

2017

# Promoting Policy Advocacy in Nursing via Education

Carolyn Sue Jurns  
*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Carolyn Jurns

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2017

Abstract

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by

Carolyn Jurns

MSN, Walden University, 2014

BSN, State University of New York at Buffalo, 1981

Project Submitted in Partial Fulfillment

of the Requirements of the Degree of

Doctor of Nursing Practice

Walden University

May 2017

## Abstract

Nurses have a professional, ethical, and social responsibility to advocate for optimal healthcare and an optimal professional environment. However, nurses often default on that responsibility. Leadership at a national nursing organization's state affiliate (SNO) perceived a need to optimize its members' policy advocacy. To meet that need, the Policy Advocacy Toolkit for Nurses (PATN) was developed for this doctoral project. The evidence-based PATN relied on established theories and frameworks, notably Knowles' adult education theory and Kingdon's multiple streams approach; research specific to this project; evidence from other researchers, healthcare organizations, and government websites; and input from a statistician, nursing education experts, and SNO personnel. The PATN's creation had 2 research questions. The first research question asked what SNO members' motivators and barriers to advocacy were. Chi square tests of survey results addressing this issue found significant relationships between advocacy levels and perceived speaking skills ( $\chi^2 [4, N = 176] = 30.435, p = .000$ ), understanding of SNO's daily advocacy activities ( $\chi^2 [4, N = 176] = 17.814, p = .001$ ), and understanding of policy creation ( $\chi^2 [4, N = 176] = 33.830, p = .000$ ). The second research question asked if the PATN's design was significantly improved after incorporating SNO design-stakeholders' input. A paired sample *t* test revealed no significant difference ( $p > .05$ ) in the PATN with the stakeholders' input added. Details for evaluating the PATN's sustained effect on political astuteness, as offered in this doctoral project, were provided to the SNO. The PATN, evidence-based and built on the perceived needs of its intended users, should promote positive social change by promoting nurse advocacy.

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## Dedication

To John. The love of my life, who has always loved, believed in, supported, and encouraged me. Words are not enough to express my thanks, my love, and my respect.

To our children. Kate, thank you for your love, your words of encouragement, your practical advice, and for being my ardent cheerleader. To Matt, my gentle comforter. Your steadfast calm and love are a shelter in the storm. Thank you. To Dave and Beth. Thank you for your loving support, your English grammar tutorials, and for welcoming me during many weeks of practicums and course work. Your selflessness is an inspiration and a blessing to many. Kate, Matt, Dave, and Beth, each of you have offered your love and your resources. I appreciate your support and love you all so much.

To my Mom and Dad, Helen and William (Bill) Toczyski, who throughout my life instilled in me a desire to do my best for my and others' good.

To my Lord and Savior Jesus Christ, without whom I can do nothing.

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## Section 1: Nature of the Project

### **Introduction**

The deputy executive officer (DEO) of government relations and member engagement of a national nursing organization's state affiliate (SNO) reported a lack of political advocacy among its membership (personal communication, January 8, 2016). Because of this, the SNO has published numerous articles, offered educational units, distributed policy updates, created and filled the position of DEO of government relations and member engagement, and is investing in software to issue action alerts. However, the perceived need remains among SNO leaders (personal communication, June 7, 2016). Therefore, in January 2016, the SNO requested the development of the Policy Advocacy Toolkit for Nurses (PATN) to promote advocacy. To facilitate its development, the SNO issued a survey soliciting information to better understand its members' perceived barriers and motivators to advocacy. The focus of the toolkit reflected the information gleaned from the survey analysis. Promoting healthcare advocacy within the nursing community can lead to positive social change as it serves to optimize the nursing profession and healthcare (Patton, Zalon, & Ludwig, 2015a). This is supported by numerous healthcare-related agencies. Several examples follow. The American Academy of Nursing (2010) emphasized that nurse advocacy must be maximized at all policy levels to achieve national healthcare goals. The Institute of Medicine of the National Academies (IOM; 2011) called for nurses to be fully involved in, and sometimes lead, healthcare design and decision making in order to improve healthcare and advance the nursing profession. The American Nurses Association (ANA, 2015), in listing

advocacy within its Code of Ethics, recognized the power and obligation of nurse advocacy in making a positive social change (Hatmaker & Tomajan, 2015). Professional literature is replete regarding the necessity and benefit of nurses advocating toward positive social and healthcare change.

### **Problem Statement**

Nurses exhibit a lack of advocacy. Proof of this currently holds true within the SNO and has been demonstrated in repeated calls to action. In the last 3 years, SNO's current and past presidents, its DEO of government relations and member engagement, and other organizational leaders have expressed concern both verbally (personal communication, 2016) and in the SNO's publication, regarding SNO members' inactivity and sometimes lack of political savviness in their approach to policy advocacy. However, this practice gap persists. To bridge this gap, SNO leaders came together to promote the development of a PATN (personal communication, January 8, 2016). The PATN provides evidence-based information and strategies regarding ways nurses can effectively advocate for new or alternative policies at various levels. This advocacy among SNO members has several advantages. As expert, frontline clinicians, SNO's nurses bring a unique perspective to promote positive healthcare delivery and healthcare work environment changes within Ohio (Daley, 2007; Patton, Zalon, & Ludwig, 2015b; Prybil, Levey, Killian, Fardo, & Chait, 2012; Robert Wood Johnson Foundation [RWJF], 2010). Additionally, advocacy among SNO's nurses can increase nursing's professional legitimacy as leaders within the healthcare arena (Patton et al., 2015b). This is significant as nurses currently lack an authoritative voice in this healthcare policy

(Patton et al., 2015b; Prybil et al., 2012; RWJF, 2010). As each step in leadership facilitates nurses' personal and professional growth, a cyclical scenario occurs, giving nurses increased empowerment, knowledge, and readiness to advocate and to take on leadership roles (Grossman & Valiga, 2009; IOM, 2011). For the benefit of patients, the healthcare system, and the nursing profession, nurses must awaken and advocate in policy.

### **Purpose Statement**

The gap in practice for this project focuses on the need for SNO members to become more actively engaged in policy advocacy and, thus, ultimately improve the healthcare environment and patient outcomes. Nurses must advocate. Disch, Keller, and Weber (2015), synthesizing the work of both Barclay (2010) and Khoury, Blizzard, Wright Moore, and Hassmiller (2011), stated that with nurses' influence on medical error reduction, patient safety, and care quality, having them not involved at every level of healthcare delivery and policy formation forces all to suffer. Henrikson and Dayton (2006) agreed with this claim when noting a lack of nurse advocacy at bedsides, within organizations, and beyond is a threat to patient safety. It follows that, supporting this stance, the ANA (2015) claimed that shaping social and healthcare policy is the ethical responsibility of all nurses (Disch et al., 2015). The practice-focused question for this doctoral project is as follows: Will an increased sense of empowerment, knowledge, and readiness to engage in policy advocacy occur after nurses complete the PATN? In their literature review, Primomo and Björling (2013) correlated empowerment, knowledge, and readiness to engage in policy advocacy with attributes of political astuteness (PA).

These attributes include awareness of health policy issues and understanding and involvement in the legislative and policy processes (Clark, 2008). Using a tested measure to determine a change in nurses' PA would fulfill this project's practice-focused question. With increased PA, nurses can advance the nursing profession, optimize healthcare policy, and improve population health outcomes, thus making positive social change (IOM, 2011).

### **Nature of the Doctoral Project**

Numerous sources of evidence were collected in support of this project. A literature review was engaged in via Walden University (WU) library's multiple search engines, receiving aid from WU librarians as necessary. Through the WU library, literature search and synthesis was done to collect information on barriers to advocacy, how to promote advocacy, and important foci when teaching to improve advocacy (Cooper, 2002; Grove, Burns, & Gray, 2013). Information was gleaned from regional and national research and healthcare organizations as well as other government websites (Grove et al., 2013). Additional data and citations were found on the ANA and SNO websites. Interviews with SNO staff were conducted to glean observations and experiences (Kettner, Moroney, & Martin, 2013). A survey, previously conducted by the SNO, which sought information regarding the state's nurses' motivators, barriers, and participation in advocacy, informed the PATN's subject matter (Cooper, 2002; Hodges & Videto, 2011). The PATN was created using formative evaluation, which is an evaluation used by a program creator to seek program improvement (Keating, 2011). It is important to also assess the PATN's sustained effect. It is, however, not possible to

measure this sustained effect during the time allotted for this doctor of nursing practice (DNP) project. Thus, it was suggested to the SNO to use an established tool, the Political Astuteness Inventory (PAI; Clark, 2008), to understand participants' ongoing growth. Permission to use the PAI for this purpose has been obtained from Dr. Mary Jo Clark. Dr. M. J. Clark (personal communication, August 2, 2016) wrote that although the PAI is her husband's creation, he routinely gives his permission for its use, and thus granted permission. The PAI can serve as an ideal tool in that it is well-respected and assesses the same objectives sought in the PATN: empowerment, knowledge, and readiness to engage in policy advocacy, which, as previously mentioned, is referred to as PA. Together, this information informed the project.

The anticipated result of participating in the PATN is participants' increased PA. Increased PA should result in advancing the nursing profession, optimizing healthcare policy, and improving population health outcomes (Daley, 2007; Patton et al., 2015a). Thus, the PATN has the potential to create positive social and healthcare changes.

### **Significance**

Stakeholders in promoting nurses' PA are all those affected by nursing and/or healthcare. Those immediately concerned are nurses (individually and as grouped in organizations), people working or involved in healthcare or the healthcare industry, and people receiving nursing care. As politicians and policy makers answer to those within their respective constituency or organization, they are stakeholders both personally and professionally. As the SNO occasionally addresses nonhealthcare related issues, such as environmental concerns, persons involved in those issues also become stakeholders. As



this project is being developed specifically to promote advocacy within the SNO, it, its parent organization, and other state affiliate organizations, are focused stakeholders. Remembering and respecting the needs and desires of all stakeholders is a reliable manner to develop an agreed upon and effective plan (Innes, 2004).

Promoting effective nurse advocacy is the means through which the PATN contributes toward positive social change. Some of these positive changes include publicly elevating the nursing profession, optimizing healthcare policy, improving population health and the healthcare environment, and optimizing the nurses' scope of practice and the future of nursing (IOM, 2011; Ohio Nurses Association, 2015). By enhancing nurses' knowledge level and sense of empowerment, the PATN could impact nursing in Ohio and beyond.

The nursing profession is unique in being the most populous healthcare profession, the most trusted profession, and one that stands at the juxtaposition between healthcare policy and healthcare delivery (Kreitzer & Koithan, 2014; "Nurses top ranking," 2015). Thus, nurses have the potential to be more powerful and more impactful regarding healthcare policy than other professions (Patton et al., 2015a). As agreed upon by an SNO leader (personal communication, June 13, 2016) should nurses, and SNO members in particular, come together to advocate in number, their effect on healthcare and, thus, on societal change, could be tremendous. The PATN can contribute toward that end as it is evidence-based and was constructed to meet the needs revealed by its end users. Although the PATN's focus is in alignment with the voiced needs of SNO members, other of Ohio's more than 180,000 registered nurses, and nurses located

elsewhere, certainly share many of the same needs (Ohio Board of Nursing, 2015). To facilitate that, the SNO's DEO of government relations and member engagement suggested the PATN can be made available through the SNO to nurses in other states (personal communication, June 13, 2016). Additionally, the PATN's material can be presented in a seminar or poster session or written as one or more articles for publication. Through these means, the PATN's impact could be far reaching.

### **Summary**

In Section 1, evidence has been given illustrating the following: Nurses have a professional, ethical, and social responsibility to advocate for optimal healthcare and an optimal professional environment (ANA, 2015). Despite encouragement from leaders in healthcare and in nursing, the problem of a demonstrated gap in nurse advocacy remains (Disch et al., 2015). The nature of this doctoral project is developing the PATN to promote advocacy and participants' sense of empowerment, knowledge, and readiness to engage. The PATN should demonstrate relevance in that it was developed secondary to a literature review and a survey investigating barriers and motivators to SNO's nurses advocating. As such, its users will experience increased empowerment and readiness to participation in advocacy. This could result in advancing the nursing profession, optimizing healthcare policy, and improving population health outcomes (IOM, 2011). Thus, the PATN could positively affect change in the lives of all stakeholders: nurses, those affected by and involved in healthcare, policy makers, and those in association with the SNO. I begin Section 2 with a discussion of the concepts, models, and theories used in the PATN's development. This is followed by the background and current context of

nurse advocacy, including the noted advocacy practice gap and a discussion of current advocacy promotion within Ohio. I conclude by reviewing my interest in honing an effective advocacy promotion toolkit.

## Section 2: Background and Context

### **Introduction**

It is imperative that nurses advocate for the profession and for optimizing healthcare (Disch et al., 2015). However, despite being exhorted to do so, there is a demonstrated practice gap in nurse advocacy (Patton et al., 2015a). Due to this, the SNO leadership has asked for the PATN's development to cultivate advocacy among SNO's members. Its foundation in research evidence and established theories situates the PATN to effectively stimulate positive change. This is accomplished through enhancing nurses' knowledge of how to promote change and increasing their sense of empowerment to do so. In Section 2, I give the background and context of this project. I begin the section by delineating the concepts, models, and theories used in the PATN's development as well as by clarifying terms. Also included is a review of local and national, historic and current contexts and promotions of nurse advocacy. Contemporary examples are given to illustrate the relevance of nurse advocacy and the advocacy practice gap's negative consequence. The need for nurse advocacy is evidenced in this discussion of background and context.

### **Concepts, Models, and Theories**

This doctoral project stands on the bedrock of established theories, frameworks, and models. Among them is Knowles's (1973) adult education theory (Candela, 2012). Adult education theory is well respected and addresses the needs of adult learners (Candela, 2012). Those needs include being self-directed and actively involved in the learning process, interacting with other learners, having pragmatic, task

centered material, giving credit for life experiences, and having their fear of failure respected (Candela, 2012). Translation and change theories served to inform how advocacy efforts optimally interact with policy making. Among them, Brownson, Royer, Ewing, and McBride's (2006), who discussed effective and ineffective strategies when communicating with policy makers; Kingdon's (2003) multiple streams approach, which explained the context, policy, and politics of moving policy forward and the importance of creating a climate of change; and Kotter's (1995) contemporary change model, which offered validity and strength to this project.

As in any work, term clarification is important (Grove et al., 2013). Terms within this project include the following:

*Advocacy:* Advocacy refers to supporting or recommending.

*Design-stakeholders:* Design-stakeholders refer to me and those in leadership at the SNO who are requesting the PATN's creation, are involved in education at the SNO, and/or are invested in the PATN's design.

*Empowerment:* Empowerment refers to being equipped with authority and ability.

*Knowledge:* Knowledge refers to information and/or appropriate skill application.

*Policy:* Policy refers to governmental or organizational guidelines to direct or limit actions or decisions in order to achieve a goal(s).

*Political astuteness:* Political astuteness refers to being equipped with information, authority, and skill, and willingness to act upon it to support or recommend governmental or organizational guidelines.

*Readiness:* Readiness refers to being prepared and willing to act.

*Sense*: Sense refers to perception, awareness, and/or understanding.

These, along with several operational terms defined in Section 3, encompass all necessary term clarifications.

### **Relevance to Nursing Practice**

The need for policy activism in nursing is established in nursing history and, to varying degrees, has been an ongoing drive in nursing. As previously established, this is important because nursing is a well-respected and trusted profession with a unique frontline perspective on healthcare ("Nurses top ranking," 2015). Florence Nightingale, often referred to as the founder of modern nursing, was a political advocate (Gill, 2005). Although initially famous for her work at the bedside, Nightingale dedicated much of her life promoting healthcare and social policy (Gill, 2005). Advocacy promotion continues.

Contemporarily, there have been numerous studies and drives regarding nurse policy advocacy promotion (Gill, 2015). In 2002, Cramer indicated that nurses do not advocate because they lack motivation, wherewithal, and a network to alert them to action. Vandenhouten et al. (2011) revealed nurses' (continued) nonadvocacy was most strongly correlated with a lack of psychological engagement (including feeling disconnected, uninterested, and politically uninformed), and a lack of resources (time, money, and skills). Additionally, those surveyed by Vandenhouten et al. spoke to feeling unprepared by formal education, with the authors then suggesting the importance of having educators and leaders model advocacy.

To address these issues, numerous nursing organizations have promoted advocacy, offering education, updates, and tools. The ANA (2015) and its state

associations have continued to promote advocacy via publications, educational offerings, giving issue updates, providing tools and resources, and leading by example. The ANA (2013) has an activist toolkit available on its website. The American Academy of Nursing (2010) strongly promotes, is involved in, and guides nurse advocacy via education, updates, and examples. The American Association of Colleges of Nursing (2006, 2008, 2011) seeks to promote advocacy in professional nursing education, research, and practice. In accordance with this, the American Association of Colleges of Nursing has included advocacy (political and otherwise) within its established educational essentials to be met by all baccalaureate and graduate schools. The National League for Nursing (2016), a leader in nursing education, promotes advocacy and provides a free, online public policy toolkit to educate and promote involvement. In addition to nursing organizations, nursing leaders on the national level and within Ohio have encouraged individual nurses to advocate for optimal healthcare and for the nursing profession (Hendriksen & Dayton, 2006; Kirpatrick, 2014; Nash, 2014; Porter-O'Grady & Malloch, 2015), and the IOM (2011) has recommended nurses become equal partners in redesigning the United States health care system. The continued calls for action from nurses and healthcare leaders, and nursing and healthcare organizations, bear witness to the continued lack of activism. Although some barriers have been identified and motivators optimized, nurse advocacy remains suboptimal and a practice gap exists. As a result, nurses are not perceived to be leaders in healthcare development and delivery (Khoury et al., 2011). Witness of this can be seen in the fact that nurses represent only

6% of voting hospital boardroom members (Prybil et al., 2012). Nurses have the historical precedent and the current need to advocate.

The PATN provides evidence-based information and strategies on how nurses can effectively advocate for new or alternative policies at various policy levels. Toolkit resources were gleaned from professional literature and data sources (Kettner et al., 2013). This information was balanced with data obtained from surveying SNO staff and members (Kettner et al., 2013). With this information obtained, the PATN was created and then evaluated using established theories and frameworks. The PATN addresses the practice gap by optimizing the adult education theory and acting on research by Cramer (2002), Vandenhouten et al. (2011), and others. By standing on previously established theories and credible evidence, the PATN promises to demonstrate relevance in promoting advocacy.

### **Local Background and Context**

The SNO stands with other healthcare and nursing organizations, including the ANA, in promoting nurse policy advocacy. According to the ANA's senior associate director in state government affairs, "Most of the state associations are engaging their members in advocacy, [either through] the provision of tool kits...grassroots software programs...lobby or legislative days... and the ANA promotes advocacy around federal initiatives via [www.rnaction.org](http://www.rnaction.org) /" (personal communication, June 13, 2016). The SNO has within its mission and vision to promote education, advance the nursing profession, and advocate for policy. The SNO's recent DEO of government relations and member engagement stated that the SNO has addressed the practice gap in nurse advocacy by



giving talks, sending out messages to members, developing courses, and writing articles within the SNO's publications. That said, the DEO has noted continued inactivity and has voiced a need for the PATN. As a means of justifying the PATN's creation and use, the DEO of government relations and member engagement cited the following example of how a lack in nurse advocacy caused a failure in the movement toward optimizing healthcare via state House Bill 438:

[House Bill] 438, which deals with care of developmentally disabled persons could have insured high quality, cost effective healthcare, but instead put a very vulnerable patient population at high risk by expanding the role of unlicensed assistive personnel. Turnaround time from introduction of the bill to vote out of committee in both the House and Senate was very short. The bill passed both chambers in spite of loud objections from SNO. Had our [nurse advocates] been in place with the necessary comfort level, knowledge, training, and talking points, we may have been more successful in slowing the bill down, introducing an amendment or stopping it altogether. Now we have to decide how to go forward when the General Assembly reconvenes in the fall. (personal communication, June, 13, 2016)

This DEO anticipated the PATN having the potential to bring about *very broad* social change in the state (emphasis hers; personal communication, June 13, 2016). Further, the DEO foresaw operationalizing the PATN as a part of an ongoing series of educational events, potentially using it as a continuing education course, and stated it could have a very broad application to nurses in other states. This project is consistent with the SNO's

emphases as the organization's mission and vision are to promote education, advance the nursing profession, and advocate for policy. Thus, SNO leadership has witnessed a need, and in alignment with the association's vision and mission, has requested the PATN to assist filling this professional practice gap.

### **Role of the DNP Student**

The SNO was the location for this project. This site was chosen because its mission aligns with my concern that nurses accept their privilege and responsibility to advocate for optimizing healthcare and advancing the nursing profession. My goals for this project were to investigate evidence pertaining to nurse advocacy, including barriers and opportunities, to investigate SNO members' and leaders' perceived needs, and to use those resources to develop an evidence-based toolkit via a formative evaluation. (A formative evaluation is one or more evaluations that takes place during a program's development, which serves as a basis of improvement; Scriven, 1996). Prior to this project, I have had limited communication and involvement in the SNO, and thus have only a casual, professional relationship with its members. I am working within Ohio because, although currently living out of the county, I resided in Ohio for several decades, had virtually all my professional experience there, and frequently return there for extended periods. I have no biases that could alter the planning, implementation, or outcome of this work, except for a natural bias towards wanting it to be successful and effective.

## Summary

In Section 2 of this project study, the following has been discussed: A perceived practice gap of suboptimal policy advocacy exists within the SNO's membership. Advocacy has historically had prominence in nursing practice and remains relevant today. The SNO and numerous national nursing and healthcare related organizations have promoted nurse advocacy through a variety of means, but the call has gone largely unheeded, and that lack of response has had negative consequences. To address this gap, established educational and translation theories were used to create the PATN, an evidence-based educational piece. The SNO was chosen as the practicum site due to a shared mission to promote policy advocacy among nurses. Section 3 starts with a review of the practice-focused question and how the PATN addresses the local practice gap of suboptimal policy advocacy among SNO members. Operational terms are clarified. In this section, I include a discussion of how the project's plan and its evidence sources adhered to recommended steps to program planning. A detailed description of the project's procedural plan and participant pool are included. An explanation of archival and new data collection and analysis is given. Finally, I end this section with a statement regarding the protection of participants' rights and welfare and a summary.

## Section 3: Collection and Analysis of Evidence

### **Introduction**

Although nursing and healthcare leaders consider nurses' policy advocacy imperative, there continues to be a policy advocacy practice gap demonstrated among professional nurses (ANA, 2015; Patton et al., 2015a; RWJF, 2010). This is true nationally, within Ohio, and within the SNO's membership (Kirpatrick, 2014; Lainer, 2015; Nash, 2014). According to the SNO's DEO of government relations and member engagement, the SNO has addressed the need for advocacy in a variety of ways but with limited success (personal communication, March 6, 2016). Thus, to meet the policy advocacy practice gap, the PATN has been developed to promote SNO members' knowledge and expertise and to encourage their active engagement in policy advocacy. In Section 3, the following is discussed: The practice-focused question and the project's purpose of increasing nurses' empowerment, knowledge, and readiness to engage in policy advocacy are briefly restated. Operational terms are delineated. Sources of evidence and the rationale for their appropriateness are explained. A discussion of participants and a detailed explanation of the project's procedure, including involvement of stakeholders, survey and literature analysis, evaluation, and assessment, occurs. Section 3 concludes with a discussion of participant's protections and a summary.

