

The Nursing Sphere of Influence: Advocacy as a Humanitarian Effort

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Article

Abstract

This article explores the expanding role of nurses as advocates beyond traditional clinical settings, emphasizing their unique position as trusted professionals to influence health equity, policy, and community well-being. Drawing on the American Nurses Association's definition of advocacy, the authors highlight how nurses can leverage their expertise in diverse environments—from schools and neighborhoods to policy arenas—to address systemic inequities and social determinants of health. Examples of humanitarianism, harm reduction initiatives, mentorship, and grassroots activism illustrate the practical ways nurses are shaping health outcomes and advancing justice. By reframing advocacy as both a professional responsibility and an ethical imperative, the article underscores the transformative potential of nursing leadership to extend care, dignity, and equity outside the walls of healthcare institutions.

Key Words: nursing, advocacy, social determinants of health, humanitarian, community, support

The American Nurses Association (ANA) defines advocacy as “the act or process of pleading for, supporting, or recommending a cause or course of action” (ANA, 2015). For nurses, advocacy is both a professional duty and an ethical obligation, one that now requires active engagement with communities, policymakers, and upcoming generations of nursing professionals. This article presents a bold vision for nursing advocacy that goes beyond traditional boundaries, offering practical strategies and a framework for action—one as diverse as the communities we serve.

For 23 consecutive years, nurses have ranked as the most trusted profession in the United States (Gallup, 2025). This unparalleled public confidence positions nurses as uniquely powerful advocates in addressing today's most pressing health challenges, from systemic inequities to environmental health threats. Nurses operate at the intersection of health and humanity, witnessing firsthand how policies, inequities, and community strengths shape well-being. Nursing advocacy goes beyond clinical care, covering a wide range of activities that promote health equity, influence policy, and support professional growth. As healthcare evolves, nurses are well equipped to address social determinants of health and make lasting community impacts through their advocacy work.

Nurses as Civic Advocates: Expanding Practice to Promote Justice and Equity

As health disparities deepen and structural inequities persist, the nursing profession is increasingly called to engage in advocacy beyond institutional boundaries. *Provision 8* of the ANA Code of Ethics (ANA, 2025) mandates collaboration to protect human rights and reduce health disparities. Nurses are emerging as key players in grassroots movements, public protests, harm reduction, and health policy reform (ANA, 2025). These roles go beyond traditional boundaries and expand the understanding of nursing leadership, blending ethical practice with systems change and community mobilization.

Legal Observation: Ethical Witnessing in Civic Spaces

Nurses are increasingly serving as trained legal observers at civic demonstrations, especially through partnerships with organizations like the National Lawyers Guild (NLG). In this capacity, nurses function as neutral witnesses, documenting interactions between law enforcement and protesters to foster transparency and accountability. Their involvement highlights the moral authority and trustworthiness of the nursing profession, while also supporting the public's right to peaceful assembly. A legal observer, as defined by the NLG, is a volunteer who is trained to objectively observe protests and demonstrations and gather evidence from community events (NLG, 2025). Legal observers are prepared to document incidents to support any legal proceedings that may follow (NLG, 2025).

During a protest in Pittsburgh, June 2020, tear gas was used against demonstrators, violating city policy. Pittsburgh Police initially denied using the chemical agent, but with documentation from legal observers who collected the tear gas shells, the police department was compelled to admit they had used tear gas on activists. Thanks to the efforts of the legal observers, 22 activists were able to file a class action lawsuit for wrongful arrest (CBS News, 2020).

Nurses are community members who often feel the need to expand their roles within the community. Their skills can be applied in various ways, such as serving as street medics or legal observers, allowing them to use their training and pursue lifelong learning while helping their communities. Thanks to a nurse's sharp observational skills, safety experience, and assessment abilities, they are well-prepared to be trained as legal observers. Finding a local NLG chapter is easy through their website, <https://www.nlg.org/massdefenseprogram.los/>. Chapters nationwide offer in-person and online training.

