AN ASSESSMENT OF NURSE CONFIDENCE, PERCEPTION OF INDIVIDUAL IMPACT, AND VIEW OF PROFESSIONAL RESPONSIBILITY TO INFLUENCE POLICY

by

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ABSTRACT

Professional governing organizations call all registered nurses to engage in political advocacy to improve the delivery of care as well as to promote positive change in the health care system. Little is known about the confidence of nurses towards engaging this mandate as well as their attitudes regarding the impact on patient care. This project outlined the impact of educational content in a nurse's confidence level to engage political advocacy, perception of ability to impact health policy, and perception on professional responsibility to engage political advocacy. It includes a literature review on nurse views regarding their ability to address practice and health care issues, explore what inspires nurses to engage in professional advocacy, research nurse' attitudes regarding how political action affects them professionally, and a review of existing research regarding the impact of education on an individual nurse's confidence. Two state nursing associations developed continuing education activities which they provide regularly to nurses with content aimed specifically at increasing participation in political advocacy. The content of these events included information regarding historical political efforts that have advanced the nursing profession, updates of current issues, instruction on legislative process engagement and strategies for success, and information on resources and support that are available for engagement in political advocacy. Participants at these state events were surveyed before and after the educational event to learn if nurses' knowledge, confidence, perceptions, and disposition towards engaging political advocacy increased with receipt of educational content on the topic. The dependent samples t-test demonstrated significant difference $(t(47) = -7.99, p < .001)$ between the scores before ($M = 80.2$, $sd = 14.67$) and after the intervention ($M = 89.9$, $sd = 14.82$) supporting the hypothesis that participant scores would positively change on engaging political advocacy.

CHAPTER ONE – FOUNDATION OF THE PROBLEM

Foundation of the Problem

Professional governing organizations representing nurses claim that registered nurses have an obligation to engage in political advocacy efforts. The nursing Code of Ethics published by the American Nurses Association (ANA) in 2015 outlined the core values and principles that guide nursing practice. Provision seven of the ANA code describes the responsibility of nurses to advance the profession through research and scholarly inquiry. The provision also calls on nurses to advance the profession through improvement of professional standards both in practice and in health care policy (ANA, 2015). Finally, nurses witness daily the inadequacies of health care delivery and the impact that social disparities have on population health. The author believes that nurses should feel empowered and responsible to challenge the system as well as the laws and rules that govern health care delivery.

Along with the Code of Ethics, the ANA published the Standards of Professional Practice which outlines the expectations of professional nurses as it relates to scope of practice and standards of nursing practice. The standards on professional performance include nine, ten, and twelve which specifically focus on practice research, quality of practice, and leadership in professional practice (ANA, 2016). In this guiding document, the ANA outlined the importance of advocacy as a critical aspect of nursing practice and as a conduit for improvement and change.

Another important consideration supporting the responsibility of the nurse role in political advocacy is the fifth core essential of Doctor of Nursing Practice education defined by the American Association of Colleges of Nursing (AACN) as health care policy and health care advocacy (AACN, 2006). This core essential states that government policy, institutional policy, and organizational standards all affect care delivery. Policy can impede or enhance the health care system; therefore, nurses must engage the process of policy development in order to provoke a positive impact.

The idea of political advocacy to address health care issues and social disparities is not new. Florence Nightingale recognized this responsibility long ago. She said, “But in both hospitals and private houses, let whoever is in charge keep this simple question in (her) head, not, how can I always do this right thing myself, but how can I provide for this right thing to always be done?” (Moore, 2015). The problem is that there may be many nurses who do not generally engage in political advocacy when it is critical to not only take exceptional care of our patients but to also take exceptional care of our profession.

Using the State of Ohio as an example, there are over 220,000 registered nurses licensed in the state and there are less than 11,000 members that belong to the state professional association. Of the 10,500 nurses who are members, less than five hundred of the nurses are actively involved in political advocacy at the state and national level (Ohio Nurses Association, 2018). In a second example, the State of Montana has 23,000 licensed registered nurses and approximately 3,000 are members of the professional association.

The associations have both conducted formal and informal surveys to gather information from nurses in the state regarding their views of political engagement. In both associations, nurses have expressed feeling a lack of ability to impact change in both the profession and the health care system. They are frustrated by system issues but largely do not feel they have an ability to make a change. Nurses have expressed reasons for lack of engagement as being busy balancing their work schedule and life; therefore, their perception is that taking the time to get involved in political advocacy may not be a good use of their time (Montana Nurses Association 2018).

Nurses have cited problems such as lack of resources at hospitals, staffing issues, patient and nurse safety concerns, and issues affecting care delivery is frustrating to them on a daily basis (Ohio Nurses Association, 2018). All of these issues expressed by members are problems that are being addressed in the association policy efforts; issues that can be addressed rather than tolerated.

