EXPLORATION OF THE IMPACT UNDERGRADUATE HEALTH POLICY EDUCATION HAD ON NURSES POLITICAL ASTUTENESS AND INVOLVEMENT

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Upon conclusion of this presentation, the learner will

- Analyze the relationship between health policy education and the impact of professional nurses’ involvement in the health policy environment.
- Identify the nurse educators role in promoting health policy education and active political participation.
SIGNIFICANCE OF THE PROBLEM

- Professional nurses are in a pivotal position to address critical issues that jeopardize the current health care system and professional practice; yet they are hesitant to do so.

- Research demonstrates the need for targeted health policy education to increase nursing’s awareness and involvement in the political arena (Byrd et al. 2012; Primomo, 2007; Rains & Barton-Kriese, 2001).

- Des Jardin (2001) attributed the lack of nursing professionals taking an active stance in health policy and politics as the absence of essential knowledge of the political process.

- Few nurses acknowledge or have awareness of health policy as a component of nursing practice (Taft & Nanna, 2008; Ennen, 2001).
Kunavikikul et al. (2010): Mixed method study regarding political knowledge and involvement of professional nurses.
- 1/3 believed they had a “moderate” amount of political knowledge. 1/4 of the respondents reported they had little knowledge to advocate for or implement policy

Deshaine and Shaffer (2003): Qualitative study to identify and analyze factors that affect the ability of public health nurses to influence policy.
- Findings that inhibit political involvement included: Existing barriers (political factors/education), gender issues, lack of public understanding, and financial issues.
- Obstacles to involvement were reported as lack of opportunity, limited political skill, and knowledge required for political participation.

Rains and Barton-Kriese (2001): Qualitative comparative study of 9 senior BSN students and 9 political science majors.
- Nursing students viewed public policy as an inhibitor or barrier to change and empowerment, knowledge and college was viewed as an opportunity for development.
**HEALTH POLICY AND POLITICAL EDUCATION**

- **Byrd, Costello, Gremel, Schwager, Blanchette, and Malloy (2012):** Measured changes in political astuteness prior to and upon completion of a community health nursing clinical course using the Political Astuteness Inventory (PAI).
  - Students gained political knowledge by moving from totally unaware politically (n=147) and slightly unaware politically (n = 131) to beginning political astuteness upon conclusion of the course.

- **Ondercin and White (2011):** Studied gender differences and levels of political participation.
  - Findings concluded that there were increased gains in political participation for women having knowledge of the health policy/political process are greater than their male counterparts.
Berinsky and Lenz (2011): Explored the nationwide trend for decreased political participation of citizens despite the rising educational attainment of the U.S. population.

- Findings concluded that participants who attained higher education would be more actively involved in politics.


- World views related to health policy, career decisions that led to policy involvement, and actions to strengthen and increase nurses' roles in policy.

Kerschner and Cohen (2002): Identified how decisions related to health policy and legislation are made.

- Three elements of decision making emerged: "understanding the issue," "shaping a personal stand," and "weighing for action“ (p. 120).
The purpose of this phenomenological research was to determine the impact an undergraduate baccalaureate level nursing course in health policy and political involvement had on registered nurses political astuteness and involvement.
THEORETICAL FRAMEWORK

Stages of Nurse’s Political Development:

- Stage One - Buy In
- Stage Two - Self Interest
- Stage Three - Political Sophistication
- Stage Four - Leading the Way

Cohen, Mason, Kovner, Leavitt, Pulcini, & Sochalski (1996)
## Political Self Efficacy

### Education

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RESEARCH DESIGN

- Demographic data included gender, age, highest educational level, ethnicity, employment, state of licensure/residence, and political affiliation.

- A qualitative phenomenological research design were utilized.
A purposive sample were chosen from a Pennsylvania, United States of America baccalaureate nursing program who successfully completed a designated nursing course in health policy/political involvement.

Patricia Benner’s From Novice to Expert Theory (1982) guided selection criteria for the study.