Street Medic Roles: Clinical Competence in High-Intensity Community Actions

Nurses have long served as frontline witnesses to the devastating impacts of social determinants of health (SDoH), from food insecurity to environmental racism. While street medic work addresses immediate crises during protests, sustainable change requires nurses to transform the very systems that create health disparities. This work builds on nursing's rich legacy of community advocacy and harm prevention, exemplified by pioneers like Lillian Wald, who founded the Henry Street Settlement in 1893 to provide care for immigrant families while fighting for labor reforms (Buhler-Wilkerson, 1993).

In mass mobilizations and civil disobedience actions, nurses often serve as volunteer medics, providing first aid, trauma-informed care, and decontamination support for individuals exposed to chemical irritants or physical harm. These street medic efforts are typically coordinated through mutual aid networks and social justice coalitions. Nurses in these roles apply critical triage skills and clinical judgment under conditions that resemble disaster response scenarios. Their contributions show the portability and adaptability of nursing practice in serving public health and safety during high-stakes community events (ANA, 2025).

Medics for demonstrations are also called street medics or action medics. Street medics have supported community public health for decades but began organizing in the 1950s and 1960s during the Civil Rights Era (Chicago Action Medical, 2013). Internationally, street medics have helped their communities for centuries, most notably during the Cremean War (Do No Harm, 2016). Florence Nightingale, the mother of nursing, acted in a role similar to street medics when she trained nurses and worked in public health at that time (Turkowski, 2024).

Mutual aid societies took on the street medic role during the Civil Rights era, and street medics remain a common way for nurses to get involved in demonstrations positively (Atlanta Resistance Medics, 2025). There are training classes that bridge current healthcare providers (HCP) skills and the additional skills to serve in this role (Do No Harm, 2016). The Do No Harm Coalition's 2016 guide helps new street medics understand what to expect and what they should bring to stay safe and effectively support community members in action. The easiest way to find a street medic collective nearby is to do an internet search.

Street Medicine: Volunteerism on the Margins

Street medicine is one of the most direct ways nurses can volunteer in their communities by bringing healthcare to unsheltered individuals where they live. Street medicine programs create low-barrier, flexible healthcare pathways for people experiencing homelessness by adapting to local contexts and resources, while sharing core values and challenges across independently operated sites (Medellin et al., 2024). There is a statistically significant ethnic and racial overrepresentation of homelessness, which also correlates directly with an overrepresentation of overdose deaths among racial and ethnic minorities, and street medicine seeks to serve at-risk populations directly (Cano et al., 2025). Many street medicine teams operate entirely through volunteer labor, composed of clinicians, students, and laypersons who travel to encampments and

public spaces to provide wound care, chronic illness management, hygiene supplies, and emotional support (Street Medicine Institute, 2024). Volunteer nurses in this setting serve as a steady, nonjudgmental presence that advocates for building an essential foundation of trust in populations often disconnected from formal care systems.

Homeless Courts: Volunteering for Restorative Justice

In homeless court programs, nurses can volunteer alongside legal professionals and social workers to help resolve minor offenses and connect participants to services. These court sessions, held in shelters, churches, or transitional housing sites, often depend on volunteers to provide onsite support ranging from mental health screening to warm handoffs to community clinics, while recognizing the disproportionate punitive impact the judicial system has on those affected by poverty as a SDoH (Rusch & Banner, 2022). Volunteer nurses contribute by advocating for trauma-informed practices, educating judges about health-related barriers, or simply offering clinical presence during court sessions. Their involvement helps shift the focus from punishment to healing, ensuring that health-related circumstances are not overlooked in legal decisions. Nurses also assist in facilitating how people who are unhoused can be granted clemency, such as demonstrating that they have connected with community health and housing programs (Homeless Court Program, 2021).

