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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.

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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been in a faculty role for >20 years, and 15% reported <5 years of experience in the role.

Based on the 2010 Carnegie Classification System (Carnegie Classification, 2015), 40% of reporting faculty were teaching in research universities ($N = 334$), 30% in masters' focus colleges ($N = 736$), 18% in baccalaureate focus colleges, ($N = 826$) and 9% in medical or health profession colleges ($N = 315$). Thirty-six percent of respondents reported having experience in development and implementation of policy work, ranging from local to international spheres and 21% reported active involvement in current state and federal policy development. Eighty-six percent of these faculties acknowledge that they are teaching advocacy concepts. The differences between those faculties engaged in the development, implementation policy and those teaching policy and advocacy are recognized, and the differences require further examination.

Policy content delivery

Thirty-nine percent teach policy at multiple program levels: 33% instructed BSN students; 33% instructed MSN students; 22% taught DNP students and 4% taught PhD students. Legislative policy content found striking differences in delivery between undergraduate and graduate level students. Of respondents teaching in BSN programs, over 54% reported an integration of policy education throughout their plans of study while graduate programs (36%) reported a distinct health policy course. The emphasis on policy is most noted in the graduate plans of study. Separate policy courses were part of the doctoral-level degree plans at 66% of the higher education institutions represented by faculty respondents. A similar statistic was discovered in master-level nursing programs where 68% of the programs require policy course completion as part of the plan of study. The analysis of survey data could not explain this dichotomy between undergraduate and graduate programs.

Political advocacy

Respondents also identified advocacy and policy analysis competencies in several domains: experience, current engagement, course content and learning outcomes at the bachelor, master and doctoral levels. Among faculty teaching health policy at all levels of higher nursing education, 70.5% report experience advocating for nursing within the healthcare and policy communities. Fewer (44.3%) are currently participating in legislative advocacy. Advocacy concepts are taught by 86.2% of faculty respondents. To assist students in their initial contacts with legislators, 58.4% of respondents provide students with a structured format.

To determine the policy course learning outcomes expected by policy faculty, the respondents were asked to select the most appropriate policy course outcomes for BSN, MSN, and doctoral-level courses from a list of 12 possible outcomes. The five BSN level learning outcomes identified by policy faculty were (1) Demonstrating basic knowledge of healthcare policy, financial and regulatory environments (86%), (2) Describe state and national statutes, rules and regulations that authorize and define professional nursing practice (78%), (3) Advocate for consumers and the nursing profession (77%) (4) Examine the impact of sociocultural, economic, legal and political factors influencing healthcare delivery and practice (77%), and (5) Discuss the implications of healthcare policy on social justice, issues of access, equity and affordability in healthcare delivery (73%).

A different set of competencies was offered to faculty who teach masters level students. Their responses identified (1) Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery and outcomes (93.2%), (2) Advocate for policies that improve the health of the public and the profession of nursing (92.9%), (3) Analyze how policies influence the structure and financing of health care, practice and health outcomes (91.2%) (4) Interpret research, bringing the nursing perspective to policy makers and stakeholders (84.4%) and (5) Participate in the development and implementation of institutional, local state and federal policy (70.2%) as the top five policy-related competencies for students.

The responses of doctoral faculty who teach PhD and DNP students were combined and are reported as doctoral learning outcomes. The top five of seven appropriate learning outcomes for doctoral students were (1) Critically analyze health policy proposals, health policies and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums (90.2%), (2) Advocate for the nursing profession within the policy and healthcare communities (88.8%), (3) Educate others, including policy makers at all levels regarding nursing, health policy, and patient care outcomes (86.7%), (4) Advocate for social justice, equity, and ethical policies within all healthcare arenas (86.5%), and (5) Influence policy makers through active participation on committees and boards, or task forces at the institutional, local, state, regional, national and/or international levels to improve health care delivery and outcomes (85%). Additional highly rated doctoral competencies (>81.3%) included providing leadership in development and implementation of policies that impact healthcare financing, regulation and delivery.

Policy analysis

Among faculty teaching policy analysis at all levels of higher nursing education, 67.4% reported having experience with analysis of health policies/proposals and related components from the perspective of consumers, nursing, other health professions and stakeholders. No BSN level questions incorporated analysis competencies beyond basic comprehension. When asked about graduate level analysis competencies, 91.2% of survey respondents stated that MSN students should be able to analyze how policies influence the structure and financing of practice, health care and health outcomes. Respondents (90.2%) felt that doctoral students should possess the ability to critically analyze health polices, proposals and related issues from the perspectives of various stakeholders.

Perceived barriers to teaching, learning, and engagement

Survey respondents reported their perceptions of barriers to student learning, faculty development, or student and faculty engagement in the policy environment. Faculty identified several barriers to student engagement but these varied based on the program level. For instance, faculty who taught at the BSN (64%) or MSN (66%) level indicated that the primary barrier to student engagement was lack of time. But, faculty who taught at the Doctoral level (DNP or PHD = 72%) indicated the primary barrier to student engagement was lack of interest (see Fig. 1).

