EDUCATING NURSES TO ENGAGE IN HEALTH POLICY AND ADVOCACY

A SCHOLARLY PROJECT

PRESENTED TO

THE FACULTY OF REGIS COLLEGE

In Partial Fulfillment
Of the Requirements of the
Doctor of Nursing Practice Degree

BY

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Abstract

Few nurses engage in developing health policy from the local to global level. For a scholarly practice project, American Association of Colleges of Nursing (AACN) accredited nursing schools in New England were surveyed to measure what recommended AACN *Essentials* content on health policy is taught in their baccalaureate and master's programs. The online, quantitative-descriptive survey captured whether content is taught in stand-alone courses and if those courses are required. Barriers to teaching health policy at both levels and barriers to nurses engaging in health policy and advocacy were also solicited. A majority of responding programs include most AACN content in courses. Twelve of seventeen programs require stand-alone courses at the master's level but only two at the baccalaureate level. As is being undertaken, AACN content requires revision. More stand-alone health policy classes should be required at the baccalaureate and master's levels which would likely lead to more nursing engagement in health policy and advocacy.

Keywords: *health policy; advocacy; AACN Essentials; nursing*

Signature page

This scholarly practice project of Donna J. Barry, entitled Educating Nurses to Engage in Health Policy and Advocacy directed and approved by the faculty advisor, has been accepted by the Nursing Faculty of Regis College in fulfillment of the requirements for the Doctor of Nursing Practice.

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Chapter I

Introduction

Despite decades of encouragement from nursing leaders, professional and accrediting nursing organizations, health policy course content recommendations from the American Association of Colleges of Nursing (AACN) and targeted education courses and content in health policy, a low level of nursing engagement in health policy and advocacy persists. This paper lays out the background and significance of this deficiency and reviews pertinent literature including outcomes from health policy courses, experiential learning, measurement instruments and nursing leadership views. The scholarly practice project (SPP) steps are described and based upon a known evidence-based practice model. Their implementation elucidates how nursing schools in New England are integrating health policy content into their curricula A newer conceptual model related to nursing and health policy guides the types of information that will be captured and evaluated in this research study.

Statement of the Problem

Given their high levels of expertise and education, and that nurses are the largest group of workers in the United States healthcare workforce (Bureau of Labor Statistics, 2018) it is important that nurses be present and engaged at every level of healthcare policymaking, from conception and advocacy, through implementation and revision. In addition, nurses' knowledge and experience would enrich all levels of healthcare policy from the local to global. Nurses' vast knowledge, experience, and expertise can be used to develop and influence patient-centered, equitable, and economically-sound policy. Regrettably, today's nurses are poorly represented and disengaged at nearly all levels of health-policy decision making (IOM, 2011). Recognition

of the problem of low nurse participation in policy and politics is evident in professional discourse. For over four decades, efforts to increase participation have been a priority in nursing professional associations, educational institutions, research and publications (Karen A. Wolf, personal communication). The National League for Nursing (NLN) began calling for more nurses to be informed about and engaged in health policy and Burke (1979) noted that "Core curricula in nursing schools must include health policy questions…." (p. 61). In 1986, the NLN published recommended health policy course content (Solomon & Roe, 1986). Ten years later, the AACN included health policy content guidelines for the first time in 1996 (Staebler et al., 2017).

Background

There is a generally low participation rate of nurses in health policy and advocacy. In addition, nurses engage in varied levels of political activity. O'Rourke et al., (2017) developed a range of activities to measure political participation of nurse practitioners. The activities included are:

- voting in the last election,
- intent to vote in 2016 fall election,
- working on or donating to a political action committee,
- working on campaigns,
- attending fundraisers or political meetings,
- meeting with legislators and contacting legislators,
- publicly speaking about health policy issues,
- attending health policy meetings or conferences, and

- working with a state or national nurse practitioner organization (O'Rourke et al., 2017, p. 143).

For the purposes of this research, the author will include the following activities as advocacy: voting in the last election, intent to vote in the next presidential election, working on or donating to a political action committee, working on campaigns, attending fundraisers or political meetings. Engaging in health policy includes the following activities: meeting with legislators and contacting legislators, publicly speaking about health policy issues, attending health policy meetings or conferences, and working with a state or national nursing organization.

A few papers have captured how many, how frequently and why nurses do or do not engage in political activity or health policy development. Unfortunately, there are few well-designed research studies to examine these issues.

A study by Vandenhouten et al., (2011) surveyed registered nurses in the Midwest to measure their level of political participation, finding that high percentages of nurses engaged in low-level activities such as voting, reading news to stay informed of current political and policy topics, and contacting politicians' offices. However, 80% of nurses in this study responded that their education did not include courses or content on how to participate in policy activities nor provided political content (Vandenhouten et al., 2011).

In a study by O'Rourke et al. (2017) similar levels of political activity were found in a sample of nurse practitioners (NP) across the United States who belong to the American Academy of Nurse Practitioners. Key results from 631 nurse practitioners surveyed include: 44.5 % voted in the 2012 election; 95.6 planned to vote in the 2016 election; 25.8 % volunteered or worked on a political campaign; 20.7 % previously met with a legislator; 8.9 % provided education to a legislator; 4.8 % spoke publicly about health policy issues and 15.1 % worked

with a state or national NP organization (O'Rourke et al., 2017). In this study, NPs had very high levels of low-effort political participation, e.g., voting. However, the more intensive or involved the activity (educating legislators, speaking publicly, etc.), the more the numbers dropped off.

Lewinski and Simmons (2018) surveyed a small sample of practicing nurses in North Carolina who belonged to the state nursing association and found that only 30% of them were engaged in health policy and/or advocacy. Kung and Rudner Lugo (2013) analyzed data on advanced practice registered nurses (APRNs) in Florida related to practice authority and political engagement. "Only 23% of respondents said they were involved in political activism to resolve barriers to practice" (Kung & Rudner Lugo, 2013, p. 147). Those who were most active had doctoral degrees, were older than 50 years of age, had the most years of nursing practice (RN and APRN) and belonged to a professional organization (Kung & Rudner Lugo, 2017).

In 2017, Waddell et al., completed focus groups and an online survey with nurse leaders to outline and quantify their experience in order to better prepare and educate other nurses to engage in policy and advocacy. They found that learning the skills to clearly and effectively communicate with policymakers was ranked as the most important attribute and that it was also important for nurses to be have a passion for policy work and understand who, when and how to influence policy (Waddell et al., 2017).

Staebler et al., (2017) explored barriers related to nursing student learning and faculty development in health policy which could lead to low participation of nurses in health policy after finishing their education. Barriers included a lack of faculty expertise in health policy among those faculty teaching nurses health policy as well as low nursing school administration, faculty, and student interest in the topic.

In 2005, Boswell et al., delineated barriers to nurses' political involvement including lack of knowledge on policy issues and how best to engage in the policy or political process; lack of time; time spent at employment; gender issues and low levels of empowerment to affect the policy process. Relatedly, Beauregard et al., (2003) found that only seven percent of registered nurses belonged to a professional nursing association.

Significance

Health policy influences nurse practice environments, the regulation of nursing practice, reimbursement for nursing services, and outcomes of patient care and population health. Thus, it is a critical area in which nurses should be knowledgeable and more actively engaged. As of October 2018, over 4 million nurses were licensed in the United States (RN and LPN) (Kaiser Family Foundation, 2018). If even a fraction of them were more involved in health policy, it would lead to improved health policy and health outcomes.

Alligood and Miles (2011) point out that nursing knowledge significantly improves health care legislation. Several authors have made the argument that there is a great deal of evidence that nursing's mission includes advocacy for both the profession as well as the health of the public (Alligood & Miles, 2011; Primomo & Bjorling, 2013; Waddell el al., 2016). In a 2005 editorial, Hughes asks a pertinent question related to the importance of nurses' voices in policy, "Who better than nurses understand the practical reality of health care that spans numerous settings, involves people at their most vulnerable and provides a view of health from multiple perspectives?" (p. 331). Rizzo Parse (2007) reinforces the significance of nursing theory and frameworks guiding policy by pointing out that nursing theory-guided practice and nursing knowledge lead to better patient outcomes, therefore they should also guide health policy formation and implementation.

