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NURSES, POLITICS AND POLICY:
MOVING A CRITICAL INITIATIVE FORWARD THROUGH
EDUCATION, INSPIRATION AND MOTIVATION
FOR POLITICAL ACTIVITY

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Elizabeth Maurine Clark, MSN APRN FNP-BC

May 16, 2022

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This DNP Project is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

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Joan A. Kearney PhD APRN FAAN

Date: ________________________________

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Signed: ___________________________________

May 16, 2022

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Abstract

Texas has the highest rate of uninsured and underserved residents in the United States. Texas also is one of the most restricted states for advanced practice registered nurses (APRN) to practice. As shown in other states, one means of obtaining full practice authority for APRNs is by gaining more of a nursing presence in the legislature. This project created a program to educate, motivate and inspire Texas nurses for political involvement. The project was completed in collaboration with the Texas Nurses Association. 78 nurses participated in surveys focusing on nurses' attitudes and opinions, knowledge level, mental preparedness for political involvement and running for political office. Nurse participants expressed two types of interest in political activity – "Political Candidacy," and "Political Involvement." Findings revealed that only a small percentage of nurses wish to run for office, while a much larger group of nurses no not wish to run, but are strongly motivated and inspired to be involved on a local or state level, and to support nurse candidates.

Of concern is the predominant sentiment among these nurses that they lack preparation and feel ill-prepared, intimidated and discriminated against when considering political involvement. Their most common stated barrier to political involvement was time constraints, followed by lack of education about politics and policy in nursing school. The majority were interested in further educational programs on preparing nurses for political involvement. This project highlights a need for expanded educational programs to prepare nurses on topics including legislation & regulation, election law, voting rights, campaign finance, and administrative law.

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Chapter 1

Introduction, Significance and Problem Statement

Texas has the highest number of uninsured residents in the United States, a staggering twenty- two percent (U.S. Census Bureau, 2019). This is significantly a higher number of un-insured than the National average, at 10% (Texas Primary Care Needs Assessment, 2016, U.S. Census Bureau, 2019). Additionally, Texas has the highest number of un-insured children in the United States, with rates increasing each year, totaling over 4 million in 2018 (Alker & Roygartner, 2019, U.S. Census Bureau, 2019).

This exceptionally high number of uninsured has placed significant economic burden on Texas' healthcare costs. Uninsured seek medical care in emergency rooms instead of primary care clinics, and therapies are focused on treatment rather than prevention. Life expectancy rates in Texas are lower than the national average (Health Status of Texas, 2010) at 78.1 and 78.6 years, respectively with Texas' ranking 30th out of the 50 states. (CDC, 2017). There are many factors which contribute to the high number of uninsured in Texas including the political argument against adopting Medicare and Medicaid expansion which could expand coverage to millions of residents (Alker & Roygartner, 2019, Eibner & Nowak, 2018). Additional factors include making applications for Medicaid/Medicare more difficult to complete, removing penalties for individuals to enroll in Medicaid/Medicare, focus on decreasing immigration in Texas has caused millions of immigrants to be afraid to apply for insurance for their (mostly citizen) children, for fear of deportation (Alker & Roygartner, 2019).

The vulnerable population of uninsured in Texas need advocates on a state and national level to stand up for their needs, and nurses can provide that. They possess the skills of patient advocacy, which has been interwoven into their, as you would say, professional DNA. The

Gallup Survey results show, for the last 20 years in a row, Nurses have been voted the #1 most trusted profession (Gallup.com). In another Gallup Survey, Nurses also earned the highest ranking for honesty and ethics at 89%, followed by Medical Doctors at 77% (Gallup.com). One avenue for nurses' continued advocacy is through political office obtainment. However, nurses historically lack the skills and experience to effectively run for office and win campaigns. Programs and initiatives to train and prepare nurses to become involved in politics would be most helpful in this regard (Woodward, Smart & Benavides-Vallelo, 2016, Shariff, 2014). This is especially significant with respect to politics that have a direct impact on access to care, one example is full practice authority for advanced practice registered nurses (APRN) (Barnes, et al, 2017, Brom, H, et al, 2018, Cross & Kelly, 2014, Fraser & Malillo, 2018, Kuo, et al, 2013, Mundinger, et al, 2000, Oliver, et al, 2014, Xue, et al, 2015, Zwilling & Fiandt, 2019). Nursing practice regulation is determined by each state, and is not always equal to the level of education and abilities of the provider. Each state can often times have organizations who have reasons to not want nurses to practice consistent with their level of education, resulting in practice "turf wars (CDC, 2016)."

There are few nurses who hold political positions in Texas, and the lack of nursing presence in legislation has negatively affected scope of practice for registered nurses (RN), as well as advanced practice registered nurses (APRN) in Texas (Texas Nurses Association, 2019). This is evidenced by the fact that Texas is one of the most restricted states in which to practice as a nurse practitioner (American Academy of Nurse Practitioners, 2019). This fact is significant in that there is extensive research showing that full practice authority can significantly increase access to care for underserved and vulnerable patients, improve patient outcomes, positively impact social determinants of health and decrease medical costs to states and national government

spending (Barnes, et al, 2017, Brom, H, et al, 2018, Cross & Kelly, 2014, Fraser & Malillo, 2018, Kuo, et al, 2013, Mundinger, et al, 2000, Oliver, et al, 2014, Xue, et al, 2015, Zwilling & Fiandt, 2019).

The American Academy of Nurse Practitioners suggested "States that restrict or reduce NPs' ability to practice according to their training and licensure are more closely associated with geographic health care disparities, higher chronic disease burden, primary care shortages, higher costs of care and lower standing on national health rankings" (American Academy of Nurse Practitioners, 2018). Full practice authority is unlikely to be implemented without a legislative nursing presence. In doing so, nurses, through their participation in politics, can advance the profession and promote local, national, and international efforts to meet the healthcare needs of the community (Boswell, Canon & Miller, 2005).

Nurses, as patient advocates in state and national level policy, legislation, and regulation, add a dimension to nursing and healthcare which is under-utilized and under-valued (Abood, 2007). In a national online survey of 468 nurses, 40% reported that that they could impact local political decision-making, 32% felt that they could make a difference on a state or national government level, and 80% reported their nursing courses were lacking in political topics, resulting in lack of preparation for participation in politics (Vandenhouten, C. et. al, 2011).

Nurses are the largest population of the health workforce, 2.9 million registered nurses in the United States (Bureau of Labor Statistics, U.S. Department of Labor, 2018), yet there are currently only three nurses in congress: Eddie Bernice Johnson, representing the 30th District of Texas, Lauren Underwood of the 17th District of Illinois, and Cori Bush, of Missouri's 1st Congressional District (American Nurses Association, 2021). In contrast, there are 17 physicians

who currently serve in congress (American Medical Association 2019). This is a disproportionate representation of nurse to physician ratio in those serving in political office, given that there are over 4 million nurses in the United States and only half a million physicians (National Council of State Boards of Nursing, 2019).

On a state level, there are more than 300,000 nurses in Texas (National Council of State Boards of Nursing, 2019), but only 2 nurses hold a state legislative office position. These include Representative Stephanie Klick, of the 91st District, who is also chair of the Health and Human Services Committee, and Representative Donna Howard, of the 48th District. Comparatively, there are six physicians in the Texas legislature (Dallas Morning News, 2017).

In contrast, eight nurses serve in the legislature in the state of Washington, seven in the state of Minnesota and six in the state of Montana (Clavreul, n.d.). It is noteworthy that the three states with the most nurses who hold public office have full practice authority for Nurse Practitioners (American Academy of Nurse Practitioners, 2019). Nurses have made numerous important contributions to healthcare from local to global levels. They have led as patient advocates for centuries making them a natural fit for political involvement. (Alexander, 2019, Cosier, 2017, Mackey & Bassendowski, 2017, ANCC, 2019). Political activity by nurses critically influences health policy, benefits patients, supports and elevates the profession of nursing, and enriches those nurses who take part in this activity (Cramer, 2002, Shariff, 2014). In Texas for example, Texas State Representative Donna Howard [D-TX-48], who is a nurse, was responsible for presenting and the subsequent passing of HB 280, which provided a grant program for reducing workplace violence for nurses in Texas (Relating to a Grant Program for Reducing Workforce Violence Against Nurses, 2017). Texas State Representative Stephanie Klick [R-TX-91], showed bipartisan support for HB280 as well. She also sponsored HB3704 to

make provisions for life-sustaining artificially administered nutrition and hydration treatment (Relating to the Provision of Artificially Administered Nutrition and Hydration and Life-Sustaining Treatment, 2015). In North Carolina, Representative and Nurse Practitioner Gail Adcock [D-NC-41] sponsored H.B. 272/SL 2021-69 which became law. The bill provided revisions on the health standard for lead (Revise Health Standard for lead, 2021-2022).

On a national level, nurse and U.S. Representative Eddie Bernice Johnson [D-TX-30] has been responsible for sponsoring 5 bills that have become law, and co-sponsored over 283 bills which became law including H.R. 4704 which advances research to prevent suicide and H.R. 3153 which expands findings for federal opioid research (Advancing Research to Prevent Suicide Act, 2019-2020 & Expanding Findings for Federal Opioid Research and Treatment Act, 2019-2020). U.S. Representative and nurse Lauren Underwood [D-IL-14] sponsored bill H.R. 2372 which became law in the 116th Congress, which was the Veterans' Care Quality Transparency Act (2019-2020). These are just a few examples of the impact nurses have had on legislation in the United States.

Problem Statement

Given the small number of Texas nurses who hold state or national public office, and nurses reporting lack of training in politics and policy, the goal of this DNP project was to create an educational program for nurses in the state of Texas who wish to become involved in various political activities to increase nursing's voice in decision making and policy. In doing so, it identified nurses who were interested in becoming involved in politics and created an educational program for those who not only wish to run for office, but to be politically active in supporting candidates through grassroots effect. The project was in partnership with the Texas Nurses Association, and involved all members of this organization. This project was

distinguished by its ability to conceptualize a new model and curriculum that was feasible within current organizational, political, cultural, and economic perspectives (DNP Essentials, 2006).

Significance

Given the demonstrated need for advocacy regarding access to healthcare in Texas, and proven mechanisms to do this, including using political influence, in states such as Washington, Minnesota and Montana (Clavreul, nd), it is important to address this gap to support critical healthcare initiatives in the state. With more than 4.8 million uninsured residents in Texas (US Census, 2019, p. 19), and evidence supporting the effectiveness of full practice authority for APRNs in addressing this issue (Barnes, et al, 2017, Brom, H, et al, 2018, Cross & Kelly, 2014, Fraser & Malillo, 2018, Kuo, et al, 2013, Mundinger, et al, 2000, Oliver, et al, 2014, Xue, et al, 2015, Zwilling & Fiandt, 2019), this project was timely and meets a significant need. Increasing access to care, through mechanisms such as full practice authority and identifying the barriers to nurses' political involvement, and then providing training for nurses in these areas may help to increase nurses' participation in politics and hopefully lead to nurses running as candidates on local, state, and national levels.

Chapter 2

Review of the Literature

Search Strategy

An extensive literature review was completed using the following databases: PubMed, CINAHL, Ovid, Scopus & Google Scholar. Search topics included "training programs for nurse legislators," and "nurses in legislation," "training nurse leaders," "legislative training programs in Texas," "leadership programs in Texas," "legislative programs in the United States," "leadership programs in the United States," "legislative school for nurses," "campaign schools in Texas," "campaign schools in the United States," "campaign school for nurses," "educating nurses to run for office."

There were two parts of the review of literature, the first being focused on full practice authority and the outcomes of utilizing this scope/freedom/ability, and the second being literature focused on campaign schools, nursing policy programs and political training programs that would be necessary for full practice authority advocation. 144 total published titles and abstracts were found. Following removal of 110 duplicates, 86 record abstracts were screened, 54 full-text articles were then assessed for relevance, and 34 final full texts, legislative programs and nursing political toolkits were included. Please see Appendix A for PRISMA diagram. Of these studies, 18 of the most pertinent and highest quality studies were included in the Evidence Matrix (Appendix B).

Synthesis of the Literature

In the two-fold review of literature, there were a total of 18 studies and articles reviewed which are included in the Evidence Matrix. There were nine articles reviewed which focused on the benefits of full practice authority and there were nine articles included in the review of

literature that focused on nurses in politics, the identified needs of nurses for political involvement, barriers, and recommended solutions.

In the first arm of the review of literature regarding full practice authority, there were nine studies reviewed. One was a randomized controlled trial, three were systematic reviews, two were correlational designs, one was a cross-sectional study and two were retrospective and comparative descriptive studies. The summary of findings in this literature review showed that states where nurse practitioners have full practice authority have improved health outcomes in their communities and have decreased hospitalization rates. It also found that patients treated by nurse practitioners had similar or improved health outcomes when compared to treatment by a physician. It also illuminated that scope of practice is determined by each state's political climate and has nothing to do with the actual level of education and certification of the nurse practitioner.

The second arm of the literature review was on nurses' political involvement. There were nine articles reviewed on this topic. Three studies were systematic reviews, four were descriptive/qualitative studies, one was a mixed qualitative/quantitative review, and one was an expert opinion article. Most of the studies were qualitative. In addition to the literature review, there was also an extensive review of policy programs for nurses, as well as non-nursing-focused political training programs throughout Texas. Articles included in the review were categorized as high levels of evidence, as well as those that were pertinent to nurses' involvement in politics. The most common weakness in the literature was a lack of data or description of any programs that have been implemented to train and equip nurses for legislative involvement. Please see Evidence Table (Appendix B) for description.

Literature Findings

Full Practice Authority

In this review, six studies were selected which focused on the relationship between the degree of scope of practice of NPs and patient access to care and patient outcomes. Four of the articles determined this by analyzing national data from Medicare and Medicaid reports. The six articles focused on scope of practice for nurse practitioners and the benefits of patient access to care, health outcomes and decreased costs. All six articles determined that states with FPA provided improved access to care for patients in comparison to states with more restrictions on scope of practice for nurse practitioners (Chapman et al, 2019, Barnes, et al, 2017, Fraser et al, 2018, Kuo, et al, 2013, Oliver, et al, 2014, Xue, et al, 2016).

One of the studies listed above additionally determined that utilization of nurse practitioners with expanded scope of practice (SOP), decreased hospitalizations and decreased cost (Oliver, et al, 2014). In this study, there were four criteria investigated – potentially avoidable hospitalizations for Medicare-Medicaid beneficiaries, readmission post discharge rehabilitation, nursing home resident hospitalization and state health outcomes. A two-sampled t-test was performed on the four areas of data and then a one-way analysis of variance to identify the level of NP practice on these four data sets was analyzed by the authors (Oliver, et al, 2014). Findings demonstrated that states with reduced or restricted practice of NPs resulted in higher hospitalization rates of Medicare beneficiaries and had a negative impact on state healthcare expenditures. It also determined that states where NPs had FPA had lower hospitalization rates and decreased financial burden on state expenditures.

The second study which utilized Medicare/Medicaid data included findings that states with the least restrictions showed an increased access to care by nurse practitioners (Kuo, et al, 2013). In this study, NP Medicare billing was compared to primary physician Medicare billing. The different levels of NP scope of practice were identified by each state as: a) independent

practice and prescription authority, b) independent practice but requiring supervision for prescriptions and c) restricted practice requiring supervision for practice and prescription. States which had full practice authority had improved access to care in the primary care setting. The study suggested that utilizing nurse practitioners to their fullest extent is a solution to the shortage of primary care providers (Kuo, et al, 2013).

Two of the studies, in addition to determining FPA for NPs increases access to care, determined significant cost reduction and savings of health care expenditure on a state level (Xue, et al, 2016). One of these studies was a systematic review that investigated the impact of scope of practice (SOP) regulations on the three items mentioned above. Results determined that states with full SOP had average of 25 more NPs per 100,000 population, compared to states with most SOP restrictions. Growth of NPs in the workforce showed 100% growth in states with full SOP. 92% growth was seen in reduced SOP regulation states, 73% in restrictive states. In this study, a report was reviewed from Alabama which determined that removing NP restrictions could result in a net savings to the state of over $729 million over a 10-year period, and much of this savings would come from lower expenditures in primary care (Xue, et al, 2016).