Goal of the Project

Knowing the general disposition of nurses towards political advocacy, this project was designed with the goal to bring nurses to the realization that in order to advance as professionals, promote safer care environments, and provide quality care, nurses must continually explore innovative ways to develop and improve health care including policy efforts. Through this broader approach to caring for the profession, nurses are better positioned to take care of patients.

CHAPTER TWO – LITERATU`RE REVIEW

Literature Review

The literature was reviewed to explore registered nurses and advanced practice registered nurses' views regarding their professional obligation and ability to address practice and health care issues through political advocacy. A comprehensive research study of nurse beliefs and practices of health care policy was conducted by a University of Windsor student in 2014. There were 201 of 1000 randomly selected nurses from the Canadian Nurses Organization who completed a survey and were selected for the study. The project concluded that the majority of nurses studied believed political involvement was important and were interested to learn more about how politics affect health care, but the nurses were lacking motivation to engage. Time constraints and lack of education were identified as contributors to the lack of engagement (Aviolo, 2014). Overall, nurses were found to have strong voting habits and were likely to discuss nursing and health care issues with their colleagues, but they were not as likely to engage publicly with elected officials, write letters to local papers, or engage in public political events (Aviolo, 2014). The results of this research underscored the need to consider additional education on political science in nursing programs and other active learning courses in political advocacy.

Betts (2008) supported the mandate of political advocacy occurring in concert with the science of practice as being critical to nursing's impact on patients and health care. Betts outlines the importance of nurses to self reflect on their own political beliefs

and values in order to gain awareness of any prejudices or ideals that may not be in concert with overall health care standards (Betts, 2008). This is important for all nurse professionals as they also consider the impact of political engagement as a professional responsibility. The findings in this publication and that of author Avolio (2014) both demonstrate strong support of the value of continuing education for nurses with a focus on political process and advocacy.

The literature was also explored to gain greater definition of what inspires nurses to engage in professional advocacy and their attitudes regarding how political action affects them professionally. While education-related factors are shown to influence the level of nurse engagement in political advocacy, other factors such as mentorship, role modeling, and experiential learning also contribute to increased levels of political engagement according to authors Buck-McFadyen and MacDonnell (2017). In addition, the research builds on a documented understanding that inspiration for engaging political advocacy comes from a nurse's strong social justice and feminist conviction (Buck-McFadyen & MacDonnell, 2017). The acknowledgement of this research confirming that nurses have a strong tendency to be inspired into political advocacy through this conviction provides a greater understanding of the foundation for nurse tendency to engage issues from a political angle.

The final investigation of literature was focused on finding research that sought the impact of education on an individual's confidence. An article by authors Peng, Lee, Lee, Huang, Chang, and Wallace (2017) demonstrated that after an educational activity, providers had a significant increase in their confidence level ($p < .000$). It has also been

documented in the research that one's perception of their own abilities is a predictor of performance (Weidong, L., Lee, A., & Solmon, M 2016). It could be considered then that a lack of knowledge in concert with poor perception of ability in political advocacy could affect nurse confidence to engage.

Theoretical Framework

Nurses are important leaders in political advocacy. Historically, health care focused only on interventions, quality of interventions, and how well the intervention was carried out. In health care today, there is an increasing importance in demonstrating the connection of the interventions provided and the impact and value for the patient. This change has commanded that nurses not only deliver care but also that they connect the relationship of the process of care delivery to the expected impact for the patient (Porter-O'Grady & Malloch, 2017). This transformation in practice commands leadership in all nurses as a fundamental responsibility of their role. Nurses must exercise leadership skills in all aspects of organizational care delivery to seek the change and innovation necessary to advance their employment organization and optimize patient outcomes. There are three relevant theories that provide foundation to this project. They include transformational leadership, complexity science, and Benner's novice to expert theory.

As an advocate of transformation in practice, Langley et al, (2009) suggests efforts to address issues in health care should include taking initiative on change issues that a significant long-term impact (pg. 4). Legislative changes are implemented through political advocacy and have very long-lasting effects given they become statutory law. Examples include state law defining scope of practice, title protection, health care

staffing, violence in health care, scope of unlicensed providers, payment parity, Medicaid expansion, and prescribing laws. These issues affect such things as access to health care, direct care delivery, and can address social determinants of health. This described leadership responsibility of the nursing profession underpins the role in engaging political advocacy.

There are many opportunities for leading political advocacy given the complexity of our health care systems. This complexity is compounded by the digital age and the volume of information that overlays health care science. Ideally, transformational leaders are at the helm of these complex environments and driving the necessary change and organizing professional advocacy efforts to address issues. These leaders generally have an optimistic global view focused on solutions and a vision for the future (Barker, 2006). This transformational leadership style is critically important in navigating political change in order to overcome the multiple views of stakeholders who may only see barriers to issue resolution. Transformational leaders can be at any level of the hierarchy and are acutely aware of how complexity affects change. These leaders must be both self-aware and system-aware and successfully articulate issues to promote collaboration with both non-health care and health care-based stakeholders.