The lack of nurse involvement in developing and implementing health policy is a global problem. There is now a global effort to increase the number of nurses participating in health policy. Nursing Now, a global campaign to raise the status and profile of nursing was launched in the United Kingdom in 2018 (Nursing Now, n.d.). Their aim is to form chapters in multiple countries to amplify the voices of nurses and midwives around the world (Nursing Now, n.d.). The first goal of the campaign is to, "Ensure that nurses and midwives have a more prominent voice in health policymaking", (Nursing Now, n.d.).

The AACN and Institute of Medicine (IOM) highlight the importance of educating nurses on the "hows and whys" of policy engagement and their actual participation in advocacy and policy development (AACN, 2006; AACN, 2008; AACN, 2011; IOM, 2011). The American Association of Colleges of Nursing *Baccalaureate Essentials* (2008) describes how policy influences "the nature, quality, and safety of the practice environment" (p. 21), and also that nurses have the responsibility to engage in advocacy for their patients and use their nursing knowledge to develop just policies. Essential VI in the AACN *Master's Essentials* (2011) covers how master's-prepared nurses engage in health policy processes and underlines the importance of nursing's professional values being incorporated into health policy. According to the *Master's Essentials* document "Giving voice and persuasion to needs and preferred direction at the individual, institution, state, or federal policy level is integral for the master's-prepared nurse" (AACN, 2011, p. 21). In the AACN *DNP Essentials*, there is a large section on how DNPs impact health care policy with emphasis on how DNPs' practice experience can strongly influence health policy and outcomes (AACN, 2006). Each *Essentials* document contains sample content to be included in nursing school curricula.

The IOM's *Future of Nursing* (2011) report has four key messages, one of which (#3) is devoted to increasing nursing's voice in policy development and increasing the number of nurses in leadership positions, boards, advisory committees, and commissions to ensure their experience and knowledge is included in health policy.

Following the AACN call for inclusion of health policy content into nursing curricula, the IOM report and national advocacy from the NLN, American Nurses Association and other nursing associations, there has been an increase in nursing articles on the topic. A multitude of researchers and experts have published articles about the need for nurses to be more engaged in health policy over the past four decades (Leavitt, 2009; Spenceley et al., 2006; Taylor, 2016). Several studies have shown immediate, short-term improvement of knowledge and skills for nurses following baccalaureate, graduate or in-service courses on health policy (Brown, 1996; Byrd et al., 2012; Cohen & Milone-Nuzzo, 2001; Conger & Johnson, 2000; Connor & Thieleman, 2013; DiCenso et al., 2012; Ellenbecker et al., 2017; Embree & Yueh-Feng Lu, 2017; Primomo, 2007; Primomo & Bjorling, 2013; Rains & Carroll, 2000; Reutter & Duncan, 2002).

While Staebler et al., (2017) surveyed individual faculty teaching health policy in baccalaureate, master's and doctoral nursing programs, the survey asked individual faculty to select the most important AACN *Essentials* policy outcomes included in their policy courses, not whether all of the recommended AACN outcomes or sample content were included. No research has been conducted to assess to what extent and how well nursing schools are integrating the sample content on health policy from the AACN at the baccalaureate and master's levels.

Project Objectives

The purpose of this research is to build on previous research, with the over-arching goal of improving political and health policy knowledge and involvement among nurses. It will be the first study to measure how schools of nursing are including content from the 2008 and 2011 AACN *Essentials*.

Research Questions

How are schools of nursing integrating the health policy content recommendations in AACN's 2008 *The Essentials of Baccalaureate Education for Professional Nursing Practice* and *2011 The Essentials of Master's Education in Nursing* into nursing programs of study?

Sub-questions

Is the health policy content from the *Essentials* integrated into a stand-alone course on health policy or other nursing courses?

What are the barriers to nursing programs including a stand-alone health policy course?

What are the barriers to nursing students learning health policy and advocacy?

What are barriers to nurses being engaged in health policy and advocacy?

Is lack of nursing education in health policy still a barrier to more nurses being engaged in health policy?

Evidence Based Practice (EBP) Model

The evidence-based practice model developed by Rosswurm and Larabee (1999) will be used to provide a framework for the author's project. Parts of the model, including the statement of the problem, evidence synthesis and the research question are incorporated into Chapters 1

and 2 of this paper. In Chapter 3 the following steps will be described: assessing the need for change; linking the problem, intervention and outcomes; designing the practice change; implementation and evaluation and integration and maintenance (Rosswurm & Larrabee, 1999).

Chapter II: Review of Literature

Introduction

A literature search was completed online through a college library system. The author used the search terms: nurse, health policy and engagement or involvement or participation while searching Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Medline. Seven-hundred-sixty-four articles met the inclusion criteria which was then narrowed down to 205 after applying exclusion criteria of English-language only, published in a peer-reviewed journal from 1995-2018, and requiring the search terms to appear in the abstract. Duplicates were then removed. After reviewing abstracts, 43 articles met the criteria to contribute to this research. An additional 35 articles have been identified and included through bibliography review. The publishing dates of the articles have been expanded to accommodate those identified through bibliography review. Grey literature from AACN, NLN and the IOM were also included.

Health policy is taught in nursing programs in a variety of class formats including stand-alone courses, with content integrated into other courses such as community health, through field placements/experiences and post-academics in continuing education short, intensive courses.

Nursing School and Faculty Surveys

In 1986, Andreoli et al. contacted 210 randomly selected nursing schools to establish a baseline of how many programs include health policy as stand-alone classes or include some content in other course. Of the 156 respondents, only 14% of the programs offered stand-alone, semester-long courses. The rate was only 3% of baccalaureate-only schools but increased to 24% for schools that offered baccalaureate and master's programs and 46% of those that also had

doctoral programs (Andreoli et al., 1987). Unfortunately, this survey has not been replicated in the past 35 years although the calls to include more health policy content in nursing curricula have not subsided. Given the continued low level of nursing engagement in health policy and advocacy, a new survey and health policy course content review would be very informative.

In preparation for the AACN Policy Think Tank in 2015, Staebler et al., (2017) surveyed individual faculty who teach health policy courses in AACN member institutions. There was only a 3% response rate with a total of 514 participants (Staebler et al., 2017). Faculty were asked to indicate "the most appropriate policy course outcomes for BSN, MSN, and doctoral-level courses" based on learning outcomes from the AACN *Essentials* series (Staebler et al., 2017, p. 352). The survey also asked for health policy and advocacy experience of faculty and if course content is integrated into other courses or in stand-alone health policy courses (Staebler et al., 2017). Of the faculty responding to the survey, 36% had some policy development and implementation experience and 21% were actively engaged at state and federal levels (Staebler et al., 2017). The study reported conflicting information on policy courses at the master's level. At one point the authors note that 36% of graduate programs (doctoral and master's) have a distinct health policy course, in another paragraph they note that 66% of master's programs require health policy course completion in order for students to graduate (Staebler et al., 2017). Similar to what Andreoli et al. (1986) found, there was lack of interest in health policy from students, faculty and administrations (Staebler et al., 2017).

Health Policy Course Content

In 1992, Buerhaus published health policy course content recommendations. Ellenbecker et al. (2017) published recommendations for health policy course content to be included at the baccalaureate, master's and doctoral levels of nursing education based on AACN *Essentials* as

well as curricula and literature reviews. The Buerhaus (1992) article is an opinion paper, based on personal teaching and institutional experience, and includes broad themes to include in health policy courses as well as specific activities and content an educator might incorporate for each theme.

