

# Political Astuteness: Informing Education for Advocacy and Efficacy

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**Abstract** - The Political Astuteness Inventory (PAI) was used in an undergraduate RN to BSN health policy course to determine student knowledge and civic skills. Based on knowledge from the field of political science, instructors should acknowledge that adults may acquire civic skills in many ways throughout life. Having data regarding student skill levels at the outset of a course and again at the conclusion of the course can inform appropriate instructional activities. The nursing literature emphasizes the role of the RN as patient advocate, although the definition and implementations are imprecise. This study using the PAI identifies skills that can be infused into curriculum for maximum efficacy as voters and political influencers. A pre-test/post-test survey design was used (n=234, 204). Pre-test findings indicated that most students are aware of health care policy issues but only a small percentage participate to effect change such as serving as a resource to professional organizations or elected officials. Post-test findings indicated that while conceptual knowledge increased, actions as influencers did not increase. Conclusions to be drawn include the necessity of including exposure to political processes by interacting with the federal, state or local environment as part of the curriculum.

**Keywords** - advocacy, health policy, PAI

## I. INTRODUCTION

The role of the nurse as patient advocate is embedded into nursing practice as both a concept and an accountability. Advocacy for patients and vulnerable populations is evidenced throughout the literature by professional and human rights organizations, practice standards, and educational accrediting bodies. The infusion of this role is clearly established into nursing practice at all levels of nursing (United Nations [1], American Nurses Association [2], Institute of Medicine [3] – American Association of Colleges of Nursing [4] Schwartz [5], Conger & Johnson [6]). What remains unclear is how to operationalize this practice expectation, as advocacy behavior is not defined nor universal in intent (Kieffer, [7]). Internal to organizations and direct care settings, advocacy must require a clear understanding of the patient's wishes including cultural considerations, and may entail confronting various competing advocacy positions represented by other professionals on the team. External to organizations, advocacy requires an understanding of change processes regarding public policy, collaboration with community organizations and/or patient rights organizations, and other established relationships with

significant policy makers to ensure efficacy in the change process. The extent to which needed advocacy skills are developed in educational curricula other than exposure in a specific course such as health policy or community nursing, and the extent to which nurses actually act on what they have learned in class have not yet been studied.

Schwartz [5] attempts to define the role of patient advocate and concludes that there is lack of clarity on what this entails and which values it ought to encompass, pointing out that nursing is not the only profession claiming to advocate for the patient. Schwartz [5] offers an amalgam of characteristics drawn from sources in the literature, but concludes that no conclusive role definition in a health care setting has yet been provided.

The American Nurses' Association is the largest professional and lobbying organization for nurses in the United States of America. Although extensive resources are invested in advocating at the policy level, many important documents are restricted to members only. Kieffer [7], in a study of bedside nurses, found that the ANA Code for Nurses, a document intended to address goals, values and ethical precepts including advocacy was often confused with Standards of Practice or a Patient's Bill of Rights. The Code is available for purchase, and as such not generally available to all nurses or to the lay public whose advocacy nurses are intending to foster.

Vincent & Reed [8] point out the many challenges and opportunities for nurses that are apparent as a result of the Affordable Care Act, legislation enacted at the federal level in 2010 that created a variety of mechanisms to ensure access to health care for all Americans. Opportunities are developing for nurses to occupy key roles in primary care, expanded roles in preventative care programs, and increased coordination of care across the health continuum. De-emphasis of acute care and adoption of wellness models will trend to community care and nurse-led programs. New areas to be addressed could be those that present barriers to new autonomies such as scope of practice issues and barriers to reimbursement. Knowledge of how to traverse the political system including being present at meetings and hearings where policy is being discussed will be necessary for nurses to successfully advocate not only for patients and communities, but also for the profession.

## II. POLITICAL SCIENCE CONTRIBUTIONS

An area that has not yet surfaced in the nursing literature is the context of models regarding political advocacy drawn from the field of political science. Given that the voting age in the United States of America is 18 and qualities of good citizenship include many avenues for input to impact public

June 21, 2014.

This work was not supported by any grants or funding.

