



Advocacy: An Essential Competency Of The Clinical Nurse Specialist

By: Victoria Hughes, **Phoebe Pollitt**, Lola A. Coke, and Rita F. D'Aoust

Abstract

In 1956 Dr Hildegard Peplau established the first Clinical Nurse Specialist (CNS) program, resulting in the first advanced practice nursing role.¹ The CNS is one of 4 advanced practice registered nurse (APRN) roles prepared by education at the master's or doctoral level. Clinical nurse specialists are APRNs who provide expert care with a population health focus and historically have practiced mostly in acute care environments including critical care, medical surgical care, maternal/child care, and mental health. The key responsibilities of the role are to assess, diagnose, and manage patient problems and to work with the health care team to manage the health care of a patient population. Inherent in this role is serving as an advocate, one who "proactively speaks for another to ensure certain needs or wishes are met."

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Advocacy: An Essential Competency of the Clinical Nurse Specialist

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In 1956 Dr Hildegard Peplau established the first Clinical Nurse Specialist (CNS) program, resulting in the first advanced practice nursing role.¹ The CNS is one of 4 advanced practice registered nurse (APRN) roles prepared by education at the master's or doctoral level. Clinical nurse specialists are APRNs who provide expert care with a population health focus and historically have practiced mostly in acute care environments including critical care, medical surgical care, maternal/child care, and mental health. The key responsibilities of the role are to assess, diagnose, and manage patient problems and to work with the health care team to manage the health care of a patient population. Inherent in this role is serving as an *advocate*, one who “proactively speaks for another to ensure certain needs or wishes are met.”²

The American Nurses Association (ANA)³ promotes advocacy as a pillar of nursing. Additionally, the International Council of Nurses (ICN) Code of Ethics for Nurses⁴ states, “The nurse advocates for equity and social justice in resource allocation, access to health care and other social and economic services.” In contemporary CNS educational programs, the American Association of Colleges of Nursing Essentials of Masters and Doctoral Education guide the development of advocacy to ensure each graduate is prepared to “advocate for patients, families, caregivers, communities and members of the health care team”⁵ and to “advocate for social justice, equity and ethical policies within all health care arenas.”⁶

An Example of Nurse Advocacy

The ANA states that it is a nurse's responsibility to promote, advocate for, and protect the rights, health, and safety of patients.⁷ Advocacy can take many different forms, but all share the common threads of passion and action. To

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illustrate the importance of advocacy in the CNS role, this column focuses on the story of one nurse who advocates for policy change in the hope that others will not suffer her same loss. Her story shows how acute and critical care CNSs play a pivotal role in advocacy for local, state, and national policies and population health through examples such as preventing losses, mitigating the impact of trauma, and preventing never events through surveillance and health promotion.

Former US Representative (D-New York) and nurse Carolyn McCarthy embodies the definition of advocacy. Her political career began through a tragedy when gun violence killed her husband and injured her son. Merging her anger and sadness with the determination and ethics she employed every day as a nurse, McCarthy evolved from a bedside critical care nurse into a nurse working to change laws and policies in the US Congress.

McCarthy's Biographical Background

Carolyn Cook McCarthy was the second of 5 children, born on January 5, 1944, in Brooklyn, New York, to Thomas and Irene Cook. She grew up in Mineola, Long Island, about 20 minutes outside of New York City and graduated from Mineola High School in 1962. After graduation, her high school boyfriend was in a serious car accident. McCarthy helped a private duty nurse care for him. The day after he died, she applied to the nearby Glen Cove School of Practical Nursing and graduated in 1964. For the next 30 years, McCarthy worked in the intensive care unit of the Glen Cove Hospital.

McCarthy married Dennis McCarthy in 1967. They lived on Long Island and had a son, Kevin. The family's pleasant suburban life was shattered on December 7, 1993, when a gunman killed 6 people and wounded 19 others on a Long Island Railroad commuter train. Dennis McCarthy was murdered, and Kevin was severely injured and paralyzed by the attack. Carolyn McCarthy turned the family nightmare into a crusade against gun violence. While she nursed her son back to health, she became a passionate advocate for gun safety. When her Congressman, Dan Frisa, voted to repeal the ban on assault weapons in 1994, McCarthy decided to challenge him in the upcoming election. Although she was a registered Republican, local Republican Party

officials discouraged her from running, so she switched parties and ran as a Democrat. In 1997 McCarthy was successfully elected to the 105th Congress, becoming the first woman to represent voters on Long Island in the House of Representatives. She was reelected 8 times. Representative McCarthy shared her story during a telephone interview with the first author (see Table).