Ellenbecker et al, (2017) consider the content from the AACN *Essentials* (2006, 2008, 2011) too expansive and ambitious and suggest the content be revised. Lists of health policy content for baccalaureate, master's and doctoral levels are revised and included based on the authors' experience (Ellenbecker et al., 2017). This author finds the Ellenbecker et al., (2017) too narrow and prescriptive as compared to the AACN *Essentials* content. There is a great deal of content overlap and good information from which instructors and nursing programs can draw to develop health policy courses from both articles.

Woodward, et al., (2016) completed a literature review related to nursing and political participation in order to identify "modifiable factors" (p. 54) and increase participation in politics and policy. They found three key factors which include a) the importance of political content in nursing curricula, b) "active psychological engagement" meaning that political engagement is included in nursing's value system and when nurses deeply understand and care about policy work it is not considered burdensome and c) engagement in professional organizations or other coalitions enhances and increases policy engagement (Woodward et al., 2016).

Experiential Learning

Service learning or experiential learning can be successfully used to teach health policy at undergraduate and graduate levels. Seven other papers were reviewed that covered experiential learning for nursing students in health policy (Cohen & Nuzzo, 2001; DiCenso, et al., 2012; Embree & Yueh-Feng Lu, 2016; McGuire, et al., 2017; O'Brien-Larivee, 2011; Olsan, et al.,

2003; Peltzer, et al., 2016). While all the authors report generally positive responses from students and faculty, other than Embree & Yueh-Feng Lu (2016) none of the studies included systemic measurement, although two provide comprehensive qualitative data to move the field forward (McGuire et al., 2017 and Peltzer et al., 2016). However, the positive evaluations of these experiences may also be questioned given that students were reporting back to course faculty who were assigning them grades and this may create overinflated positive reports.

Embree and Yueh-Feng Lu (2016) surveyed clinical nurse specialist (CNS) students regarding their satisfaction following a civic engagement learning module that included drafting legislative correspondence, participating in a mock incident command, creating LinkedIn accounts and reviewing board member roles and responsibilities. There was a small *n* (11) but high levels of satisfaction measured by questionnaire scores and qualitative data collected in open-ended questions. It is a good example of a short, targeted education intervention that increased skills and interest of CNS students and would be more powerful if a larger class size were surveyed.

Peltzer et al. (2016) described semester-long engagement of baccalaureate, master's and doctoral nursing students at levels appropriate to their education stage in Action Coalitions in Missouri and Kansas to improve advocacy skills. Baccalaureate-level projects included developing a brochure highlighting the importance of APRNs having full practice authority and surveying school nurses about a national policy document relevant to their work (Peltzer et al, 2016). Master's students helped with a qualitative study to examine Recommendation #4 from the IOM report (2011) regarding increasing the percentage of registered nurses with a bachelor's degree to 80 by 2020 (Peltzer et al., 2016). At the doctoral level, students developed an infographic to encourage nurses to join professional organizations and a video focused on

patient—centered care that highlighted APRNs working to their maximum licensed potential. While there is no quantitative or qualitative data other than general student satisfaction with activities gathered from evaluations, discussions and graded assignments, this study describes a novel activity to engage nurses at three educational levels in advocacy and leadership.

In 2017, McGuire et al. performed a qualitative retrospective content analysis of 193 doctoral and master's student reflection papers following different policy-related activities including interviewing elected officials, attending a public policy meeting and observing the state legislature for a day. One of the most important components of this research was that they examined intent to participate in policy in the future (no other studies reviewed measured this future intent). The activities students intended to engage in include letter writing, sharing expertise, lobbying and staying more involved in the policy process (McGuire et al., 2017). Follow-up research on whether the intent led to future engagement would greatly contribute to validating the intervention and enrich this field of study.

Need for More and Better Research

Complementing what this literature review uncovered, in 2016, Benton et al. published an integrative review of the nursing literature related to political competence and engagement in health policy. As highlighted above, most of the studies have small convenience samples, only immediate impact was measured (none beyond the course completion date) and very little quantitative research that includes power calculations (Benton et al., 2016).

Eleven articles containing outcomes from stand-alone health policy courses were reviewed (Byrd et al, 2012; Conger & Johnson, 2000; Faulk & Ternus, 2006; Logan et al., 2011; Maynard, 1999; Miller & Russell, 1992; Milio, 2002; Primomo, 2007; Rains & Carroll, 2000; Reutter & Duncan, 2002; Van Hoover, 2015). The articles had widely varying degrees of

research rigor ranging from authors' anecdotal experiences in developing and teaching new nursing health policy courses with some data and excerpts from student evaluations to meticulously measured instrument- and theory-guided research.

AACN Essentials

The AACN *Essentials* documents provide recommended content for nursing programs to meet the changing needs of healthcare in the United States. At each level (baccalaureate and master's) the Essentials outline expected outcomes from graduates of nursing programs and include both content to include in courses and curricula as well as learning outcomes (AACN, 2006; AACN, 2011).

The health policy recommended content in the 2008 AACN baccalaureate *Essentials* includes:

- policy development and the legislative process
- policy development and the regulatory process
- licensure and regulation of nursing practice
- social policy/public policy
- policy analysis and evaluation
- healthcare financing and reimbursement
- economics of health care
- consumerism and advocacy
- political activism and professional organizations
- disparities in the healthcare system

- impact of social trends such as genetics and genomics, childhood obesity, and aging on health policy
- role of nurse as patient advocate
- ethical and legal issues
- professional organizations' role in healthcare policy, finance and regulatory environments
- scope of practice and policy perspectives of other health professionals
- negligence, malpractice, and risk management
- Nurse Practice Act (AACN, 2008, p. 21).

The recommended health policy content in the 2011 master's *Essentials* includes:

- Policy process: development, implementation, and evaluation
- Structure of healthcare delivery systems
- Theories and models of policy making
- Policy making environments: values, economies, politics, social
- Policy-making process at various levels of government
- Ethical and value-based frameworks guiding policy making
- General principles of microeconomics and macroeconomics, accounting, and marketing strategies
- Globalization and global health
- Interaction between regulatory processes and quality control
- Health disparities
- Social justice
- Political activism

- Economics of health care (AACN, 2011, pp. 21 & 22).

Conceptual Model

The Conceptual Model of Nursing and Health Policy (CMNHP) (Fawcett & Russell 2001; Fawcett, 2008) will be used to capture and describe the phenomenon of nursing knowledge and health policy. The model encapsulates how health policy impacts nursing and can also be used to comprehensively view how nursing knowledge may be integrated into health policy by providing a relevant link to the phenomenon.

The CMNHP categorizes and organizes health policies and addresses their three components: healthcare personnel, any type of healthcare service or healthcare expenditures. Policies and components are then depicted in four interacting and nonhierarchical levels which include the nursing metaparadigm of humans, environment, health and nursing (Russell & Fawcett, 2005). Health policies can be public (governmental – any level), organizational (hospitals, clinics, etc.) and/or professional (associations such as American Nurses Association, American Association of Nurse Practitioners, etc.) (Russell & Fawcett, 2005). Russell and Fawcett (2005) further describe “four levels of nursing and health policy focus and outcomes” (p. 321) which are outlined in the table below.

Table 1

	Human Beings	*Environment*	*Health*	*Nursing and health policy focus*	*Nursing and health policy outcomes*
Level 1	Individuals, families groups, communities	Significant others, relevant inanimate surroundings, and the nursing practice delivery system	Wellness and illness conditions of individuals, families, groups and communities	Nursing practice processes: assessment, labeling, planning, implementation, evaluation	Efficacy of nursing practice processes. Emphasis is on quality.
Level 2	A specific nursing practice or health care delivery system	A specific health care delivery system or ALL health care delivery systems in a community	Functional condition of the nursing practice delivery sub-system or of the specific health care delivery system	Nursing practice delivery subsystem administrative practices or heath care delivery subsystems, including nursing: their integration and administrative practices	Effectiveness of the nursing practice processes and effectiveness and efficiency of the health care delivery subsystems. Emphasis is on quality and cost
Level 3	Health care systems of geopolitical communities, states, nations	A specific geopolitical community	Functional condition of the health care system	Health care system administrative practices	Equity of access to effective nursing practice processes and efficient nursing practice delivery systems and equity in the distribution

					of the costs and burdens of care delivery. Emphasis is on access.
Level 4	Humankind	The global community	Global health conditions	World health administrative practices	Justice. Social changes and market interventions that address equity. Emphasis is on quality, cost, and access

Note. Four levels of nursing and health policy focus and outcomes. (Russell & Fawcett, 2005; p. 321).

