and Limitations

Beyond reflecting on their role, goals, and values, all participants discussed how internal factors such as governance, staff expertise, and resources impacted their policy advocacy decision-making. Some spoke about the internal direction provided by their governing boards:

> If you take a look at our strategic plan, that's the result of bringing that mapping [from our environmental scan] together and then from the President, the elected board, to staff, sitting down and saying…what are the priorities that jump out, what could make a change on globally, what advice, information, or resources could we bring forward which adds something uniquely valuable from a global perspective that doesn't replicate or duplicate.

Another participant said:

> I think our priorities are mainly set by members…but ultimately, we take those things and then the Board looks at the feedback from membership and sets the priorities based on it, because we are an organization created by nurses for nurses, so what the members want is what we do.

One participant spoke about the structures they put in place within the association to draw on the expertise of a more diverse pool of members beyond their board members:

> Typically, in the past, the Board would meet, do a policy scan, they did gallery walks and looked at what are the current issues and so on. But a lot of it was Board and [organization] driven, and I think we responded accordingly – these are the things the Board identified. I think now we're better at what do the members say, what do our [committees and council] say we should do in these important areas.

The level of expertise and capacity of staff also played a role in determining their ability to respond. One participant said: “the response is predicated on the ability of the staff within the organization to recognize that it’s an emerging trend, and then to move forward with having resources available to address the emerging trend.” Regardless of how mature or well established the association was, all participants identified that internal resources played a role in determining what they focused on and the speed at which they could accomplish their goals: “resources are always a really, really big issue in terms of just having the staff and the resources to get things done.” Another participant said:

> I think sometimes where we might get left behind is that there’s other organizations with larger staff or more resources, so they quickly come out with recommendations or positions, and we’re still sort of analyzing or debating or that kind of thing.

One participant described the challenges with balancing their COVID-19 priorities and non-pandemic related priorities:

> I think we faced a lot of challenges with [resources] because we’re a very small team on the policy and advocacy side of things, so when we’re dealing with a pandemic, there is only so much we can focus on. If there’s a fire going on in your house, that’s what gets the attention but for sure we definitely noticed even nurses questioning why an issue isn’t being more prominent. So yes, that was definitely a challenge…having to focus on the pandemic and what needed to be done around the pandemic, but then other issues having to be sidelined because we didn’t have the resources to tackle everything.

Focus on Contribution, Not Attribution

While there were variations in the goals, policy priorities, advocacy approaches, and factors that influenced associations’ decision-making, the ways in which participants measured

the success of their policy advocacy work was similar. All participants acknowledged the difficulties with measuring policy influence and impact and the challenges with attributing success specifically to the work of the organization. For example, one participant said:

> I think that the nature of the problems that you're dealing with are so complicated and so intertwined and interrelated, that to think that any one organization or small group of individuals can take credit for making a change, I just don't think that's right. I don't think that's the real world…it's going to involve a number of other groups and people.

While measuring the impact and influence of associations on policy change is difficult, participants discussed interim indicators they used to measure success.

> Sometimes when we think about wins and goals in advocacy, we usually think of the actual policy change– the government deciding to put more money for mental health or health workers, government moving forward with national standards for long-term care. But in advocacy, I find that it's very useful and important to establish interim goals.

Although there were nuances in participants' responses, in general, measures of success were quite similar. Success was often determined by their ability to be part of the policy narrative and increase the level of awareness and receptiveness of stakeholders to their policy advocacy work. Some participants measured their success by assessing whether their policy asks were included in government budgets. However, most indicators were related to the number of engagements and collaborations with government and decision makers.

> We've had a lot of changes with government, we have a new premier but also we've had four different health ministers over the course of COVID, and we've had meetings with most of them. So, I think that's a success that even after each one changes over, they continue to meet with us.

One participant said, “I measure success based on the amount of times and the ways in which we are now consulted to provide expert resources, opinion, perspective, and that we’re consulted on issues that matter.” Another said, “we’ve never had the case where we just get constant invitations to come to committee hearings, we had to beg to get into those. We don’t even have to ask basically right now.”

Within the broad network, participants also measured success based on the uptake amongst their members and the number of coalitions built. One participant described a collaborative effort they led:

> Organizations all came to the table and agreed that there is a health human resource crisis and that this needed to be brought to government. So, we all spoke in a unified voice around the issue, and obviously that’s not the final objective because there’s no policy change around that, but that can be seen as a win because it’s an issue that is prominent for nurses and nursing, and that got adopted and spoken very loudly from the voice of [a number of] national organizations.

Another participant spoke about the level of engagement amongst their members:

> I think just given how busy nurses are, the fact that nurses are still engaged, and that we’re still hearing from them, while we’ve seen a little bit of a drop off in some of our committees, nurses are still interested in issues and wanting to move issues forward, so I think those are huge successes.

In addition, participants described indicators related to media engagement and public awareness. One participant said:

> I think the health workforce has been quite a prominent part of the debate in the dialogue during the pandemic, and I think we and others have played a role in making sure that there's public recognition and profiling of all of these issues.

Another participant said:

> We've had a huge uptick, [we] did a whole clump of media in September, October and that was all media coming to us. I would say that was really the first time where it wasn't prompted by something we sent out; they just came to us.

While these indicators provided participants with some sense of the progress made on their work, some acknowledged that further exploration of evaluation metrics were needed to measure the impact of their policy advocacy work: "one thing we've never answered very well is… how will we really know we made difference?" Another participant said, "we do need to be strategic; I think identifying those measures is going to be something that will be really important and want to be able to report back to our members as well."

Capitalize on Windows of Opportunity

There is no doubt that the pandemic created significant challenges for nurses and the health system, and while participants spoke about the challenges that they faced as leaders working in professional nursing associations during the pandemic, participants from all organizations also saw COVID-19 as a window of opportunity to strengthen the nursing profession, their respective organizations and priorities, and the professional nursing association as a specific pillar. The pandemic provided an opportunity to strengthen unity within the profession and raise profile of nurses and nursing.

> Global has never been more local…we talk solidarity, but when you translate that into actions…it's really reinforced that we're a global profession, not just in name but in the

> way that we've acted and collaborated together, and I think that's something, given how tough the pandemic is. I think that is something that's encouraging, that's supported people, that's given a confidence boost, where they've seen nurses have been able to drive and deliver change and make differences. Whether it's in models of care, whether it's in the way that vaccine programs have been delivered, whether it's been in public health messages, there are some real practical things you can point to and say yes, nursing and nurses have been at the forefront of that.

Another participant said:

> I think COVID has been very unifying, never have we seen something like a pandemic. And the issues – it doesn't matter if you work in community or if you work in ICU or emergency, many of the issues have been the same as we move through the trajectory of the pandemic. So, in that way, it provides a stronger voice for nursing, and also, I think elevates nursing – the public is more aware of that nursing importance in the health care system.

Participants discussed the importance of balancing existing and urgent priorities and capitalizing on windows of opportunity to accelerate movement on existing priorities. The policy products of some organizations highlighted the opportunities that came with COVID-19 such as the expansion of virtual health, scope optimization for nurses, and government supports for a basic living income. When speaking about the policy work they advanced, one participant said "I think because we've had a global pandemic…we've been able to move more quickly to address some of those issues than if we hadn't had the pandemic." Another participant discussed the importance of seeking policy windows of opportunity:

> Lots of work can get put into something, and you may not get the result that you hoped for. But often that issue circles back and five years later, that work hasn't been done for no reason; it becomes valuable. So, I think that it's that balance, trying to meet immediate needs, look for those policy windows and policy opportunities in terms of what you're advocating for. But also, if you put all your eggs in one basket…I think it leaves you open for criticism.

Opportunities also existed for associations to increase their visibility. This was especially the case for younger associations. While some participants discussed that the amount of noise and voices served as a challenge, participants from younger organizations saw this as an opportunity.

> I think that the number of voices and the amount of chatter actually worked to our benefit…because another voice was out there…and sure some people wrote us off and some people still do, but because the space was crowded, it allowed us to kind of jump into it.

Another participant spoke about the benefits of being a younger association: "being a new organization, we have a fresh platform to say we're coming in, we don't have any sort of built-in history or built-in legacy issues, or in terms of relationships."

Beyond their respective organizations, participants discussed opportunities to strengthen the professional nursing association pillar and the importance of carving out their role to respond to future pandemics. One participant highlighted the untapped potential of nursing associations:

> I think the role of associations generally doesn't receive the recognition and the credit for the work that they do, and the value they add…I think that they are untapped, some of

> them are doing phenomenal work but I actually think there's a real untapped potential for associations which health systems and governments could be doing much more with."

Another participant spoke about the importance of reflecting on the pandemic experience to guide future policy advocacy responses:

> I think having a game plan is very important, but it's only something that I think you can stop and think about once you go through the crisis and the pandemic we're in. So that can be a takeaway for us, and we can sit down and try to put together some sort of guidance framework for advocacy and policy during pandemic times.

