

Making Nursing Visible

Integrating Frameworks Institute Strategic Communication
with Collective Impact for the Nursing Profession

Concepts, Principles, Practices, and Strategies
with Practical How-To Guides for Nursing Organizations,
Associations and Professional Societies

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"The profession that sees the whole person can learn to tell its whole story. What is needed now is the leadership to tell that story together."

Executive Overview

Nursing is the world's largest health profession, with more than 28 million nurses globally and over four million in the United States. Yet nursing's contributions to health, healing, and societal well-being remain systematically undervalued, inadequately communicated, and structurally invisible. This article argues that nursing's visibility challenge is not a collection of separate organizational communication problems but a single structural dynamic requiring a coordinated, profession-wide response.

Drawing on a meta-analysis of strategic communication documents created for eight nursing and health organizations using Frameworks Institute Strategic Frame Analysis® methodology, and integrating these findings with John Kania and Mark Kramer's (2011) collective impact framework, this article provides nursing organizations, associations, and professional societies with:

- (1) the conceptual foundations for understanding why nursing's invisibility is structural and why collective action is required.
- (2) the core principles of Frameworks Institute strategic communication as applied to nursing.
- (3) practical strategies for integrating Frameworks methodology with collective impact practices.
- (4) step-by-step how-to guides any nursing organization can implement immediately; and
- (5) a call to action for coordinated effort across the profession's organizational ecosystem.

Keywords: *strategic communication, Frameworks Institute, collective impact, nursing visibility, professional organizations, counter-narratives, health equity, nursing knowledge*

PART I

CONCEPTUAL FOUNDATIONS

The Structural Nature of Nursing's Invisibility

To understand why nursing's visibility requires collective action, leaders must first understand the mechanism producing invisibility. It is not accidental. It is not a failure of marketing. It is structurally produced by dominant paradigms that privilege certain ways of knowing and dismiss others.

A meta-analysis of strategic communication documents created for eight nursing and health organizations—Organization A, Organization B, Organization C, Organization D, Organization E, Organization F, Organization G, and Organization H—revealed that every organization, regardless of its focus, confronts the same dynamic: essential dimensions of nursing's work are rendered invisible by paradigms that reduce complex realities to inadequate simplifications (Pesut, 2026).

Four Mechanisms of Invisibility

Biomedical Reductionism reduces persons to diagnostic codes and organ systems, rendering invisible the caring, relational, holistic, and environmental dimensions of health. When caring is reduced to a “soft skill” and holistic nursing is dismissed as “frosting on the cake,” biomedical reductionism is the mechanism at work.

Efficiency Metrics reduce nursing's work to measurable tasks and throughput, rendering invisible the clinical reasoning, judgment, innovation, and advocacy that resist quantification. When nurse creativity is shared in break rooms but never reaches boardrooms, efficiency metrics are the mechanism at work.

Knowledge Hierarchies subordinate nursing's disciplinary knowledge to biomedical authority, rendering invisible the unique patterns of knowing—empirical, aesthetic, ethical, personal, and emancipatory—that distinguish nursing's intellectual contribution (Carper, 1978; Chinn & Kramer, 2018). When nurses cannot name the theoretical foundations guiding their practice, knowledge hierarchies are the mechanism at work.

Cultural Individualism frames professional challenges as personal problems requiring individual solutions—resilience training, self-care, grit—rather than structural conditions requiring collective action. When burnout is treated as a failure of individual coping rather than a symptom of system design, cultural individualism is the mechanism at work.

These four mechanisms do not operate in isolation. They reinforce one another, creating a self-sustaining system that renders invisible precisely those dimensions of nursing's work that are most essential to health, healing, and human flourishing.

