University of Northern Colorado
Scholarship & Creative Works @ Digital UNC

Dissertations   Student Research

8-1-2011

Baccalaureate nursing student civic engagement study

Lori A. Brown

Follow this and additional works at: http://digscholarship.unco.edu/dissertations

Recommended Citation

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

BACCALAUREATE NURSING STUDENT
CIVIC ENGAGEMENT STUDY

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Lori A. Brown

College of Natural & Health Sciences
School of Nursing
Program of Nursing Education

August, 2011

This Dissertation by: Lori A. Brown

Entitled: *Baccalaureate Nursing Student Civic Engagement Study*

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing, Program of Nursing Education

Accepted by the Doctoral Committee:

_____
Faye Hummel, Ph.D., R.N., T.C.N., Chair

_____
Carol Roehrs, Ph.D., R.N., Committee Member

_____
Susan Norwood, Ph.D., R.N., Committee Member

_____
Priscilla Falcón, Ph.D., Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

_____
Robbyn R. Wacker, Ph.D.
Assistant Vice President for Research
Dean of the Graduate School & International Admissions

ABSTRACT

Brown, Lori A. *Baccalaureate Nursing Student Civic Engagement Study*. Published
Doctor of Philosophy dissertation, University of Northern Colorado, 2011.

The purpose of this study was to describe the civic engagement of traditional
baccalaureate nursing students enrolled in the final semester of their nursing program.
The data were used to examine the relationships among socialization variables,
participatory variables, and the outcome of civic engagement as identified in the Civic
Engagement Model.

Baccalaureate nursing students in the final semester of a Commission on
Collegiate Nursing Education (CCNE) accredited program were asked to complete the
National Civic Education Survey-BSN. The survey was administered via Qualtrix®
software in an online format. The investigator sent requests for survey participation to
the directors of 165 CCNE nursing programs from nine census regions. The survey
link was sent to designated faculty who then forwarded the link to potential partici-
pants. A total of 256 students completed the survey. Results were analyzed using
descriptive and inferential statistical methods in Statistical Program for Social
Sciences (SPSS) 18, also known as Predictive Analytics SoftWare (PASW).

Students overwhelmingly preferred civic activity over political. Findings also
revealed significant correlations between socialization variables including high school
extracurricular involvement, plans for further education, and religious participation.

Among participative variables, civic skills, political interest, political information, and partisanship yielded significant correlations with at least one of the civic engagement subvariables: civic activity, political activity, or public voice. In addition to correlations, multiple regression analyses were carried out. In the regressions, socialization variables, gender and political stimuli, had significant effects on civic engagement. The participative variables of civic skills and political information also increased civic engagement.

Study findings provide valuable information about the nature of baccalaureate nursing students' civic engagement and the characteristics they possess that either motivate or hinder their engagement. The findings should assist educators in beginning discussions about how to ensure that students are ready to meet the challenges of civic and political advocacy on behalf of patients, families, communities, and populations.

DEDICATION

I have been blessed with a fantastic family legacy of strength and confidence. This did not happen by accident. I owe this to my entire family but especially to the incredible Bailey women, my mother, Mary, and my aunts—Judye, Terry, and Gina—who taught me from the beginning that there is no such thing as insurmountable. We can accomplish anything with faith and perseverance. I will always work to be what I see of myself reflected through their eyes. Their faith in me is at once empowering and humbling. This work is dedicated to them and to the woman who made all of them, and me, possible. Matka, you continue to inspire me. Your strength was balanced with an unparalleled grace that I can only ever strive to match. I still think to call you when I have a success. I miss you. I love you. Thank you.

And, to my husband and best friend, Ron: This could not have happened without your unfailing support and love. Thank you for putting up with me and for believing in what I dreamed.

ACKNOWLEDGMENTS

I have heard the dissertation process described as a journey. Now that I am nearing the end, I will refute the analogy. A journey implies that completion is a destination. The dissertation is never a destination. I feel as though this is a new start that is rich with the knowledge and passion that comes from this sort of learning. My new start could not have happened without a good deal of help.

I have to start with a huge thank you to my committee. These four professors provided immeasurable assistance to me as I worked through the challenges that a dissertation poses. Dr. Hummel, my dissertation chair, is responsible for transforming how I look at the world and at my role as a nurse. I am, undeniably, a different person for having known her. If not for her, I would continue to see the world through a very narrow pair of rose colored glasses. She helped to open my eyes to the inequities in the world, thus shaping my plans for my career. In addition, her guidance and mentoring have been invaluable in the completion of this work. Dr. Susan Norwood helped to make some of this project bearable when I thought I would certainly never survive. She provided countless hours of discussion, advice, and editing that have helped to shape this work. I am grateful for her time and her friendship. Dr Priscilla Falcón provided the invaluable views of a community activist. Her time reading and helping to refine the project is truly appreciated. Finally, Dr. Carol Roehrs is one of

the best cheerleaders I know. Her insights and recommendations helped to shape this project. Her eternal optimism is priceless!

I am also grateful for the friendship and collegiality of the 2006 cohort. This amazing group of professionals—Chris-Tenna, Diane, Jacqueline, Lynne, Stephanie, Kaleen, and Kristen—helped, in many respects, to shape the educator that I am and will continue to work to be. I would like to offer special thanks to both Kaleen Cullen and Kristen Zulkosky. Kaleen, you have become one my dearest friends and the discussions we have are, to me, treasures. I look forward to carrying out our professional collaborations in the future. And, Kristen, you have such a marvelous heart and the most enviable gift for organization. Thanks for keeping all of us together after the courses were done.

Last but, certainly, not least, I would never have survived this process without my incredible family. My husband, Ron, has the patience of a saint and the sense of humor to go with it. He took the stress and the drama in stride. Ron, you will always be my center, my balance, my friend. I am who I am because of you and your incredible strength and wisdom. My children, Regina and Patrick, have been my motivation, my heart, and my loves. My loves, this one is for you! I also have to thank the world's greatest cheerleaders—my mom, Mary Bailey, and my stepfather, Tom. They always believed even when I doubted. Aunt Gina and Uncle Brian challenged me to believe that I was able to do something this big and be successful. Your faith in me is humbling. And BJ, my cousin, my friend, my inspiration—you so totally rock! If

someone had to get here before me, I am glad it was you. I am the richest woman I

know for having this family beside me.

TABLE OF CONTENTS

CHAPTER

Background
Statement of the Problem
Purpose Statement and Research Questions
Theoretical Framework
Definitions
Summary of Chapter I
Organization of the Study

Early Nursing Activists
Social and Political Barriers
Professional Mandates
Recent Participation
Nursing Education and Engagement
Civic Engagement Model
Summary

Overview of Theoretical Framework
Problem Statement
Purpose Statement and Research Questions
Study Design
Setting and Sample
Instrument
Data Collection Methods
Data Analysis
Ethical Considerations
Summary

CHAPTER

       Plan for Data Analysis
       National Civic Education Survey–Bachelor of Science in
             Nursing (NCES–BSN) Reliability
       Power and Effect Size
       Descriptive Analysis
       Research Questions
       Summary

       Overview of the Study
       Review of Methodology
       Overview of Theoretical Framework
       Summary of Results
       Discussion
       Summary and Conclusions

LIST OF TABLES

Table

Table

LIST OF FIGURES

Figure

CHAPTER I

INTRODUCTION

Nurses are America's largest group of health professionals, but they have never played their proportionate role in helping to shape health policy, even though that policy profoundly affects them as both health providers and consumers. (Senator Edward Kennedy, 1985, as cited in Cramer, 2002, p. 98)

The health care system in the United States, arguably one of the wealthiest nations on the planet, is characterized by increasing inequities and subsequent declines for numerous health outcomes, including infant mortality, life expectancy, years of healthy life, and total dollars spent per capita (World Health Organization [WHO], 2008). In the United States, more people die each year from errors in health care than from breast cancer, HIV/AIDS, and motor vehicle crashes combined (Harmon, 2009; Kohn, Corrigan, & Donaldson, 2000). Several agencies interested in improving the outcomes of the current health care system have strongly recommended that nurses have more input into patient care and nursing practice—but where are the nurses?

The voice of professional nursing is rarely heard in discussions about the health of patients, communities, and populations. This was not always the case. Historically, nurses have successfully motivated sweeping changes in nursing and in health care. These changes, from the legitimization of family planning to the transfer of nursing

education into academic settings, were accomplished by nurses who had the resources and the motivation to advocate for change in multiple political settings.

Professional nurses are charged, by a professional code of ethics and a social contract, to engage in discussions about the health of patients and communities. There are indications, though, that nurses are all but absent from these discussions. The nursing profession concentrates on the nurse–patient relationship, while forgetting that that relationship is shaped by social and political events. Given that the health care system and the care of patients are politically influenced through the allocation of scarce resources, whether at the institutional level or in the halls of Congress, nurses can no longer rely on a small cadre of peers to interact with the polity. Political participation must become a priority for all nurses.

In order to engage civically at any level, nurses must have the motivation, knowledge, and civic skills needed to engage the many stakeholders of health-related policy, including patients, institutions, policy makers, and other healthcare providers. Ideally, nursing education prepares students for political activities. Yet, as Boswell, Cannon, and Miller (2005) argue, "nursing educational programs have moved nursing into a distant and subdued role in terms of social action in the health care delivery arena" (p. 6). While there is evidence about the political engagement of nurses with graduate-level education, there is little evidence about baccalaureate nursing pro-grams' success in preparing students to be civically engaged. Examining the relationship among variables in a model of civic engagement with students who are

completing a baccalaureate nursing program may provide some insight into the readiness of new nurses to fulfill the civic responsibilities of professional nursing.

Background

**Women, Nurses, and
Civic Engagement**

Despite the need for nurses to be actively engaged in setting the agenda for health and health care, the literature indicates that this is not the case. Gordon (1997) observed that nurses frequently are not recognized in decision-making processes. This lack of recognition is related to multiple interacting barriers to participation (Boswell et al., 2005; Des Jardin, 2001a). According to Des Jardin (2001a, 2001b), nurses not only lack the knowledge needed to participate meaningfully in civic activities, but they also have been socialized to accept powerlessness and oppression.

Kalisch and Kalisch (1982) observed that "the non-involvement of women in politics in general parallels the noninvolvement of nurses in particular" (p. 357). Women in the suffrage movement secured the right to vote in 1920, but women generally have continued to be subordinate to men, both socially and politically (Bullough & Bullough, 1984). The suffrage movement was a 60-year struggle. For the majority of this time, the budding nursing profession distanced itself from the issues of the political subjugation of women without regard for the impact of these issues on the growth of the profession (Roberts & Group, 1995). Until women and nurses could gain some measure of equality in the political arena, it was unlikely that they would gain any effective leadership of their professional futures.

It is ironic that nursing's pioneers were able to create significant changes in spite of their lack of political parity. According to Falk-Rafael (2005), nursing has a "legacy of justice making as an expression of caring and compassion" (p. 212). This is illustrated by the profession's long history of civic and political activism. Early nursing leaders such as Florence Nightingale, Clara Barton, Lavinia Dock, and Lillian Wald advocated for changes that have had profound positive effects on the health of communities and populations (Drevdahl, Kneipp, Canales, & Dorcy, 2001). Civic engagement and activism were used as public health interventions largely because nursing functioned outside of organized medicine.

But nursing rather quickly lost this autonomy to impact the health of communities. The landmark Flexner Report of 1910 changed the health policy landscape. The report, sponsored by the Carnegie Foundation for the Advancement of Teaching and undertaken on behalf of the American Medical Association, resulted from an evaluation of medical education. The report led to the creation of a standardized medical curriculum and resulted in the closure of schools that failed to meet the benchmarks; most of these closed schools served minorities and women. The authority of physicians and the American Medical Association increased, while other healthcare providers, including nurses, lost political credibility. Shortly after the Flexner Report became public, a number of new laws regulating other health care disciplines and strictly outlining the tasks that only a physician could perform or prescribe were passed. Many of the tasks outlined in the new laws had been performed by nurses prior to the report (Blevins, 1995).

During this period, physicians dictated nursing education and practice concerns through hospital-based training programs (Ruby, 1999). The Flexner Report gave the medical profession authority to dictate health policy, as well. Professional nursing, once intimately connected to population-centered care and social justice activities, moved its primary locus of practice from communities into hospitals (Conger & Johnson, 2000). This changed the focus of nursing from one of community wellness and advocacy to one dictated by the medical model of individual cure (Mohammed, 2006). The image of activist nurses changing health policy—nurses such as Clara Barton, Lavinia Dock, and Lillian Wald—faded into the collective memory of the profession.

Currently, health care faces challenges that parallel those faced by the profession's illustrious forbearers. Equity and access to care issues remain and are increasing with the country's current economic woes. Health care has become increasingly expensive in the United States, but has failed to result in commensurate improvements in the overall health of citizens (WHO, 2008). The healthcare reform agenda seems dominated by financial interests that drown out the voices of nurses and nursing organizations. But nursing is complicit, given that the sociopolitical context in which patient care occurs has largely been ignored by the nursing profession (Ballou, 2000). Nurses practice at the intersection of policy and patient care. Professional nurses are the critical link between health policy and healthy individuals, communities, and populations (WHO, 2000).

Yarling and McElmurray (1986) argued that ignorance of sociopolitical contexts is "inadequate as a professional style when social and political forces increasingly determine the context and conditions of practice" (p. 72). Abood (2007) added that since politics and policy makers decide how scarce resources will be utilized, nurses cannot afford to be on the sidelines in the political arena. Stevens (1992) suggested that until nurses make access and equity in health care priority issues for nursing research, theory, and practice, professional nursing will lack the voice to set the political agenda for health care policy. In other words, nursing, as a profession, must once again acknowledge that the work of defining health and shaping health care is the work of the profession. But this acknowledgment is only the beginning of nursing's professional involvement: The profession must become civically engaged in order to impact health care and the health of those seeking nursing care, and many voices repeat the call.

The American Nurses Association (ANA), in *Code of Ethics with Interpretive Statements* (2001) and in *Nursing's Social Policy Statement* (2010b), indicate that social justice and healthcare reform are, indeed, priorities for professional practice, research, and theory. The International Council of Nurses' (ICN) *The ICN Code of Ethics for Nurses* (2006) states that nurses have the responsibility "for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations" (p. 4). With this statement, the ICN calls on nurses to be citizens, as well as health care providers. Leininger (1978) argued that nurses must be political in order to effectively maneuver in increasingly complex healthcare

organizations. Copp (1986) identified ways in which nurses can and must advocate for vulnerable populations. Falk-Rafael (1999) examined the history of nursing's public health and health promotion activities and concluded that nurses must engage with patients and communities in order to maximize healthy outcomes.

Many contemporary nurse leaders and scholars also maintain that political participation and health policy creation are fundamental to professional nursing (Bagwell & Bush, 1998; Boswell et al., 2005; Des Jardin, 2001a, 2001b; Gebbie, Wakefield, & Kerfoot, 2000; Pauly, MacKinnon, & Varcoe, 2009; Schutzenhofer & Cannon, 1986; Stevens, 1992). Expository examinations and editorials about the reasons for nurses' lack of engagement abound (Antrobus, 2004; Antrobus & Kitson, 1999; Borthwick & Galbally, 2001; Brown, 1996; Buerhaus, 1992; Buhler-Wilkerson, 1983; Conger & Johnson, 2000; Cramer, 2002; DeBack, 1990; Falk-Rafael, 2005; Kondek, 1999; Lewenson, 1998; Martin, White, & Hansen, 1989; Stimpson & Hanley, 1991; Thomas & Shelton, 1994; West & Scott, 2000). Yet, a search of the literature reveals a paucity of empirical evidence exploring the reasons for nurses' lack of engagement. There is some agreement, though, that content related to civic engage-ment is not adequately addressed in nursing education programs (Barry, 1989; Hewlett, 2008).

**Nursing Education and
Civic Engagement**

Ideally, content designed to prepare nurses for civic engagement and social justice activities is included in nursing education programs. In fact, the Commission on Collegiate Nursing Education (CCNE) requires that these concepts be included in

the curricula of programs it accredits. Essential number 5 of *The Essentials of Baccalaureate Nursing Education for Professional Nursing Practice* (*The Essentials*) (American Association of Colleges of Nursing [AACN], 2008) states,

> Healthcare policy shapes the nature, quality, and safety of the practice environment and all professional nurses have the responsibility to participate in the political process and advocate for patients, families, communities, the nursing profession, and changes in the healthcare system as needed. Advocacy for vulnerable populations with the goal of promoting social justice is recognized as moral and ethical responsibilities of the nurse. (p. 20)

Evidence examining whether nurses preparing to enter practice possess the knowledge, skills, and motivation to meet this requirement after graduation is scarce, at best. Most discussions about civic engagement or political participation explore that of nursing students who have completed graduate-level education (Cohen & Milone-Nuzzo, 2001; Primomo, 2007; Rains & Carroll, 2000; Reutter & Duncan, 2002). Descriptions of learning experiences included in individual courses to increase baccalaureate nursing students' knowledge about designing and implementing health policy detail short term effects, but do not provide evidence for increased civic engagement (Byrd, Costello, Shelton, Thomas, & Petrarca, 2004; Wold, Brown, Chastain, Griffis, & Wingate, 2008). Examining the relationships in a model of civic engagement with students as they complete their baccalaureate education may provide a starting point for research about why nurses are not more engaged.

Statement of the Problem

The history of professional nursing's struggle for political parity with other healthcare professions is long and arduous. Multiple political successes in the early years of the profession gave way to political powerlessness as the medical profession

gained the power to dictate health policy and to control health professions, including

nursing. Currently, professional nursing fails to use its collective power to create

change at the very time that the inequities of the health care system would benefit from

a nursing perspective. Documents defining the role of the professional nurse indicate

that active civic engagement is necessary if the profession is to harness and utilize the

power of nurses. The ability to engage civically is essential for professionals responsi-

ble for advancing the health of patients, families, communities, and populations.

Nurses work at the crossroads of patient care and policy implementation. Their

professional experiences and perspective offer necessary insight into the needs of

patients and communities whose interests are not otherwise heard in policy discus-

sions. But are nurses truly being the voice of the vulnerable or advocating for social

justice if they remain outside of the arenas where policy is created? Learning to be

civically engaged would allow nurses to better use their power in order to address

inequities in health care and in health policy, thus improving the health of communi-

ties and populations. The weight of the literature calling for nurses to engage civically

suggests that nurses are not active in this role. Over the past 30 years, several scholars

have addressed the need to increase the civic engagement of nurses; yet, there is a

paucity of empirical research related to why nurses are not engaged. Agreement can

be found, however, in the belief that professional nursing education needs to prepare

students to become civically engaged nurses. Given the lack of empirical evidence

regarding the educational preparation of nurses for civic engagement, examining the

relationships of variables within a model of civic engagement with students preparing

to enter nursing practice might serve to further define the reasons for professional nursing's lack of engagement. Using the Civic Voluntarism Model (CVM) as a theoretical framework, this research identified the resources, the psychological engagement, and the exposure to recruitment activities that may motivate or inhibit civic engagement among baccalaureate nursing students. This research may, then, provide a background from which creative solutions can be framed so that future nurses are more likely to become civically engaged professionals.

Purpose Statement and Research Questions

The purpose of this study was to describe the civic engagement of baccalaureate nursing students enrolled in the final semester of their nursing program. The data were used to test the relationships identified in the Civic Engagement Model (CEM). The following questions were identified for the research:

Q1   What is the level of civic engagement of baccalaureate nursing students completing their baccalaureate nursing education in a school accredited by the Commission on Collegiate Nursing Education (CCNE)? Do they tend toward civic activities, political activities, or public voice?

Q2   What effect do the socialization variables of gender, race, socioeconomic status, political stimulus in the home, and institutional involvement have on the civic engagement of baccalaureate nursing students?

Q3   What is the relationship of civic skills to the civic engagement of participants?

Q4   What is the relationship of political knowledge to the civic engagement of participants?

Q5   What is the relationship of political interest to the civic engagement of participants?

Q6   What is the relationship of political efficacy to the civic engagement of participants?

Q7   What is the relationship of partisanship to the civic engagement of participants?

Q8   What influence does exposure to recruitment activities have on the civic engagement of participants?

Theoretical Framework

Civic Voluntarism Model (CVM)

The CVM provided the framework for this study. The model is the result of the landmark 1990 Citizen Participation Study (CPS) (Verba, Schlozman, & Brady, 1995). This study was a two-stage telephone survey administered to 15,053 participants over the age of 18. The study provided a large database from which the authors were able to draw a number of conclusions about the characteristics of those who are politically active. The CVM is an attempt to describe what the government hears and from whom. The authors asserted that three factors—resources, psychological engagement, and recruitment—influence an individual's choice about whether or not to participate in political activities. Access to resources and opportunities for engagement are not equitably distributed. This inequity shapes the nature and types of discourse heard in regard to policy decisions.

Verba et al. (1995) emphasized three types of resources: time, money, and civic skills. These resources—or their lack—can affect whether or how a person participates in a given activity. For instance, voting or working to resolve community issues requires time, while contributing to a given cause or candidate requires money. The possession of civic skills by an individual provides the basic foundation for participation. Successful use of these skills increases the sense of efficacy which, again,

increases the likelihood of participation. Resources for political participation are the product of the involvement of citizens in society. For instance, families, schools, communities, jobs, and voluntary associations provide experiences that shape the choices that individuals make and, ultimately, the resources they have at their disposal (Verba et al., 1995). Of particular importance to this research was how nursing education affects the development of the skills needed for civic engagement. Baccalaureate nursing education should build upon the skills and resources learned through prerequisite course work and involvement in social institutions prior to entering college to prepare nurses for civic engagement.

An individual's psychological propensity toward participation shapes engagement with the polity (Verba et al., 1995). Verba et al. (1995) argued that engagement can be affected by several factors, including an individual's sense of self-efficacy, the degree of partisanship, and the belief in the connectedness of communities. Again, social and developmental factors such as extracurricular participation, parental role modeling, community involvement, and access to opportunities to participate relate directly to an individual's willingness to engage. Information about and interest in political activities is also important to an individual's psychological engagement. Without information about issues, people are less likely to participate in activities to address those issues. They also are less likely to have an active interest in something about which they know little (Verba et al., 1995).

According to Verba et al. (1995), an invitation to participate increases the likelihood that an individual will engage in political activities. Sources of invitations

are varied. Barack Obama's presidential campaign in 2008 provided many examples

of recruitment. The campaign organization used social networking sites such as

Facebook to directly ask constituents for their support. Another example is something

as simple as discussing a referendum with a peer. In many cases, invitations are

offered to people who might have the propensity to act, but who need a trigger of sorts.

Recruitment opportunities that come from friends, relatives, acquaintances, or educa-

tors are more likely to lead to participation than those from strangers. Individuals also

are more likely to be invited if they are already involved in work, church, or commu-

nity organizations (Verba et al., 1995). In nursing education, recruitment comes in

many forms. Invitations to join the Student Nurses Association or to attend annual

state legislation days are examples of common recruitment activities. Faculty active in

community health or health policy activities also might offer opportunities for engage-

ment.

Verba et al. (1995), while focusing their research on traditional political

activities, such as voting and campaigning, argued that nonpolitical activities also are

essential to civil society. In many instances, the goals of individuals working in non-

governmental organizations parallel those of governmental policy makers (Zukin,

Keeter, Andolina, Jenkins, & Delli Carpini, 2006). Civic activities, including commu-

nity volunteering and participation, also build the civic skills that increase self-efficacy

and the likelihood that individuals will be invited to participate in more traditional

political activities (Verba et al., 1995). This view of civic activities is foundational to

this study. Documents that define the role of the nurse do not emphasize the political

over the civic. Nurses need the knowledge, skills, and motivation for civic engage-

ment with many types of public activities. So, while the authors of the CVM empha-

size the political over the civic, this study used a revised model to examine civic

engagement, which includes both political and civic activities.

Civic Engagement Model (CEM)

The CEM (see Figure 1) is based on the research that resulted in the CVM.

Within the CEM, it is assumed that socialization variables provide the foundation for

participatory variables—the skills, knowledge, and motivation to be civically engaged.

Socialization variables include gender, race/ethnicity, socioeconomic status, the

presence of political stimuli in the home, and the involvement in institutions including

the workplace and nonpolitical and religious organizations. These characteristics and

associations either enable or block an individual's development of participatory

variables that ultimately help to determine individual levels of civic engagement

(Burns, Schlozman, & Verba, 2001; Dow, 2009; Dowse & Hughes, 1971; Finlay &

Flanagan, 2009; Foster-Bey, 2008; Hooghe & Stolle, 2004; Leighley & Vedlitz, 1999;

McIntosh, Hart, & Youniss, 2007; Schlozman, Burns, & Verba, 1994, 1999; Verba et

al., 1995; Zukin et al., 2006).
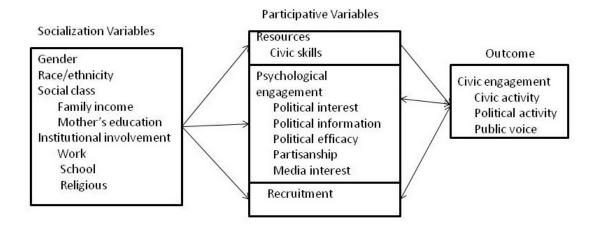
Figure 1. Civic engagement model.

Participatory variables are drawn directly from the CVM (Verba et al., 1995).

These variables provide the raw materials needed for civic engagement. They are the

result of multiple complex interactions among socialization variables. Resources

include time, money, and civic skills. For the sake of this study, time and money were

not included in the model. Participants in this study would shortly enter their profes-

sional practice and, in so doing, their free time and income would be altered. Civic

skills are, for this population, a more stable variable. Verba et al. (1995) argued that

resources such as civic skills develop as a consequence of socializing experiences,

including those that occur within families, schools, workplace, and voluntary organiza-

tions. These associations provide different access to the resources needed to be

civically engaged. Race and socioeconomic status determine the neighborhoods in

which children are raised and, subsequently, the schools they attend (Gimpel, Lay, &

Schuknecht, 2003). The antecedents of civic skills—education and language

skills—are not equally distributed. Parental knowledge also is affected by these

relationships, which dictates how often civic or political activities are discussed in the home. For instance, Zukin et al. (2006) found that increased maternal education promotes engagement. Levels of education also affect socioeconomic status, which ultimately determines the money and the time individuals are able to invest in civic engagement (Verba et al., 1995; Zukin et al., 2006). Without civic skills, such as the ability to communicate ideas verbally or in writing, it is very unlikely a person will seek to perform civic or political activities.

Involvement in work or other institutional endeavors creates opportunities for the development of resources such as civic skills (Verba et al., 1995). These associations also provide the exposure to the stimuli that create political interest. Gender correlates significantly with the types of associations that individuals will pursue. Women are more likely to perform nonpolitical voluntary activities that provide increased civic skills, whereas men are more likely to pursue activities and careers that increase political efficacy (Dow, 2009). Zukin et al. (2006) found that extent of involvement in religious organizations was significantly associated with increases in civic and political activities. The literature about race and civic engagement explores complex interactions between race and decreased access to education, which reduces opportunities for prestigious jobs or organizational activities that are likely to increase political interest and efficacy (Lawless & Fox, 2001; Leighley & Vedlitz, 1999). While a lack of psychological engagement is not a complete barrier to civic engagement, its absence makes it less likely that an individual will interact in this capacity. The direction of effect for psychological engagement also can be in the reverse. Verba

et al. (1995) pointed out that, in some instances, individuals become more psychologi-
cally engaged after becoming involved in civic or political activities.

Education provides access to knowledge about political systems. Schools also
provide civic and political cues that instigate involvement (Verba et al., 1995). The
recent increased use of service learning as a pedagogical strategy in higher education
exposes students to community issues that can provide cues for engagement (Ehrlich,
2000). Exposure to recruitment from peers, educators, or through community activi-
ties also increases as individuals become more involved in various types of institu-
tions. The relationship between civic engagement and recruitment, just as with
psychological engagement, is not unidirectional. An engaged individual will be more
visible to those responsible for recruitment and will, as a result, receive more invita-
tions for participation (Verba et al., 1995).

Of particular concern for nursing is the extent to which baccalaureate nursing
students, who are predominantly women, are exposed to the opportunities that increase
resources and psychological engagement, including political interest, information, and
efficacy. Nursing education should, as part of the socialization of future professionals,
provide knowledge, create interest, and recruit students into the role of the civically
engaged nurse. There are many chances for nursing students to become engaged, but
do they have the necessary resources, psychological engagement, and exposure to
recruitment activities that will help them to begin their practice as civically engaged
professionals?

The CEM was tested using the National Civic Education Survey–BSN (NCES-BSN), a revised form of the National Civic Education Survey 1 (NCES1). This instrument is theoretically similar to the Citizen Participation Survey (CPS) used to create the CVM. The questions are nearly identical. The choice to use the NCES1 for this study, rather than the CPS, was related to the population for whom the instruments were written. The aim of the NCES1 was explication of the nature of the civic engagement of American youth—aged 15 to 27 years (Zukin et al., 2006). Given that 70% of students in baccalaureate nursing programs are 25 or younger (National League for Nursing [NLN], 2010c), the NCES1 was the more appropriate tool for the population of concern.

Definitions

The following terms are defined for the purposes of this study:

Civic activity. This is activity undertaken to achieve public good and to solve community problems, usually accomplished locally and rarely impacting electoral politics (Zukin et al., 2006). The most common example of civic activity is volunteer work in community organizations.

Civic engagement. There have been several attempts to form consensus around a definition of civic engagement. Some, like Zukin et al. (2006), argue that civic involvement is separate from the political. Verba et al. (1995) argue that nonpolitical activities serve as portals for exposure to political cues and for the development of civic skills. These nonpolitical activities become essential, then, for

understanding the engagement of individuals in the polity. Ehrlich (2000) offers the

following definition of civic engagement, which was used for this research:

> Civic engagement means working to make a difference in the civic life of our community and developing the combination of knowledge, skills, values and motivation to make that difference. It means promoting the quality of life in a community, through both political and non-political processes. (p. vi)

Political activity. This is "activity that has the intent or effect of influencing

government action—either directly by affecting the making or implementation of

public policy or indirectly by influencing the selection of people who make those

policies" (Verba et al., 1995, p. 38). Examples of political activity include voting,

contributing to or working for a political campaign, discussing policy, wearing

campaign buttons, or advertising for a certain candidate.

Psychological engagement. This is the predisposition toward civic engage-

ment, as determined by the degrees of political efficacy, political interest, political

information, partisanship, and media interest (Verba et al., 1995).

Recruitment. This is stimulation to engage, including direct invitation and

exposure, to political cues (Verba et al., 1995).

Resources. This is time, money, and civic skills that facilitate engagement

(Verba et al., 1995).

Summary of Chapter I

This study was carried out with an eye toward gaining insight into the skills,

motivation, and knowledge that baccalaureate nursing students have that will support

civic engagement. This chapter introduced the Baccalaureate Nursing Student Civic

Engagement Study by exploring the background and significance of the problem,

noting the theoretical framework that guided the study, and by stating the research questions of interest for this investigation.

In an era characterized by inequities in health and health care, the voice of professional nursing is needed more than ever to speak for those who otherwise are not heard in policy discussions. Yet, this voice is largely silent. Many nurse researchers and leaders have bemoaned the lack of participation by nurses, but there is no information that identifies why nurses are absent. This study was driven by the need to know whether nursing students finish their coursework in possession of the skills, motivation, and knowledge to help them engage in those political and civic activities that shape the health of patients, communities, and populations. In order to do this, the NCES1 was used to answer eight research questions related to civic engagement and the socialization and participatory variables that shape it.

