

## THE NURSE POLICY ENTREPRENEUR CAFÉ: REDEFINING NURSING IDENTITY

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### Abstract

The nursing profession was established in a spirit of individual policy entrepreneurship, yet this identity has been sparsely activated despite a recognized social contract with the public as a trusted advocate and a history of nurse policy entrepreneurs. The Nurse Policy Entrepreneur Café (NPEC) is an unaffiliated volunteer group that focuses on skill development, networking, innovative approaches to identifying barriers, and offering support and resources to empower interested nurses to create their personal and professional development strategy to become effective partners in health-care policy development, reform, and implementation. The NPEC was established in 2022, utilizing an online adaptation of The World Café Method to paint a picture of the Nurse Policy Entrepreneur identity, and has since expanded to include resources such as presentations, blogs, a newsletter, and support for global participant networking, supporting the needs of all nurses and nursing students worldwide.

**Keywords:** Nurse policy entrepreneur, Health-care policy reform, Nurses and policy, Nurse as thought leaders, Nursing mentorship

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### Introduction

This paper describes the development of an innovative project designed to support nurses in becoming effective policy entrepreneurs, thought leaders, and full partners

with physicians, other disciplines, and stakeholders in reforming and restructuring health care.

Nurses comprise the largest proportion of the global health workforce, with an estimated 29 million nurses and 2.2 million midwives accounting for approximately 57% of health-care professionals worldwide (World Health Organization [WHO], 2025a, 2025b). Globally, they are the foundation of health-care systems and play a crucial role in patient care, often the first point of contact for patients and their families in a health-care facility. For 23 consecutive years, the U.S. public has recognized nurses as the most trusted, honest, and ethical profession within health care and beyond, surpassing other professions across many sectors (Saad, 2025). The nurse's perspective can enhance the quality of care by voicing ideologies in patient-centered care and wellness, and promoting the integration of care among services and disciplines (Delaney, 2015).

Kumar (2021) asserts that society often views the nursing profession narrowly, seeing nurses only as traditional, subordinate caregivers. This view has been influenced by the media's portrayal of nurses as doctors' assistants instead of autonomous practitioners. The public's personal experiences with nurses may have also been limited to a traditional clinical setting, not fully understanding the depth and breadth of the profession (Kumar, 2021). In reality, nurses serve many distinct roles: managing care in schools, serving public health department positions, coordinating emergency services in military branches, providing direct care on cruise ships, making life insurance assessments, conducting research, managing non-profits, founding start-ups, leading hospitals as chief executive officers, upskilling to become advanced care providers, and more.

With so many individuals directly impacted by health-care policy, it is not unreasonable to expect that nurses would be active participants in its development and implementation. Yet, nurses are not as present as one would think. Studies conducted with nurses in Jordan (AbuAlRub & Foudeh, 2016), Slovenia (Bregar & Savic, 2013),

Thailand (Kunaviktikul et al., 2010), the USA (Lewinski & Simmons, 2018), Iran (Aarabi et al., 2014), and Africa (Asuquo et al., 2013; Shariff, 2014; Richter et al., 2012; Juma et al., 2014) confirmed this lack of presence as a global phenomenon, with each study reporting low rates of nurses' involvement in health policy and identifying similar barriers to policy engagement.

The public policy-making realm is a culture of its own, with rules and expectations that may seem alien to nurses' experiences unless they are prepared for it. Sundean et al. (2019) reported that nurses lacked confidence in performing as agents of policy development and implementation. Those who are typically making policy, such as administrators and politicians, are indoctrinated in the culture of agenda-promoting and processes such as Robert's Rules of Order (Robert III et al., 2020). Furthermore, institutional hierarchies (Juma et al., 2014), the lack of enabling organizational structures (Shariff, 2014), and limited support from the political sector and government officials (Kunaviktikul et al., 2010) have also been cited as barriers to policy engagement. In fact, the WHO's *State of the World's Nursing 2025* stated that only 66% of responding countries reported the existence of a nationally supported program to develop nursing leadership, research, or policy literacy skills (WHO, 2025b). Moreover, these leadership development programs were reported in only 25% of low-income countries, representing a significant gap in access to leadership development opportunities for nurses (World Health Organization, 2025b).

## **Nursing as a Profession of Policy Entrepreneurship: Intellectual Capital Meets Identity Convergence**

### ***History of Nursing Entrepreneurship***

In 1854, Florence Nightingale provided leadership in the spirit of policy entrepreneurship by recognizing a gap in policy and practice and by initiating what were then innovative approaches to care. Her interventions made quality improvements by reducing mortality rates and analyzing statistical data to support changes in policies

and procedures (Selanders, 2024). Her actions generated a paradigm shift, redefining the nurse role to include acting as a respected policy reformer and thought leader.