A cross-sectional study evaluated the financial benefits of NPs with FPA by analyzing chart data from ambulatory practices. This study determined that NP/PAs were 13% more likely to work in primary care settings in states with full practice authority, compared to states with more restricted practice (Barnes, et al, 2017). It also determined that NPs had a 20% higher likelihood to work in primary care if they were reimbursed 100% of the physician Medicaid fee-for-service rate. Additionally, NPs had a 23% higher likelihood to accept Medicaid patients than practices which did not employ NPs. The study determined that by removing the

scope of practice restrictions on NPs, and increasing reimbursement for Medicaid, NP participation in primary care and acceptance of Medicaid patients may increase (Barnes, et al, 2017).

A retrospective descriptive study of nurse practitioner's scope of practice determined that since the passing of the Affordable Care Act (ACA), there has been a twofold increase in states which have adopted FPA, resulting in a significant increase in the number of insured residents. The study also showed that the increased numbers of insured residents are the primary motivation for other states to continue to advocate for FPA (Brom, et al, 2018).

Two studies demonstrated that care delivered by a nurse practitioner in the primary care setting was equal to that of a physician (Mundinger, et al, 2000 & Lenz, et al, 2004). Mundinger et al. conducted a randomized trial which selected patients to either be under the care of a physician or a nurse practitioner in primary care. Patients were interviewed after their initial clinic appointment at six months, then at one year. Outcomes of patients treated either by NPs or physicians with diabetes (P=.82) or asthma (P=.77) were not different. Findings determined that there were no significant differences found in patients' health status after being treated by nurse practitioners versus physicians at six months and this study was an impetus for further research.

The second study was a two-year follow up study on the same patients which were in the first study (Lenz, et al, 2003). This follow up study interviewed the same patients from the first study who were not lost to care or had not transferred their care elsewhere, and findings were similar to the initial study- there were no statistically significant differences in health status between patients who received care from a nurse practitioner compared to patients who received care from a physician (Lenz, et al, 2003). There is, however, a lack of evidence with follow ups

on how nurse practitioners are utilized when compared to state-level regulations, which suggests a need for further study (Zwilling & Fiand, 2019).

In summary, the review of literature on full practice authority for nurse practitioners revealed increased access to care, improved patient outcomes and decreased financial burden on states' healthcare spending. It was also determined that nurse practitioners deliver a similar level of care as physicians in primary care practices.

Barriers to Expanding Scope of Practice

Barriers to expanding scope of practice somewhat vary by state, however there are many similarities. Of the six articles reviewed, which were published issue statements, none were research trials. These articles reported the American Medical Association was the greatest barrier to extending the scope of practice for nurse practitioners (Chesney, 2017, Gutchell, Idzik, & Lazear, 2014, Livanos, 2017, Myers & Alliman, 2018, Peterson, 2017, Villegas, & Allen, 2012).

Additionally, all six articles reported medical associations continue to restrict scope of practice for nurse practitioners on a state-wide level, making this the largest barrier in furthering expansion of scope of practice for nurse practitioners (Chesney, 2017, Gutchell, Idzik, & Lazear, 2014, Livanos, 2017, Myers & Alliman, 2018, Peterson, 2017, Villegas, & Allen, 2012,). These articles also report another common barrier for expanding the scope of practice for nurse practitioners is the uncoordinated regulation of each state (Chesney, 2017, Gutchell, Idzik, & Lazear, 2014, Livanos, 2017, Peterson, 2017, Villegas, & Allen, 2012).

The American Medical Association's (AMA) House of Delegates frequently attempt to amend resolutions which restrict scope of practices for APRNs (Livanos, 2017). In this article, the historical background of APRNs was discussed, beginning in the 19th century, developed by physicians, as a response to a New York Community with multiple health care needs and little

access to care. As the APRN role expanded, physicians resisted, and the power struggle continues as the AMA considers APRNs as professional threats (Livanos, 2017).

Two studies determined that many states have both boards of nursing, as well as state boards of medicine regulating NP's scope of practice (Livanos, 2017 & Lugo, et al, 2007). This combined supervision has caused limitations within many states and has been a barrier to further expansion of scope of practice for nurse practitioners (Livanos, 2017 & Lugo, et al, 2007). Antiquated hospital bylaws, such as limiting what NPs are allowed to do within their institution, even though such interventions are within their extent of education and training are also restrictions (Peterson, 2017 & Westat, 2017).

Three articles report another barrier is the legislators (Chesney, et al, 2017 & Gutchell, 2017, Myers & Alliman, 2018). When legislators consider NPs and MDs as opponents, they prefer to avoid taking sides, and try not to alienate supporting constituents (Chesney, et al, 2017 & Gutchell, 2017). Lack of legislator support or bias due to financial support from medical associations was identified to be a barrier, as well as lack of supporters in the business industry, consumer groups and health care associations (Chesney, et al, 2017 & Gutchell, 2017, Myers & Alliman, 2018).

Nurses, Leadership and Political Involvement

The review of literature revealed in general that full practice authority provided increased access to care, decreased medical costs to states and improved patient outcomes. Additionally, the review also revealed that nurses do not believe they are adequately trained or equipped to run for political office or to hold a political position. There were seven articles critically assessed in this section of the literature, focusing on nurses, leadership and political involvement, as well as influencers and barriers on such topics (Cramer, 2002, Des Jardin 2001, Gebbie, 2000, Shariff,

2014, Vandenhouten, et al, 2011, Verba, et al, 1995, Wong & Cummings, 2007, Woodward, Smart & Benavides-Vaello, 2016).

A systematic review investigated the relationship between nursing leadership and patient outcomes (Wong & Cummings, 2007). Findings revealed that the more nursing leaders at institutions are involved in patient care, the lower the rate of adverse events and the higher the level of patient satisfaction. This review emphasized how the integration of the nurse leadership role into the political culture can naturally be an effective mechanism for change. According to Des Jardin (2001), nurses are naturally skilled in their field in ways that could be translatable to the political arena, including strong negotiation and communication skills, empathy and advocacy, clinical expertise, and attentiveness. If nurses are natural leaders, in communication and negotiation, these skills are easily transferred to politics.

Influencing Factors for Nurse Involvement in Politics

An exploratory review of literature by Woodward, Smart and Benavides-Vaello assessed modifiable factors which support nurses' participation in politics and identified three factors: a) integration of political education in nursing programs, b) identifying personal interest and connection to politics, c) recognizing the value of membership in a professional nursing organization (2016). Essentially, nurses are already trained in the basic skills necessary to be a legislative leader. Therefore, recruiting nurses, either through their nursing programs or by identifying a personal connection to politics (e.g., as a patient or nurse advocate), and recognizing the value of this involvement provides excellent candidates for future leaders in politics. Woodward, Smart & Benavides-Vaello (2016) also recommended that in order for nurses to be more interested in political activity, nursing organizations should focus on recruiting and retaining members, and offer opportunities for the membership to be more politically active.

In two surveys, factors influencing organized political participation in nursing were examined (Cramer, 2002 & Vandenhouten, et al, 2011). The Civic Voluntarism Model (CVM) Framework was used to assist in both studies (Verba, et al, 1995). Both surveys had similar findings. In Vandenhouten's, et al (2011), 468 Midwest nurses were selected by convenience sampling from with institutions (four health care and four educational) in Wisconsin. In Cramer's (2002) study, nurses were divided into two groups: ANA members and non-members. The first group were active members of a state nursing organization (SNA), the second group were members of two separate specialty nursing organizations. Questions to both studies followed the CVM guidelines (Verba et al., 1995), for Vandenhouten's, this included political participation, resources, and psychological engagement. Political participation included voting, campaigning, attending rallies, volunteering, being a member of political nursing organizations (Vandenhouten, 2011). Resource variables included time and money, as well as civic skills which may influence involvement in politics. Psychological engagement variables included a sense of connectedness, political knowledge, family influence and nursing education (Vandenhouten, 2011). In Cramer's study, resources, engagement and networks of recruitment were assessed (Cramer, 2002).

Resource variables assessed included available family income, amount of free time and civic skills. Engagement variables assessed included political information, political interest, personal efficacy and partisanship. Networks of recruitment variables were measured by three fill-in-the blank questions regarding the number of opportunities they recalled having of involvement in participation through their organization, such as applications, calls to action.

Results from Vandenhouten's (2011) survey revealed that resources, such as time, money and civic skills, were significant factors for political participation ($p < .001$). 40% of responders felt their involvement could impact political changes on a local level, and even less, (32%)

reported they believed they could influence change on a state or national level. A large portion of responders (80%) reported they believed they lacked preparation for political participation from their nursing courses. 88% of the participants reported they had minimal or no time to be involved in political activities, community or nursing focused (Vandenhouten, 2011).

Interestingly, 95% of participants reported they believed nurses' involvement in politics was important. Similarly, findings of Cramer's (2002) study revealed that the largest variables associated with nurses' political participation were resources and engagement, with 60% and 54% in the member group and 39% and 45% in the nonmember group, respectively (Cramer, 2002). Within the resources, free time was a statistically significant contributor to resources' potential prediction ($p < .01$). For nurses to be more involved in politics, availability of free time must be considered, resulting in short meetings, distance learning and opportunities that do not demand large amounts of time (Cramer, 2002).

In Gebbie's study (2000) 27 expert and executive nurses who are politically involved discussed resources which contributed to their participation, as well as suggestions on how to improve resources for nurses desiring to be involved in policy. They also discussed strengths and weaknesses of the current resources for policy work. These nurses were either elected or appointed to a branch of government, or were participants involved in nongovernmental policy. The interview used in this qualitative study asked questions surrounding three main themes: 1.) What brings nurses to the policy arena, 2. what their career paths are, and 3. what needs to be done to strengthen nurses who desire to be involved in policy and politics (Gebbie, 2000).

The nurses who were interviewed in this study reported they believed that policy and political activism is inherently connected to nursing (Gebbie, 2000). Nursing has always influenced improvements in patient outcomes, starting on the micro-level with the individual

patient and extending to a macro level, of institution, state, and national setting. They described three "hooks" which influence nurses' involvement in health policy: personal experience, mentors, and dramatic interventions (includes witnessing legislation that adversely affects care or violates human rights). Another nurse described the theory that "a passion for care" is what drove her to extend her profession beyond the bedside and to interact with and then become involved in politics. Many nurses believed skills which nurse have developed in their profession are valuable in the policy sector and political setting. These attributes include knowledge of the healthcare field, people skills, effective communication, the ability to multi-task, and keep priorities clear, and collaborate with a variety of individuals with many differences. Problem-solving skills, which nurses possess can be invaluable to policy making. Nurses provide a resource for legislators to understand certain laws and funding necessities in the health care. In the study, nurses also used their political position to advance the profession by expanding nurse practitioners' scope of practice to increase access to care (Gebbie, 2000).

The career paths of nurses in policy positions were not planned, as reported by the interviewed nurses in Gebbie's study (2000). They described the catalyst for political involvement spurred from opportunities presented to the nurse and they accepted the challenge. The recommendations of the esteemed nurses who were interviewed to other nurses considering becoming involved in policy were to become involved a) individually b) organizationally c) educationally d) in nurse research (Gebbie, 2000). This broad range of involvement provides a rich diversity of resources and opportunity.

Barriers for Nurses in Legislation

There were many barriers found in the literature review on nurses becoming more involved in

politics, and 9 studies and articles were included on this topic (AMA, 2018, Cramer, 2002, Benton, Des Jardin, 2001, Gebbie, Wakenfield & Kerfoot, 2008, Geese, 1991, Maaitah, & Garaibeh, 2016, Shariff, 2014, Vandenhouten, et al, 2011, Woodward, et al, 2016). One is the misconception that nursing is an "angel-like profession" which is not considered an appropriate image for politics (Vandenhouten, et al, 2011). The American Medical Association (AMA) has opposed expanding the scope of practice for nurses for decades (AMA, 2018, Cramer, 2002), as has the American Hospital Association (Cramer, 2002). Another barrier is the concern that nurses have a lack of political skills, which has been a topic for decades in nursing (Cramer, 2002). Lack of resources, time constraints, lack of involvement in nursing organizations, lack of knowledge of the legislative process and limited political awareness are all barriers to nurses in legislation (Cramer, 2002, Shariff, 2014, Gebbie, Wakenfield & Kerfoot, 2008, Benton, Maaitah, & Garaibeh, 2016, Geese, 1991, Des Jardin, 2001, Vandenhouten, et al, 2011, Woodward, et al, 2016).

Nurses report a lack of training to be active in legislation (Vandenhouten, C. et. al, 2011). In an online survey of 468 nurses, only 40% reported they could impact local political decision-making, 32% felt they could make a difference on a state or national government level, and 80% reported their nursing courses were lacking in political topics and they felt they were not prepared for participation in politics (Vandenhouten, et. al, 2011).

Many nurses report that they are not politically involved for various reasons and complain that national nursing organizations are not politically involved enough, yet they offer no suggestion to resolve this issue (Geese, 1991). In Geese's survey, 75.4% of the survey participants reported that they thought the ACNM needed to be more politically involved, however, nearly half (46.2%) did not offer suggestions on how to improve political participation (Geese, 1991). Geese

proposed that political participation is a responsibility of each organization's members, starting at a "grassroots level" where political mastery and refinement may evolve (Geese, 1991). Therefore, political involvement comprises far beyond running for political office, it requires support from the nursing profession on all levels to be successful. However, when nurses do not participate in politics, the so-called "political apathy" (Cramer, 2002) of nurses creates a vicious cycle of powerlessness, continued policy changes dictating practice restrictions, limiting patient access to care and the needs of the most vulnerable (Cramer, 2002).

Nurses who were interviewed in one study reported there can be negative associations to politicians being labeled as a nurse (Gebbie, 2000). Nurses reflected on experiences where they were perceived as being on a lesser intellectual level than individuals of other professions. This has influenced many nurses to minimize their affiliations with nursing, not allowing themselves to be known as a nurse professionally, or giving up their licensing altogether (Gebbie, 2000).

Based on this literature review, it was determined one of the most significant barriers to nurses being involved in politics is that they do not feel adequately prepared to do so (Cramer, 2002, Shariff, 2014, Gebbie, Wakenfield & Kerfoot, 2008, Benton, Maaitah, & Garaibeh, 2016, Geese, 1991, Des Jardin, 2001, Vandenhouten, et al, 2011, Woodward, et al, 2016). Therefore, the likely solution to this expressed concern is to educate and equip nurses to be competent in the field of politics. By doing so, nurses' involvement in politics may well increase, bringing to light major health needs. For the state of Texas, this would include high uninsured rates, low life expectancy, and poor access to care. It would also highlight how greater involvement of nurses in healthcare provision through expanded scope of practice may aid in the solution to these issues.

Nurses and the Texas Legislature

Nurses are the largest population of the health workforce, at approximately 2.9 million

registered nurses in the United States (Bureau of Labor Statistics, U.S. Department of Labor, 2018). Yet, there are few nurses who hold political office. Senator Edward Kennedy, in 1985, quoted: "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 (p. xxi)." Currently there are only two nurses in the US Congress: One is Eddie Bernice Johnson (D), representing the 30th District of Texas, and the other is Lauren Underwood (D) of the 17th District of Illinois (American Nurses Association). In contrast, there are 17 physicians who currently serve in congress (American Medical Association). This is a disproportionate representation of nurse to physician ratio of those serving in political office, given there are over 4 million nurses in the United States and 500,000 physicians in the United States (National Council of State Boards of Nursing).