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policy, the investigation of nurse advocacy begs to be broadened to fulfillment of good citizenship in general from the existing robust studies of advocacy behavior in the field of political science. This point of view is somewhat contrary to existing nursing literature that promotes the concept of citizenship as one that is rather new for nurses and as such should be introduced into nursing courses such as community health or health policy. It should be noted that in their review of nursing textbooks from 1990 to 2008, Carnegie & Kiger [6] suggested that critical social theory could offer a framework to study and promote greater involvement in community and national settings especially where health inequalities are found to exist. Carnegie & Kiger [6] also emphasize that greater involvement in population care and prevention requires a shift to expand the focus from the more traditional individual nurse-patient relationship. Further, Carnegie & Kiger [6] also mention that the term “advocacy” was unclear and at times could actually be perceived as negative and paternalistic, given that advocacy implies doing something on behalf of a person or group as opposed to teaching self-reliance. In a literature review, Phillips [9] ties together the connection between political powers of nurses enumerated by Abood [10], the importance of nursing curriculum preparing for political advocacy, and prior studies of political astuteness (Primomo [11]). A discussion of political advocacy behaviors from the political science literature is warranted to nourish an understanding of effective behaviors that can be included in nursing curriculum.

Straughn & Andriot [12] studied the relationship between higher education and political participation. While formal instruction on the political process may be helpful, specific education about process is not a driving force towards civic engagement. Rather, normative commitments to civic engagement based on personal convictions of what good citizenship entails in addition to discerning dialog on pertinent issues, were found to be associated with higher education. The examination of issues and options for participation such as letter-writing, petitions, dialog with legislators and dissemination of information to others were important factors thought to be gained from curricula. A definition of political involvement was advanced to describe participation in voluntary activities with the purpose of influencing views and behaviors of elected officials or other citizens. Analysis of data from a periodic (every 2 years) national sampling of adult voters (n=1465), the overall effect of education on active citizenship was found to be significantly positive. Discussion postulated that cognitive resources such as verbal skills and social memberships were also responsible for significant positive results regarding grass-roots activism. Some comments for future consideration are worth mentioning, such as that educational attainment may be related to prior cohort socialization such as exposure to citizenship behaviors early in adulthood, and that first generation immigrants represented a subset who scored lower on predictors of political participation. Alternate modes of political participation may emerge, such as with the under-30 age group being involved in specific polarized issues rather than ongoing civic involvement. Why these findings are relevant for nursing education in terms of student demographics, the skills and commitment for civic engagement, prior levels of

involvement, and knowledge of grass-roots activism may be appropriate for examination and inclusion in curriculum.

#### A. *Resource Model*

Brady, Verba & Schlozman [12] published a hallmark study incorporating resources as factors related to voting behavior, expanding on prior models that used socioeconomic status (SES) variables as predictors which were limited to categories of education, income and occupation. The Brady [12] study expanded on the extensive literature related to socioeconomic status and voting behavior and is important to an understanding of potential for nurse involvement. A resource model was developed where time, money and civic skill were introduced as variables. Relevant for nursing education is the importance of development of civic skills, as it is postulated that these skills can be developed in many ways in adult life, including the workplace and in the classroom. Development of civic skills require both the structured involvement for practice, such as course assignments, and the platform to improve personal mastery, such as being involved in political activity or advocacy. Thus, didactic learning about political processes or discussions about advocacy are insufficient for efficacy without practice opportunities for skill acquisition. Brady [12] examined acts of political participation such as voting, donating of campaign money, contacting elected officials, and working informally on community issues. Results showed a positive correlation between political activity and resources such as education and vocabulary ability. Civic skills acquired as an adult were also significant, emphasizing the role of institutions such as schools or participation in student government in fostering such skill acquisition. Political interest, in contrast to civic skills, was the strongest variable in terms of explanation of voting involvement. Brady [12] postulated that education impacts voting in this way by stimulating and nourishing political interest through critical inquiry and dialog, with civic skills providing support for action beyond voting.

#### B. *Unionization*

Since many nurses are represented by labor unions for collective bargaining, it is appropriate to mention union membership in the discussion of advocacy and political behavior. Zullo [14] broadly describes one aspect of unionization as involving a separation between managers and those being managed, creating a more equitable balance of power, perhaps paralleling the democratic society outside of the workplace. As such, specific issues of collective bargaining aside, union participation may provide one opportunity to hone skills for civic involvement. This educational aspect has not been studied by nursing scholars. Another area for investigation is the impact of a unionized workplace in comparison to nonunionized organizations and the relationship to ease or barriers to fulfillment of the advocacy role on behalf of the patient.