The term Nurse Policy Entrepreneur (NPE) has only recently been used to specify the nursing profession as a force for healthcare policy reform. Several pioneer nurses in history made lasting impacts on the profession and on health care. Mary Seacole (1805-1881), a Jamaican-born British nurse who provided care during the Crimean War, is known for establishing a ‘hotel’ for soldiers near the front lines and using traditional and herbal remedies (Robinson, 2004; Seacole, 1857). Lillian Wald (1867-1940) founded Henry Street Settlement in New York, focusing on public health nursing and advocacy for underserved communities (Buhler-Wilkerson, 2001; Wald, 1915). Clara Barton (1821-1912), Linda Richards (1841-1930), Agnes Karll (1868-1927), and many others shared the NPE identity by identifying gaps in policy and acting to improve health care (Barton, 1898; Dock, 1927; Dock et al., 1922; Pryor, 1987; Richards, 1911). Lathrop (2013) noted examples of these nurses considering the influence of physical and social environments on the health of patients. Nurses continue this legacy, illustrating an early understanding of the role of social determinants of health and how they can serve as a proxy for the United Nations (UN) Sustainable Development Goals (UN, 2015), including addressing these issues upstream for equitable health promotion and disease prevention (Wakefield et al., 2021).

### ***Nursing Policy Entrepreneur Role***

The term Policy Entrepreneur is not new. Mintrom (1997) defined the role of a policy entrepreneur as a person seeking to gain support for the innovation and reform of policies by setting an evidence-based agenda and engaging in activities such as building social and political capital, shaping debate on the issues, and building coalitions. The concept of a Policy Entrepreneur has been articulated as a role that can explain, analyze, and reform policies (Mintrom & Norman, 2009). Through advocacy and leadership, NPEs are instrumental to the ongoing improvement of health-care systems and the well-being of entire populations. In essence, NPEs bridge the gaps between clinical practice, education, research, and policymaking. They leverage unique, but

often underrepresented, nursing perspectives and expertise to shape health-care policies. Here's a brief description of what an NPE does:

***Identifying Health-Care Issues.*** NPEs first identify critical issues within the health-care system, drawing on their firsthand experience and knowledge of patient needs, health-care delivery, and safety concerns.

***Developing Solutions.*** NPEs develop evidence-based solutions to address these issues, collaborating with fellow healthcare professionals, researchers, and policymakers to formulate effective policies and initiatives.

***Advocacy and Lobbying.*** NPEs engage in advocacy efforts to promote their proposed policies. This may involve meeting with legislators, health-care administrators, and other stakeholders to explain the merits of their proposals and garner support; or acting through any one of 198 methods of nonviolent action (Sharp, 2003).

***Raising Awareness.*** NPEs use their platforms and networks to raise public awareness about health-care issues, building a broad base of support for policy changes. This can involve public speaking, writing articles, and/or engaging with media outlets including social media.

***Collaborating with Stakeholders.*** NPEs often collaborate with interdisciplinary teams and health-care organizations to ensure that policy recommendations are well-rounded and practical.

***Monitoring and Evaluation.*** After policies are implemented, NPEs monitor and evaluate the impact on patient outcomes and health-care systems, informing further adjustments or improvements.

**Education and Training.** NPEs may also play a role in educating communities and other professionals about policy issues and advocacy strategies, fostering a culture of policy engagement.

The Institute of Medicine's (2011) report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, charged the profession to become advocates for the general public and full partners in reform with all disciplines. The International Council of Nurses (ICN) has also called for nurses to contribute their expertise to informing health policy (ICN, n.d.; Wakefield et al., 2021). Since its inception in 1899, the ICN has provided strategic leadership for nurses to guide their institutional development as policy influencers and global decision-makers (ICN, 2024). Although some nursing organizations and associations provide professional development content, in many instances nurses must pay to access those resources. Nursing policy education also remains underdeveloped, with significant barriers including limited time and funding, lack of interest among both faculty and students, and a shortage of faculty with expertise in health policy, further exacerbated by scarce professional development opportunities in this domain (Anderson et al., 2020).