The Ecosystem Insight: Complementary, Not Competing

The meta-analysis revealed that each organization’s core metaphor describes a distinct functional role within a larger professional ecosystem. Together, these eight metaphors map the complete infrastructure a healthy profession needs:

Function	Metaphor	Organization	What It Makes Visible
Orientation	Lighthouse in the Storm	Organization A	The ethical and caring foundation of healing
Integration	Tapestry of Scholarship	Organization B	Holistic knowledge woven from many threads
Prevention	Upstream Nurse	Organization C	Environmental determinants of health
Mechanism	Innovation Engine	Organization D	Nurse creativity as a scalable professional resource
Preservation	Living Library	Organization E	Nursing’s unique disciplinary knowledge
Community	Campfire	Organization F	The profession’s collective wisdom through publishing
Perception	Lens That Sees What Systems Miss	Organization G	Lived experience invisible to system metrics
Cultivation	Greenhouse	Organization H	Diverse leadership requiring intentional infrastructure

The implication is profound: These organizations are not competitors for the same members. They are complementary organs in a single living system. A profession that needs all eight functions cannot afford to have its organizations operating in isolation. The structural nature of nursing’s invisibility requires a structural response—and that response is collective impact.

Frameworks Institute Strategic Frame Analysis®: Core Concepts

The Frameworks Institute, founded in 1999, has spent more than two decades developing and testing evidence-based communication strategies for social issues. Their approach—Strategic Frame Analysis®—is grounded in framing theory: the recognition that how an issue is presented (framed) fundamentally shapes how audiences understand and respond to it (Bales & Gilliam, 2004).

In 2016, Frameworks published a landmark study on public understanding of nursing, “You Have to Build the Foundation First,” which identified systematic gaps between expert and public understanding of the nursing profession (Volmert et al., 2016). Their subsequent 2021 strategic brief, “Framing the Future of Nursing,” provided evidence-based communication strategies specifically for nursing organizations (Frameworks Institute, 2021).

Six Core Communication Strategies

Frameworks methodology employs six core strategies, each addressing a different dimension of audience cognition. Understanding these strategies is essential for any nursing organization seeking to communicate more effectively:

Strategy	Cognitive Function	What It Does	Nursing Application
1. Values-Based Framing	Activates shared cultural values	Opens mental models by connecting to what audiences already believe and value	Lead with shared commitments (health, innovation, equity) rather than organizational features
2. Explanatory Metaphors	Creates cognitive scaffolding	Provides concrete images that make complex or abstract concepts tangible and memorable	Give audiences a picture they can carry lighthouse, tapestry, upstream, engine, library, campfire, lens, greenhouse
3. Solutions with Causal Chains	Builds understanding of mechanisms	Shows how values connect to actions, actions to outcomes, and outcomes to public benefit	Map the pathway: Investment → Action → Outcome → Societal benefit
4. Collective Efficacy	Shifts attribution from individual to systemic	Reframes challenges as collective rather than individual, and solutions as community-based	Replace the hero narrative with collective power: “Four million nurses. One profession.”
5. Values Bridging	Connects familiar values to unfamiliar implications	Links audiences’ existing values to equity and justice implications they may not have considered	Every dimension of nursing’s work—caring, holism, environment, innovation—has justice implications
6. Narrative Momentum	Creates psychological safety for action	Positions the invitation within a cultural shift already underway, reducing perceived risk	The audience joins a movement, not a start-up. Something is already shifting in healthcare.

These six strategies are not merely communication techniques. They are cognitive interventions that change how audiences process information about nursing. When applied systematically, they displace unproductive default narratives and install more accurate and generative ones.

Collective Impact: Core Concepts

In their seminal 2011 article in the *Stanford Social Innovation Review*, John Kania and Mark Kramer introduced the concept of collective impact—a structured approach to cross-sector collaboration in which multiple organizations commit to a common agenda for solving complex social problems. Unlike simple collaboration (information sharing) or coordination (aligned activities), collective impact requires five specific conditions:

Condition	Definition	Application to Nursing’s Visibility
1. Common Agenda	Shared understanding of the problem and a joint approach to solving it	All nursing organizations share the same fundamental challenge: making visible what dominant paradigms render invisible
2. Shared Measurement	Agreed-upon metrics for tracking progress across organizations	Track visibility indicators: media representation, public perception surveys, policy inclusion, membership engagement
3. Mutually Reinforcing Activities	Differentiated but coordinated activities that leverage each organization’s strengths	Each organization makes a different dimension visible—but within a coordinated communication architecture
4. Continuous Communication	Regular, structured communication among all participants	Cross-organizational messenger networks, shared story banks, coordinated momentum narratives
5. Backbone Support	Dedicated infrastructure to coordinate the effort	A coordinating body or coalition that maintains the common agenda and facilitates communication

