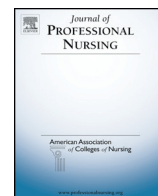




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## Policy and political advocacy: Comparison study of nursing faculty to determine current practices, perceptions and barriers to teaching health policy

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### ABSTRACT

**Purpose:** To better understand policy/advocacy concepts and methodology utilized in all levels of nursing educational programs and develop clarity concerning structure of policy content and integration across all levels of education.

**Design and methods:** Cross-sectional analysis of data obtained from a survey sent to 19,043 nursing faculty in the United States; 598 total responses; 514 complete responses. Quantitative data points were analyzed using SPSS and qualitative data was grouped and analyzed by theme.

**Findings:** Barriers and perceptions of student engagement and student learning outcomes along with institutional and faculty development barriers were explored in baccalaureate, masters, and doctoral level nursing programs. Thirty-six percent of respondents reported having experience in development and implementation of policy, ranging from local to international spheres and 21% reported active involvement in current state and federal policy development. Seventy percent of respondents have advocated for the nursing profession through professional organizations while 44% report current activity in legislative advocacy.

**Conclusions:** The value of nursing policy education, advocacy, and analysis must be valued in higher education.

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### Introduction

Modern nursing and nursing advocacy began with Florence Nightingale. She reformed deplorable health care condition through better sanitation and established formal education for nurses. Her political advocacy efforts through effective communication with powerful leaders and inclusion on strategic committees revolutionized health care and nursing education. (Disch, Keller, & Weber, 2015). In the United States, nurses were instrumental in many advocacy movements such as women's suffrage (early 1900s) and prohibition (1920s). Isabel Adams Hampton Robb dedicated her life raising the standards of nursing education and fought for better clinical practice conditions through political action and social reform. She convened leaders to form the American Society of Superintendents of Training Schools for nurses that became the precursor to the National League for Nursing

(Catalano, 2012). She was the first president of the Nurses Associated Alumnae of the United States and Canada and later renamed as the American Nurses Association (ANA) (Mason, Leavitt, & Chaffee, 2014). In modern days, ANA advocated for uninsured Americans when they supported the Patient Protection Affordable Care Act of 2010 (ANA, 2017) and continues to advocate for patient safety and to reduce preventable patient care errors via staff staffing models (Patton, Zalon, & Ludwick, 2015).

Recognizing the need for nurses to be more prepared in the role of advocacy and policy development, key nurses met in the 1960s to form the American Association of Colleges of Nursing (AACN). The founders of the AACN emulated nursing pioneers in nursing to form what is now a powerful organization focused on promoting higher education in nursing (Keeling, Brodie, & Kirchgessner, 2010). The vision of AACN then and now is "Nurses are leading efforts to transform health care and improve health" (AACN, 2016). Its mission, "As the collective voice for academic nursing, AACN serves as the catalyst for excellence and innovation in nursing education, research, and practice" (AACN,

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2016). Nearly 50 years later, AACN has become a national force that influences the direction of nursing education and the nursing profession by setting educational standards and policy agendas for baccalaureate and graduate nursing education (AACN, 2006; AACN, 2008; AACN, 2011; AACN, 2016).

Nurses comprise the largest segment of the healthcare workforce (US Department of Health and Human Services, 2010) and they have been ranked as the most trusted profession (Gallup Poll, 2015). Nurses should have significant power and influence in policy decisions and healthcare systems' leadership decisions. But in reality, the nation's decision makers and opinion leaders viewed nurses (14%) as least likely to influence health reform when compared with government (75%), insurance executives (56%), pharmaceutical executives (46%), health care executives (46%), physicians (37%), and patients (20%) (Khoury, Moore, Blizzard, Write, & Hassmiller, 2011).

To lead change and innovation in healthcare, nurses need to be active and competent in assessing and redesigning/reshaping the policy environment that impacts safe, effective, patient-centered, timely, efficient, and equitable care of individuals within health systems. To do that, nurses must be trained in policy influence. According to Arabi and colleagues, the ability to influence policy is a spectrum. Nurses move through the phases of policy literacy to policy acumen to policy competence and then policy influence (Arabi, Rafii, Ali-Cheraghi, & Ghiyasvandia, 2014). A key component of policy influence is advocacy.

