

Professional Nursing Associations: Operationalizing Nursing Values

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“The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.”

Code of Ethics for Nurses with Interpretive Statements, Provision 9 (2001)

The tendency to form associations for common action characterizes American culture, something noted nearly 2 centuries ago by Alexis de Tocqueville during his 10-month stay in America (de Tocqueville, 1835/2000). Nursing associations facilitate and accomplish the work of the profession. Today, there are more than 120 nursing specialty associations in the United States (American Journal of Nursing, 2012). Other associations have international and multidisciplinary membership, and still more represent ethnic groups, specialties, and specific interests of nurses.

This chapter presents an overview of professional nursing associations, their critical roles in leadership development of members, and use of collective professional voices to shape policy, advocating for nursing and consumers of health care.

THE SIGNIFICANCE OF NURSING ORGANIZATIONS

Professional organizations and associations in nursing are critical for generating the energy, flow of ideas, and proactive work needed to maintain a healthy profession that advocates for the needs of its clients and nurses, and the trust of society (Matthews, 2012). Members can engage in discussions and advance solutions for issues of quality, access, and costs of care. In addition to advancing nursing

knowledge and clinical competencies, professional organizations build nurses' leadership skills and promote the advocacy component of nurse practice by (Schroeder, 2013):

- Providing networking and collaboration opportunities
- Facilitating discussion forums on issues
- Lending a collective voice to legislative and policy initiatives

• Providing leadership development opportunities

Active, engaged members feel more connected to the profession and tend to have broader perspectives beyond a particular community or practice setting (Cardillo, 2013). Personal and professional development occurs through volunteer activities, mentoring by more experienced members, and holding elected office. An association's publications, e-mail, and social media help members to be informed about clinical, employment, regulatory, and political issues affecting practice. Most importantly, professional associations allow nurses to speak in one voice, finding common ground and developing common messages, visions, and missions, reducing the fragmentation that hampers nurses' efficacy in shaping policy.

In 2010, the Institute of Medicine released the report *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine [IOM], 2011). An underlying principle of the initiative is that “accessible, high-quality care cannot be achieved without exceptional nursing care.” The report notes that realizing full economic value of nurses' contributions across health care settings can enable nurses to help bridge the gap between coverage and access, coordinate complex care, and meet the need for primary care. Four key messages structure the report's recommendations:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system.
- Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
- Effective workforce planning and policymaking require better data collection and an improved information infrastructure.

The Future of Nursing Campaign for Action, an initiative of AARP (formerly the American Association of Retired Persons), the AARP Foundation, and the Robert Wood Johnson Foundation (RWJF), is rooted in pillars to drive and measure change (Campaign for Action, n.d.):

- Advancing education transformation
- Leveraging nursing leadership
- Removing barriers to practice and care
- Fostering interprofessional collaboration
- Promoting diversity
- Bolstering workforce data

There is uncertainty surrounding the profession's abilities to overcome major obstacles that prevent nurses from optimizing their impact in health policy. A Gallup poll of more than 1500 acknowledged national opinion leaders found that, although nurses were identified as the health professionals who should have greater influence in the areas of patient care quality and safety, major obstacles prevent such influence from becoming reality (RWJF, 2010). A crucial obstacle to maximizing nursing's influence is the fragmentation in the leadership of organized nursing (IOM, 2011). This dismal prophecy begs the question: How can nurses become full partners in America's health care redesign? The *Future of Nursing* report calls for nurses to assume leadership roles, provide mentorship for the next generations of nurses, and participate in policymaking processes (IOM, 2011). The IOM report has brought about significant unification among national nursing organizations around a policy agenda. Professional organizations offer nurses opportunities to be part of the answer to questions about promotion of health and well-being and providing safe and quality care to the diverse population of the United States.

EVOLUTION OF ORGANIZATIONS

Nursing organizations emerged as nursing became a social force. The first nursing organization, the Royal British Nurses' Association, was founded in 1887. In North America, nursing groups initially appeared as alumnae associations focused on nursing schools and alumnae groups. The need for a broader focus became apparent along with the recognition of the importance of nursing influence (Dolan, Fitzpatrick, & Herrmann, 1983). A meeting of superintendents of nurse training schools during the 1893 Chicago World's Fair resulted in the formation of the American Society of Superintendents of Training Schools (ASSTS). The ASSTS became the National League of Nursing Education and, later, the National League for Nursing. In 1896, 10 alumnae associations merged to become the Nurses' Associated Alumnae of the United States and Canada. The group's name changed in 1899 to the Nurses' Associated Alumnae (NAA) of the United States. The American Nurses Association (ANA) was formed in 1911 as the successor to the NAA. State nurses' associations were organized in 1901 to enhance nurses' influence in state legislative initiatives for the registration of nurses and to control nursing practice, including improving employment conditions, limiting duty hours, and advocating hospital employment of greater numbers of graduate nurses (Reverby, 1987).