There is a spectrum of political engagement among nurses, which ranges from policy literacy to policy influence (Arabi et al., 2014). Perceived barriers to student advancement to policy influence were

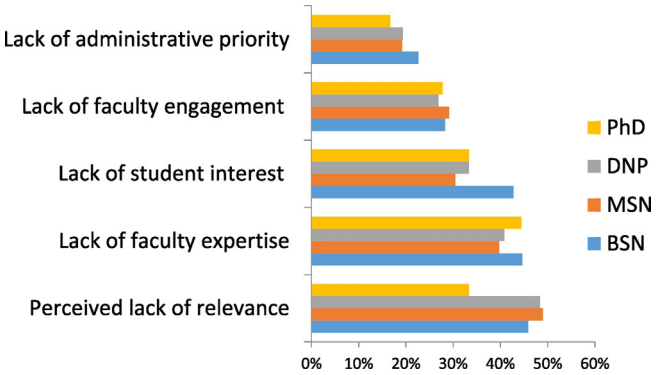

Fig. 1. Perceived student barriers to engagement in health policy activities (by program level).

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identified as lack of relevance to nursing (50%), lack of faculty expertise (46%), lack of student interest (39%) and lack of faculty engagement (31%). As part of qualitative data obtained in the survey, a nursing faculty member teaching at the BSN level described, "there is SO much content that needs to be addressed in a baccalaureate nursing curriculum that it is difficult to carve out more space for content such as health policy." Similarly, a faculty member teaching at the MSN level explained that students lack "time to engage in the advocacy process while attending graduate school, working full time, and managing personal responsibilities." Faculty teaching in doctoral programs described varying interests based on the focus of study (DNP vs. PhD).

Some respondents reported faculty lack of policy experience hindered students' perceptions of the relevance of health policy content. One respondent explained, "Much of the time, the faculty have little 'real' policy experience and the students find it a dry and boring class." Another stated, "Students do not always see relevance to nursing, in large part because few faculty are active politically." A small percentage of faculty (12.8%) reported that their schools place a high priority on policy content, while 43.3% reported content was a moderate priority, about one third indicated it was a low priority or nonexistent (31.7%). This data certainly validates the need for faculty expertise and experience in the policy arena. It will be difficult for students to transition from developing policy literacy and acumen to being in a position to influence policy without experienced instructors. Another faculty member discussed the nuanced knowledge needed to help students influence policy, "Students do not comprehend the work it takes, the searching, the networking, how power influences, how they must be solid in their understanding of different perspectives" (Arabi et al., 2014). But it is difficult for faculty to engage in the rigors of policy work when there is such a lack of administrative support in many schools/colleges of nursing or when integration of policy content into the curriculum is given low priority.

Subsequently, respondents were also queried about barriers to faculty development of advocacy and policy expertise. Over half of faculty (50.1%) cited a lack of desire while another 49.1% reported a lack of opportunity. Lack of financial support (37.4%) and lack of support from dean/school (22.1%) also appear to be important barriers for these faculty members. This data was further analyzed based on age of faculty (Fig. 2) and years of teaching experience (Fig. 3).

Discussion

The FPI fellows used caution when evaluating the data and trends, given the low response rate (3%). But, with this overarching limitation, and given the responses regarding faculty experience and/or competence, it appears that faculty members have higher expectations of student performance in policy related outcomes than they possess themselves. There are several potential reasons for this. First, some faculty are assigned to teach courses for which they have little interest or passion. In such cases, one would anticipate less extracurricular policy related activity of the faculty. It is recommended that colleges/schools of nursing, whenever feasible, utilize faculty that voice and demonstrate passion and interest in health policy for such content delivery. Another reason faculty may have less formal or current health policy experience than they expect from students may be related to promotion requirements.

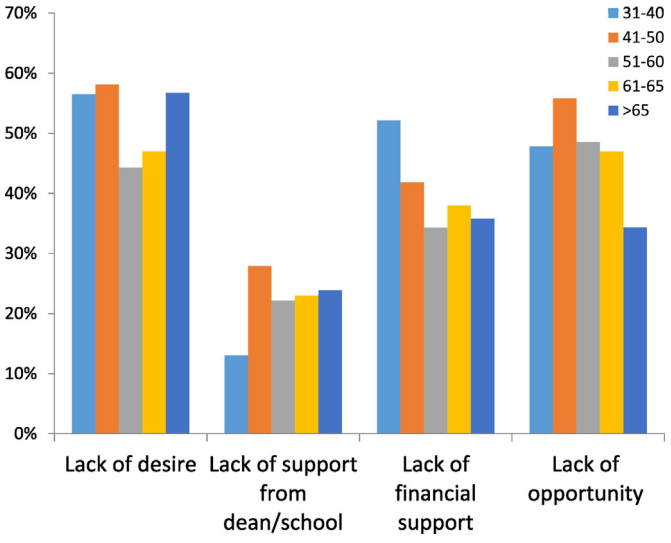

Fig. 2. Barriers to faculty development of policy expertise based on age.