On a state level, there are a total of over 300,000 nurses in Texas (National Council of State Boards of Nursing), but very few hold a political position on local or state level in Texas. Unfortunately, there is no database which organizes this list in Texas. In contrast, there are eight nurses who serve in the legislative office in the state of Washington, seven in the state of Minnesota and six in the state of Montana (Clavreul, nd). It is important to point out that all three of these states have Full Practice Authority for Nurse Practitioners (American Academy of Nurse Practitioners).

Programs to Prepare Leaders in Politics

Legislative leadership programs in the US. The American Nurses Association (ANA) created the American Nurses Advocacy Institute (ANAI), a program which educates nurses to recognize the connection between advocacy and policy change, identify criteria to conduct a political environment assessment, describe strategies for creating and sustaining policy change

and explore networking and coalition building for advocacy (American Nurses Association). This one-year long program is open to a select group of nurses (24) each year, requiring endorsement from each state nursing organization to apply. The ANA also created the Nurse Advocacy Toolkit, which provides a guide to interact with legislators, leadership society education series, monthly updates on policy and government affairs, and multimedia access to legislative events (American Nurses Association).

In addition to nursing-focused policy and political training programs across the United States, there are numerous campaign schools, including nonpartisan organizations. These include the Women's Campaign School at Yale University (2019), the Women's Public Leadership Network, as well as partisan programs and race-specific and gender-specific programs. Additionally, the Nightingale Challenge is an initiative to involve large employers of nurses to provide the opportunity for nurses to develop leadership skills to become influencers for global health. These nurses will become lobbyists for important issues of concern to nursing (The Lancet, 2019). The Journal of Continuing Education published educational strategies for nurses to use to inform legislators about their role (Young, 2019). Although there are extensive year-long programs for nurses and web resources for political activity, there has not been found to ever be a formal, easily accessible educational program to train and prepare nurses for political involvement and candidacy.

Other leadership programs in Texas. The Texas Organization of Nurse Executives (TONE) is a program which seeks to empower nurses in Texas to become leaders. It provides scholarships as well as resources for nurses to connect and serve on boards. However, it does not include a structured program for training and equipping nurses to play an active role in politics

(TONE, 2019). Annie's List is a campaign school in Texas which trains and equips women in Texas to run for office.

Another leadership program in Texas is the Latino Center for Leadership Development (LCLD). This program accepts five candidates into their program annually and houses a leadership academy, policy institute, and a set of strategic initiatives for community members. It also equips the participants in running a successful campaign. As a result of this program, five Latinos who were in the program now hold public office positions.

All these programs have been successful to some extent in training individuals to be involved politically and run for office, but none of them focus specifically on nurses and political involvement or running for office or the intricacies on running a campaign. This is important because there may be individuals who want to be involved politically, but do not care to run for office. These individuals may not know how they can be involved. Therefore, there is a need for training programs to explore all aspects of political involvement, not specifically a campaign school. This is especially relevant in nursing as established in the literature.

Texas Nurses in Office program. In 2016, Lolly Lockhart, a nurse educator and active leader in the Texas Nurses Association proposed the idea of a program to educate and equip Texas nurses to be involved in politics, as well as run for local, then state office. The idea of this program was endorsed by the Texas Nurses Association and plans to implement the program were made, Dr. Ellen Martin, Director of TNA as the organization liaison. The need, the idea, and the support for this program were present, however, the program was never implemented. It is the intention that the Texas Nurses in Office program is to be re-initiated, providing a forum and resource for nurses in Texas who wish to be involved in politics, as well as trained to run for office.

Summary of the literature findings

There are few research projects or articles which have discussed creating a resource and training program for nurses to learn how to serve in public office. Based on this literature review, there are no studies or articles that have implemented a legislative program for nurses and assessed the outcome of policy change with nurses in legislation. Trained nurses in legislation can bridge this gap. This review has illuminated the need for training and equipping nurses in Texas to serve on political boards, so they can advocate for patients and improve access to high-quality, low-cost care. Therefore, based on the literature review on the topics above, this project was distinguished by its ability to conceptualize a new model and curriculum that are feasible within current organizational, political, cultural, and economic perspectives (DNP Essentials, 2006).

Project Model

The project model which was selected for this DNP project is Lewin's Theory of Change (1947). This theory focuses on three phases: 1) *Unfreezing,* 2) *Moving or changing, and 3) Refreezing.* This process was applicable to how the culture needed to change to influence more nurses to participate in politics in Texas.

In the *Unfreezing* section of Lewin's Theory of Change (1947), it was determined the things that needed change; ensure there is strong support, creating the need for change and manage and understand the doubts and concerns. In the case of Nurses in Office, it was disseminated that there was a need for more nurses to hold political office to advocate for the profession, as well as the patient population. There are needs to be met in the political spectrum where nurses are under-valued, restricted. The issue of full practice authority in Texas has met with resistance in politics and nurses' involvement in politics may influence changes to this in a

positive way. It has been ensured there is strong support from the Texas Nurses Association, who have endorsed the Nurses in Office Program. The understanding of doubts and concerns have been considered, including fear of lack of participation in the program by nurses, ineffective curriculum created, and failure to measure outcomes from the program (Clark, 2020).

In the *Change* section of Lewin's Theory of Change (1947), the focus was on communicating often, dispelling rumors, empowering action and involving people in the process. The communication plan included weekly status reports with the project steering community via email. Monthly status reports were emailed as well as zoom meetings with the Sponsor and champions of the organization. Involvement of leaders in the process began with the sponsor being Cindy Zolnierek, CEO of TNA, the project manager and author was Elizabeth Clark. The project announcement was communicated to the Project Manager 1 & 2, Lisa Maxwell, TNA Director of Communications and Gabi Nintunze, TNA Communications Assistant. During the program, the project team conducted biweekly status reports via email. And finally, the participants enrolled in the program were considered involved individuals in the change section of Lewin's Theory of Change.

In the *Refreezing* section of Lewin's Theory of Change (1947), solidification of the changes into the culture was made, goals to sustain the change was planning, support and training were provided, and success was celebrated. In the case of Nurses in Office, implementing the program to prepare nurses for politics, then nurses becoming more involved in politics as a result solidified the change into the culture. By example, the results of the program were shared with all members of TNA and this may motivate further nurses to participate in future Nurses in Office programs. It was the intention that some of the leaders or guest speakers for the project will act as mentors for the participants in the program, which in turn will make the

program sustainable as an annual event with the TNA and continue the change in culture. Annual programs for nurses to be educated on politics may change the culture of very few nurses involved in politics, and therefore, nurses will take their seats in political positions. Please see Appendix C for Hussain's (et al, 2018) diagram of Lewin's Change Model.

Supporting theoretical frameworks

Two theoretical frameworks inform this work. They are the Civic Voluntarism Model (CVM) by Verba, et al (1995), and the Theory of Citizen Participation (DeSario & Langton, 1987).

Civic Voluntarism Model

The first framework selected was the Civic Voluntarism Model (CVM) (Verba, et al, 1995). This model is applicable to the project Nurses in Office because it conceptualizes the influencing variables to nurses' participation in politics (Verba, et al, 1995). The three large variables identified in nurses' participation in politics include *Resources, Psychological Engagement,* and *Recruitment Networks.* Many of the variables in the different sections intertwine, as one variable influences the other, and so forth. This is an infinity circle of factors- all of which are required for a nurse to successfully become politically involved.

Resource variables include time, money and civic skills. Time is a variable that depends on each nurse's situation- whether they work full-time, have family commitments, other activities in their lives that demand more time. Money is another variable which varies among nurses- some nurses may have more financial resources than others or may have a means of securing financial means to become politically active and/or run for political office. Civic skills are a variable that is necessary to be proficient to be successful in participating in politics and as the review of literature revealed, many nurses do not feel adequately prepared with civic skills.

Variables that fall within *Psychological Engagement* include political interest, political efficacy, political information/knowledge, partisanship, family influences, as well as nursing education influences. Nurses must be interested in politics to be successful in being involved. Nurses must also have political efficacy, believing in the political system and believing that their involvement in the system is of value and can influence change. Political information/knowledge are necessary for nurses to successfully be involved. Based on the review of literature in this paper, nurses reported they do not have adequate knowledge or information regarding politics, based on their nursing education, necessitating the need for organizational or community education programs for nurses.

Partisanship, or belief in a political position or cause is important for a nurse to be politically involved. In the case of project, Nurses in Office, the causes in which to be advocating would be the profession of nursing, safety, expanding the scope of practice, as well as consumers of healthcare in Texas, and to increase access to healthcare and meet the needs of the most vulnerable. Family influences is also a variable which could help or hinder a nurse wishing to become more politically involved, and this variable must be considered. Nursing education influences can influence or motivate nurses to become more politically involved, and to leave this impression on nurses, even before they begin their profession, could be advantageous. As the review of literature revealed, many nurses reported not being well educated in nursing school regarding politics and political involvement in healthcare.

The third main variable, *Recruitment Networks* requires a forum to where nurses can connect and network among other nurses who are politically active. The Texas Nurses Association is an excellent resource for this and actively supports the Nurses in Office program. The TNA, however, has been a resource for nurses for decades, and yet, there are still few nurses

who desire or have become politically involved in Texas. Therefore, the other variables in the Civic Voluntarism Model (Verba, et al, 1995), must be considered and addressed for nurses to take advantage of *recruitment networks* to become more politically involved. Verba, et al, claims that political participation involves "any activity, formal or informal, mainstream or unconventional, collective or individual that seeks to influence either directly or indirectly what the government does (1987)." This model is pertinent to the project because it encompasses all potential nurses in the community to be involved in politics, not just those who wish to run for public office. Appendix D illustrates this framework.

Theory of Citizen Participation

The second supporting framework is the Theory of Citizen Participation (DeSario & Langton, 1987). This framework supports the project in that it focuses on public citizens (in this case, nurses), who want to be a voice in the community for political change. Citizen participation provides individuals in the community who wish to influence public decisions, thereby having a direct voice in public decisions. This theory was intensely poignant at the time of the global pandemic of COVID-19, where nurses and other healthcare providers were running out of necessary personal protective equipment (PPE) and the political leaders were making decisions regarding manufacturing more supplies. Had a nurse who held a position in legislative office stepped forward to make this a priority, there may not have been the crisis of insufficient supplies for the irreplaceable providers. This theory also is pertinent to the scenario of nurses becoming more involved in politics because currently this community of citizens have a very small voice in politics in Texas.

To re-iterate this theory, Patton and Sawicki identified six steps in the policy analysis process: (1) problem definition; (2) identification of goals and objectives; (3) development of

alternatives; (4) development of evaluation criteria; (5) identification of the "best" alternative; and (6) monitoring and evaluation of the outcome (Patton & Sawicki, 1986, p.26). Appendix D, Policy Analysis Process (Patton & Sawicki, 1986) shows a diagram of the policy analysis process which compliments the Citizen Participation Theory (Patton & Sawicki, 1986, p. 26). The Ladder of Citizen Participation (Arnstein, 1969) provides an excellent visual representation of the process of involvement with community individuals, which compliments the Theory of Citizen Participation (DeSario & Langton, 1987). Please see Appendix F for The Ladder of Citizen Participation (Arnstein, 1969).

Organizational Analysis

Texas Nurses Association (TNA) was established in 1938. TNA is a volunteer- driven organization. It is a RO1 Organization, a 501 (c) 6 Non-Profit. The House of Delegates is the governing body of TNA, which is composed of the TNA Board of Directors and delegates from one of the 35 districts in Texas. The Policy Council is appointed by TNA's Board of Directors. The Government Affairs Committee takes positions from the Policy Council and enacts them into policies on a state level. There are three established Policy Council committees. 1. Nursing Education and workforce 2. Nursing Regulation and Practice Authority 3. Workplace Advocacy and Practice.

Texas Nurses Association has over 15,000 members. Their mission is: Empowering Texas Nurses to advance the profession. Their vision is: Nurses transforming health. Their values include: respect, integrity, excellence, diversity and courage. In 2019, there were 251,253 registered nurses in Texas. Although TNA is the largest state nursing organization in the United States, the total membership at TNA nurses comprises approximately 20% of all RNs in Texas. TNA's Strategic plan is to:1. Enhance local engagement opportunities for members, 2.

Aggressively grow membership by acquiring, engaging and retaining members, 3. Advance the quality and safety of patient care through policy initiatives, and 4. Eliminate annual budgeted deficit by 2020/21 FY.

This educational project for nurses fulfills TNA's strategic plans by providing a unique and engaging opportunity for nurses and nursing students who may or may not be members of the TNA, which in turn may motivate and grow the membership of TNA. Consequently, they may influence the policies on the quality and safety of patient care. Texas Nurses Association would benefit financially with the program, by growing members who participated in the program, given membership is the largest source of revenue for TNA. On a larger scale, having nurses more politically involved and advocating for legislation that improves access to care for residents in Texas could significantly decrease healthcare costs for the state (Xue, Ye, Brewer & Spetz, 2016). However, one of the most valuable achievements gained from this project is the motivation and involvement of more nurses in political activity. This outcome has tremendous non-monetary value.

SWOT Analysis

A SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) was performed for this project.

The **strengths** of the TNA include that they have a large member population at approximately 12,000 active members (TNA.org). The project will have the support of the TNA.

The **weaknesses** include a lack of member participation in politics. There is also lack of funding for support. Nurses do not feel prepared to be involved politically.

Opportunities include educating the Texas Medical Association (TMA) about nursing training. Another opportunity includes engaging nurses in Texas to be interested/involved. Other

opportunities include finding stakeholders in the community, such as congressmen and other political leaders in areas of Texas who have a significant access to care issue, who would support nurses in office.

Threats to the Texas Nurses Association include interference with nurses in becoming involved in the Association, its activities and politics due to reasons such as insufficient time, training or funds (Cramer, 2002, Shariff, 2014, Gebbie, Wakenfield & Kerfoot, 2008, Benton, Maaitah, & Garaibeh, 2016, Geese, 1991, Des Jardin, 2001, Vandenhouten, et al, 2011, Woodward, et al, 2016).

Project Goal and Aims

The goal of this DNP project was to create an educational program for nurses in the state of Texas who wished to become involved in various political activities to increase nursing's voice in decision making and policy. The DNP project identified nurses in Texas who were interested in becoming involved in politics and created an educational program by means of a podcast series for those who not only wished to run for office, but to be politically active in supporting candidates through grassroots effect.

The aims were as follows:

1) To develop an educational program and outreach initiative for nurses in Texas who were interested in participating in politics

2) To implement and evaluate the educational program

3) To make recommendations for scaling and sustainability of this initiative

Chapter 3

Methods

Approach

This DNP Project evaluated and addressed nurses' needs with respect to political involvement in the state of Texas. It was a bipartisan educational program for nurses in Texas who wished to become actively involved in politics or wished to run for political office, and provided education for nurses on the tools, skills, and resources they need to do so. The project was in partnership with the Texas Nurses Association, and all members of this organization were invited to participate.

Project Goal

This DNP project created an educational podcast series for nurses in the state of Texas who wished to become involved in various political activities to increase nursing's voice in decision making and policy.

The aims of the project were:

Aim 1: To develop an educational program and outreach initiative for nurses in Texas who were interested in participating in politics.

An educational podcast pilot program was created. Topics unique to nurses in Texas who wished to become more involved politically were integrated. Consideration was made for Texas Nurses Association systems and policies. A collaborative relationship was built between the project author and the Texas Nurses Association (TNA) as key stakeholders in this effort.

Development of educational podcast curriculum:

The curriculum created was based on the literature review on political advocacy programs, leadership programs and political candidate programs. Consideration made for Texas

Nurses Association systems and policies, as well as their identified needs for nurse's increased political involvement in Texas. Expert opinion contributors were utilized to provide advice on development of the curriculum. Podcast topic areas included, but were not limited to:

- Overview of governmental structure and decision-making processes,
- Training on public speaking, information on health policy
- Methods for political involvement
- Inspirational stories from politicians and nursing leaders
- Preparation for testimony during legislative sessions
- Networking strategies

The curriculum was reviewed by an expert panel. Guest speakers were then selected. Please see Appendix G for list of guest speakers included in the podcast.