Organization of the Study

The remainder of this dissertation is organized as follows. A review of the relevant literature is provided in Chapter II. The literature review includes sections describing the work of early nurse activists and the social and political barriers they faced, current political and civic participation by nurses, professional mandates that describe the need for nurses to participate, impact of nursing education on engagement, and theoretical framework. Chapter III describes the study methods, including sections on study design, sampling, data collection procedures, data analysis, and instrumentation. Chapter IV details the results of the study. Chapter V includes a

discussion and interpretation of the findings and offers implications for education and

research.

CHAPTER II

LITERATURE REVIEW

The purpose of this study was to describe the civic engagement of baccalaure-
ate nursing students enrolled in the final semester of their nursing program. The data
were used to test the relationships identified in the CEM. This literature review
provides the context for the study. Topics examined in the review include professional
nurses as activists, both past and current, barriers to civic engagement by nurses, and
the concepts underlying both the CVM and the CEM.

Early Nursing Activists

Oppressed by an authoritarian medical model, nurses and nursing have been
forced into a subservient role that made advocacy and activism more risky both
politically and socially (Ballou & Landreneau, 2010; Roberts & Group, 1995). This
was not always the case. Professional nursing has deep roots in civic engagement and
social activism. From the beginning of modern nursing, nurses were committed to the
health and well-being of communities and populations. In spite of the social barriers,
they functioned as advocates for the poorest and most vulnerable populations by
pressuring and cajoling those who created public health policy.

Florence Nightingale

Boswell et al. (2005) state that "nursing apathy toward participation in the political process is pandemic" (p. 5). Yet, there are instances in the profession's history that exemplify the power of nurses to create change. Florence Nightingale, arguably the most famous nurse in the profession's history, was a consummate activist and managed to create change in health policy for both the military and civilian hospitals of her time (Bullough & Bullough, 1984). She was best known for her work at Scutari during the Crimean War. Within the first 14 months of her tenure in the military hospital, she reduced mortality from 43% to 2% (Maindonald & Richardson, 2004). Upon return to England, she became a passionate advocate for reform in workhouses for the poor (Monteiro, 1985). Nightingale was instrumental in providing trained nursing staff to help address workhouse needs. She influenced the legislation that improved workhouse conditions for England's destitute (Falk-Rafael, 1999).

Nightingale's successes are attributed to her apparently natural understanding of the use of rhetoric, her ability to apply statistical concepts to prove her arguments, and her ability to use men as intermediaries to perform policy making tasks that she, as a woman, could not do directly (Bullough & Bullough, 1984; Roberts & Group, 1995). Nightingale was also born into a wealthy family and, as a result of her social standing, had access to policy makers that women from the lower socioeconomic levels might not have enjoyed.

In spite of her talents and successes, Nightingale struggled with the social expectations of women in Victorian England. In her privately published essay

"Cassandra," Nightingale wondered "Why have women passion, intellect, moral activity—these three—and a place in society where no one of the three can be exercised?" (Nightingale, 1859, pp. 396-398). In her *Notes on Nursing* (Nightengale, 1860), she espoused feminist ideals while delegitimizing the political efforts to change the restrictions of women to "womanly pursuits" (pp. 111-112). Roberts and Group (1995) suggest that Nightingale resolved her struggle "by subsuming her feminist thought" (p. 56) and manipulating powerful men.

Clara Barton

Clara Barton, an iconic American nurse, supported political efforts to win women's rights more openly than did Nightingale (Roberts & Group, 1995). She also was a politically savvy woman who fought for improved conditions for soldiers during the American Civil War. She, like Nightingale, struggled to balance her beliefs in the abilities of women and the need to distance herself from radicalism in order to accomplish political goals.

Barton, initially appalled at the lack of supplies for the Army of the Potomac, began to solicit contributions. When she delivered several warehouses of materials to army commanders, she found that she was given permission to go to the front and help with the wounded in makeshift army hospitals (Brown-Pryor, 1987). She ceaselessly rendered aid on the battlefields throughout the war. Her work for the soldiers reached beyond tending their wounds; she also fought for pensions for the disabled, supported reforms for the hospital corps, and helped to search for the missing after the war ended.

After the war, Barton travelled to Europe and encountered, for the first time, the International Red Cross. Intimately tied to the Treaty of Geneva, the organization's symbol of a red cross on white was considered a neutral symbol of help for those in need. The organization was well supplied and much more efficient than those for the Union during the war (Brown-Pryor, 1987). Upon her return to the United States, Barton began to lobby for the United States to sign the Treaty of Geneva and, thus, to create the American Red Cross. Her efforts exemplified her flair for drama in her rhetoric and her persistence. She also was one of the first nurses to manipulate the media to broadcast a message. The leadership of the Associated Press, a new organization of telegraph operators who transmitted the news, was persuaded to publicize Barton's efforts (Brown-Pryor, 1987). Barton also lobbied veterans' organizations for their support. Most notably, Barton gained an audience with the President of the United States and testified before the Senate, both unprecedented feats for a woman and a nurse. Ultimately, in March of 1882, the United States ratified the Treaty of Geneva and officially recognized the American Red Cross Society.

Lillian Wald

Lillian Wald coined the term "public health nurse" in 1893 (Buhler-Wilkerson, 1993). Her social activism changed nursing forever. Wald was among the earliest nurse leaders to recognize the multi-factorial nature of poverty and its impact on the health of communities (Abrams, 2008). She established the Henry Street Settlement in order to provide resources for the poor in the neighborhood. Her work, however, did not end with hands-on nursing care. Wald approached Metropolitan Life Insurance

Company with data indicating that visiting nurses increased survival rates among the insurance company's claimants (Buhler-Wilkerson, 1993). The insurance company trialed the services of home-care nurses and found that there was a savings to be seen. Wald helped, in essence, to create the nation's first comprehensive coverage for home-care nursing services (Buhler-Wilkerson, 1993).

Wald also helped to create legislation that protected children, addressed the lack of sanitation in New York, and placed nurses in public schools (Lewenson, 1993). Her power lay in her ability to spark interest among and to raise funds from a growing upper class that preferred to avoid the illnesses of the dangerous classes (Buhler-Wilkerson, 1993). Yet, Wald, like Nightingale and Barton, needed to avoid the appearance of radicalism in order to maintain her status and her ability to successfully lobby for change. According to Lewenson (1993), Wald had strong opinions about both suffrage and contraception that were fully expressed only in her private corre-spondence.

Lavinia Dock, Isabella Hampton-Robb, and Adelaide Nutting

At the turn of the century, nursing students were trained in hospitals and were the primary source of hospitals' labor. Students gained their education in exchange for service to the hospital and its physicians (Roberts, 1954). Training consisted largely of menial tasks with little theory. The lack of theory was supported by physicians who did not want nurses to question medical practice. According to Kalisch and Kalisch (1995), students learned that physicians were the directors of all activities. Physicians

sat on hospital boards and determined hospital policies. Nursing students quickly learned that they depended on the good favor of physicians to be successful in their training. The turn of the century, however, saw nurses question whether they needed training or education. This debate would be influenced by several nurses, including Lavinia Dock, Isabella Hampton-Robb, and Adelaide Nutting.

In the late 1890s, Hampton-Robb and Dock guided the establishment of the American Society of Superintendents of Training Schools of Nursing and the Nurses' Associate Alumnae of the United States and Canada. Among the agenda items for the first few meetings of the society were three-year training programs, eight-hour shifts for students, and a standardized curriculum (Lewenson, 1993). Society leadership was instrumental in initiating post-graduate training at Teachers College, Columbia University (Roberts, 1954). There was recognition that nursing practice needed to be controlled by nurses. It is during these years that nurse practice acts were initiated. One irony, however, haunted the fledgling profession's efforts toward self-regulation: the nurses involved, mostly women, could not vote for the legislation they proposed.

The women's movement and the young nursing profession had a tenuous relationship, but several nursing leaders strongly supported the suffrage movement and encouraged nurses to organize in support of voting rights. Among the most fervent of these leaders was Lavinia Dock. In her speech to the Associated Alumnae in 1907, Dock argued that nurses needed to broaden their focus from one of professional concerns to that of social problems of the day. Social problems, she maintained, could be resolved only with the women's vote. In essence, she argued that suffrage was part

of a professional obligation to participate in social reform (Lewenson, 1993). Once

again, though, nurses found themselves in the position of either achieving political

goals, such as registration, or actively supporting the suffrage movement. Many

nursing leaders chose to be less vocal in their support of suffrage for fear of being

viewed as radical (Kalisch & Kalisch, 1995; Roberts & Group, 1995).

Dock continued to lobby nurses and nursing organizations to openly support

the suffrage movement. She spoke at conventions and published an article in the

recently launched *American Journal of Nursing*. She railed against hospitals that

threatened nurses who participated in suffrage events with the loss of their jobs, and

she educated nurses on the benefits of the women's movement. In 1912, the ANA

endorsed a position in favor of women's suffrage (Lewenson, 1993).

Social and Political Barriers

As these early nurse leaders successfully achieved many of their goals, they

faced and overcame multiple barriers. The most significant barrier was the fact that

both nursing and political activities were considered unseemly occupations for

respectable women (Kalisch & Kalisch, 1995). Society was based upon the idea that,

as William Blackstone declared, "the husband and wife are one person in law: that is,

the very being or legal existence of the woman is suspended during the marriage, or at

least is incorporated and consolidated into that of the husband" (Blackstone, 1765-

1769, Pt. III, para. 1). It was inconceivable, in a society that subjugated women to this

extent, that they would be allowed to interact with the polity or become activists for

social change in communities without social consequences. These women did just

that, but had to make use of connections with male powerbrokers in order to be successful (Roberts & Group, 1995).

While the nursing leaders described were very politically savvy and supported the woman's movement, most in society saw nursing not as separate from women's work in the home, but as an extension of it (Group & Roberts, 2001). Nurses were compared to mothers, physicians to fathers, and patients to their children. Just as in the home, the orders of the father were seen as absolute. The prevailing belief that politics was not the role of women or mothers served to make more difficult the work of those nurses who chose political activism as a means of accomplishing their goals. This belief of women as subordinate to men parallels the myth that portrayed women healers as ignorant, illiterate amateurs (Versluysen, 1980). Medical men who had a vested interest in the continued negation of the intelligence of female healer perpetrated this myth (Versluysen, 1980).

This myth of the ignorant woman healer also shaped—and continues to shape—the relationship between nurses and the institutions within which nursing was practiced. Hospitals are hierarchically arranged. Even today, they continue to be largely physician-run businesses in which the role of the nurse is defined by its relationship to medicine (Group & Roberts, 2001). Reverby (1987) described the relationship as "institutionalized subordination" (p. 70). Physicians determine the nature of nursing practice; nurses are the less educated laborers. Early nurses who tried to become better educated were accused by physicians of being "unwilling to subordinate to medicine" (Group & Roberts, 2001, p. 114). They were overstepping

the rigid boundaries set by those who most benefitted from maintaining the status quo—physicians and hospital administrators.

Support for physicians to remain the authority on healthcare decisions came from an unlikely quarter. The Carnegie Foundation undertook an examination of the medical profession and medical education. The stated purpose for the study was the standardization of medical education, based upon the scientific method and germ theory (Flexner, 1910). The Flexner report resulted in the closing of dozens of schools that offered medical education to minorities and to women. It also reduced the number of practitioners in rural areas (Beck, 2004). More importantly, it created a medical hegemony in the determination of health care and health policy that has had profound repercussions for health care practices in the United States (Tauber, 1992). Science subsumed touch and cure triumphed over care. The authority of physicians in hospital board rooms grew as hospitals became money-making enterprises. Nurses and nursing students provided a source of cheap, subservient labor that suited the bottom line for physicians and hospital boards (Reverby, 1987). Attempts by nurse leaders to change the status quo were resisted by the full force of the medical monopoly (Group & Roberts, 2001).

Attempts by the medical profession to control nursing continue. The medical profession continues to dictate the nature of medical practice and to resist efforts by other practitioners to broaden their scope of practice. This has affected, among others, the growing population of nurse practitioners (NP) (Beall, 2007; Campbell-Heider & Pollock, 1987). In spite of evidence to the contrary, physician groups continue to

assert that the care of NPs is inferior to that provided by medical doctors (Sackett, 2009). Their opposition to more independent nursing practice was exhibited when the American Medical Association (AMA) delegation determined that it is inappropriate for doctoral prepared nurses to use the title "doctor." The AMA has successfully lobbied four states for legislation preventing nurses from using the title.

The relationship between professional nursing and the medical establishment is troublesome because it has dictated, historically, how the nursing profession progresses. Des Jardin (2001a, 2001b) argues that nurses have been socialized to accept oppression and powerlessness. This oppression comes not only from the hierarchical nature of the relationship with professional medicine, but also from the societal beliefs about the nature of nursing. The image of nurse as mother and nurturer persists into the 21st century. The role of civically engaged nurse conflicts with the traditional image of the caring nurse (Boswell et al., 2005). Des Jardin (2001a, 2001b) also cites problems related to the role conflict experienced when nurses try to juggle family and career obligations. A lack of knowledge relevant to health policy discussions was also identified. In spite of these continued barriers, professional nursing continues to claim civic engagement as a professional obligation.

Professional Mandates

Several professional documents require a civic role for the professional nurse. Among the statements made by the ANA, the social policy statement (ANA, 2010b) and the Code of Ethics (ANA, 2001) clearly identify nurses as key advocates for the

health of patients, communities, and populations. The ICN further supports the role of

nurse as political advocate for social justice.

American Nursing Association
Social Policy Statement

The current definition of nursing states that "nursing is the protection, promo-

tion, and optimization of health and abilities, prevention of illness and injury, allevia-

tion of suffering through . . . advocacy in the care of individuals, families, communi-

ties, and populations" (ANA, 2010b, p. 3.). In addition, an essential responsibility of

professional nursing is the promotion of social justice. This requires an understanding

of the broad context within which nursing practice occurs.

The practice of nursing does not occur in a vacuum. Interactions with individ-

uals, communities, and populations are essential to professional functioning. The

context for these interactions is created on several fronts. One of these is the health

policy arena. One of the assumptions underlying the social policy statement is the idea

that policy shapes the nature of healthcare delivery which, in turn, influences the

health of professional nursing and its constituents (ANA, 2010b). In order for nursing

to carry out its obligation to advocate for the health of its constituents, health policy

must be a priority for all nurses. The ANA addresses this in the scope and standards of

practice (ANA, 2010a).

American Nursing Association
Code of Ethics

The code of ethics adopted by the ANA House of Delegates has, over the years,

undergone several revisions. According to the ANA (2001), "a code of ethics makes

explicit the primary goals, values, and obligations of the profession" (p. 5). This non-negotiable framework is directly applicable to all nurses in all settings in which professional nursing is practiced. In addition, the code of ethics can supercede the policies of employers, institutions, or practices (Ballou, 2000). Throughout the code, nurses are encouraged to participate in activities that improve the health of patients and populations. Provision 2 encourages collaboration with other health professionals. Provisions 7, 8, and 9 directly address the obligation to be civically engaged, both as individual nurses and as a profession (ANA, 2001).

Provision 7 addresses advancement of the profession. The interpretive statement explains that nurses can be active in their profession by participating in "civic activities related to health care or through local, state, national, or international initiatives" (ANA, 2001, p. 22). Leadership and mentorship are considered a nursing professional obligation.

Provision 8 states that "the nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs" (ANA, 2001, p. 23). The provision dictates that nurses be aware of social issues related to health and that they work at the community, national, and international levels to initiate change (Fowler, 2010). Change in health care requires that nurses have the ability to clearly communicate, verbally or in writing, their ideas. According to Verba et al. (1995), the ability to communicate professionally forms as part of the development of civic skills and is therefore required for the civically engaged nurse.

The code of ethics, in Provision 9, also addresses political action more specifically and places this action in a broader global context. The nursing profession and its members are obligated to participate in shaping health and social policy (ANA, 2001). This requires participation in professional associations and collaboration with policy stakeholders at all levels of policy creation.

International Council of Nurses Code

The ICN similarly mandates the participation of nurses in activities that affect the health of society. The first element of *The ICN Code of Ethics for Nurses* (ICN, 2006) maintains that professional nursing is accountable first to those who need nursing care. Within this element, the ICN consigns to nurses the "responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations" (p. 2).

<div align="center">

Recent Participation

</div>

While the professional mandate to civically engage is evident, nurses can no longer lay claim to the community health and health policy successes they once enjoyed. There have been countless calls for nurses to become active in the determination of health policy. Yet, the profession remains a distant, unheard voice in the discussions related to the health of the people and communities for whom we are expected to advocate. The calls continue. Nurse researchers endeavor to understand the disconnection between the obligation to be civically engaged as identified by nursing leadership and the current state of nursing practice.

Kalisch (1975, 1978) and Kalisch and Kalisch (1975, 1976) evaluated power as a variable in nursing politics. They found that most healthcare participants viewed physicians as more powerful than nurses. This belief was based in the fact that physicians have specialized knowledge that others cannot understand and that they self-regulate their practices using peer review. Physicians have thus maintained an authoritarian control over their professional domain. This can be seen in the relationships of seasoned physicians with residents and interns in teaching hospitals. The nursing profession also experiences authoritarian control because the perception is that they provide no medical services that are not prescribed by a physician. Because of this, nurses continue to be seen as an extension of physicians (Kalisch & Kalisch, 1975). Studies of power in nursing reveal that this control over nursing hinders nursing efforts to be involved in political activities.

Winter and Lockhart (1997) sought information about why nurses choose to be politically active. Eleven politically active female nurses were interviewed in an effort to understand what political participation meant to them and what motivated them to be involved. Three themes emerged from the study. The participants described political participation in terms of their roles as women and as nurses. They also discussed the perception of political involvement as a means of promoting the nursing profession. Respondents felt that participation in political activities was a professional responsibility. Political involvement empowered them to create change for themselves, the profession, and their patients. Winter and Lockhart found that the barriers to participation were similar to those described elsewhere in the literature (Archer,

1983; Gesse, 1991; Hanley, 1983, 1987; Hayes & Fritsch, 1988): lack of time and money, role conflicts, and lack of support for the role from peers and society.

In 1983, Hanley conducted a landmark study comparing the political participation of nurses with that of female teachers and engineers. Hanley's (1983) study was the first to measure nursing political participation using quantitative measures (Hall-Long, 1995). For the purposes of this study, Hanley (1983) created the Nurse Political Participation Tool, which drew substantially from the works of Campbell (1966), Campbell, Gurin, and Miller (1954), Milbrath (1966), and Verba and Nie (1972). The sample was drawn from female professionals in the nursing ($n = 450$), teaching ($n = 100$), and engineering ($n = 97$) professions.

Hanley's (1983) investigation was based on the assumption that occupational sex segregation impacted the education of professions. Hanley (1983) hypothesized that as professions become more male dominated, women in the professions become more politically active. Surprisingly, findings indicated that the professions had similar scores for political participation. Women in the more masculine profession, engineering, were significantly younger, better educated, and better paid than their nursing and teaching counterparts, but had less professional experience. Hanley (1983) concluded that occupational sex segregation had only an indirect impact on nurses' political participation by limiting access to education and income, both of which were significantly related to levels of participation.

Two qualitative studies (Archer, 1983; Hayes & Fritsch, 1988) resulted in descriptions of hindrances and motivators similar to those found by Winter and

Lockhart (1997). Archer (1983) found that voting, writing letters to legislators, and belonging to or serving on boards were the most common activities occurring among a group of 500 politically active nurse administrators. Participants in Archer's study reported inadequate socialization, apathy, lack of knowledge, and nursing organization divisiveness as the main contributors to the lack of participation in political activities. Archer asserted that these could be changed if nurses were given opportunities to learn and if they understood the importance of their actions.

Hayes and Fritsch (1988) found a relationship between nurses' attitudes toward politics and the amount of time they gave to political activities. A sample of 250 Massachusetts registered nurses participated in their descriptive, correlational study. These nurses described early socialization to politics, education about the political process, membership in professional organizations, and higher education as motivators for political participation.

Barry (1989) conducted a descriptive study designed to explicate the socialization processes that led a group of activist nurses to pursue political participation. A purposive sample of 33 nurses working in public policy creation and implementation participated in the study. The participants were drawn from leaders in regulatory agencies and from local, state, and federal legislatures. Thirty percent of the participants were doctorally prepared, 33% held master's degrees, and 36% held baccalaureate degrees or diplomas. The average age was 45, approximately 7 years older than the mean for the nursing population. Barry interviewed respondents using a

tool comprised of both quantitative and qualitative items. The author cited an inability

to determine the actual population size as a threat to generalizability.

Barry (1989) concluded that nurses in health policy roles were not typical of

nurses overall. These nurses were older, better educated, and tended to be single with

no children. Interestingly, Barry also found that the majority of respondents did not

feel that they were socialized to their roles through their formal nursing education.

They did, however, feel that their basic nursing education provided them with valuable

communication and interpersonal skills. All of the participants felt they needed

additional "apprenticeship-type" experiences before being successful in their endeav-

ors (p. 125). The findings also suggested that nurses with graduate degrees are more

likely to be politically engaged than their undergraduate counterparts.

Gesse (1989) explored the relationship between education and political

participation among nurse-midwives. For this study, a random sample was drawn

from the membership of the American College of Nurse-Midwives. A survey was

mailed and yielded 364 responses, or a 59.7% response rate. A modified Hanley

(1983) Political Participation Tool was utilized (Hanley, 1983). The findings in this

study were interesting in that, for this population, factors that are traditionally signifi-

cant for political participation failed to produce the expected effects. For instance,

Gesse (1989) found that education did not have a significant effect on political

participation for the study sample. The most significant factors were political efficacy,

feminist attitudes, and membership in organizations other than professional nursing

organizations. Not surprisingly, findings indicated that study participants were especially motivated by issues related to women and children.

Gebbie et al. (2000) conducted a qualitative analysis of the experiences of 27 politically active nurses. The purpose of the study was to increase the knowledge base about the political role for nurses. The majority of the participants were White ($n = 24$), women ($n = 24$), and older than 50 years of age ($n = 20$). Ten participants held master's degrees and 16 held doctoral degrees. The interviews included questions about the resources needed for political involvement, suggestions for improving the availability of resources for nurses, and strengths and weaknesses of the resources currently available.

Among the resource strengths that participants identified was the nurses' ability to work and communicate with diverse populations. Nursing problem solving skills also were clearly enumerated among the strengths of the profession (Gebbie et al., 2000). Informants also described the negatives of nursing involvement in health policy arenas. Informants felt that nursing was seen as intellectually inferior to other professions. Some did not use their nursing credentials for fear that their credibility would suffer. One nurse pursuing elected office did not count nurses among her allies. Her experiences with nursing organizations indicated that in order to win their support, she must act only on those issues identified as important by the nursing profession. Over-identification with the profession was generally seen as a problem among nursing activists.

Of importance to this study is the finding that most informants related a lack of information related to health policy formation and the professional nurse's role in its creation (Gebbie et al., 2000). They indicated that most of their knowledge about policy making came from sources outside of nursing. Several mentioned gaining knowledge and information from nursing faculty who acted as mentors and motivators. Most described developing political awareness in their graduate programs. Many indicated that they needed to independently seek the knowledge appropriate for their endeavors because it was not readily available from their formal nursing education (Gebbie et al., 2000).

Cramer (1999) sought to test the CVM as it related to the political participation of nurses in the Midwest. While the CVM sought to measure broad participation, Cramer (1999) opted to utilize one outcome measure. The outcome measure used was membership in the Nebraska Nurses Association (NNA)—a constituent of the ANA. According to Verba et al. (1995), membership in organizations that attempt to influence policy constitutes a political act. Using a postal survey derived from the original study by Verba et al. (1995), Cramer (1999) surveyed members of the NNA ($n = 84$) and members of two other professional nursing organizations who did not also belong to the ANA ($n = 84$). The other professional organizations were chosen because their mission did not include political or legislative advocacy. Response rates for both groups were approximately 70%, for a total of 118 usable surveys.

Cramer (1999) found that the CVM more accurately predicted ANA membership than non-membership. Free time, political efficacy, and partisanship—resources

and engagement—were the most statistically significant predictors of membership. These findings are consistent with those of the CVM. Nurses are more likely to participate if they have the engagement and the resources to do so. Cramer (1999) found that cues to action and requests—both recruitment activities—did not impact membership.

While this study provides valuable insight, there are some flaws in the design. First, Cramer (1999) chose two populations that are more likely to self-select for political activity. The study would have been more robust had there been a comparison of two more disparate populations. In addition, demographic data would have provided context and foundation for the arguments provided.

Wilson (2002) utilized a descriptive–comparative design to test the Cohen et al. (1996) theory of political development applied to a specific political action by nurses and non-nurses in Canada. Cohen et al. (1996) identified four stages of political development: buy-in, self-interest, political sophistication, and leadership. Using this theory as a framework, Wilson conducted semi-structured interviews with nine people who had recently spoken with a legislative committee. The interviews were designed to explore why people become politically active and to determine if the Cohen et al. (1996) theory could accurately classify their actions. Wilson found that non-nurses were engaged in these activities for self serving reasons, but nurses were involved in an effort to create positive change in their communities. This study supported the first two of four stages of political development postulated by Cohen et al. (1996).

Hewlett (2008) sought to explore the political participation of nurses across educational levels, to explicate their definition of political participation, and to describe factors that either motivate or hinder participation. Hewlett then used the findings to determine the political stage of development of the sample. A modified version of Hanley's (1983, 1987) Political Participation Tool was utilized for the investigation. Participants were drawn from female registered nurses in the state of Maryland. A survey method was used. The survey yielded approximately a 30% response rate, or 302 usable responses. As with the Barry (1989) study, there are generalizability issues related to a very specific set of exclusion criteria.

Hewlett (2008) reported that nurses with graduate level education were more likely to participate politically. Multiple regression analysis revealed two independent variables that contributed significantly to the dependent variable of political participation: organizational membership and increased age. In addition, family background was a significant factor in political participation related to nursing issues, and political attitudes significantly affected political participation related to health care issues. Respondents indicated that there was little material related to political participation or health policy provided during their formal nursing education. In addition, when asked what could be done to increase participation, respondents indicated that their education should include information about political processes in general and health policy creation in particular.

There are very few studies describing the political participation or civic engagement of nurses. Many of the earlier studies were qualitative and provided rich

information about the difficulties nurses face when entering the political arena. The more recent quantitative studies, while relatively few, support the earlier qualitative findings. The studies listed describe why nurses choose to participate and what stands in the way of political action. None of the studies, to date, provide information regarding the preparation of nurses for the role of civically engaged nurse upon completion of their formal training.

Nursing Education and Engagement

Literature detailing the lack of civic participation in higher education became very prevalent in the 1990s. However, the call for universities to prepare students for democratic participation was made by Dewey in 1937. Dewey argued that higher education, and indeed all levels of education, should prepare the students for public problem solving (Saltmarsh, 2008). He postulated a lack of democratic education led to a lack of social responsibility on the part of graduates. This has been borne out in most of the subsequent data collected about the civic engagement and political participation of the nation's youth (Galston, 2001; Greenberg, 1970; Verba et al., 1995; Zukin et al., 2006).

The calls for increased engagement led to the creation of the Campus Compact. The Campus Compact, originating in the mid–1980s, consisted of a group of univer-sity presidents who realized that the need for civic education and increased civic participation needed to be addressed. Since then the movement has gained momen-tum. In 2000, Ehrlich published a book detailing the role of the university in promot-ing civic engagement. Jacoby (2009) provides a series of pedagogical exemplars. The

Zukin et al. (2006) report on the NCES provided quantitative data about the civic and political behaviors of American youth. Similar research, which will be explored in another section of this review, related to the civic engagement of people ages 15 to 25 has been extensively documented by organizations such as the Center for Information and Research on Civic Learning and Engagement (CIRCLE).

Yet, there is a paucity of research about the civic engagement of nurses or nursing students. A search of the databases Academic Search Premiere, Cummulative Index to Nursing and Allied Health Literature (CINAHL), and Education Research Complete, using the terms "civic engagement" and "nursing" resulted in only 12 matches. Of these, only seven were germane to this study. Only two of the articles furnish quantitative data, which are specifically related to service learning and its impact on civic engagement (Julie, Daniels, Adonis, & Health, 2005; Nokes, Nickitas, Keida, & Neville, 2005).

The calls for increasing activity and education to improve the activity are, however, ubiquitous. Aroskar (1994) maintained that issues related to ethics and politics are intimately connected to nursing care in the context of health care. Education toward ethical and political practice is, then, essential to nursing practice.

Civic Engagement Model

In an effort to explicate how and why nursing students engage, the CVM (Verba et al., 1995) was used to frame the broader discussion of civic engagement for this study. The CEM was devised in an effort to identify the variables that are most closely associated with active civic engagement in senior nursing students. The

following review of the literature supporting the associations hypothesized in the CEM is not exhaustive. Civic engagement, political participation, and political socialization have been hot topics in political science since the late 1960s. While some of the landmark literature included is older, an effort has been made to emphasize literature from the previous 20 years. More recent studies may, this researcher believes, provide a more relevant context for this research given the age of the participants and the inherent changes in civic and political context over time.

A note on semantics would be germane at this point. The terms civic engagement and political participation have been used interchangeably in the literature. The purpose of this research required that the political nature of civic participation be recognized. Jenkins, Andolina, Keeter, and Zukin (2003) drew a distinction between the terms "*electoral* activity and the broader concept of *political* activity. All electoral activity is political, but political activity includes much more than just the selection of leaders" (p. 1). There are, increasingly, individuals, particularly among young adults, for whom community volunteer activities are seen as an alternative to electoral activities. These individuals have less trust in traditional politics and trust activities in which they can personally see the results (Galston, 2001).

Socialization Variables

According to Verba et al. (1995), there are three factors that affect political engagement: resources, psychological engagement, and recruitment. These participatory factors are the product of many interacting factors—socialization variables, including experiences in family life, school, workplace, and voluntary organizations.

The family into which one is born provides role models and resources for participation in civic and political activities (Andolina, Jenkins, Zukin, & Keeter, 2003; Greenberg, 1970; Jennings, 1974, 2000; Wilkenfield, 2009; Youniss et al., 2002). In turn, individuals create families with the resources they have from their upbringing. Families and social institutions also influence socioeconomic status, which determines how much money and how much time an individual can spend on civic engagement and participation. The resources gained through socialization shape individual attitudes toward political and civic activities and actors (Niemi & Hepburn, 1995).

Gender. Arguments about the gender differences in access to civic resources have proliferated since the 1970s. The literature about the gap between men and women in terms of resources for civic engagement focuses on what the causes might be and, by extension, possible solutions to make the gap disappear. While there remain gaps in the political socialization, knowledge, and engagement of women in most democracies (Hooghe & Stolle, 2004), not all of the differences can be explained by gender differences related to socialization.

Females are traditionally socialized to seek consensus and continue to work in jobs with fewer gains in political capital (Burns, Schlozman, & Verba, 1997; Delli Carpini & Keeter, 1991, 1996). Several authors have found that girls show less interest in politics than boys. Greenstein (1965) suggests that this is related to sex role identification and to "sex differences in aggressiveness" (p. 59). Studies by Hooghe and Stolle (2004) and Davila and Mora (2007), however, indicate that adolescent girls articulate more interest in political activities than do boys of the same age.