Discussion

In this section, I discuss the implications of findings for leaders working in professional nursing associations. I situate the findings within the context of the extant literature and apply a critical lens to offer practice considerations that can inform the strategic policy advocacy initiatives of associations. While some of the findings pertaining to priority setting and common advocacy strategies align with what is already known within the extant literature (Chiu et al., 2021), the new knowledge generated from this study offers a unique perspective on policy advocacy undertaken by professional nursing associations within the context of a large-scale public health crisis. Specifically, this new knowledge includes insights about the role and target audience of nursing associations, the breadth and depth nursing associations' policy advocacy agendas during a pandemic, how leaders working in nursing associations negotiate internal and external factors to determine their policy priorities and advocacy strategies, and their perspectives on policy advocacy evaluation – all of which have been previously identified as research gaps (Chiu et al, 2021). Individuals leading the work of professional nursing associations may find these ideas especially useful for reflecting on the scope and approach of

their policy advocacy initiatives. The goal of this discussion is not to prescribe what professional nursing associations should or should not do, as this will depend highly on their individual contexts. However, the intent is to offer ideas for individuals working to strengthen their organization's policy advocacy functions, especially within the context of a global pandemic.

Lessons About the Role and Target Audience (the 'Who') of Associations

While professional nursing associations are largely member-driven, and much of their work is focused on supporting their members through the development of targeted resources, setting best practice guidelines, promoting leadership and scholarship, and providing a voice for their members to advance policy and practice issues (Morin, 2021), the findings suggest that they have a much broader role in protecting the health system, the public, and society at large. The organizations included in the study clearly illustrated that, while a key role during the pandemic was to support their members, they also played a significant role in protecting the public and health systems through policy advocacy and developing and promoting credible and evidence-informed resources. This is an important consideration, especially at a time when the value, relevance, and potential of many professional nursing associations have yet to be fully realized. As a result, individuals leading professional nursing associations may find it useful to think critically about the breadth and depth of their policy advocacy role and goals to identify their value proposition not only for their membership, but for their broader audiences.

Drawing on Benton et al.'s (2017) integrative review, the primary purpose of regulatory bodies is to protect the public; professional associations advance the profession; and labour unions advocate for the socioeconomic well-being of the individual nurse. While many jurisdictions (not all) have structured the division of responsibilities in this manner and promote the idea of staying within their 'swim-lanes', the findings suggest that the role and purpose of

professional nursing associations during a pandemic are not as definitive or 'clear cut' as some may assume, given that protecting the public and advocating for nurses are also key functions taken up by professional nursing associations depending on their contexts. Similarly, while scholars have suggested that professional nursing associations typically focus their policy advocacy work on professional and health policy issues (Benton et al., 2017), at times, given the complexities within health systems, health workforce, and patient care, they may also have a unique perspective to offer on regulatory or labour issues. Consequently, individuals working in jurisdictions under the three-pillar model who are leading the policy advocacy initiatives within professional associations may want to adopt a broader perspective and consider how they might be positioned to contribute to policy issues that are often viewed as falling within the purview of regulatory bodies and labour unions within and beyond the context of a pandemic. This could sidestep the risk of missing an opportunity to offer a unique professional perspective on pertinent topics, and encourage collaboration between associations, unions, and regulatory bodies. However, the extent to which these areas of foci are taken up will depend heavily on the historical, political, and social contexts within each jurisdiction. To assess when it might be appropriate for those leading professional associations to take up regulatory or labor issues, leaders might wish to reflect on their relationships with regulatory colleges and unions, the degree to which an issue may or may not be adequately addressed by each pillar, the urgency and scope of the issue, and the needs of their stakeholders.

Lessons About the Policy Priorities of Associations During a Pandemic (the 'What' and 'Why')

The extant literature offers a snapshot of the breadth and depth of policy issues that nursing organizations have advocated on (Chiu et al., 2021); however, the findings within this study offer a unique lens into the kinds of issues that are relevant to professional nursing

associations during a global pandemic. Within the context of Shamian's (2014) Spheres of Influence Model, organizations included in the study demonstrated their careful attention to policy issues within the nursing, health, and public policy spheres at the regional, national, and global levels. While I acknowledge that each crisis will be different, the areas of focus identified in this study can be used as a starting point to build blueprints to guide policy advocacy response strategies in future public health crises. Specifically, leaders of associations may consider focusing their attention on supporting the physical, social, and economic well-being of nurses and health workers; providing guidance on health workforce challenges; using their expertise to improve public health responses, health system capacity, and readiness; ensuring that the unique needs of marginalized or at-risk groups are addressed; and embedding the social determinants of health and health equity into their policy advocacy responses.

The depth and breadth of associations' policy advocacy agendas are dependent on a variety of internal and external factors. Within the context of priority setting, the findings aligned with existing theories such as Shiffman and Smith's (2007) Framework on Determinants of Political Priority for Global Initiatives and Walt and Gilson's Health Policy Triangle Framework (1994), which illustrate the influence of factors such as political contexts, policy actors, issue characteristics, and policy processes on priority setting. From an organizational perspective, the findings also aligned with the extant literature (such as Scott, (2013) and Macdonald (2012)), which suggests that internal factors such as governance structures; membership and inter-professional nursing relationships; professional mandates; jurisdictional mandates; resources; and institutional pressures such as beliefs, values and rules all influence priority setting.

The new knowledge generated from the study, in conjunction with the extant literature, underscores the importance for leaders working in these settings to approach decision-making in

a balanced manner by continuously looking outwards and inwards when setting their policy advocacy agendas. Within the context of a pandemic, the findings also illustrate the value of putting processes in place to enable associations to be agile in order to respond to shifting contexts. Using these findings as a framework can support professional nursing associations to ensure that they do not approach their policy advocacy work haphazardly, but rather, through a systematic approach that considers all internal factors (e.g., values, goals, maturity of organizations etc.) and external factors (e.g., social and political context, relationships within their network, etc.) By doing so, individuals leading this work may also be better positioned to justify their decisions to their members and stakeholders for the purposes of transparency and accountability.

Lessons about Associations' Policy Advocacy Approaches (the 'How' and 'Why')

Leaders within associations described a wide range of advocacy strategies and tactics they employed to advance their priorities during the pandemic, and the factors that influenced their decision-making processes. Different groups engage in the advocacy process differently, and a useful way of conceptualizing advocacy approaches is by focusing on two dimensions – the degree to which an organization takes a cooperative (inside track) or confrontational approach (outside track), and whether their advocacy messages are more evidence-based or interest and values based (Start & Hovland, 2004). Those that take a cooperative approach focused on evidence are seen as 'advising'; those that take a cooperative approach focused on interests and values are seen as 'lobbying'; those that take a confrontational approach focused on evidence are seen as media campaigning; and those that take a confrontational approach focused on interests and values are seen as engaging in 'activism' (Start & Hovland, 2004). Although these are useful ways of conceptualizing advocacy approaches, very rarely do organizations fit

neatly into a single category (Young & Quinn, 2012). Leroux and Goerdel's (2009) illustration offers a similar conceptualization which includes two key approaches to advocacy, including grassroots advocacy and standing-in decision-making. Grassroots advocacy involves mobilizing nursing organizations' membership and the public, while standing-in decision-making involves nursing organizations engaging in policy communities with government, legislators, and other organizational leaders to shape policy agendas and outcomes.

While there were differences in how association leaders within the study engaged in advocacy, and some described their preference with taking more of an 'inside' track when advocating to governments and decision-makers, in general, they used a wide variety of advocacy approaches which I described as 'top down, bottom up and everything in between'. This suggests that the appropriate advocacy tactic is highly contextual and leaders working within nursing associations must reflect carefully on both internal and external factors to inform their decision-making, as described in the findings. Of particular importance when selecting an advocacy strategy is the need to be intentional and select the most appropriate strategy based on the target audience and the intended change they are seeking, as illustrated in the Advocacy Strategy Framework (Coffman & Beer, 2015).

Leaders of associations within the study engaged not only with their members but with the public, decision makers, champions, and those in opposition. Some of their initiatives focused purely on raising awareness around public health protocols, while others focused on changing will or attitudes amongst the public, governments, and decision-makers through campaigns, coalition building, and direct lobbying. While the selection and success of advocacy tactics are highly contextual, there may be some strategies that are more appropriate than others depending on the changes being sought and the audience being targeted (Coffman & Beer,

2015). This suggests that individuals leading the policy advocacy work of nursing associations must have a clear understanding of their intended goals and their target audience to tailor their strategies as needed. Given the importance of collaboration amongst networks and the resource challenges that many organizations face as discussed by participants, when possible, synergies should be sought with stakeholders in order to avoid duplication and to maximize gains.

Lessons About Policy Advocacy Evaluation

One way for leaders of professional nursing associations to strengthen their influence and impact is to evaluate their policy advocacy work to measure their progress and successes. Policy advocacy evaluation is distinct from policy evaluation as it focuses on the process of assessing the policy change process, rather than the value or impact of policy (Raynor et al., 2021). While there are several challenges with evaluating advocacy such as the level of complexity, presence of multiple external factors, long time frames, shifting strategies and milestones, and attribution dilemmas (Gardner & Brindis, 2017; Guthrie et al., 2005; Raynor et al., 2021), it is important as it allows association leaders to understand their areas of strength and weakness.

