


A Theoretically Derived Approach to Impact: Implementing Policy Influence Strategies

Policy, Politics, & Nursing Practice
2022, Vol. 23(3) 150–161
© The Author(s) 2022
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/15271544221100164
journals.sagepub.com/home/ppn



Paul De Raeve, RN, MSc, MStat, PhD, FAAN¹ ,
Francesco Bolzonella, MSc²
and Patricia M. Davidson, RN, PhD, MEd, FAAN³

Abstract

Advocacy is an intentional act of influencing government and an important precondition for successful policy change in society. Drawing from an existing framework on policy influence, we propose an approach to quantifying the impact of policy influence efforts, specifically within the context of European Public Health (EPH) advocacy. The analysis hinges on the article “Moving from tokenism” which provides a starting point to conceptualize strategies to quantify impact. An exploratory case study approach allowed to integrate literature on advocacy evaluation in parallel with the internal documentation of a EPH advocacy organization. We provide recommendations to advocacy organizations that aim to create an infrastructure towards quantifying the impact of their efforts. The framework is mostly tailored to the needs of EPH advocacy, but it can also have resonance beyond the scope of a specific sector.

Keywords

impact, lobbying, activity report, indicators, nurses, nursing care, health, healthcare, policy

Introduction

The act of influencing the decisions of governments is an important component of policy change in many political systems. Advocacy organizations that wish to influence structural change in specific themes of public interest are confronted with the task of convincing policymakers of the worthiness of the changes advocated for. At the same time, most advocacy organizations face growing pressure to provide proof of accountability towards their members and towards stakeholders operating in their advocacy area. The lack of evidence in policy propositions often compromises the credibility of advocacy efforts and, as a consequence, affects the desired impact of the proposed recommendations. Dissemination strategies need to embrace principles of evidence-based advocacy, sided with rigorous approaches of monitoring and evaluation, in order to consolidate the premises for effective policy influence (De Raeve & Davidson, 2020).

Recent developments of the COVID-19 pandemic brought health-oriented policies to the centre of new policy discussions and offered public health advocacy organizations the opportunity to advance key recommendation in neglected areas of the European healthcare sector, such as ameliorating the working condition and rights of the nursing workforce. Tracking

policy efforts is often unheard of but remains an important aspect of effective advocacy (Ebrahim & Rangan, 2010), which allows groups to champion change along the policymaking process of consensus-building (Arensman, 2018).

If advocacy is broadly understood as the wide range of activities conducted to influence decision-makers at different levels (Morariu & Brennan, 2009), the quest to measure advocacy efforts is therefore rooted in the measurement of ‘influence’ (March, 1955), which requires the analysis of behaviours aimed at altering decision-making processes. We present an impact assessment framework based on nascent literature in advocacy evaluation, developed through analysing the activities of a typical EPH advocacy organization in the European Union (EU): the European

¹Secretary General European Federation of Nurses Associations, Brussels, Belgium

²Maastricht University, School of Business and Economics, Maastricht, Netherlands

³Vice-chancellor University of Wollongong, Wollongong, Australia

Corresponding Author:

Paul De Raeve, Secretary General European Federation of Nurses Associations, Brussels, Belgium.

Email: efn@efn.eu

Federation of Nurses Associations (EFN), an organization active in voicing the rights of EU nurses. The following analytical tools provide a monitoring and evaluation infrastructure for evidence-based advocacy. The main research question therefore is: how does EFN's evidence-based advocacy towards the EU institutions result in strengthening nurses' rights within the EU?

The adoption of impact measurement tools has the advantage to both enhance the capacity of an organization to advocate effectively and to add value to the credibility of the dissemination activities, allowing to understand whether the advocacy efforts are leading to the desired impact. Impact measurement can track the organization's efforts towards demonstrable outcomes and can lay out the long-lasting foundations needed for evidence-based interventions (De Raeve & Davidson, 2020). Standardized processes that entail transparent reporting and long-term outcomes predict effective policy efforts (Neta et al., 2015). Producing evidence with impact measurement tools can secure accountability among internal members, credibility among external stakeholders, and may attract and retain societal attention and legitimation for the causes being advocated (Rahn-Tiemeyer, 2015). Impact measurement is part of the management of organizational performance, in which data are actively used to revise an ongoing program with the aim of improving efficiency or results (Tatian, 2016). Drawing from the business world, performance measurement systems (PMSs) are used to quantify the value proposition of actions and strategies undertaken by an organization. PMSs are equally suited for organizations oriented to social and policy objectives (Arena et al., 2015; Bagnoli & Megali, 2011). Hence, evidence-based advocacy acquires a two-folded perspective: deepening the target of dissemination strategies towards key policymakers while enriching the advocating actor's ability to exert policy influence according to an increasingly refined awareness of its strategic performance (Arensman et al., 2018).

The next section explores the challenges of measuring advocacy, showing how the methodological and contextual challenges require alternative evaluation approaches to measuring efforts. A literature review on advocacy evaluation highlights four ways in which lobbying effort has been conceptualized in terms of policy influence. These general insights are explored within the domain of public health advocacy and applied in the implementation of measuring outcomes within the context of EFN, as a prominent EPH advocacy organization in the EU. Lastly, reflections on the measurement of outcome indicators are accompanied by considerations on the broader organizational context of the evaluation.

Challenges in Quantifying Advocacy Efforts: New Prerequisites

Much research has been dedicated towards identifying the most appropriate way to measure advocacy (Coates & David, 2002; Coen, 2007; De Bruycker, 2019; de

Figueiredo & Richter, 2014; Dur, 2008; Hojnacki et al., 2015; Laboutková & Vymětal, 2017; Lowery, 2013; March, 1955). Policy and academic literature confirmed the challenges of measuring the performance and outcomes of advocacy, due to its intangible nature that defies traditional measurement approaches (Coffman, 2007, 2009; De Bruycker, 2019; Devlin-Foltz et al., 2012; Lampkin et al., 2006; Naeve, 2017). Policy influence happens through informal interactions, which are often relational and political in nature: this makes it hard to document and monitor progress towards designated outcomes (Buffardi et al., 2017; Ebrahim & Rangan, 2010). Research on performance measurement, and the more recent literature on advocacy evaluation (Coffman, 2009; Fagen et al., 2009; Ross, 2007; Stachowiak et al., 2007) highlighted two central analytical problems, which allow opportunities to explore valuable alternatives to measuring advocacy efforts (Devlin-Foltz et al., 2012).