The CMNHP clearly depicts the health care policy spheres and how nursing knowledge may be useful and included at every level. It is important to further clarify and define the terminology being used. The CMNHP is helpful for this task. For the purpose of this research, the terms involvement, engagement and participation are treated interchangeably. As the model shows, health care policy spans from the individual to global, thus nursing knowledge applied at any level will be considered impactful and relevant in this study.

Chapter Summary

Lack of education, particularly in the form of stand-alone health policy courses for all levels of nurses, is a clear barrier to increasing nurses' political and policy engagement. There are very few well designed quantitative studies to measure how and how well health policy is taught in nursing programs. This sets the stage for the research to be done in this project which will attempt build on the research previously conducted and will survey nursing schools in a specific region of the United States on how they are integrating AACN recommended content on

health policy into their curricula. This will be the first study to examine this information at an institutional level (rather than individual faculty) since 1985.

Chapter III

Introduction

This section of the paper provides information on the design of the study, steps taken to gain approval from Regis College's Institutional Review Board (IRB), data collection methods and information on scholarly project questions and demographic variables.

Project Design

This research is evidence based, with a quantitative descriptive design to comprehensively capture and summarize survey results on how schools of nursing are including health policy content recommended in the AACN *baccalaureate and Master's Essentials* in their curricula.

Research Questions

How are schools of nursing integrating the health policy content recommendations in AACN's 2008 *The Essentials of Baccalaureate Education for Professional Nursing Practice* and *2011 The Essentials of Master's Education in Nursing* into nursing programs of study?

Sub-questions.

Is the health policy content from the *Essentials* integrated into a stand-alone course on health policy or other nursing courses?

What are the barriers to nursing programs including a stand-alone health policy course?

What are the barriers to nursing students learning health policy and advocacy?

What are barriers to nurses being engaged in health policy and advocacy?

Is lack of nursing education in health policy still a barrier to more nurses being engaged in health policy?

Sample

This study included a purposive sample of colleges in New England. The inclusion criteria were those colleges with schools of nursing that have baccalaureate and master's nursing programs which are accredited by the Commission on Collegiate Nursing Education (CCNE). Exclusion criteria included those colleges which are accredited by other agencies; schools which are not accredited; schools outside the region and schools in which only the baccalaureate or the master's programs (not both) are accredited by CCNE.

Setting

Colleges and universities in New England with CCNE accredited baccalaureate and master's nursing degree programs were contacted to participate in this study. Thirty-eight nursing schools with CCNE-accredited baccalaureate and master's programs in New England received emails to complete the survey. This selection of schools included a well-defined region of the United States and provided some diversity in sampling.

Informed Consent

Deans and Directors of Nursing Schools received an email introducing the doctoral student leading this project. The email also contained background information about the project and a survey link. Deans or their surrogates acknowledged their agreement to participate in this project and give their informed consent by clicking on the informed consent agreement at the beginning of the survey. An informed consent form with the same information as the agreement

in the questionnaire was also attached to the email which Deans or their surrogates could alternatively have printed, signed and returned.

Confidentiality

Confidentiality was maintained at all times. Data and responses gathered for this project are housed on a password and fingerprint ID protected computer, deidentified when analyzing the results of the questionnaires and as results are reported. Only a summary of data is being shared to prevent readers from identifying which institution provided responses or specific information.

Risk and Benefit/IRB

This study poses no risk to human subjects. This is a low-risk project for nursing schools; however, the knowledge gained from this project may be helpful to all nursing schools in the region. Given the minimal risk of participation by the schools, the author received expedited approval from her institution's Institutional Review Board in April 2020.

Measurement

Survey design

The questionnaire from the Staebler et al, (2017) survey was adapted for this research. The authors granted permission to use their questionnaire in November 2019. As described in the section on designing the practice change AACN *Essentials* content for the baccalaureate and master's levels was included in the survey with a request for the person completing the survey to indicate if that content is covered in health policy courses and if it is included, whether it is taught in a stand-alone course or integrated into other courses.

Project Methods

The evidence-based practice model developed by Rosswurm and Larabee (1999) was used to provide a framework of the steps that were implemented during the author's project. Parts of the model, including the statement of the problem and synthesis of evidence have been incorporated into other sections of this document in Chapters 1 and 2.

Plans and Procedures

Assess the need for change

Health policy influences nurse practice environments and regulation, patient care and population health. Thus, it is a critical area in which nursing knowledge and engagement can be very impactful. As delineated in the literature review, several studies have measured short-term outcomes of health policy courses and field experiences and found increases in policy and political knowledge and engagement. Given the number of health policy content areas included in the Essentials, AACN views health policy as a priority for inclusion in nursing curricula. However, little research has been done to measure how schools of nursing are integrating AACN *Essentials* content into health policy or other courses and in which types of courses the content is included.

Link the problem intervention and outcomes

Lack of education in health policy, particularly in the form of stand-alone courses for all levels of nurses, is a clear barrier to increasing nurses' policy engagement as shown by Andreoli et al., (1985) and Staebler et al., (2017). Both studies also showed that lack of experience in health policy for faculty teaching courses is problematic (Andreoli et al., 1985 and Staebler et al., 2017).

This project elucidates how many and how schools of nursing in New England are teaching health policy in undergraduate and graduate nursing programs. It clarifies whether the number of stand-alone courses in this region have increased since the baseline, national study in 1985. It also reveals whether course content is meeting the recommendations of AACN.

Design the practice change

This project measures how nursing schools are integrating health policy content from AACN's 2008 *The Essentials of Baccalaureate Education for Professional Nursing Practice* and 2011 *The Essentials of Master's Education in Nursing into nursing curricula.*

Each AACN document contains lists of recommended content buy subject. Deans and Directors of nursing schools were asked to complete an online questionnaire that included a list of the content. For each item they were asked whether that content is included in their schools' curricula. Questions regarding how health policy classes are offered (stand-alone vs. integrated) were also included in the questionnaire.

Implementation and evaluation

The questionnaire was adapted from the survey used by Staebler et al., (2017) and includes additional content from Andreoli et al., (1987), and the AACN 2008 and 2011 *Essentials*. It is in Appendix A. It captured basic nursing program demographic information about each college and nursing program (size, state, urban/suburban, public/private institution). The main questions focused on whether and how recommended content from AACN *Essentials* is included in nursing curricula and if health policy content is included in stand-alone courses or integrated into other courses. The survey also included questions on which department houses the health policy course, barriers to including health policy in baccalaureate and master's nursing curricula, and perceived barriers to student learning and engagement in policy.

Contact information for the Deans of all nursing schools in New England with baccalaureate and master's Degree programs is available on the CCNE website. An email explaining the research was sent to the Deans with a request to participate in the study. The email contained a link to the questionnaire.

Data Analysis

Data was collected and downloaded from Survey Monkey into Excel and analyzed using the statistical functions in Excel. Data are all nominal or ordinal. Percentages and frequencies were calculated. These methods were used for the information generated from the questions related to policy content, how content is delivered and perceived barriers to student learning and engagement. Descriptive statistics illustrate the demographic information collected.

Chapter IV

Introduction

This chapter includes the results of the online survey. General characteristics of the nursing programs are at the beginning of this section. They are followed by responses to the questions regarding inclusion of AACN *Essentials* content. How AACN content is included in baccalaureate and master's nursing curricula is reviewed followed by survey respondents' answers to barriers to teaching health policy to nursing students and finally, barriers to nurses' participation in health policy and advocacy.