Podcast coordination occurred over a period of 4 months, from August 2021-December 2021. Twenty-minute recordings were made with each individual guest. The author created both pre- and post- surveys for the program. The platform for the surveys utilized was Survey Monkey. Additionally, a new podcast series was created by the author on the Anchor Podcast platform and titled; "Nurses, Politics and Policy." Please see Appendix H for the podcast information. Selection of guest speakers were made with consideration of bipartisan involvement. Guest speakers were also selected given the topics included in the curriculum and from recommendations from Texas Nurses Association CEO, Cindy Zolnierek, and others.

To organize the project and provide a location to direct participants with instructions, the project author was responsible for purchasing the domain, NursesPoliticsAndPolicy.com. Once this was purchased, the author hired a website consultant and together built a website with a description of the project and instructions for completing the program. Permission and approval

of the website was obtained by Texas Nurses Association, as well as Yale School of Nursing. The website included a description of the 3-step program; 1) complete pre-survey, 2) listen to the podcast, 3) complete post-survey. Please see Appendix I for the website information.

Guest speakers were contacted and recordings were scheduled between the speakers and the author and recorded individually. All recordings were completed by the author, as well as audio editing, structuring and organization of the podcast. Please see Appendix J for summary of podcast recordings.

Aim 2: To implement and evaluate the educational program

Implementation steps:

Recruitment: The primary method of recruitment was through an announcement email sent from TNA to all TNA members. Additional course invitation emails were sent from the Nurses, Politics and Policy project email to: professional nursing organizations in Texas and student nursing organizations from Texas nursing schools. Inclusion criteria for participants: nurses practicing or planning to practice in the state of Texas. This included RNs, advanced practice registered nurses (APRNs): nurse practitioners (NPs), nurse midwives (CNM), nurse anesthetists (CRNA), clinical nurse specialists (CNS) and currently enrolled nursing students. There were no age or gender limits for participation. In the invitational email, a link was included to click and lead to the project website, Nurses, Politics and Policy.com For additional recruitment, the link to the podcast recording and pre-and post-surveys was also posted on the TNA website. Following completion of the demographic survey, participants were guided to the online course.

Recruitment was rolling between the date the podcast went live on October 25, 2021 and the date of study completion on December 19, 2021. Reminder emails were sent regularly during the 8-week program duration. Additional recruitment measures included several live

presentations conducted by the project manager to various organizations at large healthcare facilities' nursing research committees. Social media was also utilized for recruitment, including Facebook, Instagram, LinkedIn, and Twitter. Incentives of a $50 Amazon gift card were offered upon completion of the entire program at the time of the post-survey. Participants who completed the program were also offered a Certificate of Completion.

Implementation and evaluation of the educational program: The Podcast series was delivered as a single 90-minute episode that was self-paced. The participants followed the link that was provided in the email sent from TNA. The link led them to the Nurses, Politics and Policy Podcast Series website. Please see Appendix I for website. On the website, there were three-steps to complete the program:

- Step 1: complete pre-survey.
- Step 2: listen to the 90-minute podcast composed of six 20' interviews with special guests.
- Step 3: complete post-survey.

Both pre- and post-surveys were administered via SurveyMonkey and took approximately 10 minutes to complete the pre-survey, and approximately 4 minutes to complete the post-survey.

There was a total of 21 questions included in the pre-survey. The first 6 questions assessed participant demographics including name, email address, state in which currently residing, gender, age and ethnicity. Using a Likert scale, 3 questions regarding experience in the nursing profession were assessed including the number of years practicing as a nurse, highest level of education obtained, and nursing licensure. A multiple-choice question with option to fill-in-the-blank assessed the participant's current nursing practice setting. 4 questions relating to

political involvement gathered information on whether participants were registered voters (yes, no, unsure/don't know). Also assessed was if they had ever participated in other programs to prepare for political involvement (yes, no, if yes, please specify).

Previous level of political involvement, goals for policy/political involvement, participants perceived level of understanding about politics were all assessed with Likert scales. Participants were asked to list any previous policy/political activity they have been involved in (fill-in-the-blank). Other questions included assessing their goals for policy/political involvement (multiple choice). Multiple-choice with open-ended questions also assessed what identified barriers prevented them from becoming more politically involved. The last question (multiple choice with open-ended answer option) assessed what they hoped to gain from the podcast series. Participants were given eight weeks to complete the pre-survey, listen to the podcast and complete the post survey. Email reminders to complete the program were sent to participants every 14 days through the Nurses, Politics and Policy podcast series email.

There were 12 questions in the post-survey. The first 4 questions utilized a Likert scale and assessed participants' perceived level of understanding of politics after listening to the survey, how informative were the guest speakers, how informative the portion was on ways to get a bill passed and how inspiring it was to listen to the stories of people in politics. Multiple-choice questions with open-ended answers assessed what helped them the most and the least about the podcast. The post-survey also asked if listening to the podcast inspired the participants to be more involved politically (yes/no/other, please specify). Using a Likert scale, the next questions assessed how the participant planned to be involved in politics and what their goals were now for policy/political involvement. The following question assessed if there was a longer training program for nurses and political involvement, what other topics they would like to be

included. This was an open-ended question with a fill-in-the-blank answer. The final question assessed if there was a longer training program for nurses and political involvement, would they be interested in participating (yes/no) and if interested, they were asked to include their email address in the box for further communication.

The communication plan included weekly status reports with the project steering committee via email. Monthly status reports were emailed as well as zoom meetings with the sponsor and champions of the organization. Involvement of leaders in the process began with the sponsor being Cindy Zolnierek, CEO of TNA, and the author and program director, Elizabeth Clark. The project announcement was communicated to Lisa Maxwell, TNA Director of Communications and Gabi Nintunze, TNA Communications Assistant. During the program, the project team conducted biweekly status reports via email.

Aim 3: To make recommendations for scaling and sustainability of this initiative.

For scaling, the program will be modified and offered as a training module for any state nursing organization in the United States. Each state's needs would be assessed reviewing their scope of practice restrictions on licensure, review of current issues in each state's legislative session and on how many nurses are already holding public office in that state. The podcast and further curriculum will be shared with other states and prioritizing such states without full practice authority for APRNs.

The information provided in this project will be foundational to the creation of more advanced political training for nurses in Texas. Further examples building on this program would

include in-person sessions, networking events, mock-testimony classes, and meeting with legislators.

For sustainability, the project will be conducted as an annual program sponsored by TNA as Continuing Education Credit. In addition, grant application will be considered for various grants.

Dissemination will include manuscript submission to one of the following journals: AJON, Policy, Politics and Nursing Practice Journal, as well as presentation of findings to the TNA Annual Conference, TNA Policy Conference, ANA Annual Conference, AANP Policy Conference, and ANA Policy Conference. Findings will also be shared with Coalition for Healthcare Access (supportive of FPA in Texas).

Implications

Given the overall shortage of nurses who are involved in politics in Texas, this program will have significance both in the state as well as in its application for any nursing organization or state nursing organizations to utilize. The program has immediate and long-term value in providing political education to nurses to empower and inspire them to become more active in politics on a local, state, or national level, and potentially run for office.

IRB Considerations

This DNP project has been determined to be a Quality Improvement project according to the Yale University IRB guidelines. It poses minimal to no risk to participants.

Please see Project Timeline Chart (Appendix K)

How the DNP Project Relates to Leadership Immersion

This DNP project will provide an educational program for nurses who wish to run for political office and will assess the effectiveness by a pre-and post-survey. The leadership portion is multifaceted and involves the project leader to consider the needs of the participants, create a curriculum to meet these needs, create and manage a schedule, timeline, creation of surveys, coordinate guest speakers, recruit participants, manage project team and analyze survey results, then focus on sustainability for future programs, publications, and grant proposals. One of the DNP Essentials which this project significantly pertains to is Essential II: *Organizational and Systems Leadership for Quality Improvement in Systems Thinking* (DNP Essentials, 2006).

The intention of this DNP project was to provide education for nurses to run for political office, thereby increasing the number of nurses' presence in state and local government. This project was consistent with nursing and health care goals to eliminate health disparities and to promote patient safety and excellence in practice. By preparing nurses to be involved in politics, they may provide advocacy for their constituents, as well as advocating for the profession of nursing, and improving nursing practice. This program focused on training a target population, which were nurses, who were experienced healthcare professionals, to represent and advocate residents of Texas and for their healthcare rights, as well as many other important topics that are applicable to the State of Texas.

This project was distinguished by its ability to conceptualize a new model and curriculum that are feasible within current organizational, political, cultural, and economic perspectives (DNP Essentials, 2006). As a DNP-prepared leader, one must be proficient in practice management, utilizing practical and conceptual strategies with the goal of balancing productivity with quality, and this project's aims coincide with these goals. The DNP leader also must be proficient in quality improvement strategies and in creating and sustaining changes at the

organizational and policy levels. They can assess risk and manage these risks in an ethically-sound strategy, and this project plans to follow such criteria.

The project was carried out in collaboration with the Texas Nurses Association. The project author worked with various leaders in the political community, including nurses involved in politics, state representatives, other politicians, campaign managers, policy experts and faculty, as well as policy leaders on state, and national levels, CEOs of state nursing organizations, leaders who have previously created leadership or campaign schools. Texas Nurses Association was the foundation for this project and was influential in shaping the leadership philosophy for nurses in politics.

Immersion Plan

The immersion plan included the following steps: Review of literature on educational programs for individuals interested in becoming involved in politics, followed by creation of curriculum for political educational program that is focused on issues in Texas. Then pre-and post-surveys to measure and evaluate effectiveness of program were created. There were monthly meetings with TNA stakeholders during the planning phase to keep them apprised and get relevant feedback. Monthly meetings with selected outside experts on the curriculum were also conducted. Such individuals include nursing leaders specialized in health policy, nurse educators, politicians, and campaign managers. These experts included Dr. Amy Anderson, Dr. Lolly Lockhart and Dr. Joan Kearney. They served in an advisory capacity for the curriculum and relevant pieces of the program- e.g., recruitment, speakers.

Chapter 4

Results

Demographics

A total of 82 participants completed the pre-survey. Four entries were removed because respondents resided and practiced in states other than Texas, leaving 78 pre-surveys. Forty-three cities in Texas were represented. In assessing number of years working as a nurse, fourteen (17.9%) participants reported had not graduated from nursing school yet. The others ranged from 1-2 years (n=1; 1.3%); 3-6 (n=5; 6.4%); 7-9 (n=4; 5.1%); 10-15 (n=8; 10.3%), 16-20 (n=8; 10.3%); and greater than 20 years (n=38; 48.7%).

Nine participants (11.5%) identified as male and 69 participants (88.5%) identified as female (see Appendix K). The majority of participants were white/Caucasian females across a broad range of ages. Participant ages ranged from 18-24 years (n=7; 9%); 25-34 years (n=14; 17.9%); 35-44 years (n=17; 21.8%); 45-54 years (n=19; 24.4%); 55-64 years (n=9; 11.5%); 65-74 years (n=8; 10.3%); 75 years or older (n=4; 5.1%). Please see Appendix L.

With respect to race and ethnicity, 46 (59%) of the participants identified as White/Caucasian, 20 (25%) identified as Black of African American, 13 (16.7%) identified as Hispanic of Latino, 5 (6.5%) identified as Hispanic of Latino and White/Caucasian, 4 (5%) identified as Asian or Pacific Islander, 2 (2.6%) identified as Black or African American and Hispanic or Latino, 1 (2%) preferred not to answer and one individual identified as Asian or Pacific Islander and Black or African American. Please see Appendix M for figure on Ethnicity of Participants.

The largest group 18 (23.1%) reported their highest level of education as Master of Science in Nursing (MSN), with Bachelor of Science in Nursing (BSN) closely following at

20.5% (n=16). DNPs were reported at 17.9% (n=14) and PhDs were 9% (n=7). An additional 7.7% (n=6) had completed one year of nursing school, 3.8% (n=3) had completed 2 years of nursing school. 11.5% (n=9) were Nurse Practitioners (NP), 1.3% (n=1) was a Certified Registered Nurse Anesthetist (CRNA), 1.3% (n=1) was a Clinical Nurse Specialist (CNS). Please see Appendix O for figure on level of education of participants.

Regarding licensure, Registered Nurse (RN) was the highest reported licensure at 55.1% (n=43). The next most common licensure was Advanced Practice Registered Nurse (APRN) at 25.6% (n=20). Eleven (14%) were reported student nurses and were not yet licensed. One individual was retired. Please see Appendix O for figure on nursing licensure of participants.

Current practice setting for participants was assessed. The majority practice setting for participants was inpatient hospital setting (n=21; 26.9%), followed by outpatient clinical setting (n=20; 25.6%), Fourteen (17.9%) reported they do not interact with patients in their position. Please see Appendix P for figure on practice settings of participants. “Other” (n=22; 28.2%) work settings were described below:

Among the 22 “Other” participants, thirteen worked in academia and nursing research, one worked in consulting and management, one worked in managed care, one in both outpatient and inpatient, one in outpatient remote, one retired and three student nurses.

Perceived Level of Understanding on Politics and Policy

Nine participants (11.5%) reported they were “extremely familiar” in their level of understanding of politics, 4 (5.1%) “not at all familiar,” 13 (16.7) “not so familiar,” 39 (50%) “somewhat familiar,” and 12 (15.4%) “very familiar.” Please see Appendix Q for perceived level of understanding about politics and policy pre-survey.

Previous Political Involvement

Most participants (n=76; 97.4%) were registered voters, whereas one participant (1.3%) reported that they were unsure/did not know whether or not they were registered. Twenty-nine (37.2%) participants reported being “not so involved” in politics, 21 (26.9%) participants “not at all involved,” 20 (25.6%) “somewhat involved,” 4 (5.1%) “extremely involved,” and 3 (3.8%) “very involved.” Please see Appendix R for figure on previous level of political involvement pre-podcast.

The “extremely involved” participants reported involvement in state nurses’ associations and local association governmental affairs. One was elected to their city council in 2018. Another was a delegate in a local caucus and was involved in the affordable care act and was a local voting clerk. One “extremely involved” participant reported involvement for many years in grass roots advocacy and relationship building with legislators and their staff. They also reported they assisted with bill drafting and lobbying for passage with committee substitutes as needed. They helped author policy recommendations through palliative care advisory council. They were also appointed to the Texas Palliative Care Interdisciplinary Advisory Council, and were elected to the City Council in their local city. Additionally, they served as a legislative ambassador for Texas Nurse Practitioners.

Participants who were “not so involved” reported being in such activities as voting, researching issues and candidates, calling friends and family to help support candidates or provide donations, writing letters, donating to a PAC, attending policy update meetings, attending political rallies, counter protests, concerned citizens meetings, homeowners’ meetings. Others reported volunteering in elections and door-to-door campaigns. Another participant reported they served as a nursing representative for the university student government while in nursing school.

Continuing in the “not so involved” category, one participant reported teaching civics and helping immigrants prepare for the citizenship test, teaching nursing students about the United States founding documents. Another participant reported that they served on the House of Delegates for TNA and on the Government Affairs Committee for board members. One participant reported involvement in increasing the awareness of mental health and lobbying for opening more inpatient mental health beds. Another participant reported involvement in a small business petition for Medicare to cover compression stockings. One attended the state convention as a delegate. Three reported involvements in Nurse Day at the Capital. One reported involvement as a TNP policy council member and VA shared governance committee. One reported they were precinct chair and worked on campaigns and testified at legislative committees. Three were legislative ambassadors (level not specified). One reported working on House Bill 705 (level of government not specified). One reported involvement in APRN full practice authority activities. One participant taught Health Policy and the role of nursing to such students. One served as a poll worker, and was involved in Grassroots of America campaigns. One participant previously attended Teenpact Leadership School. One participant reported an interest in becoming more involved in healthcare policy, but found there were challenges doing so.