The first challenge concerns the determination of causality. The target group of advocacy strategies moves, develops and changes depending on the interaction with other actors. Moreover, the act of influencing changes involve multiple layers of power relations which diminishes the ability to correctly assess contribution and attribution.

While attribution indicates how much change is *caused* by (attributed to) an organization's specific effort, contribution assesses how much the organization *contributed* to the outcomes of change, without explicit indication on the share of effects produced and amount of change created (Budhwani & McDavid, 2017). Advocate organizations can demonstrate how they contributed to policy success rather than how the policy change was attributed exclusively to their efforts (Devlin-Foltz et al., 2012; Mayne, 2008). Contribution analysis has much to offer the theory-based evaluation landscape, as it bypasses the methodological complexity of establishing causality without actually defying its importance (Budhwani & McDavid, 2017; Dybdal et al., 2011; Kotvojs & Shrimpton, 2007). Some valuable examples of its application exist in both the policy intervention level (Biggs et al., 2014) and the outcome planning level (Wimbush et al., 2012).

The second challenge entails the issue of control over the results of policy influence actions, reaching sustained levels of advocacy capacity, namely effectiveness in exercising managerial control over the objectives of advocacy and intended organizational strategy. Advocate organizations can move closer to this objective by defining the organization's boundary and operational strategy (Ebrahim & Rangan, 2010). An evaluation framework allows the organization to understand what is done right and recalibrate its resources accordingly. The implementation of most evaluation requires a logic model, also known as Theory of Change (ToC), which maps the logical progression of indicators per each dimension intended to be measured. Given the context of advocacy evaluation where cause-effect logic is not predictable, Teles and Schmitt (2011) argue for the

need for a Practice of Change (PoC) complementing the standard ToC approach. There are noticeable differences between the cause-effect logic in the ToC approach and the observed practices of doing advocacy (Arensman, 2018). PoC recognizes that advocacy evolves through recursive interactions where outcomes are ‘emergent’ rather than predictable, where the emphasis is placed on human interactions and the recognition that the planning process is not static. In addition, it takes into account the need for flexibility and adaptation around those outcomes in terms of advocacy capacity of the organization itself as a whole (Arensman et al., 2018). An organizations’ ability to reach the desired outcomes becomes predictor of whether the ToC reflects realistic and obtainable objectives, because effective advocacy depends mostly on the organization’s effectiveness to do so. If a policy change is outside the control of the measurement, advocates can still assess their progress in building internal capacity to influence change. The advocacy capacity is only a means to a policy improvement, but it remains meaningful for the organization implementing it (Devlin-Foltz et al., 2012). Advocacy capacity is measurable because it can be identified, and is manageable because it falls under the control of the advocates who can oversee efforts of increasing capacity and use them within the larger framework of their organizational strategy. In doing so, nurturing advocacy capacity

becomes a way to bound the scope of evaluation inquiry and to focus the targets of assessment (Buffardi et al., 2017). Concurrently, pursuing contribution rather than attribution in the scope of evaluation becomes more manageable. Figure 1 illustrates the process and outcome indicators in the logical sequence of EFN towards fulfilling its advocacy objectives.

Towards a Consensus to Evaluate Policy Influence in Public Health: Foundations to an Analytical Framework

The evaluation literature in the social sector has been under-theorized and in need of further conceptual framing (Ebrahim & Rangan, 2010; Rahn-Tiemeyer, 2015). Advocacy evaluation is an emerging field that has developed a separate theory and practice within the context of evaluation research (Arensman, 2018; Devlin-Foltz et al., 2012; Gardner et al., 2017). Meanwhile, policy advocacy has remained a vast field encompassing various dimensions. These have been summarized according to common distinct strategies based on whether advocacy is: enhancing a democratic environment, applying public pressure, influencing decision-makers,

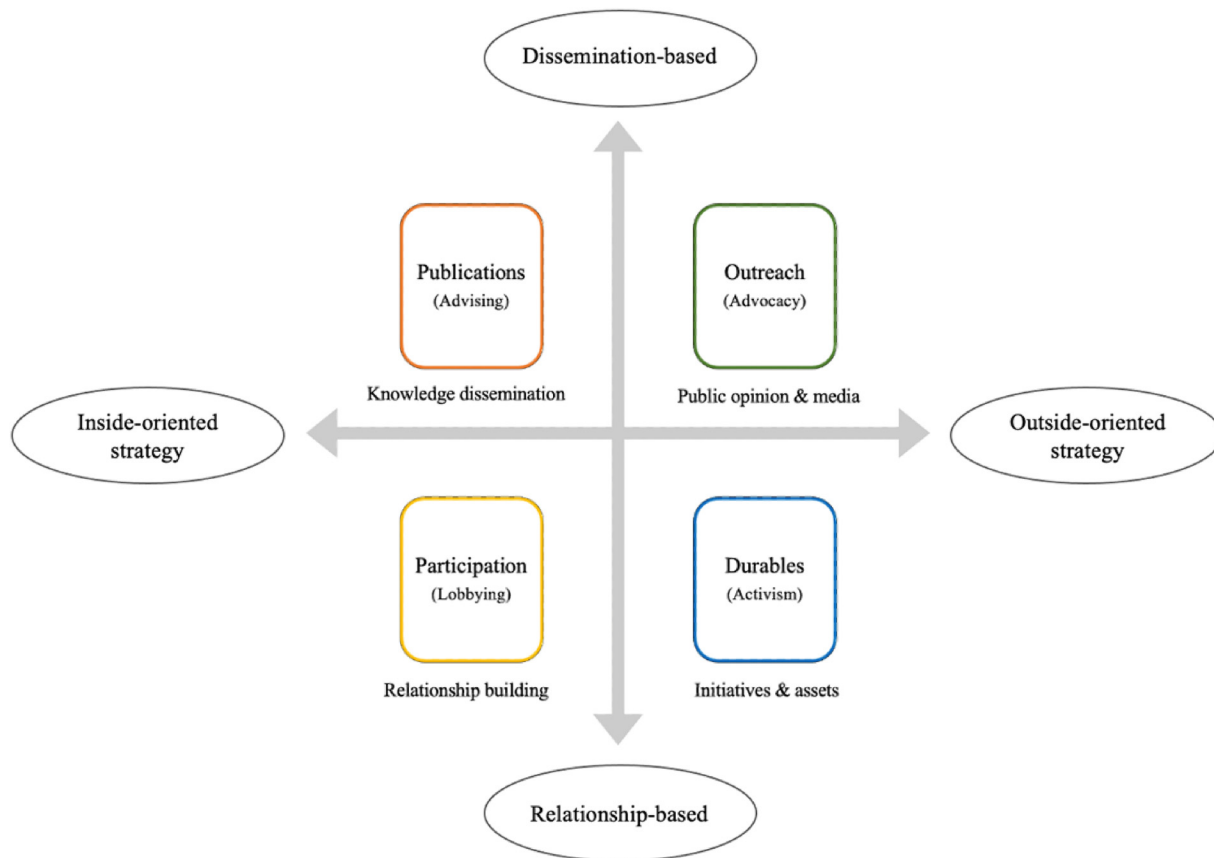


Figure 1. Analytical Framework for Quantifying Policy Influence Efforts.

pushing for direct reform, or monitoring implementation change (Gen & Wright, 2013).