Findings

General characteristics

The survey was completed by faculty, deans, or directors at 19 of 38 nursing schools in New England during the summer and fall of 2020. The initial email was sent in July 2020 and two follow-up emails were sent by the author in addition to emails forwarded by her Program Director and Dean. One college emailed the author that they were not participating in research outside their institution during the COVID-19 pandemic. The general characteristics of the responding schools are shown in Table 2. Ten of the schools responding are public institutions and six are private. Three schools declined to answer whether they were public or private.

Participating nursing schools were located in the following states: Massachusetts (6); Connecticut (4); New Hampshire (2); Rhode Island (2); Vermont (2) and Maine (1). The number of schools from each state is listed in parentheses following the state's name. Eight schools

reported that they are located in a suburban region while five are in rural areas and four in urban areas.

Overall annual enrollment of students in all nursing programs in the schools was wide ranging. Three programs enroll just 101-299 students per year Four schools enroll 300-499 students per year. Seven nursing schools enroll from 500-1000 students per year. Only one program responding enrolls 1001-2000 students per year. Two nursing schools declined to answer this question.

Table 2

Characteristics of the sample

Public vs Private	**Percentage**	**N**
Public	62.5%	10
Private	37.5%	6
No response		3
States in which schools are located		**# of schools**
CT		4
MA		6
ME		1
NH		2
RI		2
VT		2
No response		**2**
School location	**Percentage**	**N**
Urban	23.5%	4
Suburban	47%	8
Rural	29%	5
No response		2
Annual all-nursing program enrollment		**# of schools**
101-299		3
300-499		4
500-1000		7
1001-2000		1
Other		2
No response		**2**

AACN findings

In Table 3, *AACN Baccalaureate Essentials* content taught at the schools which responded is listed. Of the schools responding to each content item, a majority reported offering that content. Licensure and regulation of nursing practice is reportedly addressed at 100% of the responding schools. Additional content reportedly incorporated by a high percentage of the responding schools includes: social policy/public policy (94%); healthcare financing and reimbursement (94%); disparities in the healthcare system (94%); role of nurse as patient advocate (94%); ethical and legal issues (94%); negligence, malpractice, and risk management (94%); impact of social trends impacting health policy (89%) and the Nurse Practice Act (89%). The least frequently covered topic at the baccalaureate level is policy analysis and evaluation (55.6%). Eighteen of the nineteen schools responding answered this survey question.

Table 3

AACN Essentials recommended health policy content in baccalaureate programs

Content item	%	N
ANSWER CHOICES	RESPONSES	
Policy development and the legislative process	77.78%	14
Policy development and the regulatory process	72.22%	13
Licensure and regulation of nursing practice	100.00%	18
Social policy/public policy	94.44%	17
Policy analysis and evaluation	55.56%	10
Healthcare financing and reimbursement	94.44%	17
Economics of health care	83.33%	15
Consumerism and advocacy	77.78%	14
Political activism and professional organizations	83.33%	15
Disparities in the healthcare system	94.44%	17
Impact of social trends such as genetics and genomics, childhood obesity, and aging on health policy	88.89%	16
Role of nurse as patient advocate	94.44%	17
Ethical and legal issues	94.44%	17
Professional organizations' role in healthcare policy, finance and regulatory environments	77.78%	14
Scope of practice and policy perspectives of other health professionals	66.67%	12
Negligence, malpractice, and risk management	94.44%	17
Nurse Practice Act	88.89%	16
Total Respondents: 18		

Overall, in this survey master's programs purportedly cover more of the recommended AACN *Essentials* content than do the baccalaureate programs. For full master's program responses, see Table 4. Health disparities are reportedly covered in 100% of programs. Other content scoring high in survey responses includes: policy process including development, implementation, evaluation (94.%); structure of healthcare delivery systems (94%); economics of healthcare (94%); social justice (88%); policy making environments including values,

economies, politics and social (88%); policy-making at various levels of government (88%) and ethical and value-based frameworks guiding policy making (88%). The least frequently offered content topic at the master's level is general principles of microeconomics and macroeconomics, accounting, and marketing strategies (65%). Seventeen of the nineteen schools responding answered the question about master's AACN *Essentials* content.

Table 4

AACN Essentials recommended health policy content in master's programs

Content item	%	N
ANSWER CHOICES	RESPONSES	
Policy process: development, implementation, and evaluation	94.12%	16
Structure of healthcare delivery systems	94.12%	16
Theories and models of policy making	82.35%	14
Policy making environments: values, economies, politics, social	88.24%	15
Policy-making process at various levels of government	88.24%	15
Ethical and value-based frameworks guiding policy making	88.24%	15
General principles of microeconomics and macroeconomics, accounting, and marketing strategies	64.71%	11
Globalization and global health	88.24%	15
Interaction between regulatory processes and quality control	76.47%	13
Health disparities	100.00%	17
Social justice	88.24%	15
Political activism	82.35%	14
Economics of health care	94.12%	16
Total Respondents: 17		

Stand-alone courses versus content integrated into other courses

Health policy content is reportedly taught at the baccalaureate level at 17 of the 18 schools responding to the question. Two programs offer stand-alone courses only. Thirteen schools responded that they integrate health policy content into other courses and three schools both integrate the content into other courses and offer stand-alone courses. Of those programs

which offer stand-alone health policy courses, four report require their students to take the course at the baccalaureate level. The most frequent barrier to including a stand-alone course in the baccalaureate level that was cited is curriculum design (12 programs).

All 18 of the nursing schools responding to this question report offering health policy content at the master's level. Stand-alone health policy courses are offered in 13 programs and five programs integrate the content into other courses. Five schools offer both a stand-alone course and integrate content into other courses. In twelve master's nursing programs, respondents reported that health policy is a required course. Those schools reporting that they offer a stand-alone course, noted that the courses are located in the schools of nursing. Six schools cited curriculum design as the main barrier to not having a stand-alone course on policy at the master's level.

Barriers to teaching health policy

Survey respondents were asked to select which barriers they perceive to student learning in health policy and advocacy. The most frequently selected barrier is a perceived lack of relevance to nursing (7 respondents). Four respondents selected lack of student interest. Other barriers respondents selected with two schools each include lack of faculty engagement, lack of faculty expertise and lack of an administrative priority.

Barriers to participation

In response to the question regarding perceived barriers to nurses' involvement in the policy and advocacy process, 11 respondents noted lack of knowledge and lack of time. Eight respondents checked that lack of interest is a barrier to policy and advocacy participation. Four respondents noted that lack of relevance to nursing is also a barrier.

Chapter V: Conclusions and Discussion

Introduction

The final section of this paper includes a discussion of the findings in this SPP. The limitations of this study are reviewed, and the generalizability of the results are covered. Chapter V also examines the implications of the findings to several nursing domains and recommends future research suggestions.

Discussion

The AACN *Essentials* content is comprehensive and covers many different aspects of health policy at both the baccalaureate and master's levels. The majority of schools surveyed in this SPP report including a significant amount of the AACN recommended content in their curricula. As mentioned previously, Ellenbecker et al., (2017) indicated that the AACN content is too broad and ambitious and recommended less content that is phased in over the course of nurses' education. This author questions whether the content is overly ambitious or whether how the content is taught is the greater issue? While most nursing programs answered that including a stand-alone course on health policy is difficult due to curriculum design, it is possible that because this topic is not emphasized more in undergraduate and graduate education, nurses are not learning the importance of health policy and therefore not engaging in it after completing their academic programs.

Andreoli et al., (1987) found that 3% of schools with only a baccalaureate program offered a stand-alone course on health policy. In those schools which offered baccalaureate and master's programs, 24% of them offered a stand-alone course (Andreoli et al., 1987). Based on

the results of this scholarly practice project, more schools today are offering stand-alone courses, especially at the master's level. While the questions asked in this SPP were not the exact same ones as those posed by Andreoli et al., (1987) given the proliferation of master's-level programs, it is fair to assess that some progress has been made and more nursing students are able to and/or required to take health policy courses.