The International Council of Nurses (ICN), founded in 1899, is the oldest international association of professional women (ICN, n.d.). The underlying philosophy of the ICN acknowledges nurses' four fundamental responsibilities: to promote health, to prevent illness, to restore health, and to alleviate suffering. Today, the ICN is a federation of more than 130 national nurses associations (NNAs) representing the world's 16 million nurses.

TODAY'S NURSE

Most nursing organizations are voluntary membership associations, requiring licensure as registered or vocational (or practical) nurses for access to full member benefits. Other levels of membership (honorary and corporate memberships, for example) are offered by some organizations to

individuals and entities with expressed interest, commitment, and/or major contributions (financial or otherwise) to the mission of the organization. Elite organizations, exemplified by Sigma Theta Tau International (STTI) and the American Academy of Nursing (AAN) have restrictive member qualifications. Such entities are referred to as professional peak bodies (or peak professional bodies) (Middleton, Walker, & Leigh, 2009).

STTI was founded in 1922; founders chose the name from the Greek words *storgé*, *tharsos*, and *timé*, meaning love, courage, and honor. Its mission is to "support the learning, knowledge and professional development of nurses committed to making a difference in health worldwide" (STTI, n.d.). Membership is by "invitation to baccalaureate and graduate nursing students who demonstrate excellence in scholarship and to nurse leaders exhibiting exceptional achievements in nursing." Today, STTI has some 130,000 active members and 490 chapters in more than 85 countries. STTI supports its mission through products and services in education, leadership, career development, evidence-based nursing, research, and scholarship.

The AAN, affiliated with the ANA, held its inaugural meeting in 1973, welcoming the first 36 charter members, referred to as Fellows. Today, the AAN's more than 2300 Fellows are nursing's most accomplished leaders in education, management, practice, and research (AAN, 2014). Fellows are recognized for extraordinary contributions to nursing and health care, although invitation to the fellowship represents more than recognition of accomplishments: Fellows assume responsibility to contribute time and energies to the Academy and to engage with other leaders in transforming U.S. health care through a focus on health policy.

Nurses have historically been expected to join professional organizations, at least one, if not multiple organizations, as an obligation or duty of a professional (Felton & Van Slyck, 2008). However, this sense of professional obligation has dwindled over the past recent decades (Coerver & Byers, 2011). Organizations must adapt to changing circumstances to remain relevant and attend to potential and existing members' decisions to join. As a reflection of professional realities, the number of specialty nursing organizations continues to

increase: today, most of the more than 120 nursing organizations are focused on specialty practice and offer means to get and maintain competencies, get information, find peer networks, and access other products and services that focus on their needs.

The IOM's *The Future of Nursing* contends that:

...nursing organizations must continue to collaborate and work hard to develop common messages, including visions and missions, with regard to their ability to offer evidence-based solutions for improvement in patient care. (IOM, 2011, pp. 239-240)

Establishment of common ground is an essential first step to eliminating fragmentation and maximizing nursing's leadership and influence. When common ground is established, organizations need to activate members and constituents to work together in support of shared goals. Only when confronted with the United States' largest group of health professionals acting in agreement on important issues, speaking with one voice, will policy-makers listen and take action.

Quality and safety are practice areas in which nursing organizations can and do find common ground and provide needed leadership. For example, the Nursing Alliance for Quality Care (NAQC), now managed by the ANA, is a partnership of nursing organizations, consumers, and other stakeholders and is a model initiative designed to advance quality, safety, and value of patient-centered care (NAQC, 2013).

ORGANIZATIONAL PURPOSE

The Code of Ethics for Nurses (ANA, 2001) is an explicit statement of the primary goals, values, and obligations of those who enter the profession. Provisions 3 and 6 emphasize expectations of individuals and groups to advocate for social justice and the welfare of the sick, injured, and vulnerable, establishing a foundation for complementary roles of professional associations and association members. Provision 9 specifically articulates the complementary roles of the profession, associations, and individual members, as noted in the quotation that opens this chapter.

Nursing associations contribute to the work of the profession by means typically described in mission statements, bylaws, and charters of committees and other work groups. The existence of so many diverse nursing organizations has advantages and disadvantages for the profession. On one hand, the diversity and large number of organizations suggests that there is an organization to fit most, if not all of nurses' professional needs and interests. Conversely, the large number of diverse organizations creates competition for members, and resources, and, in general, complicates and weakens efforts of the profession to speak with a single and forceful voice.