Goals

Goals for policy/political involvement responses were assessed with multiple choice answers, and participants were allowed to choose all that applied to them. Two (2.6%) participants reported that their goal was to run for Congress, 3 (3.8%) wanted to run for State Office, and 8 (10.3%) wished to run for local office (school board, mayor, etc.). Forty-seven (60.3%) participants reported they did not want to run for office, but would like to support state

nursing advocacy groups, such as Texas Nurses Association. Forty (51.3%) participants reported they would like to become more involved in local nursing advocacy groups. Thirty (38.5%) participants reported they would like to support potential candidates through campaigns and grassroots, and 53 (67.9%) participants reported they wanted to learn how to advocate for their profession as a nurse through policy change. Additional comments by participants included that they would like to help educate, empower and engage fellow nurses and the community for meaningful, relevant and impactful policy. Please see Appendix S for goals for policy/political involvement pre-podcast.

Perceived Barriers

Participants were asked to identify barriers they perceive to be preventing them from becoming more politically involved. Twenty-eight (35.9%) reported they believed one barrier was lack of education about politics and policy in nursing school, 25 (32.1%) participants felt intimidated that as nurses, they were not prepared to be involved in politics. Nineteen (24.4%) felt that society in general has a bias toward the nursing profession and do not see what nurses have to offer politically. Fifteen (19.2%) participants reported that they feared society would not take them seriously as a political leader because they were not members of professions such as medicine or law. Twenty-four (30.8%) participants believed financial constraints to be a barrier and 55 (70.5%) participants reported time constraints as a barrier for involvement. Nineteen (24.4%) participants reported lack of campaign fundraising knowledge to be a barrier. Please see Appendix T- figure on perceived barriers for nurses to become politically involved.

Hopes to Gain from Podcast

Fifty (64.1%) participants hoped to gain a better understanding of the governmental process and 56 (71.8%) participants hoped they could learn how to become more

involved in politics and policy as a nurse. Thirty-nine (50%) hoped listening to the podcast would help them develop confidence that as a nurse, they can be valuable in the political arena, and 55 (70.5%) hoped to learn about other nurses and political leaders in Texas and make connections. Additional comments included that they hoped to be better informed on political agendas, to help protect nurses from political backlash, and to better lead the TNA districts where they live.

Post Survey Results

A total of 29 participants completed the post-survey (37% of pre-survey respondents) following completion of the 90-minute podcast recording. Post -survey results were anonymous and are as follows. Given the anonymity of the post-survey respondents, the author was unable to identify the statistics of the participants who were lost between the pre-and post-survey.

Perceived Level of Understanding About Politics and Policy Post-Podcast

The participants were asked after listening to the podcast how they perceived their level of understanding about politics; e.g., branches of government and policy, how they interacted with one another, how policy gets made by regulators, what congress does, what executive agencies do. Sixteen (55.2%) participants reported they felt “somewhat familiar,” and 11 (37.9%) reported they felt “very familiar.” Two (6.9%) participants reported they felt “extremely familiar.” Please see Appendix U figure on perceived level of understanding about politics and policy post-podcast.

Ways to Become Politically Involved

The participants were then asked how informative they thought the podcast portion on ways to become politically involved was to them. Seventeen participants (58.6%) reported it was “very informative,” and nine (31%) reported they felt it to be “extremely informative.” Three

(10.3%) reported it to be "somewhat informative." Please see Appendix V figure on how informative the portion was in the podcast on ways to be politically involved.

Assessing Effectiveness on ways to get a Bill Passed

Seven (24.1%) participants reported the portion of the podcast that discussed ways to get a bill passed was "extremely informative," and seventeen (58.6%) reported "very informative." Five (17.2%) reported it was "somewhat informative." Please see Appendix W figure on assessing the level of information gained on ways to pass a bill following the podcast.

Inspiration

Nineteen (65.5%) participants reported learning about people in politics was "extremely inspiring," six (20.7%) reported it was "very inspiring," three (10.3%) "somewhat inspiring," and one (3.4%) reported "not so inspiring." Please see Appendix X figure on how inspiring it was to learn about people in politics in the podcast.

What Helped the Most

Seven (24.1%) reported the overview of government helped them the most, and eighteen (62.1%) reported what helped them the most was learning about ways to be politically involved. Seven (24.1%) reported ways to get a bill passed was most helpful, and eighteen (62.1%) reported learning about people involved in politics was most helpful. Additional comments from the participants included they felt the information was relevant, relatable, engaging and well-rounded. Others wrote they enjoyed hearing the background of the speakers and the inspiring stories. Please see Appendix Y figure on what helped the listeners the most from the podcast.

What Helped the Least

Seven (24.1%) participants reported they felt the overview of government helped them the least, and six (20.7%) reported the portion on ways to be politically involved helped the least.

Six (20.7%) reported ways to get a bill passed was least helpful and three (10.3%) reported learning about people involved in politics was least helpful. Additional open-ended statements included; one felt comparing doctors versus nurses' involvement in politics was least helpful. One participant wrote they wished there was more information on the three branches and three levels of government, but felt that could be a whole other podcast by itself. One participant reported technical difficulties rejoining the podcast where they left off, they suggested in the future there be different segments for different episodes. Please see Appendix Z figure on what helped the listeners the least in the podcast.

Inspiration to Become More Involved

Twenty-one (72.4%) participants reported the podcast inspired them to become more involved politically, and three (10.3%) reported the podcast did not inspire them. Five (17.2%) participants wrote in the open-ended area with additional comments. Two wrote that "maybe" they will become more involved following the podcast. One participant reported the podcast introduced them to the idea of becoming more involved. One participant reported the podcast inspired them, but did not address the core reason they were reluctant to participate in politics (however, they did not specify why they were reluctant). One participant expressed that if they were younger, they would be inspired to get involved in politics, they reported their age was 82. Please see Appendix AA figure on if listening to the podcast inspired participants to become more involved politically.

Future Plans for Involvement

One (3.4%) participant reported following the podcast, they planned to be "extremely involved," and ten (34.5%) reported they plan to be "very involved." Thirteen (44.8%) reported they planned to be "somewhat involved," and three (10.3%) reported they planned to be "not so

involved." Additional comments to this question were also shared. One participant reported they planned to be more aware of their representatives and knowing how they are dealing with issues. One participant wrote that although they were partially retired, they plan to remain active in local professional associations, which they believed their involvement would help keep them informed of legislative and political issues and be a more informed voter. Please see Appendix BB figure on how involved participants planned to be in politics post-podcast.

One (3.4%) participant reported following the podcast, their goal was to run for Congress, and one (3.4%) planned to run for State Office. Three (10.3%) participants planned to run for local office (school bard, mayor, etc.). Seventeen (58.6%) reported they did not want to run for office, but would like to support state nursing advocacy groups, such as Texas Nurses Association, and sixteen (55.2%) reported they would like to become more involved in their local nursing advocacy groups. Twelve (41.4%) reported they would like to support potential candidates through campaigns and grassroots, and sixteen (55.2%) reported they wanted to learn further about how to advocate for their profession as a nurse through policy change. In total, 82.8% (n=24) did not wish to run for political office but wished to be involved in other ways. Additional comments in response to this question included one who reported they will be more likely to vote for nurses who run for office. One participant reported they plan to work towards getting to a place where they could be able to run for office. One participant reported they don't know yet what they want to do politically, but they want to do "something." One participant reported they had already scheduled a meeting with one of the guest speakers, Dr. Amy Anderson to discuss future research and learn more about her involvement. Please see Appendix CC figure on goals for political involvement post-podcast.

Self-Confidence

Participant’s confidence was assessed following completion of listening to the podcast. Eleven (37.9%) participants reported they felt more confident after listening to the podcast that, as a nurse, they can be involved in politics. Eighteen (62.1%) reported they believed that as a nurse, they have valuable skills and knowledge that can translate to political involvement. Eight (27.6%) reported they felt more confident, but would like more training on campaigning and fundraising. There were no participants that reported they felt intimidated and did not feel prepared to be involved in politics. There were additional comments from participants to this question. One wrote they are not interested in personally becoming involved due to many reasons, but did not specify such reasons. One reported their involvement would be in the form of supporting others. One reported they appreciated the intention and advocacy of the program, and it was interesting, however, it did not change their confidence levels of involvement, as they were already interested in politics. One participant wrote politics do not interest them because they feel like they are “not the majority vote in Texas, so their opinion does not matter.” Please see Appendix DD figure on level of confidence to become more involved politically post-podcast.

Future Programs

The participants were asked if there was a longer training program for nurses and political involvement, were there additional topics they would like to be included. One participant wrote they thought it would be helpful to have more information on how to get bills passed, how to change agency rules, and to what the courts are most useful. They suggested a policy follow up course regarding what law Professor Cortez shared, and one suggested more information on the 3 branches and levels of government and what to do and how to share information with representatives on supporting a topic. Other topic suggestions included nurses

participating on boards, nurses serving on the state board of nurse examiners, development of policy briefs, current bills related to health care state-wide and federally, more information on political PACs and lobbyists. Additional suggestions included how professional organizations can partner with TNA to create opportunities for nurses to get involved, tips on public speaking and how to get their point across. Others suggested expanding on the topics presented in the podcast and one participant reported the podcast was too long and they believed no more content was needed.

Additional topic suggestions included integrating COVID-19 pandemic and the policies that have changed due to the pandemic as well as the waivers and what governmental bodies have input. How to get more involved in the local community. One suggested including the nurses who are currently serving in the Texas House of Representatives and their role in politics, as well as a leader representing TNP and their role in the 2021 APRN legislative session and goals for next year's session. Resources, networking, campaigning and budgeting, several requests for public speaking training. Finally, twenty-three (79.3%) participants reported they would be interested in participating in a longer training program in the future and six (20.7%) reported they would not be interested. Ten participants included their email address in the post-survey to be contacted for future nursing political and policy training programs. Please see figure EE on how many participants would be interested in participating in a longer training program for nurses and politics.

Chapter 5

Discussion and Conclusion

Discussion

Based on the post-survey findings, the most common nursing population who are interested in Texas politics are white/Caucasian females, in-between the ages of 35 and 64. Their typical level of education was an MSN, and they practice across inpatient, outpatient, and various other settings, e.g., academia and hospital administration. The majority of the participants reported that they were not very involved in politics. No participants reported previous involvement in any programs to prepare them for political involvement. There were a few highly motivated participants who indicated, even before listening to the podcast, that they planned to run for Congress or State office. However, the majority of the participants had no aspiration to run for political office, but were keenly interested in supporting state or local nursing advocacy groups, and through grassroots campaigns. The majority of the participants wanted to learn how to advocate for the nursing profession through policy change. The most common stated barrier to political involvement was time constraints, followed by lack of education about politics and policy in nursing school, and the feeling of intimidation related to lack of preparation before involvement in politics. The results of this project highlight the fact that the majority of nurses are not interested in or do not have time to commit to running a campaign, and they feel ill-prepared and intimidated for political involvement. However, they desire to learn more and become more involved politically in various contexts.

The project identified two important themes: "Candidacy Intent" and the broader theme of "Political Involvement." Each of these general themes were underscored by the need for further education which was foundational to both. "Candidacy Intent" identified some

individuals who wished to run for office, on both a National and State level, many of whom had political experience and wanted further targeted education to prepare them for seeking political office. Continuing and further developing an arm of this program in the future could create a pipeline to groom these potential candidates.

With respect to “Political Involvement” it was just as importantly determined that the majority of nurses did not necessarily want to run for office, but did want to be involved in some way in politics in their time and in their way. This may take many forms e.g., serving on local school PTAs, serving on the Library, School, Health and Compensation, and Planning and Zoning boards. Involvement in professional organizations such as serving on the Board of Nursing, hospital boards, community organization boards, non-profit and charity organizations.

Findings suggested that the program helped nurses who were interested in becoming more involved in politics and policy, who felt more motived and inspired post program. Most of the participants who completed the post-survey (all but 2) reported they would like to be involved in further training programs to educate and prepare nurses for involvement in policy and politics.

Following the podcast, the majority of nurses reported that they felt they had increased their level of understanding about politics. They also reported that they had learned more about ways to be politically involved, ways to get a bill passed more of an overview of government. They also felt they knew more about people who were involved in politics. They reported feeling more inspired to become more involved politically. The majority of nurses reported that they planned to become “very involved” in politics after listening to the podcast. Two reported wanting to run for local office, and one reported they planned to run for state office and one for

congress. Finally, after listening to the podcast, many reported that they believed that as nurses, they had valuable skills and knowledge than can translate to political involvement.

Limitations

The surveys were intentionally created to be short, and to be completed in very little time, assuming that the participants were busy and had little time to commit to completing surveys. Therefore, if longer surveys were completed, there would have been more data to analyze. Given this was a pilot program, and possibly one of the first of its kind ever created thus far, it provided valuable insight to the minds and hearts of the participants. Longer pre-and post-surveys could have provided more data; however, this may have caused participant burden and deterred completions. The post-surveys were anonymous and therefore, we were unable to track who the participants were, unless they used the same IP address or included their email at the end of the survey, so matching the pre-and post-surveys were not possible.

Attrition was also an issue with this project. While 78 participants completed the pre-survey, only 29 participants completed the post-survey, resulting in a 37% response rate to the post-survey. In the future, it is recommended the post-survey be matched with the pre-survey participants with a unique code or email address for further analysis of results. In the post-survey, there was an option for participants to share their email addresses if they hoped to be involved in future programs, and few shared their email, even though they expressed interest in further programs.

Lastly, unforeseen multiple staffing personnel changes at Texas Nurses Association during time of implementation and the COVID-19 Pandemic caused the project to shift from an in-person program hosted by TNA, to a virtual conference, and finally with further challenges, to a podcast series.

Conclusions

Given nurses' time constraints, a podcast can be considered a valuable resource for educating and training nurses regarding political involvement. This is a novel program. At this time, there are all-or-nothing programs: campaign schools for those already determined to run for office, and on the opposite end, mere legislative updates, which simply provide information about what is happening in legislation. Because nurses are historically underrepresented in politics, this program was designed to offer a middle ground (and earlier intervention): namely, demystifying the political process and attempting to inspire nurses to get involved (be it running for office down the road or merely becoming more savvy about how government can shape the nursing profession). So, this targets a much broader segment than campaign schools, and it targets people earlier in the process (who feel the whole realm of politics is somehow off-limits). At the same time, this program is more interactive than "legislative updates" from various state nursing organizations that merely inform nurses what is happening.

The simple audio recordings of a podcast, and ability to access as needed, allows for flexible, on-the-go use. Moreover, the podcast form is a modern way to reach busy professionals, who, ironically, don't get involved in politics and government affairs precisely because they are busy. Every lobbying group provides legislative updates for their members for those individuals who choose to become serious potential candidates, further programs can be created for one-on-one training.

This pilot program suggests that there are many motivated nurses who are interested and willing to become more involved, in spite of the identified barriers of time, financial restraints and social biases. In the future, many additional programs could be created and tailored to the participants' recommendations, such as further policy training programs, educational programs

on government structure and processes, how to talk to politicians, public speaking, fundraising and budgeting and finally campaign schools. Most U.S. law students take mandatory courses on legislation & regulation, with upper-level courses on election law, voting rights, campaign finance, and administrative law, exposing them to the nuts and bolts of our political system and de-mystifying the legislative process (and campaigns) for them. Not surprisingly, a large number of those who run for office have legal training. Further Nurses, Politics and Policy programs will include such topics as listed above, and provide the same exposure to the political system and legislative process that law students are given.

Political involvement should not be limited to a small few. It should be available to any law-abiding citizen of the United States. This is the right each individual has, to have freedom of expression and advocate for their rights. Simplifying and demystifying the complicated structure of government in layman's terms can inspire any individual who is interested in political activity. For nurses, the welfare of our patients, our profession and our decision making placed at the national healthcare table will be significantly advanced as we are educated and motivated to move into and through the political sphere in myriad ways.