### III. POLITICAL ASTUTENESS OF NURSES

Conger & Johnson [6] acknowledge the position of political action by nurses evidenced by the Social Policy Statement of

the American Nurses Association and the American Association of Colleges of Nursing where health policy and political action are noted as essential elements to be included in nursing curriculum. Suggestions for integrating practice of civic involvement skills in various levels of nursing curriculum are discussed, consistent with the importance mentioned by Brady [13]. One element that was not discussed was how to determine knowledge and skills acquired in adult life prior to enrolling in nursing higher education, in other words, what nursing students already know from prior life experience. Use of the Political Astuteness Inventory (PAI) developed by Clark [15] has been used for this purpose by Primomo [11] and by Byrd, Costello, Gemel, Schwager, Blanchette & Malloy [16]. Primomo's study [11] involved 47 Masters of Nursing students; the PAI was administered at the beginning and at the end of a health policy course. At the end of the course, increases in scores were shown in areas of knowledge of issues, information gathering and how to be an effective advocate in the policy arena. Also using a pretest/posttest design, Byrd [16] administered the PAI over several semesters to nursing students in a community health nursing course (n=300). The greatest increases in scores were again in the areas of conceptual knowledge, such as becoming acquainted with legislator voting records and contact information regarding issues at the state and federal level.

Both Primomo [11] and Byrd [16] commented that further study is needed regarding impact on behavior change. Both also commented that the PAI is a valuable tool to measure astuteness as well as changes in level of astuteness following classroom interventions.

#### IV. PURPOSE

The purpose of the current study with bachelor level students in a senior level health policy course was twofold. One purpose was to determine aggregate entry level political astuteness so as to inform needed course curriculum. This purpose has been fulfilled by identifying pre-test knowledge and activity gaps. Another purpose was to measure change using a pretest/posttest format as in prior studies, but now gathering data from senior level undergraduates in a health policy course. This second purpose addresses the efficacy of this particular course and also serves to identify remaining gaps for further curriculum revision. The fulfillment of this second purpose is in process at this time.

#### V. METHOD

Permission to use the PAI [14] from the author was obtained, as well as IRB approval to use course surveys in this research study. Subjects were enrolled in an online RN to BSN completion program in a large minority-serving public university in California, USA. The PAI was prepared in an electronic survey format and the link to access the survey was placed into the Syllabus and Assignments area of the online classroom. Students were informed regarding the purpose of the survey, and participation was voluntary. Surveys were collected from undergraduate students during the first week of class across three sections of the same online class (n=101).

#### VI. RESULTS

As shown in Table I, of the 101 students who participated, 47% were in the 30-39 year old age group yet 57% had been in practice as an RN for less than 5 years. This demographic of mature adults relates to Straughn & Andriot [11] and Brady [12] discussions about adults acquiring civic skills earlier in life. As the PAI gathers self-reported data about activities, not skills, further investigation regarding skill sets for effective political participation (such as leading a meeting or writing a letter) is warranted beyond the PAI for curriculum development.

On the topic of voting, as shown in Table II, 85% were registered to vote, but only 71% voted in the last presidential election. According to the study by Straughn & Andriot [11], higher education is predictive of higher voter turnout (80-87%) as compared to the general population with education of high school or less (40-66%). Further investigation regarding lack of participation such as lack of interest or time could be explored through classroom discussion.

Regarding professional nursing organizations as a source of participation for practice and public policy issues as well as keeping informed on current issues, the PAI contains a cluster of questions about participation, attending meetings and national conventions. Less than 10% answered in the affirmative regarding participation and 79% indicated lack of knowledge of current issues being discussed by professional organizations. Regarding professional organizations as a source of information, 48% indicated they hold membership in one or more such organizations. Further investigation of civic skills needed to engage actively rather than passively holds promise for curriculum development.

