

**Title:**

Advocacy: Are you prepared?

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**Session Title:**

Advocating for Nursing Changes

**Slot:**

LC 02: Friday, September 26, 2014: 3:30 PM-4:45 PM

**Scheduled Time:**

3:30 PM

**Keywords:**

advocacy, change agents and leadership

**References:**

American Association of Colleges of Nursing (2008). The essentials of baccalaureate education for professional nursing practice. Washington, DC: Author. L. Schwartz. Is there an advocate in the house? The role of health care professionals in patient advocacy. *Journal of Medical Ethics* 28.1. (Feb 2002). 37-40. V. Kieffer. How hospital-employed nurses experience and carry out the role of patient advocate in practice. ProQuest Dissertations and Theses. State University of New York at Buffalo. UMI Dissertations Publishing. 9958236 C. Phillips. Nurses becoming political advocates. *Journal of Emergency Nursing*. 38.5. (September 2012). 470-1. S. Abood. Influencing health care in the legislative arena. *Online Journal of Issues in Nursing*. 12.4 (January 2007). J. Straughn & A. Andriot. Education, civic patriotism, and democratic citizenship: Unpacking the education effect on political involvement. *Sociological Forum*. 26.3. (September 2011). DOI: 10.1111/j.1573-7861.2011.01262.x H. Brady, S. Verba & K. Schlozman. Beyond SES: A resource model of political participation. *The American Political Science Review*. 89.2 (Jun 1995) 271-294. P. Clark. Political astuteness inventory. In M. J. D. Clark (Ed.), *Community nursing: Health care today and tomorrow*. (1984). Reston, VA: Reston. M. Byrd, J. Costello, K. Gremel, J. Schwager, L. Blanchette, & T. Malloy. Political astuteness of baccalaureate nursing students following an active learning experience in health policy. *Public Health Nursing*. 29.5. (2012). 433-443.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SP EAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
<b>Example</b>  Critique selected definition of the term,	<b>Example</b>  Definitions of "curriculum"  Course of	<b>Example</b>  20 minutes	<b>Example</b>  Name, Credentials	<b>Example</b>  Lecture PowerPoint presentation Participant feedback	<b>Example</b>  Group discussion: What does cultural training mean to you?

"curriculum"	study Arrangements of instructional materials The subject matter that is taught Cultural "training" Planned engagement of learners				
Describe two ways that nurses can act as advocates in society	Context of advocacy regarding access, reimbursement, regulations, services will be covered, examples provided where nurses can make a difference	15 minutes	Dale Mueller, EdD, RN, NEA-BC	Presentation and participant feedback	Discussion and personal action items
Describe at least two implications for skill-building based on study results	Study of political astuteness of RN-BSN students results presented, including demographics and areas for growth	15 minutes	Dale Mueller, EdD, RN, NEA-BC	Presentation and participant feedback	Discussion and personal action items

**Abstract Text:****Purpose:**

The initial purpose of the research was to assess curriculum effectiveness on the topic of the nurse's role as advocate in a Health Care Policy course through pre- and post-test scores on the Political Astuteness Inventory (PAI) (Clark, 1984). A secondary purpose at this time is that the findings of the initial study can serve to inform all nurses as to how to participate more fully as advocates to benefit the profession, current and future patients, communities and the nation as a whole.

**Methods:**

Pre- and post-tests were made available to RN-to-BSN students enrolled in a 12-week senior level Health Care Policy course. In addition to questions on the Political Astuteness Inventory (PAI), demographics were collected. The study was approved by the University IRB.

**Results:**

Post-test scores did improve after exposure to course material, however, knowledge gaps were persistent in pre-test scores when sorted by demographics such as age, gender, and length of time licensed as an RN. Pre-test scores (n=197) included the following in terms of knowledge gaps: 89% are not involved in professional organizations; 85% did not know how to contact a lobbyist; 87% were registered to vote but only 57% could identify health care issues being discussed at the national or state level; 43% voted in local elections; 85% did not know which elected officials were supportive of nursing; 93% did not know on which committees their elected officials were serving; 62% did not know how a bill becomes a law in the state legislature; only 3% were acquainted with a senator or representative.

**Conclusion:**

Given that participation in political processes are effective means of advocacy and are not dependent upon taking a health policy course, information about political astuteness would be of benefit to clinicians, managers, administrators, leaders and educators. Political processes where nurses can be involved include voting, advising elected officials, proposing new legislation and adding public comments on proposed legislation, serving on appointed committees, educating colleagues and friends, and many other endeavors that are consistent with participation in a democratic society.