Interestingly, a study by Burns et al. (2001) found that women participated less than their male counterparts. The changes in political socialization in the interim—between adolescence and adulthood—are of significance for a profession predominantly populated by women.

Dow (2009) applied statistical decomposition methods to data collected during the 1992–2004 American National Election Studies in an effort to explicate the differences in returns for having political knowledge. This investigation revealed that men receive more returns in terms of political credibility and power for having similar knowledge. Schlozman et al. (1994) explored pathways to participation for both men and women and found that women do not have the same opportunities to learn the skills needed for participation as their male counterparts. In addition, men were more likely than women to gravitate toward careers such as business or law that tend to lead to increased civic skills and, ultimately, more substantial recruitment activities. Studies such as these tend to support the claims of critical feminists. Critical feminists argue that the political system is led by males and that barriers to participation by women continue to be an issue (Okin, 1989; Phillips, 1991). Issues that are important to women and likely to garner greater female participation are minimized. The status quo is maintained and government remains a masculine endeavor.

This researcher initially considered excluding males from this research to increase sample homogeneity. However, while most nurses are women, the number of men entering the profession is growing (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2010). Given the gender

differences in engagement identified in past research, the question of gender differ-

ences within the profession is provocative.

   Race/ethnicity. Race and ethnicity have substantial implications for civic

engagement. The literature describes the socialization of minorities predominantly

through the lens of socioeconomic status (Leighley & Vedlitz, 1999). There are,

however, multiple other factors at play. Foster-Bey (2008) investigated the role of

race and ethnicity in the civic engagement of youth and found that, even when income,

education, gender, and immigration status are held constant, race and ethnicity have a

significant effect on participation. Verba et al. (1995) found that racial inequities in

civic engagement are related largely to the lack of access to the institutions that help

build civic skills. For instance, African Americans and Latinos are far more likely to

drop out of school. This limits their exposure to civic activities and also limits the

likelihood that they will have jobs that engender political returns. In many cases,

minorities have a cynical view of government and their ability to accomplish change

(Gimpel et al., 2003). The information taught in the schools in lower socioeconomic

neighborhoods about the value of government is not evident in their daily lives. For

minority youth, "the social activism of Martin Luther King Jr. is as distant and

irrelevant to their lives as ancient Greece" (Gimpel et al., 2003, p. 28).

   A lack of trust in government, coupled with a lack of political efficacy, leads

Hispanic and Asian groups to vote at a rate of two thirds that of eligible Whites

(Levinson, 2007). In addition, these groups are more likely to need to overcome

language barriers in order to participate (Verba, Schlozman, Brady, & Nie, 1993).

Latinos also reported participation in fewer voluntary associations. These differences

in reported political activities reflect the lack of resources that minority groups have

compared to their White counterparts (Verba et al., 1993).

The effect of race on civic engagement is confounded by the intersection of

race with decreased socioeconomic status. Pacheco and Plutzer (2008) found that

multiple economic and social hardships create cumulative disadvantage in the civic

and political arenas. Pacheco and Plutzer sought to identify hardships that might alter

voter turnout levels. They explored hardships from within the family, the school, and

the neighborhood as well as significant life events such as early pregnancy or arrest for

a criminal offense. The investigators discovered that hardships created within the

family affected all respondents equally but that hardships created through the schools

had a greater impact on youth whose parents had little education. In other words,

those who are already disadvantaged experience additional hardships created by

structural inequities such as economic segregation (Pacheco & Plutzer, 2008).

Levinson (2007) described a civic achievement gap in the United States,

finding that poor students, minorities, and immigrants consistently score lower on

achievement tests, including those about civic knowledge, than their White, affluent

counterparts. Levinson (2007) also cited significant differences in both political

efficacy and trust. These barriers parlay into appreciable differences in voting and

other political behaviors. Hispanic and Asian citizens voted at a rate two thirds that of

Whites. People living in poverty voted at about half the rate of middle- or upper-class

citizens. Poor and minority populations are significantly less likely to contact a public official or to participate in campaigns and protests.

The intersection between race and socioeconomic status cannot be argued. As Pacheco and Plutzer (2008) indicated, cumulative disadvantage impedes civic engagement. Kahne and Middaugh (2008) identified findings in the reverse of this. Cumulative advantages resulted in increased political and civic knowledge, skills, and motivation. The researchers' examination of three different studies concluded that students with higher academic achievement, White students, and those with more affluent parents experienced more civic learning opportunities, thus increasing the inequity.

Socioeconomic status. One's family has multiple effects on the engagement of its youth. Parental achievement and education are significant indicators for civic engagement. Hashway (1996) analyzed data from the National Assessment of Educational Progress in an effort to examine civic behaviors of college students. The investigation revealed that parental achievement was a significant indicator for civic engagement. Lopez and Marcelo (2007) found that young adults whose mother had a college degree were more likely than their peers with less educated mothers to participate in their communities. McIntosh et al. (2007) examined data collected by the United States Department of Education National Household Education Survey (NHES) in 1996. The data from a sample of 3,662 high school students and their parents indicated that parental education is significant for determining the likelihood of young adult civic engagement.

Socioeconomic status also affects an individual's access to the institutions and resources that provide opportunities for engagement. Youth from urban neighborhoods are less likely to be politically engaged. This, according to Atkins and Hart (2002) is because the schools in these areas have fewer resources and less time to address civic education than do schools in more affluent neighborhoods. Furthermore, the adults in the lives of poorer students are less likely to role model civic behaviors (Atkins & Hart, 2003). A lack of school resources and the increased dropout rate of poor and minority youth limit their opportunities for further education, which limits economic advancement and, according to Dee (2003), decreases civic engagement.

Political stimuli. Youth civic engagement is shaped by interactions with parents and their families. When parents model civic and political behaviors, such as volunteerism and political participation, their children become more engaged and, given the continued stimulus and socialization, will continue to engage into adulthood (Andolina et al., 2003; Lake Snell Perry and Associates, 2002; Zaff, Malanchuk, & Eccles, 2008). Political discourse with parents helps children to solidify beliefs and values related to their roles as citizens (Wilkenfield, 2009). The reverse is also true: Non-participatory parents are more likely to raise children who are not engaged. It is not surprising that non-participation on the part of parents may be related to their levels of education and political knowledge. According to McIntosh et al. (2007), parents with lower levels of political knowledge have fewer discussions about civic and political issues than those with greater comfort with the topics.

Family communication that engages adolescents in discussions about civic issues and encourages the expression of differing opinions significantly increase political interest, knowledge, and engagement. Jarvis, Montoya, and Mulvoy (2005) found that parental activity in the community and the discussion of politics at home increased the political participation of young adults. Youth voter turnout is also significantly increased in households where parents not only discuss their political leanings, but consistently vote (Sandell & Plutzer, 2005). Jennings and Niemi (1991) undertook a three-wave longitudinal study of parent-offspring dyads to determine the parental effect on child partisanship. They concluded that parental influence remained strong well into the child participants' mid-30s. Lopez and Marcelo (2007) examined data from the 2006 Civic and Political Health of the Nation Survey (CPHS). Their findings similarly supported the idea that political discourse at home increases civic engagement.

Similarly, the literature suggests that the neighborhood in which the family resides can heavily impact political and civic participation. Living in neighborhoods that are highly engaged will likely produce citizens with similar propensitites (Burbank, 1997; Gimpel et al., 2003; Huckfeldt, 1979, 1980; Huckfeldt & Sprague, 1995). Cohen and Dawson (1993) found that the reverse is also true: Neighborhoods characterized by non-participation fail to stimulate participation among youth and may even discourage it.

According to Sears and Valentino (1997), the political leanings of pre-adults were "crystallized" by the activities related to political campaigns. Socialization gains,

however, slowed to precampaign levels once the election was completed. In other words, elections and the resulting political discussions and controversy served to ignite more partisan views for the majority of pre-adults. This intermittent stimulation causes political socialization to "occur in bursts" (Sears & Valentino, 1997, p. 58).

Institutional involvement. The relevance of institutional involvement to the development of civic engagement can be seen in the literature across all age groups and educational levels. According to Verba et al. (1995), institutional involvement provides access to the resources and recruitment activities that facilitate engagement. This involvement includes activities that are experienced in schools, churches, and work settings.

Evidence indicates that high school students who are involved in extracurricular group activities are more likely to participate in civic and political activities into adulthood. Participation in high school student government and high school interest groups, excluding athletics, provides civic skills and is a significant predictor for future political behavior (Verba et al., 1995). This assertion was borne out in a study conducted by Obradović and Masten (2007). In an effort to explicate the variables that most closely correlated with civic engagement of young and emerging adults, these researchers conducted a 20-year longitudinal study of 205 children and their parents. The participants were drawn from a diverse Minneapolis neighborhood. This study examined the developmental competencies and activities of the children. Findings indicated that active participation in activities such as sports, music, student government, and academic groups were predictive of young adult civic engagement. These

activities also proved to be central to the development of competencies that facilitate

civic engagement including academic and social skills.

Duke, Skay, Pettingell, and Borowsky (2009) found similar predictive value in

the school and community activities of youth. This longitudinal study used in-home

interviews of over 9,000 young adults aged 18 to 26 years. Composite civic engage-

ment scores for this group indicated a positive relationship between close family and

community connections and participation in volunteer and political activities.

Another longitudinal study (Smith, 1999) was examined for similar variables.

This study, using data from the NCES, was used to analyze the experiences and

orientations of 25,000 students from 1,052 schools. The data, collected in four waves

(8th grade, 10th grade, 12th grade, and 2 years post high school), revealed that students

with close family, school, and religious connections were more likely to participate in

political activities. Smith found that these connections fostered positive self-concept

and increased civic virtue (acceptance of civic and volunteer participation as the

norm). These students, interestingly, were also more likely to participate in extracur-

ricular activities. In fact, extracurricular activities and civic virtue remained nearly

constant across waves in the presence of religious activity and parental involvement.

Religious involvement has been identified as a significant predictor for civic

engagement (Driskell, Lyon, & Embry, 2008; Putnam, 2000). Religious behaviors

positively affect activities such as voting, voter registration drives, campaigning, or

attending political rallies (Beyerlein & Chaves, 2003; Jones-Correa & Leal, 2001;

Peterson, 1992; Wald, Kellstedt, & Leege, 1993). Verba et al. (1995) asserted that this

is due to the social and civic skills acquired while participating in various church activities. They identify organization, speaking, and leadership roles as skills and opportunities afforded those who belong to religious organizations. Religious involvement also provides access to recruitment activities. It is not uncommon for the clergy or religious leaders to politically mobilize their members (Guth et al., 2003). Religious organizations also instigate social movements such as the Civil Rights Movement and Christian Conservatism (Beyerlein & Hipp, 2006; Green, Rozell, & Wilcox, 2001).

The responses in terms of civic engagement differ among groups. For instance, among African Americans, the impact of the church on participation is clearly illustrated (Harris, 1994; Hoffman & Appiah, 2008). In this group, religious involvement helps participants to develop group consciousness and identity (Allen, Dawson, & Brown, 1989), which fosters participation. In religious teens, Gibson's (2008) findings indicate that religious teens are more likely to volunteer in their communities. Interestingly, Gibson did not find a correlation between religious involvement and political participation; this finding is different than findings for adults.

Smidt (2006) and Nover (2010) find that religious participation significantly affects political and civic engagement. The level and type of engagement differs among denominations. In the 2008 presidential election, Catholics and Protestants were the most likely to vote (Nover, 2010). Only 58% of those who reported no religious affiliation voted. Religious youth were also more involved in other activities related to the elections. Protestants were most likely to be pessimistic about the

current trajectory of American politics. Even partisanship is informed by religious affiliation with "born-agains" consistently voting for more conservative issues and candidates. Those without affiliation tend toward the more liberal end of the political spectrum (Nover, 2010).

Smidt (2006) distinguishes between private and public religious involvement. Smidt postulates that those who have withdrawn from public religious expression are also more likely to withdraw from civic and political engagement. Indeed, the findings from this examination reveal that those who are privately religious are less likely to participate in voluntary organizations or political activities.

Socialization variables shape the individual and their future interactions with their community and the polity. As children grow into adulthood they experience differing views of civic life. Families provide the lens through which future experiences will be viewed and, through adolescence, act as a sounding board for emerging opinions and ideas. The schools children attend teach the civic skills and knowledge that will, in varying degrees, help individuals to become successful in navigating complex community and policy problems. Interactions with non-political organizations provide a place in which individuals might hone developing skills. These socialization variables lay the foundation for the development of the participative variables. They are also the variables that create the diversity of the nursing profession and its ability to engage in debates related to the health of communities and populations.

Participative Variables

  Civic skills. The development of civic skills is directly related to the socialization variables discussed previously. These skills are distributed unequally according to socioeconomic status, gender, and race (Brady, Verba, & Schlozman, 1995). Defining civic skills has, historically, been difficult. This is largely related to the discipline specific nature of the investigations. Those interested in civic education tend to base their definitions on the requirements of a civic education in a school setting rather than on levels of participation (Kirlin, 2003). Galston (2001, 2003) asserted that civic knowledge and dispositions must be developed in schools beginning at the elementary levels. Patrick (2003) agreed and identified cognitive and participatory skills that are required for civic education. Patrick argued that there are four subcomponents to these skills: civic knowledge, cognitive civic skills, participatory civic skills, and civic dispositions. Others found that the way that civic skills were taught tended to alter the nature of the skills learned and how they were used. Keeter, Zukin, Andolina, and Jenkins (2002a) found that those who reported learning letter writing and debating skills were more likely to be engaged. Torney-Purta (2002) found that classrooms where discussion is encouraged and differing ideas are tolerated produced students who voted more often than those students in more traditional classrooms.

  Developmental psychologists emphasize the socialization aspect of civic skill development. Flanagan (2003) explored the developmental experiences that provide the means of participating. The development of social consciousness, social trust, and increasing social networks provide the framework in which individuals become

engaged. Flanagan and Faison (2001) described the development of social values such
as tolerance and conflict resolution in families and in nonpolitical groups as essential
to overall political and civic engagement. This is frequently repeated in developmen-
tal literature (Niemi & Junn, 1998; Owen & Dennis, 1987; Yates & Youniss, 1997;
Youniss, McLellan, & Yates, 1997). Youniss et al. (2002) defines civic skills in terms
of competencies. Among the competencies identified are "an understanding of how
government functions, and . . . behaviors that allow citizens to participate in govern-
ment and permit individuals to meet, discuss, and collaborate to promote their interests
within a framework of democratic principles" (p. 124).

     Verba et al. (1995) essentially initiated this discussion with their seminal work,
Voice and Equity: Civic Voluntarism in American Politics. According to Verba et al.
(1995), civic skills are those skills that allow an individual to participate and use time
and money effectively and are directly related to education and language. Education
provides the tools for engagement including the ability to communicate complex needs
and ideas. For instance, an individual without the ability to write will not write a letter
to a public official or to an editorial page but may demonstrate or go to the polls.
Someone with the skills to organize and communicate is more likely to use these skills
to achieve civic or political goals (Verba et al., 1995). Populations for whom English
is a second language have an aggregate disadvantage in terms of communicating for
civic engagement. Verba et al. (1995) found this to be true in Latino populations
among whom 42% speak Spanish at home. In comparison to Whites and African
Americans, Latinos were significantly less likely to have practiced activities related to

civic skills such as making presentations, organizing groups, participating in group decision making, or writing letters.

CCNE accreditation requires that baccalaureate nursing students have a sound liberal education before beginning their nursing coursework. According to AACN (2008) *The Essentials*, "skills of inquiry, analysis, critical thinking, and communication in a variety of modes, including the written and spoken word, prepare baccalaureate graduates to involve others in the common good through use of information technologies, team work, and interprofessional problem solving" (p. 11). But liberal education builds upon the diverse skills of nursing students. Any exploration of civic engagement must include an examination of the skills that students bring with them into their nursing education experience.

Psychological engagement. Psychological engagement does not occur in isolation. According to Verba et al. (1995), psychological engagement is shaped by an intricate interplay among individual political interest, political efficacy, political knowledge, and partisanship as well as socialization variables. In fact, it is difficult, if not impossible, to discuss any of these without considering its context and relationship within the whole. Efficacy has two components. Internal efficacy is an individual's about whether she can effectively engage the polity. External efficacy is the belief in the responsiveness of government to the concerns of constituents. A sense of political efficacy, both internal and external, provides the motivation for people to increase their knowledge and to become involved (Pasek, Feldman, Romer, & Jamieson, 2008). Verba et al. (1995) found that education and political information or knowledge

significantly increased political participation. Indeed, when income was held constant,

knowledge and increased education had individual effects on engagement overall.

Yet, even with increased education, there remains a participation gap between young

adults and their elders (Zukin et al., 2006).

Delli Carpini (2000) found that young Americans had less knowledge and less

motivation to seek knowledge about civic and political processes. These findings were

not surprising given that attention to civic education has declined and civic institutions

that allow youth to learn civic skills have been marginalized as "special interests" (p.

344). In addition, media outlets and political organizations have historically failed to

attend to the concerns of young Americans, thus decreasing their interest and sense of

efficacy (Delli Carpini, 2000). The exception to this is late night television viewing of

programs such as *The Daily Show with Jon Stewart* (Hoffman & Thomson, 2009).

Shows such as these were found to increase the internal political efficacy and interest

of the youth who participated in the study.

Political interest and media interest are frequently examined in relation to one

another. Attention to political news correlates with political interest, political efficacy,

and the frequency of political discussions. Semetko and Valkenburg (1998) studied

post-cold war Germany and found that attentiveness to media discussions increased

efficacy but that the relationship was not reciprocal. In other words, individuals who

already possessed a strong sense of efficacy did not seek out more frequent media

information. Likewise, David (2009) found that an individual's sense of interest and

motivation propelled one to seek more information from the news.

The sources for news have changed significantly with the advent and growth of the Internet. The impact of the Internet is much debated. Some insist that the Internet will expand the discourse related to civic activities and revitalize democracy. Others believe it will cause a greater distancing of citizens from public life. The findings of Kenski and Stroud (2006) suggest that Internet use increases the probability that individuals will be engaged. After controlling for numerous other variables, Internet use remained a persistent, though relatively small, factor in interest, efficacy, and participation. This would suggest that, although the Internet has not become the principle source for political knowledge and efficacy, it is at least not going to cause the crash of democratic society. In fact, presidential candidate Barack Obama was propelled to an election victory largely because of his ability to engage people using electronic communications. His campaign served to energize young adults who voted in larger numbers for him than they have in any election since 1992 (Godsay & Kirby, 2010). Given that nursing students use electronic media for nursing coursework, it is likely that they are spending more time on the Internet. This study sought to determine to what extent students are gaining their political information or having political discussions in online formats.

Young Americans rely on their families and peers to help interpret the information they receive about the nature of civic life (Wells & Dudash, 2007). While the media and the Internet have increased in relevance, it would appear that personal interaction within social networks with diverse opinions continue to have a significant impact on the participation of young adults (McLeod, 2000; Scheufele, Nisbet,

Brossard, & Nisbet, 2004; Wells & Dudash, 2007). Delli Carpini, Cook, and Jacobs

(2004) argued that discursive participation builds awareness and increases the motiva-

tion to further knowledge about a given issue. When these discussions become more

formal, the motivation to increase knowledge, participate in community activities, and

vote increased significantly (Gastil, 2000; Iyengar & Jackman, 2003).

According to Galston (2001), "competent democratic citizens need not be

policy experts, but there is a level of basic knowledge below which the ability to make

a full range of reasoned civic judgments is impaired" (p. 218). Civic education as a

catalyst for engagement has been investigated. Directly, civic education improves

knowledge about the processes and benefits of engagement (Hollister, Wilson, &

Levine, 2008; Lopes, Benton, & Cleaver, 2009; Pasek et al., 2008). Indirectly, civic

education increases tolerance and the knowledge of the interdependence of communi-

ties (Galston, 2000). Civic education also provides a framework into which new

knowledge can be integrated and through which it can be examined. The importance

of civic education is belied by the inability of schools to provide it (Galston, 2001).

The majority of states include civic competencies in their requirements for high school

graduation, but only three states evaluate civic knowledge outcomes. Few require that

teachers responsible for the content have any training or experience in the subject.

Political efficacy and knowledge are intricately linked. Occasionally, the

relationship is not unidirectional. For instance, political efficacy increases the

likelihood that an individual will seek additional information about an issue (Pasek et

al., 2008). Both are, certainly, affected by the education and the race of the individual.

Emig, Hesse, and Fischer (1996) examined the efficacy and trust of African Americans compared to that of Whites. Interestingly they found that African Americans and Whites had similar levels of political efficacy and were equally active. However, African Americans were more likely to be involved in civic activities rather than electoral activities due to a lack of trust in the political establishment. This would seem to be closely related to external efficacy. These findings are consistent with other studies of race and efficacy (Frasure & Williams, 2002; Gimpel et al., 2003; Verba et al. 1995; Zukin et al., 2006).

Ikeda, Kobayashi, and Hoshimoto (2008), in their exploration of the effects of political participation, found that participation increased cognitive rewards and comfort with further engagement. It also raised awareness of the nature of the political parties and processes involved. These investigators further found that partisanship has a significant effect on efficacy. Verba et al. (1995) noted the relationship between partisanship and participation. Partisanship was found to be closely related to political interest.

Recruitment. The final component of the CVM and the CEM is recruitment. Recruitment involves invitations to participate or cues to action that increase the probability that an individual will engage in civic or electoral activities (Verba et al., 1995). Verba et al. (1995) found several variables to be related to recruitment. Socioeconomic status and past political participation correlate highly with requests for further participation. Recruitment is a powerful motivator. Abramson and Claggett (2001) found that recruitment activities for prior national elections increased turnout

by nearly 10% and showed a substantial effect on campaign work and contributions. However, when controlling for past participation, the effect of recruitment is decreased in large part because those who were recruited were predisposed to participate. This raises the question about the potential efficacy of recruitment if those who hesitate to participate were invited to engage.

Recruitment also occurs in less formal settings. Klofstad (2007) determined that informal political discussions among peers served to influence people to participate. This occurs through three mechanisms: exchange of information regarding civic engagement, encouragement for civic engagement, and recruitment.

Summary

This literature review has examined the activist past of the nursing profession, barriers these activists faced, professional declarations regarding the role of nurses, and current state of nurses' political and civic engagement. In spite of social and financial barriers to their activities, nurses in the late 19th and early 20th centuries worked to create changes in health policy that have had profound benefits for individuals, communities, and populations. Changes in health care policy and power structures increasingly inhibited nurses; however, the profession grew and declared itself obligated to provide voice to those who lack the ability to fight for their own needs. The professional codes of ethics (ANA, 2001; ICN, 2006), the social policy statement (ANA, 2010b), and the guides for professional nursing education (AACN, 2008) provide nurses with guidance about how nurses should engage. Yet, nurses lack the cohesive voice needed to carry out these dictates.

The CEM serves as the framework and context for this research. It is clear that individuals' socialization creates the foundation for the development of participatory variables. Civic skills, psychological engagement, and previous exposure to recruitment shape how one interacts with civic and political ideas. If the nursing profession is obligated to advocate for vulnerable patients and populations, students need a firm foundation that provides resources, exposure to recruitment, and inspiration to engage in electoral or civic activities. As a whole, nurses are not optimally civically engaged. What remains unclear are the levels of preparation nursing students have for civic engagement.

CHAPTER III

METHODS

Chapter III provides a description of the methodology used in this research. The purpose of this study was to describe the civic engagement of baccalaureate nursing students in the final semester of their nursing program. The data were used to test the relationships identified in the CEM. To aid the reader, an overview of the theoretical framework, the problem statement, and the research questions are provided. This chapter provides an overview of the study design, sampling procedure, setting and population, data collection procedures, data analysis procedures, and provisions for the protection of human subjects.

Overview of Theoretical Framework

Civic Voluntarism Model

The CVM (Verba et al., 1995) provided the framework for this study. Verba et al. (1995) postulated that civic involvement was predicated on the presence of the resources, psychological engagement, and access to recruitment opportunities that support engagement. Verba et al. (1995) emphasize three types of resources: time, money, and civic skills. These resources—or their lack—can affect whether or how a person participates in a given activity. Activities such as volunteering in the community or going to a polling place take time, while contributing to a given cause or

candidate requires money. The possession of civic skills by an individual provides the basic foundation for participation. Successful use of these skills increases the sense of efficacy which, again, increases the likelihood of participation. Resources for civic and political participation result from the involvement of citizens in society. For instance, families, schools, communities, jobs, and voluntary associations provide experiences that shape the choices that individuals make and, ultimately, the resources they have at their disposal.

An individual's psychological propensity toward participation shapes engagement with the polity (Verba et al., 1995). Verba et al. (1995) argue that engagement can be affected by several factors, including an individual's sense of self-efficacy, degree of partisanship, and belief in the connectedness of communities. Again, social and developmental factors such as extracurricular participation, parental role modeling, community involvement, and access to opportunities to participate relate directly to an individual's willingness to engage. Information about and interest in civic and political activities is also important to an individual's psychological engagement. Without information about issues, people are less likely to participate in activities to address those issues. They also are less likely to have an active interest in something about which they know little (Verba et al., 1995).

According to Verba et al. (1995), an invitation to participate increases the likelihood that an individual will engage in political activities. Recruitment acts as a trigger for those who, perhaps, have the propensity but are unsure about how to become involved. Recruitment may also help to increase interest in a given issue.

Sources of invitations are varied. Recruitment opportunities that come from friends, relatives, acquaintances, or educators are more likely to lead to participation than those from strangers. Individuals also are more likely to be invited if they are already involved in work, church, or community organizations (Verba et al., 1995).

The work of Verba et al. (1995) focused on traditional political activities including activities such as voting, campaigning, or contributing money to a campaign or political candidate. However, the authors acknowledge that civic activities are essential to the function of a civil society. In fact, participation in civic activities help to build the sense of efficacy and interest that increase the likelihood of participating in more traditionally political acts (Verba et al., 1995). This view of civic activities is foundational to this study. Documents that define the role of the nurse do not emphasize the political over the civic. Nurses need the knowledge, skills, and motivation for civic engagement with many types of public activities. So, while the authors of the CVM emphasize the political over the civic, this study used a revised model to examine civic engagement, which includes both political and civic activities.

Civic Engagement Model

The CEM (see Figure 1) is based on the research that resulted in the CVM. Within the CEM, it is assumed that socialization variables provide the foundation for participatory variables: the skills, knowledge, and motivation to be civically engaged. Socialization variables include gender; race/ethnicity; socioeconomic status; presence of political stimuli in the home; and involvement in institutions including the workplace, nonpolitical, and religious organizations. Participatory variables are drawn

directly from the CVM (Verba et al., 1995). Resources, psychological engagement, and recruitment provide the raw materials needed for civic engagement. They are the result of multiple complex interactions among socialization variables.

The CEM recognizes that civic engagement involves more than just political action. Involvement in community problem solving through volunteer opportunities and interactions with organizations or individuals responsible for policy creation are also relevant and important means of engaging. Toward this end, the CEM indicates three types of civic engagement that were used as the dependent variables for the study: civic activity, political activity, and public voice. Civic activities are those activities carried out in an effort to solve community problems. Volunteering in civic organizations is an example of civic activity. Political activity encompasses traditional political activities such as voting and campaigning for candidates. Those who engage using public voice perform acts meant to communicate the needs of communities with those who are responsible for policy formulation. Examples of public voice include writing letters to editors or lawmakers, petition drives, or participating in consumer activism such as product boycotts.

Problem Statement

The history of professional nursing's struggle for political parity with other healthcare professions is long and arduous. Multiple political successes in the early years of the profession gave way to political powerlessness as the medical profession gained the power to dictate health policy and to control health professions, including nursing. Currently, professional nursing fails to use its collective power to create

change at the very time that the inequities of the health care system would benefit from

a nursing perspective. Documents defining the role of the professional nurse indicate

that active civic engagement is necessary if the profession is to harness and utilize the

power of nurses. The ability to engage civically is essential for professionals responsi-

ble for advancing the health of patients, families, communities, and populations.

Nurses work at the crossroads of patient care and policy implementation. Their

professional experiences and perspective offer necessary insight into the needs of

patients and communities whose interests are not otherwise heard in policy discus-

sions. But are nurses truly being the voice of the vulnerable or advocating for social

justice if they remain outside of the arenas where policy is created? Learning to be

civically engaged would allow nurses to better use their power in order to address

inequities in healthcare and in health policy, thus improving the health of communities

and populations. The weight of the literature calling for nurses to engage civically

indicates that nurses are not active in this role. Over the past 30 years, several scholars

have addressed the need to increase the civic engagement of nurses, yet, there is a

paucity of empirical research related to why nurses are not engaged. Agreement can

be found, however, in the belief that professional nursing education needs to prepare

students to become civically engaged nurses. Given the lack of empirical evidence

regarding the educational preparation of nurses for civic engagement, examining the

variables within a model of civic engagement with students preparing to enter nursing

practice might serve to further define the reasons for professional nursing's lack of

engagement. Using the CVM as a theoretical framework, this research sought to

identify the resources, the psychological engagement, and the exposure to recruitment activities that may motivate or inhibit civic engagement among baccalaureate nursing students. This research may, then, provide a background from which creative solutions can be framed so that future nurses are more likely to become civically engaged professionals.

Purpose Statement and Research Questions

The purpose of this study was to describe the civic engagement of baccalaureate nursing students enrolled in the final semester of their nursing program. The data were used to test the relationships identified in the CEM. The following questions were identified for the research:

Q1 What is the level of civic engagement of baccalaureate nursing students completing their baccalaureate nursing education in a school accredited by the Commission on Collegiate Nursing Education (CCNE)? Do they tend toward civic activities, political activities, or public voice?

Q2 What effect do the socialization variables of gender, race, socioeconomic status, political stimulus in the home, and institutional involvement have on the civic engagement of baccalaureate nursing students?

Q3 What is the relationship of civic skills to the civic engagement of participants?

Q4 What is the relationship of political knowledge to the civic engagement of participants?

Q5 What is the relationship of political interest to the civic engagement of participants?

Q6 What is the relationship of political efficacy to the civic engagement of participants?

Q7 What is the relationship of partisanship to the civic engagement of participants?

Q8 What influence does exposure to recruitment activities have on the civic engagement of participants?

Study Design

This study utilized a cross-sectional survey design to explore the civic engagement of nursing students as they completed their baccalaureate nursing education. Specifically, data were collected in an effort to examine the relationships amongst variables that form the CEM (see Figure 1). Participants completed a revised version of the NCES1 (Zukin et al., 2006). The instrument collected quantitative data designed to measure the variables in the CEM. The final instrument included questions related to socialization variables, including demographic data (27), participative variables (24), civic activity (10), political activity (6), and public voice (1). This instrument, NCES–BSN, was administered using the online delivery mechanism Qualtrics®. Access to the survey was accomplished via a link sent to students in an email. Access to students was achieved by requesting permission of nursing school deans or directors who then forwarded materials to students. A detailed discussion of the survey instrument and data collection process is provided in separate sections.