Criteria for inclusion:

- A specific cohort (n = 24) former nursing students, 4 years post-graduation.
  - 3 were eliminated from the study due to a conflict with current United States active duty military status.
DATA ANALYSIS

- Descriptive statistics were utilized to report demographic findings.
- Responses were analyzed using Giorgi's phenomenological methodology to identify recurring themes, relationships, potential new ideas, and information regarding health policy education and practicing RN’s political involvement.
- Thematic analysis of the qualitative responses were individually and collectively reviewed.
- Data was reassessed for accuracy in reporting without researcher bias.
DEMOGRAPHICS (N = 21)

Gender
- Female
- Male

Age
- 26-30
- 41-45

Ethnicity
- White/Caucasian
- Black/African American

Political Party Affiliation and Voting Record
- Republican
- Democrat
- No Party
- Voted
- Never Voted
QUESTIONS THAT GUIDED INTERVIEWS

- How would you describe your awareness and understanding of legislative and policy processes?
- Do you feel prepared, based on your undergraduate health policy course, to be active in health policy and politics? Why or why not?
- Since graduation, describe any health policy related activities you have been involved in?
- What value do you believe there is in taking a health policy course?
- Describe any barriers that you feel limit your ability to engage in health policy/political action?
- Who, if anyone, do you believe would be a mentor for you currently in health policy involvement?
- If you were to take the course today, what do you think would need to be included to assist you to be politically active?
THEMES

1. Education as a foundation to political advocacy.
2. Health policy involvement.
3. Perceived barriers to political involvement.
4. Academia to lead the way.
EDUCATION AS A FOUNDATION TO POLITICAL ADVOCACY

- **Political awareness**
  - “Having that in my education prepared me to be confident in making decisions and being a part of nursing politics in my career.”

- **Significance of health policy education**
  - “I would say in health policy and the political side of things is probably the most outside of the clinical teaching approach and its most important, yet sometimes we don’t appreciate that; the development of a whole new skill set.”

- **Value**
  - “When you take your class it kinda was tapping you on the shoulder, like hey you might want to pay attention to this because this is going to be your reality.”
HEALTH POLICY INVOLVEMENT

Organizational involvement

“I am a member of the practice council that reviews policies and implements change throughout the hospital.”

Legislative involvement

One student has remained active related to a specific course assignment stating:

“I don’t know if you remember, but when we did the letter writing regarding a topic of interest to either a legislator or somebody local, and I did mine on the landfill and the contaminated drinking water in the township… I ended up following through with that a little bit more after the class was over, and I still go to township meetings to put a buzz in those supervisors’ ears.”
PERCEIVED BARRIERS TO POLITICAL INVOLVEMENT

- **Organizational barriers**
  - “You know, every annual review you sit down with your manager and see what you’re interested in getting involved with. I think that it is simply getting the information out there to get more nurses involved. There is just not enough ‘staffertizing’ out there so to speak.”

- **Fear of retribution**
  - “We need to have empowerment to speak up without fear of reprimand.”

- **Shortage of mentors**
  - “Well, that would be you, that would be about it. How many times have you heard Carol?”
ACADEMIA TO LEAD THE WAY

**Educator role**

“I think that educating nurses that their voices matter and teach them the steps that they would have to go through to make a difference. I feel like people would, I think, that if it is a topic someone is interested in, that would be the first step, but almost all the nurses just don’t know how to take that first step to make a change. I just don’t think there is enough information and education out there that lets nurses know like HEY, you have a voice and you can be different and you can change policies.”

**Academic inclusion of health policy experiences**

“I think that getting an appreciation for the impact nurses can make would be a nice capture.”
LIMITATIONS

- There was the potential for participants to provide responses throughout the interview based on what the former student would perceive to be a correct or expected reply.

- This study was limited to registered nurses who have successfully completed a required health policy course at a specific university.
RECOMMENDATIONS

- **Nursing education**
  - Immersion in health policy/political arenas is crucial to ongoing involvement.

- **Mentoring**
  - Established civically active nurses and nurse leaders need to assist in the development of politically savvy nurses.

- **Collaboration with professional nursing organizations**
  - Together nursing organizations, nurse leaders, and academia can work in harmony to augment learning, spearhead interest to foster active involvement.
FUTURE RESEARCH

- Comparison studies:
  - Political astuteness and involvement for those with undergraduate health policy preparation to those with graduate experiences.
  - Those who had health policy education versus those who have not, and their degree of political involvement.

- The effects of political mentorship on involvement.

- Diversity in health policy: age, gender, and ethnicity to develop an understanding of the needs of the population as a whole.

- Follow-up study of the original cohort as they progress through their careers.
CONCLUSION

- Health policy education and mentoring is critical to the development of politically astute and active nurses.
- Without nursing and professional nursing organization involvement, legislation enacted at the local, state, and federal levels will continue to be enacted that may affect nursing practice and patient care.
- It is essential to remove organizational barriers and fear for nurses to take initiative to be the driving force for change.
QUESTIONS

REFERENCES AND ADDITIONAL INFORMATION ARE AVAILABLE IN THE FORMAL DISSERTATION HOUSED AT OKLAHOMA CITY UNIVERSITY LIBRARY OR THROUGH CONTACTING THE AUTHOR.