Leaders of health care advocacy must also be aware of the theory of complexity science in health care. When considering complexity science and the impact on health care, the mandate for change is no longer episodic but rather a constant to be expected in health care environments (Weberg, 2012). Knowing this, efforts of political advocacy

will likely be a collaborative and interprofessional effort and an ongoing process in order to keep up with the dynamic nature of continuous health care transformation.

In our complex health care system, all aspects of the system are interconnected and interact with one another. This interconnection is necessary for the momentum and energy needed to influence change and innovation (Weberg, 2012). Additionally, in the process of innovation within our systems, it is essential to engage all stakeholders. This is fundamental to successful legislative efforts where many interested parties are involved.

Engaging stakeholders who are affected by issues is more effective than change that is motivated by external forces commanding the change (Porter-O'Grady & Malloch, 2017). This concept is especially important in policy change pursued outside the walls of our health systems but which greatly affect such things as care delivery, reimbursement, and access to care. In political advocacy, engaging stakeholders and interested parties are critical to successfully addressing issues and those who work in the system are best positioned to uncover and plan for innovative change. Therefore, it is important for nurses to be leaders in pursuing change before it is required.

A Gallup study in December of 2017 reaffirmed that nurses are the most trusted profession, with 84% of Americans rating nurses as very high/high in terms of honesty and ethics (Brenan, 2017). The poll results demonstrate that patients place a great deal of trust in nurses to give them the care they need with a level of quality and safety they deserve. In order for nurses to maximize their ability to care for patients, they must look beyond the bedside of individual patient care and recognize the aspects of health care that affects our patients on a much larger scale.

The third theory that provides a foundation for this project comes from Patricia Benner. In 1982, Dr. Benner developed the concept of levels of nursing experience from novice to expert (Benner, 1982). The theory suggests that nurses develop skills and an understanding over time from a combination of education and personal experience. Brenner's theory is important as a foundation for this project because the educational experience of the intervention is intended to impact nurse perception, motivation, and perceived impact they can have on individual patients and the health care system through educational intervention and experience.

Another consideration regarding Patricia Benner's theory is that nurses may not recognize the impact they can make as a novice or as an expert in engaging political advocacy. Both levels of experience as well as all levels in between matter a great deal as their professional stories are what moves law makers most in understanding the impact of their decisions (Minton, 2017). Novice nurses, expert nurses, and nurses of all levels of experience inform the future of the profession and can provide solutions to the issues in the profession and in health care as a whole. Essentially, Brenner's powerful theory contends that the expert nurse designation does not rely solely on title designation or who is the most highly paid but rather on the nurse who has provided the most exquisite care at all levels (Nursing theory.org 2019).

Translational Framework

The translational change theory model for this project is by Dr. John Kotter. Kotter's steps for change include: 1) defining the need for change and creating a sense of urgency, 2) finding those who support your idea and forming a coalition, 3) create a plan

for the change, 4) consistently communicate the change, 5) empowering the team to act on the change, 6) allowing and planning for small wins to reach the ultimate goal, 7) being aware that other need for change may become apparent and divert the original plan, and the last stage, 8) making sure the systems are in place for ensuring the change (Kotter, 1996). Kotter's model provides methodical steps the promote change that is not only successful but also encourages the change to become permanent. A model where there are assurances in the process that prevent or discourage reverting back to the old way of how things have always been done.

Rogers Theory of Diffusion of Innovations is also considered in this project given the target participant group of nurses. Rogers is a five-step change theory that includes knowledge, persuasion, decision, implementation, and confirmation (Rogers, 2017). The individuals Rogers describes are the innovators who embrace change and are venturesome, early adopters who like to learn from the innovators and engage the change early on in the process, early majority who learn from people they know, and late majority who adopt the change once they see something proven and it feels like status quo in the organization (White, Dudley-Brown & Terhaar, 2016).

Change does not come easy and there are several barriers to change that need to be recognized. This recognition allows us to overcome them and successfully implement new innovations. Reasons individuals may not be open to change include, personal adversity to change, lack of understanding the problem, or individuals or groups being uncomfortable with the process chosen to implement change (Kotter, J., 1996). Finally, Kotter describes methodical steps for leading change. The methodical steps for change

include: 1) identify a need for change, 2) research the problem, 3) identify solutions, 4) gather a coalition, 5) plan the change, 6) implement the change, 7) evaluate effectiveness, and 8) mechanisms to give the change staying power (Kotter, 1996).

In considering the theoretical and translational framework described above, it was decided to plan a project that would educate nurses on engaging political advocacy and craft the design with the goals of informing, increasing confidence, and increasing nurse perception of the impact they can make as a responsibility of being a nurse professional. It was anticipated that the nurses that attend the educational event would achieve these goals.