However, in New England baccalaureate nursing programs only five of the 18 responding nursing schools offer stand-alone courses. At the master's level, 100% of the responding programs offer a stand-alone course but only 12 of the programs require that their students take it. The author believes that requiring a stand-alone course for baccalaureate and master's programs would likely increase nurses' engagement in health policy and advocacy. Requiring stand-alone courses not only reflects the importance of the topic they also provide students with more opportunity to deeply dive into health policy and advocacy content. Including content in certifying or licensing exams such as the NCLEX (from the National Council of State Boards of Nursing) and those offered by AACN or National Certification Corporation would likely lead to more stand-alone and required courses at both levels.

Secondly, it is possible that more active learning on this topic would be beneficial. Active learning would include hands-on assignments such as letter writing to elected officials, interviews with elected officials and/or visits to their offices to discuss specific policies, policy debates in class or drafting policy. As discussed in the literature review, several courses that include experiential learning led to short-term student knowledge gains in advocacy activities and policy development understanding (Cohen & Nuzzo, 2001; DiCenso, et al., 2012; Embree & Yueh-Feng Lu, 2016; McGuire, et al., 2017; O'Brien-Larivee, 2011; Olsan, et al., 2003; Peltzer,

et al., 2016). Importantly, in this survey sixty percent of respondents answered that "lack of knowledge" is a barrier to more nurses participating in health policy and advocacy.

Currently the AACN *Essentials* are being revised (AACN, 2020). The draft version of the new *Essentials* includes policy and advocacy content under the domains of population health and professionalism and the recommended content is much more "active" than the previous version. For instance, under advance-level nursing education, the following content is recommended "Engage in strategies to influence policy change" (AACN, 2020, p. 31). The 2011 *Essentials* content for master's programs simply listed "political activism" as one of the recommendations. If nursing programs revise their health policy courses and content to include the more active learning suggested by AACN, it is possible that more nurses will graduate with better knowledge and skills to engage in health policy and advocacy.

Returning to the Conceptual Model of Nursing and Health Policy (Fawcett & Russell, 2001, 2005), the draft *Essentials* mirror the concepts, content, and breadth of the CMNHP model. Nursing education in health policy and advocacy is currently falling short of the scope imagined by this model. Involvement in policy and advocacy beyond the individual, family, and community is captured in levels 3-4 of the model, but in reviewing current activity in existing literature most nurses' advocacy does not go beyond level 2.

Much of the advocacy and policy work nurses engage in is organized by professional associations. As noted previously, membership in nursing professional organizations or associations is woefully low. A potential, partial solution to increasing nursing involvement in healthcare advocacy and policy is to encourage more memberships in professional associations. Memberships need to be financially feasible for all potential members, and student and novice nurses need to better understand why membership is important and worthwhile.

Only half of the nursing programs requested to complete the survey did so. There are several reasons which may account for this response rate. The survey was launched and completed during the COVID-19 pandemic while many deans and faculty members in nursing programs were scrambling to revise courses for online formats and/or to ensure that their in-person courses were safe to attend (socially-distanced seating, well-ventilated classrooms, available personal protective equipment available for students and faculty, etc.). This may have deterred potential respondents from participating.

Another possible reason for the low completion rate is that nursing school deans or directors did not find the topic of the survey relevant or a priority. It is also conceivable that some schools did not respond because they did not want to share how or whether health policy is being taught at their schools. Either of these latter two possibilities could represent a lack of priority or interest in health policy in these schools.

Limitations

Just over half of the schools contacted for this project completed the survey. It is possible that those persons completing the survey were not fully aware of the health policy content being taught in the programs. The project was completed by a doctoral student, so some of the survey recipients might not have considered it worthwhile. The research is being conducted in one region of the United States which might not be representative of other regions. Purposive sampling was used.

Implications for Nursing

Inadequate education on health policy and how best to engage in the policy process are barriers that reduce nurse involvement in the health policy process (Boswell et al., 2005; Vandenhouten et al., 2011). If nursing programs are not prioritizing health policy early in

nursing education as this project showed and continues to be the case thirty-five years after some of the original research on the topic was completed, then it is possible that lack of education and interest in health policy leading to low involvement of nurses in health policy and advocacy is self-perpetuating. Where it is feasible, nursing programs should make room in their curricula for stand-alone health policy courses at the baccalaureate and master's levels.

Much additional research is needed to continue to elucidate why more nurses are not engaged in health policy. Here are just a few of the additional questions that should be researched:

- Repeat the content of this SPP on a national scale to find whether national results are similar to those in New England
- Do those students who take health policy at baccalaureate level become more involved in health policy and advocacy throughout their careers?
    - How do nursing programs which require health policy classes at the baccalaureate level fit the course into their curriculum?
- Does more active learning in health policy courses (visits to legislative bodies, letter writing, learning to write and evaluate health policy) lead to more participation after education (long-term)?

The author is unable to find a website or organization tracking the number of nurses in elected office from local to national levels. Nor is there data compiled and widely available revealing how many nurses serve on boards of healthcare-related companies and organizations, are in C-Suite (executive level manager) positions of healthcare institutions other than as Chief Nursing Officers, etc. A website tracking this data annually would be helpful to monitor progress or lack thereof.

Dissemination of findings

Results of this study are incorporated into the author's final paper for a Doctorate of Nursing Practice and presented to faculty and administration. Further, the results will be submitted in the form of an abstract to a relevant conference and submitted as a scholarly article to a peer-reviewed nursing journal to further the scholarship on how nursing schools are educating nursing students on health policy. The results will be discussed with local faculty with whom the author is in contact and it is possible that the results can improve other nursing health policy curricula/courses across the nation.

Conclusion

While this SPP was being conducted then President-Elect Biden appointed 13 people to a taskforce on confronting the COVID-19 pandemic. In the initial group, no nurses were selected. After continued advocacy and pressure from nursing organizations a nurse was eventually appointed (American Organization for Nursing Leadership, 2020). However, this continues to be an all-too common experience on high-level commissions, boards and other policy making entities to date.

While the number of master's programs offering and requiring stand-alone health policy courses has increased since the mid-1980s based on this limited project, it is surprising that not all programs require them. And although the baccalaureate nursing curriculum offers little room for expansion of required courses, it is unfortunate to see how few programs offer and require stand-alone health policy courses given that one of the biggest barriers to engagement in health policy and advocacy is lack of knowledge about the topic.

The competency-based content revisions to the AACN *Essentials*, if comprehensively adopted by nursing programs, should lead to better understanding, learning and knowledge of the

importance of health policy. This combined with more active learning, additional research, an increased number of stand-alone courses at all levels of education, as well as continued advocacy for more engagement by nurses at all levels of health policy decision-making, will prepare and encourage more nurses to actively engage in health policy.

References

Alligood, M.R. & Miles, J.M. (2011). Nursing knowledge and health policy in process. *Nursing Science Quarterly 24*(1), 7-8. https://doi.org/10.1177/0894318410389069

American Association of Colleges of Nursing. (AACN, 2006). *The essentials of doctoral education for advanced nursing practice*. http://www.aacn.nche.edu/publications/position/dnpessentials.pdf

American Association of Colleges of Nursing. (AACN, 2008). *The essentials of baccalaureate education for professional nursing practice.* http://www.aacn.nche.edu/educationresources/essential-series

American Association of Colleges of Nursing. (AACN, 2011). *The essentials of master's education in nursing.* http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf

American Association of Colleges of Nursing (AACN, 2020). *DRAFT: The Essentials: Core Competencies for Professional Nursing Education*. https://www.aacnnursing.org/Portals/42/Downloads/Essentials/Essentials-Draft-Document.pdf

American Organization for Nursing Leadership. (2020). Biden names nurse to COVID-19 Taskforce. https://www.aonl.org/news/Biden-names-nurse-to-COVID19-task-force

Andreoli, K.G., Musser, L.A., & Otto, D.A. (1987). Health policy in nursing curriculum. *Journal of Nursing Education*, *26*(6) 239-243. https://doi.org/10.3928/0148-4834-19870601-07

Beauregard, M. A., Deck, D. S., Kay, K. C., Haynes, J., Inman, R., Perry, M., ... & George, E. (2003). Improving our image a nurse at a time. *JONA: The Journal of Nursing Administration*, *33*(10), 510-511. https://journals.lww.com/jonajournal/fulltext/2003/10000/improving_our_image_a_nurse_at_a_time.5.aspx?casa_token=R1iFwOEUeCwAAAAA:GQvAgBptcx9kBktW0ePF_y6Vy8r768EcxTeakCJYRVBkg1cTDZSVKGBwaXDLoTmo7LW_iAONqrKHacPaEa9Ziaujhttps://www.nursingcenter.com/journalarticle?Article_ID=424800&Journal_ID=54024&Issue_ID=424784

Benton, D.C., Al Maaitah R. & Gharaibeh, M. (2017). An integrative review of nursing policy and political competence. *International Nursing Review, 64* 135-145. https://doi.org/10.1111/inr.12275.