Nurses are not all fully aware of the nursing professional identity aside from clinical practice, which is rooted in the legacy of biomedical hegemony in which nursing's contributions are often subordinated to medical authority (Rankin & Campbell, 2006). Despite some education about governance and policymaking, nurses may not see this role as part of their professional identity (Sundean et al., 2019). Learning is often limited to standards and ethical codes for practice, and individual policies for procedures, further limited by education that stresses technical skills over professional growth. Kagan and colleagues (2010) published *A Nursing Manifesto: An Emancipatory Call for Knowledge Development, Conscience, and Praxis* to address resistance to accepting nurses beyond the role of direct caregivers, articulating the sovereignty of the profession and how nurses can be a valued agents of health-care policy reform, painting a picture of nurses in full. Clarifying and intentionally developing the professional identity of an NPE will enhance the confidence necessary to act in that

role (Fitzgerald, 2020). The impact of knowing and adhering to one's professional identity is more than showing competence as an expert clinician; it also influences one's being, resilience, and intent to remain in the profession (Al Yahyaei et al., 2024; Owens et al., 2024).

Policy and advocacy engagement requires expanding issue expertise and developing skills in communication, civic engagement, relationship-building, shared decision-making, policymaking, and supportive technological and/or informatics skills. The Nurse Policy Entrepreneur Café (NPEC) aims to support and encourage participants to take charge of their professional identity through monthly virtual meetings, networking opportunities, and educational content offered in the compendium section of its website. The NPEC offers an assortment of free resources and networking opportunities that close the knowledge gap while meeting the unique learning styles of individuals. This approach to focused and shared learning ensures that all participants can equally gain the tools necessary to become effective NPEs regardless of academic preparation, experience, or financial status.

### ***Theoretical Basis for the Nurse Policy Entrepreneur Café***

Parse's (2014) Humanbecoming Community model described how the concept of co-creation through shared histories leads to community building. Parse pointed out that as individuals interact with others, each person's life history results in an incarnation of an emerging now. Through cherished conversation, personal bias can be subjugated to novel and unpredictable ideas, which can only be achieved during unrestrained interaction with others. The invisible shifts to the visible.

Discussions at the monthly meetings are not intended to drive action that promotes advocacy for a particular policy or political issue. Instead, the guided activities help participants to self-identify professional/personal skills and qualities that will improve their perceived self-efficacy as agents of advocacy and thought leaders (Parse, 2014). Specifically framing the activity of the NPEC, this model articulates the power of

focused discussions as a key to establishing a professional development strategy, community building, and networking.

Three change concepts from the Humanbecoming Community model (Parse, 2014) are paradoxical at first glance but are in fact complementary to discussions and shared learning.

***Moving-Initiating.*** Think of how we shift between a somewhat chaotic discarding and creating new ideas and meanings as a result of conversations with others.

***Anchoring-Shifting.*** Recognizing when an idea improves on your previous thoughts, and shifting them after contemplation, or further anchoring your previous thoughts and making them stronger as a result.

***Pondering-Shaping.*** Dialoguing and then meaningfully listening to the complete thoughts of others.

The NPEC utilized these paradoxical concepts through The World Café Method (2025b), which has become a gold standard for the facilitation of groups applying participatory action and shared learning principles that offer a safe and equitable milieu for all participants. This method has been applied to a variety of complex or ‘wicked’ social problems that can be difficult to solve or even recognize, and has proven to help groups formulate, implement, and evaluate the efficacy of solutions in truly collaborative means (Bumble & Carter, 2021; Banfield et al., 2021; Nunez et al., 2020). The NPEC model, while grounded in Parse’s Theory of Humanbecoming (2014), is expanded by incorporating critical methodologies and health equity principles, and aids NPEs in deciding how to *approach* addressing wicked problems, not debate them. These principles include understanding power as relational and fluid, resisting biomedical dominance, and supporting community-led initiatives, expanding the NPE’s role beyond engagement with fellow experts to include alliances with grassroots movements and communities.

While the NPEC seeks to create inclusive and participatory spaces, a critical lens reveals that even collaborative models are not immune to power dynamics. Critical scholars argue that participatory methods must interrogate whose voices are centered and whose are marginalized (Anderson et al., 2009). Nursing activism, therefore, includes disrupting systems that perpetuate inequities and advocating for structural change (Thorne, 2022). As activists, NPEs must navigate these complexities, acting not only as collaborators but as political agents who engage in strategic advocacy to confront the ‘isms’ embedded in health-care systems, including racism, sexism, and classism (Turpel-Lafond & Johnson, 2020).