### **Practice-Focused Question**

Although nurses have been repeatedly encouraged to be more involved in policy advocacy, SNO leaders continue to witness a practice gap in members' empowerment, knowledge, and readiness to engage in policy advocacy (personal communication,

January 8, 2016). In response to this, members of the SNO's leadership asked for the creation of an educational toolkit, the PATN, to equip and encourage their members to be more PA (personal communication, January 8, 2016). Education is an appropriate approach as it has been shown to be the first step in changing behavior (Grol & Grimshaw, 1999). Thus, the purpose of the project was to create an evidence-based educational toolkit, the PATN, to promote empowerment, knowledge, and readiness to engage in policy advocacy. The practice-focused question for this DNP scholarly project asked if taking part in the PATN affects participant's empowerment, knowledge, and readiness to engage in policy advocacy. This can be evaluated by the using the PAI, details of which are discussed in more detail in the following section.

Operational terms related to the creation of the PATN are as follows:

*Evidence-based:* Evidence-based refers to creating a project founded upon and informed by research (Grove et al., 2013).

*Formative evaluation part 1 (FEP1) and formative evaluation part 2 (FEP2;* see Appendix B): FEP1 and FEP2 refer to the evaluation surveys by which the PATN was assessed for its alignment with the Association for Nursing Professional Development's framework for continuing education (Harper & Maloney, 2016) and with the objectives agreed upon by design-stakeholders. FEP1 and FEP2 are identical tools containing 22 Likert style questions and two open text boxes allowing comments. The FEP1 and FEP2 were used at different stages (pre- and post-revision) in the PATNs development and are in accordance to the SNO's educational department's standards.

*Toolkit:* Toolkit refers to a resource offering education and training to enhance participants' knowledge and skill level. The subjects of this toolkit were informed by literature review, SNO survey results analysis, and stakeholders input.

This list completes the term clarifications for this project.

### **Sources of Evidence**

The sources of evidence, collected prior to and during this project's development, were numerous. These sources included, but were not limited to the following: published literature obtained via WU library's numerous search engines such as CINAHL Plus with Full Text, Cochrane Database of Systematic Reviews, SAGE Premier, and Medline; information gathered from national and regional research and healthcare organizations, such as the ANA, the Agency for Healthcare Research and Quality (n.d.), the SNO, and government websites (Grove et al., 2013); expert opinions of SNO staff and executive members regarding this practice gap and the SNO's educational process (Kettner et al., 2013); and expert advice obtained from a contracted statistic tutor and WU librarians when appropriate. Two sets of analyses have been completed during this process, which have served as evidence sources. The first was an analysis of an SNO survey (conducted in May 2016 by the SNO prior to this project's commencement), which investigated SNO members' barriers and motivators to advocacy. This analysis gave direction for some of the PATN's subject matter and therefore serves as an evidence source for the appropriateness of the PATN's foci (Cooper, 2002; Hodges & Videto, 2011). The second analysis was a formative evaluation submitted to design-stakeholders. The purpose of this formative evaluation was to strengthen the PATN's design and to

serve as evidence of the PATN's alignment with its agreed upon objectives and its design's quality and effectiveness (Kettner et al., 2013; Scheckel, 2012). A final evidence source is a future evaluation of the PATN's sustained affect. Because sustained affect can only be measured over an extended period, and because the time frame for this DNP project is limited, it is necessary for this evaluation to be done after this academic project has ended. It will therefore be suggested to the SNO leadership to use an established tool, Clark's (2008) PAI, to investigate PATN users' sustained growth in empowerment, knowledge, and readiness to engage in policy advocacy. The scheduling and further details for these survey's and evaluations follow in the next sections. The coming together of these evidence sources that connected stakeholders, resources, feedback, analysis, and redesign follow Hodges and Videto's (2011) recommended steps for program development.

### **Archival and Operational Data**

Between May 16th and May 31<sup>st</sup>, 2016, the SNO distributed a survey to its members to better understand their barriers and motivators toward involvement in political advocacy (Appendix A). SNO's leadership willingly shared the survey results (Appendix F) because the results' analysis contributed toward understanding the PATN's participants' needs. The SNO's survey announcement and link were provided to members via email, and the survey itself was administered by SurveyMonkey. The survey results were anonymous. To encourage participation, a \$40 Amazon gift card was offered via an online raffle for those who wished to participate in the drawing (Grove et al., 2013). Access to the raffle was gained by the respondent by clicking on a link that

redirected that person to a separate site. Although contact information was necessary for the Amazon gift card drawing, the participants' name and contact information could not be connected with any respondent's answers. The SNO has no internal review board (IRB) through which to vet such work. Two hundred and twenty-six sets of survey responses were returned to the SNO by SurveyMonkey via an Excel spreadsheet. Those responses were then transferred to Statistical Package for the Social Sciences (SPSS), an analytical software tool. The data were cleaned of those respondents who did not answer all questions. This resulted in 176 usable response sets. A contracted statistics tutor was of assistance as I coded and performed chi-square tests of independence to investigate the relationships between the number of times a person advocated in the previous 6 months and other variables. Those variables were as follows:

1. Age
2. Highest level of education
3. Gender
4. Number of years at current workplace
5. Number of years of experience as a registered nurse
6. Perceived job significance
7. Membership in a collective bargaining unit
8. SNO district in which participant resides
9. Perception of SNO's power to influence a political issue
10. Appropriateness of nurses to advocate



11. Perceived closeness of link between the nursing profession and political regulations
12. Perceived extent it is likely the profession of nursing can gain any tangible benefit from a nurse's individual activism
13. Perceived extent it is likely there can be any tangible personal benefit to a nurse's individual activism
14. Extent to which participant believes any one person has the power to influence a political issue
15. Perception society can gain any tangible benefit from nurse's individual activism
16. Extent to which participant agrees with the statement, "As a nurse, I consider myself an expert in healthcare issues."
17. In the last 6 months, the number of times participant engaged in any activity they would consider policy activism/ advocacy
18. Amount of time participant would dedicate to activism/ advocacy if they wished to be involved
19. Perceived influence that the financial costs of participation has on participant's level of political activism/ advocacy
20. Perceived understanding of the dynamics of how political policy is created
21. Perceived understanding of the SNO's daily activities as they relate to activism and advocacy.

22. Perceived impact a readily available support group to encourage activism would have on participant's involvement in policy advocacy
23. Perceived impact a professional role model would have on participant's involvement in policy advocacy
24. Perceived amount of motivation would be gained toward policy advocacy by an a SNO action alert
25. Preferred method to obtain action alerts
26. Perceived interest in current policy that affects nurses
27. Perceived skill in writing a letter to the editor of a publication
28. Perceived likelihood of writing a letter to the editor if participant had been trained to do so
29. Perceived skill in speaking with a policy maker
30. Perceived likelihood of speaking with a policy maker if trained to do so
31. Please rank preferred type of educational session (six were listed)

The survey respondents were divided into three groups according to their level of advocacy (0-2, 3-5, 6 or more instances of advocacy) within the previous 6 months. The null hypothesis ( $H_0$ ) stated that no relationship existed between each variable and the participant's level of advocacy in the previous 6 months. The alternate hypothesis ( $H_a$ ) stated that a dependent relationship existed between each variable and participant's level of advocacy in the previous 6 months. The information gleaned from this analysis informed the subject matter for the PATN. A chi-square test of independence

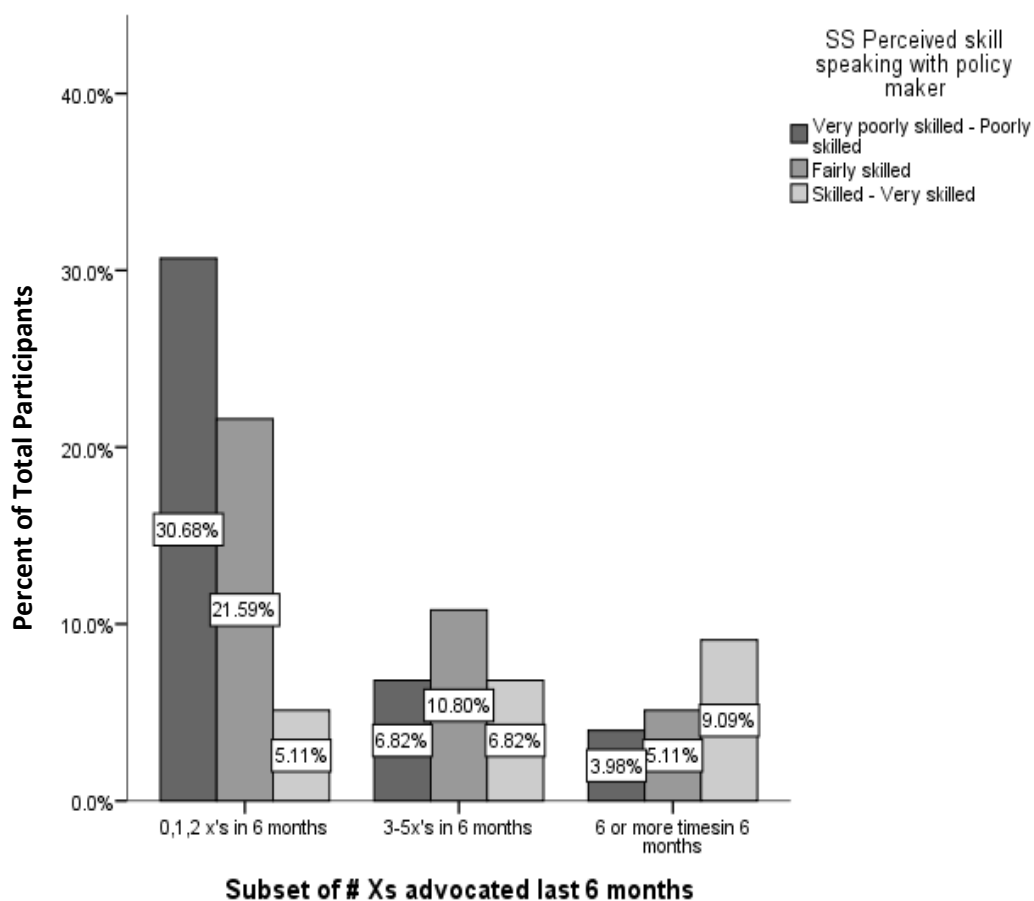
demonstrated a significant relationship between each of the following five variables and participant's advocacy level:

1. Participant's perception of his or her speaking skills when addressing a policy maker and the number of times he/she advocated in the previous 6 months ( $\chi^2 [4, N = 176] = 30.435, p = .000$ ).
2. Participant's perceived understanding of how political policy is created and the number of times he/she advocated in the previous 6 months ( $\chi^2 [4, N = 176] = 33.830, p = .000$ ).
3. Participant's perceived understanding of the SNO's daily activities as they relate to activism and advocacy, and the number of times he/she advocated in the previous 6 months ( $\chi^2 [4, N = 176] = 17.814, p = .001$ ).
4. Participant's perceived understating of how closely he or she feels the nursing profession is linked to political regulations and the number of times he/she advocated in the previous 6 months ( $\chi^2 [4, N = 176] = 11.219, p = .024$ ).
5. The participant's perception of the extent to which any one person has the power to influence a political issue and the number of times he/she advocated in the previous 6 months ( $\chi^2 [4, N = 176] = 12.611, p = .013$ ).

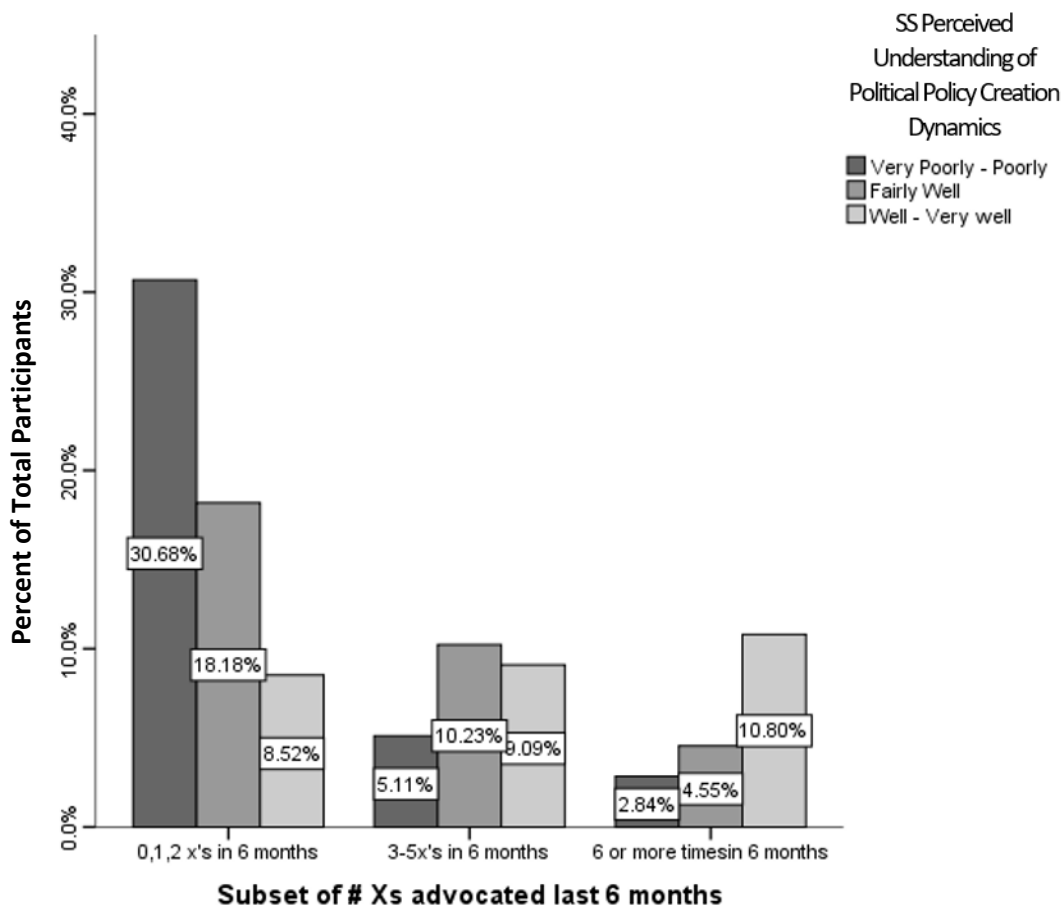
Thus, for the above variables, the null hypothesis was rejected. While chi-square tests do not demonstrate a causative relationship, positive correlation should be examined.

Figures 1,2, and 3 illustrate a positive correlation between the first three variables (participant's perception of his or her speaking skills when addressing a policy maker, participant's perceived understanding of how political policy is created, and participant's

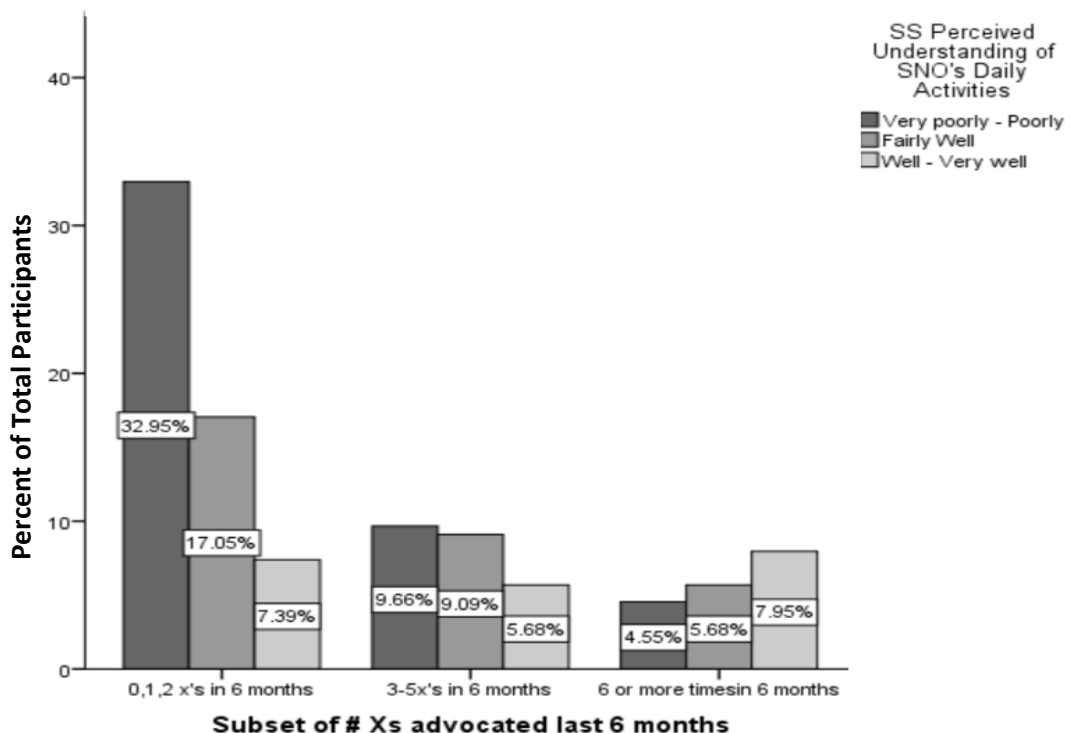
perceived understanding of the SNO's daily activities as they relate to activism and advocacy) and participant's advocacy level within the previous 6 months. However, the graphs of the latter two variables (Figures 4 and 5; participant's perceived understanding of how closely the nursing profession is linked to political regulations and the extent to which any one person has the power to influence a political issue) illustrate no positive correlation with member's advocacy level within the previous 6 months. Therefore, speaking skills when addressing a policy maker, political policy creation, and the SNO's daily activities as they relate to activism and advocacy were considered for inclusion in the PATN, while the subjects of how the nursing profession is linked to political regulations, and the extent to which any one person has the power to influence a political issue, were not. After these relationships were found, it was then important to consider which variables were practical to include in the PATN (a largely noninteractive toolkit). Speaking skills, though best taught in an interactive forum, were included with consideration of varying learning styles and of Knowles' (1973) adult education theory (VARK, A guide to learning styles, 2016). Policy creation was discussed in detail, leaning heavily on Kingdon's (2003) multiple streams approach. The SNO's daily activities were not discussed in the PATN, as they are better taught by those intimately familiar with the SNO's work and can be added later at the SNO's leader's and educator's discretion. Thus was the analysis of these archival data applied to the PATN.



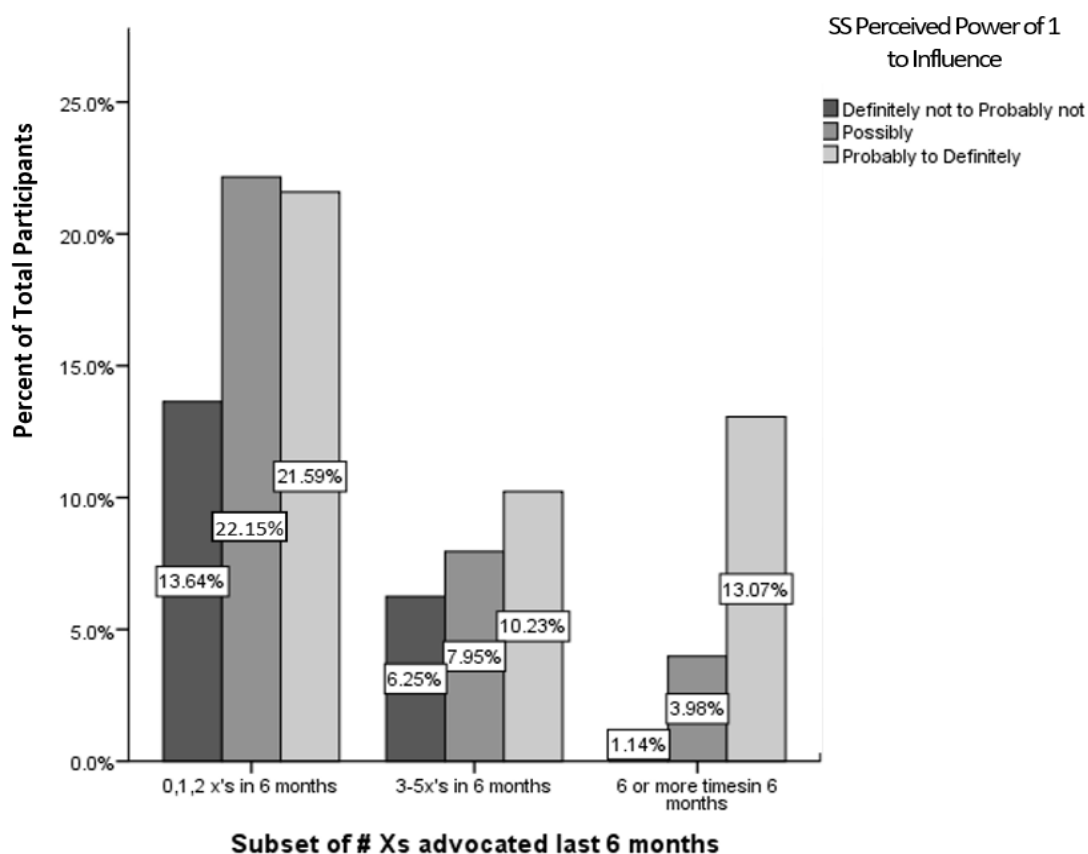
*Figure 1.* Graph of relationship of participant's perceived speaking skills and advocacy level. Participants were divided into three subsets (SS) dependent upon her/his perceived speaking skills when addressing a policy maker and three SS dependent upon the number of instances she/he advocated in the previous 6 months. Each participant is represented in one of the nine columns. The variables' positive correlation is illustrated by the increased perceived speaking skill level corresponding with an increased advocacy level. SS = subsets; #Xs = Number of instances.



*Figure 2.* Graph of relationship of participant's perceived understanding of policy creation and advocacy level. Participants were divided into three subsets (SS) dependent upon her/his perceived level of understanding of the dynamics of how political policy is created and three SS dependent upon the number of instances she/he advocated in the previous 6 months. The variables' positive correlation is illustrated by the increased perceived understanding of policy creation corresponding with an increased advocacy level. SS = subsets; #Xs = Number of instances.