CHAPTER THREE – METHODOLOGY

Methodology

Overview and Setting

The project is titled, *Advanced Practice Nurses and Registered Nurses' Confidence toward Their Ability to Influence Policy.* The goal of the project was to learn if participant's scores on confidence, perceptions of ability to impact, and degrees of professional responsibility in addressing professional practice and health care issues increased after receiving educational content on political advocacy.

The setting for the project was two state nursing associations which both hold regular educational events with the purpose of increasing nurse confidence in engaging political advocacy. The author was instrumental in leading the team that lead to the design of the educational events in both organizations over a period of 10 years. As the executive leader and an active member of both state organizations, it was noted that the mission statements included representing nursing and health care issues through political advocacy. As member driven organizations, the governing boards of both organizations place a high level of priority of the mission be carried out. Engagement of membership was also a common issue in both state organizations and a notable increase of engagement of members was noted after nurses experienced an association event. Nurses who attended the events often chose to initiate membership and current members who attended chose to become more engaged the advocacy efforts of the organization. Time and time again, nurse who attended events for the first time would say they had "no idea"

the good work the association was doing until they attended an event and became informed. Additionally, the most active members of the organization most often stated it was experiencing an association event and engaging with other active members that inspired them to become more involved and understand the impact that political advocacy could have on their practice and their patients.

In considering the impact the state association events had in inspiring new members to join and inspiring current members to actively participate in political advocacy, both association boards of directors were committed to include planning and budgeting for educational events that informed nurses about the legislative process and supported nurses in comfortably engaging and embracing the importance of political advocacy as a nurse professional. The association governing boards have the fundamental understanding that the number of members they represent matters to law makers and the impact of their members stories is powerful in moving law makers to make informed and responsible decisions regarding health care matters (Minton, 2017).

The professional organizations in both Ohio and Montana have a similar governance structure and provide four main services to professional nurses including political advocacy at the state and national level, continuing education and professional development, employment advocacy and support, and services to support and guide registered nurses in their professional practice. Both organizations have a member-driven organizational structure lead by an elected volunteer board. The associations employ staff members who work in the various departments of the association to support an overarching strategic plan defined by their respective board of directors. The team for the

educational activity design included members and organizational staff of each state association who work in the education, health policy, and nursing practice programs, were the experts who focused on the educational design and credentialing of the events for their respective states. The expected participant outcome for the educational events was that after attending the event, the participant would be more knowledgeable regarding the legislative process and current issues, and achieved greater interest in engaging political advocacy. While the expected participant outcomes for each state were aligned, the educational content and delivery design were specific to each state. There was consideration given to the potential influence difference of content and delivery design in the respective may influence the data for this project. Knowing the outcome objectives were aligned, the decision was made to include both events in the project and to consider any influence through a thorough data analysis.

Budget Considerations

The budgetary considerations for this project are interesting, for example on the expense side of the budget, the impact is quite small or null. The time involved, content experts, use of meeting software, etc. are all budgeted by the associations and conducting the project with preplanned events did not increase the cost. On the income side, there could be income benefit realized by the associations if their registration income exceeded the cost of holding the event. In Ohio, the educational activity met all the criteria required by the American Nurses Credentialing Center in order to award five contact hours to nurses with Montana's event offering one contact hour. This entices nurses to attend and receive credit that counts towards licensure and certification requirements. Both

organizations aimed to increase membership through instilling the value of their organizations impact on nurse professionals in the content delivery, which potentially adds to the financial bottom line for both organizations through membership growth.

Cultural Considerations

The cultural considerations for this project were something the author considered in depth. The project goal was to impact all nurses regardless of culture, environments, specialty, etc. There are no areas in the nursing profession or healthcare that are immune to the need for active political advocacy. In fact, cultural diversity will have a powerful impact in supporting all areas of political advocacy engagement. Every nurse is not an expert on every issue. Diversity in culture, experience, and environments will assist in the power of the nursing voice to move political agendas. Moving political agendas leads to improved health care, addresses necessary change, and affects patient outcomes and access to care at the highest level.

Testing the Theory

The goal of the project was to learn if participant's scores on confidence, perceptions of ability to impact, and degrees of professional responsibility in addressing professional practice and health care issues increased after receiving educational content on political advocacy. Testing the project hypothesis provides gained knowledge regarding the impact of the implemented intervention (Langley, et al 2009). The method for assessing the effect of the continuing education was a before and after design (Langley, et al. 2009). The testing data comparison had occurred among the entire staff

team at both state associations who recognized that when nurses are given information and tools for engaging political advocacy, they are more likely to actively participate in the health policy efforts of the association. This has been observed in one-on-one discussion with nurses and in small groups together to discuss political strategies. Overall, it has been observed that those nurses then tend to have more interest and confidence in actively joining association advocacy efforts (Ohio Nurses Association, 2018 and Montana Nurses Association, 2018).

