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From Structural Vulnerability to Structural Power: What Nursing Needs Next



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Nurses carry extraordinary responsibility in healthcare. They are expected to recognize deterioration, protect patients from harm, coordinate increasingly complex care, advocate for patients and families, and respond when systems begin to fail. Yet the nurses closest to these problems often have the least authority over the staffing, resources, policies, and organizational decisions that shape the care they provide. That disconnect between responsibility and authority is more than a workplace frustration—it is a structural problem for the nursing profession.

Naming structural vulnerability is important.

But it cannot be the end of the conversation.

If nursing is structurally vulnerable because professional responsibility frequently exceeds professional authority, then the next question is this:

What would make nursing structurally stronger?

The answer is not simply asking nurses to become more resilient, speak louder, or work harder. Nursing needs structures that allow its expertise to influence the decisions that shape practice.

A Voice Is Not the Same as Power

Nurses are regularly encouraged to "use their voice" and "get a seat at the table."

Those messages are well-intentioned. Nurses should be present when decisions affecting patients, communities, and the profession are made.

But presence alone is not power.

A nurse can sit on a committee, complete a survey, attend a town hall, participate in shared governance, and provide thoughtful recommendations while having little influence over the final decision.

That distinction matters.

Having a voice means being allowed to speak.

Having power means that nursing expertise has a meaningful opportunity to influence what happens next.

If nurses are consulted only after staffing models have been approved, technology has been purchased, budgets have been finalized, or workflows have been redesigned, their participation may be more symbolic than structural.

Nursing doesn't just need a seat at the table.

Nurses need a meaningful role in deciding what happens there.

Nursing Knowledge Is Systems Knowledge

Nurses possess a form of knowledge that is easy to underestimate.

They see what happens when policy reaches practice.

A staffing decision may look reasonable on a spreadsheet until it encounters a high-acuity unit.

A new electronic documentation requirement may appear efficient until nurses spend more time navigating the system than interacting with patients.

A discharge plan may appear complete until a nurse discovers that the patient cannot afford the medication, cannot reach the clinic, cannot understand the instructions, or cannot safely manage it at home.

These are not merely bedside complaints.

They are data about how systems are functioning.

Nurses recognize patterns long before many of those patterns appear in executive reports.

When the same medication-access problem affects multiple patients, the same workflow repeatedly delays care, workplace violence

becomes routine, or staffing concerns recur shift after shift, nurses are observing systems-level problems.

Organizations should treat that knowledge as clinical intelligence.

Shared Governance Must Actually Share Authority

Shared governance is often promoted as a mechanism for nursing participation.

At its best, it can strengthen professional practice and give frontline nurses meaningful influence over decisions.

But the word shared deserves scrutiny.

Can nurses identify a problem but not change the policy creating it?

Can a nursing council recommend improvements but lack the resources or authority to implement them?

Can frontline nurses repeatedly raise staffing concerns without knowing how those concerns affected leadership decisions?

If so, participation may exist without meaningful governance.

Shared governance should include clearly defined areas in which nurses have decision-making authority. Nurses should know how recommendations move through the organization, who makes final decisions, and why certain recommendations are accepted or rejected.

Transparency matters.

If nurses are expected to participate in governance, they need evidence that governance is more than attendance.

Speaking Up Must Be Safe

Nurses also need something more basic: the ability to raise concerns without unreasonable fear of retaliation.

Nursing ethics place significant responsibility on nurses to advocate for patient safety. Yet speaking up can get complicated when the concern involves staffing, leadership, organizational culture, workplace violence, resource allocation, or a policy that isn't working.

A nurse may ask:

Will I be labeled difficult?

Will leadership view me as negative?

Will raising this issue affect future opportunities?

Will anyone respond?

These questions matter because a healthcare organization cannot promote a "speak-up culture" while creating conditions in which nurses learn that silence is safer.

A structurally strong nursing environment should protect professional disagreement.

Nurses should be able to identify patient-safety, ethical, and workplace concerns through credible reporting systems. They should receive follow-up when they raise concerns. Organizations should be transparent about how they review issues and what actions they take.

If nurses repeatedly report problems and hear nothing in return, disengagement should not automatically be interpreted as apathy.

Sometimes people stop speaking because experience has taught them that speaking changes little.

Access to Information Is Part of Professional Power

Nurses cannot meaningfully participate in systems-level decisions if they are given only the final decision.

A staffing model changes.

A position disappears.

A new technology system arrives.

A workflow is redesigned.

Nurses are told what will happen, when it will happen, and what they are expected to do differently.

But they may know very little about why the decision was made.

What evidence was considered?

What alternatives were evaluated?