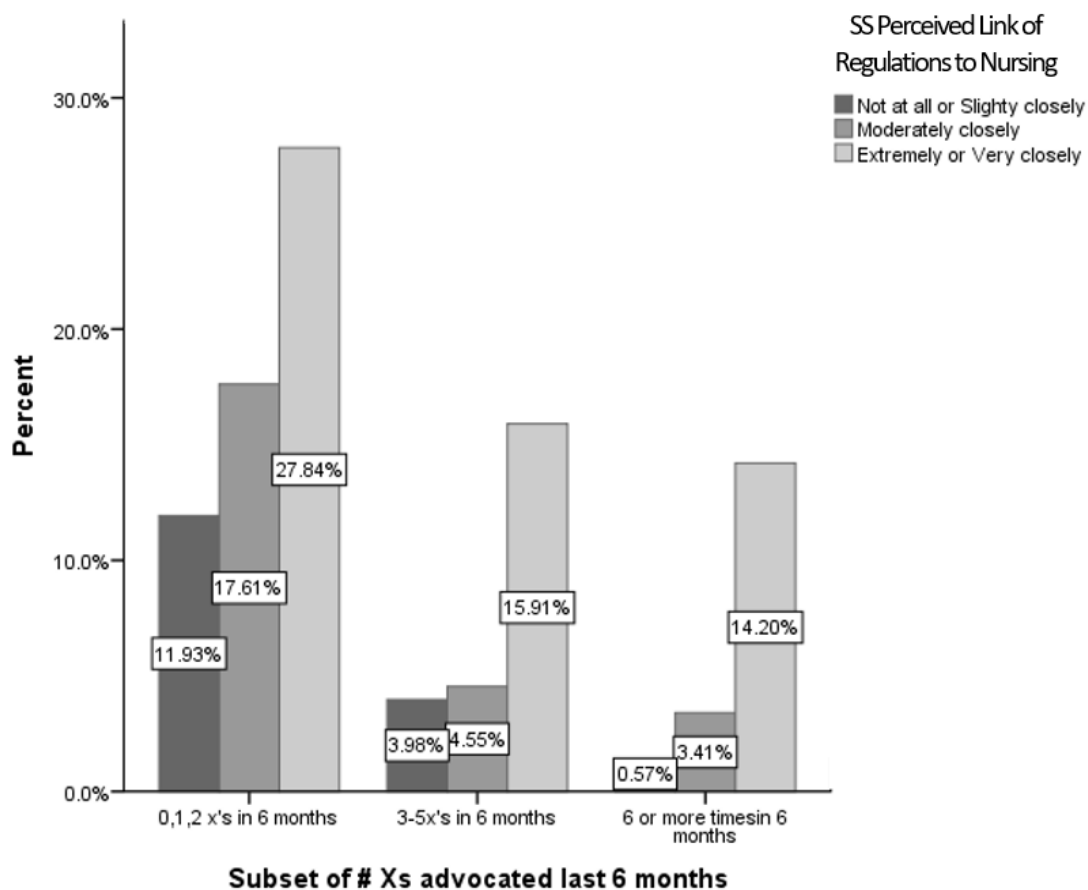


*Figure 3.* Graph of relationship of participant's perceived understanding of SNO daily advocacy activities and advocacy level. Participants were divided into three subsets (SS) dependent upon her/his perceived understanding of the SNO's daily activities as they relate to activism and advocacy and three SS dependent upon the number of instances she/he advocated in the previous 6 months. The variables' positive correlation is illustrated by the lesser perceived understanding of the SNO's daily activities as they relate to activism and advocacy corresponding with lower advocacy levels. SS = subsets; #Xs = Number of instances.



*Figure 4.* Graph of relationship of participant's perception of the power of one to influence and advocacy level. Participants were divided into three subsets (SS) dependent upon her/his perception of the extent to which any one (1) person has the power to influence a political issue and three SS dependent upon the number of instances she/he advocated in the previous 6 months. The lack of positive correlation between the variables' is illustrated as the increased perception of the extent to which any one (1) person has the power to influence a political issue does not correspond with an increased advocacy level. SS = subsets; #Xs = Number of instances.





*Figure 5.* Graph of relationship of participant's perception of the link between political regulations and nursing, and advocacy level. Participants were divided into three subsets (SS) dependent upon her/his perception of how closely the nursing profession is linked to political regulations, and three SS dependent upon the number of instances she/he advocated in the previous 6 months. The lack of positive correlation between the variables' is illustrated as the increased perception of how closely the nursing profession is linked to political regulations does not correspond with an increased advocacy level. SS = subsets; #Xs = Number of instances.

## **Evidence Generated for the Doctoral Project**

There are three separate sets of evaluations of this project. The aforementioned May 2016 SNO survey and analysis was the first. The second was a set of formative evaluations, FEP1 and FEP2, to ensure PATN's alignment with its agreed upon objectives and to ensure an effective course design (Kettner et al., 2013). The third evaluation is one suggested to the SNO leadership to use the PAI (Clark, 2008) to assess participant's sustained growth. The first evaluation has already been discussed in the section entitled Archival and Operational Data. The second evaluation is reviewed below in Procedures. The third suggested evaluation is discussed in Section 4's recommendations.

## **Participants**

As there have been two evaluations, so were there two sets of participants. The first set of participants were the SNO members who answered the May 2016 survey. The survey was sent to the complete membership, all of whom are registered nurses in Ohio. There were 226 participants, 176 of whom offered complete, and therefore usable, data. The second set of participants were engaged in the formative evaluation of this educational toolkit. Those invited to participate were SNO executives, staff, and design-stakeholders as determined by me and the SNO's continuing education department. Participation was anonymous, but the design-stakeholders included a PhD, RN-BC, FAAN who is a director of continuing education in another state wide organization and is currently a consultant to the SNO; an MSN, RN who is the current director of continuing education at the SNO; my preceptor, a PhD, RN, who is both an experienced nurse

educator and a 40 year member of the SNO; a BSN, RN who works as the SNO's current director of health policy and nursing practice; the SNO's director of communications; the SNO's DEO of communications and professional services; and the SNO's health policy specialist. This completes the description of participants.

### **Procedure**

Following is the procedure that was used to create the PATN for this doctoral project. The PATN's creation originated with SNO leadership's perception that its members have a practice gap regarding policy advocacy, and literature supporting the same. Design-stakeholders and I used literature findings, the May 2016 SNO survey analysis results (which surveyed SNO member end-users), and the SNO's mission statement, to create the PATN's objectives (Kettner et al., 2013). The PATN's formative evaluation tool (FEP1 and FEP2; Appendix B) was based on the aforementioned agreed upon objectives, the Association for Nursing Professional Development's continuing education's design criteria framework, and SNO education and research experts' (including a national leader in nurses continuing education) direction (Harper & Maloney, 2016; Hodges & Videto, 2011).

As the PATN's design and evaluation tool were built upon expert advice, literature findings, and national standards, so was the administration of its formative evaluation. Groves, Burns and Gray (2013) noted that computer based data collection allows large amounts of readily analyzable data to be quickly and relatively easily collected with few errors. Following is Groves, Burns and Gray's protocol for online data collection and, when applicable, corresponding appendices evidencing it being

carried out during this project. The survey is placed on a secure site for the purposes of confidentiality and anonymity (Appendix C; <https://www.surveymonkey.com/mp/policy/security/>); potential subjects are told the importance of the study and their input (in the consent form); personalized email invitations containing a link to the survey are sent (Appendix D); follow up reminder emails are sent (Appendix F); directions are given for obtaining help if invitees had questions about the study (in consent form); IRB approval is obtained and reported to potential participants (Appendices D, E); and institutional support is obtained [(a) a Letter of Cooperation was signed by the SNO's chief operating officer (Appendix F); (b) practicum agreement existed in which the SNO agreed to support my work (c) this project was created at the request of the SNO and aligns with its mission, vision, and current projects]. Both Grove, Burns, and Gray (2013), and Whitebird, Zimmaro Bliss, Savik, Lowry, and Jung (2012) recommend obtaining referrals of potential participants (done through my preceptor) and approaching potential participants (leadership and staff gave verbal and/or written acknowledgement of support and agreed to participate). Additionally, the importance of answering all questions for the purposes of statistical analysis was shared (Appendices D, E). Once the PATN and FEP1/FEP2 were developed, the next step was data collection.

Between November 17<sup>th</sup>, 2016 and January 19<sup>th</sup>, 2017, the aforementioned members and design-stakeholders were invited to participate in the FEP1 to evaluate the PATN regarding its fidelity to the agreed upon objectives and to ensure matters such as readability and ease of use (Hodges & Videto, 2011). A follow up reminder email was

sent 12 days later, one week in advance of the planned survey closure date. Following my preceptor's advice, the response time was then extended for 5 weeks to accommodate for the lack of response and due to the holiday season. An additional follow-up reminder email was sent noting the final close date. The FEP1 was available through the SNO's SurveyMonkey account as this account allowed for a greater number of questions, and for responses to be returned on an Excel spreadsheet. An IRB approved consent form, the PATN and the FEP1 were emailed to the 24 SNO design-stakeholders. Each participant had a self-assigned code enabling data to be paired while remaining anonymous. Despite following protocol, feedback from the survey was poor as only four design-stakeholders participated in the FEP1. The FEP1 feedback was nonetheless examined and incorporated into the PATN. The revised PATN and the FEP2 were then emailed to the same pool of 24 SNO design-stakeholders on January 25<sup>th</sup>, 2017, with a reminder following on February 1<sup>st</sup>. All accompanying forms were essentially identical to those sent out with FEP1. No time extension was given for FEP2 and the survey was closed at the end of the February 10<sup>th</sup> workday. The second survey had even poorer participation with only two design-stakeholders taking part. Of the two participants who engaged in both FEP1 and FEP2, neither answered all questions. Statistical protocol requires eliminating incomplete data sets prior to analysis. Had that been done in this study, however, it would have eliminated answers to important questions, and significantly, eliminated all data. The question then was how to approach this study. The answer was to recognize the weaknesses of the collected data and to demonstrate the appropriate analytical methodology, thereby allowing the process to be replicated. Therefore, a

paired sample *t* test of the pre (FEP1) and post (FEP2) means was performed on all available data which, with better data sets, would test for a statistically significant improvement in design after revision (Polit, 2010). A discussion of the analysis is found in the Analysis and Synthesis section.

### **Protections**

Protecting participants' rights and welfare is paramount. Because of this, WU's (2016) IRB complies with the United States' government's federal policy for the protection of human subjects (Office of Human Research Protections, 2010). In this role, the IRB reviews all research proposals to assess justifiable risks, appropriate and safe research methods, research monitoring, the protection of participants' privacy, and to ensure participants have given informed and willing consent for involvement (WU, 2016). Applicable approval was sought and obtained from WU's IRB (approval number 11-11-16-0297144).

### **Analysis and Synthesis**

The practice-focused question of this scholarly project was whether nurses who complete the PATN have an increased PA. Further, the project addressed whether the PATN's design was significantly changed after revisions were made secondary to design-stakeholder's input. In this section, the analysis and synthesis of the PATN's formative evaluation is discussed. As stated in Procedures, the formative evaluation survey was placed on a secure site for the purposes of confidentiality and anonymity (Appendix C; <https://www.surveymonkey.com/mp/policy/security/>); directions were given for obtaining help if invitees had questions about the study (in consent form); and invitees

were informed of this project's IRB approval (Appendix D, E). The survey results data were recorded and tracked by SurveyMonkey and made available to the SNO office via an Excel file. That Excel file was then emailed to me. All email addresses were password protected. The PATN's formative evaluation data were analyzed on Excel.

The evaluation investigated whether or not a statistically significant change was made in the design after survey feedback was incorporated into the PATN. The null hypothesis was that there was zero difference in the FEP1 and FEP2 scores per question ( $H_0: d = 0$ ). The alternative hypothesis was that there was a significant difference in the FEP1 and FEP2 scores per question ( $H_a: d \neq 0$ ). There were several considerations to be weighed when reviewing the data. Because the response from FEP1 was so positive (5.97 of a possible 7, or 85.36% on FEP1 questions answered), and one of the two respondents scored each question answered a 7 out of 7, with therefore a mean difference of 0, attaining a statistical difference between FEP1 and FEP2 would have been difficult. Anticipating this possibility, I stated in the project proposal's oral presentation that significant improvement was anticipated only if the initial evaluation was less than 80%. Also, the mean of all answered questions, which FEP1= 5.97 and FEP2 = 6.1, the mean scores are deceptively low because the unanswered questions factored as a zero. The results of this small incomplete sample shows that because  $p \geq .05$ , we accept the null. It cannot be concluded that a significant difference exists between the mean scores of FEP1 and FEP2,  $t(21) = 2.076$ ,  $p = 0.478$  (see Table 1).

Table 1

*t-Test: Paired Two Sample for Means*

	Mean for each FEP1 Question	Mean for each FEP2 Question
Mean	*5.568181818	*5.818181818
Variance	1.340367965	0.87012987
Observations	22	22
Pearson correlation	-0.197419568	
Hypothesized mean difference	0	
<i>Df</i>	21	
<i>t</i> Stat	-0.722111276	
<i>P</i> ( $T \leq t$ ) two-tail	0.478190736	
<i>t</i> Critical two-tail	2.079613845	

The following describes how outliers would have been determined and illustrated. An outlier is a value that lays outside the normal range (Polit, 2010). It is statistically defined and illustrated in a box and whiskers chart in the following manner. First the inter-quartile range (IQR) is determined by the difference between the second quartile's high value, and the first quartile's low value. The lower boundary is found by multiplying the IQR by 1.5 and subtracting that product from the lowest value in the first quartile, and the upper boundary is found by adding the product to the highest value in the second quartile. Any answer outside those boundaries is noted as an outlier. Outliers can be further defined and displayed as mild if they lay between 1.5 to 3 times the IQR below the  $Q_1$  or above the  $Q_2$ , or an extreme outlier if the value is greater than 3 times the IQR below  $Q_1$  or above  $Q_3$  (Polit, 2010). This ends the discussion on outliers.



## Summary

In Section 3 I discussed the collection and analysis of evidence. The discussion was started with my reiterating the practice-focused question of whether nurses who complete the PATN have an increased sense of empowerment, knowledge, and readiness to engage in policy advocacy, or PA, and a list of operational terms. This was followed by speaking to the evidence sources which follow Hodges and Videto. (2011) steps in program development. A description was offered of those participating in the May 2016 SNO survey and the formative evaluation. Details were given of the procedure followed in the PATN and its evaluation's development and execution. Also discussed was the analysis and synthesis of the formative evaluation. I ended the section by speaking about the ethical protections of participants. Thus, Section 3 reviewed how this evidence-based, ethically delivered project was developed and delivered. Section 4 begins with my review of the local practice gap. Evidence sourcing and analytical strategies used on applicable data are discussed. After reviewing research findings and their implications I give details for plans to study the PATN's sustained affect. I conclude Section 4 by discussing this project's strengths and limitations.

## Section 4: Findings and Recommendations

### **Introduction**

The introduction to Section 4 provides an overview of the recognized practice gap addressed in this project. It includes a discussion of the evidence sources used and specifically the generation and analysis of SNO specific sources. In the subsequent sections of Section 4, I discuss this project's findings and the implication that education in (a) policy development, (b) applicable speaking skills, and (c) the daily advocacy and activism activities of the SNO (a nursing organization involved in advocacy, and in which the survey participants were invested), could correlate with increased nurse advocacy. The consequence of that advocacy could mean better patient care, an improved healthcare system, and enhancing the respect offered the nursing profession. In the recommendations section, I discuss enhancements to this work, including a study for its sustained affect. Finally, I end with a discussion of the project's strength in addressing an important practice gap in an evidence-based manner and its limitations of using weakly valid tools and a having a low response level.

The SNO has a demonstrated practice gap in nurse policy advocacy. This practice gap was recognized by its leaders and is supported by a literature review (IOM, 2014; Kirpatrick, 2014; Lainer, 2015; Patton et al., 2015a; RWJF, 2012). The purpose of this project was to bridge that gap by providing an effective resource to increase users' PA by increasing their sense of empowerment, knowledge, and readiness to engage in policy advocacy. The practice-focused question of this scholarly project is whether nurses who complete the PATN have an increased PA. Further, the project addresses whether the

PATN's design significantly improved after revisions were made secondary to a formative evaluation using design-stakeholders' input. A proposed final assessment of the PATN's sustained affect completes the analysis process.

There were numerous evidence sources incorporated into this project. WU's library's search engines were used in a literature search for evidence. National and regional research and healthcare organizations' websites were reviewed for relevant information. Expert opinion was gained through interviews with SNO design stakeholders (Kettner et al., 2013). The Association for Nursing Professional Development's framework for continuing education was referenced and used as a standard (Harper & Maloney, 2016; Kettner et al., 2013; Scheckel, 2012). Information regarding members' barriers and motivators to advocacy, obtained through analysis of the SNO's May 2016 survey results, was incorporated into the PATN's design (Cooper, 2002; Hodges & Videto, 2011). A formative evaluation of the PATN's influenced the PATN's design (Scheckel, 2012). Input from a contracted statistics tutor and WU librarians were used. Specific to original research, two analyses have been performed during this project, and one further analysis has been designed for future study. The analytical strategies already performed varied with the data sources. The strategy used for the May 2016 survey was to apply chi-square tests of independence to data previously collected by the SNO (Appendix A). Data were coded, divided into subsets, and analyzed in SPSS to determine if there were any statistically significant relationships between the number of instances a participant advocated in the previous 6 months and other variables. Results of that analysis guided me to include, as two of the PATN's

topics, policy creation and skill development when speaking with policy makers. The second analysis researched statistically significant changes in the PATN's design pre- and post-revisions, which incorporated design stakeholders' input. The data used for this evaluation were obtained via email survey results. An invitation, consent form, the PATN, and the FEP1 (Appendices B, D, G) were delivered via email to design-stakeholders following IRB approval. There was a time extension for the FEP1 due to lack of participation and the holiday season. A reminder was emailed with all the same attachments (Appendix E). After revision, the same materials were sent out again (now referred to as FEP2) to the original pool of potential participants. A paired sample *t* test was used to determine that a statistically significant difference could not be determined in the PATN after revision. This volume of original research coupled with evidence presented by others gives the PATN a sound evidence-base.

### **Findings and Implications**

The data analysis of the SNO's May 2016 survey calls attention to implications for the broader nursing community. Cramer (2002) and Vandenhouten et al. (2011) demonstrated that nurses' perceived lack of applicable wherewithal, skill, and education are hindrances to advocating. Identifying and then meeting nurses' specific (perceived) needs within the broader descriptions of wherewithal, skill, and education could affectively play a part in bridging the practice gap and increase nurses' empowerment and readiness to participate in advocacy (Rouda & Kusy, 1996). The analysis findings of the SNO member survey data determined statistically significant dependent relationships between the member's level of advocacy within the previous 6 months and the

participant's self-perception of speaking skills when addressing a policy maker, the participant's perceived understanding of how political policy is created, and the participant's perceived understanding of the SNO's daily activities as they relate to activism and advocacy. The implication is that education in these three areas should enhance SNO member's PA. While these findings might not apply to members of other organizations within or outside of Ohio, they are noteworthy and should be considered by the broader nursing community. By meeting nurses' advocacy needs, either through the PATN or other programs, nurses' advocacy levels may increase, individual nurses and the nursing profession as a whole could become more empowered, and nurses could take their place as leaders within healthcare (Grossman & Valiga, 2009; IOM, 2014; RWJF, 2010, 2012). Nurses lending expert advice to policy decisions could benefit individual patients, institutions, communities, and the national and international healthcare system by optimizing healthcare from the bedside to the boardroom to the oval office and beyond (ANA, 2010; Patton et al., 2015a; RWJF, 2010, 2012).

The formative evaluation of the PATN's design, although it followed implementation protocol, had the unintended limitation of poor participation and incomplete survey responses (Grove et al., 2013). The result was that it could not be concluded that there was a significant improvement in the PATN's design. It is therefore not possible to offer individuals or the broader community any implications from the PATN's formative evaluation.

## **Recommendations**

The proposed partial solution to SNO member's practice gap in policy advocacy is to place the PATN on the SNO's website and to encourage its use. The PATN (Appendix G) is an evidence-based tool built to meet the needs of its end users, the SNO members (Kelly, 2011). In its current form, the PATN does not address SNO members' need to understand the SNO's daily activism and advocacy activities. It is recommended that SNO staff well versed in this subject create means to inform its members regarding this subject. One manner to accomplish this is through an addition to the PATN. It is further recommended that the SNO supplement the three modules addressing speaking skills (Meeting to Develop a Relationship, Meeting to Discuss an Issue, Using SBAR to Guide Communications). This topic would be better addressed in an interactive setting wherein the learner can practice the desired skill (Billings & Halstead, 2012). Incorporating these recommendations would provide a complete package through which the SNO could meet its members' needs.

It is further recommended the SNO assess the PATN's sustained effect on its users' sense of empowerment, knowledge, and readiness to engage in policy advocacy. The following describes this evaluation procedure incorporating the PAI (a demonstrated valid and reliable tool) in a longitudinal study: Participants in this evaluation would be SNO member end-users who have read or heard of this opportunity, who are seeking growth in policy advocacy, who will engage in the entirety of the PATN's material, and who give informed consent to the evaluation. (Although the SNO does not have its own IRB, research protocol dictates that the procedure for administering the PAI would have

prior approval of an ethics review board to protect participants' rights and welfare.) The SNO's newly appointed advocacy diplomats, of whom there are currently 61, would be a suitable set of subjects. An advocacy diplomat is a volunteer position at the SNO. All advocacy diplomats are SNO members who have an interest in politics and in advocating for their profession, who assess themselves as comfortable speaking with others, and who are willing to make a 2-year commitment to

1. Attend an educational session,
2. Be a registered voter,
3. Develop a relationship with his or her state representative and/or senator,
4. Put aside personal agenda while representing the SNO to policy makers, and
5. Submit letters to the editor or op-eds if asked to do so.

To ensure the minimal number of participants engage in this evaluation of sustained affect, a power analysis was performed via G\*power, a free online analysis tool available through Heinrich-Heine-Universität Düsseldorf (<http://www.gpower.hhu.de/en.html>). The following information was placed in G\*power's software: test type: *t* test; statistical test: means - difference between two dependent means; type of power analysis: A priori - compute required sample size given  $\alpha$ , power, and effect size. The input parameters were a two-tailed test (i.e., without prediction of benefit or detriment of participation), the effect size of 0.5 (demonstrating the magnitude of the effect of participating), an  $\alpha$  error probability of 0.05 (specifying the level of risk in committing a type 1 error, that is, erroneously noting an effect when none exists), and a power of 0.8 (specifying the probability of correctly rejecting the null hypothesis). With this information, G\*power

calculated a necessary sample size of 34 participants. It should be noted that some of the threats to internal validity (history, maturation, testing, sample selection, attrition) could apply in these pre- and post-assessments (Lodico, Spaulding, & Voegtle, 2010). The threat of attrition can be lessened by enlisting more participants than the minimal number of 34 determined by a power analysis. It is therefore suggested a minimum of 38 participants be engaged. The PAI would be administered immediately prior to participation in the PATN and then again 9 months later. It is not possible to eliminate these threats, although, as said, the threat of attrition can be lessened. The null hypothesis for this project states that there is no relationship between the pre- and post-participation assessments of PATN participants as determined by the PAI. The alternative hypothesis is that there will be a difference between the pre- and post-assessments of PATN participants as determined by the PAI. A paired dependent *t* test would be run via Excel or SPSS to determine if it is appropriate to accept or reject the null hypothesis. Via these tools, and following this process, the SNO can assess the PATN's sustained effect.