Mission statements define organizational purpose—the reason to exist (Nanus, 1992). Organizational missions stipulate the “work” of the profession, sharing intentions to advance the profession and practice and enhance health-related outcomes. The ANA mission is “Nurses advancing our profession to improve health for all” (ANA, 2013). The ANA adds a more lengthy “statement of purpose” to claim a role in shaping health policy:

ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the general public. (ANA, 2013)

The mission of the American Organization of Nurse Executives (AONE), a subsidiary of the American Hospital Association, is “to shape the future of health care through innovation and expert nursing leadership” (AONE, 2013). The AAN's mission is to “serve the public and nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge” (AAN, n.d.).

ASSOCIATIONS AND THEIR MEMBERS

Nursing associations need members, and nurses need associations. Benefits flow both ways: from the association to its members and from members back

to the association. Traditional benefits of organizational involvement blend products and services that define the value of membership, including (Cardillo, 2013; Smith et al., 2008):

- Information and knowledge collection and dissemination
- Personal and professional development
- Chapter benefits (local, regional, and special interest networking and project participation)

Ultimately, products and services created and disseminated under the auspices of professional associations advance advocacy in the care of individuals, families, and populations. Guided by profession- and/or specialty-wide preparation, values, regulations, scope and standards of practice, and competencies, nurses are prepared to speak in one voice and assume advocacy as a fundamental aspect of nursing practice. The second edition of ANA's *Nursing: Scope and Standards of Practice* (ANA, 2010) identifies advocacy priorities, including health care evaluation and restructuring, reimbursement and value of nursing care, funding for nursing education, nursing roles in health and medical homes, and comparative effectiveness.

Benefits attributed to organizational engagement may contribute to career satisfaction among nurses. Societal expectations that nurses provide continual and compassionate care, even in the face of physical and emotional exhaustion, constant exposure to suffering, intense emotional experiences, limited budgets, diminished staffing levels, administrative demands, and workplace communication issues (a few of the challenges nurses face), can undermine career satisfaction among nurses, setting the stage for burnout, compassion stress, and compassion fatigue (Boyle, 2011; Lombardo & Eyre, 2011). Nurses who participate in association conferences or who use association-sponsored networking tools report feeling professionally supported and invigorated as an outcome of these collegial interactions (Sadovich, 2005).

LEADERSHIP DEVELOPMENT

The Future of Nursing (IOM, 2011) recommendations note that strong leadership is imperative for nurses to be full partners in redesigning health care systems. This transformation requires investment

in nurse leadership development through experience and formal and/or informal education. Nursing organizations provide vital training grounds for personal and professional development, honing communication and writing skills, and enhancing big-picture awareness of nursing, political, and health care environments; in general, opportunities to learn and practice leadership skills (Maryland & Gonzalez, 2012). Table 74-1 lists examples of various nurse leadership training opportunities that have emerged in support of the IOM recommendations, many developed under the auspices of professional nursing associations. In addition to formal leadership training opportunities, associations offer members opportunities to develop and fine-tune critical leadership skills for nurses aspiring to influence within and outside of their professional organizations. Program and project development provides experience in group process, meeting facilitation, consensus building, negotiating, communication, and other essential leadership skills that will be useful throughout a lifetime, within and aside from nursing.

Many associations invest in tangible resources aimed at extending members' leadership skills. The Oncology Nursing Society outlines a leadership development pathway, describing competencies in five domains (personal mastery, vision, knowledge, interpersonal effectiveness, and systems thinking) that equip nurses to understand where and how they need to develop to lead at every level and in a variety of care settings (ONS, 2012).

The ICN identified three pillars crucial to enhancing nursing and health, each requiring an investment in leadership development, and focuses its activities in these areas: professional practice, regulation, and socioeconomic welfare (ICN, 2013). The Leadership for Change and the Global Nursing Leadership Institute (GNLI) projects fall under the professional practice pillar. The annual GNLI is an advanced leadership program for nurses and midwives at senior and executive level positions in developed and developing countries (ICN, 2014). Leadership for Change prepares nurses for leadership roles in nursing and the broader health sectors at country and organizational levels. Leadership in Negotiation, under the socioeconomic

welfare pillar, is operational in Africa, Asia, Caribbean, Latin America, the Middle East, and Russia.

OPPORTUNITIES TO SHAPE POLICY

Most nursing associations have missions that include advocacy around important nursing and health care issues. Often, the board or a legislative committee will set the policy agenda. The most sophisticated and well-resourced organizations have dedicated staff to organize the association's advocacy work, including engaging members to participate in lobby days and use of online tools for communicating with members' state and national policymakers around issues of importance to the association. In this way, local, state, and national organizations can provide a training ground for nurses to learn about policy and politics.