Boswell, C., Cannon, S., & Miller, J. (2005). Nurses' political involvement: Responsibility versus privilege. *Journal of Professional Nursing, 21*(1), 5-8. https://login.regiscollege.idm.oclc.org/login?url=https://search-ebscohost-com.regiscollege.idm.oclc.org/login.aspx?direct=true&db=ccm&AN=106608280&site=ehost-live

Brown, S. G. (1996). Incorporating political socialization theory into baccalaureate nursing education. *Nursing Outlook, 44*(3), 120-123. https://doi.org/10.1016/S0029-6554(06)80003-5

Buerhaus, P. I. (1992). Teaching healthcare public policy. *Nursing & Health Care 13*(6), 304-309.

Bureau of Labor Statistics. (2018). Charts of the largest occupations in each area, May 2018. https://www.bls.gov/oes/current/area_emp_chart/area_emp_chart.htm

Burke, S. (1979). Why nursing has failed. In *The emergence of nursing as a political force*, 57-64. National League of Nursing.

Byrd, M. E., Costello, J., Gremel, K., Schwager, J., Blanchette, L., & Malloy, T. E. (2012). Political astuteness of baccalaureate nursing students following an active learning experience in health policy. *Public Health Nursing, 29*(5), 433-443. https://doi.org/10.1111/j.1525-1446.2012.01032.x

Cohen, S. S., & Milone-Nuzzo, P. (2001). Advancing health policy in nursing education through service learning. *Advances in Nursing Science, 23*(3), 28-40. https://doi.org/10.1097/00012272-2001030000-00004

Conger, C. O., & Johnson, P. (2000). Integrating political involvement and nursing education. *Nurse Educator, 25*(2), 99-103.

Conner, N. E., & Thielemann, P. A. (2013). RN-BSN completion programs: Equipping nurses for the future. *Nursing Outlook, 61*(6), 458-465. https://doi.org/10.1016/j.outlook.2013.03.003

DiCenso, A., Housden, L., Heale, R., Carter, N., Canitz, B., MacDonald-Rencz, S., & Buckley, C. R. (2012). Incorporating a health policy practicum in a graduate training program to prepare advanced practice nursing health services researchers. *Policy, Politics & Nursing Practice, 13*(4), 224-233. https://doi.org/10.1177/1527154413484067

Ellenbecker, C. H., Fawcett, J., Jones, E. J., Mahoney, D., Rowlands, B., & Waddell, A. (2017). A staged approach to educating nurses in health policy. *Policy, Politics & Nursing Practice, 18*(1), 44-56. https://doi.org/10.1177/1527154417709254

Embree, J. L., & Yueh-Feng Lu, Y. (2017). Civic engagement experiences of students preparing for roles as clinical nurse specialists. *Nursing Forum, 52*(2), 88-96. https://doi.org/10.1111/nuf.12170

Faulk, D., & Ternus, M. P. (2006). Designing a course for educating baccalaureate nursing students as public policy advocates. *Annual Review of Nursing Education, 4*, 85-101.

Fawcett, J. & Russell, G. (2001). A conceptual model of nursing and health policy. *Policy, Politics, & Nursing Practice,* 9(2), 108-116. https://doi.org/10.1177/152715440100200205

Fawcett, J. (2008). A comment on integrating nursing and health policy. *Nursing Outlook, 56(*1); 41-42. https://doi.org/10.1016/j.outlook.2007.11.005

Hughes, F. (2005). Policy—A practical tool for nurses and nursing. *Journal of Advanced Nursing, (49)*4, 331. https://doi.org/10.1111/j.1365-2648.2004.03296.x

Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. (2011). The Future of Nursing: Leading Change, Advancing Health. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK209880/ doi:10.17226/12956

Kaiser Family Foundation. (October 2018). Total number of professionally active nurses. https://www.kff.org/other/state-indicator/total-registered-nurses/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Kung, Y. M., & Rudner Lugo, N. (2015). Political advocacy and practice barriers: A survey of Florida APRNs. *Journal of the American Association of Nurse Practitioners*, *27*(3), 145-151. https://doi.org/10.1002/2327-6924.12142

Leavitt, J.K. (2009). Leaders in health policy: A critical role for nursing. *Nursing Outlook,* (57), 73-77. https://doi.org/10.1016/j.outlook.2009.01.007

Lewinski, A. A., & Simmons, L. A. (2018). Nurse knowledge and engagement in health policy making: Findings from a pilot study. *Journal of Continuing Education in Nursing, 49*(9), 407-415. https://doi.org/10.3928/00220124-20180813-06

Logan, J. E., Pauling, C. D., & Franzen, D. B. (2011). Health care policy development: A critical analysis model. *Journal of Nursing Education, 50*(1), 55-58. https://doi.org/10.3928/01484834-20101130-02

Maynard, C.A. (1999). Political influence: A model for advanced nursing education. *Clinical Nurse Specialist, 13(4),* 191-195.

McGuire, M., Goldstein, C., Claywell, L., & Patton, R. (2017). Analysis of student reflections of experiential learning in nursing health policy courses. *Nurse Educator, 42(2)*, 95-99. https://doi.org/10.1097/NNE.0000000000000321

Miller, A.M., & Russell, K.M. (1992). Public policy analysis for registered nurses in a baccalaureate curriculum. *Nursing Connections, 5(4),* 17-24. https://europepmc.org/article/med/1293515

Milio, N. (2002). Building capacity for policy action: Educating today's and tomorrow's nurses. *Journal of Nursing Law, 8(3),* 7-19.

Nursing Now. (n.d.) Who we are. https://www.nursingnow.org/who-we-are/

O'Brien-Larivée, C. (2011). A service-learning experience to teach baccalaureate nursing students about health policy. *Journal of Nursing Education, 50*(6), 332-336. https://doi.org/10.3928/01484834-20110317-02

Olsan, T. H., Forbes, R. A., MacWilliams, G., Norwood, W. S., Reifsteck, M. A., Trosin, B., & Weber, M. M. (2003). Strengthening nurses' political identity through service learning partnerships in education. *Journal of the New York State Nurses Association, 34*(2), 16-21.

O'Rourke, N.C., Crawford, S. L., Morris, N. S., & Pulcini, J. (2017). Political efficacy and participation of nurse practitioners. *Policy, Politics & Nursing Practice, 18*(3), 135-*148.* https://doi.org/10.1177/1527154417728514

Peltzer, J.N., Teel, C.S., Frank-Ragan, E. & Nelson-Brantley, C.S. (2016). Strategies for building advocacy skills among undergraduate and graduate nursing students. *Journal of Nursing Education (55)*3, 177-181. https://doi.org/10.3928/01484834-20160216-11

Primomo, J. (2007). Changes in political astuteness after a health systems and policy course. *Nurse Educator, 32*(6), 260-264. https://doi.org/10.1097/01.NNE.0000299480.54506.44

Primomo, J., & Bjorling, E.A. (2013). Changes in political astuteness following nurse legislative day. *Policy, Politics, & Nursing Practice, 14(2),* 97-108. https://doi.org/10.1177/1527154413485901

Rains, J. W., & Carroll, K. L. (2000). The effect of health policy education on self-perceived political competence of graduate nursing students. *The Journal of Nursing Education, 39*(1), 37-40.

