

# Wanted: More Nurses in Office

More women are entering politics, but few are nurses.

At 4 million strong—more than 1% of the U.S. population—nurses are underrepresented in elective office. If their representation were proportional, five nurses would be serving on Capitol Hill today. With the 2021 retirement of Eddie Bernice Johnson, the first RN elected to Congress, three nurses are currently in Congress: Lauren Underwood (D-IL), Cori Bush (D-MO), and Jen Kiggans (R-VA). The math is similar in state legislatures, where nurses hold 68 of the nearly 7,400 seats. And their presence is not evenly distributed: 16 states, including California and Illinois, have no nurses in their legislatures.

At a time when health challenges loom large in policymaking circles, some nurses think more members of their profession should be playing a direct role. “Nurses have all the skills and experiences to be fantastic legislators,” says Darlene Curley, EdD, RN, FAAN, who served in the Maine House of Representatives from 2002 to 2007. “They can set priorities. They can collaborate. They are good listeners, and they can find solutions with other people.”

As part of her graduate work, Curley combed state legislature and nursing association websites in 2021 and 2022 to identify sitting representatives who had graduated from an accredited school of nursing and held an RN license at some point in their career. A document she compiled about nurses in state legislatures in those years, as well as a 2023 update, can be found at [www.nursingworld.org/practice-policy/advocacy/state](http://www.nursingworld.org/practice-policy/advocacy/state).

Curley’s numbers for the current legislative session indicate that a two-decade downward trend in representation of nurses continues. She found eight fewer nurses in state office than before the November 2022 elections, and two fewer states with any nurses in their legislatures. Citing American Nurses Association data that are no longer publicly accessible, Curley says 97 nurses were serving in state legislatures in 2012.

The lack of nurses in elected office seems out of line with recent trends and public sentiment. Women make up at least 85% of U.S. nurses and, since 2016, women have run for office in unprecedented numbers. According to the Center for American Women and Politics, more than one in four federal elected officials are women this year, representing a nearly 10-fold increase in women’s representation over 50 years. Women also accounted for almost one in three

statewide officeholders. In addition, nurses consistently rank as the nation’s most trusted professionals, and health-related issues—such as protections for patients who have preexisting conditions, the cost of prescription drugs, access to abortion care, and policies related to the COVID-19 pandemic—rank high among voter concerns.

## BARRIERS TO POLITICAL INVOLVEMENT

What’s stopping nurses from throwing their hats into the political ring? In addition to traditional barriers, such as a lack of time or money, many nurses are not involved with political parties—and some don’t even vote. “Legislators tell us, ‘There are lots of nurses, but you don’t vote, and you’re not involved in the process,’” says Kimberly Gordon, DNP, CRNA, who explored this question as part of her doctoral project.

Gordon defies that stereotype. She has been politically active for years, initially as a member of the North Carolina Nurses Association and later as federal political director of the North Carolina Association of Nurse Anesthetists. In those roles, she met regularly with her representatives about full practice authority, among other concerns. In 2015, she took her advocacy in a new direction: running the campaign of Sharon Pearce, DNP, CRNA, for the North Carolina House of Representatives. Pearce lost the race, but the two remained politically engaged. They went on to earn DNP degrees and used the opportunity to study what kinds of support could induce more nurses to make the leap into politics.

## CIVIC ENGAGEMENT

On May 12, 2022, thousands of nurses gathered in Washington, DC, to demand safer working conditions and oppose caps on nurses’ pay. Gordon attended the march with Lisa Summers, DrPH, MSN, who was an adviser for her and Pearce’s doctoral projects at the Yale School of Nursing.

Summers sees the anger generated by the COVID-19 pandemic as an opportunity to help nurses connect the dots between policy, politics, and practice. “The protesters were holding pizza boxes saying: No more pizza parties. Safe working conditions,” she recalls, but few had ideas about how to achieve that goal. “We would ask them, ‘Are you seeing your legislators? What is your ask? What types of policies would change that? Are

there any nurses in your state legislature?’ Not a single nurse we interviewed could answer that question,” Summers says.

The year before, Summers and Gordon cofounded Healing Politics, a nonprofit and nonpartisan educational organization with a mission to build a culture of civic engagement among nurses and motivate and train them to run for office. The organization’s name reflects its founders’ belief that, as empathetic listeners and consensus builders, nurses have a distinct contribution to make at this moment. “I’m not naive enough to think that we’re going to end the partisan divide,” Summers says, “but I think the skills nurses bring could shift the needle in that direction.”

### DECIDING TO RUN FOR OFFICE

Minnesota state senator Erin Murphy, MA, RN, grew up in a politically engaged family and, as an eighth grader, volunteered for the successful campaign of a friend’s father. Still, many years passed before she threw her own hat into the ring. Despite her experience leading the Minnesota Nurses Association, Murphy says, “I thought, like many women, I wasn’t prepared enough.”

The challenge of advocating for a dying parent’s care finally pushed Murphy to take the leap into politics. She soon discovered that the nursing process had prepared her well for legislating. As a nurse, she also knew how to collaborate and treat people with respect. “All of the decisions that we make in public policy, they’re not unilateral,” she says. “You have to be able to work with other people.”

The nurses Gordon interviewed for her doctoral project shared similar views. They reported that nursing had honed their communication skills, whether from talking to patients who could neither read nor write or to chief executives. They knew how to negotiate, find solutions, and synthesize large amounts of data, and nurses said their experiences caring for patients often shaped their political platforms.

### PREPARING NURSES TO RUN

At the same time, nurses’ lack of previous political engagement sometimes made it difficult for them to secure their party’s endorsement and left them feeling like outsiders when they did, Gordon found. These candidates don’t just need motivation to run, they also need training.

In 2018, there were almost 600 U.S. candidate training programs, which teach people how to run a campaign, according to Gordon and Pearce’s research. Yet, they found that nurses were unlikely to take part in schools dominated by lawyers and businesspeople. “The ‘see-it-to-be-it’ piece makes such a big difference,” says Gordon. Summers proposed a campaign



Healing Politics, a nonprofit that encourages civic engagement among nurses, joined the May 12, 2022, national nurses’ march in Washington, DC, for better and safer working conditions. Photo courtesy of Lisa Summers, Healing Politics.

school where nurses could hear from other nurses who had already run. The three made plans to launch such a school in 2020. Due to pandemic constraints, however, they hosted a stripped-down, online version of their curriculum in 2021. Forty-seven nurses and midwives from 26 states enrolled.

Healing Politics will finally inaugurate the campaign school, as originally envisioned, this month at Duke University’s Polis: Center for Politics. In addition to addressing nurses’ biggest fear—fundraising—the three-and-a-half-day training will cover grassroots organizing, communications strategies, and ethics, among other topics. The organizers hope participants will leave not just with new skills but with the confidence to enter the political arena.

“Nurses are concerned that they only know about health,” Summers says. She reminds them that the average lawyer running for office doesn’t know about agricultural policy either. Meanwhile, nurses have the advantage of understanding the social determinants of health. “You know the importance of WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children], you know transportation policy and how it affects access to health care, and you know about climate change and its impacts on human health,” she tells them.

Murphy agrees. “Our health care system needs its nurses to tell the truth about what patients are experiencing,” she says. “Nurses should run.”

Curley is focused on seeing a nurse in every state legislature. “The first step would be to have nurse candidates on the ballot in all 50 states in 2024,” she says. “If you have an internal voice, everyone else in the legislature has to listen to you.” As nurses become increasingly vocal about working conditions and public health, that’s a real possibility.—Nicole Fauteux ▼