Kania and Kramer distinguished collective impact from what they called “isolated impact”—the default approach in which individual organizations pursue their own solutions independently. The meta-analysis of nursing’s organizational communications reveals that the profession currently operates in isolated impact mode: each organization communicates independently, often using the same strategies to address the same structural challenges, without coordination.

The opportunity is clear. The Frameworks analysis provides the communication architecture. Collective impact provides the coordination framework. Integrating them creates a model for profession-wide visibility that no single organization could achieve alone.

PART II

SEVEN PRINCIPLES FOR INTEGRATED PRACTICE

The integration of Frameworks methodology with collective impact produces seven guiding principles that any nursing organization can adopt. These principles emerged from the meta-analysis of cross-organizational communication patterns and reflect the shared cognitive terrain all nursing organizations must navigate.

Principle 1: Recognition Before Acquisition

The most effective invitation is not “come learn something new” but “come name what you already know.”

Across all eight organizations, every effective invitation began by naming something the audience already possesses but has not yet articulated. This recognition-based model—what the meta-analysis calls the “Already/Not Yet Dialectic”—reflects a fundamental insight from Frameworks research: audiences engage not when they feel deficient, but when they feel seen.

The principle in practice: Every communication from every nursing organization should begin by validating the audience’s existing capacity. “You entered healthcare for a reason.” “You have always known a patient is more than a diagnosis.” “You adapted a workflow last week—that is innovation.” The organization recognizes, names, and amplifies what is already present.

The collective impact dimension: When multiple organizations consistently use recognition-based communication, they create a profession-wide culture of validation. Nurses who encounter this pattern across different organizations begin to internalize the message: what I know matters, what I do has a name, and there are communities that see it.

Principle 2: Visibility Is the Shared Project

Every nursing organization is engaged in the same fundamental work: making visible what matters.

The meta-analysis revealed that all eight organizations address a specific form of professional invisibility—a dimension of nursing’s work that dominant paradigms systematically hide, dismiss, or reduce. This invisibility is not accidental. It is produced by the four mechanisms described above: biomedical reductionism, efficiency metrics, knowledge hierarchies, and cultural individualism.

The principle in practice: Each organization should name its specific invisibility challenge explicitly and position it within the larger profession-wide pattern. Not “we promote caring science” but “caring has been reduced to a soft skill by systems that cannot measure what matters most—and we make caring visible again.”

The collective impact dimension: When organizations name visibility as their shared project, they stop competing for attention and start building it collectively. The common agenda—Kania and Kramer’s first condition for collective impact—emerges naturally from this recognition.

Principle 3: Counter-Reductionism Is Nursing’s Deepest Intellectual Contribution

Nursing is the profession that sees what reductionism misses.

All eight organizations share a common philosophical commitment: the refusal to reduce complex human realities to simplistic categories. This counter-reductionism—the insistence on wholeness, complexity, context, relationship, and meaning—is not a peripheral feature of nursing’s identity. It is the discipline’s deepest intellectual contribution.

The principle in practice: Organizations should position their work not as opposing the dominant paradigm but as completing it. Not “holistic versus biomedical” but “holistic nursing completes what biomedicine begins.” Not “caring versus efficiency” but “caring is the foundation that makes efficiency meaningful.” The Frameworks methodology calls this avoiding the “oppositional trap.”

The collective impact dimension: When the profession collectively frames itself as the discipline that sees what reductionism misses, it claims an intellectual identity that is powerful, distinctive, and immediately understandable to policymakers, educators, and the public.

Principle 4: Collective Power Over Heroic Individualism

Transformation is not a solo act. It is a chorus.