### **Strengths and Limitations of the Project**

As with all work, this project has its strengths and limitations. The strengths of this project included the legitimacy of the goal of optimizing nurse advocacy levels, a clearly demonstrated practice gap, the statistical assessment of end-users' perceived needs, and the project's base in evidence and theory (ANA, 2015; Cramer, 2002; Harper & Maloney, 2016; IOM, 2014; Kelly, 2011; Patton et al., 2015; RWJF, 2012; Rouda & Kusy, 1996). One possible limitation of this project is the evaluation tools used. Both



the SNO's May 2016 survey and the design's formative evaluation (FEP1/FEP2) tool were appropriately created with the input of literature findings and experts' insights and council. The FEP1/FEP2 was additionally based on the Association for Nursing Professional Development's framework for continuing education (Harper & Maloney, 2016). This input is noted by DeVon et al. (2007) and later Grove et al. (2013) expounding on DeVon et al.'s work, as giving the tool *face validity*. (As reliability is a necessary component of validity, *face reliability* is implied; DeVon et al., 2007). Face validity does not establish validity in the traditional sense of determining a tool measures the intended phenomenon (DeVon et al., 2007). Rather it gives insight into how potential research participants might understand and answer items (DeVon et al., 2007). Through this process, input can be given by experts or laypersons regarding the subject matter or on issues such as grammar, appropriateness, and logical flow (DeVon et al., 2007). It is further acknowledged that Grove et al. (2013) stated the willingness of subjects to participate gives credence to a tool's face validity. This is true because participation suggests the subjects perceive the tool measures the construct they agreed to evaluate (Grove et al., 2013). While the May 2016 tool had a good number of responses, the formative evaluation did not. The low participation and incomplete data sets in the formative evaluation t made it impossible to conclude that a significant difference exists between the FEP1 and FEP2. Future projects could be successfully completed using the same research and analytical methodology, proven valid and reliable tools, and with more input from design-stakeholders. Lastly, this project is limited in its scope as it involved only those associated with the SNO. In summary, this project is strongly

evidence-based in research, established theory, and protocol, but has recognized limitations which were examined and discussed.

## Section 5: Dissemination Plan

This project's research results will be disseminated to the PATN's design-stakeholders. These stakeholders include registered nurses with varying education levels and areas of expertise and nonnursing staff involved in the SNO's communication and administration teams. The terms used when sharing the results will respect the audiences' varied levels of education and expertise. The dissemination will be done via email to accommodate geographic dispersion...A positive aspect of emailing information is recipients' ability to review the material at his or her convenience. My return email address will be available should the design-stakeholders have any questions. The PATN itself will be disseminated to the SNO's communication and policy teams. Additionally, subsections of the project could be disseminated. The analysis of the SNO's May 2016 policy advocacy survey (Appendix A), which demonstrated a significant relationship and a correlation between a participant's perception of his or her speaking skills when addressing a policy maker, a participant's perceived understanding of how political policy is created, and participants' perceived understanding of the SNO's daily activities as they relate to activism and advocacy, with a participant's level of advocacy within the previous 6 months, would be of general interest to the nursing community. Another subsection of general interest is the idea presented within the PATN to use the SBAR (situation, background, assessment, recommendation) communication tool, of which many nurses are already familiar, to communicate with policy makers. These topics could be disseminated to the greater nursing community through publication or a poster session. The publication venue could be in the organization's own journal or another

journal focused on policy advocacy. Similarly, the poster session could be at the SNO's next convention or at a convention that has healthcare policy or nursing advocacy as a focus. Both avenues have advantages and limitations. A poster session allows for swift and efficient dissemination (Sexton as cited in Forsyth, Wright, Scherb, & Gasper, 2010) and lends itself to opportunities for conversation (Forsyth et al., 2010). Publication reaches a broader audience, but it delays dissemination. Groves, Burns and Gray (2013) noted that research is incomplete until it has been disseminated. It is within the role of the DNP prepared nurse to communicate her or his work, allowing others to gain from it (ACCN, 2006; Zaccagnini & White, 2011).

### **Analysis of Self**

All experiences are opportunities to bring focus and clarity. Through my DNP education, I have learned much about the processes of research, its translation and dissemination, and project planning, implementation, and sustainability. While I have enjoyed my roles as a bedside nurse and as a student scholar, and can perform research and project planning, my heart is now in teaching and advocating for nurses. Through these means, I look forward to making a positive impact on others and on the healthcare system.

This DNP scholarly project allowed growth in varied areas. Those areas included hands on statistical work, working within a state unit of a national nursing organization, and intraprofessional collaboration and team dynamics. One of the greatest challenges was engendering the design stakeholders' enthusiasm and cooperation for the project after the project's promotor had left the SNO (Kelly, 2011). Without this inside leader's

support, the project's time-table was extended and suboptimal participation provided less than anticipated feedback for the data analysis. Some solutions were developed, such as extending the survey closure dates and reaching out to another leader within the SNO; however, the result was a lack of participation, despite design stakeholders' assurances to do otherwise. A suggestion to promote optimal participation in the future is to adhere more closely to Kotter's (1995) contemporary change theory. Kotter's suggestions to transforming an organization are applicable and may have generated greater participation. Kotter's steps are as follows: (a) Assess the situation and create a sense of urgency, (b) gather a guiding alliance, (c) produce a vision and tactics, (d) communicate that vision in every possible way, (e) empower others to act to promote the vision, (f) anticipate and produce short-range wins, and (g) continue to innovate, reorganize, and bolster both the project and those it involves. While some of these strategies were used, adhering to them more fully and more faithfully could have yielded greater participation.

### **Summary**

Social change comes at a cost, but often the cost is proportional to the change's value. The value of those issues with which a nurse is professionally concerned is high: It is the health and well-being of individuals, communities, our nation and world, and the well-being of millions of nurses. As experts in their field and members of a uniquely trusted and respected profession, nurses have the privilege and ethical responsibility to positively impact the world around them. While this can be, and is, done at the bedside, it is also accomplished in the boardroom and in policy makers' offices. For the benefit of

their patients, the healthcare system, and the nursing profession, nurses must awaken and advocate in policy.

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### Appendix A: Survey to Determine Members' Motivators and Barriers

The purpose of this survey is to better understand SNO member's regarding his / her "advocacy" or "activism". That is, the member's involvement in promoting political, professional, or organizational policy. To ensure that your answers will be included in our results, we request that you answer *every question* unless directed otherwise. *Thank you in advance!*

- 1) Age
  - 1) >60 2) 51-60 3) 41-50 4) 31-40 5) <30 6) Prefer to not say
- 2) Education, please indicate highest level of education completed
  - 1) doctoral degree 2) master's degree 3) bachelor's degree 4) diploma 5) associates degree 6) Prefer to not say
- 3) Gender:
  - 1) Female 2) Male 3) Prefer to not say
- 4) Number of years at current workplace?
  - 1)  $\geq 21$  years 2) 11-20 years 3) 7-10 years 4) 3-6 years 5) 0-2 years 6) Prefer to not say
- 5) Number of years of experience as a registered nurse
  - 1)  $\geq 21$  years 2) 11-20years 3) 7-10 years 4) 3-6 years 5) 0-2 years 6) Prefer to not say
- 6) How significant do you feel your job is?
  - 1) Extremely significant 2) Very significant 3) Moderately significant 4) Slightly significant 5) Not at all significant 6) Prefer to not say
- 7) Are you a member of a collective bargaining unit?
  - 1) Yes 2) No 3) Prefer to not say
- 8) Please identify your SNO district (this question was followed by a drop down menu which included all SNO districts and a "prefer to not say" response option.

Question 9 discusses your view of the SNO advocating.

- 9) To what extent do you feel the **SNO** has the power to influence a political issue?
  - 1) Very probably 2) Probably 3) Possibly 4) Probably not 5) Definitely not

Questions 10-15 discuss your view of the appropriateness and effectiveness of nurse's advocating.

- 10) To what extent do you feel it is appropriate for nurses to advocate? 1) Definitely  
2) Probably 3) Possibly 4) Probably not 5) Definitely not
- 11) How closely do you feel the nursing profession is linked to political regulations?  
1) Extremely closely 2) Very closely, 3) Moderately closely 4) Slightly closely  
5) Not at all
- 12) To what extent do you feel it is likely that **the profession** of nursing can gain any tangible benefit from a nurse's **individual** activism? 1) Definitely 2) Probably  
3) Possibly 4) Probably not 5) Definitely not
- 13) To what extent do you feel it is likely that there can be any tangible **personal** benefit to a nurse's **individual** activism? 1) Definitely 2) Probably 3) Possibly  
4) Probably not 5) Definitely not
- 14) To what extent do you feel **any one** (1) person has the power to influence a political issue? 1) Definitely 2) Probably 3) Possibly 4) Probably not 5) Definitely not
- 15) Do you feel **society** can gain any tangible benefit from nurse's **individual** activism? 1) Definitely 2) Probably 3) Possibly 4) Probably not 5) Definitely not

**If ALL your answers to 10-15 have been "5) Definitely not", then we invite you to end this survey here. If, before exiting the survey, you want to make additional comments, especially involving barriers or motivators to advocacy, please do so below. *Thank you very much* for your responses.**

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- 16) **I choose to exit this survey now because I answered “5) definitely not” to all questions 9-14. Yes / No**

### **Advocacy**

- 17) How strongly do you agree with the following statement, “As a nurse, I consider myself an expert in healthcare issues.” 1) Strongly Agree 2) Agree 3) Undecided 4) Disagree 5) Strongly Disagree
- 18) In the last 6 months, how many times have you engaged in **any** activity that you would consider policy activism/ advocacy? 1) more than 10 times 2) 6 - 10 times 3) 3-5 times 4) 1-2 times 5) Never
- 19) How much time do you feel you would, on average, dedicate to activism/ advocacy if you wished to be involved? 1) 3 or more hours a month 2) < 3 hours a month 3) < 2 hours a month 4) < 30 minutes a month 5) < 15 minutes a month
- 20) How much do you feel the financial costs of participation influences your level of political activism/ advocacy? 1) A great deal 2) Much 3) Somewhat 4) Little 5) Never
- 21) How well do you feel you understand the dynamics of how political policy is created? 1) Very well 2) Well 3) Fairly well 4) Poorly 5) Very poorly
- 22) How well do you feel you understand the SNO’s daily activities as they relate to activism and advocacy. 1) Very well 2) Well 3) Fairly well 4) Poorly 5) Very poorly
- 23) Do you feel having a readily available support group to encourage activism would positively impact your involvement? 1) Extreme impact 2) Very high impact 3) Moderate impact 4) Slight impact 5) No impact



- 24) Do you feel a professional role model could positively impact you toward policy activism? 1) Definitely 2) Probably 3) Possibly 4) Probably Not 5) Definitely Not
- 25) Do you think action alerts from the SNO would motivate you toward activism? 1) A great deal 2) Much 3) Somewhat 4) Little 5) Never
- 26) **IF** you would chose to receive alerts to action from the SNO, rank from “most like” to “least like” how you would prefer to receive those alerts: 1) Automated telephone message 2) email 3) text messages 4) Tweets via Phone2Action
- 27) How interested are you in current policy that affects nurses? 1) Very interested 2) Interested 3) Moderately interested 4) Slightly interested 5) Not interested

### **Skill Enhancement Options**

- 28) How skilled do you feel you are in writing a letter to the editor of a publication? 1) Very skilled 2) Skilled 3) Fairly skilled 4) Poorly skilled 5) Very poorly skilled
- 29) How much more likely would you be to write a letter to the editor if you had training in how to do so? 1) A great deal more 2) Much more 3) Somewhat more 4) Little more 5) No more
- 30) How skilled do you feel you are in speaking with a policy maker? 1) Very skilled 2) Skilled 3) Fairly skilled 4) Poorly skilled 5) Very poorly skilled
- 31) How much more likely would you be to speak with a policy maker if you had training in how to do so? 1) A great deal more 2) Much more 3) Somewhat more 4) Little more 5) No more
- 32) I prefer learning from an educational session that is \_\_\_\_\_. (Please rank the top four ways you prefer to gain new knowledge.)
- a. Live audio (without visual)
  - b. Live audio-visual

- c. Recorded audio (listen only, no interaction)
- d. Recorded audiovisual (no interaction)
- e. In person session in my or a neighboring ONA district
- f. In person session at SNO headquarters

(Note: the ranking system did not work and therefore participants were only able to make a single choice.)

***That is the end of the survey. THANK YOU FOR YOUR TIME AND INPUT!***  
***You are very welcome to add any additional comments and insights that will assist the SNO in better understanding your motivators and/or barriers regarding advocacy.***

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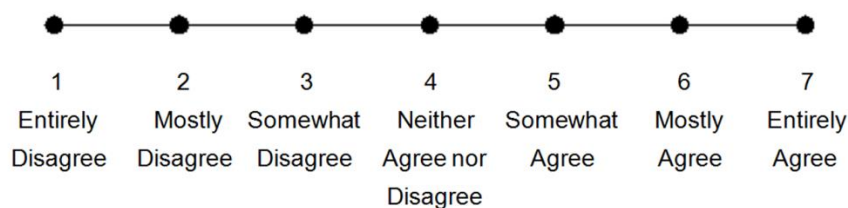
## Appendix B: PATN Formative Evaluations Survey (FEP1/FEP2)

**Assign yourself a code known only to you. A coding system permits the researcher to match the participants' two sets of survey answers while maintaining the participant's anonymity. Only this code will be used to identify a participant's answers. Please remember this code as you will use it in the follow-up survey.**

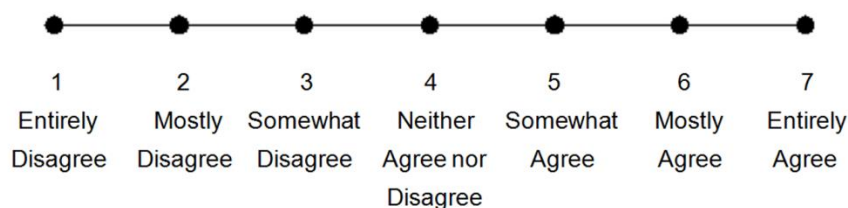
**Enter code**

- The Association for Nursing Professional Development has listed practice standards. The practice standards relevant to a toolkit are listed below in questions 1-6. For each of the following statements, please indicate the extent to which you agree or disagree regarding the PATN's design as it compares to the Association for Nursing Professional Development practice standards. There is opportunity to make additional comments.

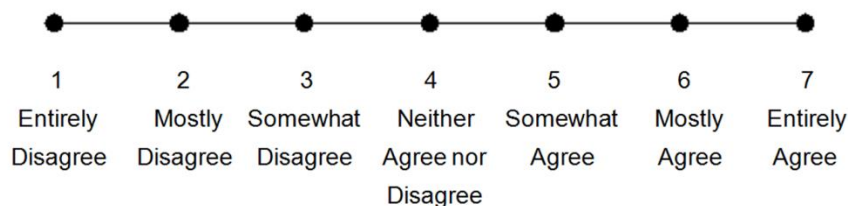
1. Determined a professional practice gap



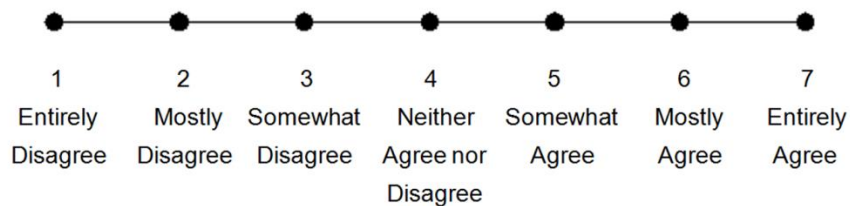
2. Collected and evaluated data to support the gap



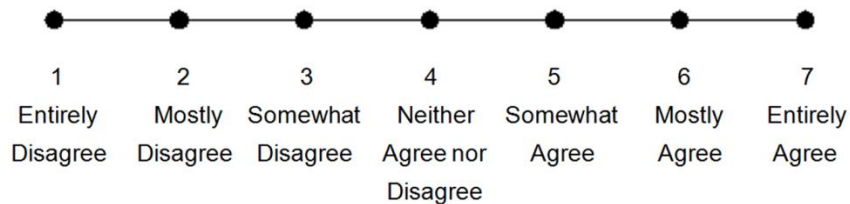
3. Determined a desired outcome for the educational activity



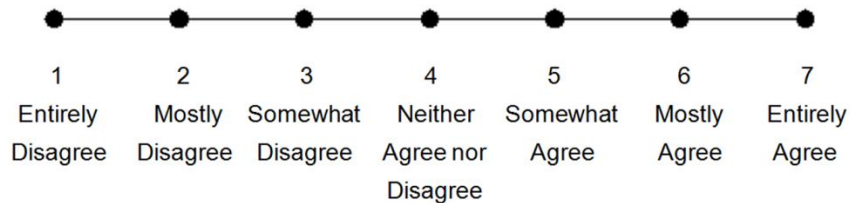
4. Used data to plan an educational activity, maintaining content integrity



5. Implemented the activity in a way that facilitates learner achievement of the desired outcome



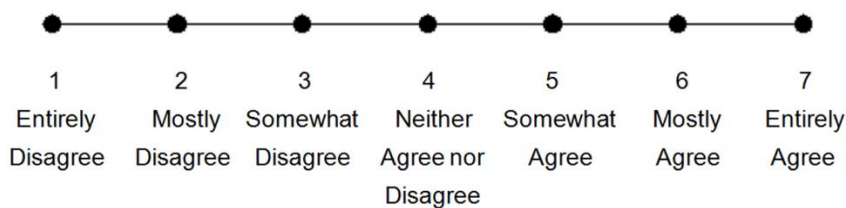
6. Evaluated the extent to which the activity contributed to achievement of the desired outcome



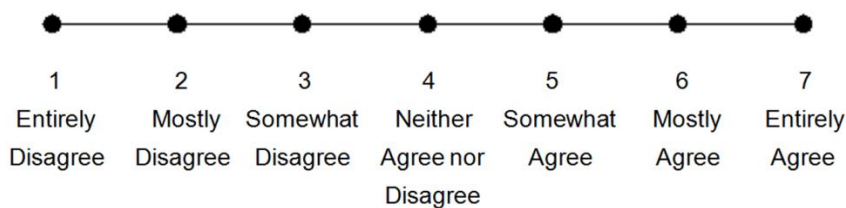
**You are invited to comment.**

- The PATN's agreed upon objectives are listed below. Please indicate the extent to which you agree or disagree that the PATN met the previously agreed-upon objectives. There is opportunity to make additional comments.

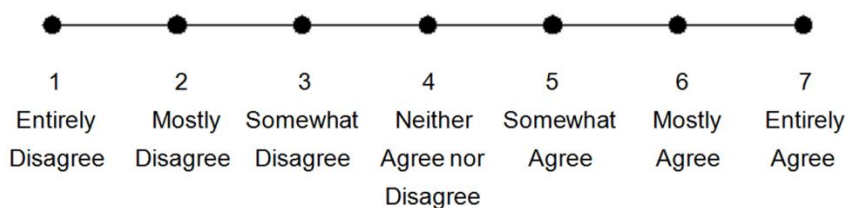
7. A "you can do it!" introduction including the PATN's purpose and outline



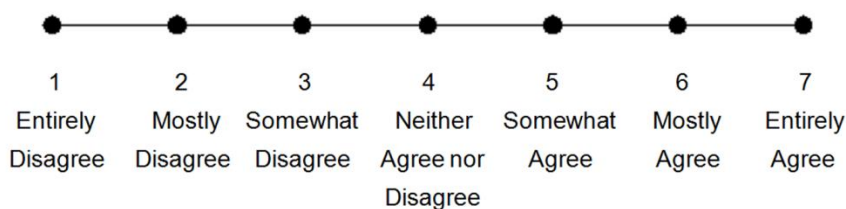
8. A brief glossary



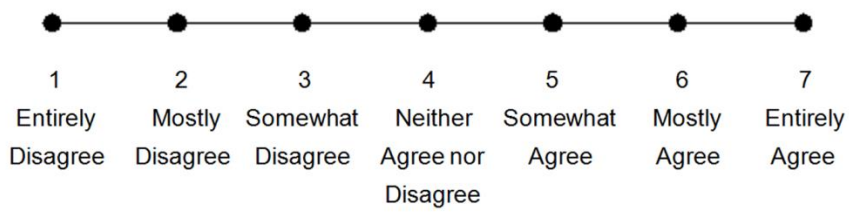
9. Information regarding voter registration



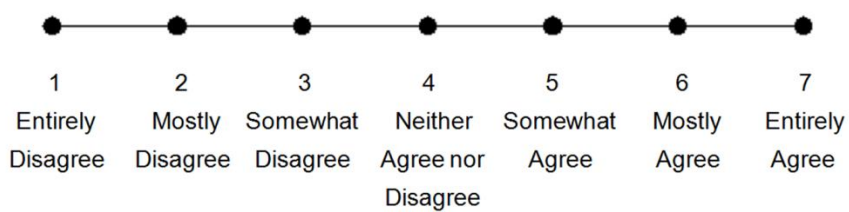
10. Information regarding how to find one's voting district



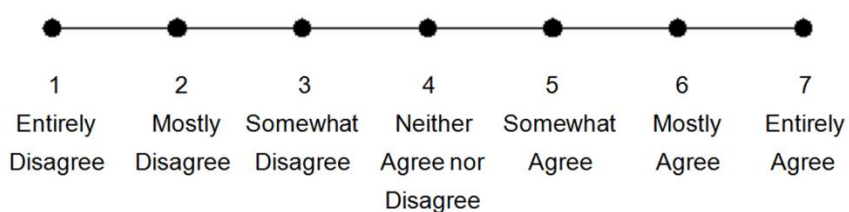
11. Information regarding how to find the name of one's elected official



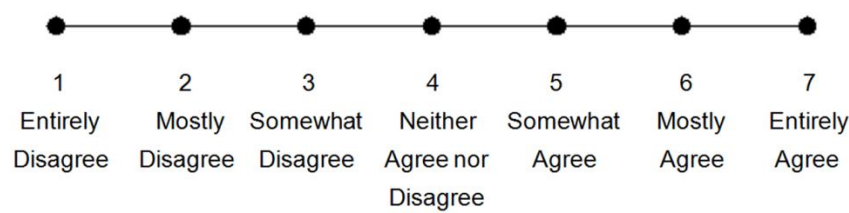
12. Information regarding how to contact one’s elected official



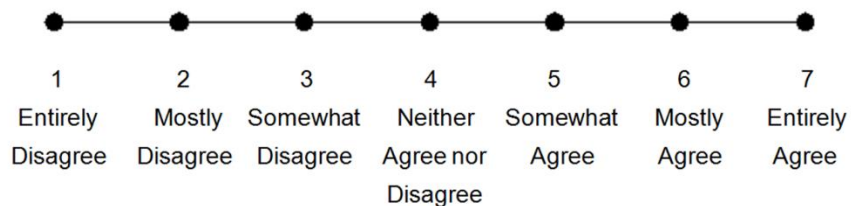
13. Map and the corresponding list showing [your state’s] voting districts coupled with SNO districts



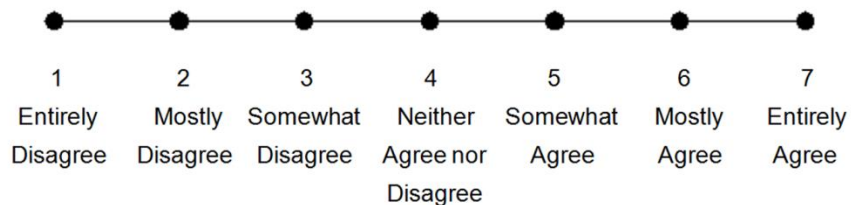
14. Brief explanation of Ohio’s 3 branches of government and their member’s general responsibilities



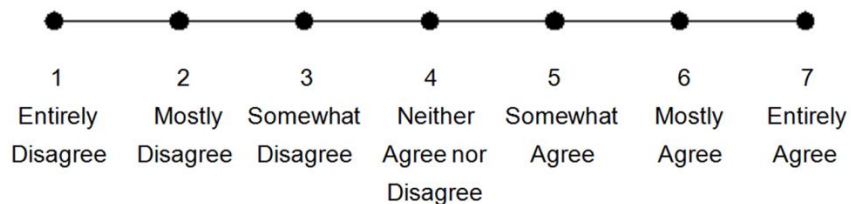
15. Explanation of the Bill to Law process



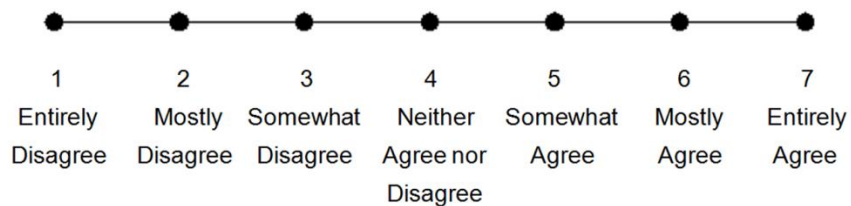
16. Discussion of how and why issues get on the political agenda



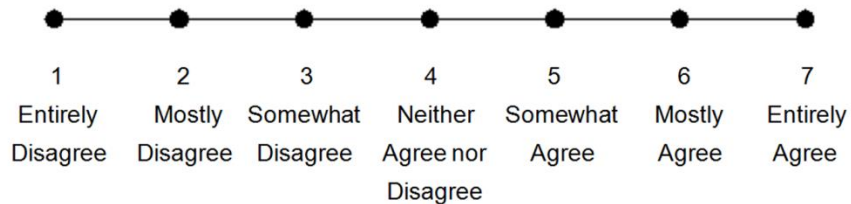
17. Discussion regarding establishing a relationship with policy makers



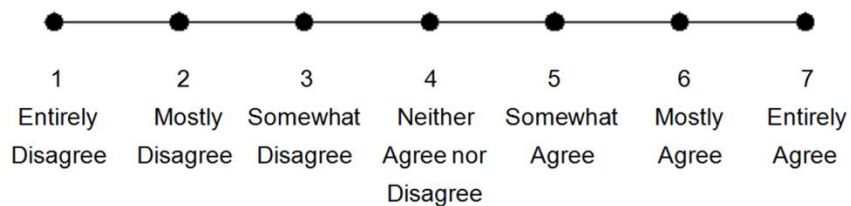
18. Discussion regarding how to communicate with policy makers regarding an issue.