Application of Advocacy to the CNS Role

The CNS education is based on 7 core competencies (direct care; consultation; systems leadership; collaboration; coaching; research; and ethical decision-making, moral agency, and advocacy) that build on registered nurse education to impact 3 spheres: the patient, the nurse, and the organization/system.⁸ Advocacy is a key competency for the CNS role. Cohen and colleagues⁹ cite the role of the CNS Synergy Model in successfully linking activities from a unit-based system to multisystem practice outcomes such as advocacy for patient preferences for life-sustaining treatment. In a study by Mick and Ackerman,¹⁰ the authors compared acute care CNS and nurse practitioner (NP) valuing of tasks within role functions. Interestingly, NPs placed a higher value on advocacy than did CNSs, although CNSs advanced advocacy more within a collaborative role.¹⁰

Within each sphere of impact, the CNS works as an advocate for the betterment of nursing care, providing healthy work environments for the health care team, especially nursing, and for the development of impactful policy. Within the system sphere of influence, the CNS impacts care through policy at the micro, meso, and macro levels of care.¹¹ At the micro and meso levels, the goal is improvement of health outcomes in delivery of clinical practice and in providing effective education to patients, families, and nursing personnel. At the macro level, the execution of policy within the system impacts the delivery of care including, of utmost importance, the measurement and management of costs for the delivery of care.

To further the adoption of good policy at the macro level, CNSs continue to build a strong lobby in their national association to work with state legislation to gain autonomy and prescriptive authority across the nation. In addition, CNSs are at meetings when the

Table: Interview With Representative Carolyn McCarthy (D-NY, 1997-2015)

What motivated you to run for public office?	After my son was released from physical therapy rehabilitation, I began to go to upstate New York to talk with the politicians. I was there with many other victims of gun violence. The politicians did not seem to be paying attention to us. So I began going to Washington DC to meet with House members. I talked with my Congressman and he promised me that he would be voting to retain the assault victim bill submitted by President Clinton. I felt so angry when the Congressman voted opposite of what he said. As I was talking about my frustration, my son gave me the encouragement to really go forward and run for Congress.
How does your nursing background influence your perception of issues and your interaction with others?	During my entire time in Congress, I always felt that I was a nurse first. When I first got into Congress, I was the only nurse. During my first term, I was on the Education Committee and I was able to get language into the bill on nurses. And this really helped when working in the House, because no matter what the issue, both parties saw me as a nurse first. I won over a lot of friends over the years and I think this was in part because I was a nurse. I had experiences talking to patients about things they did not want to do but need to do for their own good. This is the same skill that I used when talking about difficult issues within the House.
How did you advocate for patient needs in Congress?	<p>That was amazing. In the Education Committee, I introduced legislation that had to do with school nurses. With the California strike that happened a couple of weeks ago, one of the things that they were fighting for was more nurses in the schools. In my district, I had a very large underserved population in schools. In these underserved schools it was even more important to have a nurse to conduct health screenings. These communities had limited resources and a hard time dealing with Caucasian doctors. The nurses could really provide a service to the children in the community.</p> <p>The majority of the children in the underserved areas were coming to school hungry. We were able to appropriate money for research on providing breakfast, lunch, and backpacks of food that go home for the weekend. You might recognize that other states have now adopted this program. The hospital kept the data on the program. We discovered a positive relationship between better eating, more exercise, and improved test scores in math, science, English, and writing.</p> <p>One day I was observing the kids eating breakfast. One first grader was putting his food away. I asked him if he did not like his food. He said "no, I like it. I am saving some for my mother so she will be able to eat when she comes home."</p> <p>Breast cancer was extremely high in some of the counties within my district, but it was very difficult to get funding for research. I invited some people from the University of Pennsylvania to come to Cold Spring Harbor and talk about some of the issues. The researchers from the University of Pennsylvania said to give Cold Spring Harbor the funding instead of them because the collaboration saved 3 years of research.</p> <p>As you know, I had cancer. One night I came through the emergency department because I had a hard time breathing. The nurse that took care of me in the intensive care unit said: "Ms. McCarthy, I have to let you know that I got into nursing because of you. You spoke at our high school and after hearing your speech, I decided to go into nursing."</p>
What leadership strategies have been most effective for developing and enacting health care and other policies?	<p>We had nurses and a couple of doctors serving in Congress, so we were able to strategize on what needed to be in the healthcare bill. Our group wanted to make sure that the final incentives were there to recruit more nurses. I was a proponent of nurses being able to have their loans paid off by working in underserved areas. Our goals were always the same, not that we always agreed, but we could go to other House members. The other members recognized that I had credibility as a nurse to discuss health care issues. The doctor lobbyist did not know what to think because they thought I would only be for nurses.</p> <p>Every year I would raise money for orphan diseases. I would purchase the book, <i>The Mouse in the House</i>, and get everyone to sign the book. The signed book would get auctioned off, and the money would go to fund orphan diseases each year.</p>