Every organization in the meta-analysis challenged the myth of the heroic individual—the narrative that professional challenges are individual problems requiring individual solutions. This myth is perhaps the most damaging narrative in nursing because it transforms structural failures (understaffing, inadequate resources, hostile work environments) into personal ones (lack of resilience, insufficient self-care, individual burnout).

The principle in practice: Every individual success story should be embedded in a collective and systemic frame. Not “this remarkable nurse innovated a solution” but “this nurse’s innovation emerged from a community of practice that created the conditions for creative problem-solving.” The hero is the community, not the individual.

The collective impact dimension: Collective efficacy is both a Frameworks strategy and a collective impact precondition. When nursing organizations consistently frame solutions as collective, they model the very dynamic they are trying to create.

Principle 5: Equity Is Integral, Not Additional

Health equity is not a separate initiative. It is embedded in every dimension of nursing's work.

The meta-analysis revealed that every organization's work has justice implications, whether or not equity language is used explicitly. Caring science shapes the ethical direction of healthcare for generations. Holistic ontology provides the theoretical foundation for seeing whole persons in context. Environmental health reveals the environmental injustice that produces health disparities. Innovation reframes health disparities as design failures. Disciplinary knowledge includes emancipatory knowing—explicitly about dismantling power structures. Publishing diversifies the voices that shape the profession's literature. Lived experience reveals the invisible forces producing inequity. Faculty development ensures that the profession's leadership mirrors its communities.

The principle in practice: Rather than treating equity as a separate strand of communication, organizations should use what the Frameworks methodology calls “values bridging”—connecting the audience's existing commitments to their equity implications. “If you care about patient outcomes, you care about health equity—because the evidence shows that structural inequity is the primary determinant of outcomes.”

The collective impact dimension: When every nursing organization communicates equity as integral to its core work, the profession presents a unified vision of health justice that is more powerful than any single organization's equity statement.

Principle 6: The Experiential On-Ramp

Let the audience feel the concept before they learn its name.

The meta-analysis identified five universal communication traps that undermine effectiveness across all eight organizations. The most pervasive is the “jargon trap”—the use of insider language that signals belonging to current members while excluding the very audiences organizations seek to reach. The antidote is what I call the “experiential on ramp”: beginning with a relatable human experience, allowing the audience to feel the concept, and only then introducing the technical term.

The principle in practice: Not “Our discipline studies nursing's unique knowledge” but “You are drawing on something no medical textbook taught you. That knowledge has a name.” Not “Our approach is a design methodology centered on real lived experience” but “You have sat with a patient who said something that changed how you understand their condition. That moment is the beginning of design that honors lived experience.”

The collective impact dimension: When every organization in the ecosystem eliminates insider language from public-facing communications, the profession as a whole becomes more accessible. The persuadable middle—the nurses and stakeholders who are interested but not yet engaged—find multiple on-ramps into the profession's work.

Principle 7: Momentum Is More Persuasive Than Merit

People join movements, not organizations. Something is already shifting. This is the right moment.

Every organization's most effective invitation positioned itself within a cultural shift already underway. The meta-analysis identified a universal four-beat momentum architecture: founding vision → growth trajectory → inflection point → invitation. This architecture resolves the fundamental psychological barrier to engagement, the fear of joining something marginal.

The principle in practice: Show evidence that something is already moving. Cite growth numbers, new partnerships, expanding influence, cultural indicators of shifting attitudes. Then position the invitation as timely: "We are at an inflection point. The question is not whether this shift is happening but whether you will be part of shaping it."

The collective impact dimension: When eight organizations independently describe a cultural shift, audiences encounter a single overwhelming impression: nursing is transforming. Coordinating these momentum narratives into one profession-wide story makes the transformation undeniable and the invitation irresistible.

PART III

PRACTICES, STRATEGIES, AND HOW-TO GUIDES

The following section translates the seven principles into actionable practices. Each strategy includes a practical how-to guide that any nursing organization, association, or society can implement.

Strategy 1: Adopt the Six-Step Communication Architecture

The meta-analysis distilled a six-step cognitive journey that maps how audiences move from initial encounter to engaged membership. This architecture can be adopted by any nursing organization as a template for all external communications—from website copy to conference presentations to social media.