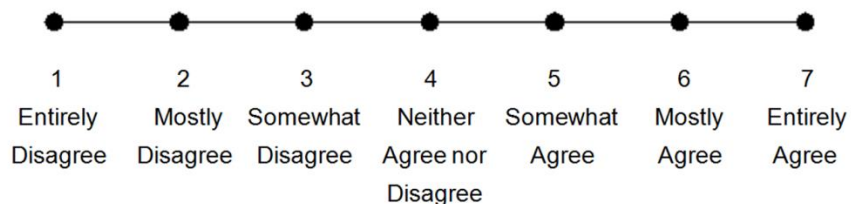
19. Information regarding where in the bill to law process one can make an impact



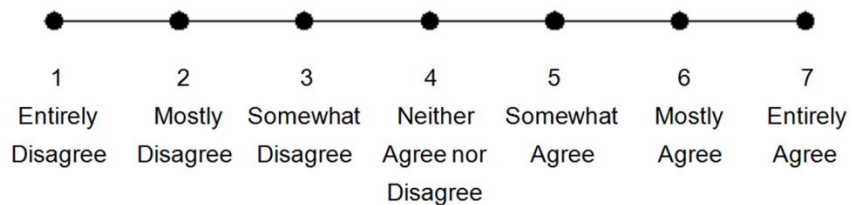
20. Information regarding finding where a bill currently is in the bill to law process



21. How to obtain action alerts / talking points from the SNO, and how to inform the SNO of connections one has made with policy makers



22. Discussion of letters to the editor and OpEds



**You are invited to comment.**



## Appendix C: SurveyMonkey Website Security Statement

### Security Statement

Millions of users have entrusted SurveyMonkey with their survey data, and we make it a priority to take our users' security and privacy concerns seriously. We strive to ensure that user data is handled securely. SurveyMonkey uses some of the most advanced technology for Internet security that is commercially available today. This Security Statement is aimed at being transparent about our security infrastructure and practices, to help reassure you that your data is appropriately protected. Visit our [privacy policy](#) for more information on data handling.

### User Security

- **Authentication:** User data on our database is logically segregated by account-based access rules. User accounts have unique usernames and passwords that must be entered each time a user logs on. SurveyMonkey issues a session cookie only to record encrypted authentication information for the duration of a specific session. The session cookie does not include the password of the user.
- **Passwords:** User application passwords have minimum complexity requirements. Passwords are individually salted and hashed.
- **Single Sign-On:** For our Team Collaboration accounts, SurveyMonkey supports SAML 2.0 integration, which allows you to control access to SurveyMonkey across your organization and define authentication policies for increased security. For more details, visit our [SSO help page](#).
- **Data Encryption:** Certain sensitive user data, such as credit card details and account passwords, are stored in encrypted format.
- **Data Portability:** SurveyMonkey enables you to export your data from our system in a variety of formats so that you can back it up, or use it with other applications.
- **Privacy:** We have a comprehensive [privacy policy](#) that provides a very transparent view of how we handle your data, including how we use your data, who we share it with, and how long we retain it.
- **Data Residency:** All SurveyMonkey user data, to include Wufoo, TechValidate, SurveyMonkey Intelligence, is stored on servers located in the United States. For FluidSurveys and FluidReview, all data is stored in Canada.

### Physical Security

All SurveyMonkey information systems and infrastructure are hosted in world-class data centers. These data centers include all the necessary physical security controls you would expect in a data center these days (e.g., 24×7 monitoring, cameras, visitor logs, entry requirements). SurveyMonkey has dedicated cages to separate our equipment from other tenants. In addition, these data centers are SOC 2 accredited. For more information, visit [SuperNAP](#) and [InterNAP](#). If you are looking for FluidSurvey or FluidReview information, please contact us directly.

### Availability

- **Connectivity:** Fully redundant IP network connections with multiple independent connections to a range of Tier 1 Internet access providers.
- **Power:** Servers have redundant internal and external power supplies. Data centers have backup power supplies, and are able to draw power from the multiple substations on the grid, several diesel generators, and backup batteries.
- **Uptime:** Continuous uptime monitoring, with immediate escalation to SurveyMonkey staff for any downtime.
- **Failover:** Our database is replicated in real-time and can failover in less than an hour.
- **Backup Frequency:** Backups occur daily at multiple geographically disparate sites.

### Network Security

- **Testing:** System functionality and design changes are verified in an isolated test “sandbox” environment and subject to functional and security testing prior to deployment to active production systems.
- **Firewalls:** Firewalls restrict access to all ports except 80 (http) and 443 (https).
- **Access Control:** Secure VPN, 2FA (two-factor authentication), and role-based access is enforced for systems management by authorized engineering staff.
- **Logging and Auditing:** Central logging systems capture and archive all internal systems access including any failed authentication attempts.
- **Encryption in Transit:** By default, our survey collectors have Transport Layer Security (TLS) enabled to encrypt respondent traffic. All other communications with the surveymonkey.com website are sent over TLS connections, which protects communications by using both server authentication and data encryption. This ensures that user data in transit is safe, secure, and available only to intended recipients. Our application endpoints are TLS only and score an “A” rating on [SSL Labs](#)’ tests. We also employ Forward Secrecy and only support strong ciphers for added privacy and security.

## **Vulnerability Management**

- **Patching:** Latest security patches are applied to all operating systems, applications, and network infrastructure to mitigate exposure to vulnerabilities.
- **Third Party Scans:** Our environments are continuously scanned using best of breed security tools. These tools are configured to perform application and network vulnerability assessments, which test for patch status and basic misconfigurations of systems and sites.
- **Penetration Testing:** External organizations perform penetration tests at least annually.
- **Bug Bounty:** We take the security of our platforms very seriously! SurveyMonkey runs a private bug bounty program to ensure our applications are continuously reviewed for vulnerabilities.

## **Organizational & Administrative Security**

- **Information Security Policies:** We maintain internal information security policies, including incident response plans, and regularly review and update them.
- **Employee Screening:** We perform background screening on all employees, to the extent possible within local laws.
- **Training:** We provide security and technology use training for employees.
- **Service Providers:** We screen our service providers and bind them under contract to appropriate confidentiality and security obligations if they deal with any user data.
- **Access:** Access controls to sensitive data in our databases, systems, and environments are set on a need-to-know / least privilege necessary basis.
- **Audit Logging:** We maintain and monitor audit logs on our services and systems.

## **Software Development Practices**

- **Stack:** We code in Python and run on SQL Server, Windows, and Ubuntu.
- **Coding Practices:** Our engineers use best practices and industry-standard secure coding guidelines which align with the OWASP Top 10. (Hyperlink removed)
- **Deployment:** We deploy code dozens of times during the week, giving us the ability to react quickly in the event a bug or vulnerability is discovered within our code.

## **Compliance and Certifications**

- **PCI:** SurveyMonkey is currently PCI 3.1 compliant.

- **HIPAA:** SurveyMonkey offers enhanced security features that support HIPAA requirements. For more details, visit our [HIPAA-compliance page](#). (Hyperlink removed)

### **Handling of Security Breaches**

Despite best efforts, no method of transmission over the Internet and no method of electronic storage is perfectly secure. We cannot guarantee absolute security. However, if SurveyMonkey learns of a security breach, we will notify affected users so that they can take appropriate protective steps. Our breach notification procedures are consistent with our obligations under various state and federal laws and regulation, as well as any industry rules or standards that we adhere to. Notification procedures include providing email notices or posting a notice on our website if a breach occurs.

### **Your Responsibilities**

Keeping your data secure also depends on you ensuring that you maintain the security of your account by using sufficiently complicated passwords and storing them safely. You should also ensure that you have sufficient security on your own systems, to keep any survey data you download to your own computer away from prying eyes. We offer TLS to secure the transmission of survey responses, but it is your responsibility to ensure that your surveys are configured to use that feature where appropriate. For more information on securing your surveys, visit our [Help Center](#). (Hyperlink removed)

### **Customer Requests**

Due to the number of customers who use our service, specific security questions or custom security forms can only be addressed for customers purchasing a certain volume of user accounts within a SurveyMonkey subscription. If your company has a large number of potential or existing users and is interested in exploring such arrangements, please check out [Team Collaboration](#).

Last updated: July 13, 2016.

## Appendix D: Invitation to Participate

Dear Colleague,

My name is Carolyn Jurns. I am a doctor of nursing practice (DNP) student at Walden University who is completing a practicum at the Ohio Nurses Association (ONA). As part of my doctoral work, I am creating the Policy Advocacy Toolkit for Nurses (PATN). When completed, it is planned that ONA personnel will download the PATN from its current form (Word document) to the ONA's website. The PATN will then serve as an online policy advocacy resource provided by the ONA.

You are invited to take part in a study regarding how well the PATN complies with (a) previously agreed upon objectives for the PATN and (b) Association for Nursing Professional Development's practice standards. The study has been approved by Walden University and its Institutional Review Board (IRB).

Participation is completely voluntary and anonymous. Participation in this research will occur twice. The first occasion will take approximately 45 minutes, and the second will take approximately 30 minutes of your time.

Should you decide to participate, you will:

Read the material provided.

Read the consent form and give consent.

The consent form will link you to a survey.

Answer the survey and submit it. (You are encouraged to answer all survey questions so that statistical analysis may be done.)

After the PATN has been revised, you will be asked to read the revised copy and re-take the survey. That completes your participation.

Further details of the research and research process are provided within the consent form.

All invites will receive a single friendly reminder within approximately 7 days after receiving this invitation. Surveys will be collected approximately 14 days after the invitations are emailed.

Thank you for reading this invitation and, should you choose to participate, for your input into this research.

Sincerely,

Carolyn S. Jurns, Researcher

DNP Candidate, School of Nursing

Walden University

## Appendix E: Reminder to Participate

*Dear Colleague,*

*This email is being sent as a friendly reminder regarding participating in a research study to obtain optimal design of the Policy Advocacy Toolkit for Nurses (PATN). The surveys will be collect at the end of the day, December 6th.*

*Thank you for reading this reminder and, should you choose to participate, for your input into this research.*

*Sincerely,*

*Carolyn S. Jurns, Researcher  
DNP Candidate, School of School of Nursing  
Walden University*

Dear Colleague,

My name is Carolyn Jurns. I am a doctor of nursing practice (DNP) student at Walden University who is completing a practicum at the Ohio Nurses Association (ONA). As part of my doctoral work, I am creating the Policy Advocacy Toolkit for Nurses (PATN). When completed, it is planned that ONA personnel will download the PATN from its current form (Word document) to the ONA's website. The PATN will then serve as an online policy advocacy resource provided by the ONA.

You are invited to take part in a study regarding how well the PATN complies with (a) previously agreed upon objectives for the PATN and (b) Association for Nursing Professional Development's practice standards. The study has been approved by Walden University and its Institutional Review Board (IRB).

Participation is completely voluntary and anonymous. Participation in this research will occur twice. The first occasion will take approximately 45 minutes, and the second will take approximately 30 minutes of your time.

Should you decide to participate, you will:

Read the material provided.

Read the consent form and give consent.

The consent form will link you to a survey.

Answer the survey and submit it. (You are encouraged to answer all survey questions so that statistical analysis may be done.)

After the PATN has been revised, you will be asked to read the revised copy and re-take the survey. That completes your participation.

Further details of the research and research process are provided within the consent form.

All invites will receive a single friendly reminder within approximately 7 days after receiving this invitation. (*The reminder time was extended due to the Thanksgiving holiday.*) Surveys will be collected at the end of the day, December 6th.

Thank you for reading this invitation and, should you choose to participate, for your input into this research.

Sincerely,  
Carolyn S. Jurns, Researcher  
DNP Candidate, School of Nursing  
Walden University

*[Attached were the PATN in the form of a Word document and the consent form with a link to the SurveyMonkey survey.]*

## Appendix F: Letter of Cooperation

**Letter of Cooperation from a Research Partner**

[REDACTED]

[REDACTED]

Date

Dear Ms. Jurns,

Based on my review of your research proposal (bulleted below), I give permission for you to conduct the study entitled Design Evaluation Survey for the Policy Advocacy Toolkit for Nursing (PATN) within the [REDACTED]. As part of this study, I authorize you to send email invitations for participation in a Design Evaluation Survey for the Policy Advocacy Toolkit for Nursing. Results will be disseminated to all invitees via email at the conclusion of this doctoral project. Individuals' participation will be voluntary, anonymous, and at their own discretion.

We understand that the [REDACTED]'s responsibilities include: Allowance of the survey to be downloaded onto the [REDACTED]'s SurveyMonkey account. Allowance of employee participant's time, and work-based computer. No supervision will be required. Allowance is also granted for release of data obtained in the [REDACTED] Advocacy Survey, conducted in May 2016, for doctoral project purposes. It is understood that Walden University is not in any way the sponsor, overseer, nor assumes liability for the PATN's design evaluation. Rather the [REDACTED] will be the sponsor of Design Evaluation Survey for the Policy Advocacy Toolkit for Nursing. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

[REDACTED]

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the



### Appendix G: PATN and Its Introduction

The following is the introduction offered to the design-stakeholders and the PATN itself.

The purpose of the introduction was to orient the design-stakeholders regarding the background work done while building this evidence based product.

#### **Background of the Policy Advocacy Toolkit for Nurses' (PATN) creation**

**Pages 2-7 will not be part of the PATN but are offered to the evaluators for background information that is important when answering the survey questions.**

**STEP #1 in creating the PATN was to answer the following questions:**

Question	Answer found in the current professional literature?
Is it <u>appropriate</u> for nurses to advocate?	Yes
Is there a <u>need to promote</u> nurse advocacy.	Yes

**Details of some of the Evidence to support the “YES” answer:**

**American Nurses Association's (ANA)** code of ethics Nurses have a professional, ethical, social responsibility to advocate

**Hendriksen:** Nurses have a social responsibility to advocate for patients' protection and safety

**Porter-O'Grady & Malloch :**

Nurses should be in charge of their own destiny as no policy should be enacted without the involvement of its stakeholders

The **American Academy of Nursing (AAN; 2010):**

Nurse advocacy must be maximized at all policy levels to achieve national healthcare goals.

**American Academy of Colleges of Nursing's:**

Policy involvement is among the essential criterion for nursing education at the baccalaureate, masters, and doctoral levels.

**Barclay (2010)** poignantly noted that if nurses do not advocate, people suffer at every level.

**A Robert Wood Johnson Foundation survey:**

Opinion leaders recommended that nurses have a greater influence on health systems and services.

**RWJF and Institute of Medicine report:**

The Future of Nursing, Leading Change, Advancing Health recommended nurses

Practice to the full extent of their education and training (includes policy advocacy)

Be Full Partners in redesigning health care in the United States

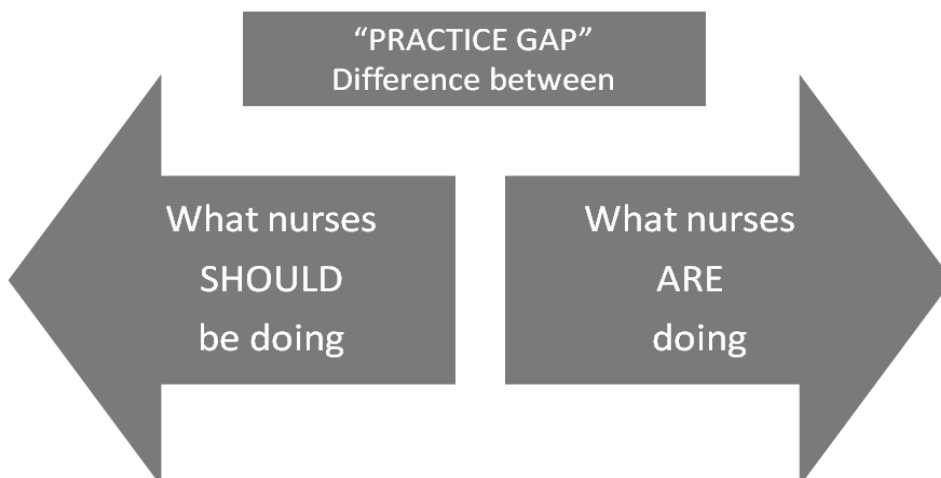
mentioning both

placement on boards

health policy involvement

**STEP # 2: Question if there is an “observed Practice Gap”.**

The term “Practice Gap” is illustrated below:



Question	Answer found in the current professional literature?
Is there an “observed Practice Gap”?	Yes

**Details of some of the Evidence to support the “YES” answer:**

**A few statistics:**

Although nurses are the nation's largest health care profession with 3.6 million RNs.

(>1 / 100 in US residents = RN) yet Gallup poll showed that national opinion leaders and decision makers do not perceive RN's to be leaders in healthcare development and delivery

Nursing represents only 6% of voting hospital boardroom members

**Practice gap in nurse advocacy demonstrated by the calls to action.**

ANA (2015) printed *Nurses making policy: From bedside to boardroom* for the purpose of developing health policy advocacy skills.

The SNO has created the volunteer position of Advocacy Diplomates to work with legislators.

In January 2016, the then Deputy Executive Officer of Government Relations and Member Engagement and her SNO colleagues promoted the development of the Policy Advocacy Toolkit for Nurses (PATN).

**STEP #3: Determine and share Needs and Desired Outcomes:**

**A) Determine participants' Learning Needs:**

a) Needs as determined by :

- SNO leaders, reflected in the SNO's Advocacy Diplomates' training
- Needs determined by analysis of SNO survey results.

In May 2016 the SNO sent out a survey to examine members' barriers and motivators to advocacy. After cleaning the data to include only those participants who answered all the questions, there were 176 usable responses for analysis. Chi Squared analysis demonstrated that the number of times a member advocated in the previous 6 months had a **statistically significant relationship with that member's perception of his/her:**

- (a) **understanding of the dynamics of how political policy is created,**
- (b) **skill in speaking to a policy maker**
- (c) **understanding of the SNO's daily activities as those activities relate to activism and advocacy.**

**B) General Outcomes based on Needs:**

Leaners will have a perceived increase in

- Knowledge
- Empowerment
- Readiness to engage in advocacy

**C) Each Module has Outcomes listed. They appear, for example, as:**

**“Outcome: After participating in this module, the participant will be able to access information regarding voting within his/her Ohio district. “**

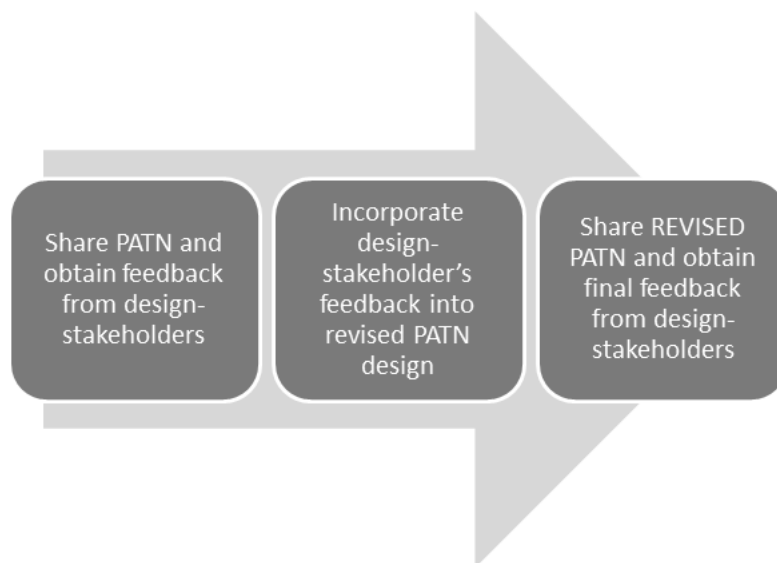
**STEP #4: Content design m that is “How should the material be presented”**

The content of any education should reflect established

- Theories
- Frameworks

Question	Answer
<b>Does the PATN follow</b> established educational theories and frameworks	<b>Yes</b>
<b>If so, which</b> theories and frameworks?	<ul style="list-style-type: none"> <li>• <b>Knowles education theory</b></li> <li>• <b>Kingdon’s multiple streams approach</b></li> <li>• <b>Translation and change theories</b></li> </ul> <p>(ex. Brownson, Royer, Ewing, and McBride; Kotter; Rosswurm and Larrabee)</p>

**STEP 5:** Plan for evaluation of quality **DESIGN**: This is where YOU come in!  
 The PATN was developed > YOU and others provided feedback > PATN optimized!



