

Educating Nurses to Engage in Health Policy and Advocacy

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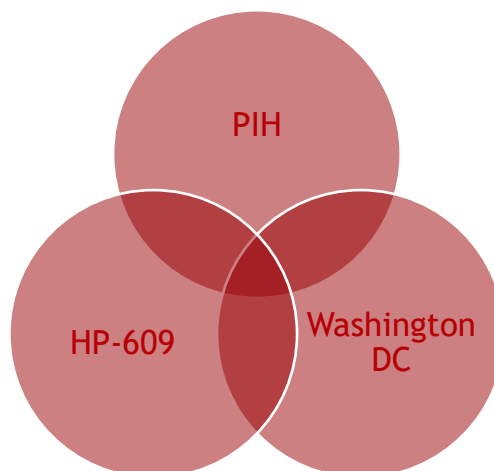
AANC Transform Conference, Nov-Dec 2023



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BACKGROUND



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WHY

- There are too few nurses involved with or engaged in health policy at all levels (institutional, community, county, state, federal, global) – we’ve been saying this for decades (NASEM/IOM reports, etc.)
- Given their high levels of expertise and education and that nurses are the largest workforce (over 4 million) – it is important that nurses be present and engaged at every level of healthcare policy-making



WHY

- Nurses’ knowledge and experience would enrich all levels of healthcare policy from local to global
- Nurses’ vast knowledge, experience, and expertise can be used to develop and influence patient-centered, just, DEIB-focused and economically-sound policy
- “As nurses, are we not duty bound to seek to change policies that adversely affect health or access to care”(Chinn & Kennedy, 2023, p. 53)
- Nursing’s mission includes patient advocacy that extends to advocacy for the profession and general population (Primomo & Bjorling, 2013; Waddell et al., 2016)



WHY

- “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?” (Hughes, 2005, p. 331)
- Nursing theory-guided practice, research and knowledge lead to better patient outcomes, so they should also guide policy formation and implementation (Parse, 2007)



Nursing School & Faculty Surveys

- ❖ 1986 study: 156/210 nursing schools responded to survey on how many include health policy curriculum content
 - 14% had stand-alone health policy courses
 - 3% RN only program
 - 24% RN + MSN programs
 - 46% + doctoral programs
 - Study hasn't been repeated for 35 years
 - Andreoli, K.G., Musser, L.A., & Otto, D.A. (1987) Health policy in nursing curriculum. *Journal of Nursing Education*, 26(6) 239-243.



Nursing School & Faculty Surveys

- ❖ Staebler et al., (2017) surveyed health policy nursing faculty who teach at AACN member institutions
 - 514/19,043 faculty responded (3%)
 - Perceived barriers to student advancement
 - 50% - lack of relevance to nursing
 - 46% - lack of faculty expertise
 - 39% - lack of student interest
 - 31% - lack of faculty engagement
 - Barriers to faculty development of expertise
 - 50% - lack of desire
 - 49% - lack of opportunity
 - 22% - lack of dean/school support
 - Peer reviewed publications more valued than policy accomplishments



Need for More and Better Research

- ❖ Benton et al., (2017) conducted and published data from an integrative review
- ❖ Similar to this ROL – most of the research:
 - Small convenience samples of stand-alone courses at graduate level
 - Some include content outlines/suggestions
 - Very little quantitative research with power calculations
 - Only measurements immediately following interventions
- Multiple studies on experiential learning – but also low Ns



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
- Built on the research previously conducted and surveyed 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 is the first study to examine this information at an institutional level (rather than individual faculty) since 1985



Plan and Procedure

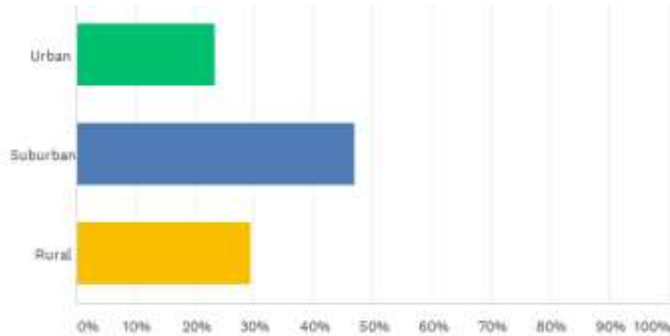
❖ Design the Practice Change

- Surveyed how 38 nursing schools in New England are integrating 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*
- There are lists of recommended content in each document
- Deans of nursing schools were asked to complete an online questionnaire that included a list of the content and for each item they were asked if that content is included in the curriculum and if yes, in which class, e.g., stand-alone health policy course or other courses