Setting and Sample

The study's target population was baccalaureate nursing students. In the 2007–2008 academic year, 38,724 students graduated from baccalaureate nursing programs (NLN, 2010a). A sample of students, all older than 18 years, who were enrolled in the final semester of their baccalaureate nursing program was asked to participate in the study. Students younger than 18 years of age and those attending schools not accredited by CCNE were not invited. The exclusion of schools

accredited by other bodies was based on the consistent use of *The Essentials* in curriculum development in CCNE accredited schools. While all schools approach *The Essentials* with different pedagogies, *The Essentials* minimize curricular differences that might otherwise skew the survey results. The setting for the survey was an online survey software site, Qualtrics®. Use of the Internet for surveys increases efficiency of data collection and decreases the cost when compared to surveys sent via mail (Schleyer & Forrest, 2000).

To determine the necessary sample size, power analysis was done using the R2.exe computer program (Steiger & Fouladi, 1992). The analysis, predicated on a medium effect size of .15, an alpha of .05 and a desired power of .8, indicated that the necessary sample size would be 147. A total of 310 students accessed the survey. Of these, 256 (82.58%) completed the survey.

Instrument

The NCES1 was developed in the fall of 2002 by Zukin et al. (2006) to measure youth civic engagement propensities within a multi-generational context. Subsequent adaptations of the instrument have been conducted biennially, with minor changes designed to keep the instrument current, to examine the attitudes of young adults between the ages of 18 and 25 toward civic engagement. The tool defines civic engagement as consisting of three types of activities: civic activities, electoral activities, and public voice activities. Questions that examined the cognitive awareness of participants also are included. A full description of the final tool, including the creation of the tool and the nature of the questions, is provided in the next section.

Instrument Development

The NCES1 was developed using a multi-step process. Initial fact-finding about civic engagement involved two expert panels of individuals who either worked with actively engaged youth or who had previously studied their political behaviors and predispositions (Zukin et al., 2006). During this first phase of instrument development, the focus was on exploring what was on the minds of youth, in particular their values and their commitments to civic and political life. The results of this fact-finding framed the second phase of the instrument development process.

After the panel discussions were concluded, a set of discussion questions were used to guide 11 focus group sessions (Zukin et al., 2006). The focus groups were comprised of individuals of multiple age groups and were held in four regions throughout the country. Before the focus groups met, participants were stratified into four groups based on prior research: Dutifuls (born before 1946), Baby Boomers (born between 1946 and 1964), Generation X ("GenXers," born between 1965 and 1976), and DotNets (born after 1976). Focus group discussions examined participants' opinions about government, citizenship, community problems, and politicians. Initial survey questions were developed from these discussions. The resulting instrument was pretested to determine optimum wording in order to avoid a social desirability response set bias and to promote reliability and validity of the emerging tool (Keeter, Zukin, Andolina, & Jenkins, 2002b; Zukin et al., 2006).

Keeter et al. (2002b) described the difficulties of measuring civic and political behaviors in light of the fact many representative activities, such as volunteering and

voting, are socially desirable behaviors. In the fall of 2001, the tool was pilot tested in

Virginia and New Jersey during the states' gubernatorial elections. Initial testing

included extensive experiments related to the wording of questions about these

behaviors (Keeter et al., 2002b). One example of a question subjected to scrutiny to

minimize bias is as follows:

> Control: Can you tell me how often you vote in local and/or national elections?
> Experimental: We know that most people don't vote in all elections. Usually
> between one-quarter to one-half of those eligible actually come out to vote.
> Can you tell me how often you vote in local and/or national election? (Keeter
> et al., 2002b, p. 5)

Findings suggested that by normalizing those who did not vote or who do not volun-

teer, negative answers related to these activities were statistically more likely to be

given. This suggests that bias toward socially desirable answers is minimized by

changing how questions were worded (Keeter et al., 2002b).

Once questions were revised, Zukin et al. (2006) launched the National Youth

Survey (NYS) in early 2002 to further validate the survey and to fill gaps in knowl-

edge about young people, their activities, and their school experiences. The telephone

survey was administered to nearly 1,200 people aged 15 to 25. The response rate

ranged from 62.5% for high school students to 65.7% for those in college.

The study using NCES1 was conducted between April 4 and May 20, 2002. A

telephone survey was conducted with a nationally representative sample of respon-

dents aged 15 and older (Zukin et al., 2006). Since the focus was on youth, the two

youngest age groups were oversampled ($N = 1,001$ for DotNets; $N = 1,000$ for

GenXers). The sample also included 604 Baby Boomers and 602 Dutifuls. Census

data were used to weight the sample according to educational, gender, racial, and ethnic characteristics of the population. Randomization to age groups was achieved by asking to speak to the person in a household with the most recent birthday (Zukin et al., 2006). The survey completion rate was 47.32%. The researchers were 95% confident that the error attributable to sampling and other random effects was plus or minus 2%.

The National Civic Engagement Survey 2 (NCES2) was conducted after the 2002 elections. This study was undertaken to test the stability and reliability of the NCES1 (Zukin et al., 2006). Interviews were conducted with a nationally representative sample of 1,400 adults living in the United States. At least 10 attempts at different times of day were made to sample telephone numbers in an effort to maximize the chance of making contact. Again, the demographics of the sample were weighted to match census data. For NCES2, the response rate was 33.7%. Of those respondents, 96.3% completed the survey.

National Civic Education Survey 1
Reliability and Validity

The multi-phase method used to design the instrument is similar to the process for developing reliable instruments described by Fowler (2002). Expert panels and focus groups provide help to ensure content validity (Alreck & Settle, 1995). Factor analysis with varimax rotation accomplished before and after the 2001 gubernatorial races revealed redundant items. The identified items were excluded from the final instrument. Cronbach's alpha for the resulting questionnaire was 0.69 for those ages 15 to 19 and 0.76 for those older than 20 years (Keeter, Jenkins, Zukin, & Andolina,

2003). The final version of the NCES1 contained 19 behavioral measures. Of these

measures, five pertain to civic activities, five to electoral activities, and nine to public

voice. There are eight additional questions dedicated to cognitive awareness and

media interest.

Revisions

For the purposes of this study, several revisions were made to the NCES1

questionnaire with the permission of the tool authors (K. Jenkins, personal communi-

cation, June 17, 2010; P. Levine, personal communication, May 7, 2010). First, names

of politicians and questions about recent events were updated to reflect current

circumstances. Several questions were revised to include nursing issues and organiza-

tions (see Appendix A). Additionally, given the trend toward increased discussion of

political and civic events on social networking sites such as Facebook (Kahn, Berry,

Gant, & Zager, 2007; Kushin & Kitchener, 2009; Robertson, Vatrapu, & Medina,

2009), an item was also added to better reflect this phenomenon. The question and

possible answer added were as follows: How often do you discuss politics or commu-

nity affairs on Facebook or MySpace? (very often, sometimes, rarely, or never).

These questions were verified for content validity by the authors of the NCES1 (K.

Jenkins, personal communication, June 21, 2010).

Another revision relates to the nature of recruitment and socialization in

nursing education. The NCES1 does little to address exposure to recruitment. Given

the nature of nursing education as a vehicle for professional socialization, the investi-

gator believes this aspect is essential to understanding the preparation of nursing

students for civic engagement. The Nurse Political Participation Instrument (NPPI) (Hanley, 1983) contains questions related to recruitment and socialization activities specific to nursing education. Permission to use the eight questions was received from the instrument's author (B. Hanley, personal communication, September 4, 2010).

The final instrument, renamed NCES-BSN (Bachelor of Science in Nursing) version to indicate the changes specific to nursing education (see Appendix A), includes measures of socialization variables: race and ethnicity (4), socioeconomic status (3), political stimuli in the home (2), and institutional involvement (12). Measures of participatory variables include questions about resources (3), questions about psychological engagement (16), and questions about recruitment (4). Finally, the instrument examines the indicators for civic engagement: civic activities (10), political activities (6), and public voice activities (1). A total of 58 questions were used to measure the variables in the CEM.

Data Collection Methods

Pilot National Civic Engagement Survey–Bachelor of Science in Nursing

The original survey instrument was administered in an interview format. Given that this study used an online survey format, the online survey needed to be tested before administration. The pilot for the NCES-BSN was accomplished at a rural mid-western college of nursing. Approval for the pilot was included in the Institutional Review Board (IRB) application for this study. Approval was obtained from both the University of Northern Colorado and the University of Wisconsin

Oshkosh IRBs (see Appendix B). The survey link was sent to a convenience sample

of 69 students in the final semester of a generic baccalaureate program. Thirty-one

students accessed the survey, resulting in a 44.93% response rate. Of those, 22

finished the survey: a 70.97% completion rate. Students were asked to provide

feedback about the amount of time survey completion required and about the usability

of the actual survey tool. The average time for the pilot study was 23 minutes.

Respondent feedback led to minor changes in the wording of the survey questions.

The changes includes taking out the words "or not" when queried about whether a

particular activity had been accomplished:

> Original wording: CA7, Was your work with [group] arranged or organized by
> school, or not?

> Revised wording: CA7, Was your work with [group] arranged or organized by
> school?

Students indicated that the original wording was distracting. The deletion of this

phrase did not change the intent or the meaning of the questions so the change was

made.

Analysis of internal reliability was also conducted for the pilot survey.

Cronbach's alpha was .668. While this would indicate only moderate reliability, Kline

(1999) argues that when dealing with diverse constructs, a score of less than .7 can

realistically be expected. Based on this and the relatively small sample size, the

decision was made to proceed with data collection without further instrument revision.

National Civic Engagement Survey
–Bachelor of Science in Nursing

Upon IRB approval and completion of the pilot study, 135 (24.37%) of the 535

CCNE schools were randomly sampled from the 9 geographic divisions defined by the

United States Census. For each division, 15 schools were randomly selected. Eight of

these were private schools and seven were public. E-mail invitations (see Appendix

C) were sent January 27, 2011, to the deans or directors of the selected schools. The

information sent to the deans requested an e-mail response indicating permission (see

Appendix D) and the name and contact information of a designee who would forward

information to nursing students in their senior year of nursing school.

Once permission was received, the invitation letter to students was sent to the

liaison identified by the dean with instructions to forward to nursing students.

Because the literature indicates that response rates are improved if participants are

given information in advance (Duffy, 2002), this initial letter provided only informa-

tion and was identical to the consent material. The survey links were sent about one

week later on February 7, 2011. A reminder for students was sent to liaisons on

February 14 and again on February 21. A final reminder for students, sent March 7,

was attached to a brief summary of some initial findings for the deans and directors

along with a request for any insight they might have in further engaging those students

who had not yet responded.

Also sent on February 7, 2011, was a second letter to those deans or directors

who had not responded to the initial invitation. In an effort to maximize the response

rate, for each school that declined participation, another was randomly selected and

invited to participate. Ultimately, 169 schools were invited to participate in the

survey. Forty-four schools accepted the invitation to participate, 22 public and 22

private representing all 9 census divisions (see Appendix E).

Students received the link to the online survey via their schools identified

liaison for this study. The link took them to the survey introduction page. The initial

page included the informed consent materials (see Appendix F). Continuation into the

survey questions indicated consent to participate. Average time for completion of the

survey was 26 minutes.

Data Analysis

As noted, data were collected using Qualtrics® survey software. Upon

completion of data collection, data were imported to Statistical Package for the Social

Sciences(SPSS) 18 (also known as Predictive Analytics SoftWare; PASW) for

analysis. Data were then thoroughly reviewed to identify any missing, outlier, or

corrupt data using scatterplots and the SPSS codebook utility. Missing data were

coded in the SPSS data view using the following indicators for future analysis:

- (97) Item not applicable due to survey skip logic.

- (99) No answer given.

Once data accuracy were ensured, analysis began by calculating internal reliability of

the NCES–BSN using Cronbach's alpha ($\alpha = .722$). Post hoc power analysis was also

accomplished, the results of which is reported in Chapter IV.

Several variables required manipulation prior to further analysis. The descrip-

tive analysis of the dependent variables was reliant on recoding the variables into

dichotomous variables as recommended by Zukin et al (2006) for the original NCES1.

Those who were categorized as civically active indicated doing two of the following:

1. Regular volunteering for an organization other than a candidate or political

   party.

2. Working with others to solve a community problem in the past year.

3. Actively participating in a group or organization.

For the purposes of categorizing participants, a distinction is made between those who

consistently engage in communities and those who are occasional actors.

Those who were categorized as politically active are those who participated in

at least one of the following activities and who indicate "always" voting:

1. Volunteering for a political organization or candidate.

2. Trying to persuade someone how to vote.

3. Displaying a button, bumper sticker, or sign on behalf of a candidate.

4. Contributing money to a party or candidate in the past 12 months.

The addition of the requirement for always voting was added by this author not as an

option but rather as a mandate for identification as a political actor. This action is the

most basic and simple political act and is the foundation of political activity in a

democratic society. Those designated as having engaged in public voice activities

indicated having performed 2 of the 10 possible activities to communicate the needs of

patients, families, communities, or populations to those who create policy.

A description of the participating schools was generated. A table illustrating

the number of invitations sent to schools and the number of schools actually

participating was compiled. Schools were aggregated by census region. In addition,

schools were categorized as either public or private and rural or urban.

    Descriptive statistics were compiled for all of the model variables including

both socialization variables (race, gender, socioeconomic status, political stimuli, and

institutional interactions) and participative variables (civic skills, political interest,

political information, political efficacy, partisanship, media interest, and recruitment).

These statistics provide a complete description of the sample not just in terms of

demographic information but in terms of their overall civic engagement resources,

psychological engagement, and recruitment exposure. Most of this data were either

nominal or ordinal. Reports for this data utilized frequencies and percentages. Age

was described using the mean, range, and standard deviation. Tables were used as

appropriate to summarize and condense data. These are reported in Chapter IV.

Research Question Q1 related to the nature of participants' civic engagement

required determining the frequencies of the dichotomous variables created for the civic

engagement subvariables: civic activity, political activity, and public voice. This data

were summarized using a bar graph to better illustrate the types and extent of engage-

ment.

The remaining Research Questions, Q2 through Q8, were answered using cross

tabulations, correlation statistics, and multiple regression. Cross tabulations were used

to explore the relationships between categorical independent variables and the

dependent variable. The cross tabulations provide a chi-square test for independence.

This test helps to determine whether or not given variables share a dependent or

independent relationship (Pallant, 2010). Cramér's *V* provides a determination of the strength of that relationship (Pallant, 2010). Values for Cramér's *V* range from zero to one with larger values indicating stronger relationships. Cross tabulations were used to calculate relationships for gender, religious preference, political party identification, and race in relation to civic engagement.

The remaining variables are either ordinal or interval. For ordinal variables, Kendall's tau was used to describe the nature of the relationships of independent variables with the civic engagement subvariables. This non-parametric test was chosen because ordinal variables violate parametric assumptions that data be either interval or ratio level measurements (Field, 2005). Results were reported using correlation coefficients, *τ*. For the remainder of the variables, Pearson's product-moment correlations were calculated and reported using Pearson's correlation coefficient, *r*. Correlation coefficients range from -1 to +1 indicating both the direction and the strength of the relationships (Field, 2005).

Finally, while correlations establish the direction and strength of a relationship between variables, they do not provide information about the unique contribution each variable makes on the dependent variable when all other variables are accounted for (Field, 2005). In order to achieve an understanding of the effect of multiple variables on the outcome of civic engagement, multiple regression was used. This strengthened the information gained from the correlation analysis.

Ethical Considerations

The researcher obtained permission from the University of Northern Colorado IRB before carrying out the proposed research. The informed consent materials comprised the first page to which students were directed when they accessed the online survey link (see Appendix F). Consent was inferred if participants continued with survey completion.

The participants for the study were adult students of baccalaureate nursing programs. While these participants are not considered vulnerable, student anxiety about the nature of their participation in relation to their grades was addressed in the informed consent materials. The decision about whether or not to participate in the research did not affect grades nor did participants receive incentives or rewards. In order to protect participant anonymity, no names were obtained during data collection. While anonymity was the goal, the online survey tool linked participant responses with code numbers. Online research data leaves a retrievable record unless appropriately protected (Duffy, 2002). Only personal data necessary to the current research was elicited. In order to prevent inadvertent disclosure of any personal information, all data were stored in the secure online survey tool until downloaded to a file in the researcher's password protected computer for data analysis. Data were then removed from the online survey tool to prevent future data compromise.

Demographic data, which included religious preference, gender, age, and family income, were gathered to provide context for study data. Additionally, these factors were examined as possible predictors of civic engagement. Risks and costs to

participants were minimal. Civic engagement and beliefs related to engagement were,

however, value laden and highly normative (Zukin et al., 2006). Self-reflection may

cause participants a measure of discomfort. The only cost to participants was their

time. The survey took between 12 and 26 minutes for the survey participants to

complete.

Summary

This chapter provided information about the design of the NCES–BSN. In an

effort to answer the research questions, a cross sectional survey design was chosen.

This chapter described the population of interest, sample size, and inclusion criteria.

The creation of the NCES1 was discussed including revisions that were made in order

to create the NCES-BSN. The results of the pilot study were disclosed. Data collec-

tion and analysis procedures were detailed. Also included was a discussion of the

measures that were taken to protect the confidentiality and privacy of study respon-

dents.

CHAPTER IV

RESULTS

This chapter presents the results of this study. As stated in previous chapters,

the purpose of this study was to describe the civic engagement of traditional baccalau-

reate nursing students as they complete their final semester of their nursing program.

The data were used to test the relationships identified in the CEM. In this chapter, the

NCES–BSN data are presented. A description of the sample in terms of socialization

and participative variables is followed by results relating these variables to the

outcome of civic engagement. This includes exploration of the CEM using multiple

regression and is organized according to the research questions.

Plan for Data Analysis

This chapter details the study findings. Prior to statistical analysis of the data,

reliability was calculated for the NCES–BSN using Cronbach's alpha. Post hoc power

and effect size were determined. A description of the participating schools was

generated. Schools were aggregated by census region. In addition, schools were

categorized as either public or private and rural or urban. Descriptive statistics were

compiled for all of the model variables including both socialization variables (race,

gender, socioeconomic status, political stimuli, and institutional interactions) and

participative variables (civic skills, political interest, political information, political

efficacy, partisanship, media interest, and recruitment). These statistics provide a complete description of the sample not just in terms of demographic information but in terms of their overall civic engagement resources, psychological engagement, and recruitment exposure.

Research Question Q1 related to the nature of participants' civic engagement required determining the frequencies of the dichotomous variables created for the civic engagement subvariables: civic activity, political activity, and public voice. Research Questions, Q2 through Q8, were answered using correlation statistics and multiple regression. Correlation statistics provide information about the presence and strength of the relationship between variables (Field, 2005). Chi-square test for independence was used to assess the relationship of nominal level independent variables to the dependent variables. Both parametric and nonparametric correlations were used to analyze relationships between the remainder of variables. Kendall's tau correlation calculations were used to assess relationships with ordinal data, which violates the assumptions of parametric calculations. For those variables, which are interval level, Pearson's product-moment correlation was appropriate. In addition, multiple regression was calculated to determine the effect individual variables exert on the dependent variable when controlling for all other variables (Pallant, 2010).

National Civic Education Survey–Bachelor of Science in Nursing (NCES–BSN) Reliability

Prior to performing data analysis on the survey results, Cronbach's alpha was determined to be .722. This indicates an acceptable level of internal reliability (Norwood, 2000).

Power and Effect Size

Post hoc power analysis with a sample of 100 indicated a power well above the target of .8 for each of the civic engagement subvariables with a medium effect size of .35 (Cohen, Cohen, West, & Aiken, 2003) and a 5% margin of error (see Table 1).

Table 1

Power and Sample Size

Variable	Effect size R^2	Sample size	Power Target[a]	Actual
Civic engagement	.495	100	.8	.99998
Civic activity	.497	100	.8	.99999
Political activity	.339	100	.8	.99048
Public voice	.310	100	.8	.97863

[a]$p = .05$.

Descriptive Analysis

Nursing Schools in the Sample

Initial invitations were sent to 135 randomly selected CCNE accredited schools, 15 from each of 9 census regions. As schools declined or failed to answer,

new schools were randomly selected from the CCNE list to replace them. Ultimately, requests for permission to access senior nursing students were sent to 165 nursing schools. Of these schools, 44 agreed to participate in this research, of which 22 were public and 22 were private nursing programs. Table 2 provides information related to the nature of the schools. The majority were found in urban areas and are evenly split between public and private institutions.

Table 2

Location and Type of Nursing Schools Sampled

School	n	%
Location of school		
Urban	186	72.7
Rural	39	15.2
Not sure	26	10.2
Type of school		
Public	124	48.4
Private	124	48.4

Table 3 further describes the sample of schools based on their census region. While the number of student respondents by region fails to be equally distributed, the number of schools that agreed to participate is for the most part evenly distributed by census region.

Table 3

Commission on Collegiate Nursing Education (CCNE) Schools in Sample and Responses by Census Region

U.S. Census region/states	CCNE programs		Region schools							
			Invited		Participating				Respondents completing survey	
					Public		Private			
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Pacific West CA, HI, OR, WA	48	8.97	17	35.42	4	23.53	2	11.76	10	3.9
Mountain West AZ, CO, ID, MT, NM, NV, UT, WY	33	6.17	19	57.57	6	31.58	1	5.26	36	14.06
West North Central IA, KS, MN, MO, ND, NE, SD	72	13.46	16	22.22	3	18.75	3	18.75	42	16.4
East North Central IL, IN, MI, OH, WI	100	18.69	17	17.00	3	17.64	3	18.75	54	21.09
New England CT, MA, ME, NH, RI, VT	35	6.54	17	48.57	1	2.85	3	17.64	25	9.76
Mid Atlantic NJ, NY, PA	80	14.95	29	36.25	1	3.45	3	10.34	3	1.17
South Atlantic DC, DE, FL, GA, MD, NC, SC, VA, WV	83	15.51	19	22.89	1	5.25	2	10.53	18	7.03
East South Central AL, KY, TN, MS	43	8.04	15	34.88	3	20.00	3	20.00	42	16.4
West South Central AR, LA, OK, TX	41	7.66	16	39.02	1	6.25	2	12.50	26	10.16
	535		165	30.8	22	13.33	22	13.33	256	

Socialization Variables

Within the CEM (see Figure 1), socialization variables include what are typically considered demographic information including gender, race, and social class. Political stimulation in the home and institutional involvement (religious participation, work, and school interactions) are also included as socialization variables. Age is included in the discussion to complete the demographic and contextual description of the sample. These individual variables provide the developmental foundation for civic engagement (Zukin et al., 2006).

Gender, age, and race. These variables are analyzed using frequencies and means. Table 4 provides an overview of the data related to gender, race, and age. Females comprised the bulk of the sample. Ages of participants ranged from 20 to over 50 years. The mean age was just over 25 years. The majority of participants ($n = 174$) were 25 years or younger (73.7%). These figures for gender and age are consistent with the 2008–2009 data compiled by the NLN (2010b). Roughly 5% of students were born outside the United States. Survey respondents were more predominantly White than in the NLN survey of BSN students (see Table 4). White participants and participants over the age of 40 were overrepresented in this sample when compared to the data for the population of BSN students.

Table 4

Race, Gender, and Age of Sample Compared to National League for Nursing (NLN) Survey

	Survey respondents		NLN survey
Variable	*n*	%	%
Gender			
Female	230	89.8	88.0
Male	26	10.2	12.0
Race			
White/Caucasian	225	87.8	71.3
African American	5	2.0	14.0
Pacific Islander/Asian	11	4.3	7.4
Latino or Hispanic	9	3.5	6.5
Other	5	2.0	0.8
Missing	1	.4	
Age			
< = 25	174	68.0	70.0
26 – 30	33	12.8	16.0
31 – 40	15	6.0	10.0
> 40	19	7.4	4.0
Missing	15	5.8	

Note. $SD = 7.263$. Data from NLN survey column were from *Nursing Data Review Academic Year 2008-2009* by National League for Nursing, 2010b, New York, NY: Author. (http://www.nln.org/research /slides/pdf/AS0809)

Social class. The determinants of social class used included the actual income of the student's family, the student's perception of their social class, and the education of the student's mother. Social class relates to the ability of individuals to access resources needed to build participative skills for engagement. Family income (see Table 5) ranged from under $20,000 to over $100,000. Nearly 20% (19.1%) of students came from families making under $20,000 annually. The federal poverty level for a family of 4 in 2011 is set at $22,350 (U.S. Department of Health and Human Services, 2011). If, as theorized, lower income decreases overall engagement (Verba et al., 1995; Zukin et al., 2006), this would indicate that a portion of nursing students are disadvantaged in terms of the resources for engagement before beginning their nursing education. Thirty-five percent came from families making between $65,000 and over $100,000 per year. Some students (15.4%) were not sure of their total family income.

A majority of students identified themselves as either working class (21.4%) or middle class (69.4%). The majority of survey participants (79.2%) indicated that their mothers had attended college. Most of these mothers (54.9%) had earned a degree. In terms of socioeconomic status, those students who come from lower income or working class families may be at a disadvantage related to civic engagement as they begin their nursing course work. Yet, those who indicate having an educated mother are more likely to engage than those whose mothers are less educated (Zukin et al., 2006).

Table 5

Family Income

Family income	Frequency	%
Under $20,000	49	19.1
$20,000 to just under $30,000	23	9.0
$30,000 to just under $40,000	15	5.9
$40,000 to just under $50,000	18	7.0
$50,000 to just under $64,000	20	7.8
$65,000 to just under $80,000	24	9.4
$80,000 to just under $100,000	18	7.0
Over $100,000	47	18.4
Decline to answer/Not sure	39	15.2
Missing	3	1.2

Political stimuli in the home. There is the suggestion in the literature that children whose families engage in political discussions are more likely to become civically engaged adults than those who do not (Andolina et al., 2003; Lake Snell Perry and Associates, 2002; Zaff et al., 2008). For this study, political stimuli was measured by whether or not there were civically engaged role models in students' homes and by the extent that their families engaged in discussions related to civic

issues. Just over half of students (53.5%) indicated that when they were growing up someone in their household volunteered in their communities. Roughly the same percentage (54.7%) indicated that they talked with their families about political issues when they were growing up. One third (32.4%) indicated that they talked politics with their families rarely, and nearly 10% never heard political discussions. This would indicate that slightly more than half of nursing students have lived with some form of civic engagement, either through role models or through family discussions. Scores of the two political stimuli questions were summed. The minimum score was 2 and the maximum was 8; scores ranged from 2 to 5 with a mean of 3.09 (*SD* 1.007).

Institutional involvement. According to Verba et al. (1995), institutional interactions relevant to civic engagement include school activities (both high school and college), level of employment, and religious affiliations. These interactions provide the building blocks for the formation of the resources, psychological engagement, and recruitment. In order to fully describe institutional involvement, it was recommended that measurements related to school activities include involvement in high school extracurricular activities, prior college experience, and intentions for further education (Verba et al., 1995; Zukin et al., 2006). In addition, Hanley (1983) recommended exploration of the nature of content and interactions in nursing classrooms related to political activity. To measure level of work, respondents were asked to identify whether they were part time, full time, or not employed. Religious participation was indicated both in terms of religious preference and the frequency of attendance at religious services.

School interactions. The majority of participants in the survey participated in extracurricular activities in high school (see Table 6). Table 6 also illustrates the number of participants who were involved in multiple activities during high school. Nearly 70% were active in more than three extracurricular activities. About one third of these students indicated that their clubs were interested in social or political issues. These findings suggest that the majority of nursing students have been engaged in activities that prepare them for civic engagement into adulthood.

Table 6

Participation in High School Extracurricular Activities

Variable	*n*	%
Participated in extracurricular activities		
Yes	237	92.6
No	17	6.6
Missing	2	.8
Number of activities[a]		
1 – 2	57	24.2
3 – 4	85	36.0
5 – 6	69	29.2
7 – 10	23	9.7
> 10	2	.8

[a]*n* does not equal 256 due to survey skip logic.

Over one third (34.4%) of respondents had attended college prior to entering nursing school. Fewer than 10% ($n = 22$) attended business or technical school and 17.2% indicated earning a baccalaureate degree. Interestingly, over 40% plan to attend graduate school in pursuit of a doctorate.

Nursing course work should, ideally, foster the political information, political efficacy, and political interest students will need to become civically engaged professionals. According to Verba et al. (1995), efficacy and interest result from the exploration of political information and issues with their social networks, including teachers and fellow students. These discussions allow students to determine their beliefs and to become comfortable in expressing them, skills that are necessary for future civic engagement. Several questions were used to measure the nature of civic preparation in nursing school. Because mentorship provides cues for participation, students were asked whether or not their nursing faculty provided mentoring toward the role of civic engagement. Students were asked whether they discussed political issues and were allowed to make up their minds about these issues in nursing coursework. Students were also asked to indicate whether or not they had been introduced to health policy and political skills as a part of the education.

In terms of their preparation for civic engagement as nurses, just over 26% ($n = 68$) of students indicated that they were mentored by their faculty toward civic or political activities. Participants indicated that political discussions were had sometimes (46.9%) or rarely (30.9%) in their nursing coursework. More than half (55.5%) felt they were encouraged often to make up their own minds about issues.

Additionally, 11.7% indicated that they were rarely or never encouraged to think through and make informed decisions about the issues discussed. Students were fairly equally divided over whether or not they had been introduced to the skills needed to be involved in the policy arena. Nearly 40% said that they had been taught these skills; 34.8% indicated that they had not. Just over 20% were not sure if these skills were taught. However, the majority (77.0%) did indicate that they had been introduced to health policy within their coursework. Overall, these findings suggest that interaction in nursing course work is not consistently preparing students for civic engagement.

Level of employment. An individual's level of employment affects the amount of time that they have for other activities, including those related to civic engagement. In addition to employment, these individuals are nursing students, which certainly decreases time for outside activities. The majority of participants indicated part time work (58.2%). Twenty (7.8%) indicated full time employment. Approximately one third (32.8%) are unemployed. Overall, as suspected, there are many demands on the time of nursing students. Work increases these demands and decreases the time available for civic engagement.

Religious interactions. The religious preferences of respondents leaned heavily toward Christian denominations including Catholic (24.6%) and Protestant (49.6%) (see Table 7). Of these, 27.3% consider themselves to be Evangelical Christians. Atheist, Muslim, and Jewish participants were also represented. About one third (35.5%) of participants seldom or never attend religious services. Nearly

30% attend weekly. The majority of students are involved, to some extent, in their religious organizations.

Table 7

Religious Preference

Variable	*n*	%
Catholic	63	24.6
Protestant	127	49.6
Jewish	2	.8
Muslim	1	.4
Other	28	10.9
Atheist/Agnostic	14	5.5
Not sure	13	5.1
Decline to answer	8	3.1

Participative Variables

Participative variables are the result of multiple interactions of socialization variables and are the tools needed for an individual to civically engage. According to the CEM (see Figure 1), participative variables include civic skills, psychological

engagement, and exposure to recruitment efforts. Psychological engagement includes

several important individual characteristics including political interest, political

information, political efficacy, partisanship, and media interest. Descriptive data had

been compiled for each of these variables to complete the picture of overall prepared-

ness for civic engagement.

Civic skills. Organizational and communication skills are essential to civic

engagement. It is these skills that allow individuals to competently participate in civic,

political, or public voice activities. Civic skills were measured, therefore, by involve-

ment in event organization and information presentations at church, work, or school.

Nearly 70% ($n = 176$) of the participants indicated that they had been required to use

these skills over the course of their involvement in civic organizations, church, or

work. Of those who engaged their civic skills, 23% used these in their jobs. Nearly

half (44.5%) used civic skills in relation to religious activities. About the same

number (43.4%) needed to use civic skills in conjunction with civic volunteer activi-

ties. Nursing students, it would appear, have learned and have been practicing skills

necessary for engagement through their institutional interactions. A variable for civic

skills was created by giving a point for each answer indicating the use of skills in

work, volunteer activities, or church. Scores range from 0, indicating no use of civic

skills, to 3. The mean was 1.11 (*SD* .920), which further supports the idea that most

students used civic skills in the course of at least one activity.

