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:
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  

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
<th>TIME ALLOCATED</th>
<th>FACULTY/SP EAKER</th>
<th>TEACHING/LEARNING METHOD</th>
<th>EVALUATION/FEEDBACK</th>
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<tr>
<td>Example</td>
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<td>Critique selected definition of the term,</td>
<td>Definition of &quot;curriculum&quot;</td>
<td>20 minutes</td>
<td>Name, Credentials</td>
<td>Lecture PowerPoint presentation</td>
<td>Group discussion: What does cultural training mean to you?</td>
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<tr>
<td>Topic</td>
<td>Description</td>
<td>Time</td>
<td>Presenter</td>
<td>Session Components</td>
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<td>&quot;curriculum&quot;</td>
<td>study arrangements of instructional materials The subject matter that is taught Cultural &quot;training&quot; Planned engagement of learners</td>
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<td>Describe two ways that nurses can act as advocates in society</td>
<td>Context of advocacy regarding access, reimbursement, regulations, services will be covered, examples provided where nurses can make a difference</td>
<td>15</td>
<td>Dale Mueller, EdD, RN, NEA-BC</td>
<td>Presentation and participant feedback</td>
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<td>Describe at least two implications for skill-building based on study results</td>
<td>Study of political astuteness of RN-BSN students results presented, including demographics and areas for growth</td>
<td>15</td>
<td>Dale Mueller, EdD, RN, NEA-BC</td>
<td>Discussion and personal action items</td>
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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.