**STEP 6: Plan to Evaluate Effectiveness: In other words:****How will the SNO know if the PATN is effective in its goal to promote:**

- **Knowledge**
- **Empowerment**
- **Readiness to engage in advocacy**

**Plan:** Permission has been obtained for the SNO to use a reliable and valid research tool: the Policy Astuteness Inventory, or PAI. The following diagram outlines how the study would be run.

**Notes to Evaluators:**

- The **word document** you are reviewing is a draft for the material which will later be placed in an **SNO website** online resource: the Policy Advocacy Toolkit for Nurses (PATN).
- choose.
- The following is a **simplified version** (which has been transformed from its original colored version) of the PATN's **Homepage**:

# SNO

## Policy Advocacy Toolkit for Nurses

**WELCOME !!**  
 The SNO is excited to bring you this resource to assist you in advocating for

- Nurses
- Nursing
- Healthcare of Patients & Clients

Please click on the links to access the information you need.

**MODULES**

Introduction	Letters, OpEds
Glossary	SBAR
Voting	Getting on Policy Agenda
Bill to Law	Contacting your Policy Maker
Action Alerts	CASE STUDY
Knowing your Policy-Maker	

Why Advocate?

PATN Purpose

PATN Objectives

Contact SNO

- The Word Document you are reviewing is the working script for the Toolkit.  
 As it is a work in progress, you will see notes to persons in the SNO's Communications Team. These may either appear as something highlighted in blue (indicates where a LINK will be placed, or it may be a note to the tell with the designation of **“Communications Team.”**
- All images are advertised to be royalty free.
- Blank pages are due to page breaks.
- ***Thank you for sharing your time and expertise. It is very much appreciated.***

**Module: Introduction**

Hello and welcome to the SNO's Policy Advocacy Toolkit for Nurses.

**WHY ADVOCATE?**

Advocacy means to support or recommend. Nurses *are* advocates. It is part of what defines us. Every shift nurses advocate for their patients, their patient's loved ones, and the care which the nurses deems necessary. This toolkit takes the same need for advocacy, and the advocacy skills required and acquired by nurses, and applies them to policy advocacy.

You already have advocacy skills. Now you can use those skills in policy advocacy.

**Why advocate? Here are a few reasons.**

Nurses' voices should be heard because

- Nurses are in a unique position of influence because
  - Nurses are experts in healthcare.
  - Nurses are the most populous healthcare profession
  - Nurses are the most trusted profession
  - Nurses stands at the crossroads between healthcare policy and healthcare delivery.
- Those impacted by policy must be involved in its formation
- Nurses have a professional, ethical, and social responsibility to advocate for optimal healthcare and an optimal professional environment
- To reach our national healthcare goals, nurses must be involved
- Nurses are educated and expert in the skill of communicating, teaching, problem identification, and problem solving
- Nurses silence is a threat to our nation's healthcare, our patients' safety and nurses' well-being

Meeting this need aligns with the SNO's Vision and Mission

**The SNO's Vision and Mission include**

- Advocating
- Evidence-Based Practice
- Education

The SNO invites and encourages its members and all Ohio nurses to become involved and grow in their advocacy knowledge, skills, and involvement.

**Pause and reflect:** Name one advocacy skill you have. List at least one way that can be applied to policy advocacy.

*The voice of nurses and nursing is powerful – BUT – nurses must claim that power.*

**Purpose** (cont. home page)

The purpose of this toolkit is to be a resource which you the nurse can use to start or continue growing as an advocate. The topics covered in the Toolkit were identified by SNO leaders and/or identified in a May 2016 SNO member survey investigating members' motivators and barriers to advocacy.



**Works in Progress...**

We are all works in progress. No one expects a novice advocate to be an expert advocate. Just as in bedside nursing we grew through the natural stages of development and learning, the same is true in growing as an advocate.

Give yourself permission to be a beginner / novice !!

**Please note** that while the SNO encourages all its members to advocate, in order to *represent* the SNO, a member must obtain permission to do so from the SNO. If you wish to be an SNO Advocacy Diplomat, please go to the **LINK** to get more information ~ and welcome aboard!

**Objectives /Outcomes** (cont. home page)

What you can expect from this toolkit.



**You will find the Modules on the following topics. (Each Module has learning objectives / outcomes listed for you.)**

1. Introduction with purpose statement and list of course objectives/ outcomes.
2. Glossary/ definitions
3. Links to connect with other SNO advocates and to becoming an Advocacy Diplomate
4. Information regarding voting in your Ohio district
5. A brief explanation of Ohio's 3 branches of government and their general responsibilities.
6. Information regarding finding who his/her elected official is and how to contact him/ her (local to federal level)
7. Information regarding the bill to law process
8. Pinpointing at what points in the bill to law process a member/ Advocacy Diplomate can make an impact.
9. Link to find out where a bill currently is in the bill to law process
10. Information regarding how to obtain action alerts and communicate advocacy activity to the SNO
11. Rational for importance of establishing a relationship with policy makers and information regarding how to effectively do so.
12. Information regarding how to speak or write to a policy maker regarding an issue.
13. Using SBAR as a framework to communicate with policy makers
14. Discussion of how and why issues get on the political agenda
15. Links to obtaining action alerts / or talking points from the SNO, and how to inform the SNO of connections the member has made with policy makers.
16. Explanation and tips on writing letters to the editor and OpEd's
17. A color coded map and corresponding list that shows SNO member's Ohio General Assembly districts. (Removed from this Appendix to retain the site's anonymity)
18. Case Example

#### References

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Module: Definitions / Glossary

- 1) **Advocacy**: the act or process of supporting a cause or proposal (Merriam-Webster).
- 2) **Bill** : “a draft of a law presented to a legislature for enactment; *also* : the law itself <*the Gibill*>” (Merriam-Webster).  
**Dictionary.com’s definition adds clarity by defining a bill as “a form or draft of a proposed statute presented to a legislature, but not yet enacted or passed and made law”.**
- 3) **General Assembly**: the term for Ohio’s two legislative bodies:  
**Ohio State’s Senate**  
**AND**  
**Ohio’s State Legislature.**

4) **“Law” verses “Policy”**

The word “law” verses the word “policy”:

**Law**: the whole system or set of rules, or an individual rule, made by the government that it is advisable or obligatory to observe (Merriam-Webster).

**Policy**: The term policy continues to evolve, can be interpreted in a number of ways, and can be a topic of long conversations among political scientists. Policy can, but does not necessarily involve a law – such as a handwashing policy in a hospital, or a “no dessert if you haven’t eaten your vegetables” policy at your kitchen table, but it may. Since the term policy is evolving, we can leave it to political scientists to discuss these terms. For our purposes, we will not differentiate between policy and law and will simply define **policy** as “**the purposeful, general plan of action developed to respond to a problem that includes authoritative guidelines. The plan directs human behavior toward specific goals**” (Sudduth, 2008, p. 171).



If you are interested in further information on the topic of law verses policy, and especially if you are a visual learner, you may find the following interesting.  
<https://www.youtube.com/watch?v=6ak9POF-Ajw> (FYI - **Communications Team** – this is a YouTube video. According to the following, I believe it is allowable to use it:  
<https://productforums.google.com/forum/#!topic/youtube/QVh0PCarl8> ).

- 5) **Legislator**: a person who makes laws : a member of a legislature (Merriam-Webster)
- 6) **Needlestick**: an accidental puncture of the skin with a sharp object such as a needle

- 7) **Networking**: the cultivation of productive relationships for employment or business (Merriam-Webster)
- 8) **OpEd**: an essay in a newspaper or magazine that gives the opinion of the writer and that is written by someone who is not employed by the newspaper or magazine. Historically sometimes found on page opposite the editorial page. (Merriam-Webster)
- 9) **SBAR** (Situation, Background, Assessment, Recommendation) – a communication tool often used in reporting patient progress, but applicable to communicating with policy makers.

A number of organizations offer lists of legislative and political terms. The following [LINK](#) will connect you to one written by the reputable American Psychological Association.  
<http://www.apa.org/apags/resources/advocacy/glossary.aspx>



### *Pause, Reflect & Practice*

1. Can you explain the difference between a law and a policy? Many people are confused by these terms. Give an example of each and check back with the explanation to make sure you are right.
2. As you review the definition of SBAR communication, consider how we are going to apply it to policy advocacy. The answer is in the Module: [Using SBAR to Guide Communications](#)

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**Module: Links to Connect You**

*"I get by with a little help from my friends." ~ John Lennon and Paul McCartney*

**If you want an advocacy MENTOR or to team-up-with ANOTHER  
LEARNER:**

Click this [LINK](#)

**If you want to connect with someone in your SNO district:**

Click this [LINK](#)

**To investigate becoming an SNO Advocacy Diplomate:**

Click this [LINK](#)

**(There could be other similar links on this tab. This could not be designed by the PATN developer as it is an SNO decision.)**

**Module:** **Voting**

*“Every election is determined by the people who show up.” — Larry J. Sabato*

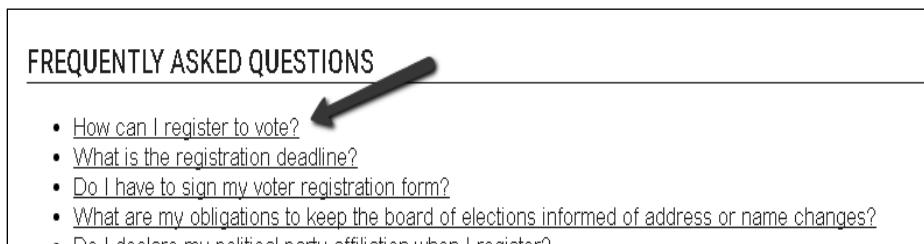
**Outcome: After participating in this module, the participant will be able to access information regarding voting within his/her Ohio district.**

**Want to become a registered voter, change your voter registration information, learn how to vote by absentee ballot or other voting related matters? (LINKs available below)**

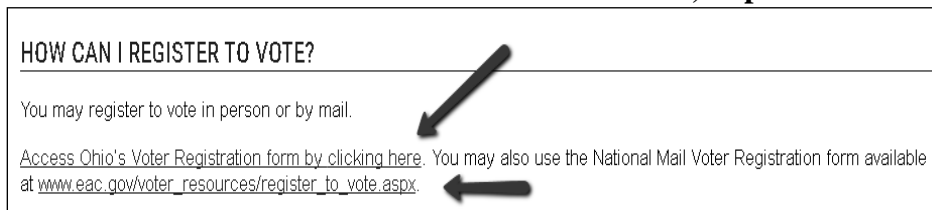
**If you want to go straight to the voter registration form, the LINK is:  
<http://www.sos.state.oh.us/sos/upload/elections/forms/4010.pdf>**

**Find all things related to voter registration and elections at the following LINK:  
<http://www.sos.state.oh.us/sos/elections/Voters/register.aspx>**

**To register to vote – click on the words “How can I register to vote?” you will find on the website, as pictured below.**



**Then click on one of the two LINKs on the website, as pictured below.**





*Pause, Reflect & Practice*

1. Go to the online site to register to vote in Ohio. [Hint: It's the first LINK in this module.]
2. Go to the online site to find other information. [Hint: It is the second LINK in this module.]  
For example:
  - a. When is the deadline to register for the next election?
  - b. Do you need to declare party affiliation when you register to vote?
  - c. If you have changed your name since you registered to vote, will you be able to vote in the next election? [The answer is maybe. Look it up to discover the details.]

**Module: Ohio Government & Your Elected Official**

*Let us never forget that government is ourselves and not an alien power over us. The ultimate rulers of our democracy are not a President and senators and congressmen and government officials, but the voters of this country.*

*~ Franklin D. Roosevelt, address at Marietta, Ohio, July 8, 1938*

**Outcome: After participating in this module, the learner will:**

- a. **Be able to identify the 3 branches of Ohio’s government and their basic responsibilities**
- b. **Be able to identify his/her elected official**
- c. **Be able to explain how to contact his/her state Congress-person and Senator.**

**Ohio’s Government**

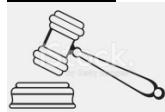
**First things first – What are the branches of Ohio’s state government?**

**For a brief review: there are three main branches of Ohio’s government: Executive, Judicial, and Legislative.**

**Executive:**

**The governor is the head of this branch. Other positions and groups within this branch are the Lieutenant Governor; the State Auditor; the Secretary of State; and over 150 state agencies, departments, boards, and commissions, among which is the Ohio Board of Nursing. Elected members of the Executive branch are elected on even numbered non-presidential election years. The governor’s primary duties include forming and applying administrative policy for state agencies, submitting budgets, filling judicial posts, appointing agency directors and board and commission members, and serves as the commander-in-chief of Ohio’s National Guard. Additionally, Ohio’s governor can approve or veto bills passed by the Ohio Legislature.**

**For more information regarding Ohio’s executive branch, see the following LINK: <http://www.lsc.ohio.gov/guidebook/chapter11.pdf>**

**Judicial**



The chief task of the judicial branch is interpreting laws written by the legislature and applies it to specific cases.

For more information on Ohio's judicial system – including a video!  – see the following [LINK](http://www.supremecourt.ohio.gov/JudSystem/default.asp) <http://www.supremecourt.ohio.gov/JudSystem/default.asp>

### General Assembly



The General Assembly is the single term used for Ohio's *TWO* legislative bodies:

Ohio State's Senate 

AND

Ohio's State Legislature. 

The General Assembly is comprised of  
**99 Ohio State Representatives - serving terms lasting 2 years each**  
 AND  
**33 Ohio State Senators - serving terms lasting 4 years each**

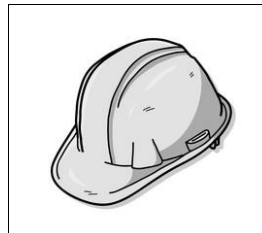
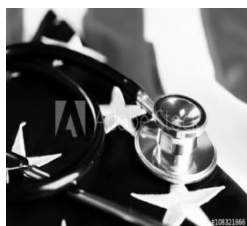
Ohio's General Assembly has **3** fundamental powers:

- Political power



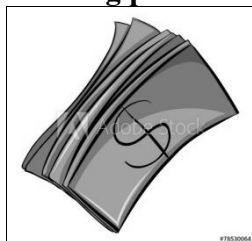
~ to provide for the establishment, organization, and operation of government;

- Police power



~ to promote the health, public peace, safety, and welfare;

• **Taxing power**



..to raise revenue to pay for government facilities and operations.

For more information regarding Ohio's General Assembly, see the following **LINK** <http://www.lsc.ohio.gov/guidebook/chapter2.pdf>

**Who represents you?** (This is a continuation of the same module)

“Who is Who?” in your hometown, your county, in Columbus and in Washington

~ and “Who cares?”

The answer is, “You and I do.” Important to know because:

- It allows you to contact the official and share your expert opinion.
- It allows you to follow an official's voting pattern
- By understanding officials' responsibilities, you know how and to whom you should address your concerns.
- By understand officials' as people, you understand how to best approach a concern.

**ONE STOP SHOPPING LINKS**

To learn who represents you at local, regional, state, and national levels, click on this “Contact your Elected Official” website. <https://www.usa.gov/elected-officials>

Specific to Ohio's **General Assembly**:

Within the above site or by going directly to <https://www.legislature.ohio.gov/>) you can find information regarding who represents you in *Ohio's General Assembly*.

To find **who they are:**

Simply fill in your zip code in the search bar, click *Submit:*



The screenshot shows the website header for "THE OHIO LEGISLATURE 131<sup>ST</sup> GENERAL ASSEMBLY". Below the header is a navigation menu with links: HOME, SCHEDULES, LEGISLATION, LEGISLATORS, COMMITTEES, SESSION, BUDGET, LAWS, and PUBLICATIONS. The main content area features a large image of a classical building with columns. To the right of the image are two search forms:

**SEARCH LEGISLATION**

Chamber:  Both  House  Senate

Number:

**FIND MY LEGISLATORS**

Chamber:  Both  House  Senate

ZIP Code:  -

Use the [US ZIP Code Search Tool](#) to find your 4-digit ZIP Code extension.

**Upcoming Events**

8/11/2016 at 10:00AM - Senate Ohio Retirement Study Council Committee

**And your Ohio General Assembly person's name will appear!**

## Find My Legislators


If needed, use the [US ZIP Code Search Tool](#) to find your 4-digit ZIP Code extension.

Chamber  Both  House  Senate

ZIP Code / 4-Digit Ext.  -


---

The following representative(s) serves ZIP Code **44001** :

[Representative Ramos \(D\)](#)  
District 56 

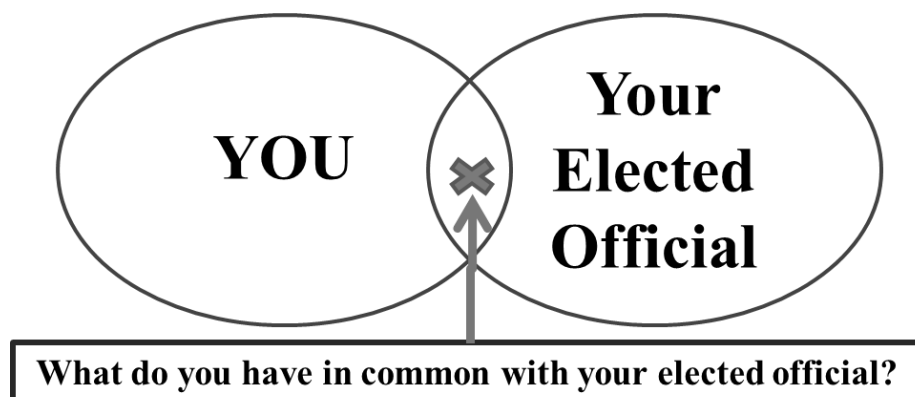
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The following senator(s) serves ZIP Code **44001** :

[Senator Manning \(R\)](#)  
District 13 

To learn *how to contact him/her*, or to *get to know about your* Ohio State legislator or senator click on his/ her name to be connected to his/ her webpage. There you will find a wealth of information including his/her biography, legislation he/she has sponsored and cosponsored, and on what committees he/she serves.

Why is that important?



To explain this, let's think of doing patient teaching. Do you alter your teaching to align with your patient's age, education level, ethnicity, sex, language proficiency, occupational background etcetera? Yes, of course you do. The same applies when

speaking to the official who represents you. By understanding that official and his or her background and interests, you will understand how to best approach a topic of concern. **One need not agree on everything to find areas of mutual interest and benefit.** We encourage you to take a few minutes to get to know your legislator and senator. **What do you have in common with your elected official?** Or what in your official's background might be a basis for conversation regarding the issue with you are concerned? For example, some examples of overlap might be interests in bargaining units, a health care background, being part of a subset (or having a particular interest in advocating for a subset) of the population who has a particular need for nursing care (ex. veteran, firefighters, elderly, impaired, disadvantaged), being part of a religious or civic association which would have similar goals/interests (for example one which promotes women professionals). Learn on what committees your senator and legislator serve. Some within the Venn diagram might be less obvious than those strictly connected with healthcare. For example, the finance committee would be involved in healthcare related issues. What legislation has your Official sponsored or cosponsored? Did, for example, he/she sponsor a bill to raise awareness of an disease process? If so, you as a nurse can engage that official on your shared concern and build your relationship.

For maps and lists showing which Ohio State senate and legislative districts are represented in which of the SNO districts, see module labeled **SNO Districts and Ohio's General Assembly Districts**



### *Pause, Reflect & Practice*

1. Test yourself: You have many elected officials ranging from those in your community to the White House. Aside from the persons living in the White House (that's too easy) can you
  - name at least three of your elected officials,
  - what branch of government they work in, and
  - what their basic scope of responsibilities are?
2. The LINK to "contact your state Congress-person and Senator" is given in this module. Consider making it a "favorite" on your computer's toolbar.
3. **What do you have in common with your elected official?**

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**Module: Bill to Law and Your Impact**

*“Rather, ten times, die in the surf, heralding the way to a new world, than stand idly on the shore.” ~ Florence Nightingale*

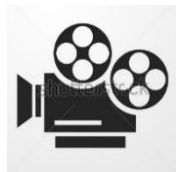
**Outcome: After participating in this module, the participant will be able to explain**

- a) the pathway for legislation to become Ohio Law.
- b) where in the process the advocate can have an effect.

**Understanding the Process of how a BILL becomes a LAW**

**Why is it important to know how a bill becomes a law? For the same reason it is important to understand anatomy and physiology. It is important because in order to affect change, one needs to know “how things get done around here”.**

**So let’s look at the process. This process is presented several different ways: a schematic/ outline form, in a video, and in word form. Feel free to look at all or just pick one.**



a)

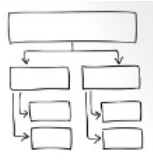
If you prefer to learn by watching videos, consider watching the following film regarding how bills progress to laws within the State of Georgia. The process is essentially the same in Georgia and Ohio, although some of the dates, and obviously, the location, differ.