There have been several opportunities for testing the hypothesis of nurses gaining confidence after receiving educational activities. Many educational events are planned each year addressing issues nurses face in the profession at the state nurses' associations. While evaluations are completed by the participants as a condition to receive contact hour credit, the participants have not specifically been evaluated on their increased confidence level or change in professional self-perceptions after receiving content. This project was the first time for both state associations where the participant confidence and professional perception of the content was evaluated.

Project Intervention and Implementation

The educational activity design is a continuing education activity in two separate state nursing associations developed with content that includes focused areas from published literature. Equal weight was given to all the educational content areas. The content included information regarding historical political efforts that have advanced the nursing profession and an update of current issues being addressed across the nation. There was also content on the legislative process, how to engage political advocacy, and

strategies for successful approach to addressing identified practice and health care issues. Finally, there was a focus of how to engage current political activities and different state and national organizations that are addressing issues in the nursing profession. Further information was provided to learners on resources and support that are available for those who desire to get involved in political advocacy. Finally, with the Montana event, there was opportunity for the attendees to have real-time interaction with elected leaders and lawmakers, including current Governor Steve Bullock.

The target audience was registered nurses, advanced practice registered nurses, and then later in the project there was an opportunity to add nursing student participants. They were sought through a broad notice of event availability on social media platforms including Facebook, LinkedIn, and association websites.

An IRB exemption was approved through Montana State University for the project and participants were given an information sheet at the beginning of the education activity that summarized the project and their opportunity to voluntarily participate in the survey. Those who elected to participate were then evaluated before and after attending the educational activity regarding their professional perception, knowledge, and skills in engaging political advocacy to address professional issues. Their confidence in professional issue engagement was evaluated in terms of willingness to engage non-partisan issues surrounding health care improvement, the advancement of the nursing profession, and improvement of access to safe quality care for patients.

Tool, Data Collection, and Evaluation

The evaluation of the confidence level of the nurses was assessed through a Likert-type survey tool. Several tools were reviewed and seven were chosen for serious consideration. All tools that were considered tested self efficacy, confidence levels, or both. One tool that studied the relationship of self efficacy and confidence in associate degree students had strong attributes but also a heavy focus of critical thinking clinical practice questions that would not be appropriate for this project (Fox, 2003). Another that was more specific to testing confidence in the learners after simulation scenarios, offered a strong approach to gaining information regarding skills and knowledge confidence. Much like the first tool mentioned, there was a strong focus on clinical confidence in skill performance which would not fit the goals for this project (Newberry, 2014).

Other tools were dismissed because of their inquiry of demographic information. Some had a heavy focus on instructor effectiveness and content delivery, and two tools which offered a survey that appeared to test ability of the learners rather than exploring their disposition regarding the educational topic.

A tool used by Peng, Lee, and Lee, et al. (2017) provided a model that was most in concert with the goals of data collection for this project. The survey questions were specific to testing confidence and the learners were in health care. Additionally, the tool offers a thorough evaluation of learner confidence, perceived ability to impact, and sense of responsibility towards political advocacy through questioning both in a direct and reverse fashion. This dual approach provides additional tool strength when considering the quality of individual responses.

CHAPTER FOUR – OUTCOMES

Outcomes

Attendees at two state events were surveyed before and after the educational activity to assess the impact on learner knowledge and confidence for engaging political advocacy to address professional and health care issues. The Ohio event was held on October 17, 2018. Participants at the event were provided with an information sheet prior to the educational activity that explained the purpose of the survey and the option to voluntarily participate. Five of the 26 attendees chose to participate in the project. The Montana event was held on January 31, 2019 with 50 attendees including 14 registered nurses and 29 student nurses who chose to participate in the survey. The survey tools for each event for this project are located in Appendix B and Appendix C respectively.

The survey questions collected responses specific to three key areas: participant confidence in engaging political advocacy, participant view of their profession responsibility to engage political advocacy, and the participants view of their individual level of personal impact if they engaged political advocacy. The Likert scale used was a six-point scale (1-never, 2-rarely, 3-sometimes, 4-often, 5-always, 6-unsure) for every question and the evaluation approach organized responses for all three of these focus areas. The data analysis included evaluation of all participant responses from both events together and separately. Additionally, the Montana participant responses were evaluated together and separately by registered nurse and student nurse. The participants from both state events were assigned identifiers that allowed for differentiation.

Data Analysis

When recording the data from the surveys, there were seven times when a participant responded on the pre or the post survey and left the same question on the pre or post question unanswered. Higgins and Green (2011), published options to follow when dealing with missing data. These include analyzing the available data and ignoring the missing data, replacing the missing data with a value and treating as though they were observed, imputing the missing data and accounting for the fact that they were entered with uncertainty, and lastly, using statistical models to allow for missing data and then making assumptions about their relationships with the available data. (Higgins, & Green, 2011) Additional information provided by this source offered general recommendations for dealing with missing data considering these principals. They are offered in Cochrane reviews and state that whenever possible, contact the individuals who conducted the study to request missing data and make all assumptions of any methods used to overcome missing data transparent. (Higgins & Green, 2011) In this case, it was not possible to contact the individuals as the survey responses were collected without identifying information.