Often members get their first exposure to political advocacy work through participation in a lobby day, in which members go together to the state capitol or Washington, DC, to become oriented to the key policy issues of the association, learn the key messages to share with policymakers, and then meet with their individual representatives in to educate them about the issues and ask for their support. It is not uncommon for participants in lobby days to then volunteer to serve on a legislative or policy committee of the association or to get involved in its political action committee (PAC).

Membership in an organization that promotes interdisciplinary and interorganizational collaboration offers special opportunities to shape policy. Organizations whose members represent multiple disciplines connected to a specialty area, including nurses, physicians, industry, and administrators, expand the context of issues being considered.

Collaboration among the ANA, its affiliates, and specialty nursing associations is a way for nursing to speak with one voice with sufficient volume to achieve greater influence in health policy. In addition, the TriCouncil (ANA, American Association of Colleges of Nursing, the National League for Nursing, and the Organization of Nurse Executives) identifies important policy issues, seeks consensus

TABLE 74-1 Leadership Training Programs for Nurses and Nurse Executives

AACN: Graduate Nursing Student Academy	Online	Free to AACN members	Websites and resources to advance leadership development in master's and doctoral degree students	www.aacn.nche.edu/students/gnsa
AACN: Student Policy Summit	Washington, DC: 3 days	\$199 registration fee, scholarships available	Focus on federal policy process and nursing's role in professional advocacy	www.aacn.nche.edu/government-affairs/student-policy-summit
NSNA: Leadership U	Online	Free to NSNA members	Provides opportunities for professional growth	www.nсна.org/membership/leadership/university.aspx
American Association of Critical-Care Nurses: Clinical Scene Investigator Academy	16 months at home institution	\$10,000 to home institution to fund project	Teams of four nurses work with a leader and academy mentor	www.aacn.org/wd/csi/content/csi-program-information,content?menu=csi&lastmenu=
ANA Leadership Institute	Live and recorded online seminars and self-paced courses	Costs vary by program	Programs sold as bundles, series, individually	www.ana-leadershipinstitute.org
AONE: Emerging Leader Institute	3 days: multiple locations	\$800 for AONE members; \$900 nonmembers	For nurse managers with less than 6 months' experience	www.aone.org/aone_foundation/ENLI.shtml
Nursing Alliance Leadership Academy	2 days: Louisville, KY	\$350 to \$400	Board leadership development for newly elected or emerging leaders	www.nursing-alliance.org/content.cfm/id/nala
American College of Health Care Administrators: Academy of Long-Term Care Leadership Development	Varies	1-year membership, \$50; lifetime membership, \$500	For health care and nursing home administrators and other professionals in long-term care	www.achca.org/index/php/academy
National Hartford Centers of Gerontological Nursing Excellence Leadership Conference	2.5 days: location varies	\$400	Leadership, management, and communication skills for experienced and aspiring gerontological nurses	www.geriatricnursing.org
STTI: Leadership Academies	18 months: leadership project at home institution—required travel to conferences and workshops	\$500 to \$625 registration for participant and mentor plus travel	Programs focus on maternal child health, geriatric nursing, nurse faculty, and board participation, using Kouzes and Posner's (1995) <i>The Leadership Challenge</i> as the foundational element for several offerings	www.nursingsociety.org/LeadershipInstitute/Pages/default.aspx

AACN, American Association of Colleges of Nursing; ANA, American Nurses Association; AONE, American Organization of Nurse Executives; NSNA, National Student Nurses Association; STTI, Sigma Theta Tau International.

From Hassmiller, S. B., & Truelove, J. (2014). Are you the best leader you can be? Leadership resources for every nurse. *American Journal of Nursing*, 114(1), 61-67.

on positions, and then mobilizes their membership to support this mutually agreed-upon agenda.

As interest groups, nursing associations provide an opportunity for nurses to bring a collective voice to the important nursing, health, and health care policy issues of the day. Clearly, however, an important issue is how members can influence the organization as it adopts a policy agenda.

INFLUENCING THE ORGANIZATION

Prospective members can gain understanding of an organization's mission, goals, priorities, political agenda, structure, and support resources, as well as a member's potential to be involved and heard. Attending local or national meetings, observing the levels of collegial exchange, and speaking with current members are useful ways to get a complete picture of an organization.