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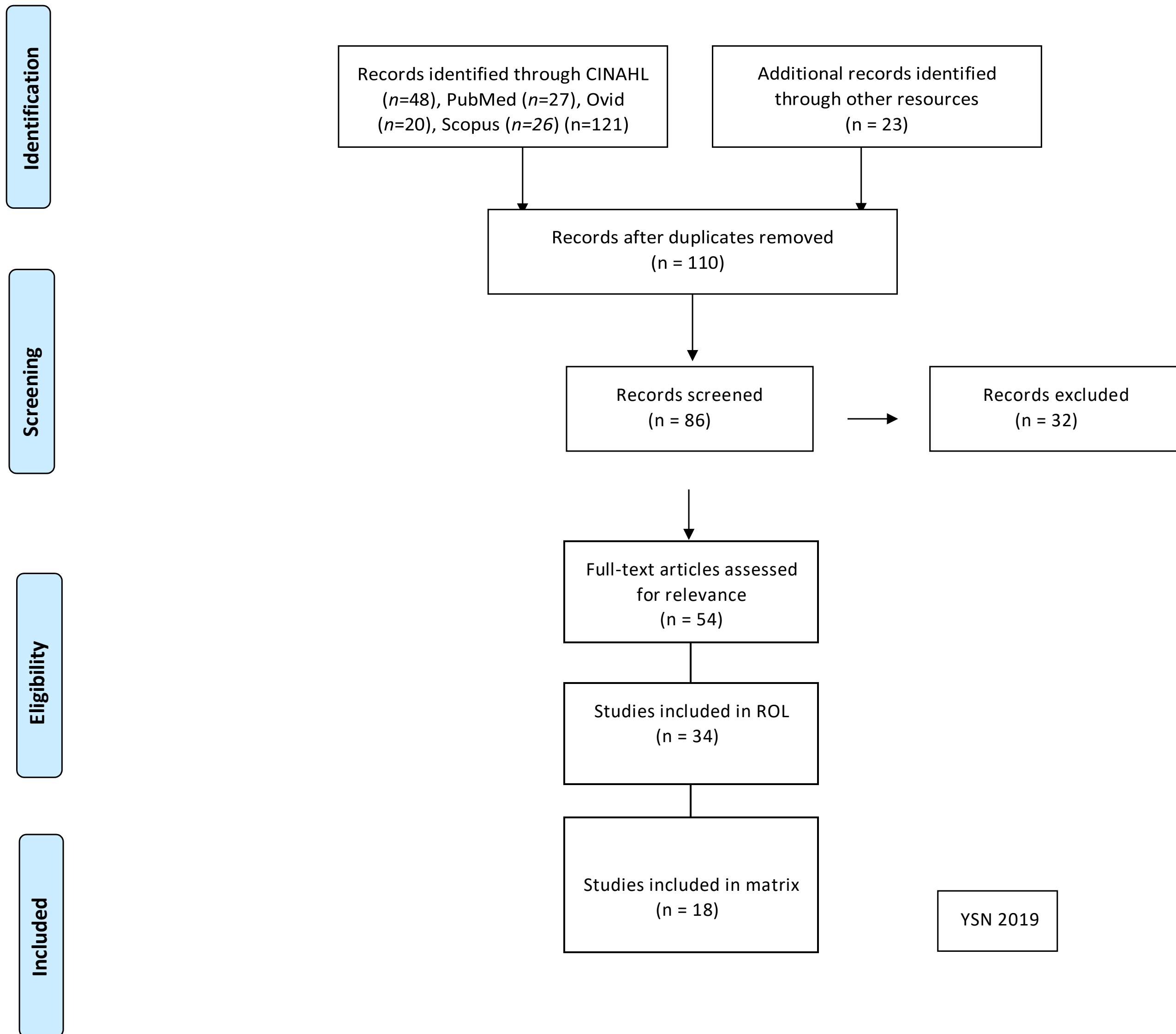
Appendices

Appendix A

Adapted PRISMA Flow Diagram for DNP Project ROL



From: Moher D., Liberati, A., Tetzlaff, J., Altman, DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. Doi: 10.1371/journal.pmed1000097. For more information, visit www.prisma-statement.org

Appendix B
Evidence Matrix

Title authors, date	**Purpose**	**Sample**	**Design**	**Results**	**Strengths**	**Weaknesses**	**Contribution: Science and/or Practice**
1. Leveraging health care reform to accelerate nurse practitioner full practice authority. Brom, Heather, Salsberry, Pamela, Graham, Margaret Clark. 2018	To determine if introduction of the Affordable Care Act (ACA) impacted and broadened the nurse practitioner's scope of practice.	Sample included legislative annual reports for all 50 U.S. states and DC. Other methods of data collection included state-level media legislative and media coverage.	Level 4.b* Retrospective descriptive study of nurse practitioner's scope of practice legislation from 1994-2016. Regulatory theory was used. The authors created a timetable of the progression of NP roles, starting in 1965 and extending to 2016. They also created a table which categorized the variations of overall scope of practice.	18% of states were considered long-term full practice authority (FPA), 58% were considered long-term reduced/ restricted practice, 8% of the states were mid FPA, 16% were newly adopted FPA, and also found that there were no states that NP scope of practice became more restricted during this time. 56% of the Northeastern states and 85% of Western states had long-term FPA or later adopted FPA from 2000-2016. 94% of Southern states and 67% of Midwestern states had either restricted or reduced scope of practice for NPs.	Thorough representation of each state with sampling Using the regulatory theory brought a new paradigm to the financial benefits of utilizing Nurse Practitioners. The study determined the passing of the Affordable Care Act (ACC) influenced more states to adopt FPA for NPs.	The method of analysis was by electronic sources only, no live interviews were completed. Only the states that either had or recently had FPA pass in their state was investigated, so other attitudes or viewpoints may not have been assessed.	By identifying influencing factors which contributed to more states adopting FPA, this information may be applied to other, more restricted states. An interesting observation that provides implications for future research includes the fact that all six states who adopted FPA during this study had a requirement of a period of formal collaboration prior to being granted FPA. An interesting future study could focus on how many states adopt FPA if there was a requirement for formal collaboration or mentorship before granting FPA.

2.Expanding the scope of practice of APRNs: a systematic review of the cost analysis used. Marsha Fraser, & Christine Melillo 2018	To determine if healthcare costs could be decreased if scope of practice for advanced practice registered nurses (APRNs) is expanded.	228 published articles in journals or government publications w ere reviewed. Focus was on costs related to scope of practice (SOP) for APRNs Once exclusion criteria (no or limited discussion of cost analysis methodology) eliminated many, resulting in five articles for inclusion for the review.	Level 2.a* Systematic review of 6 cost analysis that were published focusing on increasing scope of practice for Advanced Practice Registered Nurses (APRNs). The authors created a table summarizing the cost analysis reviewed in the study.	Results from studies revealed that expanding the APRN scope of practice would decrease healthcare spending, specifically on the state level. Most of the studies focused the "stakeholder" as the state, employer, public or patient. Only one study that was analyzed considered the patient as a stakeholder. The authors believe d that the lack of studies focusing on the patient as the stakeholder weakens the argument for public supporting this expansion in SOP.	Study was systematic review, which is Level I evidence. It employed cost analysis methodology using regression, there have been very few studies which have investigated this.	The study focused on costs associated with primary care clinics only. Did not address that APRNs practice in areas beyond primary care, such as nurse midwives, nurse anesthetists or nurse clinicians. Small sample group of six studies, which caused poor geographic diversity. A larger patient sample and a longitudinal study and exploring cost-benefits for APRN use compared to PCPs may be illuminating.	This study determined that APRNs are a cost-effective resource for the increasing shortage in providers in primary care. These findings are crucial for supporting the expansion of APRN's scope of practice. If nursing academics investigated the costs and benefits of expanding APRNs' SOP may provide greater evidence to make changes.
3. Effects of regulation and payment policies on nurse practitioners' clinical practices.	To examine employment influences from state policies for NP practice in primary care and practice	Sample of 252,657 MD and NP/PA files from ambulatory practices, inclusion criteria were	Level 4.b* Cross-sectional study with analysis of MD and NP/PA files from a medical	Nurse practitioners were more likely (13%) to work in primary care settings in states with full scope of practice, the likely	This study involved a large sample which increases validity and power of study.	A cross-sectional design was used, which can limit opportunity to evaluate causality.	This study is important to nursing practice because it reveals how expansion of scope of

Hilary Barnes, Claudia Maier, Danielle Sarik, Hayley Germa ck, Linda Aiken, Matthew McHugh 2017	Medicaid acceptan ce. They planned to analyze 2 parts: 1) to analyze the odds that a NP works in a primary care practice in states with full SOP and 100% Medicaid reimbursement compared with states with stricter regulatory requirement. 2) examined at a practice level the odds of practice Medicaid acceptance based on the presence of an NP in the practice and if it is in a state that allows 100% Medicaid reimbursement for NPs.	practices that at least one physician was present in the practice, regardless if NPs were employed in the practice.	files market research firm, which monitors and updates ambulatory practice settings. The authors created tables which listed the 50 states and DC by nurse practitioner scope of practice. They also created a table with provider characteristics involved in the trial. An additional table was created which describes the characteristics of practices which do or do not have NPs based on SOP and Medicaid reimbursement. An other table was created to compare odds that a practice accepted Medicaid with and without controlling for practice site.	hood increased to 20% if the NPs were reimbursed 100% of the physician Medicaid fee-for-service rate. NPs also were more likely to accept Medicaid patients in states with 100% Medicaid reimbursement in primary care clinics when compared to primary care clinics that did not employ NPs.	Data was gathered from Medicaid patients which is specific representation of one of the population s at greatest risk of poor access to care.	Endogeneity is a possible limitation of the study. Also, it is possible there were reporting errors, since the reports came from a data market research company.	practice enables more nurse practitioners to operate in a primary care setting, thus increasing access at a lower cost. This is applicable to all primary care clinics who accept Medicaid.
4. Enhancing psychiatric mental health nurse practitioner practice; impact of state scope of	To assess how the different states' scope of practice regulations affect psychiat ric mental health nurse practitioners	94 site visits and interviews wit h experts in the field were performed, including state board of nursing staff,	Level 3.b* Qualitative study, compar ative case study with thematic analysis	Full practice authority provides more cost-effective utilization of psychiatric mental health nurse practitio	Provided a wide variety of the degrees of restrictions for different states for PMHNPs	Only five states were analyzed, which may not represent all potential issues for PMH APRNs. Snowball	Reveals how differently each state regulates SOP for PMH APRNs. Discusses how decreasing limitations on

practice regulations. Susan Chapman, Christopher T oretsky & Bethany Phoenix 2019	(PMHNP) am ong five states with different levels of nurse practitioner autonomy.	psychiatrists, behavioral health agency directors, PMHNP practitioners and educators.	Authors used table to differentiate the number of PMHNP and psychiatric clinical nurse specialists (PMH-CNS) by state. The authors also used tables to define the SOP requirements and supervision/co llaboration in each state.	ners (PMHNPs) and mandated physician supervision limits accessibility of PMHNPs and is also, more costly. States with more rural areas were more likely to have less restrictions on PMHNPs.	Identifies how there are few similaritie s among different states for the same type of APRNs. Qualitative study provides rich contextual data.	sampling was used, which may have missed some perspectives within each state. Potential sample bias because most contacts were nursing educators or active participants in psychiatric nursing organizations, all of which were supportive of nursing autonomy. Also, the psychiatrists interviewed were already collaborating with PMHNPs which may not represent the opinions of all psychiatrists.	SOP for PMH APRNs will increase access to care and helping provide greater resources for patients with psychiatric disorders. There is an increasing need for mental health providers and PMHNPs can play a vital role in providing for this need.
5. Primary care outcomes in patients treated by nurse practitioners or physicians. Mary Mundin ger, Robert Kane, Elizabeth Lenz, Annette Totten, Wei-Yann Tsai, Paul Cleary, William Fried	To compare the outcomes of patients who were randomly selected to be treated either by physicians or nurse practitioners for follow up in primary care after an emergency room visit.	The authors reviewed literature and published research identifying that the quality of primary care delivered by nurse practitioners is equal to that of physicians, but there were no direct comparisons to nurse practitioners and physicians with similar	Level 1.a* Randomized trial with patient interviews six months after initial appointment, also health services utilization data recorded at six months and one year after the initial clinic appointment.	There were no significant differences found in patients' health status after being treated by nurse practitioners versus physicians at 6 months (*P* = .92). Outcomes of patients treated either by NPs or	Randomized control trial, high level of evidence, which promotes reliability and validity of the study. Results strongly supported the hypothesis.	The researchers underestimated the difficulty they would have with follow up of patients due to changes of address and changes of eligibility for Medicaid, as well as extended travel abroad. It was suggested that a one-year follow-up instead of at six months may	This was the first research study to evaluate the effectiveness of NP centered care in comparison to physician care. This study will continue to influence the policy changes with regards to full practice authority

ewald, Albert Siu, Michael Shela nski 2000		responsibilities and patients. Sample consisted of 1316 patients who did not previously have routine care who kept the first primary care appointment wh o were randomly enrolled under the care of either a NP or a physician.	Authors used a table to describe randomized and enrolled patients at baseline, as well as a study profile, as well as a table of results and patient satisfaction survey.	physicians with diabetes (P = .82) or asthma (P = .77) were not different. Patients with hypertension showed diastolic numbers were lower when treated by a nurse practitioner when compared to treatment by a physician.		have been more useful. The study also may have limited the generalizability of results because the study was conducted in medical center-affiliated community based primary care clinics, not individual or private practices.	for NPs.
6. Impact of state nurse practitioner scope-of-practice regulation on health care delivery: Systematic review. Ying Xue, Zhi qiu Ye, Carol Brewer, Joanne Spetz 2015	Investigated the outcome of state scope of practice (SOP) regulations on issues of the NP workforce, access to care and health care utilization and health care costs.	Literature review of initially 529 articles, but narrowed down to 8 published articles that met criteria for the study, which examined topics including SOP regulation on APRNs, as well as practice restriction influences on APRN programs and use of NPs in rural communities.	Level 1.b* Systematic Review Authors do not state the method used to determine how documents are reviewed. Authors used a flow diagram of search and study selection. Authors also used a matrix listing the characteristics of the studies reviewed.	States with full SOP had average of 25 more NPs per 100,000 population (95% CI), compared to states with most SOP restrictions. Growth of NPs in the workforce showed 100% growth in states with full SOP. 92% growth was seen in reduced SOP regulation states, 73% in restrictive states. States who	Study method considered high lev el of evidence in research. Thorough efforts were made to avoid bias, articles were excluded if bivariate analysis was used, missing data and articles which had diminished validity.	Meta-analysis was not performed because the studies in the project were heterogenous. If studies included in the review were broader in topic or methodology, meta-analysis could have been completed. Moderate number of articles review ed; a greater number of articles may have increased power of	Expanded NP practice can impact health care delivery in combination of increasing number of NP practicing and broader SOP. In broadening or reducing restrictions on NP SOP, this will increase access to primary care for patients.