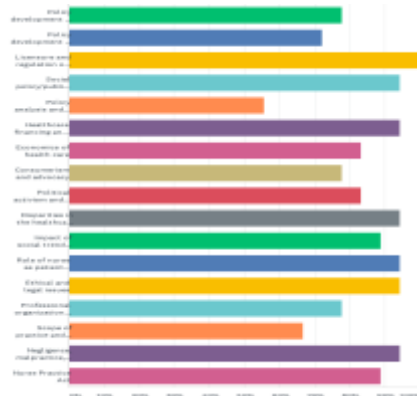
Findings: General Characteristics: Location

4 urban; 8 suburban; 5 rural; 2 skipped the question



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Findings: AACN *Baccalaureate Essentials*



UNMET CHECKS	%	RESPONSES
Policy development and the legislative process	77.78%	14
Policy development and the regulatory process	77.78%	14
Commission and regulation of nursing practice	100.00%	20
Social policy/public policy	94.44%	17
Policy analysis and evaluation	94.44%	17
Healthcare financing and performance	94.44%	17
Economics of health care	94.44%	17
Consumerism and advocacy	94.44%	17
Political action and professional organizations	94.44%	17
Dependence in the healthcare system	94.44%	17
Impact of social trends such as genetics and genomics, childhood obesity, and aging or frailty	94.44%	17
Role of nurse as patient advocate	94.44%	17
Critical thinking 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	94.44%	17
Regulation, education, and risk management	94.44%	17
Nurse Practice Act	94.44%	17
Total respondents: 18		



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Findings: AACN Master's Essentials

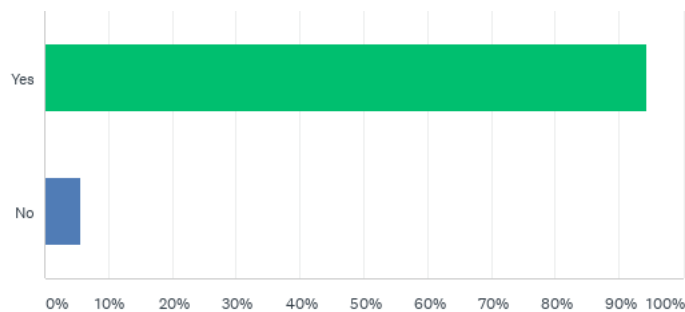


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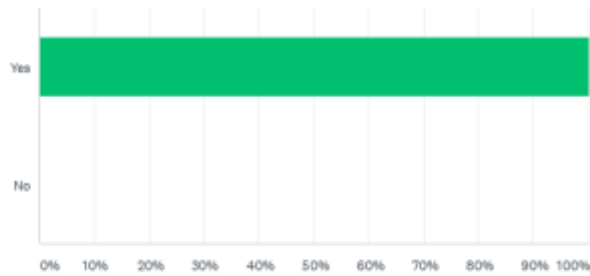
Findings: Is health policy content offered at the BSN level?



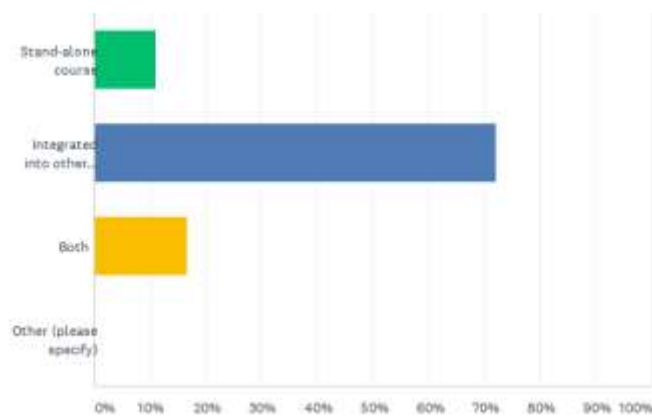
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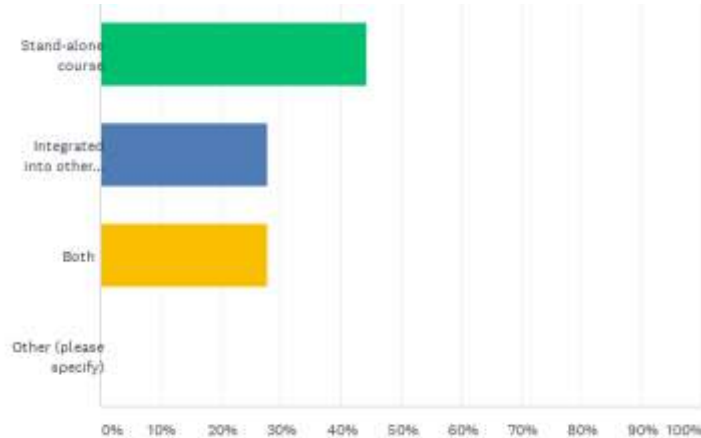
Findings: Is health policy content offered at the MSN level



Findings: How is the policy content in your BSN program being taught?