On the cluster of questions related to political process and elected officials, 75% of students did not know how to find out more information about health related issues, such as proposed legislation or new laws, and 86% did not know which elected representatives are supportive of nursing. Fortunately, the process of discovery about current legislation and background of elected officials is covered in the course, so this knowledge deficit should already be addressed in the curriculum content. On the pre-test, students indicated that they have not communicated with a legislator on health issues (89%) nor have they met a legislator (95%) or served as a resource person on legislative issues (98%). The ability to provide input and expertise on policy issues as well as advocating for consumers and the nursing profession is identified as a core essential for baccalaureate education by the American Association of Colleges of Nursing [4], so including activities to build these skills in this undergraduate course is critical.

Pre-test findings indicate that many of the respondents were not aware of current issues nor were they knowledgeable about how to locate or otherwise interact with elected officials, lobbyists, or professional organizations. As far as being registered voters, survey results were consistent with Straughn & Andriot [12] in that higher education is predictive of voter turnout. The pre-test results informed curriculum development by demonstrating where gaps exist between knowledge and practice, and where information gaps

about basic issues were present. Curricula can incorporate skill-building to support nursing participation in political processes, such as how to apply for an absentee ballot, ways to get involved in public comment periods regarding legislation, how to meet and sustain relationships with elected officials, and how to utilize offerings from nursing practice organizations as professional development opportunities where political impacts are concerned. Ways to get involved in development of public policy such as serving on committees and how to seek such appointments could be incorporated into the course. The post-test was administered at the end of the course, where results demonstrated increases in didactic information such as knowing whom to contact for questions regarding legislation.

TABLE I.

PRE-TEST DEMOGRAPHICS

Respondent Demographics			
Years Practiced as an RN	< 5 years	5-9 years	>9 years
	57%	28%	15%
Age Group	20-29 yr	30-39 yr	40+ yr
	30%	47%	23%

TABLE II.

ACTIVITY AND KNOWLEDGE

Political Activity and Knowledge		
	PRE-TEST	POST-TEST
	YES n=234	YES n=204
Registered to vote	86%	86%
Voted in last election	71%	72%
Attended recent state or national nurses organization conference	6%	8%
Aware of current issues discussed by nursing organizations	20%	41%
Know whom to contact for health-related issues at the state or federal level	24%	86%
Know which elected officials are supportive of nursing	14%	73%
Have communicated with a legislator on health issues	11%	27%
Personally acquainted with a senator or representative	5%	6%
Served as a resource person on health related issues	2%	3%

VII. RECOMMENDATIONS

Based on research from the field of political science, civic skills are important to operationalize knowledge of advocacy in the realm of public policy. The definitions of advocacy in the nursing literature are varied and imprecise, especially with reference to patient advocacy, although the expectation of

patient advocacy is embedded in the role of the Registered Nurse. Advocacy activities by nurses as caregivers are well established in nursing curricula and include teaching and planning for optimal health for individuals as well as addressing needs of vulnerable populations. Using nursing knowledge to inform legislators by serving as a resource person to an elected official or committee is not as well known although every nurse is very likely to be capable of functioning in such a capacity in community life. Advocacy activities as such often do not include the leveraging of nursing knowledge and expertise in the formation of public policy and legislation, precursors to a state of affairs where there are issues of environmental pollution and food quality, vulnerable populations lack adequate access to care, issues of nurse-to-patient ratios and fair wages still persist, and schools do not offer nutritional meals for youngsters. Anger management related to use of handguns and other weapons as well as violence in our streets remain public health issues. These and other issues of public concern are just a few examples of where a greater involvement of nurses utilizing political astuteness coupled with professional expertise for effective interventions and solutions could benefit health status locally and nationwide.

A review of the nursing literature suggests that further research into definitions of patient advocacy in relation to vulnerable populations and cultural competence be performed such that Registered Nurses are acting ethically and in congruence with patient wishes. Since many nurses function in unionized environments, further investigation into advocacy efforts, methods, and effectiveness should be done with the workplace environment as an independent variable to determine efficacy and development of civic skills where collective bargaining is a consideration.

Further, civic skills to enable patient and professional advocacy to the fullest are recommended for curriculum development threaded throughout the degree program rather than inserted into an isolated course. Given that advocacy skills may be developed at any time in an adult's lifetime, and given that political processes invite participation regardless of formal education, it is recommended that an inventory of civic skills be done at the beginning of nursing programs and skills infused throughout the curriculum rather than isolated to a designated course within the program. The PAI has indicated where activities, skills and knowledge are needed and provides valuable guidance for curriculum development.

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