Reutter, L., & Duncan, S. (2002). Preparing nurses to promote health-enhancing public policies. *Policy, Politics, & Nursing Practice, 3(4),* 294-305. https://doi.org/10.1177/152715402237441

Rizzo Parse, R (2007). Nursing knowledge and health policy. *Nursing Science Quarterly,* 20(2), 105. https://doi.org/10.1177/0894318407299555

Rosswurm, M.A., & Larrabee, J.H. (1999). A model for change to evidence-based practice. *Journal of Nursing Scholarship 31*(4), 317-322. https://doi.org/10.1111/j.1547-5069.1999.tb00510.x

Russell, G., & Fawcett, J. (2005). The conceptual model for nursing and health policy revisited. *Policy, Politics, and Nursing Practice, 6,* 319–326. https://doi.org/10.1177/1527154405283304

Solomon, S.B. & Roe, S.C. (Eds.). (1986). *Integrating public policy into the curriculum*. National League of Nursing.

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

Staebler, S., Campbell, J., Cornelius, P., Fallin-Bennett, A., Fry-Bowers, E., Kung, Y.M., … Miller, J. (2017). Policy and political advocacy: Comparison study of nursing faculty to determine current practices, perceptions, and barriers to teaching health policy. *Journal of Professional Nursing, 33,* 350-355. https://doi.org/10.1016/j.profnurs.2017.04.001

Taylor, M.R.S. (2016). Impact of advocacy initiatives on nurses' motivation to sustain momentum in public policy advocacy. *Journal of Professional Nursing (32)3,* 235-245. https://doi.org/10.1016/j.profnurs.2015.10.010

Vandenhouten, C. L., Malakar, C. L., Kubsch, S., Block, D.E., & Gallagher-Lepak, S. (2011). Political participation of registered nurses. *Policy, Politics, & Nursing Practice, 1*(3), 159–167. https://doi.org/10.1177/1527154411425189

Van Hoover, C. (2015). Innovation in health policy education: Project-based service learning at a distance for graduate midwifery students. *Journal of Midwifery & Women's Health, 60*(5), 554-560. https://doi.org/10.1111/jmwh.12264

Waddell, A., Adams, J. M., & Fawcett, J. (2017). Exploring nurse leaders' policy participation within the context of a nursing conceptual framework. *Policy, Politics & Nursing Practice, 18*(4), 195-205. https://doi.org/10.1177/1527154418762578

Waddell, A., Audette, K., DeLong, A., & Brostoff, M. (2016). A hospital-based interdisciplinary model for increasing nurses' engagement in legislative advocacy. *Policy, Politics, & Nursing Practice*, *17*(1), 15-23. https://doi.org/10.1177/1527154416630638

Woodward, B., Smart, D, & Benavides-Vaello, S. (2016). Modifiable factors that support political participation by nurses. *Journal of Professional Nursing, 32*(1): 54-61. https://doi.org/10.1016/j.profnurs.2015.06.005

Appendix A

Survey

Section 1: Survey questions

Is health policy content offered at the BSN level?
Yes
No
Is health policy content offered at the MSN level?
Yes
No

How is the policy content in your program being taught?	
BSN	Stand-alone course
BSN	Integrated into other courses
BSN	Both
BSN	Other

MSN	Stand-alone course
MSN	Integrated into other courses
MSN	Both
MSN	Other

If a stand-along health policy course is offered, is it a required course for nursing students?
baccalaureate
Yes
No
master's
Yes
No

	If a stand-alone health policy course is offered, in which department/school is the health policy course housed?
BSN	Nursing
BSN	Public Health
BSN	Public Policy
BSN	Medical School
BSN	Other

MSN	Nursing
MSN	Public Health
MSN	Public Policy
MSN	Medical School
.MSN	Other

The AACN *Essentials* includes the following recommended content for baccalaureate nursing students. Please check the box next to the topic if it is included in baccalaureate nursing curriculum content at your school:

- ☐ Policy development and the legislative process
- ☐ Policy development and the regulatory process
- ☐ Licensure and regulation of nursing practice
- ☐ Social policy/public policy
- ☐ Policy analysis and evaluation
- ☐ Healthcare financing and reimbursement
- ☐ Economics of health care
- ☐ Consumerism and advocacy
- ☐ Political activism and professional organizations
- ☐ Disparities in the healthcare system
- ☐ Impact of social trends such as genetics and genomics, childhood obesity, and
- ☐ Aging on health policy
- ☐ Role of nurse as patient advocate
- ☐ Ethical and legal issues
- ☐ Professional organizations' role in healthcare policy, finance and regulatory environments
- ☐ Scope of practice and policy perspectives of other health professionals
- ☐ Negligence, malpractice, and risk management
- ☐ Nurse Practice Act

The AACN *Essentials* includes the following recommended content for master's nursing students. Please check the box next to the topic if it is included in master's nursing curriculum content at your school:

- Policy process: development, implementation, and evaluation
- Structure of healthcare delivery systems
- Theories and models of policy making
- Policy making environments: values, economies, politics, social
- Policy-making process at various levels of government
- Ethical and value-based frameworks guiding policy making
- General principles of microeconomics and macroeconomics, accounting, and marketing strategies
- Globalization and global health
- Interaction between regulatory processes and quality control
- Health disparities
- Social justice
- Political activism
- Economics of health care

If your BSN nursing program does NOT have a separate policy course within each program at your school, what are the barriers to having one? (check all that apply)
Curriculum design
Lack of faculty to teach
Lack of perceived importance in the curriculum
Lack of student interest
NA
If your MSN nursing program does NOT have a separate policy course within each program at your school, what are the barriers to having one? (check all that apply)
Curriculum design
f faculty to teach
Lack of perceived importance in the curriculum
Lack of student interest
NA

	What do you perceive to be barriers to student learning in the policy and advocacy process?
	Lack of faculty engagement
	Lack of faculty expertise
	Lack of administrative priority
	Lack of student interest
	Perceived lack of relevance to nursing
	Other

	What do you perceive to be barriers to nurses' involvement in the policy and advocacy process?
	Fear
	Lack of knowledge
	Lack of time
	Lack of relevance to nursing
	Lack of money
	Lack of interest
	Other

Section 2: Demographic information (NOTE: This section is optional. For analysis and data release this information will remain entirely confidential. Survey answers and demographic data will not be linked to individual schools.)

1. Contact information for the person completing this survey: (We would like to contact you in case we have any questions about your responses and to share study results with you)
    a. Name_____
    b. University/College Name_____
    c. Email address_____
    d. Telephone number _____
    e. Number of years at this institution_____
2. Is the college or university public or private?
    - Public
    - Private
3. In which state is your college located? (drop down menu with CT, MA, ME, NH, RI and VT)
4. Is your college located in an urban or suburban area (drop down menu with options)
5. Which nursing programs does your college or university have? (Check all that apply)
    - Entry-level BSN
    - MSN on campus

- MSN online

6. Approximately, what is the annual enrollment in your nursing programs?

    a. What is the overall annual enrollment in the nursing programs?

        - 101-299
        - 300-499
        - 499-1000
        - 1001-2000
        - 2001-3000
        - Other _____

    b. Entry-level BSN

        - 50 or fewer
        - 51-100
        - 101-299
        - 300-499
        - 499-1000
        - Other _____

    c. MSN traditional/on campus

        - 50 or fewer
        - 51-100
        - 101-299
        - 300-499
        - 499-1000
        - Other _____

    d. MSN online

        - 50 or fewer
        - 51-100
        - 101-299
        - 300-499
        - 499-1000
        - Other _____

Questionnaire adapted from Staebler et al, (2017) with permission from original authors given in November 2019.