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How can nurses in all roles best help you to overcome some of the challenges to producing a more effective and efficient health care system?	People have the wrong idea about lobbyists. I would say that the majority of people who would come in to lobby me would bring in nurses. Unfortunately they did not always get a positive reception. Nurses need to be educated on the process and on how hard it is to get the legislation put in and to get it to pass. The majority of the people who came in to lobby me were working for more research money for cancer, for diabetes. When I was losing my hearing, I became part of the Hearing Caucus. I became an advocate for those who were isolated due to hearing loss. We were able to get some needed money so people could have the resources they needed to hear better.
Did/does your family have a history of political activity and involvement?	No history of politics in my family. It was extremely hard on my family during the times when we would have mass shootings. When they saw me go against the National Rifle Association. It was a difficult subject and I always get emotional. No one remembers how many get injured and survive gun wounds each year. Now emergency rooms track the number of gun wounds and the cost of these injuries. It costs our nation billions of dollars every year.
What advice would you give nurses today?	The most important thing that we can say to nurses is that they can become advocates. They need to get involved in the world. They do not have to go to Washington, but they need to talk. Politicians do trust nurses. Health care is going to be changing in the next several years. We have to do a better job in getting patients the health care that they need and deserve.

Centers for Medicare and Medicaid Services make critical decisions about reimbursement and value-based purchasing. Clinical nurse specialists are involved in policy decisions in Washington, DC, through the National Association of Clinical Nurse Specialists (NACNS) and other national nursing associations to advocate for improvement of the health of all Americans and ensure safe, quality care.

Representative McCarthy's legacy as a nurse and as a legislator exemplifies advocacy in the context of public policy. She advocated for gun control for public safety and for the role of school nurses for public health screening and protection. In addition to the direct impact on public health and safety that gun policy has, it also affects health care workplace resources and safety; clinical nurse specialists experience the impact of escalating gun violence as hospital admissions and death rates increase due to gun violence.¹² Like Representative McCarthy, CNSs can advocate at the macro level for state and national policies to reduce gun violence and firearm access. At the meso level, CNSs can advocate for health care worker safety as gun violence enters hospital and school settings. Increasing attention has been paid to healthy work environments as a strategy to reduce nurse turnover and increase retention of skilled nurses.¹³ In particular, CNSs can promote healthy work environments by ensuring health worker self-care

and resiliency to diminish the toll of caring for victims and families of gun violence.^{13,14} At the micro level, CNSs can advocate for posthospitalization transition services and mental health needs for victims and families.

Another CNS core competency is systems leadership.⁸ This competency refers to the ability of the CNS to manage change and empower others to influence clinical practice and political processes both within and across various systems. Part of the macro level of policy and regulation includes partnering with members of the health care team across the continuum of care to advocate for the patient. For example, CNSs can have a significant impact on opioid pain management as strong advocates for safe opioid prescriptive practices and the authority to distribute naloxone in the community. NACNS has established a public policy agenda to initiate action and respond to legislative and regulatory initiatives impacting CNSs such as medication-assisted therapies to treat opioid use disorders, CNS scope of practice, and Title VIII Nursing Workforce Reauthorization.¹⁵ Acute care CNSs are ideally suited to advocate for and facilitate population health by, for example, convening interprofessional groups focused on pain management including development of organizational policies,¹⁶ managing patients with chronic conditions from acute to postacute settings,¹⁷ or mobilizing a comprehensive stroke care program.¹⁸

Conclusion

Health care is complex, and CNSs are in a key position to change and strengthen the formulation, implementation, and evaluation of care at all levels in the acute care environment. The spheres of impact and core competencies of the role clearly delineate the impact that can be made by the CNS. Nurses, as the largest segment of our nation's health care work force, have the skills and obligation to influence public policy and improve population health.

Representative McCarthy is an inspiration to us all. After being diagnosed with lung cancer and receiving treatment in 2013, McCarthy retired at the end of the 113th Congress in January 2015. Today she is cancer free and lives in Florida, where she spends time with friends and family while advising the next generation of gun safety advocates. CNSs and APRNs can use her as a role model to advocate for policies that aim to prevent trauma such as gun violence. CNSs can leverage their leadership skills to influence advocacy in the area of acute and critical care to optimize patient and organizational outcomes.

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