				granted NPs a broader SOP increased the number of NPs in the workforce, increased number of students enrolled in NP programs, increased access to care at lower costs, specifically among rural and vulnerable populations.		study.	
7. States with the least restrictive regulations experienced the largest increase in patients seen by nurse practitioners Yong-Fang Kuo, Figaro Loresto Linda Rounds, James Goodwin 2013	Assessed the impact of state regulations on the increase in care provided by NPs in the United States.	National sample of 5% of Medicare beneficiaries receiving care from nurse practitioners between 1998 and 2010 with focus on the different levels of NP SOP restrictions and analyzed the correlation of access to patient care.	Level 3.e* Correlational design. There are also aspects of the study that suggests it is a descriptive design as well, study focuses on the strength and direction of relationships, therefore the study suggests to be more correlational in design. Statistical analysis used was a hierarchical	States with least restrictive regulations on NP practice had a 2.5-fold greater likelihood that patients would receive their primary care from a NP, compared to restrictive SOP states. Medicare claims for NP reimbursement rose from 3,114 in 1998 to 37,638 in 2010. Of the 37,638 NPs who billed Medicare in 2010, 59%	Presumably large sample size, 5% sample of the entire US Medicare population (although a numerical amount is not listed, only a percentage). Correlational design can be "valuable precursors to interventional research, can also provide important evidence for practice and confirmation of theory" (Gray, J., Grove, S.,	Population sample number not disclosed, only a percentage. Unclear design. Confusing methodology, some aspects appear as descriptive design, however most of the design is correlational, because it focuses the strength and direction of relationships, rather than merely describing its	High evidence that states with broader NP SOP will provide greater access to care for the Medicare population, compared to more restricted states.

			generalized linear mixed model.	provided outp atient services, compared to 10% in nursing facilities and remaining 30.9% in hospital, emergency room and multiple settings.	Sutherland, S., 2017).	variables (Gray, J., Grove, S., Sutherland, S., 2017).	
8. Where are we now? Practice-level utilization of nurse practitioners in comparison with state- level regulations. Jana Zwilling, Kathryn Fiandt 2019	To review the evidence regarding practice-level utilization (PLU) of NPs in comparison to state-level regulations.	Reviewed publish ed studies which focused on the different lev els of NP practice utilization compared to regulations on a state level. The authors searched terms *nurse practitioner, independent practice, full scope of practice, utilization, restriction, role, practice pattern, limitation, credentialing and privileges* from January 1989 to December 2018.	Level 1.a* Systematic review following the Diffusion of Innovation Theo ry, Implementation Theory, and the Theory of Street-Level Bureaucracy. The authors created a table describing the conceptual framework, as well as a table listing the evidence reviewed for the report. 1,967 articles were initially reviewed, after articles were eliminated that did not fit the criteria, 19 articles were	NP practice authority was poorly defined in the articles reviewed. Lack of standardized evidence on the PLU of NPs, specifically in comparison to the regulations of the practice state. Of the studies, different models were used, including AANP three-tiered model and two used the grading system from the Pearson Report. Practice utilization consisted of four components: 1) Leve of supervision 2) Prescriptive	High level of empirical evidence Rigor was thoroughly evaluated Study revealed significant gaps in literature on important topic, implicating the need for further research.	Nonresponse bias on some of the articles, as well as self-reporting on some of the surveys in the articles. None of the studies focused on the type of NP certification, practice specialty, utilization or compared this to the state practice regulation.	Further research studies need to be completed to identify NPs practice authority in comparison to state regulations with special focus on geographical location, certification types and practice types. Additional focuses on structures of health care organizations as well as bureaucracy in clinics should be considered.

			ultimately reviewed. Rigor was evaluated using the Joanna Briggs Institute Critical Appraisal tool. Other rigor components included sampling, setting, instruments, methods, statistical analysis and response rates.	authority 3) Practice privilege 4)Billing privilege There is a lack of standardized evidence on the PLU of NPs, specifically in comparison to the regulations of the practice state. None of the studies focused on types of NP certification, practice specialties, utilizations with comparison to state practice regulations.			
9. Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients Gina Oliver, Lila Pennington, Sara Revelle, Marilyn Rantz	To determine if states with full practice authority for nurse practitioners have lower hospitalization on rates for Medicare and Medicaid patients.	Analysis of reports of Medicare and Medicaid beneficiaries on national and state level of potentially avoidable hospitalization s, readmission rates, inpatient rehabilitation rates and nursing home resident hospitalization s and compared them to state hospitalization	Level 4.b* Correlational descriptive study Two-sampled t-tests comparing states with and without full practice of NPs with a) potentially avoidable hospitalization s of Medicare-Medicaid patients, b) readmission rates of Medicare rehabilitation patients c) annual	States with full practice authority of NPs also have improved health outcomes in their communities and have decreased hospitalization rates.	Presumably large sample size of national data from Medicare/Med icaid reports The study dissected states with full practice authority and were able to determine outcomes of patients in each state, based on the scope of practice, very helpful for future research.	Not clearly described the methods of selection of data, the title of the reports identified. Specific sample number was not included.	This study can be utilized in further research, determining the positive outcomes on patient's health, access to care and decreased costs for states.

		rates.	hospitalization of nursing home patients, d) overall state health outcomes.				
10. Factors that act as facilitators and barriers to nurse leaders' participation in health policy development Nillufa Shariff (2014)	To determine the most common facilitators and barriers to participation in health policy development by nurse leaders in Kenya, Uganda and Tanzania.	Delphi survey evaluating the variables which promote nurses to become involved in health policy, as well as the barriers which prevent nurses to becoming involved.	Level 5.a* Descriptive, Qualitative study. Delphi survey of experts in the field of nursing and nurse politics. Survey involved 3 rounds of questionnaires, iterative rounds, statistical analysis and consensus building. Purposive selection was used.	Response rate was 47% in the first round, 64.8% in the second round and 100% in the third round. Results determined that facilitators of nurse leader's involvement in policy development included being involved in health policy development, being educated on health policy, having an enhanced image of nursing and processes. Barriers included lack of involvement in policy development, little education in health policy, negative attitudes on the image of	Expert opinions from nurse leaders, provided rich, contextual data for analysis.	Low level of evidence, although expert opinions are still important in answering scientific questions.	Illuminates variables which may influence or prevent nurse leaders from becoming involved in health policy development, may explain why so few nurses are involved in politics, provides opportunity for focusing on the barriers to improve nurse involvement.

				nursing and processes. Barriers included lack of involvement in policy development, little education in health policy, negative attitudes on the image of nursing and processes.			
11. The relationship between nursing leadership and patient outcomes: a systematic review. Carol Wong & Greta Cummings (2007)	To describe findings and relationships between nursing leadership and patient outcomes.	Systematic review of English-only articles involving formal nursing leadership and patient outcomes.	Level 1.b* Systematic Review of 7 published quantitative research articles. Data extraction and methodological quality assessment were completed. Four areas of study were included: research design, sampling, measurement and statistical analysis.	There was found to be evidence of significant associations between nurse leadership associations and patient satisfaction and decreased adverse events and leadership to patient mortality rates were inconclusive.	High level of evidence, high-quality published works were reviewed, used quality assessment and validity tool for correlational studies by Cummings & Eastabrooks by the first author, then the second author validated the quality assessments.	Inconclusive findings of mortality outcomes with relation to nursing leadership.	Findings support the development of transformatio nal nursing leadership to improve patient outcomes Findings support a definite relationship between leadership and the reduction of adverse events.
12. Modifiable factors that support political participation by nurses Bobbi Woodward, Denise Smart &	To identify modifiable factors that influence political participation among nurses.	Exploratory Review of literature searching articles related to nurses' involvement in politics.	Level 1.b* Exploratory systematic review, searched databases CINAHL and PubMed using searches *nurse s*	Three major themes were revealed to support increased nurses' political participation: 1) integration of education of	Identifies important variables influencing political participation in nursing.	Does not make recommendations of how to get younger nurses more involved in politics.	Findings suggest encouraging nursing schools to incorporate political education into school, also to encourage young

Sandra Benavides-Vaello (2016)		7 published articles	and *political participation* were used. Inclusion criteria included articles published in the past 20 years, written in English.	politics in nursing curriculum 2) value of active engagement in politics, as well as knowledge 3) value of membership in professional nursing organizations.	High level of evidence.		nurses in the workforce to be involved in politics to further the profession.
13. Political participation of registered nurses Christine Van denhouten, M alakar Crystal Michelle Mala kar, Sylvia Kubsch, Derry l Block, Susan Gallagher-Lepak. (2011)	To evaluate factors that contribute nurses to become involved in politics.	Online 79- item questionnaire identifying fac tors which influence nurses to participate in politics.	Level 3.a* Descriptive, predictive study with online survey identifying factors contributing to participation among 468 Midwest Registered Nurses.	40% felt they could impact local decisions and 32% felt they could impact state or national government decisions. 80% reported their nursing courses did not provide adequate preparation for participation in politics. Findings suggest that nurse leaders and educators need to provide more engagement.	Large sample size explained how multiple factors can shape political participation.	Limited generalizability due to using convenience sampling of limited population to Midwest Registered Nurses only. The length of the survey may have created responder fatigue.	Can provide insight to community nursing organizations and nursing schools on how to involve more nurses to become involved politically.
14.Political involvement in nursing- education and empowerment Karen Des Jardin 2001	To discuss political apathy in the nursing profession and to identify factors contributing to this.	Expert opinion recommendati on.	Level 5.c* Article was created by expert nurse educator to educate nurses on the importance of political involvement,	Nurses tend not to address issues that are politically related to their profession, many feel powerless, given a large population of nurses are female	Article was available to a large population of nurses to promote political involvement.	Low level of evidence.	Raises awareness to the nursing profession on the need for political involvement to advocate for patients and the profession of nursing.

			published in the AORN Journal.	and there is a long history of oppression.			
15.Political Participation Behaviors of Nurse- Midwives Theresa Geese 1991	To describe political participation among healthcare providers, specifically nurse-midwives.	Mailed survey to 600 certified nurse- midwives.	Level 3.d* Descriptive mail-questionnaire survey with random sample of 600 certified nurse-midwives who are members of ACNM.	Nurse- midwives are more likely to be liberal and Democrats and believe that health care professional such as nurse-midwives can influence government al activities. Electoral voting is the most common.	Large population studied. Provides feedback for further research on barriers to nurses' involvement in politics Identified that most who were involved were Democratic, who is involved.	Only focused on nurse- midwives, could have broadened political participation of all nurses.	Identified areas which nurse-midwives are politically involved, and areas that could improve for nurses to be more of a political influence.
16.An integrative review of pursuing policy and political competence. D.C. Benton, R. Maaitah, M. Gharaibeh (2016)	To identify the current situation of improving involvement of nurses in policy and politics.	Standard integrative review of literature focusing on how policy competence can be achieved.	Level 1.b* Systematic standard integrative review of literature with a comparative thematic approach of 45 primary studies.	Most of the studies were from North America, few were from low and middle- income countries.	Large literature review. Identified that one of the largest influencers on promoting political involvement in nurses are from nurse educators.	Very small evidence base on how to achieve policy and political competence in nursing. Evidence is weak and biased towards North America. Large diversity of methods used by the researchers.	Warrants expansion in research to extend to other countries.
17.Nursing and Health Policy Kristine Gebbie, Mary Wakefield, Karlene Kerfoot.	To describe ways nurses are and are not effective in the development of health policy in the United States. Also, to provide	Semi- structured interviews were conducted, with topics including career path, resources improvement,	Level 3.d* Qualitative career examination of experiences and observations of 27 American nurses	Nurses reported policy involvement meant being an advocate for patients who have limited voice. Participation of	Reveals the importance of nurses involved in policy, because nurses act as advocates for patients in a way	Low level quality of evidence, small number of participants.	Nurses who are engaged in policy do not report significant use of nursing research to promote policy changes, suggests

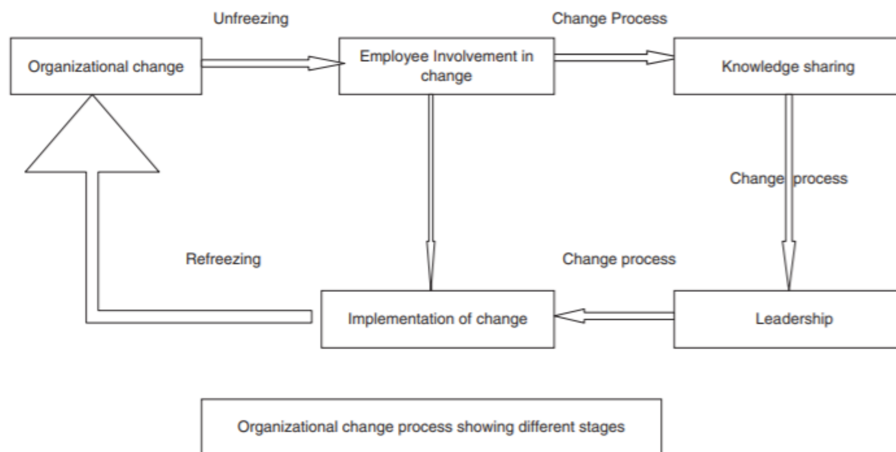
2008	helpful information for individuals interested in making nursing a vital part of policy.	strengths and weaknesses of currently available information for policy work	who were currently active in health policy.	nurses occurred after assessment, diagnosis and planning identified the need for change	that no other can.		nursing policymaker s and nurse scholars to join as a team.
18.Political participation of nurses. Cheryl Hewlett (2008). Dissertation.	To evaluate political participation of nurses, regardless of level of education. Also, to determine how nurses define political participation, identify factors that motivate/ hinder activity, establish level of political development.	Cross- sectional mail survey to measure political participation at the nurse's level. Utilizing Hanley's Political Participation tool.	Level 4.b* Mixed qualitative/quantita tive study. With thematic analysis of surveys	Nurses with advanced degrees were more politically active in campaigning activities. Participator y, involved, informed, voting and effecting changes were the major themes	Large population sample, large number of surveys, providing rich contextual data.	The study was limited to female nurses only, male nurses were excluded	Provides encouragement to nurse educators to incorporate political education in nursing schools and to promote more involvement in nurses for politics.

*Joanna Briggs Institute

Appendix C

Project Model

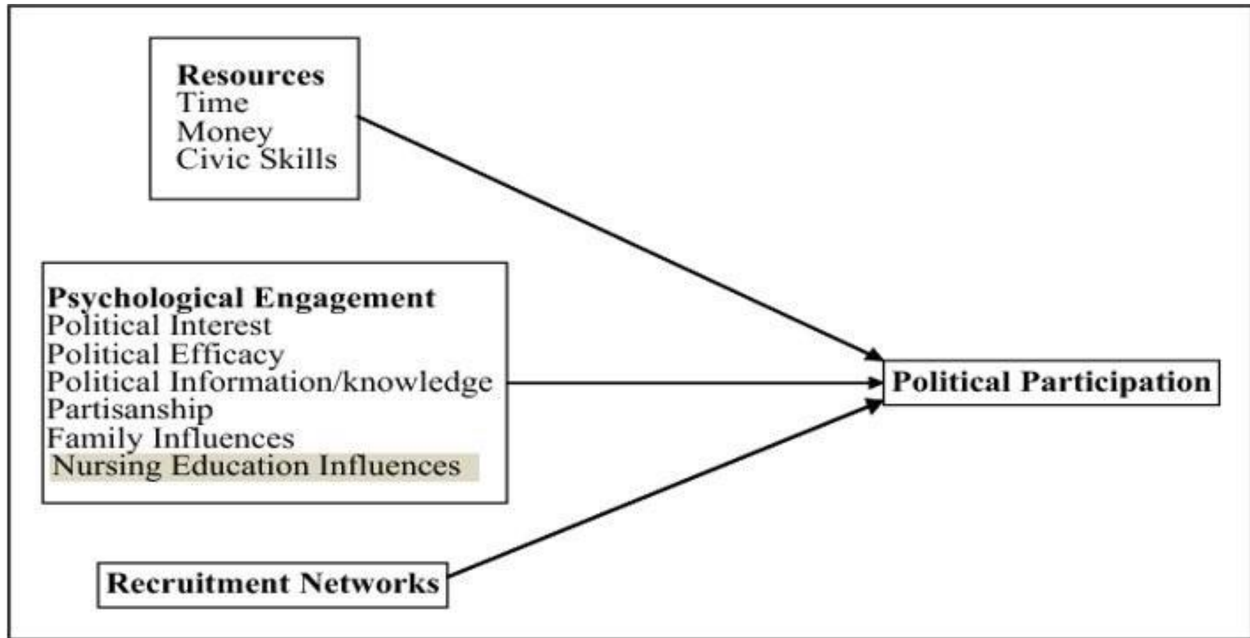
Hussain's, et al (2018) adaption to Kurt Lewin's Three Steps Model.