Psychological engagement. The following section provides information about

the variables that comprise psychological engagement as described in the CEM. Each

of the dimensions of psychological engagement (political interest, political informa-

tion, political efficacy, partisanship, and media interest) was analyzed using frequen-

cies and percentages. In addition, the questions used for each dimension have been

summed to create a single variable for each. The means and standard deviations were

calculated and reported for each of these new variables.

     Political interest. The first dimension of psychological engagement is

political interest. Three questions made up the scale for political interest. Students

were asked about their interest in local and national politics. They were also asked

how often they followed government and public policy. Slightly more than 5%

indicated they were very interested in local politics. More than 18% indicated the

same level of interest for national politics. Thirty-eight (14.8%) respondents followed

government and public policy most of the time. These percentages would suggest that

nursing students lack the interest to become fully engaged in civic or political issues.

In fact, fewer than 10% indicated high interest in the individual questions. The sum of

the scores for these questions were used to create the political interest variable for

analysis. The lowest score indicating no interest is a 3. The highest score indicating

high interest is 12. Scores ranged from 3 to 11. The mean score was 6 (*SD* 2.125).

     Political information. Without knowledge about civic and political issues,

individuals are much less likely to participate. In order to assess political information,

three civics questions were posed. The first question asked participants to identify

which the government spent more on: healthcare or defense. The majority of respon-

dents (60.6%) incorrectly identified defense as a larger or same expense. Just over

16% were not sure.

Three quarters (*n* = 193) of participants correctly identified the Republican

Party as the more conservative of the political parties in the United States. Over two

thirds (68.8%) knew that a two-thirds majority in Congress is required to overcome a

presidential veto. Only 11.7% (*n* = 30) correctly answered all three questions suggest-

ing that nursing students lack basic political knowledge. A point was given for each

correct question to create a new variable for political knowledge. Scores could range

from 0 for no correct answers to 3 indicating all were answered correctly. Scores for

this sample ranged from 0 to 3. The mean score was 1.67 (*SD* .818).

Political efficacy. Three questions related to participants' feeling of efficacy

in relation to community problem solving and policy formation (see Table 8). The

students were first asked whether they were capable of making a difference acting as

individuals to solve community problems. Twenty-two (8.6%) felt that they could

make a great deal of difference. Nearly the same percentage felt they could make no

difference. The remainder felt that individuals like themselves could make some

difference or a little difference. The same question framed in terms of the efficacy of a

group working together yielded different results. Nearly 90% (*n* = 221) felt more

confident that people in a group could create change more readily than an individual.

The majority of respondents felt that people working in a group could make at least

some difference. Forty-three percent of participants indicated that the government is

not responsive to individual input. Just under 40% either felt that the government is

responsive or had not given the idea much thought. Only one participant indicated a

high degree of efficacy on all three questions. Confidence in the ability of a group to

create change is promising for volunteer activities in which people work together.

These findings also suggest, however, that, not only do nursing students feel that they

cannot instigate change themselves, the majority also believe the government is

unlikely to respond to their efforts.

Table 8

Political Efficacy

Question	Value/measure	*n*	%
Thinking about the problems you see in your community, how much difference do you believe YOU can personally make in working to solve problems you see?	A great deal of difference	22	8.6
	Some difference	88	34.4
	A little difference	121	47.3
	No difference at all	20	7.8
	Missing	4	1.6
On the whole, would you say the political system in this country IS or is NOT responsive to the genuine needs of the public, or haven't you thought much about it?	Is responsive	49	19.1
	Is NOT responsive	110	43.0
	Haven't thought much about it	49	19.1
	Missing	48	18.8
Thinking about problems in your community, how much difference do you believe that people working together as a group can make in solving problems you see?	Great deal of difference	129	50.4
	Some difference	92	35.9
	A little difference	25	9.8
	No difference at all	2	.8
	Missing	8	3.1

A political efficacy variable we created by summing the answers to the political efficacy questions. A score of 3 indicated minimal efficacy and a score of 11 indicated maximum efficacy. Scores ranged from 3 to 11. The mean was 7.68 (*SD* 1.579).

Partisanship. Partisanship is defined by Verba et al. (1995) as identification with a political ideology. The most common labels applied to partisan ideologies are conservative versus liberal and Republican versus Democrat. Partisanship is believed to be a significant motivator for political activity in particular (Zukin et al., 2006). Nearly 40% of respondents identify themselves as Republicans. Democrats account for an additional 21.1% of the sample (see Table 9). Twenty-five percent identify with independents or some other political party. Less than 25% of participants indicated strong political beliefs. Most of the students indicate that they are either conservative (27.7%) or moderate (35.2%). Only a small percentage indicated very conservative (5.1%) or very liberal (6.6%) leanings. Thirty (11.7%) respondents believed there was no real difference between Democrats and Republicans. Conversely, 29.3% believed that it would make a large difference. There are nearly twice as many Republicans as Democrats among nursing students. These students tended toward moderate or conservative ideologies. In addition, it would appear that, overall, they do not hold strong partisan leanings.

As suggested by Zukin et al. (2006), those who indicated strong leanings toward a political ideology were considered to possess partisanship. As indicated in Table 9, less than 25% met these criteria.

Table 9

Political Party Identification

Identification	Frequency	%
Party		
Democrat	54	21.1
Republican	101	39.5
Independent	42	16.4
Something else/other	22	8.6
Not sure/no opinion	27	10.5
Missing	10	3.9
Strength of party[a]		
Strong	61	23.8
Not so strong	79	30.9
Not sure	10	3.9

[a]*n* does not equal 256 due to survey skip logic.

Media interest. Interest in news about civic and political issues supports political interest and political knowledge (Zukin et al., 2006). Participants were asked how and how often they obtained information about community and political issues

(see Table 10). Television and Internet news sources were most often used. Over

40% (n = 110) of participants sought information fewer than three days of the week.

Those who sought information three or more days of the week were considered to have

a positive media interest. A total of 146 (57%) of participants sought information

three days per week or more. The totals for media use were transformed into a new

variable for media interest. The new score represented the participant's combined use

of available media resources. The minimum score was 0 for a lack of interest and the

maximum score was 35 for use of all sources every day. Scores ranged from 2 to 33

with a mean of 12.27 (SD 6.193). Students use approximately one third of available

media resources available to them regularly.

Table 10

Participant News Sources and Frequency of Use

									Days							
Media	Not in past 7		1		2		3		4		5		6		7	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Newspaper	137	53.5	43	16.8	31	12.1	21	8.2	6	2.3	5	2.0	3	1.2	9	3.5
News Magazine	198	77.3	27	10.5	20	7.8	4	1.6	2	.8	0	0	1	.4	1	.4
Television news	81	31.6	34	13.3	35	13.7	35	13.7	20	7.8	18	7.0	5	2.0	27	10.5
Radio news	117	45.7	19	7.4	30	11.7	21	8.2	17	6.6	21	8.2	10	3.9	21	8.2
Internet news	57	22.3	32	12.5	33	12.9	32	12.5	25	9.8	22	8.6	15	5.9	40	15.6

In addition to the sources and frequency of media use, the NCES-BSN was revised to include a question about the use of Facebook and other social networking sites to discuss political issues. Given the success of this mode of communication during the 2008 elections, an exploration of the use of these sites for discussions related to civic and political issues or to express opinions as a means of public voice would seem germane. However, the majority (53.1%) indicated that they never used social networking sites to discuss these issues. In fact, only one participant used Facebook often for issue exploration. This juxtaposition may be related to the theory that engagement increases during election seasons (Sears & Valentino, 1997). The excitement of the 2008 election and the successful use of rhetoric targeting young adults may have increased engagement during the election cycle. Social media use by the Obama campaign may have led to a temporary increase of engagement in kind by American youth.

Recruitment. Recruitment, along with resources and psychological engage-ment, provides the raw materials for civic engagement (Verba et al., 1995). Invitations and cues to engage are theorized to be the triggers needed for individuals who might be predisposed to engage but unsure of how to begin. Recruitment was measured with four questions. Nearly half of students who indicated participating in community activities made the initial contact with the volunteer organization. An additional 24.2% were introduced to the organization by a third party. Participants indicated that they would seek out opportunities to engage in civic activities but this was not the case with political organizations. There is no indication that students contacted political

organizations. However, 30% indicated that they had been contacted by a political campaign or other political organization.

Another dimension of recruitment is related to nursing coursework and interactions with nursing faculty. As indicated earlier, recruitment offers cues and invitations to engage. In nursing education, recruitment can take many forms. To measure this aspect of recruitment, participants were asked about whether they felt their faculty mentored them into an engaged role. They were also asked about the effect courses, such as those examining public health policy and the various community and policy influences on health care and nursing, had on their willingness to engage. More than one quarter (26.6%) of participants felt that nursing faculty mentored them toward an engaged role. This indicates that nearly 75% believed that faculty did not provide this type of mentorship. According to participants, courses examining influences and issues in nursing and health care had a little (27.0%) or no effect (37.5%). Less than half felt that these types of courses increased their willingness to become civically engaged. Respondents report similar feelings about courses designed to help students understand political policies. As noted earlier in relation to nursing course work, it would seem that nursing faculty efforts to engage students is having inconsistent results in terms of student perception.

Summary of Descriptive Findings

Socialization variables. A majority of participants are female and White. They range in age from 20 to over 50, but most were 25 years or younger. The description of the participants is largely congruent with the findings of the most recent

NLN survey. Both White and older (> 40 years) participants are slightly

overrepresented.

In terms of social class, a few came from families that made over $100,000 per

year. The majority (nearly 60%), however, of families made less than $80,000 per

year. In addition, most students described themselves as either working or middle

class.

A majority of students have learned from their families what engagement looks

like. More than half of students were exposed to civic engagement by family members

who volunteered in their communities and through family discussions about civic and

political activities. Ten percent had never had discussions related to civic or political

issues in their homes.

In high school, a large majority participated in extracurricular activities, many

in multiple activities. On third of these indicated that their activities were related to

social or political issues. Just over 17% came to their nursing courses with a previous

baccalaureate degree. Many plan to attend graduate school after they complete their

undergraduate nursing course work.

Of particular importance to the current study are the findings related to the

effect of nursing course work on the engagement of students. Less than half of those

queried indicated having discussed political issues in their nursing courses. When they

did, however, they felt that there was little impact on their propensity to engage.

Participative variables. There are some surprises in the description of the

presence of participative traits among these students. Of most concern is the relative

lack of political interest, political efficacy, and political information, especially given

the number of students not involved in political activities. These characteristics are

foundational for increasing political involvement by nursing students. Given their

levels of participation and their social class, it is no surprise that students were not

extensively recruited by civic or political organizations (Zukin et al., 2006). It is,

however, very important that students felt that cues for participation were less than

effective in their nursing course work. The majority of students did report using civic

skills in the course of their participation in various organizations. The implications of

this information is explored in Chapter V.

Incomplete Cases and Missing Data

An effort was made to identify a pattern in the cases that were incomplete

surveys. This is especially important in meeting the assumptions of logistic regression

(Field, 2005). There was a small drop in participants after the questions related to

partisanship, but otherwise no clear pattern could be identified. Data missing due to a

participant's unwillingness to answer in completed cases happened in one of two

places: in questions related either to voting and partisanship or to religion. This

occurred in fewer than 10 cases. The vast majority of missing answers in the data set

were cases where a respondent did not see a question due to survey skip logic designed

to guide a respondent down a different survey path based on individual answers.

Research Questions

This research was designed to answer eight questions. The questions provided

the framework for organizing the remainder of this chapter. Statistical results are

reported using appropriate calculations and tables to condense information.

> Q1 What is the level of civic engagement of baccalaureate nursing students
> completing their baccalaureate nursing education in a school accredited by
> the Commission on Collegiate Nursing Education (CCNE)? Do they tend
> toward civic activities, political activities, or public voice?

Zukin et al. (2006) recommended criteria to identify how participants engage.

These criteria were used by Zukin et al. to determine the nature of civic engagement

and to identify civic engagement specialists: those who participate in one type of

engagement—civic activity, political activity, or public voice versus another. In this

study, these criteria were used to create dichotomous variables indicating the nature of

students' engagement. These variables were reported using frequencies (see Figure 2).

This information was used to answer the question about the nature of student engage-

ment: whether it was civic activity, political activity, or public voice. A description of

the criteria for each of these civic engagement subvariables as identified in the CEM

(see Figure 1) follows.

Subvariables

Civic Activity. Those who indicated doing two of the following activities

were designated civically active:

1. Regular volunteering for an organization other than a candidate or political

    party.

2. Working with others to solve a community problem in the past year.

3. Actively participating in a group or organization.

For the purposes of categorizing participants as civically active, a distinction is made between those who consistently engage in communities and those who are occasional actors. Nearly three quarters of respondents were identified as civically active using the described criteria (see Figure 2).
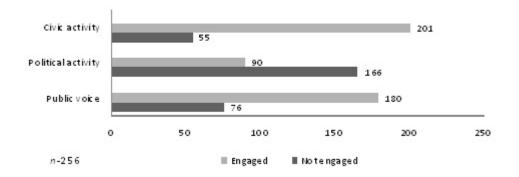
Figure 2. Nature of civic engagement.

Political activity. Political activity is the second civic engagement subvariable and is measured by examining a set of activities traditionally done to participate in political campaigns or organizations. As recommended by Zukin et al. (2006), those who are politically active were identified as those who participate in at least two of the following activities and who indicate always voting:

1. Volunteering for a political organization or candidate.

2. Trying to persuade someone how to vote.

3. Displaying a button, bumper sticker, or sign on behalf of a candidate.

4. Contributing money to a party or candidate in the past 12 months.

Just over one third of nursing students were found to be politically active when these criteria were applied to the data.

   Public voice. Similar criteria was applied to identify those who use public voice as a means of engaging. Public voice activities are activities participants use to express their views about civic or political issues to their policy makers or to provide support to an organization. Zukin et al. (2006) listed 10 types of activities that people use to express their civic and political views. Among these ways of using public voice are written communications, activities such as walking on behalf of a charity, or activities such as boycotting considered to be consumer activism. A dichotomous variable was created to categorize those who have and have not exercised public voice activities. Those who identified having done at least 2 of the activities in the past 12 months were considered to be engaged in terms of public voice. Just over 70% (n = 180) met the criteria for public voice.

   Figure 2 illustrates the type and extent of engagement among survey respondents. Most participants fell into the category of civically active. There were only slightly fewer who used public voice activism. The number who met the criteria for political activity comprise just over one third of the sample. As mentioned, these findings were different than those reported by Zukin et al. (2006). They were also different from what might be expected given the calls for increased engagement in the nursing literature. It is clear that students indicated that they are engaged. However, they also showed a distinct preference for activities that are not traditionally political acts.

In addition, a small percentage of participants fell into the extremes of engagement, either fully engaged or disengaged. Those who are fully engaged (15.63%) scored positively on all three civic engagement subvariables. The disengaged (3.13%) did not meet the criteria for any of the three.

The findings related to the nature of student engagement do not correspond with the findings of Zukin et al. (2006). According to these authors, the percentage of civic actors in the combined DotNet and Generation X generations was 38%. This is significant when compared to the 78.5% finding in the NCES-BSN sample, the majority of who were from either DotNet or Generation X generations. The differences in findings for political activity were smaller. Zukin et al. found that DotNet and Generation X participated in political activities at 28%. About 35% of nursing students were politically active.

The different types of civic engagement (civic activity, political activity, and public voice) are not mutually exclusive. The fluidity of the boundaries between the civic and the political is illustrated by the data in multiple ways. One example is the interaction between public voice and the other two civic engagement subvariables. Many of these students used public voice in conjunction with their civic or political activities. Indeed, public voice correlates strongly with both civic activity and political activity. More than 55% of civic actors and 19% of political actors also used public voice activities. This would make sense given the nature of the activities individuals can use to express their concerns about policy or provide support for organizations. In addition, nearly 30% ($n = 75$) of participants indicated comfort moving between civic

activities and political activities. This type of flexibility allows participants to address issues in a variety of ways.

In order to use correlation and regression calculations for further analysis, each of the civic engagement variables (civic activity, political activity, and public voice) was also converted to linear variables. The questions used to determine the dichotomous variables as described above were summed to create these linear variables appropriate for inferential statistical analysis. These questions were also used to calculate a variable for overall civic engagement. Table 11 provides the descriptive statistics for each of these.

Table 11

Civic Engagement Interval Variables (N = 256)

Variable	Minimum	Maximum	*M*	*SD*
Civic activity	2	14	7.23	2.822
Political activity	3	10	6.51	1.409
Public voice	0	30	13.91	3.816
Civic engagement	14	45	27.64	5.542

Inferential Analysis

Multiple steps were taken to answer the remainder of the research questions. As described in Chapter III, correlations were examined using chi-square test of independence, Cramér's V, Kendall's tau, and Pearson's product-moment. The chi-square test of independence is a product of cross tabulation calculations and indicated whether or not categorical variables are related (Field, 2005). Cramér's V helped to determine the strength of any relationship identified in the cross tabulations (Field, 2005). Kendall's tau, a nonparametric correlation coefficient, was chosen to accommodate the ordinal variables in the data set. Ordinal measurements violated the assumptions of parametric tests. The correlation coefficient provided both the direction and the strength of the relationship between variables (Field, 2005). Pearson's product-moment requires that data be normally distributed and either interval or ratio level measures (Field, 2005). The participative variables and the linear forms of the dependent variables are interval and normality was verified.

Correlation provided information about the nature of the relationship of individual variables to the outcome of civic engagement. However, it did not provide information about the interaction of individual variables within the context of the CEM. Multiple regression was used to understand how variables effected civic engagement when other variables were controlled (Pallant, 2010).

> Q2 What effect do the socialization variables of gender, race, socioeconomic status, political stimulus in the home, and institutional involvement have on the civic engagement of baccalaureate nursing students?

Gender. A chi-square test of independence (see Table 12) found no significant association between gender and civic engagement, χ^2 (1, $n = 256$) = .050, $p = .824$, Cramér's V = .824. This is interesting given the research done over four decades indicating the negative impact female gender has on engagement. Current literature continues to find differences in participation (Burns et al., 2001). Being a member of a profession dominated by women may provide different types of political gains than do the professions with more political capital such as law (Dow, 2009). However, recent studies done on civic activities indicate a trend toward greater female engagement in volunteer organizations (Zukin et al., 2006). Given nursing students' tendency toward civic activity rather than political, the current findings would seem to support this.

Table 12

Chi-Square Test of Independence: Gender and Race

Variable	χ^2	df	Asymp. Sig. (2-sided)	Cramér's V	Sig.
Gender	.050	1	.824	.014	.824
Race	3.021	5	.697	.109	.697

Race. The participants for this study closely resembled the nursing student population in terms of gender and race. The majority of nursing students are White. Only about 12% of the sample represented minority populations. The chi-square test for race and civic engagement showed no significant association (see Table 12), χ^2 (7, $n = 256) = 3.021, p = .697$. When examining the cross tabulation table (see Table 13), it is interesting to note that all but one minority student indicated civic engagement. Perhaps these students are already predisposed to engagement.

Table 13

Cross Tabulation for Race and Civic Engagement

		Race					
Variable	White/ Caucasian	African Amer.	Pacific Island.	Asian	Other	Latino or Hispanic	Total
Not engaged							
0 count	7	0	0	1	0	0	8
Expected	7.1	.2	.1	.3	.2	.3	8.0
Engaged							
1 count	218	5	3	7	5	9	247
Expected	217.9	4.8	2.9	7.7	4.8	8.7	247.0
Total							
Count	225	5	3	8	5	9	255
Expected	225.0	5.0	3.0	8.0	5.0	9.0	225.0
% of Total	88.2	2.0	1.2	3.1	2.0	3.5	100.0

Socioeconomic level. Socioeconomic level affects civic engagement in a variety of ways including access to institutional involvement and education. Individuals' perceptions of their social class, their family income, the education level of their mothers, and their level of employment provided the information to determine the effect of socioeconomic level on students' civic engagement. Table 14 provides the results of the correlation calculations. The relationship these ordinal variables have with civic engagement was examined using Kendall's tau. None of the relationships of social class, family income, mother's education, and employment with the civic engagement subvariables achieved the level of significance.

Political stimuli. Political stimuli in the home, including civically engaged role models and family discussions about civic and political issues, helps individuals to solidify ideas about engagement. It is here that students would have begun to learn how to express their thoughts about issues that concern them (Verba et al., (1995). More than half of students experienced political stimuli in their homes. The relationship between political stimuli and civic engagement subvariables was calculated using Pearson's product-moment correlation (see Table 15). A moderate correlation was identified between political stimuli and civic activity, $r = .265$ (p .001). A correlation also existed between political activity and political stimuli. Although weak, this relationship was also significant, $r = .142$ ($p = .023$).

Table 14

Social Class Correlations (N = 256)

Variable	Civic activity	Political activity	Public voice	Social class	Family income	Mother edu.	Level emp.
Civic activity							
τ	1						
Sig. (2-tailed)							
Political activity							
τ	.035	1					
Sig. (2-tailed)	.582						
Public voice							
τ	.194*	.161*	1				
Sig. (2-tailed)	.002	.010					
Social class							
τ	-.010	-.007	.024	1			
Sig. (2-tailed)	.881	.913	.712,				
Family income							
τ	-.023	-.030	.029	-.312*	1		
Sig. (2-tailed)	.714	.637	.644	.000			
Mother's education							
τ	.114	-.075	.069	.179*	-.061	1	
Sig. (2-tailed)	.069	.233	.274	.005	.330		
Level of employment							
τ	.004	-.004	-.052	-.048	-.075	.094	1
Sig. (2-tailed)	.945	.948	.411	.465	.232	.139	

*Significant at the 0.01 level (2-tailed).

Table 15

Political Stimuli Correlations

Variable	Civic activity	Political activity	Public voice	Political stimulation
Civic activity				
r	1			
Sig. (2-tailed)				
Political activity				
r	.035	1		
Sig. (2-tailed)	.582			
Public voice				
r	.194**	.161**	1	
Sig. (2-tailed)	.002	.010		
Political stimulation				
r	.265**	.142*	.160*	1
Sig. (2-tailed)	.000	.023	.011	

* Significant at the 0.05 level (2-tailed). **Significant at the 0.01 level (2-tailed).

Institutional involvement. Involvement in schools provides many opportuni-

ties for exploring civic and political skills and issues. Communication skills, essential

for engagement, are learned and practiced in course work and in extracurricular

activities. The impact of institutional involvement on civic engagement was measured

by calculating correlations between civic engagement subvariables (civic activity,

political activity, and public voice) with high school extracurricular involvement, prior

college experiences, and plans for future nursing education. Table 16 provides the

correlations calculated using Kendall's tau. High school extracurricular involvement

proved to be weakly, but significantly, correlated with civic activity, $\tau = .129$

($p = .016$). A relationship also existed between prior college experience and political

activity, $\tau = .148$ ($p = .008$). There was no evidence of a relationship between stu-

dents' plans for further education and the civic engagement subvariables.

Institutional involvement related to nursing course work was also examined.

The questions used in correlation analysis included questions about whether or not

students were encouraged to think through issues on their own, whether they had

courses related to political skills or policy influences, and whether they had opportuni-

ties to discussion civic and political issues in their nursing courses. Kendall's tau was

calculated for each question. The only weak but significant relationship revealed was

between nursing political discussions in class and political activity, $\tau = .109$ ($p = .037$).

Table 16

Educational Involvement Correlations

Variable	Civic activity	Political activity	Public voice	Prior college	Plans edu.	High school extracur.
Civic activity						
τ	1.000					
Sig. (2-tailed)						
Political activity						
τ	.034	1.000				
Sig. (2-tailed)	.485					
Public voice						
τ	.138**	.155**	1.00			
Sig. (2-tailed)	.003	.001				
High school extracurricular						
τ	.129*	-.012	.084	1.000		
Sig. (2-tailed)	.016	.826	.115			
Prior college						
τ	-.051	.148**	.052	-.115	1.000	
Sig. (2-tailed)	.338	.008	.327	.066		
Plans for education						
τ	-.022	-.017	-.103	-.015	-.136	1.000
Sig. (2-tailed)	.710	.786	.086	.829	.052	

*Significant at the 0.05 level (2-tailed). **Significant at the 0.01 level (2-tailed).

Church involvement. Smidt (2006) and Nover (2010) identified the signifi-

cant impact religious participation may have on civic and political activities. Within

these organizations, individuals are exposed to civic skills and recruitment activities.

In addition, religious preferences were noted to affect the types of participation

individuals pursued (Nover, 2010). Nursing students were asked about their identifi-

cation with a specific religious denomination. Cross tabulations were used to explore

a relationship between religious preference and each of the civic engagement

subvariables. There was no indication of a relationship between religious preference

and civic activity, political activity, or public voice as shown in Table 17. Table 18

shows that there are, however, significant relationships between religious participation

and importance of religion with civic activity.

Table 17

Chi-Square Test of Independence: Religious Preference (N = 256)

Variable	X^2	*df*	Asymp. Sig. (2-sided)	Cramér's V	Sig.
Civic activity	11.742	7	.109	.217	.109
Political activity	7.169	7	.412	.170	.412
Public voice	7.774	7	.353	.177	.353

Table 18

Religious Involvement Correlations

Variable	Civic activity	Political activity	Public voice	Importance religion	Church attend.
Civic activity					
r	1				
Sig. (2-tailed)					
Political activity					
r	.035	1			
Sig. (2-tailed)	.582				
Public voice					
r	.194**	.161**	1		
Sig. (2-tailed)	.002	.010			
Importance of religion					
r	.151*	-.020	.019	1	
Sig. (2-tailed)	.016	.755	.757		
Church attendance					
r	.353**	.013	-.013	.368**	1
Sig. (2-tailed)	.000	.838	.849	.000	

*Significant at the 0.05 level (2-tailed). **Significant at the 0.01 level (2-tailed).

Q3 What is the relationship of civic skills to the civic engagement of participants?

The ability of participants to organize and communicate is central to civic engagement. This participative variable develops as individuals interact with various institutions. Nursing students were asked to identify whether they had used civic skills

throughout their involvement at work, church, or in volunteer organizations. The

majority of students used civic skills at some point during these interactions. This

relationship was explored using Pearson's product-moment correlation (see Table 19).

Civic skills correlated moderately with civic activity, $r = .479$ ($p < .001$). There was

also a weaker but still significant relationship with public voice, $r = .156$ ($p = .012$).

There was no significant correlation between political activity and civic skills.

Table 19

Civic Skills and Civic Engagement Correlations

Variable	Civic activity	Political activity	Public voice	Civic skills
Civic activity				
r	1			
Sig. (2-tailed)				
Political activity				
r	.035	1		
Sig. (2-tailed)	.582			
Public voice				
r	.194**	.161**	1	
Sig. (2-tailed)	.002	.010		
Civic skills				
r	.479**	.034	.156*	1
Sig. (2-tailed)	.000	.587	.012,	

*Significant at the 0.05 level (2-tailed). **Significant at the 0.01 level (2-tailed).

Q4   What is the relationship of political knowledge to the civic engagement of
       participants?

Civic and political knowledge help people to make informed decisions related

to issues of concern. Knowledge also provides the means for determining how to

negotiate civic or political interactions without feeling incompetent to do so (Verba et

al., 1995). In order to determine the relationship of political information to civic

engagement, a Pearson's product-moment correlation coefficient was calculated for

each of the civic engagement subvariables. The results, provided in Table 20, revealed

a moderate but highly significant correlation with civic activity, $r = .208$ ($p = .001$).

Political knowledge did not appear to correlate with either political activity or public

voice in the same manner.

Table 20

Political Knowledge and Civic Engagement Correlations (N = 256)

Variable	Civic activity	Political activity	Public voice	Political knowledge
Civic activity				
r	1			
Sig. (2-tailed)				
Political activity				
r	.035	1		
Sig. (2-tailed)	.582			
Public voice				
r	.194*	.161*	1	
Sig. (2-tailed)	.002	.010		
Political knowledge				
r	.208*	.104	.083	1
Sig. (2-tailed)	.001	.096	.185	

*Significant at the 0.01 level (2-tailed).

Q5   What is the relationship of political interest to the civic engagement of participants?

Political interest serves, for many, as the motivation for engagement. The

relationship between political interest and civic engagement was explored with

Pearson product-moment correlations (see Table 21). Findings indicate highly

significant relationships between political interest and civic engagement. The

strongest correlation was with political activity, $r = .327$ ($p < .001$). These correlations suggest that political interest may increase overall civic engagement.

Table 21

Political Interest and Civic Engagement Correlations (N = 256)

Variable	Civic activity	Political activity	Public voice	Political interest
Civic activity				
r	1			
Sig. (2-tailed)				
Political activity				
r	.035	1		
Sig. (2-tailed)	.582			
Public voice				
r	.194*	.161*	1	
Sig. (2-tailed)	.002	.010		
Political interest				
r	.188*	.327*	.226*	1
Sig. (2-tailed)	.003	.000	.000	

*Significant at the 0.01 level (2-tailed).

> Q6 What is the relationship of political efficacy to the civic engagement of participants?

As noted in the descriptive analysis earlier, students appear to lack political efficacy especially as it relates to individual ability to accomplish change. Yet, the

analysis of relationships between political efficacy and civic engagement revealed

correlations between political efficacy and both civic activity and public voice (see

Table 22). Both correlations were highly significant. Based on these findings, it could

be argued that improving efficacy may increase the engagement of nursing students.

Table 22

Political Efficacy and Civic Engagement Correlations (N = 256)

Variable	Civic activity	Political activity	Public voice	Political efficacy
Civic activity				
r	1			
Sig. (2-tailed)				
Political activity				
r	.035	1		
Sig. (2-tailed)	.582			
Public voice				
r	.194*	.161*	1	
Sig. (2-tailed)	.002	.010		
Political efficacy				
r	.225*	.043	.163*	1
Sig. (2-tailed)	.000	.489	.009	

*Significant at the 0.01 level (2-tailed).

Q7 What is the relationship of partisanship to the civic engagement of partici-
pants?

Strong partisan leanings have been shown to be a powerful motivator for political activity (Verba et al., 1995; Zukin et al., 2006). About one quarter of students indicated strong partisan beliefs. Because partisanship failed to meet normality assumptions for parametric analysis, the analysis of the relationship between civic engagement and partisanship was accomplished using Kendall's tau. The findings, shown in Table 23 indicate a highly significant correlation between partisanship and political activity, $r = .220$ ($p < .001$). While the relationship is weak, it supports the previous findings suggesting its relevance for political engagement.

Table 23

Partisanship and Civic Engagement Correlations (N = 256)

Variable	Civic activity	Political activity	Public voice	Partisanship
Civic activity				
τ	1.000			
Sig. (2-tailed)				
Political activity				
τ	.034	1.000		
Sig. (2-tailed)	.485			
Public voice				
τ	.138*	.155*	1.000	
Sig. (2-tailed)	.003	.001		
Partisanship				
τ	.018	.220*	.009	1.000
Sig. (2-tailed)	.738	.000	.871	

*Significant at the 0.01 level (2-tailed).

Q8 What influence does exposure to recruitment activities have on the civic engagement of participants?