Social constructs such as lack of access to nursing education, housing, food, transportation, and the independence to continue in nursing school often prevent talented potential nurses from completing pre-licensure programs or advancing beyond initial entry, especially considering the burden of student loans. When these nurses must focus on feeding themselves and their families, they often cannot conceive of themselves being empowered to influence the very policies that created these barriers in their lives. Several nursing groups disproportionately experience systemic barriers within education, leadership, and policy engagement, often along lines of racism, sexism, classism, ableism, and colonialism (Iheduru-Anderson et al., 2020; Loftin et al., 2012; Marks, 2007; Varcoe et al., 2009). To remedy this vulnerability, nurses need to build capital – intellectual, social, political, and financial – as a buffer against hard times, and to advocate for the well-being of other nurses. This capital can be gained by joining professional organizations, participating in fellowships and summits, supporting foundations that foster positive values, developing relationships with people in power, donating money to worthy causes, using technology to promote grassroots efforts toward positive change, building coalitions, lobbying, collecting for political action groups, and serving on boards (Inouye & Leners, 2023).

Often, to belong to professional organizations, the very people who desire to be active in changing policy are forced to ‘pay to play’ and are thus discouraged from

participating in the processes in which they can and should be involved (AbuAlRub & Foudeh, 2016). Regulation of nursing education often stresses technical skills that certainly are needed for certain venues, but often does so to the exclusion of long-term development of leadership and influence skills that are so important to the nursing profession (Owens et al., 2024). Beyond facing structural barriers and lack of resources, nurses also may feel fear, powerlessness, and imbalance between time and motivation (Hajizadeh et al., 2021).

Nurses are the first witnesses to the effects of social determinants of health for patients in direct care every day. Our pedagogy is a holistic approach to care focused on upstream concepts of health promotion and disease prevention, yet our pre-licensure education inconsistently touches upon it. Once nurses are practicing in their traditional roles, they meet patients who already have diagnoses of chronic illnesses and need a treatment plan for management (Aarabi et al., 2014). Poly-crises, inequalities, and broken systems have downstream effects that exacerbate the strain on the workforce by providing 'sick care' instead of health care.

In this paper, *policy* is understood as the formal and informal decisions, practices, and resource allocations that influence health at all levels, from bedside protocols to legislative reforms. Patton et al. (2015) differentiate politics with a big *P* (e.g., strategic policy making and implementation) and policy with a little *p* (e.g., action at the micro level, such as hand washing before donning gloves); both influence the social conditions that generate health outcomes (Dawes, 2020). Nurses know well the determining factors that contribute to these compounding issues, but might lack the knowledge, abilities, and confidence to identify and translate skills away from the bedside and address them upstream for Health-in-All-Policy (WHO, 2014). This concept refers to the integration of health considerations into policymaking across sectors, recognizing that health outcomes are shaped by housing, education, employment, and environment (Kickbusch & Gleicher, 2012). Therefore, NPEs must think beyond the healthcare industry to advocate for comprehensive, upstream solutions.

Yet nurses are rarely engaged in the process of health-care policy making and reform. This absence is particularly stark in legislative bodies, hospital boards, and health policy think tanks, where nurses often lack seats or voice (Mason et al., 2021). This gap is not only from lack of invitation but also from nurses' struggle to identify as thought leaders in this arena. Keenly understanding that health system strengthening expands beyond traditional direct care roles, nurses are poised to work in multiple spheres of influence to shape health care, advocating across sectors and networking within public and private partnerships, including in the workplace, government, associations, and interest groups. As a result of identifying this way, nurses are better able to take on roles as full partners in health reform and be articulate, trusted messengers who influence change upstream through policy and practice.

### **Novelty of the Nurse Policy Entrepreneur Café**

The NPEC is intended to explore the power of deep democracy, in contrast to organizational structures that rely primarily on representational decision-making. A primary concern is to ensure openness to a diverse collective mind that treasures the unique feelings, experiences, and idiosyncrasies of individuals to gain a more complete picture of the nurse policy entrepreneurial role.

The monthly virtual meetings hosted by the NPEC are referred to as the "Café", inviting the connotation that a participant might interact with others in the same way they would if gathering with friends in person. As different participants join, different projects emerge, creating a canvas for a living project that invites innovation, shared problem identification, and problem-solving. Because the NPEC is not affiliated with nor directed by donor funding of any organization, we are free to build this supportive structure as an emerging, pertinent, and relevant mechanism for health care reform.