As discussed in the findings, participants spoke about their approach to evaluation by 'tracking contribution, not attribution.' While some of the existing literature discuss the impact and outcomes of nursing associations' policy advocacy work, conclusions are typically broad, with a lack of in-depth exploration that clearly maps out the evaluation logic. Further, within the context of the COVID-19 pandemic, although many leaders within associations have worked hard to amplify the voice of nurses, several scholars have noted that nurses' voices continue to be silent within organizational decision-making and in the media across many parts of the world (Bennett et al., 2020; Daly et al., 2020; Rasmussen et al., 2022). This disconnect should prompt leaders within nursing associations to reflect on, and evaluate not only their advocacy approach

as organizations, but the extent to which they are supporting and empowering their members to speak out.

Strengthening associations' policy advocacy work requires both monitoring – which tracks progress, and evaluation – which measures impact (Coffman, 2014). This requires leaders within nursing associations to consider several questions: What is the purpose of monitoring and evaluating their policy advocacy initiatives and how will this data be used? What methods or designs are most appropriate? What should be measured? What indicators should be identified? What are the most appropriate data collection tools? (Coffman, 2014; Garnder & Brindis, 2017). When developing indicators, it is important for organizations to differentiate between process indicators – those used to measure an organization's activities or efforts to create change, and outcome indicators – measurements of change that occur due to organizations' policy advocacy efforts (De Raeve et al., 2022; Guthrie et al., 2005). For example, a process indicator may be the number of meetings an organization had with decision makers, while an outcome indicator may be the increased level of support for a policy proposal by those decision makers based on those meetings. The majority of indicators described by participants within the study fall under the category of process indicators, and while they are easier to control given that they are dependent on the activities of organizations, developing outcome measures are ultimately required if organizations are to measure the impact of their policy advocacy work.

To strengthen the policy advocacy function of professional nursing associations, leaders should focus their attention on developing clear theories of change in order to align their goals, strategies, and intended outcomes to assess their impact (Stachowiak, 2013). The field of policy advocacy evaluation has evolved over the decades (Raynor et al., 2021), and those leading the work of professional nursing associations can draw upon a wide range of theories to support their

monitoring and evaluation efforts. Ultimately, nursing associations' policy advocacy influence and impact can only be strengthened if progress is tracked, and outcomes are measured. While it is possible that leaders of professional nursing associations across jurisdictions have engaged in internal evaluations of their work, to date, there have been no published studies focused on professional nursing associations and policy advocacy evaluation during the COVID-19 pandemic. As a result, to strengthen this work, not only is evaluation required to inform practice, but research is required to build the body of knowledge required to inform the profession as a whole.

Limitations

Given the small sample size and location of associations included in the study, the findings and lessons gleaned may not be applicable to all organizations and contexts. Additional research will be required to understand the ways in which leaders of professional nursing associations engage in the process of policy advocacy, and the lessons learned from the pandemic experience in different social, political, cultural, and economic contexts. I grounded this study in nursing's disciplinary epistemology, which acknowledges that while there may similarities across associations, infinite variation will always exist to some extent. As a result, developing a universal truth claim of lessons learned with the expectation of generalization is incongruent with the philosophical underpinnings and goals of this study. However, the new knowledge generated can inform leaders working within professional nursing associations and provide a new perspective on how they might work towards greater policy influence and impact.

Conclusion

Throughout the COVID-19 pandemic, civil society organizations have played a critical role in supporting and leading the pandemic response, especially in cases where there was

insufficient political leadership (The Independent Panel for Pandemic Preparedness and Response, 2021). In particular, professional nursing associations served as a compass for the public, nursing and nurses, and governments and organizational decision makers (the 'who'). They played a critical role in protecting the public, strengthening the nursing and health workforce, supporting health system improvements, amplifying the importance of nursing leadership, and turning the invisible into visible (the 'what'). Associations deployed a wide range of advocacy strategies to realize their policy advocacy goals including lobbying governments and decision makers, leveraging their broad networks, maintaining public awareness, empowering members and stakeholders, and engaging in knowledge development (the 'how'). The complexity of issues required leaders within associations to reflect inwards and outwards, and to understand their broad network; respond to shifting needs, contexts, and evidence; understand the role, goals, and values of their organizations; and their organizational strengths and limitations (the 'why). Further, they identified areas of improvement for evaluating and measuring their policy advocacy impact and capitalized on windows of opportunity to strengthen nursing, their organizations, and health systems.

The COVID-19 pandemic created significant hardships and will go down in history as one of the most trying times in many of our lives. However, within this challenge came an opportunity to learn about the role of nursing associations, the breadth and depth of policy priorities and advocacy strategies, the factors that influence the decision-making of those leading our associations, and their evaluation practices. With this new knowledge, not only are we reminded of the importance of professional nursing associations, but we are better situated to identify the ways in which their policy advocacy functions can be strengthened to better serve nurses, the public, health systems, and society during and beyond times of crisis.

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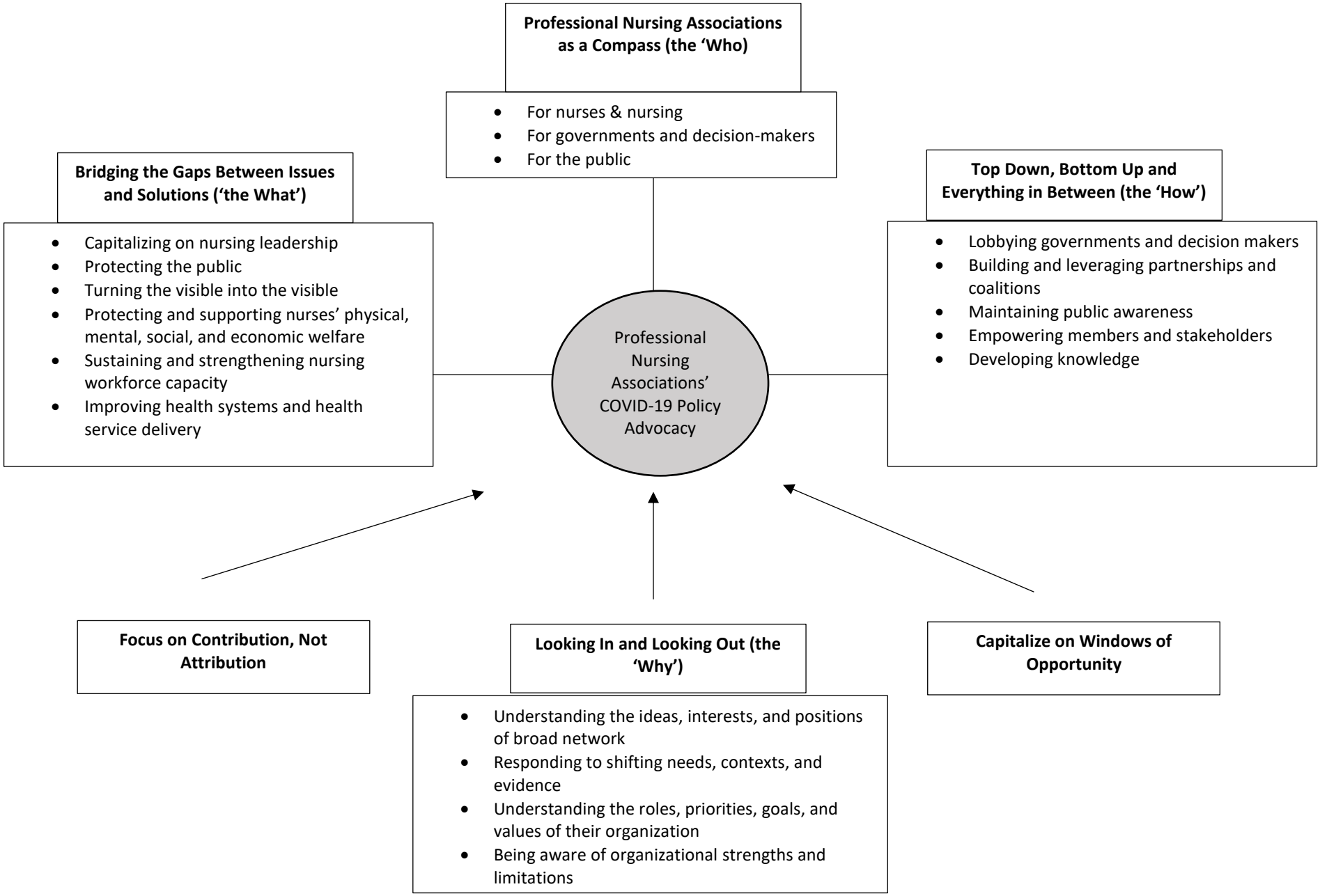
Figure 5. 1: Professional Nursing Associations' Policy Advocacy Response to the COVID-19 Pandemic



Chapter 6: Conclusion

Summary of Findings and Significance

The overarching conclusions drawn from this dissertation include the need to broaden nurses' understanding of advocacy and policy from a micro to macro lens, to expand the discipline's inquiry on policy advocacy enacted at the organizational level, and to think critically about the knowledge base that is required to inform how professional nursing associations can strengthen their influence and impact. In chapter one, I drew on the idea of pluralism to make the case for why studying advocacy groups, and specifically nursing organizations, is important given their influence on policy processes and outcomes (Bryant, 2009; Gardner & Brindis, 2017; Miljan, 2018; Villeneuve, 2016). I discussed the impacts of shifting governance structures on nursing organizations across Canada and around the globe, and the opportunity this presented for strengthening the policy advocacy work within the professional association pillar. This was accompanied by an exploration of the philosophical, theoretical, and professional perspectives that I drew on to inform my research questions and studies. In reflecting on my research questions and position as novice nurse researcher, I came to appreciate the multiple perspectives that I could draw on to inform and inspire my substantive area of inquiry.