After review of the options for addressing missing data, it was decided that each of the missing responses should be handled in a consistent manner. It is prudent in statistical analysis to be extremely sensitive to the potential impact of missing data. Assumptions were carefully thought through in recognition that the raw data could not be obtained to complete the data collection. With this in mind, the study assumed that the answer to both questions was the same. This decision was made based on the assumption

that there was no change in the participants response and there for would not skew the results. This approach was chosen because it provides the most balanced approach given any other value could skew the calculations. Additionally, there was no way to assume what the missing values should have been. (Higgins & Green, 2011)

Another issue that needed to be addressed with the response data was the option for participants to choose number six. Number six was the option if participants were "unsure." The issue is that the number six is a higher number than all the other responses. If a participant chose number six in the pre-survey (which reflects as "unsure") and then chose number five (which reflects as "always") in the post-survey, then while the participant demonstrates a positive or increased impact by the intervention, the calculation of the numbers for averages among participants would be inaccurate because the number six has a higher value than the number five. This issue also disregards the degree of positive impact given all other answers have a smaller numerical value than the number six. In order to correct this issue, all pre and post question responses with the number six were changed to reflected zero unless both responses were six. If both responses were six, then the responses were unchanged. This decision ensured that those questions did not have the ability to influence or skew the change score results for any of the domains analyzed. The responses were both zero, therefore the change response was no longer impacted inaccurately. It was difficult to find a citation to support this decision because it originated with the survey design. The decision essentially eliminated the ability for the questions to influence the change results and the lesson learned for the

future would be to design the survey with a 5-point Likert scale, eliminating the "unsure" response option for this particular study.

A final future consideration for using the tool is the reverse questioning design. There were twenty-six questions total, five of which were questions that were asked in the reverse. For instance, asking the participant to rate their "comfort level" of engaging political advocacy in one question, and then further down the survey asking the participant to rate their "discomfort level" of engaging political advocacy in a separate question.

It was initially perceived by the author that asking a similar question in reverse style may strengthen the credibility of the data by giving the participants opportunity to answer a question from multiple angles. Instead, this method of questioning offered an opportunity for the participants to misread the question if not paying close attention to the reverse tense. There is no way of confirming the incidence for this project, however there was indication of occurrence with one participant given the reverse question answers given were not consistent with the original question. In the future, maintaining consistency in question design will be more reliable in achieving the intended data and omit the possibility of participants misreading survey questions.

Results

The dependent samples t-test demonstrated significant difference *(t*(47) = -7.99*, p* < .001 *)* between the scores before (*M* = 80.2, *sd* = 14.67) and after the intervention (*M* = 89.9, *sd* = 14.82) supporting the hypothesis that participant scores would positively change on engaging political advocacy.

Next, an independent samples t-test was performed *(t*(42) = -0.19*, p* = .84*)* to understand if registered nurses who attended the Montana event *(m* = 9.0*, sd = 3.52)* and registered nurses who attended the Ohio event *(m = 9.97*, *sd* = 3.35*)* differed significantly in their change scores. The result indicates that despite attending different educational events with unique designs, the registered nurses of both events benefitted similarly from the respective interventions. This data comparison demonstrated not only was there a positive impact in the evaluated areas but that the event attended did not impact the participants readiness to engage political advocacy, confidence, view of professional obligation, or personal perception of ability to make an impact in political advocacy.

Additionally, an independent samples t-test was performed to understand if registered nurses *(m* = 10.84, *sd* = 3.52*)* and students *(m* = 9.87, *sd* = 3.05*)* differed significantly in their change scores *(t*(46) = 0.75*, p* = .45*)*. The result indicated that despite having more experience in their professional role, both students and registered nurses benefitted similarly from the intervention. This data comparison demonstrated not only was there a positive impact in the evaluated areas, but that level of career did not impact the participant's readiness to engage political advocacy, confidence, view of professional obligation, or personal perception of ability to make an impact in political advocacy.

Additional analyses were performed to understand if different subgroups of participants experienced greater change in any of the domains of interest. The three subgroups were students *(m = 8.97, sd* = 3.05*),* Ohio participants *(m = 9, sd = 3.35)* and

Montana participants *(mean = 11.5, sd = 3.51).* When comparing more than two means to compare for significance, a single factor analysis of variance (ANOVA) is indicated (Gravetter and Wallnau, 2014). Anova results indicated that the groups did not score differently on the confidence domain $F(45, 2) = 1.44$, $p = 0.24$, the professional domain $F(45, 2) = 1.10$, $p = 0.34$ or the personal change domain $F(45, 2) = 1.32$, $p = 0.28$. Finally, an overall ANOVA was performed to confirm no significant difference between the survey scores for nursing students, Montana registered nurses, and the Ohio registered nurses. The comparison demonstrated there was not a significant difference between these groups indicating that the intervention conferred benefit across the subgroups of attendants $F(45, 2) = 1.13$, $p = 0.33$.