Neighborhood Nursing: Meeting Communities Where They Are

Innovative models like the *Neighborhood Nursing* initiative—a collaboration between Johns Hopkins, Morgan State, and community organizations such as Sister Together and Reaching (STAR)—demonstrate how nurses break down barriers by serving residents where they “live, work, play, and pray” (Johns Hopkins School of Nursing, 2024). Initially launched in Baltimore’s Johnston Square and Sandtown-Winchester neighborhoods, this program deploys nurse-community health worker (CHW) teams to provide lifelong care through:

- Door-to-door visits in homes, barbershops, and faith centers
- Hybrid (in-person and telehealth) chronic disease management
- Preventative care tailored to community-identified priorities

Similarly, the *Nurse-Family Partnership* (NFP), a prenatal and infancy home visiting program, has reduced preterm births by 18% and increased breastfeeding rates by 21% among low-income, first-time mothers through nurse-led interventions that address smoking cessation, nutrition, and healthcare access (Thorland & Currie, 2017). These programs demonstrate how nurses extend advocacy beyond clinical settings by integrating care into social ecosystems.

Integration with Justice-Oriented Community Organizations

Nurses contribute expertise to justice-focused organizations, including those dedicated to reproductive rights, immigrant advocacy, LGBTQ+ health, and environmental justice. These collaborations may involve providing health education, logistical support, culturally competent care, or crisis response services. By working within and alongside these community-led efforts, nurses affirm their role as allies in the pursuit of health equity and social justice.

Nurses on the Move- Advancing Equity Through School-Based and Home-Based Care

As health inequities deepen in vulnerable communities, nurses are expanding well-established models of delivering care, such as schools, by meeting people where they are and addressing the root causes of illness through community engagement. Two of the most impactful yet underrecognized areas of nursing advocacy include school and home-based care. These strategies demonstrate how nurses can overcome systemic barriers by bringing healthcare directly into the environments where people live, learn, and grow.

School-Based Nurses: Advocacy in Action.

School nurses are uniquely positioned to act as first responders to the physical, emotional, and social needs of students, staff, and the broader school community. According to the National Association of School Nurses (NASN), the role of the school nurse is to “advance the well-being, academic success, and life-long achievement of students by promoting health and safety, intervening with actual and potential health problems, providing case management services, and actively collaborating with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning” (NASN, 2022).

In underserved districts, school nurses are often the only consistent healthcare presence. Beyond managing daily health concerns such as chronic disease monitoring and medication administration, school nurses lead initiatives in mental health education, substance use prevention, reproductive health support, and crisis response ([Lineberry & Ickes, 2015](#)). They play a vital role in identifying and addressing social determinants of health (SDoH). From food insecurity to housing instability, school nurses connect families to essential community resources and intervene when students face threats to safety or stability ([Best et al., 2018](#)).

Despite their impact, a nationwide shortage of full-time school nurses, particularly in rural and low-income areas, limits access to these essential services. Addressing this shortage requires systemic advocacy for sustainable funding and staffing models in school health. Nurses can influence this change by engaging in public health leadership, policy reform, and coalition building to ensure all students have access to comprehensive school-based health services ([Willgerodt et al., 2024](#)).

Home-Based Nursing: Building trust at the Doorstep

Home-based nursing is another form of advocacy rooted in access and proximity. These visits enable nurses to identify environmental and social barriers to health, such as medication confusion, fall risks, or food insecurity. Nurses providing home-based care do more than assess; they build trust, educate families, and link patients to support systems. Programs like the Veterans Health Administration's home-based primary care model have demonstrated reduced hospitalizations and improved quality of life ([Totten et al., 2016](#)).

Personalized care in a patient's environment enables interventions that truly meet people where they are. Whether it's checking vital signs or simply listening to a patient who feels overlooked, home care is one of the most relational forms of nursing. To fully realize this potential, academic institutions, health systems, and policymakers must recognize, support, and fund community-based nursing initiatives that align with justice and health equity goals. The way forward requires not only expanding what nurses can do but also rethinking what they should do as vital contributors to the health and healing of both individuals and systems.