Cues and triggers for engagement can provide the impetus for individuals who might otherwise not know how to become involved. Nursing students indicated minimal recruitment activity in their institutional involvements. An analysis of the correlations between recruitment and civic engagement using Pearson's product-moment correlation yielded no significant results (see Table 24). There would appear to be no relationship between the recruitment students experienced and their civic engagement.

Table 24

Recruitment and Civic Engagement Correlations (N = 256)

Variable	Civic activity	Political activity	Public voice	Recruitment
Civic activity				
r	1			
Sig. (2-tailed)				
Political activity				
r	.035	1		
Sig. (2-tailed)	.582			
Public voice				
r	.194*	.161*	1	
Sig. (2-tailed)	.002	.010		
Recruitment				
r	.056	.032	.071	1
Sig. (2-tailed)	.373	.605	.259	

*Significant at the 0.01 level (2-tailed).

Summary of Findings

The vast majority of students are civically engaged in one way or another. In fact, only eight students indicated a complete lack of engagement. These students tended toward civic activity and public voice over political activity. However, the data suggest that students have some comfort moving between the different types of civic engagement.

Among socialization variables, several significant correlations were found. Political stimuli correlated with civic activity, political activity, and public voice. Both high school extracurricular activities and religious involvement correlated with civic activity. Educational variables, including prior college experience and the discussion of political issues in nursing classrooms, were found to have significant correlations with political activity.

Participation variables more consistently correlated with civic engagement subvariables. Political interest yielded correlations with all civic engagement subvariables. Relationships between both civic skills and political efficacy were revealed. Both correlated with civic activity and public voice. Recruitment failed to significantly correlate with the civic engagement variables.

Multiple Regression

In addition to the correlation calculations completed to explore relationships among CEM variables, multiple regression was calculated to determine the unique contribution each variable makes to overall civic engagement. For this calculation, the civic engagement variable representing the cumulative engagement of students was

used. As described earlier, this variable is the total of the questions used to determine

civic activity, political activity, and public voice. Preliminary analyses were con-

ducted to ensure that the multiple regression assumptions (normality, linearity, multi-

collinearity, and homoscedascity) were not violated. A Mahalanobis distance of 45.32

was used to eliminate outliers.

Socialization and participative variables were entered into the regression

calculation at Step 1. The total variance explained by the variables in the model was

48.1%, $F(19, 100) = 3.295$, $p < .001$. The model significantly fit the data. The

findings, displayed in Table 25, indicate that 4 variables (gender, mother's education,

civic skills, and political knowledge) significantly affected civic engagement.

An examination of the results reveals that, among the socialization variables,

mother's education made the largest contribution to civic engagement when control-

ling for all other variables (standardized $\beta = .263$, $p = .010$). Another socialization

variable, gender, also has a significant, though negative impact on civic engagement

(standardized $\beta = -.205$, $p = .045$). These findings suggest that having an educated

mother increases engagement and being female decreases civic engagement. Both

findings support assertions made in the CVM, the theoretical framework for this study.

Table 25

Civic Engagement Multiple Regression Coefficients

	Unstandard coefficients		Standard coefficient			95% confidence interval for B Bound	
	B	*SE*	β	*t*	Sig.	Lower	Upper
Constant	20.316	9.740		2.086	.041	.894	39.738
Gender	-3.533	1.734	.205	-2.037	.045*	-6.991	-.075
Race	.557	.405	.129	1.374	.174	-.251	1.365
Family income	.297	.213	.155	1.398	.167	-.127	.721
Class identification	.366	1.445	.029	.254	.801	-2.516	,3.248
Mother's education	1.415	.534	.263	2.650	.010*	.350	2.479
Political stimuli	1.018	.551	.200	1.846	.069	-.082	2.117
High school extracur.	-.506	1.756	-.028	-.288	.774	-4.007	2.996
Nursing school	.160	.310	.052	.517	.607	-.458	.778
Prior college	-.602	1.099	-.051	-.547	.586	-2.793	1.590
Plans for education	.402	.427	.091	.940	.350	-.450	1.254
Employment	-.409	.606	-.065	-.675	.502	-1.617	.799
Frequency church	-.600	.533	-.115	-1.126	.264	-1.664	.463
Civic skills	2.078	.631	.338	3.292	.002*	.819	3.336
Political information	2.198	.727	.295	3.024	.003*	.748	3.647
Political interest	.047	.305	.017	.153	.879	-.561	.655
Media interest	.133	.095	.147	1.403	.165	-.056	.322
Political efficacy	.630	.361	.177	1.743	.086	-.091	1.351
Partisanship	-.752	.916	-.078	-.821	.414	-2.578	1.074
Recruitment	-.131	.136	-.096	-.960	.340	-.403	.141

Note. 1. Dependent variable: civic engagement. 2. Selecting only cases for which Mahalanobis Distance < 45.32000.

Two participative variables exerted a highly significant influence on civic engagement. Civic skills accounts for the largest unique contribution to civic engagement (standardized β = .338, p = .002). The contribution of political information was only slightly smaller (standardized β = .295, p =.003). These findings further support findings by Verba et al. (1995). The complexity of civic engagement was underscored by the juxtaposition of correlation findings with regression findings. The nature of civic engagement is such that numerous facets have to be explicated to understand the whole.

Summary

This chapter presented the data from the NCES-BSN version. Data describing the characteristics of participating schools were offered as well as a complete picture of participants in terms of socialization and participative variables. Findings indicated that the majority of students were young, White, female, and Christian. Most attend urban schools of nursing. Nearly three quarters of students were active in high school extracurricular activities. Their mothers attended college, and many of the participants indicated a plan to pursue further education. Participants showed few of the participative characteristics. Few had either political interest or efficacy. Most sought news or information fewer than three days per week and did so predominantly with electronic resources. The majority identified themselves as Republicans but lacked strong partisan beliefs.

An exploration of nursing student civic engagement revealed that students have a preference for civic activity and public voice activities. Just over one third engaged

in political activities. Further analysis of the data was accomplished using both correlation analysis and multiple regression. Relationships between socialization and participative variables and the civic engagement subvariables (civic activity, political activity, and public voice) were explored using both parametric and nonparametric correlations. Among socialization variables, several significant correlations were found. Variables related to education including high school extracurricular activity, prior college experience, and political discussions in class all correlated with civic engagement. Recruitment was the only participative variable that failed to correlate with the civic engagement subvariables.

Multiple regression yielded information about the contribution each of the CEM variables makes to overall civic engagement. Gender negatively affected civic engagement while increased mother's education had a positive effect. Among participative variables, both political information and civic skills contributed significantly to engagement.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

The purpose of this study was to describe the civic engagement of traditional baccalaureate nursing students as they complete their final semester of their nursing program. Chapter V begins with an overview of the study problem, purpose, methods, and results. Following this, the study findings are discussed and the implications for education and research are considered.

Overview of the Study

The history of professional nursing's struggle for political parity with other health care professions has been long and arduous. Multiple political successes in the early years of the profession gave way to political powerlessness as the medical profession gained the power to dictate health policy and to control the health professions, including nursing. Currently, professional nursing fails to use its collective power to create change at the very time that the inequities of the health care system would benefit from a nursing perspective. Documents defining the role of the professional nurse indicate that active civic engagement is necessary if the profession is to harness and utilize the power of nurses. The ability to engage civically is essential for those professionals who are responsible for advancing the health of patients, families, communities, and populations. Nurses work at the crossroads of patient care and

policy implementation. Their professional experiences and perspective offer necessary insight into the needs of patients and communities, whose interests are not otherwise heard in policy discussions. But are nurses truly being the voice of the vulnerable or advocating for social justice if they remain outside of the arenas where policy is created? Learning to be civically engaged would allow nurses to better use their power in order to address inequities in health care and in health policy, thus improving the health of communities and populations. The weight of the literature calling for nurses to engage civically indicates that nurses are not active in this role. Over the past 30 years, several scholars have addressed the need to increase the civic engagement of nurses; yet, there is a paucity of empirical research related to why nurses are not engaged. Agreement can be found, however, in the belief that professional nursing education needs to prepare students to become civically engaged nurses. Given the lack of empirical evidence about the educational preparation of nurses for civic engagement, examining the variables within a model of civic engagement with students preparing to enter nursing practice might serve to further define the reasons for professional nursing's lack of engagement. Using the CVM as a theoretical framework, this research sought to identify the resources, the psychological engagement, and the exposure to recruitment activities that may motivate or inhibit civic engagement among baccalaureate nursing students. This research may, then, provide a background from which creative solutions can be framed so that future nurses are more likely to become civically engaged professionals.

The purpose of this study was to describe the civic engagement of baccalaureate nursing students enrolled in the final semester of their nursing program. The data were used to test the relationships identified in the CEM. Eight research questions were identified to determine the nature of baccalaureate nursing student civic engagement and the impact that socialization and participative variables have on that engagement. The questions are as follows:

Q1   What is the level of civic engagement of baccalaureate nursing students completing their baccalaureate nursing education in a school accredited by the Commission on Collegiate Nursing Education (CCNE)? Do they tend toward civic activities, political activities, or public voice?

Q2   What effect do the socialization variables of gender, race, socioeconomic status, political stimulus in the home, and institutional involvement have on the civic engagement of baccalaureate nursing students?

Q3   What is the relationship of civic skills to the civic engagement of participants?

Q4   What is the relationship of political knowledge to the civic engagement of participants?

Q5   What is the relationship of political interest to the civic engagement of participants?

Q6   What is the relationship of political efficacy to the civic engagement of participants?

Q7   What is the relationship of partisanship to the civic engagement of participants?

Q8   What influence does exposure to recruitment activities have on the civic engagement of participants?

Review of Methodology

Participation in this study was accomplished by accessing the students of randomly selected CCNE accredited baccalaureate nursing programs. The sample of schools was stratified by census region and by type of school: public versus private. Ultimately, 44 schools of nursing agreed to participate. The survey, NCES-BSN, was administered via the Qualtrix® online survey system. The survey, available from January 27 through March 10, 2011, yielded 310 student participants approximately 86% ($n = 256$) of whom completed the survey. Data analysis for Research Question Q1 was accomplished using conventional descriptive statistics. Inferential statistics were used to answer the remaining seven questions. In addition, multiple regression was used to determine how variables interacted as a whole to affect multiple regression.

Overview of Theoretical Framework

Civic Voluntarism Model

The CVM (Verba et al., 1995) provided the framework for this study. Verba et al. (1995) postulated that civic involvement was predicated on the presence of the resources, psychological engagement, and access to recruitment opportunities that support engagement. Verba et al. (1995) emphasize three types of resources: time, money, and civic skills. These resources—or their lack—can affect whether or how a person participates in a given activity. Activities such as volunteering in the community or going to a polling place take time while contributing to a given cause or candidate requires money. The possession of civic skills by an individual provides the

basic foundation for participation. Successful use of these skills increases the sense of

efficacy which, again, increases the likelihood of participation. Resources for civic

and political participation result from the involvement of citizens in society. For

instance, families, schools, communities, jobs, and voluntary associations provide

experiences that shape the choices that individuals make and, ultimately, the resources

they have at their disposal.

An individual's psychological propensity toward participation shapes engage-

ment with the polity (Verba et al., 1995). Verba et al. (1995) argue that engagement

can be affected by several factors, including an individual's sense of self-efficacy,

degree of partisanship, and belief in the connectedness of communities. Again, social

and developmental factors such as extracurricular participation, parental role model-

ing, community involvement, and access to opportunities to participate relate directly

to an individual's willingness to engage. Information about and interest in civic and

political activities is also important to an individual's psychological engagement.

Without information about issues, people are less likely to participate in activities to

address those issues. They also are less likely to have an active interest in something

about which they know little (Verba et al., 1995).

According to Verba et al. (1995), an invitation to participate increases the

likelihood that an individual will engage in political activities. Recruitment acts as a

trigger for those who, perhaps, have the propensity but are unsure about how to

become involved. Recruitment may also help to increase interest in a given issue.

Sources of invitations are varied. Recruitment opportunities that come from friends,

relatives, acquaintances, or educators are more likely to lead to participation than those from strangers. Individuals also are more likely to be invited if they are already involved in work, church, or community organizations (Verba et al., 1995).

The work of Verba et al. (1995) focused on traditional political activities including activities such as voting, campaigning, or contributing money to a campaign or political candidate. However, the authors acknowledge that civic activities are essential to the function of a civil society. In fact, participation in civic activities help to build the sense of efficacy and interest that increase the likelihood of participating in more traditionally political acts (Verba et al., 1995). This view of civic activities is foundational to this study. Documents that define the role of the nurse do not empha-size the political over the civic. Nurses need the knowledge, skills, and motivation for civic engagement with many types of public activities. So, while the authors of the CVM emphasize the political over the civic, this study used a revised model to examine civic engagement that includes both political and civic activities.

Civic Engagement Model

The CEM (see Figure 1) is based on the research that resulted in the CVM. Within the CEM, it is assumed that socialization variables provide the foundation for participatory variables (skills, knowledge, and motivation) to be civically engaged. Socialization variables include gender, race/ethnicity, socioeconomic status, presence of political stimuli in the home, and involvement in institutions including the work-place and nonpolitical and religious organizations. Participatory variables were drawn directly from the CVM (Verba et al., 1995). Resources, psychological engagement

and recruitment, provide the raw materials needed for civic engagement. They are the result of multiple complex interactions among socialization variables.

The CEM recognizes that civic engagement involves more than just political action. Involvement in community problem solving through volunteer opportunities and interactions with organizations or individuals responsible for policy creation are also relevant and important means of engaging. Toward this end, the CEM indicates three types of civic engagement that were used as the dependent variables for the study: civic activity, political activity, and public voice. Civic activities are those activities carried out in an effort to solve community problems. Volunteering in civic organizations is an example of civic activity. Political activity encompasses traditional political activities such as voting and campaigning for candidates. Those who engage using public voice perform acts meant to communicate the needs of communities with those who are responsible for policy formulation. Examples of public voice include writing letters to editors or lawmakers, petition drives, or participating in consumer activism such as product boycotts.

Summary of Results

Research Question Q1 regarding the nature of participant civic engagement offered a few surprises in the analysis of the data. All but eight participants reported involvement in one form of engagement or another over the past year. This is a significantly higher level of engagement than found in previous research in similar age groups (Zukin et al., 2006). Senior nursing students tend to be more involved in public voice and civic activities. Given the trend toward service learning approaches

in nursing education, the thought was that perhaps the reported civic activity was related to course work. However, less than one quarter of participants indicated that their community work was completed for a course grade.

About one third of participants indicated active participation in political endeavors. This is also a departure from the findings of Zukin et al. (2006). The initial survey utilizing the NCES1 yielded an overall political activity rate of 28% among all age groups (Zukin et al., 2006). The current sample yielded a rate of just over 35%. Many of those indicating civic or political activity also reported being involved in other forms of engagement. The boundaries between the different types of engagement appeared to be relatively transient for about half of participants. In fact, about 15% met the criteria for all three civic engagement subvariables.

Examination of the data for correlations with the civic engagement sub-variables (civic activity, political activity, and public voice) revealed several significant findings. Socialization variables (gender, race, socioeconomic status, political stimuli, and institutional involvement) were examined in relation to civic engagement using correlation analysis and multiple regression. There was no significant relationship noted between gender and civic engagement. However, multiple regression showed that being female had a significant but negative effect on civic engagement when all other variables were controlled. Race and socioeconomic variables including social class, family income, and mother's education did not correlate significantly either. However, the regression analysis revealed that mother's education had a strong positive effect on civic engagement. Political stimuli correlated with all three civic

engagement subvariables. High school extracurricular involvement and religious activities correlated with civic activities but not political activity and public voice. Prior college experiences, however, correlated with political activity.

Participative variables were analyzed in the same manner, using correlations and multiple regression. Analysis of participative variables including civic skills, political information, political interest, political efficacy, partisanship, and recruitment revealed multiple correlations with the civic engagement subvariables. Civic skills correlated with both civic activity and political activity. In addition, civic skills contributed significantly to civic engagement in the multiple regression analysis. Political information also proved to have a significant impact in the multiple regression and correlated with civic activity. Political information did not correlate with political activity and public voice. A significant relationship existed between political efficacy and both civic activity and public voice. Political activity was related to partisanship. There was no significant relationship between recruitment and any of the civic engagement subvariables. The interpretation and implications of these results are discussed in a separate section.

Limitations

Civic engagement is a highly normative endeavor (Delli Carpini & Keeter, 1996). In interpreting the results of the NCES-BSN survey, the nature of survey responses to questions related to voting and participating must be viewed with caution. Respondents are more likely to answer in the affirmative to those questions related to these socially desirable activities (Delli Carpini & Keeter, 1996). As discussed when

reviewing the creation of the NCES1, the authors minimized bias by exploring the wording of questions (Delli Carpini & Keeter, 1996).

Because of the normative nature of the investigation, self-selection bias is a concern (Norwood, 2000). The sample of schools from which participants were recruited was randomized, but there was no way to control which students accessed the survey link. While the sample closely resembled the population of baccalaureate nursing students, it is possible that those who responded were those already more predisposed to participation. Therefore, the results must be viewed with caution as self-selection bias may have caused an overestimation of the engagement of students.

The context in which the survey was conducted may affect the internal validity of study findings. The 12-month period preceding the data collection for this research was marked by unprecedented divisions in the United States' political climate. A recession starting in 2008 created terrific anxiety because of increased unemployment, declining home values, and declining wages. In addition to this, the Affordable Care Act, health care reform legislation, was passed by Democrats. The legislation was greeted with opposition from many pundits and politicians and with uncertainty from the public. This anxiety and uncertainty created an environment of anger toward the government, in the control of Democrats at the time, and spawned the creation of the Tea Party, a political party often viewed as a very conservative branch of the Republican Party. The ensuing divisiveness dominated the midterm elections in November 2010. The rhetoric and the perceived economic high stakes of the midterm elections was the backdrop for the current study. Due to this climate, participants may have

been more involved in political endeavors than they might be under other circum-

stances. This may limit the generalizability of the findings to other, less contentious,

political environments.

Finally, one threat to external validity was identified. The inclusion criteria

limited participation to senior students attending baccalaureate programs at schools of

nursing accredited by the CCNE. The findings may be generalizable to baccalaureate

nursing students in CCNE schools but may be less so to associate degree nursing

students, diploma students, or to students attending schools accredited by a body other

than CCNE.

Discussion

Socialization Variables

Initial evaluation of the descriptive statistics provides an important insight into

the survey participants. Respondents in this research possess several characteristics

identified by Zukin et al. (2006) and Verba et al. (1995) as important for civic engage-

ment. The majority of students were socialized in their home and school environments

to be civically engaged. More than half of students were exposed to civic issues by

virtue of stimulus in the home including discussions of political issues and parental

role modeling. The majority were also involved in high school extracurricular

activities. The literature supporting the relevance of civic discourse and high school

participation is substantial. According to Andolina et al. (2003), political interest of

young adults was significantly higher in households in which the parents discussed

politics or role modeled civic engagement. These findings have since been duplicated

(Duke et al., 2008; McLeod, Shah, Hess, & Lee, 2010). Another significant finding

was that the majority of students' mothers had at least some college education.

Mother's education has been found to be significant for civic engagement but the

effect was greater for young women than for young men (Jenkins, 2005). Women with

mothers who are educated have witnessed the effects of education and have, likely,

seen their mothers role model civic engagement which increases the likelihood that

they, themselves, will be engaged (McIntosh et al., 2007; Portney, Eichenberg, &

Niemi, 2009).

The gap in gender involvement has persisted for decades. While there have

been improvements, recent literature has continued to show a gap between the

engagement of women and men (Jenkins, 2005; Portney et al., 2009). The analysis of

the data for this study revealed that gender had a negative effect on overall civic

engagement of nursing student, a predominantly female group. Yet, the majority of

students were, in fact, engaged in either civic or public voice activities. Portney et al.

(2009) revealed that women prefer civic activities to the strictly political, a phenome-

non that was evident in the current study. Research has offered a number of explana-

tions for this. Jenkins (2005) suggested that while the predominant image of politi-

cians is that of powerful men, political engagement and governmental interactions will

not resonate with women. In addition, Portney et al. suggested that women are

socialized to seek consensus. Traditional political activities other than voting carry a

risk for conflict (Ulbig & Funk, 1999). A divisive political climate such as that which

provided context for the current study may explain the low numbers for political activity compared with civic activity.

Religious service attendance and importance of religion both correlated with civic activity but not with political activity. Smidt (2006) and Nover (2010) identified relationships between religion and both civic and political activities. Driskell et al. (2008) contended that religious participation is not as important as religious beliefs and behaviors. Verba et al. (1995) asserted that this is due to the social and civic skills acquired while participating in various church activities. They identify organization, speaking, and leadership roles as skills and opportunities afforded those who belong to religious organizations. The development of these civic skills prepared individuals for involvement in other organizations.

Finally, among socialization variables, those related to school interactions provided additional insight. High school extracurricular activities were discussed earlier. Prior college experiences also proved to have a relationship with civic engagement. These experiences related significantly with political activities. This is not surprising given the strong correlations in the literature between education and civic or political activities (Bole & Gordon, 2009; Jenkins, 2005; Levinson, 2010; Verba et al., 1995; Zukin et al., 2006). Education, like other institutional interactions including religion, allows students to practice skills required to competently engage (McLeod et al., 2010). In addition, the students who have previous college experience were likely older, which would also tend to increase the likelihood of engagement (Zukin et al., 2006).

Participative variables. The development of participative characteristics depends largely on socialization variables. For instance, someone who has never had the opportunity to organize an event or give a speech presenting their views is unlikely to possess civic skills. Without education about political and social issues, individuals will not possess the political information. Political interest depends upon understanding the relevance of civic and political issues to the individual. The scope of this paper does not allow for a complete examination of the complex relationships between these variables. There are, however, some insights gleaned from the data that bear discussion.

Students have been exposed to civic and political socialization as previously described. But, participative characteristics were not consistently exhibited. In the course of their work, church, or volunteer organization, the majority of students had opportunities to organize events or present materials to others. These skills are fundamental to being civically engaged (Verba et al., 1995). Communication skills are also reinforced in nursing course work and prerequisites through writing assignments and presentations.

Very few students exhibited political efficacy, the belief in government responsiveness and in their individual ability to effect change. The majority felt that as individuals they would not be able to solve problems although they believed in the power of groups working together to make change. They also believed that the government was not responsive to individual concerns. This is a common finding in the younger generations (Zukin et al., 2006) and may explain why so many students

opt to participate in civic activities in lieu of political. They indicated that they do not

trust government. Given that they have grown up in a world of scandals and corrup-

tion in the White House, on Capitol Hill, on Wall Street, and in corporate America,

this may not be an irrational response (Snell, 2010). Zukin et al. (2006) postulated that

for DotNets and GenXers, civic activities provided proof of change and a sense of

empowerment in a way that traditional political activities could not.

The lack of individual efficacy may also be related to the culture of nursing. In

nursing, teamwork and collaboration are valued above individual efforts. In healthcare

settings this is appropriate since patient care requires the expertise and participation of

many disciplines. However, nurses also need to feel individually empowered in order

to participate in many political activities. Without this sense of efficacy, nurses will

continue to eschew the political for the civic.

Likewise, political knowledge was lacking among students. Fewer than 12%

answered correctly the three political information questions posed. This is especially

problematic given the strong positive contribution political knowledge made to overall

civic engagement. The question missed most related to government spending on

health care compared to spending for defense. Only 19% correctly identified health

care as the bigger expenditure. Galston (2001) argued that without a basic understand-

ing of the political institutions and processes, it is difficult to understand events or to

integrate new information. He likened this to trying to understand a sports competi-

tion without knowing the rules of the game. If students do not understand the

fundamental rules or the players in political and civic endeavors, they are far less likely to feel comfortable attempting to engage.

Only 9% of students indicated political interest. Political interest correlated with all three civic engagement subvariables but failed to contribute to overall civic engagement in the multiple regression analysis. Political interest was related to both education and to political stimuli (Verba et al., 1995). According to Flanagan, Stoppa, Syvertsen, & Stout (2010), it was also related to the understanding of the relevance of issues to the individual and the immediate social context. In nursing education, political interest would be created by investigating how civic and political issues impact health care and students' future role as nurses. Yet, these students overwhelmingly showed a lack of interest, which poses interesting challenges for nursing education.

Partisanship correlated significantly with political activities. Yet, even in this, respondents were not overwhelmingly partisan. Less than one quarter of the sample indicated having strong political leanings. Zukin et al. (2006) indicated that, for the same reasons young Americans choose civic activities over political, they may be turning away from partisan politics in favor of direct support of issues through civic activities. There has been some suggestion that avoidance of conflict may also mitigate partisan beliefs and behaviors (Mutz, 2002; Snell, 2010).

One finding related to partisanship raises some interesting questions. The majority of respondents identified themselves as Republicans. These students were twice as likely to be conservatives as respondents in the original study by Zukin et al.

(2006). Republicans espouse a conservative ideology in relation to economic and

social policy (Verba et al., 1995). While Democrats and Republicans have been

equally concerned with the growing national debt, they differed substantially on how

best to resolve it. According to Collins, Abelson, and Eyles (2006), conservatives

believed in lowering taxes and decreasing social safety nets in favor of personal

responsibility. Conversely, liberals believed in reprioritizing spending with an eye

toward strengthening social safety nets including increased education and increasing

taxes on the wealthy. Overall, the liberal ideology is more supportive of a pursuit of

social justice. The ANA, the ICN, and other nursing organizations have described

nursing in terms of a social justice agenda. This juxtaposition between students'

beliefs and the goals of the profession raises some interesting questions. Given that

political beliefs fall on a continuum, where do students stand on specific social justice

issues identified as important to the profession? How will students reconcile their

more conservative beliefs with the more liberal ideology espoused by nursing leader-

ship? Are nurse educators able to open political discussions further to engage students

with varying political beliefs? Future research may help to better understand this

phenomenon.

Nature of Civic Engagement

Given the literature bemoaning a lack of participation in nursing, the level of

civic engagement indicated by respondents was surprising, but the nature of that

engagement was not. Nursing students participating in the study were, with few

exceptions, engaged in one of the types of civic engagement. This would tend to

refute assertions that students are not civically engaged. The majority of students indicated either civic activity or public voice. Roughly one third indicated undertaking political activities, less than half of those engaged in civic activities. Community voluntarism is increasingly used as a means of engaging students in activities for community health and may help to foster a sense of the importance of participating in communities (Ehrlich, 2000; Jacoby, 2009). It was suspected that the level of civic engagement demonstrated by these nursing students might be related to the increasing use of service learning as a pedagogical tool (Julie et al., 2005; Nokes et al., 2005). However, the majority indicated that their activities were not arranged by their schools nor were they course requirements. This would suggest that these students were predisposed to engaging in volunteer activities. Students, it would appear, have sought civic activities and used activities from the public voice domain even without course requirements. In this regard, nursing students resemble non-nurses of the same age. DotNets and GenXers, the generations that comprises a substantial percentage of the students surveyed, are increasingly involved in civic activities (Zukin et al., 2006).

Nursing students' participation in political acts exceeded those found by Zukin et al. (2006) for similar age groups. These authors found that the DotNets and the GenXers participated in political acts below the national average (36%) at 26%. Over 30% of participants in the current study always voted and participated in other political activities such as volunteering for political organizations, engaging political discourse, attempting to persuade someone how to vote, displaying campaign advertisements, or contributing money to a campaign. The political climate and the divisive nature of the

arguments about many high stakes issues such as health care reform may have increased the number of individuals willing to engage. The authors of the CVM (Verba et al., 1995) argued that issue engagement, participating in political activities due to strong feelings about a given issue, may account for some of the increased participation in an environment of contentious debate. This argument was supported by the findings of Martin (2008). Martin found that increasing negative coverage of important social issues increases political participation by "shaping the awareness of collective problems and interest in politics" (p. 180). While the attention paid to the media by nursing students was not robust, they have certainly been aware, at some level, of the strong opinions and political maneuvering related to issues such as health care reform. Since many of these students indicated that they and their families have political discussions at home, they have been exposed, at the very least, to the opinions of their parents and families. This may also have provided motivation for increased attention and participation.

While the political activity reported by these nursing students as compared to the national average is a hopeful finding for the profession, is it enough given the current state of health care? Rising costs, increasing inequities, and outcomes that are not improving in proportion to the amount paid for care are all issues that should engender increased attention and participation in political activities. Given the numbers of students involved in civic activities, political activities, or public voice, it would seem that the profession has built a great foundation for future involvement. They have indicated a comfort with expressing their views whether in writing or

through activism. Nearly 80% of students participated in civic activities. This is more than double the rates of participation in political activities. Should the number of students engaging in political activity be greater? If only about one third are inclined to participate in the most fundamental political activities measured in this study, how does that bode for future involvement in more complex policy discussions as they begin their practice?

There are several reasons that participants may eschew the political for the civic. The best researched among these are age and gender. Nursing students in this research were, as previously mentioned, predominantly younger than 25 years of age and female. Young age and female gender both tend to decrease the likelihood for political activity (Dow, 2009; Jenkins, 2005; Portney et al., 2009; Verba et al., 1995; Zukin et al., 2006).

In addition, students indicated that their nursing course work may not have prepared them for a political role. Nearly three quarters of students felt that their faculty did not mentor them in terms of political activity. Discussions in nursing courses related to political issues happened either sometimes or rarely. Finally, less than half of students felt that the courses that did address civic or political issues made them more likely to engage. These findings are supported in the literature. Hewlett (2008) found that political skills are not routinely taught, and preparation for the role of political advocate in health policy discussions is minimal. This lack of discussion or preparation fails to help students to understand the relevance of political involvement in their professional work. Explorations of policy and politics as they relate to

health care and to the role and practice of nursing are fundamental to the preparation

of professional nurses (AACN, 2008). This increased political information increases

the likelihood that these students will engage in political activities in the future. In

addition, respectful civic discourse and learning to navigate conflict are essential civic

skills required for public engagement whether it be civic, political, or related to

professional endeavors (Flanagan et al., 2010).

Another, and perhaps more significant to this research, reason for the avoid-

ance by students of political activities is the nature of nursing role and its portrayal.

The traditional image of the nurse is antithetical to the image of political activist

(Boswell et al., 2005; Des Jardin, 2001a, 2001b). The images of the lady with the

lamp, the nurse in the field hospital during times of war, and the self-sacrificing

visiting nurse have been ubiquitous in both public and professional media. While

nursing professionals have been increasingly present at policy making tables, this is

not the image that nursing students routinely see. Consider advertising campaigns

designed to help recruit people to the nursing profession. They show the image of the

caring nurse at the bedside, which is the image expected by the public. However, this

narrow image does little to educate about the scope of nursing beyond the hospital bed.

Gordon (2010) argues that images like these diminish the ability of nurses to gain the

credibility to create change:

> Instead of utilizing images and words that capture the critical research that has
> been done about nursing, many national and international public relations
> campaigns, as well as nursing organizations themselves, depict nursing as the
> work of modern angels endowed with extraordinary powers of empathy and
> compassion. Their role is to be soothing and reassuring. As they hold hands,
> hug patients and their families, give back rubs and smile beatifically at patients,

almost everything that could really empower nurses is left out of the picture.
(p. 403)

These images might have helped to draw students into the profession but do not give

them a realistic idea of what is expected of them as professionals.