In chapter two (paper 1), I conducted a theoretical exploration to examine the knowledge required to engage in policy advocacy within the nursing discipline (Chiu, 2021). I was inspired to write this paper as I noted a significant gap in exploring the concept of advocacy at the policy level within the nursing literature. Further, in my discussions with nurses and colleagues, I often heard claims about nurses having a "unique perspective" on matters of public policy; however, articulating this uniqueness always posed a challenge. In conceptualizing and writing this paper, I came to better understand how the integration of nurses' patterns of knowing can be used to

characterize the unique lens that nurses bring to policy debates compared to other professions. In this paper, I drew on existing theories, models, and frameworks from the nursing and policy literature and identified the need to extend the idea of advocacy from the individual patient level to the policy level. Drawing on Fawcett's (1984) metaparadigm and the patterns of knowing (Carper, 1978; Chinn & Kramer, 2018; White, 1995), I reconceptualized these ideas beyond the individual nurse-client relationship and situated them within the policy advocacy context. By positioning these epistemological and ontological perspectives within the realm of policy advocacy, I drew on Walt and Gilson's (1994) Health Policy Triangle Framework to explore how nursing policy advocacy knowledge can be developed and advanced by attending to four key areas: policy content, context, processes, and actors. The concepts presented in this paper offer a new perspective to inform the development of education, research, and practice. Specifically, it can help inform the development of competencies related to policy advocacy in nursing education, offer a framework for examining research questions related to policy advocacy, and inform the policy advocacy work of individuals and organized groups through a systematic and theoretically informed lens.

In chapter three (paper 2), I applied these concepts to the organizational context and conducted a scoping review to examine the nature, extent, and range of scholarship focused on exploring the policy advocacy work undertaken by nursing organizations (Chiu et al., 2021). While the review provided me with a comprehensive overview of the extant literature, I was surprised to find that the body of literature consisted largely of non-research accounts and descriptions of organizations' policy advocacy work, with little empirical studies or critical analyses. After completing this review, I realized that while nurses often view nursing organizations as key platforms for engaging in policy advocacy, significant knowledge gaps

exist, and further research is required to inform our understanding about the nature of this work and the ways in which it can be enhanced to strengthen influence and impact. Although the literature provided me with some understanding of what had been explored, I noted several knowledge and research gaps. Specifically, in order to build the knowledge base required to strengthen the policy advocacy work of nursing organizations, I suggested that future research should focus on understanding the decision-making processes of those leading policy advocacy within nursing organizations and how they align with theories of policy process and change to identify areas of strength and weakness; understanding the impact of internal factors (e.g., rules, norms, culture, governance, leadership etc.) and external factors (e.g., external perspectives such as those of elected officials, bureaucrats, governments, other advocacy groups, etc.) on policy advocacy processes and outcomes to identify barriers and facilitators to effective influence; identifying ways in which policy advocacy impact and outcomes can be measured and evaluated to support continuous improvement; and adopting a critical lens to support those leading nursing organizations to think about how they can be responsive to the needs of nurses, the health system, and society.

In chapter four, I explored the opportunities that a nursing epistemological orientation can be used to design an interpretive description study aimed at developing knowledge to inform practice. Further, I provided details on my study design and methods undertaken in chapter five. Building on the principles of interpretive description, I reflected on my research process and challenged commonly held views and practices within qualitative research. Specifically, this involved expanding our views about theory utilization in applied qualitative research, discussing alternatives to relying on the concept of data saturation when making decisions about concluding data collection, and drawing on other indicators of quality and rigour as advanced by Thorne

(2016). This discussion contributes to broader understanding of how interpretive description might be utilized in studies focused on exploring questions relevant to policy beyond those situated within the clinical practice context. Through this reflective process, I gained insights into the ways in which nursing researchers can draw on their disciplinary epistemology to challenge strongly entrenched ideas within qualitative research and to use it as a guiding logic to design and conduct studies for applied practice.

Chapter five (paper 3) was informed by the areas of inquiry that I identified within my scoping review (chapter three –paper 2) and my design logic presented in chapter four. This empirical study focused on exploring the lessons that could be learned from professional nursing associations' policy advocacy responses to the COVID-19 pandemic. Specifically, I examined their policy areas of focus, advocacy strategies, internal and external factors that influenced their decision-making processes, facilitators and barriers, and evaluation practices. The findings illustrated the broad target audience of professional nursing associations (e.g., nurses and nursing, governments and decision-makers, the public); their role in bridging the gaps between policy issues and solutions (e.g., nursing leadership; protecting the public; turning the visible into the visible; protecting and supporting nurses' physical, mental, social, and economic welfare; sustaining and strengthening nursing workforce capacity; and improving health systems and health service delivery); the wide range of advocacy strategies they employed (e.g., lobbying governments and decision makers; building and leveraging partnerships and coalitions; maintaining public awareness; empowering members and stakeholders; and developing knowledge); the internal and external factors that influenced their decision making (e.g., ideas, interests, and positions of their broad network; shifting needs, contexts and evidence; role, priorities and values of the organization; and organizational strengths and limitations); the

difficulties and opportunities with measuring and evaluating their policy advocacy work; and the importance of capitalizing on windows of opportunity.

The findings suggested that leaders within professional nursing associations should think critically and broadly about their target audience and their mandate as it relates to the health system, the public, and society at large. It also suggested the importance of adopting a broad policy agenda to address priorities beyond the nursing sphere and drawing on wide range of advocacy strategies that align with their intended goals. The complexity of policy advocacy illustrated the need for leaders working within professional nursing associations to consider the plethora of internal and external factors that influence their decision-making, rather than approaching their advocacy work haphazardly. Last, the findings suggested the need for leaders working within the policy advocacy context to clearly identify theories of change and to establish the necessary metrics required to evaluate and assess their policy advocacy influence and impact.

While the associations included in the study all came from different social, political, historical, and economic contexts, I was surprised to learn about the similarities that existed irrespective of these contexts. At the same time, it was insightful to learn about their unique internal and external contexts and how it led to nuances in their decision-making processes. With the emphasis on collaboration as described by participants in the study, there are significant opportunities for professional nursing associations across jurisdictions to develop and strengthen the infrastructure and mechanisms needed to enable knowledge sharing to enhance their value propositions and advance their individual and collective policy advocacy goals. Conducting this study reminded me of the important role that nursing organizations have in shaping and influencing the profession, health systems, and society. While the COVID-19 pandemic has

brought to the fore the immense need to strengthen the nursing workforce to meet health system and population health needs, I believe the same is required for nursing organizations globally.

Implications for Nursing Education, Research and Practice

Integrating the findings from these studies leads to several implications for nursing education, research, and practice:

1. When educating nursing students and nurses about advocacy, nursing educators should extend this concept beyond the nurse-client level and apply it to the policy level to enable nurses to become competent policy advocates.
2. Influencing, shaping, and leading policy requires not only content expertise, but also knowledge, skills, and competencies in understanding and navigating policy contexts, processes, and actors.
3. While developing the policy advocacy skills of individual nurses is paramount, greater attention is required to better understand the ways in which this work can be advanced within the organizational context.
4. Scholarship focused on policy advocacy and nursing organizations should move beyond description and focus on exploring research questions that can contribute to a knowledge base dedicated to supporting improvement and future evaluation.
5. Drawing on nursing's epistemological orientation can provide the necessary logic for designing and engaging in applied qualitative research aimed at generating knowledge to inform practice.
6. Professional nursing associations play a significant role during times of crises. While every situation will be different, the knowledge generated from this dissertation could help inform not only the development of future policy advocacy responses within the

context of public health emergencies but also policy advocacy more broadly. Specifically, those leading the policy advocacy work of professional nursing associations may consider the following suggestions:

a. Reflect on how their organizations might support a wide range of target audiences beyond their membership
b. Reflect on the breadth and depth of policy issues that they are positioned to address beyond those within the nursing sphere
c. Identify and consider the wide range of internal and external factors that contribute to their decision-making to identify barriers and facilitators to effective policy advocacy
d. Clearly identify their policy advocacy goals and evaluation metrics to assess their contributions and impact

7. To strengthen the policy advocacy work of nursing organizations, nurses must continuously adopt a critical perspective, develop foresight, and have a clear understanding of *what* the areas of focus and advocacy strategies are, *who* the target audiences are, and *how* and *why* decisions are made to close the gap between 'what is' and 'what ought to be'.