Nursing experts have long recommended robust policy content be included in nursing curriculum. In 1996, American Association of Colleges of Nursing (AACN) officially included "policy" as part of the *Essentials of Master's Education* (AACN, 1996) and policy competencies are now mandated in baccalaureate, master, and doctoral nursing education (AACN Essentials, 2006, 2008, 2011). While the literature clearly reflects that the majority of nurses do not become involved in policy, possibly due to a disconnect between the relevance of policy to nursing practice (Ennen, 2001; Kunaviktikul, 2014; Malone, 2005; Disch et al., 2015; Spenceley, Reutter, & Allen, 2006; Taft & Nanna, 2008), many studies have documented that students are more knowledgeable and actively involved in political activities following active learning experiences in health policy (Byrd et al., 2012; Pace & Flowers, 2012; Primomo, 2007). Another study noted advanced education and role preparation is associated with increased political activism, as doctoral-prepared Advanced Practice Registered Nurses (APRNs) were more likely to be involved in policy activities (Kung & Rudner-Lugo, 2015). Malone (2005) and Harris (2012) advocate for the synthesis of health policy and nursing education given that policy directly and indirectly influences the practice environment and the health of patients. Donna Shalala, former Secretary of Health and Human Services stated, "Health reform will only be achieved if nurses are unrelenting in pursuing their rightful place in policy leadership in partnership with others who are also committed to accessible, safe, effective, and equitable health care" (2012).

The foundational skillset for policy change-agents and innovators includes mastery in assessing, functioning within and evaluating the policy environments impacting healthcare. Nurses must be taught health policy and political activism. Nurse educators guide students through policy and advocacy development, but faculty themselves must first possess these competencies if they are to inspire their students. In 2015, AACN commissioned Manatt Health to uncover the issues and the opportunities facing academic nursing in advancing healthcare transformation and fostering new models for innovation. The newly released report, *Advancing Healthcare Transformation: A New Era for Academic Nursing* (Enders, Morin, & Pawlak, 2016) included six principle recommendations, including nurses actively establishing policy and advocacy agendas and leading the charge to connect practice with policy to improve health outcomes. These recommendations were consistent with the Institute of Medicine (IOM) reports which implored nurses to view policy as something they can influence, not just something that happens to them. (IOM, 2010; IOM, 2015).

The annual AACN Faculty Policy Intensive (FPI) fellowship is designed to immerse nursing faculty in policy and advocacy, learning first-hand from policy and advocacy leaders in Washington, DC. In addition to the four-day immersion experience, fellows develop and implement a policy related project during the yearlong fellowship. The authors (2015 FPI fellows' cohort) conducted a pilot study with the purpose to better understand policy/advocacy concepts and methodology utilized in all levels of nursing educational programs and to draw clarity concerning structure of policy content and integration across all levels of education. It was the intent of this study to determine current practices, perceptions and barriers to teaching and student learning of health policy content in an effort to improve the state of policy academics and scholarship in nursing. The outcomes of the pilot study were intended to inform the AACN Policy Think Tank members. The Think Tank was formed in 2015 to evaluate the current state of nursing policy education in the U.S. and recommending strategies for improving student-learning outcomes.

## Materials and methods

This study was a descriptive, cross sectional analysis utilizing an anonymous online survey targeting nursing faculty who teach health policy content within AACN member institutions. The survey was designed by the FPI cohort, with guidance of the AACN Government Affairs staff. The survey included sections to specifically assess and clarify the incorporation of the AACN "Essentials" student learning outcomes for baccalaureate, master, and doctoral programs, and the broad structure of policy content and integration of it across these levels of educational programs. In addition, data regarding faculty demographics, faculty policy experience and programmatic teaching, delivery of policy content, and perception of barriers in teaching policy content, were collected. IRB approval was obtained from the University of Arkansas Fort Smith [IRB# UAFS 15-006; Exempt status commensurate with 45CRF46.101(b)(2)]. In November of 2015, AACN emailed a survey link to each of the 19,043 faculty of member organizations in their database. The online survey was conducted using SurveyMonkey© and consisted of 31 questions. In an effort to increase response rates as the holidays approached, and as the semester was drawing to a close, data collection occurred over a three-week period and no reminders were sent. There were 598 responses returned, 514 of which were complete. The study achieved a 3% response rate. AACN analysts utilized the Statistical Package for the Social Sciences (SPSS) for descriptive statistical analysis. The FPI fellows examined, evaluated and interpreted all data, which was redacted of all personal identifying information.

## Results

### Faculty (respondent) demographics

Analysis of demographics indicated that the majority of respondents were female (94%), Caucasian race (90%) with 45% reporting being over the age of 60 (mean age = 58). Racial demographics are noted in Table 1.

The educational degree backgrounds for faculty teaching policy varied. The majority (57%) reported possessing a nursing doctorate, 23% reported having a non-nursing doctorate. Thirty five percent have

**Table 1**  
Respondent racial demographics

Race	Percentage	n =
White	90	538
African American	3	18
Hispanic/Latino	3	18
Asian Pacific	2	12

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