Step	Name	Audience Experience	Communicator’s Action
1	Recognize	"Someone sees what I already know."	Name a capacity the audience already possesses. Validate before inviting.
2	Reveal	"This frustration is not just me. It’s structural."	Name the specific invisibility. Show is produced by dominant paradigms, not personal failure.
3	Reframe	"What I thought was peripheral is actually foundational."	Challenge the dominant frame. Position your perspective as completing, not opposing.
4	Connect	"I cannot do this alone—nor should I."	Shift from individual burden to collective power. The community makes the work possible.
5	Bridge	"This connects to something bigger than my practice."	Link the work to health equity and social justice as integral dimensions, not add-ons.
6	Move	"This is the right moment. Something is already shifting."	Position the invitation within a cultural shift. Show evidence of momentum.

HOW-TO GUIDE: Applying the Six-Step Architecture to Your Organization

Step 1: Identify your organization’s “Already/Not Yet” statement. Complete this sentence: “You already know _____. We give that knowing a name, a community, and a platform.” Test this statement with five people outside your organization. If they nod before you finish, you have it right.

Step 2: Name your specific invisibility. Complete this sentence: “In the dominant paradigm, _____ is reduced to _____. We make _____ visible as _____.” This becomes the core of your Reveal communication.

Step 3: Draft your Reframe using the “completing” formula. Not “our approach versus the dominant approach” but “our approach completes what the dominant approach begins.” Audit all public-facing materials for oppositional language and replace it.

Step 4: Rewrite one existing recruitment communication using all six steps in sequence. Compare the result with your current version. Share both with a focus group of non-members and measure which one generates more interest.

Step 5: Create a one-page “Architecture Card” summarizing your organization’s six-step communication. Distribute to every board member, committee chair, and communications staff. This card becomes the reference for all external messaging.

Strategy 2: Replace Dominant Frames with Shared Counter-Narratives

Frameworks research demonstrates that public understanding depends on the frames through which issues are encountered (Kendall-Taylor & Haydon, 2016). Nursing is currently framed through a set of deeply embedded default narratives that no single organization can displace. Collective action is required to install more accurate and generative alternatives.

Default Narrative (Replace)	Counter-Narrative (Install)	Why It Matters
“Nursing is a helping profession”	“Nursing is a knowledge profession with a unique disciplinary foundation”	Shifts public perception from emotional labor to intellectual contribution
“Nurses are bedside angels”	“Nurses are systems thinkers, innovators, and policy shapers”	Expands the public’s understanding of nursing’s scope and impact
“Nursing challenges are individual”	“Nursing challenges are structural and require collective solutions”	Redirects reform efforts from resilience training to system redesign
“Nurses need resilience training”	“Healthcare systems need redesign—and nurses are the redesigns”	Positions nurses as solution architects, not passive recipients of stress
“Equity is a separate initiative”	“Equity is embedded in every dimension of nursing’s work”	Eliminates the false separation between “core work” and “equity work”
“Specialty nursing is niche”	“Every specialty sees what reductionism misses”	Positions diverse specialties as complementary vantage points, not silos

HOW-TO GUIDE: Implementing Shared Counter-Narratives

Audit: Review your organization’s website, social media, and recruitment materials. Highlight every instance of default narrative language (“helping,” “bedside,” “resilience,” “niche”). Count them. The number will likely surprise you.

Replace: For each instance, substitute the corresponding counter-narrative language. This is not a rewrite, it is a language swap. The content stays the same; the frame changes.

Train: Create a 30-minute workshop for board members, staff, and frequent speakers: “The Words We Use: How Language Shapes Nursing’s Visibility.” Include the six counter-narrative pairs as a handout. Practice substitution with real examples.

Coordinate: Invite partner organizations to adopt the same six counter-narratives. When multiple organizations use identical language, the counter-narrative gains cultural weight. Consider a shared pledge: “We commit to replacing the helping frame with the knowledge frame in all public-facing communications by [date].”