[http://www.gpb.org/georgiastories/story/legislative\\_process](http://www.gpb.org/georgiastories/story/legislative_process).



b)

This LINK will take you to an explanation offered by the Ohio Senate regarding how a bill becomes a law <http://ohiosenate.gov/education/how-a-bill-becomes-a-law>



- c) The Ohio Senate wrote out the process in a schematic format accessible through the following [LINK](https://www.legislature.ohio.gov/publications/the-legislative-process): <https://www.legislature.ohio.gov/publications/the-legislative-process>
- d) Still confused about Committees' role(s) in the Bill to Law process? The Union of Concerned Scientists put together a very good explanation which can be found at the following [LINK](http://www.ucsusa.org/action/the-us-legislative-process.html#.V6ib47grLIU): <http://www.ucsusa.org/action/the-us-legislative-process.html#.V6ib47grLIU>

### Connect / Impact a legislator

As illustrated in the schematic on page 26 by boxes outlined in red, the following are opportunities within the bill to law process for you to make an impact:

(B) When trying to promote a specific legislation, one can impact elected officials at different points during the legislative process:

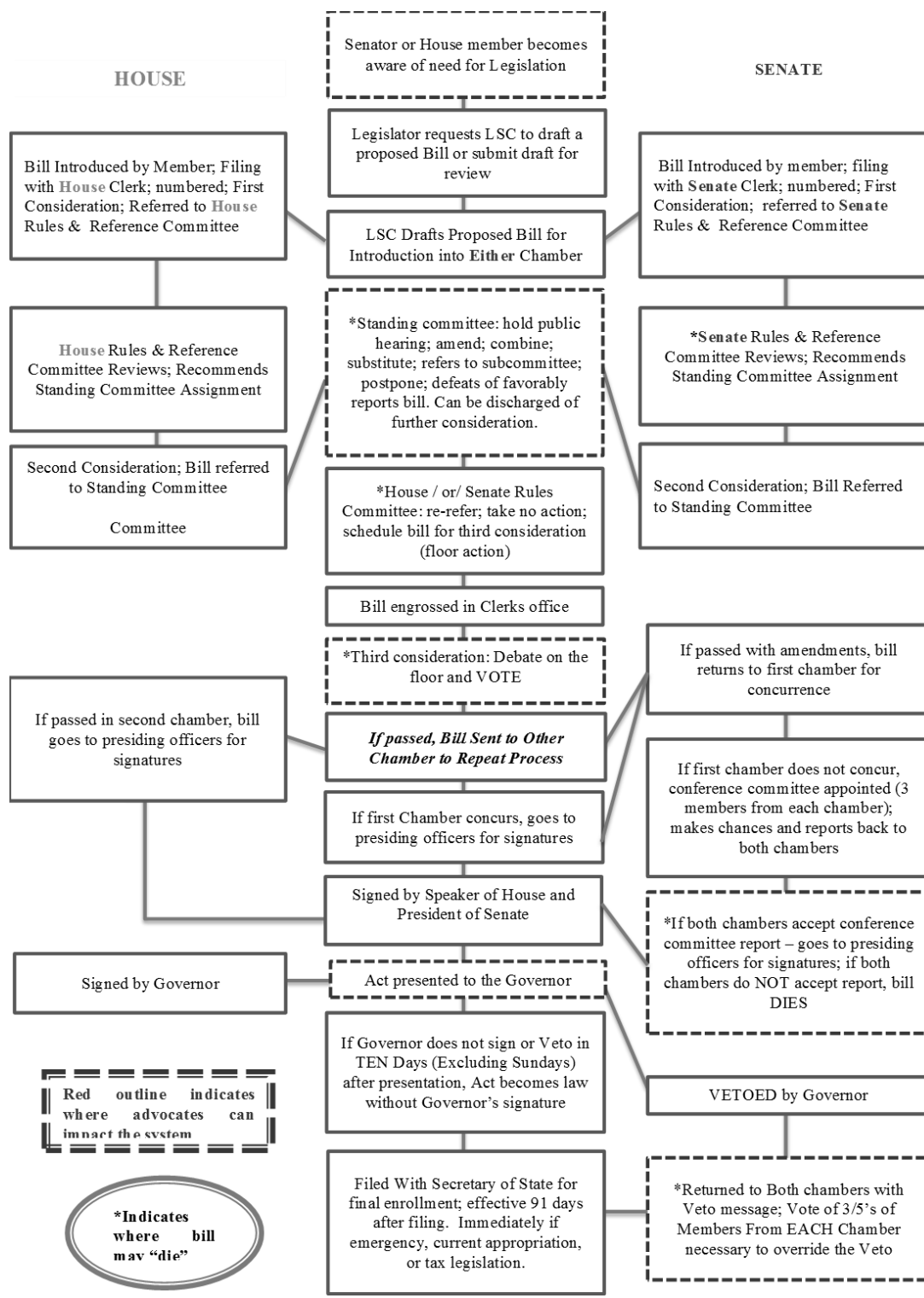
- 1) To introduce an idea to an elected official (often through his/her staff member)
- 2) Whenever the legislation is being discussed in either the standing committee or the conference committee

Note: When in legislation is being discussed in committee one can

- (a) contact any and all committee members even if they are not your legislator or senator and conversely
- (b) contact one's district's legislator or senator even if they are not on the committee.



- (c) Also – when the legislation is being discussed in committee, the committee hears testimony from proponents and opponents of the legislation. In order to give testimony, one contacts the committee Chair and asked to be slated to give testimony.
- 3) When the legislation is in either the Ohio Senate or Ohio House for a vote. This can occur at various stages during the process, including after the Governor vetoes a bill and it is returned to the House and Senate in the hopes that a 3/5ths majority can pass the bill into law.
- 4) When it goes to the governor to be signed.



**To follow specific legislation:** (Continue in same module)

Click on the following [LINK](https://www.legislature.ohio.gov/): <https://www.legislature.ohio.gov/> You can either type in the specific House or Senate Bill number in the box on the right, or you can search by topic, sponsor name etcetera by clicking on the Legislation key toward the top left.

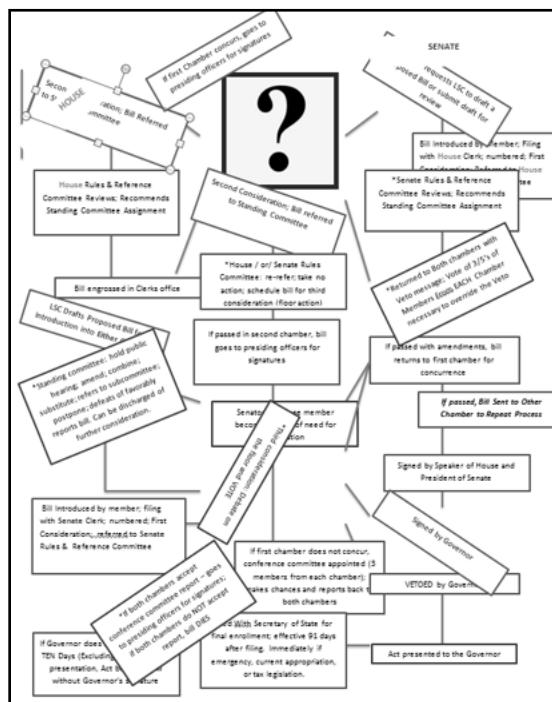
**Reference**

Keating, S. B. (2011). Internal frame factors. In S. B. Keating (Ed.), *Curriculum development and evaluation in nursing* (2nd ed. (pp. 123-144. New York, NY: Springer Publishing.



*Pause, Reflect & Practice*

1. A. Go to the SNO website and find a piece of legislation in which it is involved.  
 B. Go to the [LINK](#) provided above wherein you can track legislation.  
 C. Can you track the legislation of which SNO is concerned?  
 D. Is your elected official involved?
2. Name the 6 points in the points during the legislative process when one can impact elected officials regarding a Bill becoming a Law
3. Unscramble the MIX-UP below. It's not easy, *but you can do it!!*  
 (Note: The SNO Communications Team will make this interactive so that the participant will not be allowed to place a box in the wrong position. Much like computer played solitaire: players cannot break the rules.



**Module:** Connecting with the SNO Regarding Advocacy

**Outcome:** After participating in this module, the participant will:

- a) Be able to obtain action alerts or sign up to be a Advocacy Diplomat.
  - b) Be able to communicate his/her policy related activity TO the SNO (This still needs to be decided by and set up by the SNO staff)
- Click on the following LINK to obtain Action Alerts: (Link removed in this Appendix to retain site anonymity)

- *Want to be a **Advocacy Diplomat?***

Advocacy Diplomates are SNO member constituents for Ohio's legislators. Advocacy Diplomates go through an empowering training program that covers communicating with legislators, how to interpret legislation, and much more.

- The educational sessions are held several times per year. Email fakeadministrator@SNO (Email address removed in this Appendix to retain site anonymity)
- for more information. Click this LINK (Link removed in this Appendix to retain site anonymity)

**Module: Meeting to Develop a Relationship**

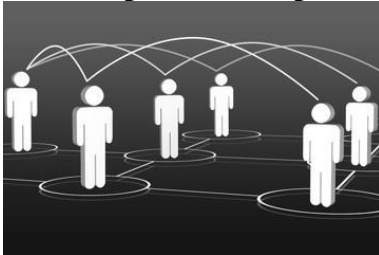
*You can make more friends in two months by becoming interested in other people than you can in two years by trying to get other people interested in you. - Dale Carnegie*

**Outcome: After participating in this module, the participant will be able to**

- a) **Explain rationale for why building a relationship with policymaker is important**
- b) **List essentials of relationship building with policy maker**
- c) **Demonstrate ability to contact policy maker**

**Building a Relationship**

**An example of the importance of networking**



**LinkedIn was founded 2002/2003. LinkedIn's primary purpose is to enable professional networking. Since its founding, LinkedIn has grown to 400 million members. To put that in perspective, the United States' current total population is only 319 million people.**

**Why are we discussing LinkedIn? ~Because it illustrates the importance and power of networking.**

Research based practice:

In 2009 Teater published investigated the experiences and perspectives of nine Ohio legislators regarding what made an effective interest group. Whether you are representing an interest group or are acting as an individual constituent, you can learn from Teater's (and other's) findings:

- (a) The benefits made possible via relationship with a policy maker include:
  - 1) Get on the legislator's radar screen
  - 2) Allows legislator to know you personally and your groups social, professional, and political interests and concerns
  - 3) Allows legislator to learn what type of information/ services you / your group can provide (currently and in the future)
  - 4) Opportunities to build credibility for you / your group

- 5) Allows you / your group to learn of the legislator's interests, learning needs, preferred mode of receiving information, etcetera

(b) Essentials of relationship building with policy makers (Teater)

a) Being part of organization can help get you in the door. Additionally, as one state legislator voiced the strength of numbers, "work with larger groups, be one voice. Stop working singly in your silos."

- b) First build relationship/ establish a presence in a non-issue specific meeting.

**1** Look for like interests (The legislator's website will provide some of this information. For example – read the legislator's bio and what committees they serve on. Additionally, you can ask those who might have information about the legislator.) It is beneficial to show the legislator how his/ her priorities link to your concerns. (For how to find the link to your elected official's bio, see module entitled **Bill to law and your impact**

**2 Find out ahead of time how much time you have!**

**3 Be flexible** regarding:

- **Person:** With whom you meet (policymaker or staff member). Staff members can be your ally and your means of connecting with a policy maker. They often have the responsibility to gather information, digest it, and present it to policy makers. Additionally, as some staff members end up being employed by various policy makers over time, they can bring broad insight to the topic.
- **Place:** Where / how you meet (phone, in person at any legitimate place)
- **Time: Arrive on time;** be prepared to leave before time

If you are running late – call

4. Remember: policy makers want to hear from YOU

You are a constituent

You are an expert

5. Let legislator know

- i. Your general focus (Expert in healthcare!)
- ii. How policymaker's concerns correlate with what you/ SNO are concerned about / active in. (Please only mention an association with the SNO if you are

a designated Legislative Ambassador. For more information on how to become one of the SNO's Legislative Ambassadors, [LINK](#))

- iii. How your work as a nurse (and the SNO) directly impacts the official's community(s) and his/her constituents.
- iv. The type of information you (the SNO) can provide
- v. You want to cultivate a **relationship** in hopes of future collaboration and support re: healthcare/nursing issues.
- vi. You want the official to consider you as a **resource** when he/she need additional expertise or feedback on public health-related issues.
- vii. Remember to say "Thank you!!" and to
- viii. Schedule follow-up to maintain the relationship. Remember - when you walk out the door, another interest group is walking in.

Remember:

Be Credible:

- Keep your word
- Be honest
- Be factual, not exaggerating

Keep it Personal:

- What type of information does the legislator/ official need?
- What is the legislator's/ official's background and knowledge-base? (To understand what language style is appropriate; and information is needed)
- How does he/she best like to receive information: Face-to-face meetings, e-mails, phone calls, letters, community meetings, or committee hearings? Call the office and ask them the legislator's/official's preference!

Be Reliable:

- Keep you word



*Pause, Reflect & Practice*



- 1) Explain to another nurse the importance of developing a relationship with a policy maker.
- 2) Look up one (OR MORE!) of your state policy makers (or alternatively, this activity could be done with a healthcare facility policy maker or someone at another level of public policy making.)
- 2) Learn his/her related interests
- 3) Create a 2-5 minute oral “introduction phone message” and practice it.
  - \* Consider using SBAR to create an outline. See module :  
**Using SBAR to Guide Communications**
  - \* Suggestion – Practice your introduction with a friend/ family member/ co-worker./ or an **SNO Mentor/ Co-learner** (The previous should be a **LINK** so that you can connect with a mentor/co-learner. **You are not alone!!**). Ask the listener to offer you at least one praise and one “area to be improved upon”.
- d) Dial the number!.



**NOTE: The Module **Ohio Government & Your Elected Official** also addresses**

**relationship building.**



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**Module: Meeting to Discuss an Issue**


“Things do not just happen. Things are made to happen” ~ John F. Kennedy

**Outcome: After participating in this module, the participant will be able to**

- a) **describe effective strategies for communicating with his/her policy maker or staff to discuss an issue.**

If you have already established a relationship with your elected official ([LINK](#) to [Meeting to Develop a Relationship](#) module) – Great! If not, that is okay. You will simply be making a cold call.

PREPARE, PREPARE, PREPARE!

Rehearse! It is OK to practice in front of mirror! 

Do not allow yourself to be intimidated.

- The person you are calling works for you.
- Most of us have made the uncomfortable phone call to *the worst* ☹ doctor in the middle of the night. This is a piece of cake. 😊

**Be flexible: Person:** who you meet with (**policy maker or staff** member)

Staff members can be your ally and your means of connecting with a policy maker. They often have the responsibility to gather information, digest it, and present it to policy makers. Additionally, as some staff members end up being employed by various policy makers over time, they can bring broad insight to the topic.

It is fine to **bring a few colleagues** with you. Just be sure you have a plan for who will speak to what points.

**Place:** where / how you meet (phone, in person at any legitimate place)

**Time: Find out ahead of time how much time you have!**

**Send a follow-up email confirming your appointment**

**Arrive on time;** be prepared to leave before time

If you are running late – call

**Keep to time** –

Brief is best

Don't get distracted

Stick to your plan

- 1) Remember: policy makers want to hear from YOU because you are
  - A constituent (be sure to identify yourself as a constituent when applicable)
  - An expert in healthcare
- 2) Data to share:
  - a) **Reliable information**
    - i. Research info / data offered must be
      - \* Factual (do not assume anything) If you are representing the SNO use SNO bullet points (speaking guide) to guide your conversation.
      - If you are *not* representing the SNO, but are acting as a private citizen, you are welcome to request SNO speaking points [LINK](#) or use any other credible information
      - In understandable language with clear (not ambiguous) recommendations. (Have you ever been in meeting with experts from other fields and you have no idea what they are talking about? Speak the legislators' language.)
    - ii. If you are asked a question and do not know the answer, do not guess. Make a note and promise to investigate and get back to him/her.
    - iii. Fiscal issues should be addressed. A policy maker cannot consider a proposed solution if it is not financially feasible.
    - iv. Address how the issue affects:
      - Other stakeholders including
      - His/her constituents
      - His/her district
      - What is the climate out there for change
      - Who else supports the issue
    - v. Immediate relevance? Need for action? Explain why the status quo is not OK.
  - b) **Personalize it**
    - i. **For policy maker -**
      - Know policy-maker's views and concerns
      - What's in it for them** – why should he/she change views
    - ii. **From your perspective - Tell A Story (narrative/antidote)**- how has it affected you and how will it affect official's other constituents in the community – make it REAL
  - c) **Stay focused on the one issue of concern**

**If the official is off track or is talkative, here are three suggestions:**

- Use the word “Yes” and then steer the conversation back to topic. (Ex. “Yes, it is true that X is occurring in our district. That is a great example of why my issue is important.”)
- Ask direct questions during a pause. (Ex. That is an interesting point. It makes me wonder if there can be a tie-in between the topic you just mentioned and the issue in which I am concerned. Could the two concerns / concern groups support each other?”)
- Listen carefully. If the official is talking at length – ask yourself why. What message are they trying to get across? If you can acknowledge that message, you can build on it. (Ex. Yes Senator, I / we appreciate your past support of X cause. That is a reason we are looking for your leadership in our area of current concern.”)

**d) Offer a clear recommendation:**

Needs to be feasible (politically, timetable, financially, within policymakers jurisdiction...)

**Info on efficiency of recommended action**

**If representing the SNO, state the SNO’s recommendation**

**e) Say Thank You and discuss appropriate time to follow-up.****f) Send Thank You and reiterate key takeaway points.**

Prepare or bring an SNO sheet to leave (very brief, bullet points only)

**g) Follow up as per agreement (put it on your calendar)****h) Also contact office every 2-3 months—to continue ongoing relationship. (suggestion: consider setting alarm on smart-phone calendar)****i) *IF YOU REPRESENTED THE SNO* - Tell the SNO about your meeting/interaction. [LINK](#)****Misc,**

**Dress appropriately**

**Be polite, acknowledge status**

Give name cards if you have them

Use negotiating techniques

Be conscious of your **body language**

**Relax, keep your voice calm**

**Listen actively** – not just waiting for your turn to talk) *don't interrupt* (exception, if the official is particularly long winded, or is getting of track of the issue in question, politely refocus the conversation.)

Demonstrate empathy

Ask questions

Ask if they have questions

Build relationships: **The messenger can be as important as the message**

Consistency of personnel **builds trust and transparency**

Be friendly, use social skills

For more suggestions on communication tips see: [Using SBAR to Guide Communications](#)



*Pause, Reflect & Practice*

Strategies :

Here is a short self-assessment of what you have just read:

Please answer True or False to the following: (**Communications Team** please automate this. Thanks.)

- 1) If I want to have an impact, I need to connect with the policy maker him/herself. That person's aid is really just administrative and therefore I would be wasting my time connecting only with the aid.
- 2) If I get an opportunity to meet with the policy maker, I make a better impression if I go alone.
- 3) Policy makers have a fairly good idea of what goes on in healthcare and keep current on healthcare issues.
- 4) If I am not representing or associating myself with the SNO, I am free to speak my opinion.
- 5) A policy maker should be a person of independent thought and integrity, therefore whether or not an issue is supported by other policy makers makes little or no difference.
- 6) It is arrogant to make a firm suggestion to a policy maker. It is more appropriate to "hint and hope".
- 7) Policy makers need facts. It is inappropriate for me to tell him/he a personal story related to an issue.
- 8) It is sometimes appropriate to interrupt a policymaker when they are speaking.

## ANSWERS

- 1) F
- 2) F
- 3) F
- 4) T
- 5) F
- 6) F
- 7) F
- 8) T

Remember that although it is true there is no substitute for experience, if you are a novice you can benefit from shadowing those who are more experienced. Connect with a mentor [LINK](#) and get started! As the saying goes,

“Time [and legislation] waits for no man.”

While some are standing on the sidelines, others, maybe with opposing views, are presenting their case to the policy maker.

Challenge: What can you do this week to move forward in this area? Make a commitment and set your phone alarm to check up on yourself to ensure you have met your goal.

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**Module: Using SBAR to Guide Communications**

*“Be sincere, Be brief, Be seated.” ~ Franklin D. Roosevelt*

**Outcome: After participating in this module, the participant will be able to explain how to construct an phone call / email / letter to policy maker using SBAR as a framework.**

SBAR or sometimes referred to as ISBAR is an acronym that stands for  
Identify  
Situation  
Background  
Assessment  
Recommendation.

(I)SBAR is a communication tool initially developed by the United States Navy to enhance communication among submarine military. Its use as a tool for reporting on patients has been recognized by the Joint Commission ([https://www.jointcommission.org/assets/1/18/Hot\\_Topics\\_Transitions\\_of\\_Care.pdf](https://www.jointcommission.org/assets/1/18/Hot_Topics_Transitions_of_Care.pdf)), the Institute for Healthcare Improvement (<http://www.ihl.org/resources/pages/tools/sbartechniqueforcommunicationasituationalbriefingmodel.aspx>) and numerous healthcare organizations and hospitals. You may have used it yourself or at least be familiar with it.

In healthcare (I)SBAR is used to focus one’s report about a patient in the following way:

(I)dentify yourself and the patient  
Situation – Briefly describing what is happening with a patient / the problem  
Background – Pertinent concise patient history  
Assessment – Analysis and considerations of options. Your professional assessment of what is happening / causing the incident  
Recommendation – What you as a professional are recommending occur for this patient.

The value of (I)SBAR when reporting on a patient is the same that can be realized when using (I)SBAR to form a brief communication with a legislator. It keeps one’s conversation focused on delivering important data/ information, the context in which the occurrence is happening, offering a professional assessment of the situation, followed by a recommendation.

## Applying SBAR to communicating with your policy maker

Identify	Identify self Qualifications (association with SNO if applicable)
Situation –	Summarize concern
Background	Educating them regarding issue
Assessment	<p>Explain the need for action Explain the immediate relevance (why the status quo is not OK)</p> <p>Personal to self – share a personal experience – Make it REAL to them Personal to policy maker How effects/ involves his/her constituents How effects / involves his/her district? How effect: Other stakeholders policymaker cares about? What is the political climate out there? (“Window of opportunity”) Who else supports</p>
Recommend	<p>This can be your personal recommendation – If however you are representing the SNO, this recommendation will be one which the SNO endorses. Offer to be a personal resource</p>

*Pause, Reflect & Practice*

## EMAIL

Suggested activity -

- Look at one of SNO fact sheets (talking points) [LINK](#)
- Remembering what you already found out about your policy maker:
- Develop an (I)SBAR email communication on a topic –

- Share the email with a friend / family member / **MENTOR – or - CO\_LEARNER**  
Have that person offer at least 1 positive comment and at least 1 “needs improvement” comment regarding your email

#### PHONE CALL or “ELEVATOR” (2-3 minute) CONVERSATION

- Develop the above email into a (cold) call to policy makers office/ or an “elevator” conversation.
- Recite / rehearse the call with a friend / family member / **MENTOR – or - CO-LEARNER**
- Have that person offer at least 1 positive comment and at least 1 “needs improvement” comment regarding your email

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**Module: Understanding Policy Creation (Kingdon)**

*“An idea is like a play. It needs a good producer and a good promoter even if it is a masterpiece. Otherwise the play may never open; or it may open but, for a lack of an audience, close after a week. Similarly, an idea will not move from the fringes to the mainstream simply because it is good; it must be skillfully marketed before it will actually shift people's perceptions and behavior.”*

*~ David Bornstein,*

*Ideas come from anywhere, actually, and the critical factor that explains the prominence of an item on the agenda is not its source, but instead the climate in government or the receptivity to ideas of a given type, regardless of source*

*~ John Kingdon*

**Outcome: At the successful completion of this module, participants will understand the dynamics of how a policy moves from problem recognition to implementation of a planned solution as based on Kingdon's Multiple Streams Approach.**

This is, in a sense, a behind the scenes look at the forces at work in policy creation. Why should nurses care about the dynamics, or forces effecting how policy is created? For the same reason we care about how disease is contracted, spread, and/or stopped. That is, it is in understanding a process that we can intercept it and make a difference. Although the policy process is not necessarily rational or sequential and is rarely scientifically based (only 6.5% of policy is based on research.), we can understand the trends of how policy is developed and how it is influenced so that we can affect that process. For a general understanding of how policy is created, we will look at Kingdon's multiple streams approach. Please be assured that although the concepts are important to know, it ☺ is *not* important that you memorize Kingdon's terminology etcetera.