The structure of the monthly meeting is based on The World Café Method, a flexible approach for facilitating meaningful dialogue among large groups, which can be

adapted to respond to diverse and evolving needs, however, the following five components are essential and should be incorporated (2025a, 2025b):

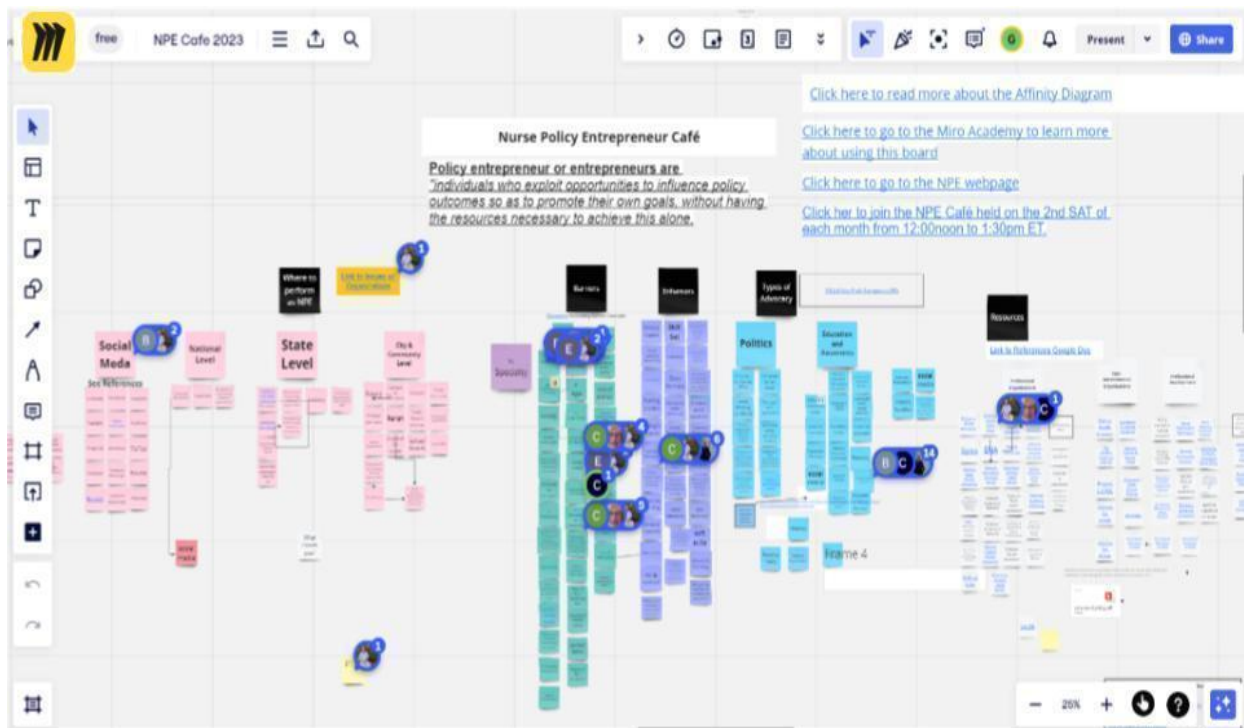
1. **Setting:** Create a ‘special’ environment, most often modeled after a gathering in a café setting.
2. **Welcome and Introduction:** The host begins with a warm welcome and an introduction to The World Café Method process, sharing the Café Etiquette and putting participants at ease.
3. **Small-Group Rounds:** The process begins with 20-minute rounds of conversation for small groups of four to five people. At the end of the 20 minutes, each member of the group moves to a different group. One person may remain as the ‘table host’ for the next round, welcoming the next group and briefly filling them in on what happened in the previous round. The current format of the NPE Café doesn’t create small separate groups. Attendance at each session is commonly up to 10 people from a group of worldwide participants who are interested in the topic that is advertised before the event is held. Discussions are based on the topic and a presentation by a select speaker for each session.
4. **Questions:** Each round is prefaced with a question crafted for the specific context and desired purpose of The World Café Method. The questions may build upon each other to focus the conversation or guide its direction.
5. **Harvest:** After the small groups, individuals are invited to share insights or other results from their conversations with the large group. These results are reflected visually in a variety of ways, most often using graphic recording in front of the room (such as a simple drawing representing an idea or concept). NPE Café sessions are recorded and placed on our website.