Mentorship as a Catalyst for Workforce Equity

The nursing profession's lack of diversity weakens its ability to address health inequities. Although Black and Hispanic communities make up 30% of the U.S. population, only 10% of RNs identify as Black and 7% as Hispanic ([American Association of Colleges of Nursing \[AACN\], 2023; 2024](#)). Strategic mentorship programs, such as the National Black Nurses Association's (NBNA) Mini Nurse Academy, combat this disparity by engaging young students, especially students of color, who are interested in nursing ([NBNA, 2021](#)). These programs are not merely supportive but reparative, addressing historical exclusion.

In addition to providing direct care, nurses play a vital role in shaping public discourse through storytelling and civic testimony. By sharing anonymized clinical stories in public forums, legislative hearings, or published opinion pieces, nurses can highlight the real-life impacts of health inequity and advocate for structural change. Topics such as rural healthcare access, maternal mortality, mental health infrastructure, and Medicaid expansion are often more powerful when presented through the voice of a frontline provider. This type of engagement enhances nursing's influence in policymaking and helps connect empirical evidence with human experiences ([National Academy of Sciences, engineering, and Medicine, 2021](#)).

Policy-Aligned Mentorship

- Training mentees to testify on SDoH policies
- Creating legislative shadowing opportunities with nurse-policymakers

Conclusion

The future of nursing advocacy is not limited to one space or role, but depends on the profession's incredible ability to adapt, innovate, and lead across all areas of society. From structured neighborhood health programs to the front lines of protests and disaster areas, nurses use their credibility, clinical skills, and ethical principles to promote justice, equity, and public health.

Nurses are not just clinicians at the bedside; they are trusted public health leaders, coalition builders, legislative advocates, and culturally attuned educators. This broader view of advocacy requires nurses to operate not only within healthcare institutions but also across community, political, and social spheres. Rooted in *Provision 8* of the ANA Code of Ethics, this vision calls on the profession to challenge systemic injustices, dismantle health barriers, and embed compassionate, equitable care into the everyday spaces where people live, worship, learn, and mobilize ([ANA, 2025](#)).

The examples underscore the breadth and depth of what is possible when nurses mobilize beyond the bedside. Whether engaging as street medics, legal observers, mentors, or faith-based leaders, nurses serve as both first responders to immediate needs and architects of long-term change.

Serving as community advocates reminds us that nursing is more than just job descriptions or organizational mandates; it is a profession grounded in serving the vulnerable. Through volunteer work in street outreach, courtrooms, schools, and communities, nurses go beyond clinical settings to address suffering, uphold dignity, and promote justice. The demands of modern healthcare increase, advocacy offers a return to the core reasons many entered the field, to help people, not only as clinicians but also as neighbors, allies, and advocates.

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Prior to her nursing career, Ms. Toon served in the United States Navy from 2009 to 2014. Her professional interests include rural healthcare delivery, veteran health equity, and the role of mobile care models in improving outcomes for complex patient populations. Drawing on both clinical and military experience, she brings a community-grounded, mission-driven