Knowledge Translation

Throughout this doctoral journey, I have had the opportunity to continuously translate the knowledge that I have developed in various forums and to key stakeholders. The two published papers in chapter two (Chiu, 2021) and three (Chiu et al., 2021) were presented at forums such as the Canadian Association of School of Nursing's Virtual Education Conference and Sigma Theta Tau International's Biennial Convention. The concepts within the paper have also been used to

develop an Advocacy Certificate Program by Sigma Theta Tau International (https://www.sigmamarketplace.org/advocacy-certificate-program-online-course). I was called on as a subject matter expert to support the development of this course and contributed to interviews which are now embedded throughout the online course. In addition, I have engaged with individuals leading nursing organizations provincially, nationally, and globally and shared these published papers to support their operational and strategic plans.

While the findings chapter has yet to be published, the use of interpretive description allowed me to think about knowledge translation early on in the research process. By providing participants with a summary of findings, I had the opportunity to share findings in a timely manner and engaged in meaningful discussions with leaders within nursing organizations. Beyond these traditional knowledge translation activities, I also used social media to raise awareness and disseminate this new knowledge to audiences globally.

Concluding Thoughts

When I first decided to pursue my doctorate degree, I was motivated to focus my substantive area on the policy advocacy work of professional nursing associations because of my experience working in these contexts and my belief that health systems and society all benefit immensely from the unique perspectives of nurses and nursing. These convictions only deepened over the last few years as we lived through (and continue to) significant political, social, and economic instability; challenges to civil rights; worsening planetary and climate crises; and a global pandemic that exposed the structural inequities that permeate all corners of society. The need for continued nursing scholarship focused on the policy advocacy work of nursing organizations has never been greater. While nurses across the globe recognize and value their nursing organizations as key platforms for influencing, shaping, and leading nursing, health, and

public policy, we must also remember that this alone will not be sufficient to advance our collective policy influence and impact. Rather, we must continuously extend our inquiry and ask critical questions with the goal of continuous improvement centred around a vision for a better future state.

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Appendix A: Information Letter and Consent Form

UofA Ethics ID: Pro00111860

Title of Study: Lessons from Professional Nursing Organizations' Policy Advocacy Responses in the Face of a Global Pandemic

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Invitation to Participate: You are invited to participate in a research study about professional nursing associations' policy advocacy response to the COVID-19 pandemic because of your experience in leading the work of a professional nursing association. You are being sought out to speak on your perspectives of your organization's policy advocacy work.

Purpose of Study: As indicated in nursing organizations' code of ethics and regulatory practice standards, policy advocacy is a fundamental component of the nursing role. While there is much literature focused on examining the role of individual nurses in undertaking advocacy to influence policy, there has been little emphasis on how this work is undertaken within the organizational context. The changing nature of nursing organizations in many jurisdictions coupled with the COVID-19 pandemic has created an opportunity to examine the role of professional nursing associations in responding to global pandemics.

The purpose of the study is to understand how professional nursing associations engage in policy advocacy to identify ways to strengthen influence and impact. Specifically, it will draw on the COVID-19 pandemic experience to understand the types of policy issues that your organization focused on, the advocacy strategies and tactics that were employed, the factors that influenced your decision-making, and the successes and challenges of your policy advocacy work.

Study Procedures: You will be asked to participate in an interview to share your professional experience on your organization's policy advocacy work during the COVID-19 pandemic. If needed, a repeat interview may be conducted. Depending on your preference, you will have the option of being interviewed independently or in a group with your colleagues. Publicly facing documents and audiovisual materials (e.g., reports, position statements, media interviews) generated from your organization will be examined. You will also be invited to provide any internal documents such as strategic plans, operational plans, and evaluations related to your organization's policy advocacy activities, in accordance with permissions granted by your organization. You may refuse to provide internal documents at any time.

Voluntary Participation: Your participation is voluntary. Interviews will take place over Zoom – a video conferencing platform, and at a time that is convenient for you. The interview will take about 60-90 minutes and will be recorded. Any identifying information will be removed after transcription. If required, a follow up interview may be completed and take a maximum of 60 minutes. The interviews will be scheduled at your convenience. You may refuse to answer any questions, stop the interview(s), or withdraw from the study at any time.

Potential Benefits: There may be no direct benefits to taking part in the study. However, you and your organization will be contributing to the development of knowledge that will be particularly relevant for informing the ways in which professional nursing associations' policy advocacy responses during large-scale public health emergencies can be strengthened. The findings may inform your own organization's strategic and operational policy advocacy plans in the future.

Possible Risks and Harms: There are minimal foreseeable risks with participating in this study. The researchers have taken all reasonable safeguards to minimize any known risks to study participants. Specifically, a potential risk may be the identification of organizations despite efforts to anonymize data, given the variation of professional nursing associations selected for this study. The study investigators will notify you if any risks become known. In cases where sensitive data may be disclosed, you will have the opportunity to identify information that you wish not to be reported during the interview.

Privacy and Confidentiality: The information that you will share will remain strictly confidential and used solely for the purposes of this research. The only people who will have access to the research data are those in the research team. Your answers to interview questions may be used verbatim in presentations and publications, but neither you nor your organization will be linked to this data. While data will be anonymized, as indicated above, total anonymity cannot be guaranteed given the sample of organizations in the study. All safeguards will be taken to minimize these known risks. You will also have the opportunity to indicate any information you wish to keep off record by letting the interviewer know during the interview.

If you are interviewed in a group with your colleagues, please note that confidentiality and anonymity cannot be guaranteed by the study investigators. However, all participants will be asked to refrain from sharing any information or responses outside of the interview. We will securely store and backup all data collected in a password protected computer. Anonymous data will be stored indefinitely while identifiable participant information will destroyed after the conclusion of data analysis.

Data Withdrawal: Data will not be able to be withdrawn after it has been anonymized and analyzed, which will occur two weeks after the interview has been conducted. If you are interviewed together with your colleagues and wish to have your data withdrawn, the entire interview will be withdrawn given that the request is received before data anonymization and analysis.

Study Results: Preliminary findings will be shared with you upon initial analysis, and a final research report will be shared with you and your organization.

Contacts for Study Questions or Problems: If you have questions or concerns about this study at any time, please contact Patrick Chiu at pakcheon@ualberta.ca or 778-868-7134. If you have any questions about your rights as a research participant, you may contact the Research Ethics Board 1 (REB 1) at reoffice@ualberta.ca or 780-492-2615. This office has no affiliation with the study investigator.

Consent Statement: I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will sign, scan, and return a copy to the study investigators by email. I will retain a copy of this consent form after I sign it.

_____ _____

Participant's Name (printed) and Signature Date

Appendix B: Interview Protocol

Time of Interview:
Date:
Place:
Interview
Interviewee:
Position of interviewee:

Script prior to interview

Thank you for your time and willingness to participate in this interview. As a reminder, my research project seeks to understand the policy advocacy responses of professional nursing associations during the COVID-19 pandemic. Specifically, I intend to better understand the type of policy issues that your organizations focused on, the advocacy strategies used, and the factors that facilitated or constrained your organization's policy advocacy goals. The goal is to identify lessons that can be learned to inform future responses by professional nursing associations. Our interview today will last 60-90 minutes.

(Review consent form, and remind participant that interview will be recorded)

Before we begin the interview, do you have any questions? If at any time you have questions, please feel free to ask.

Research Questions	**Interview Questions**
What types of policy issues did organizations focus on? How did the organizations decide what to prioritize? What were organizations' policy positions, directions, and messages on these issues, and why?	As someone working in a professional nursing association, what role do you see professional nursing associations (apart of colleges and unions) playing within the context of responding to policy issues during a pandemic? Can you describe the policy issues [insert name of organization] became involved with as a response to COVID-19? **If issues noted in documents or audiovisual materials are not mentioned in the interview, probe further and ask about them** What internal and external factors did your team consider when deciding what to focus on?

	What were your key policy positions, messages, or directions in relation to your policy priorities? What factors (e.g., values, principles) influenced your policy positions, messages, and directions? In general, what were [insert name of organization] main policy advocacy goals and objectives in relation to the policy issues you just mentioned? (follow up by asking specifically about each issue)
What advocacy strategies did organizations use to address their policy issues and why? What contextual factors influence this?	Can you describe the advocacy strategies, methods, or tools that [insert name of organization] used to address these policy issues? What internal and/or external factors did you consider when deciding on your advocacy strategies and tactics? Which strategies and tactics were more effective? Why do you think that is? **If strategies identified through documents or audiovisual materials are not mentioned in the interview, probe further and ask about them**
What barriers and challenges did they face in their policy advocacy work? How did they overcome them? What facilitated or enabled organizations to work towards and achieve their policy advocacy goals?	What challenges did [insert name of organization] face (if any) in relation to your policy advocacy efforts? What did you do to address those challenges? What facilitated [insert name of organization] ability to meet the organization's policy advocacy objectives?
What practices, processes or strategies will organizations consider for future pandemic responses why? What will be discontinued and why?	What successes did [insert name of organization] achieve in relation to the policy advocacy goals? What do you think contributed to this success? In the event of future public health crises, what are some promising practices that you would draw on, and are some things that would do differently with respect to your policy advocacy approach?