What patient-safety data were reviewed?

Were frontline nurses involved before the decision was finalized?

What outcomes will determine whether the change was successful?

Organizations cannot ask nurses to think like system leaders while withholding the information necessary to understand the system.

Not every nurse needs access to confidential financial or executive information. But nurses participating in governance should have enough information to contribute informedly.

Transparency is not simply good communication.

It is part of meaningful participation.

Nursing Education Must Prepare Nurses for More Than the Bedside

Structural strength should also begin before nurses enter practice.

Nursing education appropriately devotes enormous attention to clinical judgment, patient safety, pharmacology, assessment, communication, and evidence-based care.

But nurses are entering systems governed by regulations, budgets, legislation, reimbursement structures, professional hierarchies, and organizational policies.

They should understand those systems too.

Could a new graduate explain the difference between an organizational policy and a state law?

Could that nurse identify who regulates nursing practice?

Could the nurse determine who has authority over a recurring workplace concern?

Could the nurse follow a healthcare bill through the legislative process?

Could the nurse communicate a policy concern to an elected official, professional organization, or organizational leader?

We expect nurses to become advocates, leaders, and change agents.

We should give them opportunities to practice those roles before graduation.

Policy education does not require turning nursing programs into political science programs. It requires helping students understand how decisions affecting nursing and patient care are made—and where nurses can enter those processes.

Professional Organizations Can Build Pathways Into Influence

Many nurses care deeply about healthcare policy but do not know where to begin.

Professional nursing organizations can bridge that gap.

They can translate complicated legislation into clear language.

They can teach nurses how to contact elected officials.

They can explain the difference between advocacy, lobbying, and partisan politics.

They can create mentorship opportunities for nurses who are new to policy work.

They can make committee involvement, legislative days, policy education, and leadership opportunities accessible to nurses who may not already have professional connections.

The profession should not interpret lack of participation as lack of interest before examining whether participation has been made understandable and accessible.

Sometimes nurses do not need another invitation.

They need a pathway.

Structural Power Does Not Mean Nursing Dominance

Calling for greater nursing authority does not mean nurses should control every healthcare decision.

Healthcare is collaborative.

Physicians, pharmacists, therapists, administrators, social workers, patients, families, and community leaders all contribute valuable expertise. Healthcare systems also operate within legitimate financial, regulatory, and workforce constraints.

Nurses will not always get the outcome they want.

Structural power means something more reasonable.

It means nurses have meaningful opportunities to contribute before decisions are finalized.

It means nursing expertise is treated as essential, not optional.

It means nurses can challenge unsafe practices without jeopardizing their professional standing.

It means frontline knowledge has a pathway to leadership.

And it means that professional responsibility is accompanied by an appropriate degree of professional authority.

That is not dominance.

That is partnership.

What Structural Strength Could Look Like

A structurally stronger nursing profession would not require one dramatic solution.

It would be visible in everyday decisions.

It would look like frontline nurses participating in staffing decisions before new staffing models are implemented.

It would look like nursing councils with measurable authority, not purely advisory roles.

It would look like nurses serving on boards and executive committees that set strategic and financial priorities.

It would look like protected time for nurses to participate in governance, quality improvement, professional organizations, and policy activities.

It would look like clear protection for nurses who raise legitimate safety concerns.

It would look like nursing students learning how healthcare policy is created before they graduate.

It would look like professional organizations helping nurses move from concern to action.

And it would look like leaders asking nurses what they are seeing before a problem becomes a crisis.

The Question Should No Longer Be Whether Nurses Can Endure

Nursing has spent decades celebrating resilience.

There is value in resilience. Nursing requires adaptability, courage, clinical judgment, and the ability to function in extraordinarily difficult circumstances.

But resilience should not be used as an excuse to leave harmful structures unchanged.

A resilient nurse can survive an understaffed shift.

Resilience cannot create another nurse.

A resilient faculty member can carry an excessive workload.

Resilience cannot solve a faculty shortage.

A resilient bedside nurse can continue reporting an unsafe process.

Resilience cannot make leadership respond.

Structural problems require structural solutions.

So perhaps the next question for nursing is not:

How can nurses become strong enough to endure more?

Perhaps it is:

How can healthcare systems become strong enough to share power with nurses?

Nurses have already demonstrated that they can carry tremendous responsibility.

They have shown that they can adapt, advocate, lead, educate, and care for people under extraordinary conditions.

The profession does not need to prove its strength.

What nursing needs now are systems strong enough to support that strength.

Because a nursing voice matters.

But nursing voice becomes nursing power only when nurses have the authority, access, protection, and opportunity to help shape what happens next. ■

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