Though faculty may have interest in or passion for policy, there is a conflict and balance that must be addressed. As academic promotion criteria rarely include policy, advocacy and analysis accomplishments, many junior faculties choose activities, such as peer review publications or research that are more highly valued in academic settings. While the profession values the importance of advocacy, analysis and engagement in policy development, the cultures of universities and academic institutions do not reward policy expertise and engagement. This sentiment appears to be reflected in the perceptions of respondents who indicated that a lack of dean, school or financial support (perhaps a proxy measure for promotion) was a barrier to faculty development of advocacy and policy expertise. Until the value/reward of such activities is appropriately aligned, little incentive other than passion exists. Deans and administrators are encouraged to reconsider what constitutes academic service, scholarship and research. Nursing leadership and faculties must support the work of their colleagues and recognize the unique knowledge and skill needed to engage in this work. It is essential that activity in advocacy and health policy be recognized in the academic setting.

A third reason for faculty having less experience than expected of students involves formal training. With a mean age of 58 years, many faculties completed their formal graduate education before health policy was included in nursing education. Health policy was not identified as an essential component of nursing education until 1996. It is impressive that such a high number of faculty have engaged in health policy initiatives given their lack of formal education, mentoring and training.

BSN students' policy competencies generally focus on regulatory concerns and a generalized understanding of how policy impacts each area of health care (mostly knowledge-based competencies). MSN students' expectations expand the lens through which policy is analyzed. In addition to evaluating the impact of policy on regulatory functions, MSN students are expected to apply research and policy implications to practice level-financing, healthcare delivery and health outcomes. Doctoral student expectations expand the lens yet further. Doctoral competencies include the ability to analyze policy from the perspective of various stakeholders impacted by the policy. This then permits the doctoral student to fully comprehend the broader scope of policy impact. It facilitates the doctoral prepared graduate to develop, implement, lead and evaluate initiatives that cultivate support and alliances from a wide range of stakeholders. With a broad understanding of both the healthcare and policy arenas, the doctoral graduate is qualified to leverage their recognition and influence on policy development via service on national boards and committees. Thus, expectations progress from BSN students having comprehension competencies to MSN students' comprehension, application and activity competencies to doctoral students utilizing the former competencies in leadership and service roles locally, regionally and nationally.

Conclusion

All facets of health care, including practice, education and quality, stem from a foundation in policy. The importance of policy education, advocacy activities and analysis competencies must be valued in higher nursing education and academia. This study was limited in its scope by

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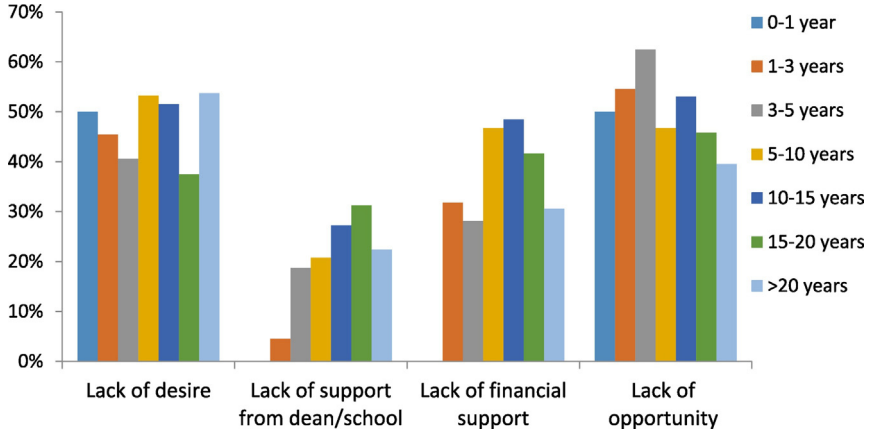

Fig. 3. Barriers to faculty development of policy expertise based on years in faculty role.

only including faculty perspectives. To fully address the scope of policy content inclusion and improved student learning and performance, student perceptions are a crucial piece for analysis. Further research and exploration of faculty and student drivers of policy activity and competency attainment would be another crucial piece to analyze.

Our data did present some themes to be evaluated by the AACN Think-Tank and deans/directors of nursing educational programs. Creation of opportunities for mentoring and faculty development is encouraged. Assessment of curriculum and intentional mapping of policy content throughout each level of programming will assure the seamless attainment of policy competency with increasing complexity as the student progresses across their nursing educational trajectory. Inclusion of policy and advocacy scholarship activities within promotion criteria is essential to foster faculty development in this arena.

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Appendix A. Key terms

Student engagement

Extent of interest and active participation nursing students demonstrate during teaching/learning interactions; motivation in active learning during their nursing education.

Political advocacy

Active support in favor of a policy or piece of legislation; high level skill and a key component of political influence.

Policy analysis

Non-partisan technique to examine and evaluate policies (existing or proposed).

Policy content

Information related to health policy across spectrums (regional, state and federal levels) impacting nursing practice, patient outcomes and healthcare delivery.

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