*(If you prefer to learn through listening, the following might be of interest to you. It is a 15 minute academic explanation of Kingdon's Multiple Streams Approach, given by a political science professor.*

*<https://paulcairney.wordpress.com/2013/10/31/policy-concepts-in-1000-words-multiple-streams-analysis/> )*

In 1984 John Wells Kingdon published his landmark, research based, theory called the *multiple streams approach*. Kingdon's work was based on 247 in-depth interviews, made

over a four year period, of people in and around the United States federal government who dealt with health and transportation issues. Kingdon's theory attempts to clarify how policy is created, why some concerns get on the policy agenda while others do not, and how solutions to problems are developed. Kingdon used the visual of 3 streams merging together to move a policy forward. When these three streams come together a *policy window of opportunity* opens, and the probability of an item rising on the decision agenda (and subsequent change to occur) is dramatically increased. A policy window is an opportunity for advocates of proposals to push their pet solutions, or to push attention to their special problems. (Kingdon, p. 165)

So what are those three streams? They are the *problem stream*, the *policy stream*, and the *politics stream*.



#### 1: Problem Stream.

- a) Policy-makers become aware of a problem.
 

Policy-makers might be aware of a problem through the natural course of life. For example, legislators may recognize through social media, news broadcasts, and casual conversations that there is a broad problem regarding a nursing shortage. They might not, however, be aware of staffing issues and how research has demonstrated the benefits and hazards of poor staffing. That issue might need to be brought to their attention via special interest groups or an individual nurse reaching out to his or her legislator. (You can be the one to make them aware of the problem.)
- b) It is *not* inevitable that a problem rises to the surface and be recognized as a concern that needs to be addressed.
 

On the contrary, Kingdon claimed that a trigger causes the issue to become one that gets attention. The trigger could arise naturally. For example, there may be a new discovery or an event that captures the country's interest, or there may be feedback indicating that a solution is not working as expected. Or it could happen because a focus group pushes an agenda to the forefront.
- c) One of two things happens within this stream –
  - either
    - a decision is made that something must be done about the problem
    - or

- the problem goes away or becomes ignorable and fades into the background.



## 2: Policy Stream

Policy, “the purposeful, general plan of action developed to respond to a problem that includes authoritative guidelines. The plan directs human behavior toward specific goals” (Sudduth, 2008, p. 171).

So what happens within the policy stream?

- a) Alternative solutions (plans for action) for the recognized problem are generated by groups of government and non-government specialists who have a concern and/or expertise regarding the problem.
- b) It is important that suggested solution(s) be feasible and practical to implement, and acceptable to key people. Therefore, the proposed solution should be:
  1. Financially doable
  2. Politically acceptable (see Politics stream)
  3. Socially acceptable (see Politics stream)
  4. Technically feasible – that is, it needs to work as suggested.
  5. Within the jurisdiction of the policy maker.
  6. Ideally, all policy should achieve or maintain ethical balance in:
    - beneficence*, helping those in need
    - autonomy*, allowing choice in decision making;
    - nonmaleficence*, doing no harm; and
    - justice*, giving equitable treatment to all
- c) Stumbling blocks to ideas moving forward:
  1. Idea/ solution is intellectually boring to policy maker
  2. Idea/ solution is “messy”, that is, complicated and difficult
  3. Idea/ solution is unlikely to produce cost savings
  4. Idea/ solution is not tied to the intellectual policy-makers preoccupations (#4 is a key stumbling block)
- d) Kingdon points out that within the policy stream is a softening-up phase, wherein people start to talk about the problem and proposed solutions, and start to get more comfortable with and knowledgeable about the topic. This is an important precursor to getting a problem and its proposed solution on the formal policy agenda so that change can occur. Stakeholders must get used to idea over a period of a time with accompanying building of support and acceptance.



### 3: Political Stream –

For this context the best definition for “politics” is Merriam-Webster ‘s definition:  
Politics: “the total complex of relations between people living in society”

With that as our definition, it is fairly easy to understand that the politics stream refers to the current context (what is happening) that affects and is affected by an issue.

A way to think of this stream is by comparing it to planting an idea. For that idea to take root and grow, the soil, water, hours of sun exposure, and weather conditions must be acceptable to support growth. Similarly, the major elements affecting this stream are the national (or more regional) mood, organized political forces, and the government itself.



#### a) Mood:

This refers to the manner in which a rather large group of people are thinking or feeling. Mood can also be referred to as climate, public opinion, environment, attitude, or social movement.

1. Policy makers in the government sense mood by discerning constituents mood through:
  - a. Mail/email/phone calls from constituents
  - b. Community meetings
  - c. Delegations or individuals going to policymakers office for a meeting
2. Non-elected officials will listen to politicians for a sense of mood (as they assume politicians know)
3. Elected (and non-elected officials) follow the media (including letters to the editor and OpEds)

#### b) Organized political forces / interest groups (For example: the SNO!)

These groups have more strength when they

1. Clearly demonstrate beneficiaries and supporters of their position, &
2. Demonstrate:
  - a. Consensus and lack of conflict within the group
  - b. Persistence
  - c. Intensity of a message (hearing a lot from one side)
  - d. Superior political resources

Ex.: group cohesion, elective mobilization, effect on economy

c) The government itself:

Events within the government affecting the political stream include

1. Turnover of key personnel

- a. This can occur throughout the system when there are new people placed in / or voted into office. Administration changes within the presidency and governorship impacts areas such as: sway within media, veto power of bills, and appointments to governmental agencies. Personnel changes within the general assembly affects not only how individuals occupying the senate and house seats will vote, but possibly a change in the majority (and therefore more powerful) party and who will sit on bureaucratic agencies and committees, and whether those persons are junior or senior members.
- b. Another type of turnover occurs when the same people stay in power but those people turnover in their thinking / loyalties and alter their support on an issue.

2. Jurisdiction

Within each agency or government there are divisions of jurisdiction. That is, divisions of who has what power where. This is important to keep in mind because there are both geographic and authoritative divisions of jurisdiction. When one is seeking change, one can only ask a policy maker to enact a change that is under his or her jurisdiction. For example, one cannot ask a state politician to affect change on a program that is dictated by the federal government

This can have both positive and negative effects.

Policy makers and/or agencies efforts to protect power in a jurisdiction can:

- a. Stall progress and create a stalemate

Or just as often ~

- b. Promote the rise of an item on the government's agenda because key players in different groups both seek to claim credit for an initiative they believe will be popular.

Consensus building in the Political stream

The terms Kingdon used to effectively navigate through this stream were

Consensus,  
Coalition building, and



## Bargaining.

The political stream is *not* the place for convincing others that your viewpoint is correct (that happens within the policy stream when you were offering the suggestion). The political stream is the place for bargaining to get as much of your problem solution into the policy that will be established.

Note – there are different approaches as to how to navigate compromise. There are instances in which one may stand rigidly with one’s original position knowing that they will have to compromise later. The details of this navigation go beyond the discussion in this toolkit. Know however that ultimately, consensus, coalition building, and bargaining are the key to success.

When these three streams converge at a given point in time, a “window of opportunity” is created, and change occurs.



## 4. Policy Windows

The policy window is a coming together of circumstances (as described by the 3 streams) which allow advocates to focus attention on their area of concern or to propose their solution to a problem.

To either create that window – or to take advantage of it being open – requires timely action.



Compare it to a surfer who wants to ride the big wave. The surfer needs to know how to surf, have her board, and be ready to paddle so that when the wave comes, she can ride it.



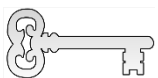
Or compare it to planning a rocket ship launch. Everyone and everything must be fully prepared for the launch, but all need to wait for favorable weather, and planet alignment and rotation to permit the rocket to meet its target.

The flaw in these analogies is that windows of opportunity to ride the surf or to launch a rocket can appear much more frequently and more predictably than that of policy windows.

Why do policy windows open?

- a) There is a change in the political stream  
(ex. change in mood or change in office holders)
- b) A (new) problem captures the attention of the policy makers

Some policy windows open at regular intervals, which makes strategizing easier to plan  
Ex. Windows created by annual budget cycles, regular elections, and/ or expiring legislation.



## KEY CONCEPTS

Regardless of why a window opens, know the following:

- Windows do not open frequently

And if the opportunity is not acted on

- Windows do not stay open long

Therefore:

- Effective advocates must be ready to act and to act quickly.

Effective advocates either

- Proactively open a window by bringing their issue to the forefront

Or

- Are ready with their solutions, waiting for windows to open  
They are willing and ready to relate their solution to a variety of different windows. (For example, if one is concerned about nurse

staffing, one could address that issue from the standpoints of public safety, caring for veterans, elder care, fiscal responsibility of healthcare dollars, workers' rights etcetera.)



### *Pause, Reflect & Practice*

1. Since it is NOT inevitable that issues rise to the attention of a policy maker, explain why sometimes they do. [Problem stream]
2. A policy is a plan to deal with a problem. In order for that policy to have a chance, it needs to meet 6 criteria. What are they? Do the criteria make sense to you? [Policy Stream]

3. Explain why the image of watering a seedling is an appropriate one to illustrate the



image of watering a seedling is an appropriate one to illustrate the Politics Stream.

4. Now that you understand how policy gets on the agenda, how can you impact it? Looking at the key concepts above, list two things you can do to be an effective advocate.

- a. \_\_\_\_\_
- b. \_\_\_\_\_

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**Module: Letters to the Editor and OpEds**

*“ Our lives begin the end the day we become silent about things that matter.”  
~Martin Luther King Jr.*

**Outcome: After participating in this module, the participant will be able to**

- a) **explain the benefits of writing an opinion piece**
- b) **name writing guidelines for letter to editor (from ANA website)**
- c) **explain the difference between an Op Ed and a letter to the Editor**
- d) **explain the strength of an OpEd**
- e) **explain how (where in the process) it can influence policy development.**

**Why share OPINION via a letter to editor - or an OpEd? Because they**

- a) can be used to correct and clarify facts in a previous news story
- b) oppose **or** support the actions of an elected official or agency
- c) direct attention to a problem
- d) spur news editors to cover an issue that is being overlooked
- e) or urge readers to support your cause.

Editorials are among the most read part of paper, often on par with front page. Additionally, the editorials are read by those in government, corporations, and non-profit organizations



It's Movie Time again!

Below is a LINK to a 3 minute video of Andrew Rosenthal, a New York Times' editor of online and print editorial pages. Mr. Rosenthal gives clear direction regarding how to write an editorial. You are encouraged to view it.  
<http://www.nytimes.com/video/opinion/100000002691088/how-to-write-an-editorial.html>

*[Communications Team - I have written twice (as of August 25, 2016) requesting permission to use this resource but have not received a reply. That said, according to the following, I believe it is allowable to use:  
<https://productforums.google.com/forum/#!topic/youtube/QVh0PCarlt8j>*

For both a Letter to the Editor or an OpEd, :

Editors are looking for

- Expertise
- Well written
- Timely
- Provocative
- Concise.
- Facts couple with emotion.
- A piece which hits hard by marshaling vivid images, analogies, and arguments.
- Something which stimulates community discussion. They want people to say "Wow! Did you see that op-ed (or letter to the editor) today?"

### **A few differences between Letters to the Editor and an OpEd**

	<b>Letter to the Editor</b>	<b>Op Ed</b>
<b>Purpose</b>	- Generally a REACTION to an editorial / Op-Ed / news item  Day- to-day or larger issue	- Often INTRODUCES a topic  - Larger issue
<b>Length</b>	200-300 words	500-1000 words
<b>Timeliness re: a topic</b>	Very important	More flexible
<b>Focus</b>	One point (Col)	Should have at least three point, written from weakest to strongest
<b>Payment</b>	None	Sometimes a small fee paid

### **Information regarding writing an OP-ED**

Submission (This is general information, see individual publications for details):

- Some sources suggest submitting to one publication at a time, while others state it is acceptable to submit to several places at once BUT
  - You should let each editor know you are doing so.
  - Avoid submitting the same op-ed to two papers in the same geographical or readership market.

- Generally acceptable to give a time limit in your cover letter, after which you will share it with another paper.
- If your op-ed does not get accepted, but still concerns a topic of current concern, and you don't want to try another venue, it is a good idea to shorten it and resubmit it as a letter to the editor. You will get less print space—but it will still give your comments high visibility.

### **Tips on Effective Letters To the Editor**

**Note – It may be helpful to refer to [Using SBAR to Guide Communications](#)**

#### **1. Timely**

**a) Remember Kingdon's climate / window of opportunity (See Module: [Understanding Policy Creation \(Kingdon\)](#))**

**b)** Newspapers rarely publish letters to editor on topics that are not already being covered in the news. (OpEd is different as you are introducing topic)

**b) If the issue which you are addressing is not currently in the news, you may be able to find something current to tie it to:** a holiday or anniversary, an upcoming conference or report, an election or pending action or vote by local, state, or federal government. (Col.)

2. **The Hook:** A hook is a catchy headline, a narrative, a strongly provocative statement, etcetera which can take hold of the readers' attention.
3. **Guidelines:** Specific guidelines are typically found on the letters' page. If not, call the paper directly or visit its website. That said, here are a few typical guidelines:

Word limit is typically  $\leq 200$ -250 words. If your word count is in excess of that number, the editor may edit it. To avoid having the editor edit out what you deem important, stick to the word limit.

Some papers specify a typed letter and/or an e-mail.

Papers often want **your address and phone number** so they can verify that you wrote the letter.

Know that if your letter is printed, your name and city will often be printed along with it.

4. **Include any relevant credentials** that demonstrates you are informed about your topic. This also increases the chance of getting published
5. What publication? Consider your topic and the likely the readers of a publication. Do they match? Editors are looking for editorials which are of interest to their readers. Choose a publication which has an applicable readership and word your editorial to speak to those readers. Make it matter to *THEM*
6. **Assume nothing !!!!! (Check your facts)**
7. Controversial can be good and attention getting, but do not be outrageous or unprofessional . Again, be absolutely sure you can back-up everything you write with facts.



8. Use humor when appropriate.
9. Educate do not preach
10. Be **concise** but informative. Offer a brief background before plunging into the main issue. See: [Using SBAR to Guide Communications](#)
11. If you are responding to a newspaper article or editorial, name it by date and title. If not, state the current Situation / Background (the S and B of SBAR)
12. **Be brief**  
State your position (Assessment of SBAR) as succinctly as possible without eliminating necessary detail.
13. Offer a solution/ better approach (Recommendation of SBAR)



14. **Bring it home** – in two ways:

**Find a local angle:** How it affects this particular group of readers' lives and communities.

**Conclude –restate your stance at the end**

15. **Avoid form letters**  
Do not send the same letter to competing papers that have the same circulation area.  
Do not send multiple copies of an identical letter to any single newspaper.

Letters to the Editor are especially effective in local, community papers.




*Pause, Reflect & Practice*

**Before you start writing – let’s review:**

1. **Why are you writing? Explain the benefits of writing an opinion piece.**
2. **Explain the difference between an Op Ed and a letter to the Editor**
3. **Explain how (where in the process) an OpEd or a Letter to the Editor can influence policy development.**
4. **Before you play the proverbial game, you need to be sure of the rules. Name typical writing guidelines for letters to editor and an OpEd piece.**

**Letter to the Edit**



5. **If you have not seen the 3 minute video**  **in this section, please do so.**
6. **Connect to the SNO [LINK](#) to obtain bullet points on a current issue.**
7. **Create (at least the outline) of letter to the editor using the SNO bullet points.**
8. **Share with a friend/ family member, college, mentor etc..**
9. **Have them offer at least one praise and one suggestion for improvement.**
10. **Send it!**

**OpEd**



1. **OpEds take longer to write, and require more writing skill. If you are interested, take some time to read some OpEds, then, using the guidelines above, start writing.**
2. **Share your OpEd with a friend/ family member, colleague, mentor etc..**
3. **Have them offer at least one praise and one suggestion for improvement.**
4. **Send it!**



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**Module: SNO's districts aligned with Ohio's General Assembly districts**

- There is no written educational text in this module.
- This module is a tool for the reader to easily visualize which SNO districts align with which Ohio House and Senate districts.
- This module contains:
  - 1 Map
  - 2 Tables
- ***Please note: These lists and maps have been removed from this Appendix to retain the anonymity of the practicum site***

Module: **Case Example**

**Advocating for Safety Devices to Protect Against Needlestick Injuries**

**In the following case example we will primarily follow the story of Karen A. Daley and the passage of the Needlestick Safety and Prevention Act which passed in November of 2000. Although this case deals with a federal law, the principles apply to state issues.**

**As you read through this case example, **LINKS** are provided to bring you to toolkit Modules wherein that issue was discussed/explained. (Communications team: The modules to which you will create links are indicated by superscripted numbers within the text. The superscript numbers correlate to the following module numbers.)**

1. Modules names
2. Introduction
3. Definitions / glossary
4. Links to Connect You
5. Voting
6. Ohio Government & Your Elected Official
7. Bill to Law and Your Impact
8. Connecting with the SNO Regarding Advocacy
9. Meeting to Develop a Relationship
10. Meeting to Discuss an Issue
11. Using SBAR to Guide Communications
12. Understanding Policy Creation (Kingdon)
13. Letters to the Editor and OpEds

**Background**

In 1992, Lynda Arnold, an RN in Pennsylvania contracted HIV secondary to a needlestick. She was one of the first health care workers to publicly talk about the incident and subsequent infection, and to advocate for needle safety devices<sup>12</sup>. (To follow her blog go to <http://www.thebody.com/content/75792/looking-forward-to-the-next-twenty-two.html> )

In the 1990's there were an estimated 400,000 to 600,000 needlestick injuries occurring annually in the United States. More than 80% of those were judged to have been

needlesticks would have been preventable by using safe needle devices that have been available for more than three decades. Despite widespread accessibility of these devices, less than 15% of employers at that time provided the safety devices in their the practice setting<sup>12</sup>.

The American Nurses Association (ANA) had been at the forefront of this issue<sup>12</sup>. Starting in 1982, the ANA advocated for federal legislation to amend the occupational safety and health administration (OSHA)'s Blood-borne Pathogen Standard [BPS] to mandate safer needle devices. Senator Harry Reid (D-NV)<sup>10,12</sup> became the first to champion this issue, sponsoring a needlestick prevention bill in every session since 1997, but with little success.

Karen Daley.

In July 1998, 25 year veteran nurse Karen A. Daley was contaminated by a needlestick which was protruding from a sharps container. Daley contracted both Human Immunodeficiency Virus and the hepatitis C virus.

Soon after the needlestick, and before her diagnosis, Daley contacted the Massachusetts Nursing Association [MNA] to file and lobby for a needlestick prevention bill<sup>6,8,12</sup> - the first to be introduced in Massachusetts.

Sharing her story to make it personal<sup>10,11</sup>

In the first months following her diagnosis Daley met with key hospital executives sharing her story. She was given assurances that the hospital would do whatever was possible to prevent needlesticks from occurring in the future. The hospital has continued to meet that commitment.

Daley then went to speak before the Massachusetts Joint Health Care Committee in April 1999 offering testimony regarding needlestick prevention<sup>10</sup>. This resulted in statewide media attention<sup>12</sup> and the commissioner of public health called for an immediate formation of a Needlestick Prevention Advisory Committee under the Department of Public Health.

By April 1999 it became evident that there was a national mood growing in the United States to prevent needlestick injuries among healthcare workers<sup>12</sup>. (By the end of 1999, 22 states introduced needlestick prevention legislation with five of them successfully enacting legislation by the end of the year.)

Spring of 1999

Daley addressed the ANA Constituent Assembly telling her story<sup>10</sup> and offering to do whatever she could to raise awareness and promote legislation within other states regarding this issue<sup>12</sup>. As a result, she gave testimony to more than 15 states over the following 2 years.

Evidence of a favorable political mood<sup>12</sup>

- OSHA was collecting data from hospitals to assess the effectiveness of sharps protection devices in preventing needlesticks.
- There was a growing coalition of powerful stakeholders<sup>12</sup>, including the ANA, the American Hospital Association, various specialty nursing associations and healthcare worker unions, and also manufacturers or working together to promote needle safety devices.
- Hepatitis C was gaining widespread tension in the media.
- Stories regarding the hazards and resulting heartache of needlesticks was becoming increasingly common.

May 1999 House Resolution (HR) 1899 was sponsored by both a Republican and a Democrat and then an identical Senate Bill sponsored by two Democrats within 6 days<sup>6,7</sup>.

June 1999 ANA launched "safe needles save lives" coordinating the advocacy activities of federal and state regulatory, workplace, and collective-bargaining strategies<sup>12</sup>.

In September 1999 coalition of healthcare workers, nurses, physicians, public health associations, consumer advocacy groups, and manufacturers came together<sup>12</sup> to support HR1899. At the end of the briefing the entire caucus membership signed support of the HR 1899.

However promising all this was, bipartisan sponsorship was mandatory and at that time there was a little support from the Senate Republicans<sup>7</sup>. Together Daley and an ANA legislative staff member met with top level STAFF of 11 republican leaders<sup>10,11</sup>. (Resistance to bill sponsorship revolved around costs, adding to OSHA mandates, and political maneuvering.)<sup>12</sup>

October 1999 there was bipartisan support in the Senate including the (Republican) chairman of the powerful Health, Education, Labor, and Pension Committee.

November 1999 OSHA issued a revised BPS Compliance Directive and the National Institute of Occupational Safety and Health published an alert. Together these propagated media tension<sup>12</sup>. Though welcome, these did not provide assurances of needle device safety.

In June 2000 that was a congressional hearing which resulted in demonstrating that the OSHA Compliance Directive was not adequately protecting against accidental needlesticks<sup>6</sup>. Daley again gave her testimony<sup>12</sup> on behalf of the ANA<sup>12</sup>. At the end of a two hour hearing the subcommittee chair and the ranking member voiced new appreciation for the serious and preventable nature of risks due to needlesticks and express clear understanding of the limitations of the OSHA compliance directive<sup>10</sup>. Both

expressed interest in moving the needle stick prevention legislation through their subcommittees before October adjournment<sup>7</sup>.

On October 4, 2000, the Needlestick Prevention and Safety Act (HR 5178) passed and 6 days later identical senate legislation also passed<sup>7</sup>. Both passed unanimously.

Understanding the Process of how a BILL becomes a LAW

November 6, 2000 Karen Daley was present when President Clinton signed the Needlestick Safety and Prevention Act into law<sup>7</sup>.

Lessons learned as listed by Karen Daley

- Don't underestimate the power of your own voice<sup>10</sup>
- A collective voice is stronger<sup>12</sup>
- You are the expert a nursing practice and health care<sup>2</sup>. Legislators depend on nurses' experience and expertise for information and guidance on healthcare issues.
- Vision, planning, and persistence are necessary<sup>9,10</sup>.
- It typically takes 5 to 7 years the pass legislation.
- Laws must be overseen and enforced for intended changes to occur.
- Politics is more than just passing legislation. Sometimes issues are discussed simply to increase their visibility<sup>10,13</sup>.
- Timing and synergy around an issue are critically important. You must have visibility and vocal support to change public policy and or passed legislation<sup>12</sup>.
- Passage of a bill is a multi-step process and strategies include<sup>12</sup>:
  - Finding key legislators on both sides of an issue
  - Rallying a expansive base of support

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