Neophytes and experienced nurses alike expressed interest in coming together as a community to discuss nurses’ engagement in the policy arena. Each shared their ‘why’ or ‘hot button’ issue, calling them to use their nursing experience to be policy change agents. In 2022, recognizing the Humanbecoming Community Model (Parse, 2014), the first Cafés began with an intentional moment to cognitively and emotionally engage in

an activity to focus and organize the mind. After a 15-20 minute overview of the state of nurses as policy partners, a short review of *The World Café Method* (2025) uncovered a way to discover, share learning, and provide insights related to the support of the NPE; not a mechanism to promote a specific topic, issue, or project, but rather to become a successful partner in policy making and implementation. Participants shared how they thought nurses can identify as NPEs, as well as their personal experiences in community policy development or in observing politics. Barriers and enhancers to the role of NPEs in becoming full partners in this arena were considered.

The next phase was to develop an action plan based on the information discovered. More than 200 concepts were collected in total. Full, unrestricted, and continuous revision of a Miro workboard (Figure 1) ensured equity of contribution to the data collection process. This virtual affinity diagram is where information was compiled to support NPEs as agents of change in whichever role and agency is relevant to their vision. It also acted as a springboard with links to resources where nurses can explore a particular issue further.

**Figure 1.** NPEC Miro workboard



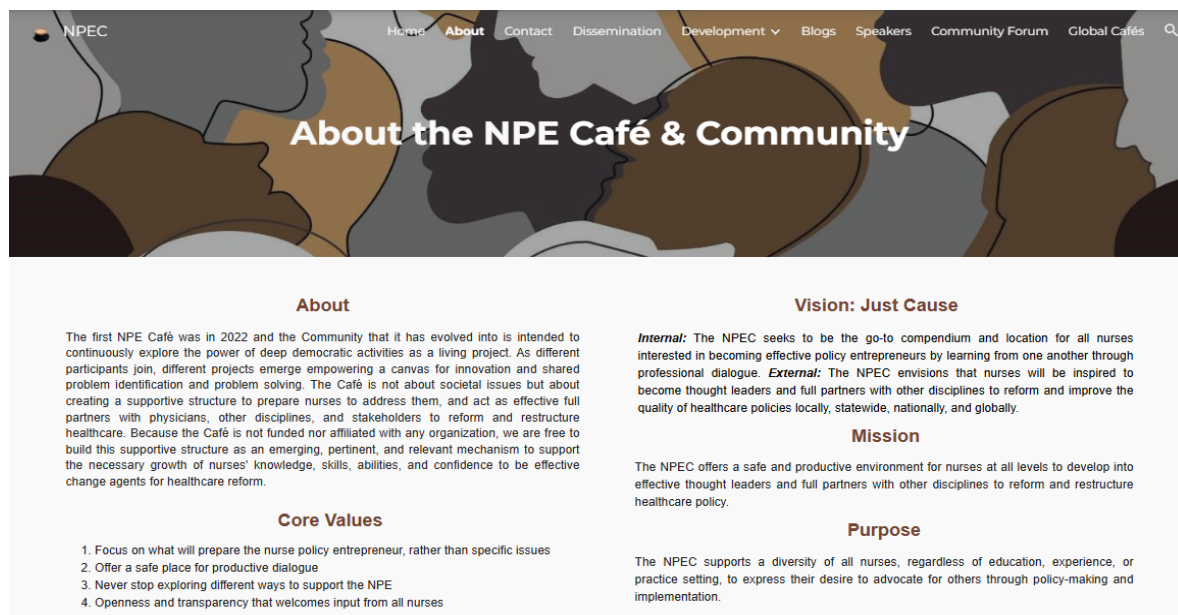
While this virtual workboard was a shared space to organize thoughts about NPEs, the Café began to grow and evolve as a community space, and new activities were introduced. Its open-door policy allows participants to attend freely without obligation; each session is constructed to provide a safe space for learning techniques and sharing resources. Keynote speakers energize participants to advocate for causes about which they are passionate. Those attending find growth within themselves and help others to grow in advocacy skills through group mentorship.

No membership or dues are required. The NPEC is an intentionally unfunded and volunteer-driven grassroots community of practice, ensuring flexibility, democratic decision-making, and independence. Aside from a one-time microgrant used to maintain our virtual platform, we operate without ongoing funding, sponsorship, donor direction, or other external influence that would otherwise shape our activities.

### Highlights of Activities

The NPEC has evolved to create a website, infographics, a newsletter, participant blogs, and a rotating speaker series. The website serves as a resource compendium for created content and external resources, and presents the mission, vision, purpose, and core values of the NPEC (Figure 2).

Figure 2. Nurse Policy Entrepreneur Café website 'About' page



Simple infographics offer steps for new NPEC participants from getting started to refining skills (Figure 3).