If the goal, as indicated in the literature describing the nature of the profession,

is that all nurses are engaged as political advocates, then one third engaged in political

activity leaves considerable room for improvement. The AACN has set a higher goal

for nursing. Essential number 5 of *The Essentials* (AACN, 2008) states,

> Healthcare policy shapes the nature, quality, and safety of the practice environ-
> ment and *all professional nurses* [emphasis added] have the responsibility to
> participate in the political process and advocate for patients, families, commu-
> nities, the nursing profession, and changes in the healthcare system as needed.
> Advocacy for vulnerable populations with the goal of promoting social justice
> is recognized as moral and ethical responsibilities of the nurse. (p. 20)

More recently, the Institutes of Medicine (IOM) released a report in which calls for

changes to nursing education are made (IOM, 2010). Among these recommendations,

there is a call for better preparation for nurses so they can better advocate at the policy

level:

> Recommendation 7: Prepare and enable nurses to lead change to advance
> health. Nurses, nursing education programs, and nursing associations should
> prepare the nursing workforce to assume leadership positions across all levels,
> while public, private, and governmental health care decision makers should
> ensure that leadership positions are available to and filled by nurses. (p. 5)

The report goes on to advise policy makers and organizations to include nurses in key

leadership positions. In order to meet these goals, students must be as comfortable in

the political arena as they are in the civic. Foundational political activities such as

voting and political discourse as measured in this study help to create a sense of

efficacy that may help to ensure future engagement in more complex political acts

(Verba et al., 1995; Zukin et al., 2006).

Relationship of Current Study
to Previous Research

The findings of the current study both support and refute previous findings

related to the civic engagement of nursing students. These nursing students were more

engaged than the general population in the same age groups. The literature indicated

that there was a lack of civic engagement among nurses. Comparisons of current

engagement with the literature could not be accomplished. There were no known

empirical studies investigating the civic engagement of nursing students. Comparisons

could, however, be made to other citizens in the same age groups. However, they were

clearly different in terms of the determinants of their engagement. The civic engage-

ment of nursing students exceeded that found in individuals in the same age groups

nationally (Zukin et al., 2006).

The findings of this study suggest that nursing students were, in fact, civically

engaged. However, they were twice as likely to choose civic activity over the political.

Nursing student political activity, while greater than anticipated, needs to be increased

if nursing students are going to be prepared to engage in the more complex political

roles called for by organizations such as the ANA, the AACN, and the IOM. The

findings of this study support calls for increased education regarding the role of the

nurse as political advocate. As described in the review of the literature, nurses

indicated a lack of exposure to political issues, political skills, and policy creation

(Hewlett, 2008). This lack of formal introduction to this aspect of the professional

role may inhibit engagement. Nurses who were activists were required to seek other means of learning to navigate the political arena. Findings from this research support the importance of teaching nurses the skills related to civic engagement.

**Recommendations for
Nursing Education**

While a substantial number of students are participating in civic activities, their political activity appears to fall short of the needs of the profession and health care consumers. They lack a belief in their ability to create change in civic or political issues, and they do not believe the government responds to the needs of individuals. In addition, they do not appear to recognize how political activities might be relevant to their lives or their professions. The findings support an examination of nursing curricula as it relates to the civic and political roles of nurses. The value of this role in the profession's defining documents is belied by the lack of attention paid these activities in nursing education.

Most baccalaureate curricula address issues related to civic engagement during community health or leadership courses usually taught at the beginning of the senior year. By this time, opportunities to explore how the context of care impacts nursing care in various settings have been lost. Students have already learned to focus on their relationship with a single patient without an understanding of the context that shapes that relationship. The current political climate and the new focus on the state of the health care system provide a host of rich topics suitable for discussion with students throughout the curriculum. This real world debate allows students to begin to examine how policy impacts their patients, communities, and them as professionals. Based on

the findings of this study, nurse educators are urged to approach this information early in the curriculum so that students are able to make connections between the patient in the bed and the policy issues that impact that patient's health.

Both the IOM (2010) report and *The Essentials* (AACN, 2008) require nurses to have a fundamental understanding of the context in which health care exists. These organizations expect that all nurses are prepared to take collaborative and leadership roles in the creation of innovative models of care. In order to do this, students will need an earlier exposure to explorations of "the implications of policy on access, equity, affordability, and social justice in health care delivery" (AACN, 2008, p. 14). A course taught early could be created to integrate these concepts with discussions of how policy is developed and by whom. The social determinants of health could be introduced using various pedagogical tools such as case studies. The social determinants of health provide a framework to discuss both the context of health care and the effects of policy on health. Communication with policy makers could, potentially, be explored using real world health care concerns. Allowing early exploration of these issues may help students to make the connections between patient illnesses in the clinical setting with broader health contexts. Continued discussion could be encouraged by adding a related objective to remaining courses in the curriculum. This integration would allow students to recognize the relevance of policy to their practice, their patients, families, and communities.

There may be some who argue that this is better taught in conjunction with community health courses. This author would argue that, if nursing is to gain political parity with other professions, these issues require more than a single semester course. The integration of contextual health issues with patient care should take on the same relevance as the remainder of a health assessment and should receive the same integration within the curriculum. Nursing education must make the broader context of health care and health policy more relevant to students if, as our defining documents indicate, we wish to increase the cadre of politically active nurses.

Recommendations for
Nursing Research

A number of findings from this research merit further investigation. Based on the findings, there are several recommendations for future research. The current survey sample met target for power and effect. However, common sense dictates that a sample of 256 students from 44 schools means that, on average, fewer than 6 students per school answered the survey. A replication of the research would serve to strengthen the findings.

As mentioned previously, the relationship of students' political ideological beliefs with the social justice agenda of the nursing profession is topic ripe for exploration. Where do students fall on the political continuum? What are their beliefs about issues important to the nursing profession? Is the profession able to broaden policy discussions to better engage those who differ ideologically with its leaders?

While the ANA, AACN, and IOM require that all nurses participate in political activities, the majority of current students have not met this goal. Several possible

reasons have been identified but some effort should be put forth to determine with more certainty why students are less likely to participate politically. What aspects of political activity are motivators or hindrances? Do students see professional relevance in political activity? How do politically active students differ from those who prefer civic activities? There were, among the students in this study, students who were active in all the types of civic activity. Perhaps exploring the characteristics of these students will shed some light on those characteristics upon which nursing education can have an effect. Finally, if civic and political concepts are integrated into a course early in nursing curricula, will the outcome of increased engagement be achieved?

Summary and Conclusions

In Chapter V, the relationships between the variables identified in the CEM and civic engagement were explored. While students appear to be more engaged than their peers, their political activities were below what is called for by organizations such as the AACN. In addition, the calls for nurses to be prepared for leadership roles in health care and health policy require that students be cognizant of their professional obligations related to both civic and political activities. If educators are to accomplish the goals set by nursing leadership, the role of the civically engaged nurse must be introduced early in the nursing course work so that it is no less a responsibility of individual nurses than the health assessment of patients.

The comprehensive description of the civic engagement of senior nursing students provided by this project should allow nurse educators to begin to examine the needs of students in relation to civic engagement. The information could guide future

discussions about how to better prepare students for the role of a civically engaged

nurse. The hope is that nursing education and research will continue to investigate this

area in order to better understand how and why students engage. The goal is to more

closely approach the requirement that all nurses be engaged so the voice of profes-

sional nursing can affect the change that patients, families, communities, and popula-

tions need in health care.

REFERENCES

Abood, S. (2007). Influencing health care in the legislative arena. *Online Journal of Issues in Nursing, 12*(1), 5.

Abrams, S. (2008). The best of public health nursing, circa 1941. *Public Health Nursing, 25*(3), 285–291.

Abramson, P., & Claggett, W. (2001). Recruitment and political participation. *Political Research Quarterly, 54*(4), 905–916.

Allen, R., Dawson, M., & Brown, R. (1989). A schema-based approach to modeling an African-American racial belief system. *American Political Science Review, 83,* 421–441.

Alreck, P., & Settle, R. (1995). *The survey research handbook: Guidelines and strategies for conducting a survey.* New York, NY: McGraw-Hill.

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate nursing education for professional nursing practice.* Retrieved from http://www.aacn.nche.edu/Education/pdf/BaccEssentials08.pdf

American Nurses Association. (2001). *Code of ethics with interpretive statements.* Retrieved from nursingworld.org/MainMenuCategories/EthicsStandards /CodeofEthicsforNurses/Code-of-Ethics.aspx

American Nurses Association. (2010a). *Nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: Author.

American Nurses Association. (2010b). *Nursing's social policy statement: The essence of the profession* (3rd ed.). Silver Spring, MD: Author.

Andolina, M., Jenkins, K., Zukin, C., & Keeter, S. (2003). Habits from home, lessons from school: Influences on youth civic development. *PS: Political Science & Politics, 36*(2), 275–80.

Antrobus, S. (2004). Why does nursing need political leaders? *Journal of Nursing Management, 12*, 227–234.

Antrobus, S., & Kitson, A. (1999). Nursing leadership: Influencing and shaping health policy and nursing practice. *Journal of Advanced Nursing, 29*(3), 746-753.

Archer, S. (1983). A study of nurse administrator's political participation. *Western Journal of Nursing Research, 5*(1), 65–75.

Aroskar, M. (1994). Politics and ethics in nursing—Implications for education. *Journal of Professional Nursing, 10*(3), 129.

Atkins, R., & Hart, D. (2002). *Citizenship and urban youth.* Retrieved from the Center for Children and Childhood Studies website: http://children.camden .rutgers.edu/CitizenshipUrbanYouth.htm

Atkins, R., & Hart, D. (2003). Neighborhoods, adults, and the development of civic identity in urban youth. *Applied Developmental Science, 7*(3), 156–164.

Bagwell, M., & Bush, H. (1998). Six steps to better quality nursing care through political action. *Journal of Nursing Care Quality, 12,* 5–6.

Ballou, K. (2000). A historical-philosophical analysis of the professional nurse obligation to participate in sociopolitical activities. *Policy, Politics, and Nursing Practice, 1*(3), 172–184.

Ballou, K., & Landreneau, K. (2010). The authoritarian reign in American health care. *Policy, Politics, & Nursing Practice, 11*(1), 71–79. doi: 10.1177/1527154410372973

Barry, C. T. (1989). *A descriptive study of the political socialization processes of nurses in specialized roles in the Federal and State governments* (Published doctoral dissertation). George Mason University, Fairfax, VA.

Beall, F. (2007). Overview and summary: The power to influence care: Who holds the keys? *Online Journal of Issues in Nursing, 12*(1). doi: 10.3912/OJIN.Vol12No01ManOS

Beck, A. (2004). The Flexner Report and the standardization of American medical education. *The Journal of the American Medical Association, 291*(17), 2139–2140. doi: 10.1001/jama.291.17.2139

Beyerlein, K., & Chaves, M. (2003). The political activities of religious congregation in the United States. *Journal for the Scientific Study of Religion, 42*(2), 229–246.

Beyerlein, K., & Hipp, J. (2006). From pews to participation: The effect of congregation activity and context on bridging civic engagement. *Social Problems, 53*(1), 97–117.

Blackstone, W., Esq. (1765-1769). *Commentaries on the Laws of England* (Bk. 1, Ch. 15). Retrieved from http://www.lonang.com/exlibris/blackstone/bla-115.htm

Blevins, S. (1995). *The medical monopoly: Protecting consumers or limiting competition?* (Policy Analysis No. 246). Retrieved from The Cato Institute website: http://www.cato.org/pub display.php?pub id=1105

Bole, B., & Gordon, M. (2009). E. pluribus unum: Fostering a new era of citizenship by teaching civic engagement and healthy civic discourse. *Journal of Public Affairs, 9*(4), 273-287.

Borthwick, C., & Galbally, R. (2001). Nursing leadership and health sector reform. *Nursing Inquiry, 8*(2), 75–81.

Boswell, C., Cannon, S., & Miller, J. (2005). Nurses' political involvement: Responsibility versus privilege. *Journal of Professional Nursing, 21*(1), 5–8.

Brady, H., Verba, S., & Schlozman, K. (1995). Beyond SES: A resource model of political participation. *The American Political Science Review, 89*(2), 271–294.

Brown, S. G. (1996). Incorporating political socialization theory into baccalaureate nursing education. *Nursing Outlook*, *44*(1), 20–23.

Brown-Pryor, E. (1987). *Clara Barton: Professional angel.* Philadelphia, PA: University of Pennsylvania Press.

Buerhaus, P. J. (1992). Teaching health care public policy. *Nursing & Health Care*, *3*(6), 304–309.

Buhler-Wilkerson, K. (1983). False dawn: The rise and fall of public health nursing in America, 1900–1930. In E. C. Langemann (Ed.), *Nursing history: New perspectives, new possibilities* (pp. 89–106). New York, NY: Teachers College Press.

Buhler-Wilkerson, K. (1993). Bringing care to the people: Lillian Wald's legacy to public health nursing. *American Journal of Public Health, 83*(12), 1778–1786.

Bullough, B., & Bullough, V. (1984). *History, trends, and politics in nursing.* Stamford, CT: Appleton & Lange.

Burbank, M. (1997). Explaining contextual effects on vote choice. *Political Behavior, 19*(2), 113–132.

Burns, N., Schlozman, K., & Verba, S. (1997). The public consequences of private inequality: Family life and citizen participation. *American political science review, 91*(2), 373–389.

Burns, N., Schlozman, K., & Verba, S. (2001). *The private roots of public action. Gender, equality, and political participation.* Cambridge, MA: Harvard University Press.

Byrd, M, Costello, J., Shelton, C., Thomas, P., & Petrarca, D. (2004). An active learning experience in health policy for baccalaureate nursing students. *Public Health Nursing, 21*(5), 501–506.

Campbell, A. (1966). *The American voter.* New York, NY: John Wiley & Sons.

Campbell, A., Gurin, G., & Miller, A. (1954). *The voter decides.* New York, NY: John Wiley & Sons.

Campbell-Heider, N., & Pollock, D. (1987). Barriers to physician-nurse collegiality: An anthropological perspective. *Social Science and Medicine, 25*(5), 421–425.

Cohen, C., & Dawson, M. (1993). Neighborhood poverty and African American politics. *American Political Science Review, 87*(2), 286–302.

Cohen, J., Cohen, P., West, S., & Aiken, L. (2003). *Applied multiple regression/ correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NJ: Lawrence Earlbaum Associates.

Cohen, S. S., Mason, D. J., Kovner, C., Leavitt, J. K., Pulcini, J., & Sochalski, J. (1996). Stages of nursing's political development: Where we've been and where we ought to go. *Nursing Outlook, 44*(6), 259–266.

Cohen, S., & Milone-Nuzzo, P. (2001). Advancing health policy in nursing education through service learning. *Advances in Nursing Science, 23*(3), 28–40.

Collins, P., Abelson, J., & Eyles, J. (2006). Knowledge into action? Understanding ideological barriers to addressing health inequalities at the local level. *Health Policy, 80*, 158-171. doi:10.1016/j.healthpol.2006.02.014

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

Copp, L. (1986). The nurse as advocate for vulnerable persons. *Journal of Advanced Nursing, 11*(3), 255–263.

Cramer, M. (1999). *Organized participation in nursing: A test of the civic voluntarism model* (Published doctoral dissertation). University of Nebraska, Lincoln.

Cramer, M. (2002). Factors influencing organized political participation in nursing. *Policy, Politics, & Nursing Practice, 3*(2), 97–107.

David, C. (2009). Learning political information from the news: A closer look at the role of motivation. *Journal of Communication, 59*, 243–261. doi: 10.1111/j.1460-2466.2009.01414.x

Davila, A., & Mora, M. (2007). *Do gender and ethnicity affect civic engagement and academic progress?* Retrieved from the Center for Information and Research on Civic Learning and Engagement website: www.civicyouth.org/PopUps /WorkingPapers/WP53Mora.pdf

DeBack, V. (1990). Nursing needs health policy leaders. *Journal of Professional Nursing*, *6*(2), 69.

Dee, T. (2003). *Are there civic returns to education?* (NBER Working Paper No. 9588). Retrieved from the National Bureau of Economic Research website: http://www.nber.org/papers/w9588

Delli Carpini, M. (2000). Gen.com: Youth, civic engagement, and the new information environment. *Political Communication, 17*, 341–349.

Delli Carpini, M., Cook, F., & Jacobs, L. (2004). Public deliberation, discursive participation, and citizen engagement: A review of the empirical literature. *Annual Review of Political Science, 7*, 315–344. doi: 10.1146/annurev.polisci.7.121003.091630

Delli Carpini, M., & Keeter, S. (1991). Stability and change in the U.S. public's knowledge of politics. *Public Opinion Quarterly, 55*(4), 583–612.

Delli Carpini, M., & Keeter, S. (1996). Measuring political knowledge: Putting first things first. *American Journal of Political Science, 37*(4), 1179–1206.

Des Jardin, K. (2001a). Political involvement in nursing: Education and empowerment. *Association of Operating Room Nurses Journal, 74*(4), 467–475.

Des Jardin, K. (2001b). Political involvement in nursing: Politics, ethics, and strategic action. *Association of Operating Room Nurses Journal, 74*(5), 614–622.

Dow, J. (2009). Gender differences in political knowledge: Distinguishing characteristics-based and returns-based differences. *Political Behavior, 31*, 117–136.

Dowse, R., & Hughes, J. (1971). Girls, boys, and politics. *British Journal of Sociology, 22*(1), 53–67.

Drevdahl, D., Kneipp, S., Canales, M., & Dorcy, K. (2001). Reinvesting in social justice: A capital idea for public health nursing? *Advances in Nursing Science, 24*(2), 19–31.

Driskell, R., Lyon, L., & Embry, E. (2008). Civic engagement and religious activities: Examining the influence of religious tradition and participation. *Sociological Spectrum, 28*, 578–601. doi: 10.1080/02732170802206229

Duffy, M. (2002). Methodological issues in web-based research. *Journal of Nursing Scholarship, 34*(1), 83–88.

Duke, N., Skay, C., Pettingell, S., & Borowsky, I. (2008). From adolescent connections to social capital: Predictors of civic engagement in young adulthood. *Journal of Adolescent Health, 44*; 161-168.

Ehrlich, T. (2000). *Civic responsibility and higher education.* Phoenix, AZ: Oryx Press.

Emig, A., Hesse, M., & Fisher, S. (1996). Black-White differences in political efficacy, trust and sociopolitical participation: A critique of the empowerment hypothesis. *Urban Affairs Review, 32*(2), 264–276. doi: 10.1177/107808749603200206

Falk-Rafael, A. (1999). The politics of health promotion: Influences on public health promoting practice in Ontario, Canada from Nightingale to the nineties. *Advances in Nursing Science, 22*(1), 23–39.

Falk-Rafael, A. (2005). Speaking truth to power: Nursing's legacy and moral imperative. *Advances in Nursing Science, 28*(3), 212–223.

Field, A. (2005). *Discovering statistics using SPSS* (2nd ed.). London, England: Sage.

Finlay, A., & Flanagan, C. (2009). *Making educational progress: Links to civic engagement during the transition to adulthood* (CIRCLE Working Paper No. 67). Retrieved from the Center for Information and Research on Civic Learning and Engagement website: http://www.civicyouth.org/PopUps/WorkingPapers /WP_67_Finley_Flanagan.pdf

Flanagan, C. (2003). Developmental roots of political engagement. *PS: Political Science and Politics, 36*(2), 257-261.

Flanagan, C., & Faison, N. (2001). Youth civic development: Implications of research for social policy and programs. *Social Policy Report, 15*(1), 3–14.

Flanagan, C., Stoppa, T., Syvertsen, A., & Stout, M. (2010). Schools and social trust. In L. Sherrod, J. Torney-Purta, & C. Flanagan (Eds.), *Handbook for research on civic engagement in youth* (pp. 307-330). Hoboken, NJ: John Wiley & Sons.

Flexner, A. (1910). *Medical education in the United States and Canada: A report to the Carnegie Foundation for the Advancement of Teaching* (Bulletin No. 4). New York, NY: Carnegie Foundation for the Advancement of Teaching. Retrieved from http://www.carnegiefoundation.org/publications/medical-education-united-states-and-canada-bulletin-number-four-flexner-report-0

Foster-Bey, J. (2008). *Do race, ethnicity, citizenship and socio-economic status determine civic engagement?* (CIRCLE Working Paper No. 62). Retrieved from the Center for Information and Research on Civic Learning and Engagement website: http://www.civicyouth.org/PopUps /WorkingPapers/WP62 _Foster.Bey.pdf

Fowler, F. (2002). *Survey research method* (3rd ed.). Thousand Oaks, CA: Sage.

Fowler, M. (Ed.). (2010). *Guide to the code of ethics for nurses: Interpretation and application.* Springfield, MA: Nursesbooks.org

Frasure, L., & Williams, L. (2002). *Civic disparities and civic differences* [Civic engagement working paper No. 3]. College Park, MD: University of Maryland.

Galston, W. (2000). Civic education and political participation. *PS: Political Science & Politics, 37*, 263-266. doi: 10.1017.S1049096504004202

Galston, W. (2001). Political knowledge, political engagement, and civic education. *Annual Review of Political Science, 4*(1), 217–235.

Galston, W. (2003). Civic education and political participation. *Phi Delta Kappan, 85*(1), 29–33.

Gastil, J. (2000). Is face-to-face citizen deliberation a luxury or a necessity? *Political Communication, 17*, 357-361.

Gebbie, K., Wakefield, M., & Kerfoot, K. (2000). Nursing and health policy. *Journal of Nursing Scholarship, 32*(3), 307–315.

Gesse, T. (1989). *Education as a determinant of political participation of nurse-midwives* (Published doctoral dissertation). Florida State University, Tallahassee.

Gesse, T. (1991). Political participation behaviors of nurse midwives. *Journal of Nurse-Midwifery, 36*(3), 184–191.

Gibson, T. (2008). Religion and civic engagement among America's youth. *The Social Science Journal, 45*, 504–514. doi: 10.1016/j.soscij.2008.07.007

Gimpel, J., Lay, J. C., & Schuknecht, J. (2003). *Cultivating democracy: Civic environments and political socialization in America.* Washington, DC: Brookings Institution Press.

Godsay, S., & Kirby, E. (2010). Voter turnout among young women and men in the 2008 presidential election [Fact Sheet]. Retrieved from the Center for Information and Research on Civic Learning and Engagement website: http://www.civicyouth.org/wp-content/uploads/2010/10/fs_gender_09_final1.pdf

Gordon, S. (1997). *Life support: Three nurses on the front lines.* Boston, MA: Little, Brown.

Gordon, S. (2010). Nursing needs a new image. *International Nursing Review, 57*(4), 403-404.

Green, J., Rozell, M., & Wilcox, C. (2001). Social movements and party politics: The case of the Christian Right. *Journal for the Scientific Study of Religion, 40*(3), 413–426.

Greenberg, E. (Ed.). (1970). *Political socialization.* Piscataway, NJ: Transaction.

Greenstein, F. (1965). *Children and politics.* New Haven, CT: Yale University Press.

Group, T., & Roberts, J. (2001). *Nursing, physician control, and the medical monopoly.* Bloomington, IN: Indiana University Press.

Guth, J., Beail, L., Crow, G., Gaddy, B., Montreal, S., Nelsen, B., . . . Walz, J. (2003). The political activity of evangelical clergy in the election of 2000: A case study of five denominations. *Journal for the Scientific Study of Religion, 42*(4), 501–514.

Hall-Long, B. (1995). Nursing's past, present, and future political experiences. *N & HC: Perspectives on Community, 16*(1), 24–28.

Hanley, B. (1983). *Nurse political participation: An in depth view and comparison with women, teachers and engineers* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 8324196)

Hanley, B. (1987). Political participation: How do nurses compare with other professional women? *Nursing Economic$, 5*(4), 179–188.

Harmon, B. (2009). Deaths from avoidable medical error more than double in past decade, investigation shows. *Scientific American* [Web log post]. Retrieved from http://www.scientificamerican.com/blog/60-second-science/post.cfm?id =deaths-from-avoidable-medical-error-2009-08-10

Harris, F. (1994). Something within: Religion as a mobilizer of African-American political activism. *The Journal of Politics, 56*(1), 42–68.

Hashway, R. (1996). Young adult citizenship. *College Student Journal, 30*(4), 435–439.

Hayes, E., & Fritsch, R. (1988). An untapped resource: The political potential of nurses. *Nursing Administration Quarterly, 13*(1), 33–39.

Hewlett, C. (2008). *Political participation of nurses.* (Published doctoral dissertation). University of Maryland, Baltimore.

Hoffman, L., & Appiah, O. (2008). Assessing cultural and contextual components of social capital: Is civic engagement in peril? *The Howard Journal of Communications, 19,* 334-354. doi: 10.1080/10646170802391755

Hoffman, L., & Thomson, T. (2009). The effect of television viewing on adolescents' civic participation: Political efficacy as a mediating mechanism. *Journal of Broadcasting & Electronic Media, 53*(1), 3–21. doi: 10.1080/08838150802643415

Hollister, R., Wilson, N., & Levine, P. (2008, Spring/Summer). Educating students to foster active citizenship. *Association of American Colleges and Universities: Peer Review, vol*(issue), 18–21.

Hooghe, M., & Stolle, D. (2004). Good girls go to the polling booth, bad boys go everywhere. *Women and Politics, 26*(3), 1–23.

Huckfeldt, R. (1979). Political participation and the neighborhood social context. *American Journal of Political Science, 23*(3), 579–592.

Huckfeldt, R. (1980). Variable responses to neighborhood social contexts: assimilation, conflict and tipping points. *Political Behavior, 2*(3), 231–257.

Huckfeldt, R., & Sprague, J. (1995). *Citizens, politics, and social communication.* New York, NY: Cambridge University Press.

Ikeda, K., Kobayashi, T., & Hoshimoto, M. (2008). Does political participation make a difference? The relationship between political choice, civic engagement, and political efficacy. *Electoral Studies, 27*, 77-88. doi: 0.1016/j.electstud.2007.11.004

Institutes of Medicine. (2010). *The future of nursing: Leading change, advancing health.* Retrieved from http://www.iom.edu/Reorts/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

International Council of Nurses. (2006). *The ICN Code of Ethics for Nurses.* Retrieved from http://www.icn.ch/icncode.pdf

Iyengar, S. & Jackman, S. (2003, November). *Technology and politics: Incentives for youth participation.* Paper presented at the International Conference on Civic Education Research, New Orleans, LA.

Jacoby, B. (2009). *Civic engagement in higher education: Concepts and practices.* San Francisco, CA: Jossey-Bass.

Jarvis, S., Montoya, L., & Mulvoy, E. (2005). *The political participation of college students, working students, and working youth.* Retrieved from the Center for Information & Research on Civic Learning & Education website: http://www.civicyouth.org/PopUps/WorkingPapers/WP37Jarvis.pdf

Jenkins, K. (2005). *Gender and civic engagement: Secondary analysis of survey data* (CIRCLE Working Paper 41). Boston, MA: Tufts University, Center for Information and Research on Civic Learning and Engagement.

Jenkins, K., Andolina, M., Keeter, S., & Zukin, C. (2003, April). *Is civic behavior political? Exploring the multidimensional nature of political participation.* Paper presented at the Midwest Political Science Association, Chicago, IL.

Jennings, M. (1974). An aggregate analysis of home and school effects on political socialization. *Social Science Quarterly, 55*(2), 394–410.

Jennings, M. (2000). *Participation as viewed through the lens of the political socialization project.* Paper presented at the meeting of the Center for the Study of Democratic Politics, Princeton University, NJ.

Jennings, M. K., & Niemi, R. G. (1991). *Youth-parent socialization panel study, 1965-1973* [Computer file]. Ann Arbor, MI: Inter-University Consortium for Political and Social Research.

Jones-Correa, M., & Leal, D. (2001). Political participation: Does religion matter? *Political Research Quarterly, 54*(4), 751–770.

Julie, H., Daniels, P., Adonis, T., & Health, S. (2005). Service-learning in nursing: integrating student learning and community-based service experience through reflective practice. *Gesondheid, 10*(4), 41–54.

Kahn, M., Berry, J., Gant, C., & Zager, P. (2007). The internet and youth political participation. *First Monday, 12*(8). Retrieved from http://firstmonday.org/htbin/cgiwrap/bin/ojs/index.php/fm/article/viewArticle/1977/1852

Kalisch, B. J. (1975). Of half gods and mortals: Aesculapian authority. *Nursing Outlook, 23*(1), 22–28.

Kalisch, B. J. (1978). Outlook on nursing: The promise of power. *Nursing Outlook, 26*(1), 42–46.

Kalisch, B. J., & Kalisch, P. A. (1975). Slaves, servants, or saints? An analysis of the system of nurse training in the united states, 1873-1948. *Nursing Forum, 14*(3), 222–263.

Kalisch, B. J., & Kalisch, P. A. (1976). A discourse on the politics of nursing. *Journal of Nursing Administration, 6*(3), 240–242.

Kalisch, P., & Kalisch, B. (1982). *Politics in nursing.* Baltimore, MD: Lippincott, Williams, & Wilkins.

Kalisch, P., & Kalisch, B. (1995). *The advance of American nursing* (3rd ed.). Philadelphia, PA: Lippincott.

Keeter, S., Jenkins, K., Zukin, C., & Andolina, M. (2003, March). *Three core measures of community-based civic engagement: Evidence from the youth civic engagement indicators project.* Paper presented at the Child Trends Conference on Indicators of Positive Development, Washington, DC.

Keeter, S., Zukin, C., Andolina, M., & Jenkins, K. (2002a). *The civic and political health of the nation: A generational portrait.* Retrieved from the Center for Information and Research on Civic Learning and Engagement website: www.civicyouth.org.

Keeter, S., Zukin, C., Andolina, M., & Jenkins, K. (2002b, April). *Improving the measurement of political participation.* Paper presented at the Midwest Political Science Association, Washington, DC.

Kenski, K., & Stroud, N. (2006). Connections between internet use and political efficacy, knowledge, and participation. *Journal of Broadcasting & Electronic Media, 50*(2), 173–192. doi: 10.1207/s15506878jobem5002_1

Kirlin, M. (2003). *The role of civic skills in fostering civic engagement* (Working Paper No. 060). Retrieved from The Center for Information and Research on Civic Learning and Engagement website: http://www.civicyouth.org/PopUps /WorkingPapers/WP06Kirlin.pdf

Kline, P. (1999). *The handbook of psychological testing* (2nd ed.). London, England: Routledge.

Klofstad, C. (2007). Talk leads to recruitment: How discussions about politics and current events increase civic participation. *Political Research Quarterly, 60*(2), 180–191.

Kohn, L., Corrigan, J., & Donaldson, M. (Eds.). (2000). *To err is human: Building a safer health system.* Washington, DC: National Academies Press.

Kondek, D. (1999). Why nurses must participate in shaping health care's future. *Michigan Nurse*, *72*(6), 12.

Kushin, M. & Kitchener, K. (2009, February). *Getting political on social network sites: Exploring online political discourse on Facebook.* Paper presented at the Annual Convention of the Western States Communication Association, Phoenix, AZ.

Lake Snell Perry and Associates. (2002). Short-term impacts, long-term opportunities: The political and civic engagement of young adults in America. *Summary of report for the Center for Information & Research on Civic Learning & Engagement*. Retrieved from www.civicyouth.org/research/products /national_youth_survey.htm

Lawless, J., & Fox, R. (2001). Political participation of the urban poor. *Social Problems, 48*(3), 362–385.