Findings: How is the policy content in your MSN program being taught?



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If your BSN program does NOT have a separate policy course at your school, what are the barriers to having one?

ANSWER CHOICES	RESPONSES	
Curriculum design	70.59%	12
Lack of faculty to teach	5.88%	1
Lack of perceived importance in the curriculum	5.88%	1
Lack of student interest	0.00%	0
N/A	29.41%	5
Total Respondants: 17		



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If your MSN program does NOT have a separate policy course, what are the barriers to having one?

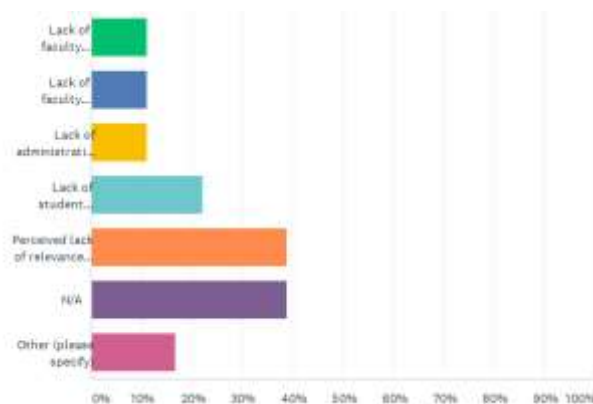
ANSWER CHOICES	RESPONSES	
Curriculum design	37.50%	6
Lack of faculty to teach	6.25%	1
Lack of perceived importance in the curriculum	0.00%	0
Lack of student interest	0.00%	0
N/A	62.50%	10
Total Respondents: 16		



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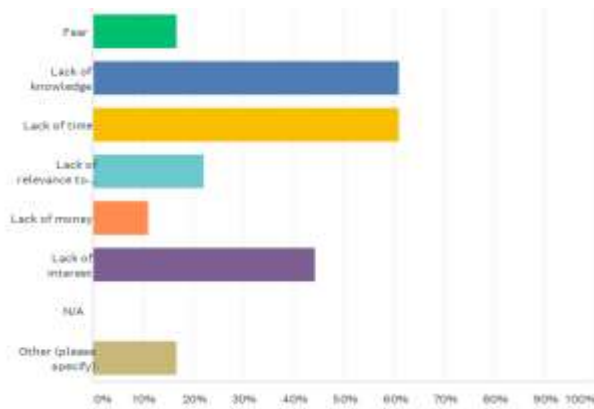
What do you perceive to be barriers to student learning the policy and advocacy process (select all that apply)?



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What do you perceive to be barriers to nurses' involvement in the policy and advocacy process (select all that apply)?



Discussion

- 50% response rate
 - COVID-19 impact
 - Topic wasn't considered a priority
 - Uncomfortable sharing their responses



Discussion

- Majority of schools report including much of AACN content
- Ellenbecker et al., (2017) suggested that AACN content is too broad and ambitious
- Most programs in this project reported that including a stand-alone course, especially at BSN level, is difficult due to curriculum design
- Rather than the content being too broad and ambitious, perhaps it is not emphasized enough in curriculum



Discussion: Significance of findings

- Andreoli et al., (1987) found that 3% of schools with only a baccalaureate program offered a stand-alone course in health policy
- Also found that one was offered in 24% of schools that had baccalaureate and master's programs
- Results show an increase in number of master's programs offering stand-alone courses
- Only 5/18 baccalaureate programs offer one and four require it



Discussion

- Professional organizations
 - Organize advocacy actions and activities
 - Membership very low (5% in 2008) & segregated by specialty
 - Need to teach students about professional orgs and their importance
 - Memberships should be financially feasible
- Terrific articles in Oct 23 issues of The Nurse Practitioner by Beth Haney (policy process & engagement steps) and AJN by Chinn and Kennedy (activism)



Recent research

Conceptual review

“The thematic gaps identified were:

- 1) the acquisition of specific nursing competencies needed for effective policy advocacy;
- 2) meaningful integration of health policy curriculum in prelicensure education;
- 3) lack of clarity on the part of faculty to adequately frame and deliver policy content using innovative teaching methods; and
- 4) barriers to effective integration of a comprehensive health policy curriculum.”