Strategy 3: Build Cross-Organizational Messenger Networks

Frameworks research establishes that who delivers a message shapes how it is received (Volmert et al., 2016). The meta-analysis found that every organization prescribed the same dual-messenger approach: peer voice (accessibility) paired with authority voice (credibility). But the untapped opportunity lies in cross-organizational messengers—individuals who represent the ecosystem rather than a single organization.

HOW-TO GUIDE: Creating Cross-Organizational Messenger Panels

Identify ecosystem partners: Select 3–5 organizations whose metaphors are complementary to yours. If you are the “lighthouse” (orientation), partner with the “tapestry” (integration), the “upstream nurse” (prevention), and the “living library” (preservation).

Co-create a panel template: Design a 60-minute panel format: “One Profession, Five Vantage Points.” Each panelist shares (a) their organization’s core metaphor, (b) the specific invisibility it addresses, and (c) one member story illustrating the work. Moderator draws connections in real time.

Deploy at conferences: Propose the panel at Sigma, NLN, AACN, AONE/AONL, and other major conferences. The panel demonstrates the ecosystem in action—and every panelist recruits for the whole ecosystem, not just their own organization.

Create a podcast series: Record cross-organizational conversations: “What Does Your Organisation Make Visible?” Release as an 8-episode series, one organization per episode, with a synthesis episode concluding. Distribute through all partner channels.

Develop a LinkedIn Live series: Monthly LinkedIn Live conversations pairing leaders from two different organizations: “The Lighthouse and the Library,” “The Engine and the Greenhouse.” Each pairing reveals unexpected connections between seemingly different missions.

Strategy 4: Invest in Shared Narrative Infrastructure

Kania and Kramer identify continuous communication as one of five conditions for collective impact. The meta-analysis revealed that effective stories across all eight organizations follow the same three templates—the personal awakening, the community journey, and the student

discovery—and the same seven-element redundancy framework (value, metaphor, counter-narrative, causal chain, exemplar, tone, narrative). These shared structures provide the backbone for cross-organizational storytelling.

HOW-TO GUIDE: Building a Cross-Organizational Story Bank

Adopt the three-story templates: (a) Personal Awakening: “I was practicing as usual when I realized _____. That realization led me to _____.” (b) Community Journey: “Our team was struggling with _____. When we discovered _____, everything changed.” (c) Student Discovery: “In my education, I was taught _____. But when I encountered _____, I understood nursing differently.”

Collect 10 stories per template: Ask members to submit 300-word stories using one of the three templates. Tag each story by: (a) Frameworks strategy it best illustrates, (b) audience segment it would most resonate with, (c) platform it is optimized for (social media, presentation, newsletter, website).

Create a shared digital repository: Partner with 2–3 other organizations to create a shared, searchable story bank. Any participating organization can search by strategy, audience, or platform and deploy the right story for the right moment. Credit both the storyteller and their organization.

Train storytellers: Offer a workshop: “Telling Your Story for the Profession.” Teach the templates, the seven-element redundancy framework, and the experiential on-ramp principle. Every trained storyteller becomes a messenger for the ecosystem.

Strategy 5: Coordinate the Profession-Wide Momentum Narrative

Each organization’s momentum pitch independently describes a cultural shift. Together, they tell a story of comprehensive transformation that is more persuasive than any single narrative. The challenge is coordination—ensuring that each organization’s chapter contributes to a coherent whole.

HOW-TO GUIDE: Building the Profession-Wide Momentum Narrative

Draft your momentum chapter: Using the four-beat architecture: (1) Founding Vision—the original insight that launched your organization. (2) Growth Trajectory—concrete evidence of expansion (members, programs, publications, partnerships). (3) Inflection Point—why this moment is critical. (4) Invitation—what you are inviting people to join.

Share chapters across organizations: Exchange momentum chapters with partner organizations. Read yours and theirs together. Identify the through-line: from reductionism toward wholeness, from individual heroism toward collective power, from invisibility toward recognition.