Figure 3. Infographics from the Nurse Policy Entrepreneur Café website 'Development' page



To aid NPEs in better organizing their development plan and identifying their strengths and weaknesses, a table of essential skill sets that nurses can grow within has been organized (See Table 1).

**Table 1.** Policy Entrepreneurial Essentials and Elements

| <u>Communication</u>   | <u>Civics</u>  | <u>Issue Expertise</u>   | <u>Shared Decision Making</u>   | <u>Policy Making</u>  | <u>Technology</u>   | <u>Relationships</u>   |
|--|--|--|---|---|---|--|
| <ul style="list-style-type: none"> <li>Public speaking</li> <li>Elevator speech</li> <li>Leadership style</li> <li>Press Release</li> <li>Interviewing</li> <li>Being Interviewed</li> <li>Media engagement</li> </ul> | <ul style="list-style-type: none"> <li>Engaging with a state legislator</li> <li>Legislative Staffers</li> <li>Law making</li> <li>Governance bodies</li> <li>Administrative rules</li> <li>Standards of Practice</li> </ul> | <ul style="list-style-type: none"> <li>Education</li> <li>Presenting</li> <li>Teaching</li> <li>Publishing</li> <li>Research</li> <li>Web Casting</li> <li>Personal Essay</li> </ul> | <ul style="list-style-type: none"> <li>Member roles</li> <li>Board behavior</li> <li>Robert's Rules</li> <li>Diplomacy</li> </ul> | <ul style="list-style-type: none"> <li>Raise awareness</li> <li>Policy analysis</li> <li>Capacity</li> <li>Problem</li> <li>Past interventions</li> </ul> | <ul style="list-style-type: none"> <li>eMail</li> <li>Virtual meetings</li> <li>Podcasting</li> <li>Social media</li> <li>Professional forums</li> <li>Sharing tools</li> <li>Collaboration apps</li> <li>Artificial Intelligence (AI)</li> </ul> | <ul style="list-style-type: none"> <li>Conferences</li> <li>Professional Associations &amp; Organizations</li> <li>Mentor / Menteeship</li> <li>Political &amp; Social capital</li> <li>Relationship Building</li> <li>Knowing leaders</li> <li>Coalition building</li> <li>Alma maters</li> </ul> |

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**Theoretical Basis**

- Parse's Humanbecoming Community Model (2014)
- Nursing Professional Identity

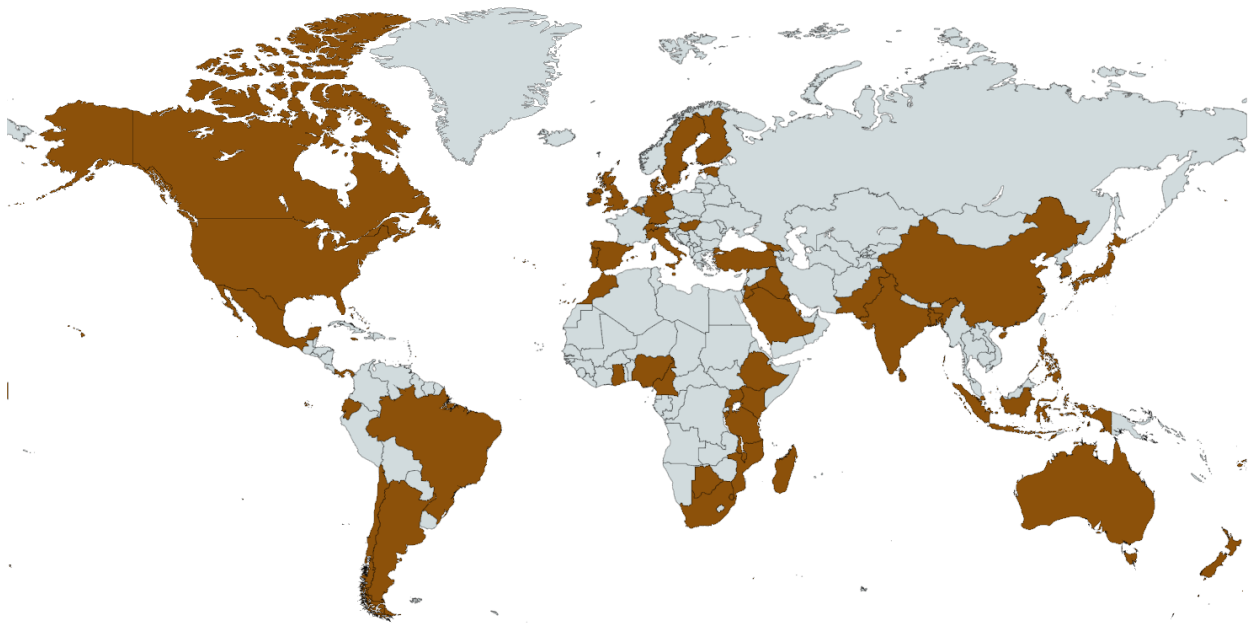
Additionally, a thematic speaker series and monthly blog posts are curated to speak to each skill set. Participants can watch and read them to learn through shared experiences, facilitated by and expanding our group-mentorship theory of change. Topics have included local policymaking, state legislation, providing testimony, global activism, lobbying, board service, advocacy for specific practice specialties, diplomacy, civic engagement, and modern technological considerations. All speaker presentations have been video-recorded and shared online (with consent) for free asynchronous viewing globally. Blogs have addressed translation of professional skills, politics (big “P”) versus policy (little “p”), op-ed writing, meaningful networking, reflections on leadership, actionable steps for student NPEs, and diverse global perspectives.