In line with focusing on advocacy as an act of influencing decision-makers, Jones (2011) summarizes four categories, building on Start and Hovland's (2004) research on methods to assess policy influence: Advising, Advocacy, Lobbying, and Activism. Each category represents a specific shade of 'influence'; when translating it operationally, each entails a distinct set of activities, along with a different approach to policy influence. Such categorization has also been adopted by governmental agencies (IOB, 2014) and has been subject to some variations while still retaining the core idea that policy influence is a multifaceted phenomenon worth dissecting (Davies, 2011). The decomposition of policy influence allows to not only see different manners through which an organization can exert policy influence towards its stakeholders, but also renders the planning of an evaluation more feasible. The framework provides coherent structure in the process of policy influence efforts. Yet, this approach can be applied to all fields. Here, the particular focus is placed on EFN, representative of 3 million nurses, and its advocacy efforts directed towards the EU institutions: the European Parliament, European Commission and European Council.

Research on the use of assessment tools within the context of EPH advocacy is a further under-discussed theme (Lang & Brinsden, 2015). The World Health Organization Ottawa Charter for Health Promotion recognized public health advocacy as an important component of health improvement aimed at highlighting a problem and influencing the implementation and adoption of health-centred policies (Lang & Brinsden, 2015; WHO, 1986).

Explicit research on the use of assessment tools within the context of EPH advocacy is rather new and under-discussed, with only some noteworthy examples (Cohen et al., 2015; Lane, 2018). Literature contribution comes from other seemingly unrelated yet equally valuable sources, such as from reviews of established international organizations (Barrett et al., 2016; IOB Evaluation, 2015; Oxfam, 2014), from generalized academic frameworks (Chapman & Wameyo, 2001; Moore et al., 2013) and from related fields within public health research (Cullerton et al., 2018; Harris-Roxas & Harris, 2011; Kemm, 2001; Veerman, Barendregt, et al., 2006; Veerman, Bekker, et al., 2006). Some studies have delved in analysing purely the 'advocacy' dimension of public health (Chapman, 2001, 2004; David et al., 2020), while few studies reviewed also the role of nurses organizations in the process of policy influence and advocacy (Arabi & Ra, 2014; Catallo et al., 2014; Chiu et al., 2021; Moore et al., 2013; Spenceley et al., 2006; van Wijk et al., 2022).

Research Design

This study analyzed the policy influence activities of the EFN, a major example of EPH advocacy organization in

the EU. Policy influence activities were drawn from internal documentation of EFN by an external researcher, who had no prior knowledge or professional connection to the EPH organization or its related affiliates: this choice allowed for an impartial and unbiased assessment of EFN's activities. The relevant information was transformed into data which was then categorized within conceptual areas inspired from the literature in evaluation and public health advocacy. The document analysis was conducted using NVivo 16, which is a widely used software deployed for qualitative research. The total number of EFN documents scanned and analyzed using NVivo were 25.

The document analysis was conducted along a two-step procedure. First, a preliminary scan of the relevant literature on advocacy evaluation provided the background for reviewing EFN's lobbying activities based on existing frameworks in the literature. This allowed to identify pre-existing major categorizations with which to measure policy influence efforts. The four policy influence categories of Start and Hovland (2004) and Jones (2011) – Advising, Advocacy, Lobbying, and Activism – served as a starting point. Second, we reviewed EFN's internal documentation of the past six years (i.e., from 2014 to 2020) to assess the presence of the four policy influence categories (Jones, 2011; Start & Hovland, 2004). We extended the document analysis to include specifically EFN Policy Statements and EFN Activity Reports, which refer to the EFN Strategic and Operational Lobby Plan 2014-2020.

Analytical Framework for Measuring Policy Influence Efforts

The document analysis relied on the use of different conceptual frameworks drawn from Lampkin et al. (2006), Coffman (2009), and Buffardi et al. (2017) from advocacy evaluation. From the context of public health advocacy, we mostly relied on the inputs from Lang & Brinsden (2015) and Cullerton et al. (2018). These strains of conceptual developments were integrated into their differences and complementarities. Hence, one single approach of analysis emerged, which served to underpin the tailored understanding of measuring lobbying efforts in the context of EPH advocacy.

The model in Figure 2 represents the unified approach based on the four categories, complemented with findings from policy influence literature and the the document analysis revealing how the four founding principles of policy influence were traceable across the activities of the past six years and how they acquire a unique configuration based on the set of actions needed by the organization (EFN) to implement its policy influence strategy within the context of public health advocacy (Figure 3).

The analytical framework for measuring policy influence efforts is structured along two axes. The vertical axis, divided between dissemination-based and relationship-based

Components of 'Influence'	Definition	Area	Nomenclature	Indicator Categories	Definition
Advice	Occurs through the interaction with decision-makers, negotiations and relationship building with stakeholders.	<i>Knowledge dissemination</i>	A1	Publications	The production of knowledge material representing lobbying interests, for the purpose of upholding the interests, advising stakeholders and disseminating the material.
Lobbying	Provided through research and advisory support to members, governments and individuals.	<i>Relationship building</i>	L	Participation	The deliberate act of taking part to policy discourse gatherings, through attendance, marginal involvement and representative participation, for the purpose of upholding lobbying interests in negotiations and meetings.
Advocacy	Use of public messaging and campaigning to promote and attract attention.	<i>Public opinion & media</i>	A2	Outreach	The controlled practice of disseminating tangible and intangible interest-based and targeted messages, through engaging stakeholders and delivering media campaigns, for the purpose of promoting and attracting attention.
Activism	The initiation of new projects, organizations and independent activities	<i>Initiatives & assets</i>	A3	Durables	The process of creating new frameworks, connections and data, for the purpose of advancing lobbying interests with innovative tools to sustain long lasting strategic goals (medium-long term).