Create the synthesis narrative: Draft a single-page profession-wide momentum narrative that weaves all chapters together: “Nursing is in the midst of a comprehensive transformation. Caring science is restoring the ethical foundation. Holistic scholarship is reweaving fragmented knowledge. Environmental health is extending nursing’s scope. Innovation is unlocking four million creative problem-solvers. Disciplinary knowledge is reclaiming nursing’s intellectual identity...”

Deploy the synthesis narrative: Every participating organization includes a version of the synthesis narrative in its public communications. Audiences encounter the same story from multiple vantage points, creating an overwhelming impression of momentum.

Strategy 6: Eliminate the Five Universal Communication Traps

The companion messaging guides identified five communication patterns that undermine effectiveness across all organizations. These traps are intuitively appealing—they feel right to communicators—while alienating the audiences they seek to reach. Eliminating them is a necessary precondition for effective collective communication.

Trap	Why It Feels Right	Why It Fails	What to Do Instead
Jargon Trap	Insider language signals belonging and precision	It excludes the persuadable middle—the exact audience you need to grow	Use the experiential on-ramp felt experience first, technical term second
Hero Narrative Trap	Individual success stories are compelling and shareable	They make audiences feel inadequate rather than invited	Embed every individual story in a collective frame—the community made it possible
Crisis/Doom Trap	Problem statements feel urgent and motivating	They trigger fatalism: if the problem is this bad, nothing I do will help	Lead with solutions and momentum, then contextualize the challenge
Oppositional Trap	Positioning against something clarifies identity	It forces audiences to choose sides and alienates potential allies	Frame as deepening, extending, completing—not replacing or opposing
Exclusivity Trap	Selectivity signals quality and prestige	It narrows the recruitment funnel and contradicts collective efficacy	Frame entry as invitation, not selection. The persuadable middle is larger than expected

HOW-TO GUIDE: Conducting a Communication Trap Audit

Assemble your audit team: Include at least two people who are not current members of your organization. Their outsider perspective is essential insiders cannot hear jargon because it sounds like ordinary language to them.

Audit three key documents: Your website homepage, your primary recruitment email or brochure, and your most recent newsletter. For each document, identify every instance of the five traps. Use a simple color-coding system: red for jargon, orange for hero narrative, yellow for crisis/doom, blue for oppositional, purple for exclusivity.

Rewrite the three worst offenders: Select the three most trap-laden passages and rewrite them using the six-step communication architecture. Test the original and revised versions with five non-members and compare engagement.

Institutionalize the audit: Schedule a quarterly communication trap audit. Add the five-trap checklist to your editorial review process for all public-facing materials. Over time, trap-free communication becomes organizational habit.

Strategy 7: Establish Backbone Support for Collective Impact

Kania and Kramer's fifth condition for collective impact—backbone support—is the most often overlooked and the most essential. Without dedicated infrastructure to coordinate the effort, collective impact degrades into good intentions. For nursing's visibility work, backbone support does not require a new organization. It requires a coordinating function.

HOW-TO GUIDE: Creating Backbone Support Without Creating a New Organisation

Form a Visibility Coordinating Circle: Invite one communications leader from each participating organization to a quarterly 90-minute virtual meeting. The agenda is consistent: (a) share what's working, (b) identify opportunities for cross-organizational messaging, (c) plan one coordinated action for the next quarter.

Rotate coordination: Each quarter, a different organization hosts and facilitates the Circle. This distributes the burden and ensures all organizations feel ownership. The hosting organization also drafts the quarter's coordinated action plan.

Create shared measurement: Agree on 3–5 visibility indicators that all organizations will track: (a) media mentions using counter-narrative language, (b) cross-organizational referrals, (c) new member acquisition attributed to ecosystem messaging, (d) policy citations of nursing's knowledge contributions, (e) public perception survey data.

Publish an annual Visibility Report: The Circle produces a brief annual report documenting progress across all five indicators. This report becomes evidence of collective impact—and a recruitment tool for additional organizations to join the effort.

PART IV

A CALL TO ACTION

To Every Nursing Organisation, Association, and Professional Society

We stand at a moment of convergence. The evidence is clear, the tools exist, and the need is urgent.