In summary, the most impactful finding in the data results was that all participants demonstrated a significant positive change when pretest and post test scores were compared. This was confirmed through one significant t-test. There were three subsequent insignificant sub-analysis which demonstrated there was no significant difference between the event attended (Montana vs. Ohio), the career level of the participant (student vs. nurse), or any significant difference between participants in the subscales of confidence, perception of impact, and perception of profession responsibility.

CHAPTER FIVE – DISCUSSION

Discussion

The most important finding from this project was the demonstration that there is value in providing education to nurses and nursing students regarding how to engage political advocacy and the importance for the nursing profession. The results also support the value of educational influence on nurse confidence and supporting nurses and those entering the profession.

While the results reflect positively in all question domains, it would be interesting in the coming months to follow up with the participants and evaluate for practice changes as a result of this educational activity. This could provide insight regarding changes in professional practice, re-evaluate professional perceptions regarding political advocacy, uncover potential barriers the participants might be experiencing in engaging political advocacy, and offer an opportunity to assess participants recommendations for future events.

This project has inspired the author to continue with future projects designed to encourage nurse and health care professional's engagement in political advocacy. A project to create a policy committee pilot is being considered. The project will enlist a health system partner for the purposes of creating a newly formed committee within the system to engage employees with their employers on political policy matters. The pilot would test the impact on employee satisfaction, retention of both seasoned and newly graduated nursing staff, environmental culture, and impact on employee generational

influences within the health system. Ultimately, there is a vision by the author that a new nurse role could be created within health systems with the responsibility of political policy engagement and bridging communication across the system regarding policy impacts, regulatory impacts, and current issues facing health care.

Implementing change in health care is a complex but critical undertaking. This change occurs as implementation at the bedside, in health care environments, and through policy change in state and national legislative efforts. Regardless of where we chose to impact change, the reasons to promote change include improved patient outcomes, higher level of practice, research evidence commanding change, patient safety/reduce patient harm, and the professional satisfaction that comes from knowing we made a positive impact on improving the care we provide.

The organizational leadership in the associations included in this project, believe that the more nurse members learn about political engagement, the more inspired and excited they are to actively participate in policy efforts. Ultimately, this results in a powerful influence of the nurse voice in addressing health care issues and advancing the future of professional nursing. This project supports this belief of association leaders.

Some nurses are more comfortable sharing their stories through written letters, making phone calls, and sending texts, while others have the desire to provide testimony in a committee hearing at the statehouse or present to large groups regarding issues in health care and nursing. Whatever the level of engagement, one hypothesis that professional associations believe to be true, is nurses who are exposed to the impact made by their engagement find a renewed value and energy for their professional work and the

impact they can make in engaging political advocacy. As mentioned earlier, the responsibility of the nurse role in political advocacy is the fifth core essential of Doctor of Nursing Practice education. This core essential states that government policy, institutional policy, and organizational standards all affect care delivery. Policy can impede or enhance the health care system; therefore, nurses must engage the process of policy development in order to provoke a positive impact.

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APPENDICES

APPENDIX A

IRB EXEMPTION DOCUMENT

MONTANA
STATE UNIVERSITY

INSTITUTIONAL REVIEW BOARD
For the Protection of Human Subjects
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MEMORANDUM

TO: Lori Chovanak and Laura Larsson

FROM: Mark Quinn Mark Quinn CJJ
Chair, Institutional Review Board for the Protection of Human Subjects

DATE: October 31, 2018

RE: *"Advanced Practice Nurse's and Registered Nurse's Confidence Toward Their Ability to Engage Political Advocacy" [LC103118-EX]*

The above research, described in your submission of October 30, 2018, is exempt from the requirement of review by the Institutional Review Board in accordance with the Code of Federal regulations, Part 46, section 101. The specific paragraph which applies to your research is:

____ (b) (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

__X__ (b) (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

____ (b) (3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

____ (b) (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.

____ (b) (5) Research and demonstration projects, which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

____ (b) (6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed, or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA, or approved by the EPA, or the Food Safety and Inspection Service of the USDA.

Although review by the Institutional Review Board is not required for the above research, the Committee will be glad to review it. If you wish a review and committee approval, please submit 3 copies of the usual application form and it will be processed by expedited review.