Concluding Remarks: Before we conclude, is there anything else you would like to discuss that we may have missed? Thank you for participating in this interview (signal potential future interviews if needed

Appendix C: Data Display Matrix

Sub-Questions	Organization 1	Organization 2	Organization 3	Organization 4
Role of professional org in policy	• Highlight/communicate policy impact on profession • Highlight/communicate policy impact on public • Contribute evidence to inform decision making of decision makers • Supports the needs of nurses • Ensure nursing voice and input is present • Proactive engagement with decisions makers • Support policy messages of other organizations	• Support the needs of nurses • Promote evidence and accurate information • Ensure nursing voice and input is present • Proactive engagement with decision makers • Providing services to members (health and well-being)	• Highlight/communicate policy impact on profession • Support the needs of nurses • Allows nurses to voice concerns without fear • Proactive and responsive engagement with stakeholders • Contribute evidence to inform decision making of decision makers • Act as a unifier • Raise the profile of nursing • Highlight/communicate policy impact on public	• Untapped potential • Highlight and communicate policy impact on profession • Providing services to members (health and well-being) • Support the needs of nurses • Highlight and communicate policy impact on public/patient/health system • Raising the profile of nursing and ensuring input and voice is present and visible • Building capacity of nurses • Contribute evidence to inform decision making of decision makers
Overarching policy advocacy goals	• Support of nursing workforce • Foreign territory • Improvements to health system	• Support of nursing workforce • Establishing the organizations as trusted org	• Ensure nursing voice and input is present • Use nursing knowledge to improve health outcomes and systems	• Increased visibility and influence of organization • Utilize nursing issues and translate into policy

		• Improvement to health system		to improve nursing and health systems • Raising the profile of nursing • Leverage pandemic as opportunity
Policy priorities	• Fact finding about disease • Protection of nurses and health care workers • Public protection • Nursing ethical decision making and moral distress • Mental health supports • Vaccinations • Racism and discrimination and inequities • Health system capacity and improvements • Precautionary principles • Vulnerable populations	• Protection of nurses • Public protection • Nursing ethical decision making and moral distress • Mental health supports • Health system improvements • Support the public health messages of government • Racism and discrimination • Vaccinations • Unique considerations for marginalized, vulnerable, at risk populations	• Nursing workforce issues • Mental health of nurses • Protection of nurses • Health system improvements using nursing expertise Vaccinations	• Nursing workforce issues • Mental health • Protection of nurses • Health care worker data • Vaccinations • Clinical practice and guidance • Global nursing strategy • Health system improvements • Beyond nursing bubble sphere of influence • Socioeconomic welfare of nurses
Messages	• Need to re-imagine care for older adults and models of care • Include nursing leadership in policy and decision making/ use nurses effectively	• Cannot forget about other pressing public policy issues • The need to address the unintended impacts of public health restrictions on physical	• Protect nurses from potential legal challenges • Need to address staffing and workforce crisis as it impacts outcomes • The importance of nursing leadership in all aspects of	• The need for health worker data to track impact • The need for investment in retaining and recruiting health workers

	• Need to address staffing and workforce crisis as it impacts health outcomes • The need to support and protect the physical and mental health of HCW • The need to address the unintended impacts of public health restrictions on physical / mental health of patients • Increase investment into health care system to enable transformation • Increase investments into technology • Nurses role in educating public on vaccines • The need for data to address systemic issues faced by BIPOC • The need to ensure the most vulnerable are prioritized and protected • Support for public health measures/ precautions	/ mental health of patients • The need to address unique considerations for the most vulnerable and prioritize and protect them • Use lessons learned to develop stronger public health response and infrastructure • Need to address staffing and workforce crisis as it impacts health outcomes • The importance of nursing leadership in all aspects of response / use nurses effectively • Increase investment into health care system to enable transformation • Need to re-imagine care for older adults and models of care • Need employer and practice setting support for nurses • Nurses' role in educating public	response/use nurses effectively • Increase investment into health care system to enable transformation • The need to protect the physical and mental health of nurses • Invest in public health system rather than privatize services	• Place mental health at centre of response • Investment in nursing education and jobs to improve retention of current nursing workforce to address global shortage • The need to protect the physical and mental health of nurses • Global solidarity and coordination • Nursing workforce and gender • The need to condemn attacks and abuse on nurses • Vaccine equity and prioritize nurses • Remind public of basic public health measures/precaution • Classify covid as occupational disease • The importance of nursing leadership in all aspects of response / use nurses effectively • Public's responsibility of supporting nurses

	• Consistent, messaging, communication and collaboration • Address systemic and structural issues that lead to inequities • Need better health workforce data collection and infrastructure to inform decision making • Cannot forget about other pressing public policy issues • Use lessons learned to develop stronger public health response and infrastructure • Use pandemic to accelerate movement on existing policy issues • Employer have responsibility of protecting hcw • Mandatory vaccination of HCW to protect patients • Foresight and long term recovery • Anti-evidence and anti-science must be condemned	• Collaboration required amongst all levels of gov't • Support for and reminders of public health measures/precaution • Mandatory vaccinations of HCWs to protect patients • The need to support and protect the physical and mental health of HCW • Speak out about racism and discrimination • Culturally safe care • Importance for nurses to follow science and adhere to professional and ethical obligations and standards		• The need to increase supply and redeploy workforce appropriately • The need to ensure nurses are financially protected and compensated • Equip nurses with best support and guidance in practice setting • Ethical recruitment and retention

	• Shared responsibility of employers, nursing orgs, and government to protect nurses • Need to create safe practice environments for nurses to speak out against issues • Culturally safe care • Public's responsibility to support nurses			
Factors re: priorities	• Their ideas about the mandate and role of professional association • Alignment with government priorities and messages • Social and political context • Policy priorities and leadership of broad network • Implications and relevance to and for nursing profession • Direction of board (governance) • Membership input and expertise • Staff resources and expertise	• Their ideas about the Mandate and role of professional association • Policy priorities and suggestions from broad network of partnerships • social and political context • Alignment with government priorities and messages • Membership input and expertise • Direction of board (Governance) • Shifting health system and nursing needs • Staff resources • Implications and relevance to and for nursing profession	• Membership input and expertise • Building on existing policy priorities • Direction of board (Governance) • Policy priorities and suggestions from broad network of partnerships • Shifting health system and nursing needs • Staff resources • Broad membership base • Implications and relevance to and for nursing profession	• Implications and relevance to nursing and health system • Their ideas about the mandate and role of professional association • Social and political context • Policy priorities and policy agenda of broad network • Staff resources • Membership input and expertise • Direction of board (governance) • Avoid duplication / find synergies • Org's existing priorities

	• Shifting health system and nursing needs • Issue characteristics	• Org's existing priorities • Level of evidence/severity of issue		
Factors re: messages	• Evidence • Membership and stakeholder engagement • Consult subject matter experts • Frame and align messages for intended audience • Assess public opinion • Align with key policy principles and reports of stakeholders that the org supports • Balanced tone	• Evidence • Frame and align for intended audience • Nursing as the solution • Nursing principles and ethics • Alignment with member perspective • Government's approach to covid • Balanced perspective • Guidance, positions and evidence of other orgs • Guidance from subject matter experts	• Evidence • Member and stakeholder engagement • Timing • Frame and align for intended audience • Focus on solutions that are doable • Their role as a professional association • Guidance, positions and evidence of other orgs	• Translate issues into policy solutions • Align with intended audience/priorities of other key players • Evidence • Frame using what has worked • Identify pressure points in political debate/discourse • Fiscal and economic argument • Art and science • Intended outcomes that they are trying to achieve • Align with key policy principles in existing policy work/reports • Member and stakeholder engagement
Advocacy Strategies	• Lobbying government and decision makers • Communicate evidence and impacts through	• Maintain Prescence and contact • Lobbying government and decision makers • Communicate evidence and impacts through	• Surveys and polling • Media • Lobbying government and decision makers	• Member engagement (survey/focus groups) • Communicate impacts and evidence through policy briefs/presentations

	policy briefs and presentations • Media • Coalition building with other organizations • Maintain Prescence and contact • Engage, build capacity and leverage voice of members and public • Relationship building • Repeat messages using different avenues • Developing informational resources/guidance for nurses and stakeholders to raise awareness and address issues	policy briefs and presentations • Relationship building • Media (not a key strategy) • Leveraging relationships and resources from other stakeholders • Developing informational resources/guidance for nurses and stakeholders to raise awareness and address issues • Coalition building with other organizations	• Communicate evidence and impacts through policy briefs and letters • Relationship building • Engage, build capacity, and leverage voice of members • Public awareness and support • Developing informational resources/guidance for nurses and stakeholders to raise awareness and address issues • Knowledge development • Maintain Prescence and contact • Repeat message using different avenues	• Media • Lobbying decision makers • Coalition building • Consult subject matter experts • Public campaigns • Maintain Prescence and contact • Developing informational resources/guidance for nurses and stakeholders to raise awareness and address issues • Knowledge development Repeat messages
Factors re: advocacy strategies	• Their ideas of the type of nursing organization they are • Understanding their audience's way of thinking and their expectations of organization • Political context and agenda • Timing • Support or opposition in broad network	• Link back to the goals of organization • Urgency of issue • Timing and windows of opportunity • Maturity of organization • The work of other stakeholders and partners	• Their ideas about the type of organization they are • Internal resources • Maturity of organization • Understanding their audience's way of thinking and their expectations • Support or opposition of broad network • Expectations of board • Alignment with government priorities	• Timing • Align with outcome they are trying to achieve • Understanding their audience's ways of thinking and expectations