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References

- American Association of Colleges of Nursing. (2024). *Nursing workforce fact sheet*. <https://www.aacnnursing.org/news-data/fact-sheets/nursing-workforce-fact-sheet>
- American Association of Colleges of Nursing. (2023, April). *Enhancing diversity in the nursing workforce*. Fact Sheets. <https://www.aacnnursing.org/news-data/fact-sheets/enhancing-diversity-in-the-nursing-workforce>
- American Nurses Association. (2025). Code of ethics for nurses with interpretive statements. American Nurses Association.
- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>
- Atlanta Resistance Medics. (2025). *An overview of street medic history*. <http://www.atlantaresistancemedics.org/street-medic-history/>
- Best, N. C., Oppewal, S., & Travers, D. (2018). Exploring school nurse interventions and health and education outcomes: An integrative review. *The Journal of School Nursing*, 34(1), 14-27. <https://doi.org/10.1177/1059840517745359>
- Buhler-Wilkerson K. (1993). Bringing care to the people: Lillian Wald's legacy to public health nursing. *American journal of public health*, 83(12), 1778-1786. <https://doi.org/10.2105/ajph.83.12.1778>
- Cano, M., Zachmeyer, M., Salinas, L. A., Ferguson, K. M. (2025). Racial/ethnic inequality in homelessness and drug overdose deaths in US States. *Social Psychiatry and Psychiatric Epidemiology*, 60(1), 149-161. <https://doi.org/10.1007/s00127-024-02667-5>
- CBS News. (2020). *Federal class-action lawsuit filed against Pittsburgh police, Mayor Peduto and city officials for East Liberty protest*. cbsnews.com. <https://www.cbsnews.com/pittsburgh/news/federal-class-action-lawsuit-pittsburgh-george-floyd/>
- Chicago Action Medical. (2013, December). *Street medic handbook*. https://mutualaid Disasterrelief.org/wp-content/uploads/2020/04/kupdf.net_street-medic-handbook.pdf
- Do No Harm Coalition. (2016). *Do No Harm Coalition*. Home. <https://donoharmcoalition.org>
- Gallup. (2025). Americans' ratings of U.S. professions stay historically low. *Gallup*. <https://news.gallup.com/poll/655106/americans-ratings-professions-stay-historically-low.aspx>
- Johns Hopkins School of Nursing. (2024). *Neighborhood nursing: Bringing health care to communities, block by block*. COMPASS Center. <https://nursing.jhu.edu/neighborhoodnursing>
- Homeless Court Program. (2021). *Homeless Court*. Home. <https://www.homelesscourtprogram.org/>
- Lineberry, M. J., & Ickes, M. J. (2015). The role and impact of nurses in American elementary schools: A systematic review of the literature. *The Journal of School Nursing*, 31(1), 22-33. <https://doi.org/10.1177/1059840514540940>
- Medellin, T., Moczygomba, L. R., & Thurman, W. (2024). A qualitative study to describe the nature and scope of street medicine programs in the United States. *International Journal of Environmental Research and Public Health*, 21(12), 1623. <https://doi.org/10.3390/ijerph21121623>
- National Academy of Sciences, Engineering, and Medicine. (2021). The future of nursing 2020-2030: Charting a path to achieve health equity. The National Academies Press. <https://doi.org/10.17226/25982>
- National Black Nurses Association. (2021). *NBNA mini nurse academy*. Programs. <https://nbna.org/programs-committees/programs/mini-nurse-academy/>

National Lawyers Guild. (2025). *Mass defense program: Legal observers*. <https://www.nlg.org/massdefenseprogram>

Rusch, L., & Banner, F. (2022). Homeless group representation in Detroit's problem-solving court. *Law & Social Inquiry*, 49(1), 278–307. <https://doi.org/10.1017/lsi.2022.68>

Thorland, W., & Currie, D. W. (2017). Status of birth outcomes in clients of the nurse-family partnership. *Maternal and Child Health Journal*, 21(5), 995–1001. <https://doi.org/10.1007/s10995-017-2267-2>

Totten, A. M., White-Chu, E. F., Wasson, N., Morgan, E., Kansagara, D., & Davis-O'Reilly, C. (2016). *Home-based primary care interventions [internet]*. Agency for Healthcare Research and Quality (Comparative Effectiveness Reviews, No. 164). <https://www.ncbi.nlm.nih.gov/books/NBK356242/>

Turkowski, Y., & Turkowski, V. (2024). Florence Nightingale (1820-1910): The founder of modern nursing. *Curēus (Palo Alto, CA)*, 16(8), e66192. <https://doi.org/10.7759/cureus.66192>

Willgerodt MA, Tanner A, McCabe E, Jameson B, Brock D. (2024). Public school nurses in the United States: National School Nurse Workforce Study 2.0. *The Journal of School Nursing*. 2024;0(0). <https://journals.sagepub.com/doi/10.1177/10598405241253565>

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