APPENDIX B

ONA ADVOCACY ACADEMY BECOMING A LEGISLATIVE AMBASSADOR

ONA Advocacy Academy

Becoming a Legislative Ambassador

Please answer the following:

Likert-type evaluation tool for confidence pre and post educational activity (1=never, 2= rarely, 3= sometimes, 4=often, 5=always, 6=unsure)	
1. I am comfortable engaging politics in health care	1 2 3 4 5 6
2. I am comfortable answering health care issue questions for policy makers	1 2 3 4 5 6
3. I consider myself an expert in health care	1 2 3 4 5 6
4. I am comfortable sharing my viewpoint on health care issues	1 2 3 4 5 6
5. I have an inability to engage political conversations with policy makers	1 2 3 4 5 6
6. I do not feel that I can have an impact on policy decisions regarding health care	1 2 3 4 5 6
7. I feel other nurses are better at political engagement than me	1 2 3 4 5 6
8. I feel that I can help other nurse professionals to engage political efforts	1 2 3 4 5 6
9. I am frustrated by nurses not feeling empowered to effect change in policy decisions	1 2 3 4 5 6
10. I have experienced frustration by laws and rules that impact nursing practice	1 2 3 4 5 6
11. I believe that engaging political advocacy as a nurse will impact my profession	1 2 3 4 5 6
12. I regularly share my ideas for political change efforts with my colleagues	1 2 3 4 5 6
13. I find satisfaction and meaning when I engage health care political advocacy	1 2 3 4 5 6

14. In my work environment, nurses are supported and encouraged to engage political advocacy for heath care issues	1 2 3 4 5 6
15. I am comfortable leading health care political efforts in my work environment	1 2 3 4 5 6
16. I am not afraid of leading political advocacy on issues that impact my profession or my patients	1 2 3 4 5 6
17. I know where to go in order to gain information and resources regarding political issues in health care	1 2 3 4 5 6
18. I clearly understand the legislative process	1 2 3 4 5 6
19. I clearly understand the rule making process once legislation become law	1 2 3 4 5 6
20. I respect the value of opposing views in health care policy and am not afraid to engage these conversations	1 2 3 4 5 6
21. I respect and value the views of non-health care individuals when discussing issues specific to health care even when their views are different from my own	1 2 3 4 5 6
22. I recognize value in political advocacy even when efforts are unsuccessful in producing a change	1 2 3 4 5 6
23. I am comfortable sharing my point of view when it is not popular	1 2 3 4 5 6
24. I am able to speak up for the greater good rather than for my own individual needs in order to seek change in health care	1 2 3 4 5 6
25. I am able to educated policy makers on health care issues	1 2 3 4 5 6
26. I am confident with engaging political advocacy to advance health care and the nursing profession	1 2 3 4 5 6

APPENDIX C

MONTANA NURSES ASSOCIATION LOBBY DAY SURVEY

Montana Nurses Association Lobby Day Survey

(Before and After)

1=never 2= rarely 3 =sometimes 4=often 5=always 6=unsure	
1. I am comfortable engaging politics in health care	1 2 3 4 5 6
2. I am comfortable answering health care issue questions for policy makers	1 2 3 4 5 6
3. I consider myself an expert in health care	1 2 3 4 5 6
4. I am comfortable sharing my viewpoint on health care issues	1 2 3 4 5 6
5. I have an inability to engage political conversations with policy makers	1 2 3 4 5 6
6. I do not feel that I can have an impact on policy decisions regarding health care	1 2 3 4 5 6
7. I feel other nurses are better at political engagement than me	1 2 3 4 5 6
8. I feel that I can help other nurse professionals to engage political efforts	1 2 3 4 5 6
9. I am frustrated by nurses not feeling empowered to effect change in policy decisions	1 2 3 4 5 6
10. I have experienced frustration by laws and rules that impact nursing practice	1 2 3 4 5 6
11. I believe that engaging political advocacy as a nurse will impact my profession	1 2 3 4 5 6
12. I regularly share my ideas for political change efforts with my colleagues	1 2 3 4 5 6
13. I find satisfaction and meaning when I engage health care political advocacy	1 2 3 4 5 6
14. In my work environment, nurses are supported and encouraged to engage political advocacy for heath care issues	1 2 3 4 5 6
15. I am comfortable leading health care political efforts in my work environment	1 2 3 4 5 6
16. I am not afraid of leading political advocacy on issues that impact my profession or my patients	1 2 3 4 5 6
17. I know where to go in order to gain information and resources regarding political issues in health care	1 2 3 4 5 6
18. I clearly understand the legislative process	1 2 3 4 5 6
19. I clearly understand the rule making process once legislation become law	1 2 3 4 5 6
20. I respect the value of opposing views in health care policy and am not afraid to engage these conversations	1 2 3 4 5 6
21. I respect and value the views of non-health care individuals when discussing issues specific to health care even when their views are different from my own	1 2 3 4 5 6

22. I recognize value in political advocacy even when efforts are unsuccessful in producing a change	1 2 3 4 5 6
23. I am comfortable sharing my point of view when it is not popular	1 2 3 4 5 6
24. I am able to speak up for the greater good rather than for my own individual needs in order to seek change in health care	1 2 3 4 5 6
25. I am able to educated policy makers on health care issues	1 2 3 4 5 6
26. I am confident with engaging political advocacy to advance health care and the nursing profession	1 2 3 4 5 6