		• Decision makers' awareness of nurses and nursing		
Challenges and barriers	• Constant and rapid shifting evidence and policy priorities • Unchartered territory with responding to pandemic • Lack of resources • Everyone is on a learning curve/adapting to stakeholders' new ways of working • Excessive noise and voices • Balancing other organizational priorities beyond COVID • Nursing's as a gendered profession • Balancing expectation and asks of members	• Constant and rapid shifting evidence and policy priorities • Filtering through noise for credible evidence • Maturity of organization • Lack of resources • Lack of awareness of organization	• Internal resources • Opposition and dominant groups • Government's understanding and value of nursing • Balancing other organizational priorities beyond COVID • Maturity of organization	• Internal resources • Disagreements of lack of unity amongst nursing • Lack of awareness of organization
Enablers	• Existing guidance from other organizations • Strong communication • Strong leadership • Speak on issues in a meaningful and consistent way (quality over quantity)	• Proactive response and looking at the bigger picture • Large amount of voice created opportunity • Relationship building • Opportunities as a new organization	• Having evidence and data available • Engaged members • Relationship with government compared to other nursing organizations • Opportunities as a new organization	• Being proactive and looking at the bigger picture • Relationship building and leaning on champions • Pandemic as an opportunity

	• Year of the nurse and midwife • Strong staff expertise in government relations and policy • Leaning on coalitions and networks Organizations' brand		• Unifying during a health care crisis • Timing • Alignment of priorities with government • Relationship building/leaning on coalitions and networks	• Strong and clear communication
Evaluation and success	• Awareness and invitations to speak on issues by government • Awareness of org's policy work by media • Alignment with government priorities and actions • How others measure organizations • Positive response from membership • Being part of the policy narrative • Other stakeholders wanting to partner and collaborate • Interim goals Confluence of factors	• Awareness and feedback by other organizations • Other stakeholders wanting to partner and collaborate • Awareness and engagement of government • Interim goals • Awareness of org's work by media • Being part of policy narrative • Positive response and engagement from members	• Positive response and engagement from members • Awareness of engagement of government/ invitations to speak on issues • Other stakeholders wanting to partner and collaborate • Awareness of org's policy work by media	• Development of policy products to guide advocacy work • Consensus and agreement amongst stakeholders • Policy asks achieved • Awareness and engagement of stakeholders • Awareness of org's policy work by media • Membership engagement • Being part of the narrative and dialogue
Promising practices and lessons learned	• Being proactive • Be aware of social and political context	• Being proactive and having foresight	• Ensuring policy advocacy work was guided by data and evidence • Using a crisis as a unifier	• Collaboration and sharing of knowledge and resources

	• Maintain and build relationships with decision makers and stakeholders • Consulting membership on issues to inform policy advocacy work • Avoid duplication • Be strategic about what to lead and what to support • Take stronger stances • Creating strategic plan for pandemic response • Creating ways to ensure other non-pandemic priorities get attention	• Being strategic about what to lead and what to support • Internal resources • Maintain awareness of issues and political tone • Maintain and build relationships with decision makers and stakeholders • Building foundation for strategic response • Consulting members and providing more opportunity to engage	• Being proactive and having foresight • The need to address underlying systemic issues to support nursing and health systems • Being strategic about what to lead and what to support • Build foundation for strategic response • Consulting members and stakeholders to inform policy advocacy work • Identifying windows of opportunity and pursuing quick wins	• Continue strengthening org as credible global voice • Building capacity of membership to contribute to policy • Utilize expertise and practice of membership

Appendix D: Organizing Structures

Organizing Structure 1

Brief Rationale for Structure

In this conceptual structure, I organized the themes in manner that can help answer the 'who, what, how, and why' of organizations' policy advocacy response to the COVID-19 pandemic. Having knowledge about organizations' target audiences (the 'who' - theme 1) is necessary to understand why the nature of organizations' policy priorities and messages were so broad in scope (the 'what'- theme 2). By uncovering organizations' policy areas of focus, I move into discussing the strategies (the 'how' - theme 3) that organizations used to engage in policy advocacy. Theme 4 and 5 (the 'why') builds on theme 3 to provide context around the factors that influenced the decision making of those leading the policy advocacy work of nursing organizations (the 'why'- theme 4). I end the findings section with theme 6 ('capitalizing on windows opportunity') as it helps foreshadow the 'discussion' section of the manuscript, which will be focused on discussing the opportunities that exist with strengthening professional nursing associations' policy advocacy influence and impact.

Theme 1: The Professional Nursing Association as a Compass (Who)

- **For nurses and nursing**
  - Advocacy for nurses
  - Direction for nurses
- **For the public**
  - Advocacy for the public
  - Direction for the public
- **For governments and decision makers**
  - Direction for governments
  - Direction for decision makers

Theme 2: Bridging the Gap Between Issues and Solutions (What)

- **Capitalizing on nursing leadership**
- **Protecting the public**
- **Turning the invisible into the visible**
  - Racism and discrimination
  - Vulnerable and at-risk populations
  - Other pressing issues beyond pandemic
- **Protecting and supporting nurses' physical, social, and economic welfare**
  - Physical and mental health of nurses
- **Sustaining and strengthening nursing workforce capacity**
  - Nursing workforce issues
  - Nursing Practice Support
- **Improving health systems and health service delivery**
  - Improvements to pandemic response
  - Improvements to health system overall

Theme 3: Top Down, Bottom Up and Everything in Between (How)

- **Lobbying governments and decision makers**
- **Leveraging networks**
- **Maintaining public awareness**
- **Empowering members and stakeholders**
- **Knowledge development**

Theme 4: Looking in and Looking Out (Why)

- **Understanding the broad network**
  - The policy priorities and positions of stakeholders
  - Organizations' position within the network
  - Stakeholders' understanding of the profession and organization
  - Membership Influence
- **Responding to shifting contexts and balancing perspectives**
  - Social and political context
  - Shifting Health system needs
  - Evidence
- **Understanding the role, priorities, and values of the organization**
  - Their ideas about the role and priorities of professional associations
  - Alignment with values and principles
- **Being aware of and responding based on organizational strengths and limitations**
  - Internal direction and capacity
  - Maturity of organization

Theme 5: Focus on Contribution Not Attribution (Why)

- **Being part of the narrative**
- **Stakeholder awareness and receptiveness**

Theme 6: Capitalize on Windows of Opportunity

- **Opportunities to strengthen awareness of organization**
- **Opportunities to advance existing priorities**
- **Carving out the role of professional nursing associations during a pandemic**

Organizing Structure 2

Brief Rationale for Structure

In this organizing structure, I organized the findings in a manner that is broad to specific. I begin the 'findings' section by first discussing organizations' overarching policy advocacy goal during the COVID-19 pandemic, which was to empower and amplify nurses' voice and presence (theme 1). I chose to begin with this theme because it forms the foundation of organizations' policy advocacy work during COVID-19. By setting the stage with theme 1, I move into discussing how organizations achieved this goal through their policy areas of focus (theme 2) and their advocacy approaches (theme 3). Theme 4 builds on themes 2 and 3 and present the findings related to the factors that influenced organizations' policy advocacy response. I end the presentation of findings by discussing something that was unexcepted – that the COVID-19 pandemic created opportunities for organizations to strengthen their policy advocacy work. I chose to strategically place this theme at the end to help transition into the 'discussion' section of the manuscript, focused on exploring opportunities for professional nursing associations to strengthen their policy influence and impact. A more simplified explanation for this organizing structure is that it maps out the following: a) the overarching policy advocacy goals of organizations (theme 1) b) what organizations did to achieve their goal (themes 2-4), and c) their reflections on opportunities (theme 5)

Theme 1: Empowering and Amplifying Nurses' Voice and Presence

- **Ensuring nurses are at the table**
- **Positioning nurses as leaders and experts with solution**
  - Translating evidence and experience
  - Nursing leadership is core to pandemic response
  - Foresight and big picture
- **Supporting nurses to use their voice**
  - Creating safe spaces for nurses to speak out
  - Equipping nurses with tools

Theme 2: Using nursing's unique angle of vision to address the general and particulars

- **Nursing policy**
  - Nursing workforce
  - Optimizing nursing role
  - Nursing practice
- **Health policy**
  - System improvements
  - Pandemic response
    - Improvements to pandemic response
    - Systemic discrimination, racism, inequities
  - Non-COVID-19 Issues
  - Infodemic

Theme 3: Shifting between the Inside track and outside track

- **Don't go at it alone (leverage relationships)**
  - Member Support and Engagement

        - Partners and Coalitions
    - **Contribute to and Present Evidence**
    - **Maintain presence and contact**

Theme 4: It's an art and science

- **Putting the puzzle pieces together**
    - Membership influence
    - Political and social context
    - Evidence
    - Ideas and Interests of Stakeholders
        - Government
        - Partner network
- **Reflecting inwards**
    - Identity as a Professional Association
    - Relevance to nursing
    - Governance
    - Resources
    - Existing goals and priorities
    - Clout
- **Timing**
- **Gauging Success**

Theme 5: Finding the Silver Lining

- **Elevating the awareness of organizations**
- M**oving the dial on existing priorities**
- **Raising the profile of nursing**
- **Carving out the role of professional nursing associations during a pandemic**

Appendix E: Summary of Findings for Feedback

The Professional Nursing Association as a Compass

When discussing the role and focus of the professional nursing associations' policy advocacy response to the COVID-19 pandemic, participants from all organizations illustrated the leadership role that they played in providing direction to three key audiences: nurses, the public, and governments and organizational decision makers. This was also made evident in my review of organizations' policy products.