Figure 2. Analytical Framework for Quantifying Policy Influence Efforts.

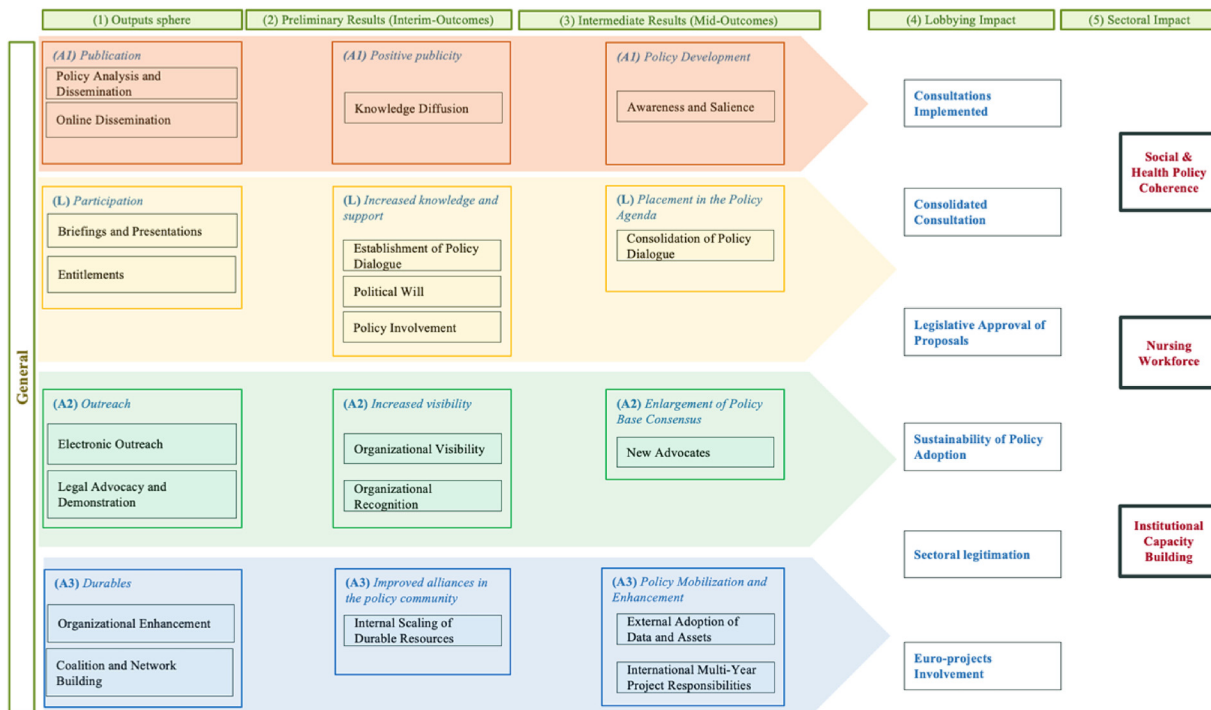


Figure 3. Theory of Change for EFN's Advocacy Efforts.

activities, categorises activities depending on whether they rely on the dissemination of knowledge material and media campaign or whether they rely on establishing and fostering relationship-building initiatives. The horizontal axis, divided between inside- and outside-oriented strategy, illustrates a spectrum of activities depending on whether the outcomes change accordingly to external expectations or internal standpoints of strategic objectives.

An illustrative example is the decision to advise policy-makers (first quadrant). An effective way is through the production of documentation and diffusion of sector-specific

know-how that can provide evidence and dissemination of certain policy propositions. Publishing and disseminating reports are an output determining the degree of knowledge dissemination. The set of activities concerning publications are guided by dissemination-based purposes and can be classified as an ‘inside-oriented strategy’ since the written documentation remains an internal resource that summaries the organization’s standpoint. This is opposed to the outputs of ‘Outreach’, where the content of information is repeatedly adapted to the kind of external audience to obtain specific desired effects: a priority very common when making use

Table 1. Construction of Adapted Framework from Preliminary Analysis on NVivo.

NVivo Nodes	N. of References	Activities Categories	Activities Sub-categories	Components of Framework	Original Component (Jones, 2011)
Publications	19	<i>Publishing knowledge material</i>	Disseminating material: spreading the knowledge material to related relevant stakeholders. Publishing knowledge material: producing durable reports, articles, newsletters and similar representing EFN’s interests.	Publications	Advising
Participation	23	<i>Participating</i> <i>Representing</i> <i>Co-designing</i>	Representing: acted as ambassador of a specific interest in a policy context with other stakeholders. Participating: actively engaged in a policy context with other stakeholders. Co-designing: co-created an event, enabling its feasibility.	Participation	Lobbying
Outreach	16	<i>Sending letters</i> <i>Orientation courses</i> <i>Creating campaigns/social media</i> <i>Dissemination of activities</i>	Letter sent: sending out reminders, legal defence letters, newsletters, and quick info exchange. Orientation courses: initiating or co-designing initiatives that have a marketing/teaching component. Creating campaigns: via social media, with posts and people following the news. Dissemination of activities: sharing, via formal and informal media exchanges, within meetings, events and collaborative group settings. [informal]	Outreach	Advocacy
Observer	7	<i>Encouragement activities</i>	Encouragement activities: policy discourses and debates. [formal]		
Involvement in EU projects	13	<i>Actively engaging</i>	Actively engaging: engaging with policy intentions, via formal and informal media exchanges, within meetings, events and collaborative group settings. [formal]		
Creation of Durables	8	<i>Collecting data</i> <i>Creating asset</i>	Collecting data: the amount of data collected, in its various forms. Creating asset: the creation of in/tangible asset, property of EFN (i.e., Workforce Matrix 3 + 1, I&E Assessment tool, etc.).	Durables	Activism
Partnership Building	11	<i>Partnering</i>	Partnering: joining a partnership with other stakeholders.		

of social media platforms or recommending a new curriculum for nurses' training and development.

Map of Indicators & Practicing Practice: Beyond a Theory of Change

The preliminary scan of the relevant literature on advocacy evaluation allowed the identification of pre-existing major categorizations with which to measure advocacy efforts. The qualitative analysis using NVivo revealed an overlap with major categories of policy influence activities, namely Advising, Lobbying, Advocacy, and Activism. Table 1 shows the overlap of categories identified and thereafter summarized in a more coherent framework.