Additional ongoing activities include dissemination through social media, professional platform posts, external blogs, published journal articles, conference and symposium presentations, and word-of-mouth sharing.

## Implications for Nursing and Future Plans

One lesson learned is that there was no robust way to identify where and how the NPEC offerings were most useful and drove engagement. Simple analytics were tracked and monitored after the first year. Combined across dissemination streams, the NPEC has seen more than 28,500 engagements for website, video recordings, and newsletter traffic across more than 60 countries (Figure 4).

**Figure 4.** *Global Reach of the NPEC*



In 2024, the NPEC’s participation, viewership, and subscriptions grew exponentially. This year has also seen an exciting expansion beyond our initial vision that has led to the NPEC team being invited to consult and facilitate international, multidisciplinary community development projects for positive social impact. Awareness and interest from nurses and other healthcare professional collaborators worldwide indicate a broad interest in this kind of policy development. It has attracted nurses from various cultures and countries, as each was inspired to present the health and well-being issues facing their countries and gain ideas and methods of advocating for their communities. A Nigerian nurse spoke about her challenge to obtain government or private funding to help maintain the health of nursing mothers and their children. Another nurse from

Cameroon presented his role as an advocate and consultant for healthcare promotion. A global advocacy nurse educator and representative at the United Nations spoke about a coalition of Israeli and Palestinian Nurses working together to improve maternal health care.

The NPEC aims to facilitate a network for NPEs around the world to continue these efforts. Participants can post to an interactive Global Cafés networking map to share who and where they are, and their experiences and evolution as NPEs. It can launch new collaborations, initiatives, and opportunities for continued shared learning. Those who become most engaged and are interested in expanding these opportunities can be identified as “facilitators” for additional Global Café sessions.

Finally, in reviewing the most helpful and useful processes moving forward, participants began discussing strategic planning for the year ahead. Collectively, various modalities and platforms to meet diverse adult learning styles were reviewed. Potential future offerings that the NPEC might focus on for the upcoming year include “podclass” short tutorial videos for elements of the essential skills. Additionally, the co-creation of a policy ‘roadshow’ for nurses to share the NPEC model at nursing schools and associations, as well as virtual internships or mentoring matches, were ideated.

## **Conclusion**

The NPE model has existed as long ago as Nightingale and her contemporaries. It is supported by evidence to promote nurses’ entrepreneurial professionalism and their efficacy in driving change to address social health inequities. The NPEC has used this model to build a welcoming community space that aligns with its mission and vision: to offer a safe and productive environment for all nurses interested in becoming effective policy entrepreneurs and to inspire them to become thought leaders and full partners with other disciplines in the reform and restructuring of health-care policies locally, statewide, nationally, and globally. Its design has been fluid since organizing the virtual workboard, and continues collaboratively to the present, offering modern learning

modalities. In the future, we look forward to sharing the model internationally with nurses and students.

## How to Get Involved

### Join the community!

**Link to contact the NPEC:** nursepolicycafe@gmail.com

**Link to our website:** <https://bit.ly/npecafe>

**Link to our newsletter:** <https://npecafe.substack.com/>

**Link to our YouTube page:** <https://www.youtube.com/@NursePolicyCafe>

**Link to our networking map:** <https://padlet.com/npecafe/global>

**Link to our LinkedIn page:** <https://www.linkedin.com/company/npecafe>

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