ORGANIZATIONAL STRUCTURE

It is important to understand an association's organizational structure and processes: why it exists, what it purports to do, how it runs, who runs it, and informal norms and expectations. Formal structure is determined by the organization's mission statement and bylaws, which are operationalized by governing policies and processes. These foundational documents are usually accessible to potential and current members and the general public. Procedural directions are most often available to members on request. The subtle, yet important, norms and expectations are discernible through formal and informal networking, collegial discussion, and astute observation.

BYLAWS

Bylaws, the organizational rule book, govern internal affairs, identify who has power and how that power works, and define purpose, membership criteria, financial and legal procedures, and governance operations (Tesdaal, 2003).

GOVERNANCE POLICIES

An organization's values and perspectives are blended into policy that codifies what staff can or

cannot do and also the governing board's process and relationships (Carver, 1997).

PROCESSES AND PROCEDURES

Step-by-step how-to directions are offered in organizational policy and procedure manuals. Processes available to members who wish to influence organizational direction or agendas include:

- Drafting and presenting organizational resolutions and position statements;
- Suggesting organizationally branded projects, products, and services;
- Introducing issues for consideration by the governing board; and
- Presenting issues for discussion in forums offered during general business, town hall, or open meeting agendas.

Resolutions reflect organizational mission and goals and are used to inform members and other constituencies about an issue and to show support (or lack of support) for legislative initiatives.

Position statements or simply positions are issued under the auspices of a governing board to articulate an official stance on issues relevant to its mission and are intended as instruments of change to promote a common understanding and a collective response to issues of importance. Position statements succinctly define organizational stance and guide policy-shaping efforts.

GOVERNING BOARD, COMMITTEE, TASK FORCE, AND OTHER VOLUNTEER ROLES

Volunteer efforts are essential to an association's ability to survive and thrive. Governance roles relate to the elected leadership in the association: president, vice president, and/or president-elect, secretary, treasurer, and other members of the board of directors. The governing body is responsible for leading the organization in efforts consistent with stated values and mission, determining the priorities and goals, and providing stewardship and strategic planning efforts. In addition to governing board volunteer roles, nursing organizations use standing committees, task forces, and teams composed of volunteer members in functional areas to create programs, products, and services under the auspices of the organization. These struc-

tural elements differ primarily in the length of commitment involved and definition of function. Committees are likely to request longer-term commitments of committee members, although task force commitments are short term and last only for the duration of specific task-related efforts. Volunteer efforts allow the governing board to focus on "the big picture and critical decisions" (Lawrence & Flynn, 2006, p. 84). Any and all association work groups can influence the direction of the organization and health policy. The need for an organizational stance may be identified and suggested by general members and/or members in formal leadership roles. General members communicate this need via formal and informal member-leadership channels. Position statements are released only after the governing board gives final approval. Most nursing organizations post position statements on their websites so that perspectives are accessible to constituents and reach a broad audience.

Shepherding an idea from conception to completion and successful dissemination is probably one of the most rewarding aspects of membership. When the final product is perceived as valuable, it reflects well on the organization. This level of work is generally assigned to committees, teams, working groups, or task forces composed of appointed content-expert members. Through such involvement, nurses get to exercise creativity, use their skills and knowledge, and be part of a collaborative effort with opportunities to be mentored or to mentor others, to be exposed to new ideas and new ways of doing things, and to achieve success in a potentially complex process.

POLITICAL ACTION COMMITTEES

Some associations, particularly the ANA and state nurses' associations, create PACs to allow some engagement in political activities. It is illegal for incorporated nonprofit (designated 501[c][3] by the U.S. Internal Revenue Service) organizations to use funds to support candidates for federal elections, but association-related PACs can solicit funds and make contributions to candidates for federal office. PACs typically adopt bylaws and governing boards separate from the affiliated association, providing opportunities for members to focus on

issues of political influence. Since they were legitimized in 1971, PACs have become effective in channeling members' contributions to candidates who are sympathetic with organizational aims (Jacobs, 2007).

CONCLUSION

Nursing associations advocate, in one way or another, to advance the profession and promote the health and well-being of populations served. Opportunities to expand a nurse's level of influence beyond one-to-one direct care are the essence of association engagement for nurses. Volunteer contributions are essential for nursing associations to influence the well-being of individuals and the health of populations. Association involvement offers nurses opportunities to learn, practice, and polish the leadership skills that maximize their influence in associations, work, community, and health policy, and prepare the next generations of nurse leaders to continue the vital work of the profession.

DISCUSSION QUESTIONS

1. How do the nursing organizations with which you are familiar determine policymaking courses of action?
2. Identify and discuss a policy issue that merits use of organized nursing's resources.
3. How might you engage a nursing organization to influence a nursing or health policy issue of importance to you?

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ONLINE RESOURCES

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www.nursingworld.org
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