The document analysis led to the creation of a set of specific indicators, which were developed for all levels of a monitoring system, meaning for activities, outputs, and outcomes. The result of the framework in Figure 2 is a total of 22 indicators: 13 'process' indicators and 19 'outcome' indicators. The outcome indicators were sub-divided into 9 interim-outcome, which measure the short-term outcomes of policy influence activities, and 10 mid-outcome indicators, which measure the medium to long-term results of the same. A summary is shown in Table 2, Table 3, and Table 4 in Appendix.

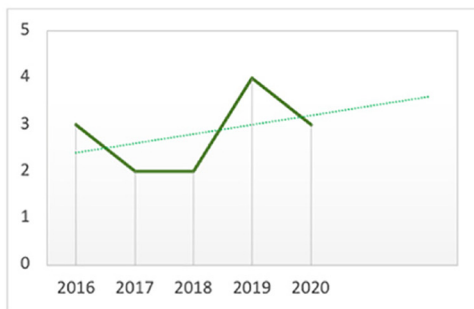
Some conclusions can be drawn pertaining to the outcomes of the EFN's lobbying efforts towards the European institutions. The document analysis suggested that outcomes

have increased especially in the last three years, since 2017. Below, the four graphs illustrate examples of positive progress in specific indicators of both output and outcome of advocacy efforts. The graphs show that EFN intensified its role as legal advocate in favour to its member organizations with an increased number of letters sent in support to specific legal disputes (Graph A). Not only the number increased but also the resonance of the legal support translated in winning disputes. Collaboration with other sector-specific organizations also increased, with around 6 new organizations in the last two years, prior to the COVID-19 pandemic (Graph B). Furthermore, EFN's online engagement has grown over the past years, both in terms of people reached through social media posts (Graph C), and the amount of people that deliberately decide to follow their news (Graph D). This shows that the use of online engagement, as a tool for increasing audience interested in health-centered policies, experienced a significant increase in the last few years. These preliminary results suggest that investment in social media engagement as a channel for diversified advocacy has paid off.

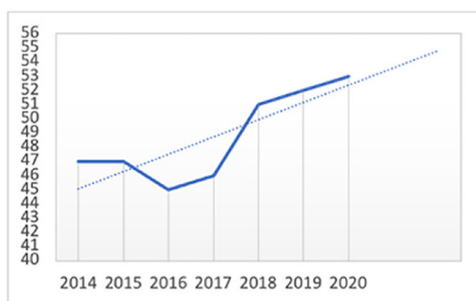
Limitations and Future Research

Despite the above-mentioned examples illustrating positive trends, many other indicators require a more articulated approach to measurement. Quantifying social media

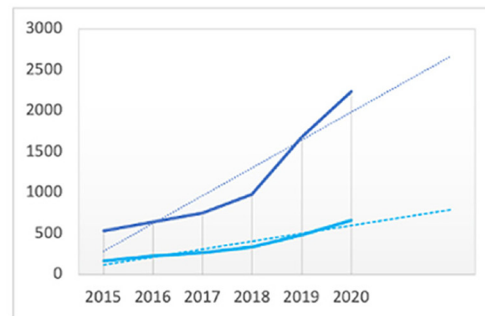
Graph A. Amount of letters for legal advocacy towards EFN members



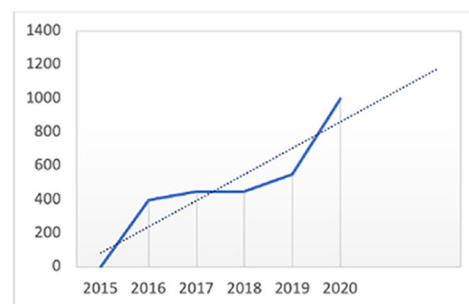
Graph B. Amount of collaborations with EU organisations



Graph C. Amount of followers in social media platforms: Facebook (dark), Twitter (light)



Graph D. Amount of people reached through online engagement



followers is not the single indicator that can accurately predict increased public consensus to certain advocated policies, because there is a weak connection between diffusing public awareness and exercising public influence.

In the past three years the EFN was able to lobby for the successful approval of key legislative EU Directives (i.e., Directive 2013/55/EU, Biological Agent Directive, Proportionality Directive). In this case, counting the number of legislative approvals is insufficient to measure EFN's contribution and influence. To demonstrate the impact of an organization, like EFN, we must go beyond simply reporting outputs and consider the logical connection of actions that lead to long-lasting results. Moreover, given the nature of advocacy, measuring outcomes entails keeping track of how policy influence actions may manifest effect after several months or years. For instance, it occurred that key policymakers used specific key statements which were retrieved from EFN's reports. In that circumstance, among the mid-outcome indicators we have 'Official Verbal Replication' which aims to capture the frequency with which the targeted policymakers deliberately use statements from EFN. Yet, this specific indicator would need to be captured indirectly through the use of a more sophisticated reporting instrument adequate for long-term measure. Future research should seek to apply mathematical and statistical models to show the worthiness of advancing health-centered policies towards European institutions, grounding the theory in models that can further support the choice of certain indicators.

Conclusion

The COVID-19 pandemic has been an opportunity for EPH advocacy organizations, such as the EFN, to enhance their advocacy capacity using evaluation tools to monitor public health policies.

Cause-effect logic in advocacy does not operate in the same way as other domains, rather it depends much more on the informal network and human interaction which is greatly influenced by the organizational design of the advocating organization. The definition of success and impact cannot be directly captured through observable analysis, rather it greatly depends on the consensus of internal stakeholders (members) to define when and what impact has been achieved, in its smallest day-to-day instances.

The proposed analytical framework may also hold value for other EU organizations active in the social and health sector, even outside the domain of public health. In doing so, it can be generalized to favour the formulation of an advocacy evaluation infrastructure for lobbying organizations struggling to identify a suitable framework.


Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Paul De Raeve, RN, MSc, MStat, PhD, FAAN  <https://orcid.org/0000-0001-8255-061X>

References

- Arabi, A., & Ra, F. (2014). Nurses' policy influence: A concept analysis. *Iranian Journal of Nursing and Midwifery Research*, 19(3), 9. <https://doi.org/10.1111/inr.12275>. Epub 2016 Jun 21.
- Arena, M., Azzone, G., & Bengo, I. (2015). Performance measurement for social enterprises. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 26(2), 649–672. <https://doi.org/10.1007/s11266-013-9436-8>
- Arensman, B. (2018). *Negotiating effectiveness: The politics of results in advocacy for development and its evaluation* [Wageningen University]. <https://doi.org/10.18174/448390>
- Arensman, B., van Waegeningh, C., & van Wessel, M. (2018). Twinning "practices of change" with "theory of change": Room for emergence in advocacy evaluation. *American Journal of Evaluation*, 39(2), 221–236. <https://doi.org/10.1177/1098214017727364>
- Bagnoli, L., & Megali, C. (2011). Measuring performance in social enterprises. *Nonprofit and Voluntary Sector Quarterly*, 40(1), 149–165. <https://doi.org/10.1177/0899764009351111>
- Barrett, J. B., van Wessel, M. G. J., Hilhorst, D. J. M., Arensman, B., Klaver, D. C., Richert, W., van Bodegom, A. j., van Waegeningh, C., Rasch, E. D., & Wagemakers, A. (2016). *Advocacy for Development: Effectiveness, Monitoring and evaluation*. Wageningen UR: Wageningen University, <https://edepot.wur.nl/375995>
- Biggs, J. S., Farrell, L., Lawrence, G., & Johnson, J. K. (2014). A practical example of contribution analysis to a public health intervention. *Evaluation*, 20(2), 214–229. <https://doi.org/10.1177/1356389014527527>
- Budhwani, S., & McDavid, J. C. (2017). Contribution analysis: Theoretical and practical challenges and prospects for evaluators. *Canadian Journal of Program Evaluation*, 32(1), 1. <https://doi.org/10.3138/cjpe.31121>
- Buffardi, A. L., Hearn, S., & Tilley, H. (2017). Refining advocacy assessment: Reflections from practice. *ODI, Working Paper*, 500, 13.
- Catallo, C., Spalding, K., & Haghiri-Vijeh, R. (2014). Nursing professional organizations: What are they doing to engage nurses in health policy? *SAGE Open*, 4(4), 215824401456053. <https://doi.org/10.1177/2158244014560534>
- Chapman (2001). Advocacy in public health: Roles and challenges. *International Journal of Epidemiology*, 30(6), 1226–1232. <https://doi.org/10.1093/ije/30.6.1226>

- Chapman (2004). Advocacy for public health: A primer. *Journal of Epidemiology & Community Health*, 58(5), 361–365. <https://doi.org/10.1136/jech.2003.018051>
- Chapman, & Wameyo (2001). *ActionAid's new strategy, Fighting Poverty Together, (1999-2003) gives a high priority to participatory policy making whi...58.*
- Chiu, P., Cummings, G. G., Thorne, S., & Schick-Makaroff, K. (2021). Policy advocacy and nursing organizations: A scoping review. *Policy, Politics, & Nursing Practice*, 22(4), 276–296. <https://doi.org/10.1177/15271544211050611>
- Coates, B., & David, R. (2002). Learning for change: The art of assessing the impact of advocacy work. *Development in Practice*, 12(3–4), 530–541. <https://doi.org/10.1080/0961450220149870>
- Coen, D. (2007). Empirical and theoretical studies in EU lobbying. *Journal of European Public Policy*, 14(3), 333–345. <https://doi.org/10.1080/13501760701243731>
- Coffman, J. (2007). *Using the advocacy and policy change composite logic model to articulate an advocacy strategy or theory of change.* HFRP: Harvard Family Research Project.
- Coffman, J. (2009). *A user's guide to advocacy evaluation planning.* Harvard Family Research Project.
- Cohen, G., Schroeder, J., Newson, R., King, L., Rychetnik, L., Milat, A. J., Bauman, A. E., Redman, S., & Chapman, S. (2015). Does health intervention research have real world policy and practice impacts: Testing a new impact assessment tool. *Health Research Policy and Systems*, 13(1), 3. <https://doi.org/10.1186/1478-4505-13-3>
- Cullerton, K., Donnet, T., Lee, A., & Gallegos, D. (2018). Effective advocacy strategies for influencing government nutrition policy: A conceptual model. *International Journal of Behavioral Nutrition and Physical Activity*, 15(1), 83. <https://doi.org/10.1186/s12966-018-0716-y>
- David, J. L., Thomas, S. L., Randle, M., & Daube, M. (2020). A public health advocacy approach for preventing and reducing gambling related harm. *Australian and New Zealand Journal of Public Health*, 44(1), 14–19. <https://doi.org/10.1111/1753-6405.12949>
- Davies, M. (2011). Evaluating Influencing Strategies and Interventions. *DPC Policy Discussion Paper., Annexe 1.*
- De Bruycker, I. (2019). Lobbying: An art and a science—five golden rules for an evidence-based lobbying strategy. *Journal of Public Affairs*, 19(4), e1949. <https://doi.org/10.1002/pa.1949>
- de Figueiredo, J. M., & Richter, B. K. (2014). Advancing the empirical research on lobbying. *Annual Review of Political Science*, 17(1), 163–185. <https://doi.org/10.1146/annurev-polisci-100711-135308>
- De Raeve, P., & Davidson, P. (2020). Moving from tokenism. *Health Europa, Quarterly*, 13, 18–19.
- Devlin-Foltz, D., Fagen, M. C., Reed, E., Medina, R., & Neiger, B. L. (2012). Advocacy evaluation: Challenges and emerging trends. *Health Promotion Practice*, 13(5), 581–586. <https://doi.org/10.1177/1524839912446482>
- Dur, A. (2008). Measuring interest group influence in the EU: A note on methodology. *European Union Politics*, 9(4), 559–576. <https://doi.org/10.1177/1465116508095151>
- Dybdal, L., Nielsen, S. B., & Lemire, S. (2011). Contribution analysis applied: Reflections on scope and methodology. *The Canadian Journal of Program Evaluation*, 25(2), 29–57. <https://academic.oup.com/rev/article/31/1/118/6482054>
- Ebrahim, A. S., & Rangan, V. K. (2010). The limits of nonprofit impact: A contingency framework for measuring social performance. *SSRN Electronic Journal.* Harvard business school general management unit working paper no. 10-099, Harvard business school marketing unit working paper no. 10-099. <https://doi.org/10.2139/ssrn.1611810>
- Fagen, M. C., Reed, E., Kaye, J. W., & Jack, L. (2009). Advocacy evaluation: What it is and where to find out more about it. *Health Promotion Practice*, 10(4), 482–484. <https://doi.org/10.1177/1524839909339584>
- Gardner, R. G., Harris, T. B., Li, N., Kirkman, B. L., & Mathieu, J. E. (2017). Understanding “it Depends” in organizational research: A theory-based taxonomy, review, and future research agenda concerning interactive and quadratic relationships. *Organizational Research Methods*, 20(4), 610–638. <https://doi.org/10.1177/1094428117708856>
- Gen, S., & Wright, A. C. (2013). Policy advocacy organizations: A framework linking theory and practice. *Journal of Policy Practice*, 12(3), 163–193. <https://doi.org/10.1080/15588742.2013.795477>
- Harris-Roxas, B., & Harris, E. (2011). Differing forms, differing purposes: A typology of health impact assessment. *Environmental Impact Assessment Review*, 31(4), 396–403. <https://doi.org/10.1016/j.eiar.2010.03.003>
- Hojnacki, M., Marchetti, K. M., Baumgartner, F. R., Berry, J. M., Kimball, D. C., & Leech, B. L. (2015). Assessing business advantage in Washington lobbying. *Interest Groups & Advocacy*, 4(3), 205–224. <https://doi.org/10.1057/iga.2015.3>
- IOB (2014). *Evaluation of Policy Influencing, Lobbying and Advocacy. Term of Reference.* Policy and Operations Evaluation Department (IOB), Ministry of Foreign Affairs - The Netherlands.
- IOB Evaluation (2015). *Opening doors and unlocking potential. Key lessons from an evaluation of support for Policy Influencing, Lobbying and Advocacy (PILA).*
- Jones, H. (2011). *A guide to monitoring and evaluating policy influence.* London: Background Note, Overseas Development Institute. 12.
- Kemm, J. (2001). Health impact assessment: A tool for healthy public policy. *Health Promotion International*, 16(1), 79–85. <https://doi.org/10.1093/heapro/16.1.79>
- Kotvojs, F., & Shrimpton, B. (2007). Contribution analysis: A new approach to evaluation in international development. *Evaluation Journal of Australasia*, 7(1), 27–35. <https://doi.org/10.1177/1035719X0700700105>
- Laboutková, Š, & Vymětal, P. (2017). *Measures of Transparent Lobbying: How to Approach It and Evaluate It: A Preliminary Stage.* 10.
- Lampkin, L. M., Winkler, M. K., Kerlin, J., Hatry, H. P., Natenshon, D., Saul, J., Melkers, J., & Seshadri, A. (2006). *Building a common outcome framework to measure nonprofit performance.* Washington, DC: The Urban Institute. 17.
- Lane, A. J. (2018). Impact evaluation of nurse advocacy center for underserved on population health. *Online Journal of Rural*