The evidence: A meta-analysis of strategic communications across eight nursing organizations reveals that the profession's visibility challenge is structural, not idiosyncratic. Every organization—from caring science to environmental health to innovation to disciplinary knowledge—confronts the same dynamic: essential dimensions of nursing's work are rendered invisible by paradigms that privilege biomedical reductionism, efficiency metrics, knowledge hierarchies, and cultural individualism. No single organization created this invisibility, and no single organization can resolve it.

The tools: Frameworks Institute Strategic Frame Analysis® provides evidence-based communication strategies that have been tested, refined, and validated across dozens of social issues. Collective impact provides a proven coordination framework for multi-organizational action on complex social challenges. The integration of these two approaches creates a model specifically designed for nursing's visibility work.

The need: The consequences of nursing's invisibility are not abstract. When nursing is invisible to policymakers, policy fails to resource the profession adequately. When nursing is invisible to the public, recruitment suffers and the profession cannot attract the talent it needs. When nursing is invisible to nurses themselves, when they cannot name their own disciplinary knowledge, their own theoretical traditions, their own unique patterns of knowing—the profession loses its intellectual identity and becomes vulnerable to reduction, co-optation, and erasure.

We Call Upon Nursing Organisations to Act

First, name the shared project. Say publicly, in your own voice and through your own channels, that nursing's visibility is a collective challenge requiring collective action. Say it at your next board meeting. Say it in your next newsletter. Say it at your next conference keynote. The common agenda begins when leaders name it.

Second, adopt the shared counternarratives. Audit your public communications for default frames—helping, angels, resilience, niche—and replace them with the counter-narratives that position nursing as a knowledge profession, nurses as systems thinkers, and nursing's challenges as structural. This is not a rebranding exercise. It is an act of professional self-definition.

Third, open your doors to the ecosystem. Invite leaders from complementary organizations to your events. Appear at theirs. Create cross-organizational panels, podcasts, and publications that demonstrate the profession's ecosystem in action. When audiences see five organizations on one stage, they see one profession with five vantage points.

Fourth, tell your momentum story as one chapter of the profession's transformation. Your organization's growth, your evidence of impact, your vision for the future, these are not

merely your story. They are the profession's story, told from your unique vantage point. Frame them that way. Let your audience feel the scale of what is happening across the entire ecosystem.

Fifth, invest in shared narrative infrastructure. Collect your members' stories. Build a searchable story bank. Share it with partner organizations. Train your members in effective storytelling. The profession's narrative infrastructure is a shared asset, and building it is a collective investment with compounding returns.

Sixth, create or join a Visibility Coordinating Circle. Commit one communications leader to a quarterly meeting with counterparts from partner organizations. Start with three organizations. Grow from there. The infrastructure for collective impact does not require a new organization, it requires a new commitment to coordination.

The Deeper Invitation

Behind the strategies and how-to guides, there is a deeper truth that this analysis reveals. Nursing's organizations are not fragments of a broken whole. They are facets of a living system, each one illuminating a different dimension of what it means to nurse, to care, to know, to heal, to advocate, to create, to write, to attend to the full complexity of human health and flourishing.

When Organization A makes caring visible, it restores nursing's ethical foundation. When Organization B makes holistic scholarship visible, it reweaves the fabric that reductionism has torn. When Organization C makes environmental health visible, it extends nursing's scope to the planet itself. When Organization D makes nurse creativity visible, it unlocks four million innovators. When Organization E makes disciplinary knowledge visible, it reclaims nursing's intellectual identity. When Organization F makes scholarly publishing visible, it amplifies the profession's collective voice. When Organization G makes lived experience visible, it reorients health design around the person. When Organization H makes diverse faculty development visible, it ensures that the profession's future leaders mirror its communities.

That is not eight separate projects. That is one project with eight chapters. And the story it tells—of a profession reclaiming its wholeness, its knowledge, its voice, its power—is the most important story in healthcare today.

Nursing has always seen the whole person. It is time for the world to see the whole profession. The tools are here. The evidence is clear. The moment is now. What is needed is the leadership to act—together.

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“The profession that sees the whole person can learn to tell its whole story.”