(Cropley et al., 2022, p. 260)



AACN Essentials and Competencies

2008 AACN *Baccalaureate Essentials* included 12 competencies focused on policy

2021 AACN Essentials use a systems approach that includes leadership skills, SDOH and resource allocation with an ethical lens and how population health is impacted by politics in addition to systemic impact on health and wellness (institutionalized and structural racism)

(Cropley et al., 2022)



Solutions

Lack of faculty development

Nursing competencies and content scattered throughout curriculum

Policy and advocacy content and ineffective teaching methods and strategies

Advocacy and policy not included in definitions of service or academic work

(Cropley et al., 2022)



Implications for Nursing

- 35 years after Andreoli et al., (1987) study and health policy still not a priority in nursing education, especially at the baccalaureate level
- More programs should offer stand-alone courses



Conclusion

- 2020 COVID-19 Taskforce
- Some improvement since the 1980s but have a long way to go
- AACN *Essential* revision may increase number of nurses with improved knowledge and skills
- Increase the number of required, stand-alone health policy courses
- Add questions to NCLEX and NP certifying exams



Implications for Nursing



“... the 2nd semester of my freshman year I took a class at the University of Michigan that changed my life. It was a course called ‘Policy & Politics in Nursing and Healthcare’ and I was introduced to this field called health policy where I learned that my interest in politics, which had just been extracurricular, could be my career and I could do this every day and I was hooked...”

Congresswoman Lauren Underwood



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Questions and Acknowledgments

Thank you!

Questions??

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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, 2021). *The Essentials: Core Competencies for Professional Nursing Education*. <https://www.aacnursing.org/Portals/42/Downloads/Essentials/Essentials-Draft-Document.pdf>

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>

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>.



References

Boswell, C., Cannon, S., & Miller, J. (2005). Nurses' political involvement: Responsibility versus privilege. *Journal of Professional Nursing*, 21(1), 5-8. <https://doi.org/10.1016/j.profnurs.2004.11.005>

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](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, New York, NY.

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>

Chinn, P. L. & Kennedy, M. S. (2023). Activism is an essential nursing role. *The American Journal of Nursing*, 123(10), 52-58. <http://doi.org/10.1097/01.NAJ.0000979100.16233.cc>

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://journals.lww.com/advancesinnursingscience/fulltext/2001/03000/advancing_health_policy_in_nursing_education.4.aspx?casa_token=miC9UuwSomwAAAAA:0ovYXCnpDMnTTXgFK6hbgLa1Ktq0RCb_QRLV32ml7fvArXgvhF1bMFafE-qnpKa6YPbpWmF4nxe8KTAFRbYOg



References

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

https://journals.lww.com/nurseeducatoronline/Fulltext/2000/03000/Integrating_Political_Involvement_and_Nursing.13.aspx?casa_token=jTIRAwF-BWcAAAAA:cbZkasSgXmfBI0eSNmQRoC8lpC9NC93F8MC284iQc3-O-Y18QUuXhg6WiJRA116MQnthU3GPYmRNTggCO4fiTQOJ

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>

Cropley, S., Hughes, M., & Belcik, K. (2022). Engaging leadership competencies through population health advocacy: A review of the evidence. *Policy, Politics, & Nursing Practices* 23(4), 259-271. <https://doi.org/10.1177/15271544221112893>

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. <https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=106283734&site=ehost-live>



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References

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>

Haney, B. (2023). Influencing health policy: A vital aspect of the APRN role. *The Nurse Practitioner* 48(10), 9-13)

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%22collId%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>



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References

- Leavitt, J.K. (2009). Leaders in health policy: A critical role for nursing. *Nursing Outlook*, (57), 73-77. [10.1016/j.outlook.2009.01.007](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. https://journals.lww.com/cns-journal/fulltext/1999/07000/political_influence__a_model_for_advanced_nursing.11.aspx?casa_token=qN47dMIN49AAAAAA:U-8iapI5vJM-HTrr_Z_4nwkdZds067gi-OOUvOi2AaiUVEpZQjHbJOHJEnL_LgnyWQOaZ3WxjWKv7OxmABTRg
- 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.



References

- 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. https://www.researchgate.net/profile/Tim_Porter-Ogrady2/publication/8494551_Innovation_and_creativity_in_a_new_age_for_health_care/links/54e494850cf282dbed702e55/Innovation-and-creativity-in-a-new-age-for-health-care.pdf#page=17
- 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>
- Parse, R. R. (2007). Nursing knowledge and health policy. *Nursing Science Quarterly*, 20(2), 105.
- 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>
- Perry, C. & Emory, J. (2017). Advocacy through education. *Policy, Politics, & Nursing Practice*, 18(3), 158-165. <https://doi.org/10.1177/1527154417734382>
- 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>



References

- 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. <https://search.proquest.com/openview/ed71383339cb7103bdfaa568e20a0e84/1?pq-origsite=gscholar&cbl=47628>
- 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*. New York, NY: 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>



References

- 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>