- Nursing and Health Care*, 18(2), 88–112. <https://doi.org/10.14574/ojrmhc.v18i2.518>
- Lang, T., & Brinsden, H. (2015). An introduction to public health advocacy: Reflections on theory and practice. *Food Research Collaboration*. <https://doi.org/10.13140/RG.2.1.4874.7287>
- Lowery, D. (2013). Lobbying influence: Meaning, measurement and missing. *Interest Groups & Advocacy*, 2(1), 1–26. <https://doi.org/10.1057/iga.2012.20>
- March, J. G. (1955). An Introduction to the theory and measurement of influence. *The American Political Science Review*, 49(2), 431–451. <https://www.jstor.org/stable/1951813>.
- Mayne, J. (2008). *Contribution analysis: An approach to exploring cause and effect*. 4.
- Moore, M., Yeatman, H., & Pollard, C. (2013). Evaluating success in public health advocacy strategies. *Vietnam Journal of Public Health*, 1(1), 66–75. <https://espace.curtin.edu.au/handle/20.500.11937/5242>
- Morariu, J., & Brennan, K. (2009). Effective advocacy evaluation: The role of funders. *The Foundation Review*, 1(3), 100–108. <https://doi.org/10.4087/FOUNDATIONREVIEW-D-09-00031.1>
- Naeve, K. (2017). *Evaluating advocacy: An exploration of evidence and tools to understand what works and why*. 3ie.
- Neta, G., Glasgow, R. E., Carpenter, C. R., Grimshaw, J. M., Rabin, B. A., Fernandez, M. E., & Brownson, R. C. (2015). A framework for enhancing the value of research for dissemination and implementation. *American Journal of Public Health*, 105(1), 49–57. <https://doi.org/10.2105/AJPH.2014.302206>
- Oxfam, G. (2014). *Monitoring, evaluation, accountability and learning*.
- Rahn-Tiemeyer, K. (2015). Understanding dimensions of advocacy success: How evaluation can maximize the impact of nonprofit advocacy initiatives. *SPNHA Review*, 11(1, Article 5), 22. <http://scholarworks.gvsu.edu/spnhareview/vol11/iss1/5>
- Ross, R. K. (2007). Advocacy and policy change. *Health Affairs*, 26(2), 593–594. <https://doi.org/10.1377/hlthaff.26.2.593-a>
- Spenceley, S. M., Reutter, L., & Allen, M. N. (2006). The road less traveled: Nursing advocacy at the policy level. *Policy, Politics, & Nursing Practice*, 7(3), 180–194. <https://doi.org/10.1177/1527154406293683>
- Stachowiak, S., Gienapp, A., & Reisman, J. (2007). *A guide to measuring advocacy and policy*. The Annie E. Casey Foundation.
- Start, D., & Hovland, I. (2004). *Tools for policy impact: A handbook for researchers*. Overseas Development Institute.
- Tatian, P. A. (2016). *Performance measurement to evaluation*. Washington, DC: Urban Institute, 21. <http://www.urban.org/research/publication/performance-measurement-evaluation-0,2100>.
- Teles, S., & Schmitt, M. (2011). The elusive craft of evaluating advocacy. *Stanford Social Innovation Review*, 9(3), 40–43.
- van Wijk, M., Lalleman, P. C. B., Cummings, G. G., & Engel, J. (2022). Public opinion leadership in nursing practice: A rogerian concept analysis. *Policy, Politics, & Nursing Practice*, 23(1), 67–79. <https://doi.org/10.1177/15271544211071099>
- Veerman, J. L., Barendregt, J. J., & Mackenbach, J. P. (2006). The European common agricultural policy on fruits and vegetables: Exploring potential health gain from reform. *European Journal of Public Health*, 16(1), 31–35. <https://doi.org/10.1093/eurpub/cki166>
- Veerman, J. L., Bekker, M. P. M., & Mackenbach, J. P. (2006). Health impact assessment and advocacy: A challenging combination. *Sozial- Und Präventivmedizin SPM*, 51(3), 151–152. <https://doi.org/10.1007/s00038-006-0034-z>
- WHO. (1986). *WHO | The Ottawa Charter for Health Promotion*. World Health Organization. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
- Wimbush, E., Montague, S., & Mulherin, T. (2012). Applications of contribution analysis to outcome planning and impact evaluation. *Evaluation*, 18(3), 310–329. <https://doi.org/10.1177/1356389012452052>