Leighley, J., & Vedlitz, A. (1999). Race, ethnicity and political participation: Competing models and contrasting explanations. *The Journal of Politics, 61*(4), 1092–1114.

Leininger, M. (1978). Political nursing: Essential for health service and educational systems of tomorrow. *Nursing Administration Quarterly, 2*(3), 1-16.

Levinson, M. (2007). *The civic achievement gap.* Retrieved from the Center for Information & Research in Civic Learning & Education website: http://civicyouth.org/PopUps/WorkingPapers/WP51Levinson.pdf

Levinson, M. (2010). The civic empowerment gap: Defining the problem and locating solutions. In L. Sherrod, J. Torney-Purta, & C. Flanagan (Eds.), *Handbook for research on civic engagement in youth* (pp. 331-362). Hoboken, NJ: John Wiley & Sons.

Lewenson, S. (1993). *Taking charge: Nursing, suffrage, and feminism in America, 1873–1920.* New York, NY: Garland.

Lewenson, S. (1998). Historical overview: Policy, politics, and nursing. In D. J. Mason & J. K. Leavitt (Eds.), *Policy and politics in nursing and health care* (3rd ed., pp. 41–58). Philadelphia, PA: W.B. Saunders.

Lopes, J., Benton, T., & Cleaver, E. (2009). Young people's intended civic and political participation: Does education matter? *Journal of Youth Studies, 12*(1), 1–20. doi: 10.1080/1367626080219120

Lopez, M., & Marcelo, K. (2007). *Volunteering among young people*. Retrieved from the Center for Information & Research on Civic Learning & Education website: http://www.civicyouth.org/PopUps/FactSheets/FS0 _Volunteering.pdf

Maindonald, J., & Richardson, A. (2004). This passionate study: A dialogue with Florence Nightingale. *Journal of Statistics Education, 12*(1). Retrieved from http://www.amstat.org/publications/jse/v12n1/maindonald.html

Martin, P. (2008). The mass media as sentinel: Why bad news about issues is good news for participation. *Political Communication, 25*, 180-193. doi: 10.1080/10584600801985706

Martin, E., White, J., & Hansen, M. (1989). Preparing students to shape health policy. *Nursing Outlook, 37*(2), 89–93.

McIntosh, H., Hart, D., & Youniss, J. (2007). The influence of family political discussion on youth civic development: Which parent qualities matter? *PS: Political Science & Politics, 40,* 495–499.

McLeod, J. M. (2000). Media and civic socialization of youth. *Journal of Adolescent Health, 27*(2)*,* 45–51.

McLeod, J., Shah, D., Hess, D., & Lee, N. (2010). Communication and education: Creating competence for political socialization into public life. In L. Sherrod, J. Torney-Purta, & C. Flanagan (Eds.), *Handbook for research on civic engagement in youth* (pp. 363-392). Hoboken, NJ: John Wiley & Sons.

Milbrath, L. W. (1966). *Political participation.* Chicago, IL: Rand McNally.

Mohammed, S. (2006). (Re)examining health disparities: Critical social theory in pediatric nursing. *Journal for Specialists in Pediatric Nursing, 1*(1), 68–71. Retrieved from http://www.allbusiness.com/health-care-social-assistance /ambulatory-health-services/877188-1.html

Monteiro, L. (1985). Florence Nightingale on public health nursing. *American Journal of Public Health, 75*(2), 181–186.

Mutz, D. (2002). The consequences of cross-cutting networks for political participants. *American Journal of Political Science, 24*(4), 838-855.

National League for Nursing. (2010a). *Nursing data review academic year 2007-2008.* New York, NY: Author. Retrieved from http://www.nln.org/research /slides/ndr_0708.pdf

National League for Nursing. (2010b). *Nursing data review academic year 2008-2009.* New York, NY: Author. Retrieved from http://www.nln.org/research /slides/pdf/AS0809

National League for Nursing. (2010c). Percentage of students enrolled in nursing programs by age and program type, 2008-09. *NLN Data View^{TM}.* Retrieved from http://www.nln.org/research/slides/pdf/AS0809_F17.pdf

Niemi, R., & Hepburn, M. (1995). The rebirth of political socialization. *Perspectives on Political Science, 24*(1), 7–16.

Niemi, R. G., & Junn, J. (1998). *Civic education: What makes students learn.* New Haven, CT: Yale University Press.

Nightingale, F. (1859). Cassandra. In R. Strachey (Ed.). (1928), *"The cause": A short history of the women's movement in Great Britain* (pp. 395–418). London, U.K.: G. Bell & Sons, Ltd. (Original work published 1859)

Nightingale, F. (1860). *Notes on nursing: What it is and what it is not*. New York, NY: D. Appleton.

Nokes, K., Nickitas, D., Keida, R., & Neville, S. (2005). Does service-learning increase cultural competency, critical thinking, and civic engagement? *Journal of Nursing Education, 44*(2), 65–70.

Norwood, S. (2000). *Research strategies for advanced practice nurses.* Saddle River, NJ: Prentice Hall.

Nover, A. (2010). *Young Americans: Their faith, attitudes, and values* [Circle fact sheet]. Retrieved from the Center for Information and Research about Civic Learning and Engagement website: http://www.civicyouth.org/PopUps /FactSheets/Religion_Fact_Sheet_Final.pdf

Obradović, J., & Masten, A. (2007). Developmental antecedents of young adult civic engagement. *Applied Developmental Science, 11*(1), 2-19.

Okin, S. (1989). *Justice, gender, and the family*. New York, NY: Basic Books.

Owen, D., & Dennis, J. (1987). Preadult development of political tolerance. *Political Psychology*, *8*, 547–561.

Pacheco, J. S., & Plutzer, E. (2008). Political participation and cumulative disadvantage: The impact of social and economic hardship on young citizens. *Journal of Social Issues, 64*(3), 571–593.

Pallant, J. (2010). *SPSS survival manual: A step by step guide to data analysis using SPSS* (4th ed.). Maidenhead, U.K.: Open University Press.

Pasek, J., Feldman, L., Romer, D., & Jamieson, K. (2008). Schools as incubators of democratic participation: Building long-term political efficacy with civic education. *Applied Development Science, 12*(1), 26–37. doi: 10.1080/10888690801910526

Patrick, J. J. (2003). Teaching democracy. *Educational Resources Information Center Digest.* Bloomington, IN: ERIC Digest.

Pauly, B., MacKinnon, K., & Varcoe, C. (2009). Revisiting "Who gets care?": Health equity as an arena for nursing action. *Advances in Nursing Science, 32*(2), 118–127.

Peterson, S. (1992). Church participation and political participation. *American Politics Quarterly, 20*(1), 123–139.

Phillips, A. (1991). *Engendering democracy*. Cambridge, UK: Polity Press.

Portney, K., Eichenberg, R., & Niemi, R. (2009, September). *Gender differences in political and civic engagement among young people.* Paper presented at the annual meeting of the American Political Science Association, Toronto, Canada.

Primomo, J. (2007). Changes in political astuteness after a health systems and policy course. *Nurse Educator, 32*(6), 260–264.

Putnam, R. (2000). *Bowling alone: The collapse and revival of American community.* New York, NY: Touchstone.

Rains, J., & Carroll, K. (2000). The effect of health policy education on self perceived political competence of graduate nursing students. *Journal of Nursing Education, 39*(1), 37–40.

Reutter, L., & Duncan, S. (2002). Preparing nurses to promote health-enhancing public policies. *Policy, Politics, & Nursing Practice, 3*(4), 295–305. doi: 10.1177/152715402237441

Reverby, S. (1987). *Ordered to care: The dilemma of American nursing 1850-1945.* Cambridge, U.K.: Cambridge University Press.

Roberts, J., & Group, T. (1995). *Feminism and nursing: An historical perspective on power, status, and political activism in the nursing profession.* Westport, CT: Praeger.

Roberts, M. (1954). *American nursing: History and interpretation.* New York, NY: Macmillan.

Robertson, S., Vatrabu, R., & Medina, R. (2009, May). *The social life of social networks: Facebook linkage patterns in the 2008 U.S. presidential election*. A paper presented at the 10th Annual International Conference on Digital Government Research, Puebla, Mexico.

Ruby, J. (1999). History of higher education: Educational reform and the emergence of the nursing professorate. *Journal of Nursing Education, 38*(1), 23–27.

Sackett, D. (2009). A landmark randomized health care trial: The Burlington trial of the nurse practitioner. *Journal of Clinical Epidemiology, 62,* 567–570.

Saltmarsh, J. (2008). Why Dewey matters. *Good Society Journal, 17*(2), 63–68.

Sandell, J., & Plutzer, E. (2005). Families, divorce, and voter turnout in the US. *Political Behavior, 27*(2), 133-162.

Scheufele, D., Nisbet, M., Brossard, D., & Nisbet, E. (2004). Social structure and citizenship: Examining the impacts of social setting, network heterogeneity, and informational variables on political participation. *Political Communication, 21*, 315–338. doi: 10.1080/10584600490481389

Schleyer, T., & Forrest, J. (2000). Methods for the design and administration of web-based surveys. *Journal of the American Medical Informatics Association, 7*, 416–425. doi: 10.1136/jamia.2000.0070416

Schlozman, K., Burns, N., & Verba, S. (1994). Gender and the pathways to participation: The role of resources. *Journal of Politics, 56*(4), 963–990.

Schlozman, K., Burns, N., & Verba, S. (1999). "What happened at work today?": A multistage model of gender, employment, and political participation. *Journal of Politics, 61*, 29–53.

Schutzenhofer, K., & Cannon, S. (1986). Moving nurses in to the political process. *Nurse Educator, 11,* 26–28.

Sears, D., & Valentino, N. (1997). Political events as catalysts for preadult socialization. *The American Political Science Review, 91*(1), 45–65.

Semetko, H., & Valkenburg, P. (1998). The impact of attentiveness on political efficacy: Evidence from a three-year German panel study. *International Journal of Public Opinion Research, 10*(1), 195–210.

Smidt, C. (2006, August-September). *Religion, civic engagement, and political participation.* Paper presented at the annual meeting of the American Political Science Association, New Orleans, LA.

Smith, E. (1999). The effects of investments in the social capital of youth on political and civic behavior in young adulthood: A longitudinal analysis. *Political Psychology, 20*(3), 553–580.

Snell, P. (2010). Emerging adult civic and political disengagement: A longitudinal analysis of lack of involvement with politics. *Journal of Adolescent Research, 25*(2), 258-287. doi: 10.1177/0743558409357238

Steiger, H., & Fouladi, R. (1992). R2.exe—Correlation model [computer software]. Retrieved from http://www.statpower.net/Software.html#R2

Stevens, P. (1992). Who gets care? Access to healthcare as an arena for nursing action. *Scholarly Inquiry for Nursing Practice, 6*(3), 185–200.

Stimpson, M., & Hanley, B. (1991). Nurse policy analyst. *Nursing and Health Care, 12*(1), 10–15.

Tauber, A. (1992). The two faces of medical education: Flexner and Osler revisited. *Journal of the Royal Society of Medicine, 85*, 598–602.

Thomas, P., & Shelton, C. (1994). Teaching students to become active in public policy. *Public Health Nursing, 11*(2), 75–79.

Torney-Purta, J. (2002). The school's role in developing civic engagement: A study of adolescents in twenty-eight countries. *Applied Developmental Science, 6,* 203-212.

Ulbig, S., & Funk, C. (1999). Conflict avoidance and political participation. *Political Behavior, 21*(3), 265-282.

U.S. Department of Health and Human Services. (2011). *Annual update of the HHS poverty guidelines.* Washington, DC: Author. Retrieved from http://aspe.hhs.gov/poverty/11fedreg.shtml

U. S. Department of Health and Human Services, Health Resources and Services Administration. (2010). *The registered nurse population: Initial findings from the 2008 National Sample Survey of Registered Nurses.* Washington, DC: Author.

Verba, S., & Nie, N. (1972). *Participation in America.* New York, NY: Harper & Row.

Verba, S., Schlozman, K., & Brady, H. (1995). *Voice and equality: Civic voluntarism in American politics.* Cambridge, MA: Harvard University Press.

Verba, S., Schlozman, L., Brady, H., & Nie, N. (1993). Race, ethnicity and political resources: Participation in the United States. *British Journal of Political Science, 23*(4), 453–497.

Versluysen, M. (1980). Old wives' tales? Women healers in English history. In C. Davies (Ed.), *Rewriting nursing history* (pp. 175–199). Totowa, NJ: Croom Helm.

Wald, K., Kellstedt, L., & Leege, D. (1993). Church involvement and political behavior. In D. Leege & L. Kellstedt (Eds.), *Rediscovering the religious factor in American politics* (pp. 121–138). Armonk, NY: M. E. Sharpe.

Wells, S., & Dudash, E. (2007). Wha'd'ya know?: Examining young voters' political information and efficacy in the 2004 election. *American Behavioral Scientist, 50*(9), 1280–1289. doi: 10.1177/0002764207300053

West, E., & Scott, C. (2000). Nursing in the public sphere: Breaching the boundary between research and policy. *Journal of Advanced Nursing, 32*(4), 817–824.

Wilkenfield, B. (2009). *Does context matter? How the family, peer, school and neighborhood contexts relate to adolescents' civic engagement* (CIRCLE Working Paper No. 64). Retrieved from the Center for Information and Research on Civic Learning and Engagement website: http://www.civicyouth.org/PopUps /WorkingPapers/WP64Wilkenfeld.pdf

Wilson, D. M. (2002). Testing a theory of political development by comparing the political action of nurses and nonnurses. *Nursing Outlook, 50*(1), 30–34.

Winter, M. K., & Lockhart, J. S. (1997). From motivation to action: Understanding nurses' political involvement. *Nursing and Health Care Perspectives, 18*(5), 244–250.

Wold, S., Brown, C., Chastain, C., Griffis, M., & Wingate, J. (2008). Going the extra mile: Beyond health teaching to political involvement. *Nursing Forum, 43*(4), 171-176.

World Health Organization. (2000). *Munich declaration. Nurses and midwives: A force for health, 2000.* Retrieved from www.euro.who.int/aboutwho /policy/20010828_4

World Health Organization. (2008). *Mortality and burden of disease.* Retrieved from www.who.int/whosis/data/Search.jsp?countries=[Location].Members

Yarling, R. R., & McElmurry, B. J. (1986). The moral foundation of nursing. *Advances in Nursing Science*, *8*(2), 63–73.

Yates, M., & Youniss, J. (1997). Community service and political-moral identity in adolescents. *Journal of Research on Adolescence, 6,* 271–284.

Youniss, J., Bales, S., Christmas-Best, V., Diversi, M., McLaughlin, M., & Silbereisen. (2002). Youth civic engagement in the twenty-first century. *Journal of Research on Adolescence, 12*(1), 121–148.

Youniss, J., McLellan, J. A., & Yates, M. (1997). What we know about engendering civic identity. *American Behavioral Scientist, 40,* 620–631.

Zaff, J., Malanchuk, O., & Eccles, J. (2008). Predicting positive citizenship from adolescence to young adulthood: The effects of a civic context. *Applied Development Science, 12*(1), 38–53. doi: 10.1080/10888690801910567

Zukin, C., Keeter, S., Andolina, M., Jenkins, K., & Delli Carpini, M. (2006). *A new engagement? Political participation, civic life, and the changing American citizen.* New York, NY: Oxford University Press.

APPENDIX A

INSTRUMENT

INSTRUMENT

Variable	Measure

Socialization

Race/ethnicity | Are you of Latino or Hispanic origin, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

Are you White, Black, or of Asian origin?

Were you born in the United States or in another country?

Were your parents born in the United States or in another country?

Do you speak primarily English in your home or some other language?

Socioeconomic status | Do you think of yourself as belonging to the working class, the middle class, or the upper class?

What was the last year of school your mother completed? If you were raised by a stepmother or some other female relative, please answer for that person.

Which of the following best describes where you are currently living: I own my home, I rent my home or apartment, I live in college or university housing, or I live with my parents.

So that we can group all answers, what is your total annual family income before taxes? Under $20,000, $20,000 to just under $30,000, $30,000 to just under $40,000, $40,000 to just under $50,000, $50,000 to just under $65,000, $65,000 to just under $80,000, $80,000 to just under $100,000, OR OVER $100,000.

Variable	Measure
Political stimuli in the home	When you were growing up, how often was politics discussed around your house—very often, sometimes, rarely, or never?
	From what you remember growing up, did anyone in your household spend time volunteering, or not?
	How often do you talk about current events or things you have heard about in the news with your family and friends—very often, sometimes, rarely, or never?
	How often do you discuss politics or community affairs on Facebook or MySpace—very often, sometimes, rarely, or never?
Institutional involvement	When you were in high school, did you participate in any organized groups or clubs in high school such as sports teams, band or chorus, language clubs, or the like? About how many organized groups or clubs did you participate in?
	Were any of these groups student government or organizations concerned with social or political issues?
	Do any of your nursing classes require you to keep up with politics or government, either by reading the newspaper, watching TV, or going onto the Internet, or not?
	In nursing classes, how often do teachers encourage the class to discuss political and social issues in which people have different opinions—never, rarely, sometimes, or often?
	And, how often are students encouraged to make up their own minds about issues—never, rarely, sometimes, or often?
	Were you provided with instruction in health policy issues in nursing school?

Variable	Measure

Were you provided with instruction on political skills in nursing school?

Do you consider yourself to be Catholic, Protestant, Jewish, Muslim, some other religion, atheist or agnostic?

Would you describe yourself as a born again or evangelical Christian, or not?

Aside from weddings and funerals how often do you attend religious services?—more than once a week, once a week, once or twice a month, a few times a year, seldom, or never?

How important would you say religion is in your own life?— very important, fairly important, or not very important?

Participatory

Resources   Civic skills:

While participating in this activity, have you served on a committee, given time for special projects, made a presentation, or helped organize meetings?

At work, have you served on a committee, been assigned special projects, made a presentation, or helped organize meetings?

Variable	Measure

Political information:

Would you say that one of the parties is more conservative than the other on the national level? IF YES, which party is more conservative?

How much of a majority is required for the U.S. Senate and House to override a presidential veto?

As far as you know, does the federal government spend more on health care or on foreign aid?

Political efficacy:

On the whole, would you say the political system in this country IS or is NOT responsive to the genuine needs of the public, or haven't you thought much about it?

Thinking about problems in your community, how much difference do you believe that people working together as a group can make in solving problems you see—a great deal of difference, some difference, a little difference, or no difference at all?

Partisanship:

In politics today, do you consider yourself a Democrat, Republican, Independent, or something else?

Do you consider yourself a strong [insert party] or not so strong [insert party]?

Variable	Measure

In general, would you describe your political views as very conservative, conservative, moderate, liberal, or very liberal?

Media interest:

Some people seem to follow what's going on in government and public affairs most of the time, whether there's an election or not. Others aren't that interested. Do you follow what's going on in government and public affairs most of the time, some of the time, rarely, or never?

Over the past seven days, on how many days have you done each of the following: (a) read a newspaper, (b) read magazines like *Newsweek, Time,* or *U.S. News and World Report,* (c) watch the national news on television, (d) listen to the news on radio, and (e) read news on the Internet.

Recruitment:

Qualifier from section about group involvement: When you initially got involved, who made the first contact—did they contact you, you contact them, someone else put you together, or can't you recall?

Did your professors in Nursing School mentor you to the political process?

Were you provided with opportunities to practice political skills in nursing school?

Here is a list of things some schools of nursing offer to help students to become politically engaged. Please indicate whether these influenced you a great deal, some, a little, or not at all/wasn't available.

Variable	Measure

Semester course
   a) Current issues/influences in nursing/health care
   b) Political/legislative processes
Lectures in political/legislative processes as part of a course
Politically involved faculty
Bulletin boards, memos, etc. for legislative/political updates
Invitations to participate in policy/professional organizations

<div align="center">Outcomes</div>

Civic indicators

Community problem solving: Have you ever worked together informally with someone or some group to solve a problem in the community where you live? IF YES, was this in the last 12 months or not?

Regular volunteering for a nonelectoral organization: Have you ever spent time participating in any community service or volunteer activity, or haven't you had time to do this? By volunteer activity, I mean actually working in some way to help others for no pay.

I'd like to ask about groups and organizations some people belong to. Just tell me YES or NO if you have been involved with each in the past 12 months.

GP1. National or local charities such as the United Way, the Red Cross, the March of Dimes, or any similar organization.

GP2. Labor unions or employee associations.

GP3. A business or professional nursing association.

Variable	Measure
	GP4. Any association that looks after the interests of some kinds of people, such as the veterans, the elderly, the handicapped, children, or some other similar group.
	GP5. Any association that is concerned with social or political issues, such as reducing taxes, protecting the environment, promoting prayer in the schools, or any other causes.
	GP6. Sports, recreation, community, neighborhood, school, or youth organizations.
	GP8. Cultural, literary, or art organizations.
	Active membership in a group or association: Do you belong to or donate money to any groups or associations, either locally or nationally? Are you an active member of this group/any of these groups, a member but not active, or have you given money only?
	Other fund raising for charity: Have you ever done anything else to help raise money for a charitable cause?
Political indicators	Regular voting: We know that most people don't vote in all elections. Usually between one quarter to one half of those eligible actually come out to vote. Can you tell me how often you vote in local and national elections—always, sometimes, rarely, or never?
	Can you recall if you voted in the 2008 election between Barack Obama and John McCain, or did something prevent you from voting?

Variable	Measure

Persuading others: When there is an election taking place, do you generally talk to any people and try to show them why they should vote for or against one of the parties or candidates, or not?

Displaying buttons, signs, stickers: Do you wear a campaign button, put a sticker on your car, or place a sign in front of your house or aren't these things you do?

Campaign contributions: In the past 12 months, did you contribute money to a candidate, a political party, or any organization that supported candidates?

Volunteering for candidate or political organizations: From civic indicators sequence, respondent indicates having volunteered for "A political organization or candidates running for office."

Public voice   Contacting officials: Here is a list of things some people have done to express their views. Please indicate whether you have ever done it or not. If YES, have you done it in the last 12 months or not. Contacted or visited a public official—at any level of government—to ask for assistance or to express your opinion?

Contacting print media: Contacted a newspaper or magazine to express your opinion on an issue?

Contacting the broadcast media: Called in to a radio or television talk show to express your opinion on a political issue, even if you did not get on the air?

Protesting: Taken part in a protest march, or demonstration?

Variable	Measure
	E-mail petitions: Signed an e-mail petition?
	Written petitions: Signed a written petition about a political or social issue?
	Boycotting: NOT bought something because of conditions under which the product is made, or because you dislike the conduct of the company that produces it?
	Buycotting: Bought a certain product or service because you like the social or political values of the company that produces or provides it?
	Canvassing: Have you worked as a canvasser—having gone door-to-door for a political or social group or candidate?

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVALS

THE UNIVERSITY OF WISCONSIN

OSHKOSH

January 18, 2011

Dr. Lori Brown
UWOSH
CON

Dear Dr. Brown:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: Civic Engagement of Baccalaureate Nursing Students.

Your research protocol has been classified as EXEMPT. This means you will not be required to obtain signed consent. However, unless your research involves **only** the collection or study of existing data, documents, or records, you must provide each participant with a summary of your research that contains all of the elements of an Informed Consent document, as described in the IRB application material. Permitting the participant, or parent/legal representative, to make a fully informed decision to participate in a research activity avoids potentially inequitable or coercive conditions of human participation and assures the voluntary nature of participant involvement.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-7172 or e-mail: rauscher@uwosh.edu).

Sincerely,

Dr. Frances Rauscher
Dr. Frances Rauscher
IRB Chair

1943

UNIVERSITY of
NORTHERN COLORADO
Institutional Review Board (IRB)

December 21, 2010

TO: Megan Babkes Stellino
           School of Sport and Exercise Science

FROM: The Office of Sponsored Programs

RE: Exempt Review of *Civic Engagement if Senior Baccalaureate Nursing*
           Students, submitted by Lori A. Brown (Research Advisor: Faye Hummel)

The above proposal is being submitted to you for exemption review. When approved,
return the proposal to Sherry May in the Office of Sponsored Programs.

I recommend approval.

_____   1/2/2011
Signature of Co-Chair   Date

The above referenced prospectus has been reviewed for compliance with HHS guidelines
for ethical principles in human subjects research. The decision of the Institutional
Review Board is that the project is exempt from further review.

IT IS THE ADVISOR'S RESPONSIBILITY TO NOTIFY THE STUDENT OF THIS
STATUS.

Comments:
- email approval 1/2/11
- file email approval/permission from schools w/ OSP

25 Kepner Hall -- Campus Box #143
Greeley, Colorado 80639
Ph: 970.351.1907 ~ Fax: 970.351.1934

APPENDIX C

REQUEST LETTER TO DEAN/DIRECTOR

To: Deans and Directors of CCNE Accredited Nursing Schools

Regarding: Civic Engagement of Senior Baccalaureate Nursing Students

My name is Lori A Brown and I am a PhD student with the University of Northern Colorado School of Nursing. I am currently preparing to compile data for my dissertation and I need your assistance. The purpose of my project is to determine the skills and motivations for civic engagement that senior baccalaureate nursing students have developed while working toward their nursing degrees. As you may know, 3 million nurses in our country have very little voice in the increasingly uncertain health care system. I believe the research will help to shape the discussion about the future civic and political strength of the profession.

Your school was one of 15 randomly selected CCNE accredited schools in your census region. A total of 135 schools are being invited. I would like your permission to ask your students to take the National Civic Engagement Survey-BSN online. Students will not be asked for personally identifying information. Only background information needed to place the data in context is asked. They can access the survey any time or place they choose. I will share with you, your faculty, and your students the findings upon completion of the study. Should you decide to grant approval for me to survey your students, please forward the attached letter to the instructor(s) working with final semester students in your baccalaureate program. The letter is an introduction to the study and an invitation to participate. The instructor can then forward this to students. In about a week, I will send you the link to forward to the same instructor.

The study proposal has been approved by Institutional Review Boards at both the University of Northern Colorado and the University of Wisconsin Oshkosh. Please email me with your decision about access to your student population. Feel free to contact me with any questions you might have about this exciting and timely project. I look forward to sharing the results with you!

Regards,
Lori A Brown, RN, PhD(c), CCRN, CNE
Doctoral candidate
University of Northern Colorado School of Nursing
brow958@bears.unco.edu

APPENDIX D

INTRODUCTION TO POTENTIAL PARTICIPANTS

UNIVERSITY *of*
NORTHERN COLORADO

Hello, fellow nursing student!

I am a doctoral student in the University of Northern Colorado, College of Nursing. I am performing research for my dissertation and would like to invite you to participate. The purpose of my research is to determine whether or not baccalaureate nursing students are prepared to engage in the civic and political activities mandated by the nursing profession. You are being asked to participate because you are enrolled in a baccalaureate nursing program accredited by the Commission on Collegiate Nursing Education (CCNE) and you are finishing your first college degree. As a participant in this research, you will be asked to complete an online survey. Taking part in this study should take no more than 30 minutes.

For the survey, you will not provide your name. Therefore, your responses will be anonymous. The survey will ask you about your participation in your community, your attitude toward political involvement, and about your political beliefs. To provide context to the data, the survey will ask for some information about your background including family characteristics, income, gender, race/ethnicity, and religious affiliations. If at any time the questions become uncomfortable, you will be entitled to exit the survey without completing the questionnaire.

Risks to you are minimal. You may feel some discomfort in reflecting on your beliefs about government and your part in it. The cost to you is the time that it takes to complete the survey. While you will not benefit directly from taking part in the study, the information gained will help to determine how prepared nurses are to engage in political or civic activities. This will give some context for discussions about how best to help nurses feel comfortable in the role of civically engaged nurse. Hopefully, you will also recognize that, as a new member of the profession, your experiences are valued. The final results of the research will be sent to your school of nursing and will be submitted for publication in a professional nursing journal.

In about a week, your instructor will forward the survey link to you. You can opt not to participate and there will be no consequences to you. Should you decide to take the survey, you are free to choose when and where you do so. So, keep your eyes out for the link. Remember that your experiences are very important to the profession. If you have any questions about participating, feel free to contact me. I look forward to examining your thoughts about this important topic!

Thank you in advance,

Lori A Brown, RN, PhD(c), CCRN, CNE
Doctoral Candidate
University of Northern Colorado
School of Nursing
brow9583@bears.unco.edu

APPENDIX E

PARTICIPATING SCHOOLS OF NURSING

PARTICIPATING SCHOOLS OF NURSING

Region	Public schools	Private schools
Pacific West	University of California Irvine Oregon Health Sciences University University of Washington California State, Long Beach	George Fox University Holy Names University Gonzaga University
Mountain West	Montana State University University of New Mexico University of Colorado, Colorado Springs University of Utah University of Northern Colorado University of Wyoming	Touro University, Nevada
West North Central	Missouri State University University of Kansas University of Central Missouri	Augsburg College William Jewell College Dordt College Washburn University of Topeka
East North Central	Miami University Illinois State University Western Illinois University	Purdue University University of Indianapolis University of Saint Francis
New England	Salem State University	Husson University Colby-Sawyer College Sacred Heart University of Connecticut

Mid Atlantic	State University of New York,
	  Upstate Medical University
	William Paterson University
	  of New Jersey
		Thomas Jefferson University
		Drexel University
		Monmouth University

South Atlantic	University of Virginia College at Wise	Lenoir-Rhyne University
East South Central		Remington College of Nursing Marymount University
West South Central	University of Southern Western Kentucky University	Bethel University of Tennessee Bellarmine University Milligan College

APPENDIX F

SURVEY CONSENT FORM

UNIVERSITY *of*
NORTHERN COLORADO

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: The Civic Engagement of Baccalaureate Nursing Students
Researcher: Lori A Brown, RN, MSN, CCRN, CNE
Phone Number: (999)999-9999   e-mail: brow9583@bears.unco.edu
Research Advisor: Faye Hummel, PhD, RN, TCN   e-mail: faye.hummel@unco.edu

I am a doctoral student at the University of Northern Colorado, College of Nursing. I would like to invite you to participate in my dissertation research study. The purpose of my study is to determine whether or not baccalaureate nursing students are prepared to engage in the civic and political activities mandated by the nursing profession. You are being asked to participate because you are enrolled in a baccalaureate nursing program accredited by the Commission on Collegiate Nursing Education (CCNE). As a participant in this study, you will be asked to complete an online survey which should take no more than 60 minutes.

For the survey, you will not be asked to provide your name. Therefore, your responses will be anonymous. The survey comprises the following items: your participation in your community, your attitude toward political involvement, and about your political beliefs. To provide context to the data, the survey will also include items on information about your background including family characteristics, income, gender, race/ethnicity, and religious affiliations. If at any time, you feel you cannot answer the questions, you can exit the survey without completing the questionnaire.

There will be minimal risks to you for participating in this study. You may feel some discomfort in reflecting on your beliefs about government and your part in it. The inconvenience to you is the time that it takes to complete the survey. While you will not benefit directly from participating in the study, the information gained from you, as a new member of the profession, will be valuable in helping me to determine how prepared nurses are to engage in political or civic activities. In addition, the information may provide context for discussions about how best to help nurses feel comfortable in the role of a civically engaged nurse. Hopefully, you will also recognize that, as a new member of the profession, your experiences are valued. The results of the study will be sent to your school of nursing, and will also be submitted for publication in a professional nursing journal.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions please complete the questionnaire if you would like to participate in this research. By completing the questionnaire, you will give us permission for your participation. You may print this form for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161