For Nursing and Nurses

Participants spoke about their focus on advocating for nurses by highlighting and communicating the impacts of COVID-19 on the profession and ensuring that nurses' voices and input were present in all aspects of the pandemic response. Some participants spoke about the importance of the professional nursing association in providing a safe space for nurses to speak freely about their concerns without fear of reprisal. Organizations also played a leadership role in providing direction to nurses by developing resources to support policy and practice, sharing evidenced-informed information, and empowering nurses to address issues related to the pandemic.

For the Public

While organizations' responses to COVID-19 varied across jurisdictions, participants from all organizations described their advocacy work in highlighting and communicating the impacts to the general public. Based on a review of organizations' documents, some also focused their efforts on providing accurate information and direction to the public regarding the importance of adhering to public health measures, and their responsibility of supporting health workers.

For Governments and Organizational Decision Makers

Much of the policy advocacy responses of organizations were targeted towards governments and organizational decision makers. This work focused on providing recommendations to governments on ways to improve the pandemic response through proactive engagement, communicating evidence, and translating the experiences of nurses into policy solutions. While not a key priority, I noted that some organizations developed messages within their policy products directed to employers around their responsibility of better supporting nurses in their practice settings.

Bridging the Gap Between Issues and Solutions

Participants spoke about a wide range of policy issues that their organizations engaged in. Much of the policy responses were informed by the unique angle of vision of nurses and the translation of nurses' experience into policy solutions. Key policy priorities included the following:

Capitalizing on Nursing Leadership

All participants spoke about the importance of positioning nursing as a solution and leveraging nursing leadership in all aspects of the pandemic response. Regardless of the jurisdiction in which the organization was situated, advocacy for greater involvement of nurses and scope

optimization in leading the pandemic response was clearly a priority for organizations within this study.

Protecting the Public

Some organizations focused their efforts on advocating for enhanced public health measures to protect the public (e.g. vaccinations), the importance of applying the precautionary principle, the need to address the unintended consequences of public restrictions, and the importance of placing mental health at the centre of the pandemic response. While much of this advocacy was directed to governments and decision makers, some participants also discussed their organization's advocacy towards their own members and other health care workers on issues such as mandatory vaccination and the importance of nurses promoting evidence and science to the public.

Protecting and Supporting the Nursing and Health Workforce

Participants from all organizations spoke about their attention to policy issues related to protecting and supporting the nursing and health workforce. The physical and mental health of nurses was a priority for all organizations while some also spoke more loudly on issues pertaining to gender and the socioeconomic welfare of nurses (e.g. pay and compensation). Workforce issues such as staffing, recruitment and retention, and the need for better health workforce data were key policy priorities as evidenced through participants' responses and their organization's policy products. Some organizations advocated for better practice supports for nurses.

Health System Improvements

All organizations focused on identifying issues and solutions related to health system capacity. Participants spoke about their policy advocacy work in communicating issues and challenges to decision makers and offering solutions to improve the pandemic response. Beyond this, many participants also leveraged the opportunity to advocate for investments to strengthen their health systems beyond the pandemic. While these priorities varied depending on the jurisdiction of the organization, a common message was the importance of capitalizing on nurses' skills and expertise to strengthen health systems.

Turning the invisible into the visible

While there were key policy issues that garnered public attention and were maintained within the public discourse during the pandemic, some participants discussed their organization's attention to raising awareness around the unique challenges faced by marginalized and at-risk populations. This was evident in some of the policy products developed by organizations. For example, some participants spoke about their work in addressing racism and discrimination faced by members of the BIPOC community, highlighting the unique challenges of adhering to public health protocols for vulnerable and at-risk populations, and the importance of not losing sight on other pressing policy issues beyond the pandemic. The principle of equity was embedded in many organizations' policy advocacy response. Messages within some organizations' policy products also demonstrated foresight and their attention to addressing broader issues within the context of a long-term recovery plan.

Top Down, Bottom Up and Everything in Between

In reviewing participants' responses and their organizations' policy products, organizations deployed a wide range of advocacy strategies to address the policy areas noted above.

Lobbying governments and decision makers

All participants spoke about their work in lobbying governments and decision makers with an emphasis on communicating issues, evidence, and solutions. In reviewing some organizations' documents, it became clear that many organizations maintained presence and contact with decision makers and government through a plethora of avenues such as writing letters, holding formal meetings, using social media, delivering statements and presentations, etc. My review of organizations' policy products also illustrated that organizations used these avenues to repeat their policy messages consistently over the course of the pandemic.

Leveraging networks

Participants also spoke about the importance of leaning on their networks, building relationships, collaboration, and developing coalitions to achieve their goals. Within their networks, participants discussed the importance of sharing knowledge and resources, avoiding duplication, and finding synergies. These networks involved other partner organizations, champions, subject matter experts, and their membership.

Maintaining public awareness

Creating and maintaining public awareness was also a strategy used by organizations. Some participants spoke about their work in developing public campaigns as well as their media engagements to garner public support and attention. Some participants reported that media was core to their advocacy strategy, while others suggested that it was not necessarily part of their main strategy.

Empowering members and stakeholders

While much of the policy advocacy work of organizations was undertaken by leaders within the organization, some participants also spoke about their engagement with members as a way to empower and build members' advocacy capacity. Some participants spoke about the methods they used to engage members (surveys, polling, webinars) in order to maintain awareness of issues and to keep members informed. In reviewing organizations' documents, I also noted that some organizations developed informational resources and guidance targeted towards their members so that they had the tools to understand and be updated on key policy issues.

Knowledge development

Knowledge development seemed to be an advocacy strategy for some organizations who had capacity and resources. This included generating evidence through surveys, polling, and commissioning research reports to support their policy messages and solutions.

Looking in and Looking Out

Participants spoke about a wide range of factors that influenced their priority setting, policy messages and advocacy strategies. Their decisions were influenced highly by the contexts in which they are situated.

Understanding the broad network

Participants acknowledged that they exist within a large network of policy actors (members, government, partner organizations, champions, opposition, etc.). They spoke about the importance of reflecting on the policy priorities and positions of stakeholders, as well as stakeholders' awareness and understanding of nursing and their organizations. These considerations influenced how participants framed their policy issues, solutions, and the type of advocacy tactics they deployed. Participants from some organizations also discussed the importance of reflecting on their position within the broader network when determining whether they had a role in leading, supporting, or addressing a policy issue.

Responding to shifting contexts and balancing perspectives

Beyond their networks, participants illustrated the influence of constantly shifting health system needs, changing social and political contexts, and shifting evidence on their policy positions and solutions. They discussed the importance of taking a balanced approach when identifying their priorities, messages, and strategies while considering factors such as timing and issue characteristics (e.g. urgency and severity of issue).

Being aware of and responding based on organizational strengths and limitations

Participants spoke about the importance of reflecting on their organizations' strengths and limitations including their internal leadership direction (operations and governance), capacity, and level of maturity, and the impact these factors had on their decision-making process about what they could take on, and the strategies they use.

Understanding the role, priorities, and values of the organization

Several internal factors influenced what organizations chose to prioritize, how they crafted their messages, and the types of advocacy tactics they used. Specifically, some participants spoke about their role and mandate as a professional association versus that of a labour union or regulatory college, the goals they were seeking to achieve as a professional association, the values and principles that underpinned their policy ideas, and their existing policy priorities. Participants from all organizations also discussed how internal factors such as expertise, resources, and the maturity of the organization influenced their decision making.

Focus on Contribution Not Attribution

While measuring the impact and influence of organizations on policy change is difficult, participants discussed some measures they used to evaluate their impact. Responses from participants across organizations were quite similar, and success was largely determined by their ability to be part of the policy narrative and the level of awareness and receptiveness of stakeholders to their policy advocacy work. For example, participants used measures such as the number of invitations to speak to government, media requests, membership responses, and

collaboration with other organizations as measures for their contributions to advancing policy issues. Some participants acknowledged that further exploration of evaluation metrics will be needed to measure the impact of their policy advocacy work.

Capitalize on Windows of Opportunity

Although participants spoke about the challenges that they faced during the pandemic, a surprising finding was that participants from all organizations discussed how COVID-19 created a window of opportunity for nursing, the health system, and organizations themselves. Specifically, participants identified the pandemic to be an opportunity to increase awareness about their organizations, to advance existing policy priorities, to raise the profile of nurses and nursing, and to carve out the role of professional nursing associations during a global pandemic.