Author Biographies

Paul De Raeve is a registered nurse and obtained a master's degree in nursing science and in statistics, completed with a PhD degree from the Kings College University of London. Paul is the Secretary General of the European Federation of Nurses Associations (EFN) and the European Nursing Research Foundation (ENRF). Paul EU lobby activities relate to the promotion and protection of nurses and the nursing profession with particular reference to the European Social Pillar priorities. Working towards this mission includes ensuring that nursing is central in the development, implementation and evaluation of the European Health and Social Policy in the field of education, workforce, and quality and safety.

Francesco Bolzonella is a graduate in public policy and labor relations. He received a bachelor's degree in political sciences from the University of Padova and a dual master's degree in public policy and human resources development from Maastricht University. While currently working in a human resources consulting firm focused on organizational restructuring projects for public sector entities, he is also active in conducting independent research in the areas of evaluation and human capital development.

Patricia M. Davidson is the Vice-Chancellor of the University of Wollongong. Prior to her current role, Professor Davidson was the dean of the Johns Hopkins School of Nursing in Baltimore/United States. In 2021 she was the recipient of the Consortium of Universities for Global Health (CUGH) Distinguished Leader Award. As a global leader in nursing, health care and advocacy, Patricia's work focuses on person-centred care delivery and the improvement of cardiovascular health outcomes for women and vulnerable populations. She has extensively studied chronic conditions, transitional care, palliative care and the translation of innovative, acceptable and sustainable health initiatives across the world.

Appendix I

Table 2. Process Indicators for EFN's Lobbying Efforts.

Output Indicators	Description
1.1. Policy Analysis and Dissemination	
1.1.A <i>Production</i>	The amount of knowledge material produced, with added value policy and research content
1.1.B <i>Distribution</i>	The amount of knoweldge material distributed to third-parties (non-members)
1.2. Online Dissemination	
1.2. <i>Online Production</i>	The amount of knowledge material produced via online platforms, with non-added value content for social media and marketing purposes
1.3. Briefings & Presentations	
1.3.A <i>Meetings</i>	The amount of meetings held with external audience that entails dissemination of relevant information
1.3.B <i>Audience</i>	The amount of individuals present in the meetings held with external audience that entails dissemination of relevant information
1.4. Entitlements	
1.4.A <i>Official nominations</i>	The amount of projects in which EFN has a recognized leading role, officially documented
1.4.B <i>Special Events Creator</i>	The amount of special events deliberately created by EFN for the wider public and policymakers (excluding formal and informative meetings)
1.5. Electronic Outreach	
1.5. <i>Online Engagement</i>	The amount of public response to the online publication activities (online audience 'reached')
1.6. Legal Advocacy and Demonstration	
1.6. <i>Legal Advocacy</i>	The amount of documents support with legal meaning offered to its members
1.7. Organizational Enhancement	
1.7.A <i>Collection of Data</i>	The amount of data collected for organizational purposes of conducting evidence-based policy research
1.7.B <i>Asset Management</i>	The amount of asset dispoasable to enhance organizational capacity for improved lobbying
1.8. Coalition and Network Building	
1.8. <i>Coalition size</i>	The number of bilateral unions of EFN with partner organizaitons sharing common objectives and working towards common goals

Table 3. Interim-Outcome Indicators for EFN's Lobbying Efforts.

Interim-Outcome Indicators	Description
2.1 Knowledge Diffusion	
2.1. <i>Bibliographic references</i>	The degree to which knowledge production is deployed from relevant policy actors
2.2 Establishment of Policy Dialogue	
2.2. <i>Consistent consultations accepted</i>	The degree to which policymakers accept to establish a consistent long-term consultation relationship with EFN
2.3. Political Will	
2.3. <i>Policy Following</i>	The amount of audience responding to the lobbying activities in relation to the activities put forward by EFN, measured by aggregating audience (indicator 1.3.) and online engagement (indicator 1.5.)
2.4. Policy Involvement	
2.4.A <i>Official special event invitation</i>	The amount of events in which EFN is invited to attend as special guest, whereas 'special' entails having a predominance space to share information
2.4.B <i>Co-designing leadership</i>	The amount of projects and initiatives in which EFN has decision-making roles and leadership responsibilities
2.5. Organizational Visibility	
2.5. <i>Online re-engagement</i>	The frequency and quantity online re-engagement (i.e., followers, re-posting, comments)
2.6. Organizational Recognition	
2.6. <i>Public recognition</i>	The amount of donations and memberships as a synonym for public recognition
2.7. Internal Scaling of Durable Resources	
2.7. <i>Internal Scaling of Resources</i>	The degree to which the data collected and the intangible assets are deployed by EFN for scaling up the content and form of its dissemination activities and strategies

Table 4. Mid-Outcome Indicators for EFN's Lobbying Efforts.

Mid-Outcome Indicators	Description
3.1. Awareness and Salience	
3.1.A <i>Official Verbal Replication</i>	The frequency with which the targeted policymakers deliberately use the statements from EFN
3.1.B <i>Favourable awareness</i>	The degree with which the audience has been responsive and receptive to EFN's lobbying efforts and how much is retained and favoured
3.2. Consolidation of Policy Dialogue	
3.2.A <i>Fixed Consultations Established</i>	The amount of policy parties that agree to meet consistently in pre-established consultations
3.2.B <i>Legislative Approval</i>	The amount of legislations approved favouring EFN's policy themes
3.3. New Advocates	
3.3. <i>Consensus Building</i>	The amount of new members in member organizations joining EFN
3.4. External Adoption of Data and Assets	
3.4. <i>Public Adoption</i>	The amount of times that EFN's patented tools are utilized from third party organizations for scopes that transcend that of EFN
3.5. International Multi-Year Project Responsibilities	
3.5. <i>Project Funding Approval</i>	The amount of projects approved through the responsibility granted from international or supernational organizations