Appendix D

Supporting Theoretical Model

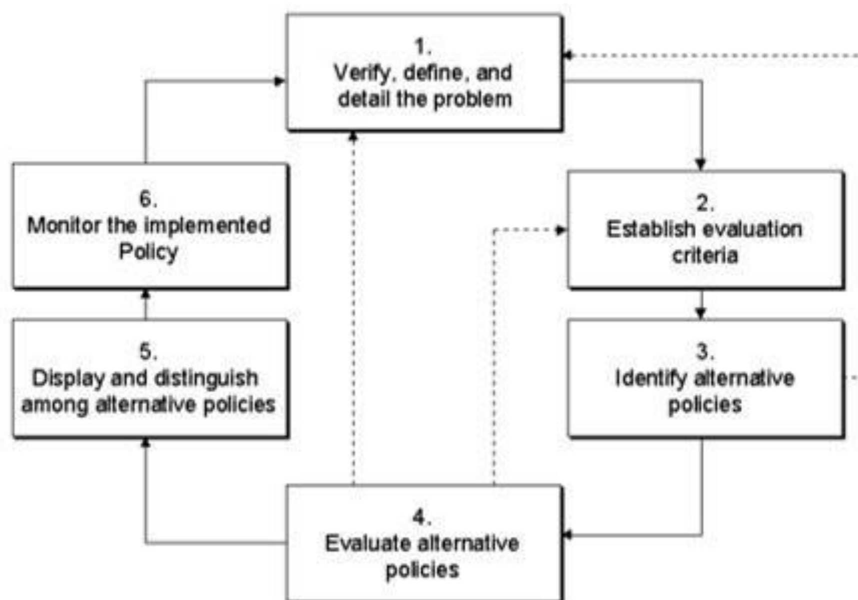
Civic Voluntarism Model (Verba, et al, 1995)



Appendix E

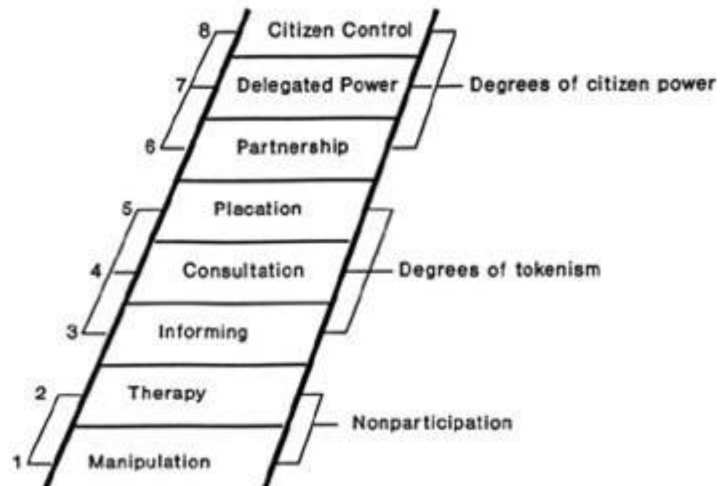
Supporting Theoretical Model

Policy Analysis Process (Patton & Sawicki, 1986)



Appendix F

Ladder of Citizen participation (Arnstein, 1969)



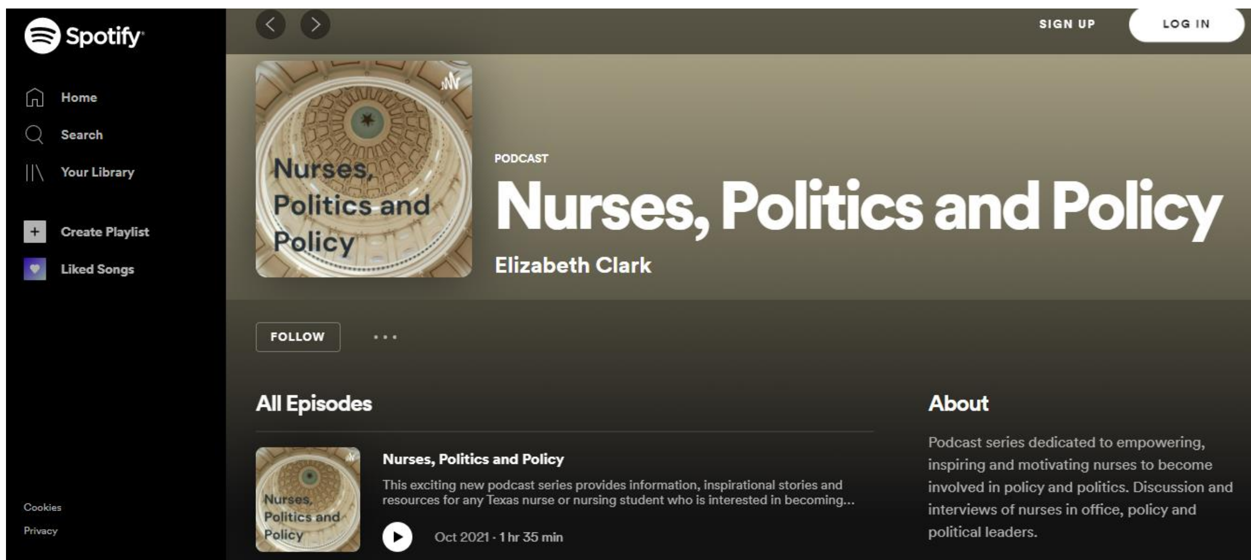
Appendix G

List of Guest Speakers for Project

- Cindy Zolnierek (CEO of Texas Nurses Association)
- Sally Derrick, RN, School Board Member, Carrollton Farmer's Branch School District
- Nathan Cortez, Callejo Endowed Professor of Law in Leadership and Latino Studies at Southern Methodist University Dedman School of Law
- Amy Anderson, DNP, Health Policy Expert, Assistant Professor, Professional Practice, Texas Christian University School of Nursing.
- U.S. Representative Congressman Colin Allred, Representative, Texas 32nd Congressional District
- Dr. Lolly Lockhart, Nursing professor, activist, founder of Nurses in Office Initiative

Appendix H

Nurses, Politics and Policy Podcast



PODCAST EPISODE

Nurses, Politics and Policy

Nurses, Politics and Policy

Oct 2021 - Played

Episode Description

This exciting new podcast series provides information, inspirational stories and resources for any Texas nurse or nursing student who is interested in becoming more involved in politics and policy. The podcast is sponsored by the Texas Nurses Association. Guest speakers include the CEO of Texas Nurses Association, Dr. Cindy Zolnierek, Nurse Politician, Sally Derrick, Law Professor, Nathan Cortez, Policy Expert, Dr. Amy Anderson, U.S. Congressman Colin Allred and Nurse Activist and Educator, Dr. Lolly Lockhart.

Nurses, Politics and Policy

Table of Contents:

00:00- 12:46 Dr. Cindy Zolnierek, CEO of Texas Nurses Association

12:50- 26:08 Sally Derrick, RN, School Board Member, Carrollton-Farmer's Branch School District

26:18-49:15 Professor Nathan Cortez, Southern Methodist University Dedman School of Law

49:25-1:06:24 Dr. Amy Anderson, Policy Expert, Professor, Texas Christian University Harris College of Nursing & Health Sciences

1:06:29-1:35:17 U.S. Representative Congressman Colin Allred, Texas 32nd Congressional District

1:21:26-1:35:17 Dr. Lolly Lockhart, Nursing professor, activist, founder of Nurses in Office

Appendix I

Nurses, Politics and Policy Website
(nursespoliticsandpolicy.com)

Sharing an interest in supporting nurses to achieve elected office,

Texas Nurses Association
and
Elizabeth Clark, DNP student at the Yale School of Nursing

Invite you to participate in

Nurses, Politics and Policy ©

A podcast series to inform and inspire Texas nurses

Thank you for participating in this new policy podcast episode: *Nurses, Politics, and Policy*, a newly developed resource for TNA's *Nurses in Office* initiative. This podcast aims to inspire and prepare nurses and nursing students to run for office and/or become involved with policymaking. It includes a series of short interviews with those familiar with politics and policy - a mix of information and inspiration for nurses. Guests include nurse advocates, nurse politicians, policy experts, a congressman, and a law professor.

This podcast was imagined and created by TNA Communications Committee member Elizabeth Clark, MSN, APRN, FNP-BC in partial completion of her DNP from Yale University. Participants are asked to complete a brief pre-and post-survey to provide evaluative information about the podcast and improve the program in the future.

Thank you for your participation!

Step One

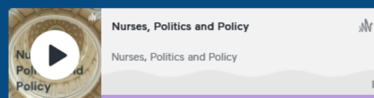
Fill out the pre-survey at the link provided:

Nurses, Politics and Policy Podcast Series Pre-Survey Link

☑ Check this box once you have completed the pre-survey.

Step Two

Listen to the podcast using the widget below:



You can also listen on the Anchor podcast page: https://anchor.fm/elizabeth-clark5

☐ Check this box once you have finished listening.

Step Three

Fill out the post-survey at the link provided below:

Nurses, Politics and Policy Podcast Pilot Program Post-Survey Link

☐ Check this box once you have completed the post-survey.

Appendix J

Summary of Podcast recordings

Dr. Cindy Zolnierek, RN

The podcast began with an introduction by the project manager and author with a description of the pilot program. Following the introduction of the program, the first guest speaker was Dr. Cindy Zolnierek, CEO of the Texas Nurses Association. She began with a brief background of her career and what led her to become CEO of TNA. The discussion was then directed toward what she has seen in her position on how nurses are often intimidated to be involved in policy. She also discussed the value of nurses in the realm of politics and policy and the barriers in doing so.

Sally Derrick, RN

The next podcast recording was the interview of Sally Derrick, RN who serves on the Board of Trustees for the Carrollton-Farmers Branch Independent School District. In her interview, she shared the process of how she became interested, and later involved in politics. She described the transition from bedside nursing to volunteering on her children's PTA, then running for governmental positions, and then for the school board. She then discussed challenges and advantages of being a nurse on a school board and the values of bringing a nurses' perspective to a school board especially in a challenging time of the COVID-19 pandemic. She discussed how the board respected her professional opinion related to healthcare decisions. The interview concluded with her sharing advice to nurses looking to pursue political involvement: 1. "Just show up. As nurses we don't realize we need to show up at local school board meetings,

meet with your elected officials, find out the issues. Nurses' voices are so valuable and oftentimes nurses get buried in the role as a nurse and we forget our value. 2. Help out with a local campaign. 3. Be sincere and be yourself. People can always tell who is sincere and people support that."

Professor Nathan Cortez

The following interview was law professor Nathan Cortez, who reviewed the governmental process and what individuals (especially nurses) need to know in order to get involved politically. He referenced the "governmental 101 toolkit" and explained once individuals understand these processes, they can influence policy change. He discussed how law students are required to take mandatory courses on legislation and regulation, with upper-level courses on election law, voting rights, campaign finance, and administrative law, exposing them to the nuts and bolts of the U.S. political system. "Not surprisingly, a large number of those who run for office have legal training," he said. He aimed to "demystify" the complicated structure, explaining "By understanding regulatory process you can make headway with agencies." He suggested that if nurses can be exposed to the same type of curriculum related to these topics as portions of law school curriculum, they would be well-equipped and prepared for any political involvement. He said "you don't have to go to law school to be a successful politician."

He stressed the importance that Texans need nurses and "we need their expertise in all levels of government, as judges, helping craft legislation, in administrative agencies and decide how to enforce them. He stated "You don't want lawyers with no medical background to influence healthcare changes."

He also shared advice on certain issues, such as how a group of nurses may wish to remove restrictions for advanced practice nursing to obtain full practice authority. He advised

them to consider who is involved in influencing these restrictions on the state level and by considering this, you can understand what motivates them and how to appeal to them. He also discussed how it was not unusual for bills to fail for several years. He provided tips on public speaking: “go to public lectures and speak with your audience in mind, organizing your information and presenting it in a listener-friendly way. Think about what the audience needs to hear and how to process it. Be thoughtful.”

Dr. Amy Anderson, RN

The next interview was with Dr. Amy Anderson, Chair of Government Affairs Committee at TNA and Health Policy expert and professor. She shared her nursing background and how she became involved in Washington D.C. as a fellow through the Heritage Foundation. She discussed how intimidated she felt being there and realized how they needed public health experts and how reform affected both the healthcare professionals, as well as patients and their families. She stressed the importance of how to translate the healthcare issues into policy change. She discussed barriers; often the profession of nursing is siloed and how nurses are unable to see beyond their work and how Washington D.C. influences their own practice. She stated “The reputation of nursing is that we are not able to look at the big picture and the facets of the system. We [as nurses] need to have a greater understanding of the complex healthcare system in order for change to be made for the good.” In closing, Dr. Anderson discussed multiple ways nurses in Texas could become involved and closed by saying “Look at the big picture beyond nursing. Look at your value and how you can translate the skills you have to make a difference in policy. You can be seen as an expert.”

Congressman Colin Allred

The next interview was U.S. Congressman Colin Allred of Texas 32nd District. He talked about being a "non-traditional politician," and how nurses are "nontraditional" which have valuable attributes. He discussed being a nurse can be translatable to leadership, communications, and difficult circumstances. "Nurses think quickly on their feet, nurses particularly during the pandemic have shown their commitment to their community." He discussed the issues of severe burnout in the nursing profession, concerns with their mental health, and how nurses continued to "show up, day in, and day out," which showed a level of commitment which would make them a standout leader in political government. He also discussed the high number of uninsured patients in Texas and importance of someone familiar with healthcare leading healthcare legislation. Congressman Allred closed with the advice: "If you are a hard worker, just figure out your role and things will come into place. Have the understanding and motivation. Have willingness to learn and be honest."

Dr. Lolly Lockhart, RN

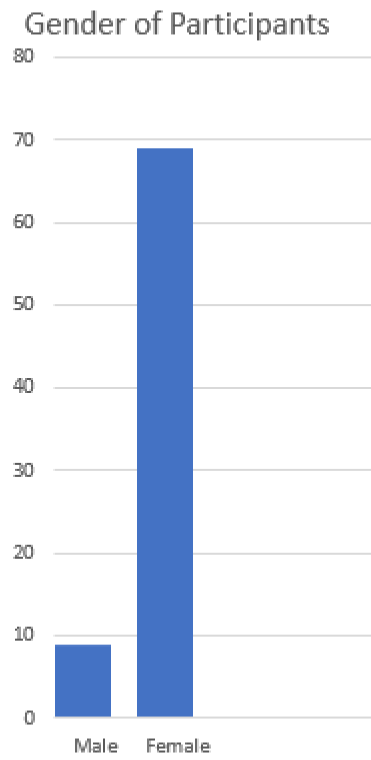
The final interview was by Dr. Lolly Lockhart, nursing professor, advocate and creator of Nurses in Office initiative with TNA. She discussed how there was a new generation of nurses in Texas who were beginning to get involved in politics. She discussed barriers she has encountered as a nurse, and how historically nurses at the bedside had difficulty getting involved and how women especially tended to underestimate their worth to run for office. She found it historically difficult to motivate nurses to become more involved politically. She shared the statement that "I believe women have to be asked at least 8 times before they agree to run for office." Dr. Lockhart then discussed why it is the nurses' responsibility to run for office. "Nurses know stuff." She stated Texas Representative Stephanie Klick said "Nurses are problem-solvers. I use the nursing process every day in the House." She also illuminated the healthcare disparities for

women and people of color in Texas and the responsibility for nurses to advocate for their patients.

Dr. Lockart said “Each one of us needs to discover our skills and how we can engage and make contributions to influence change. Participate in people’s campaign, being a voice. Our democracy counts on each of us,” and “Think about what you want to do and get out there and do it!”

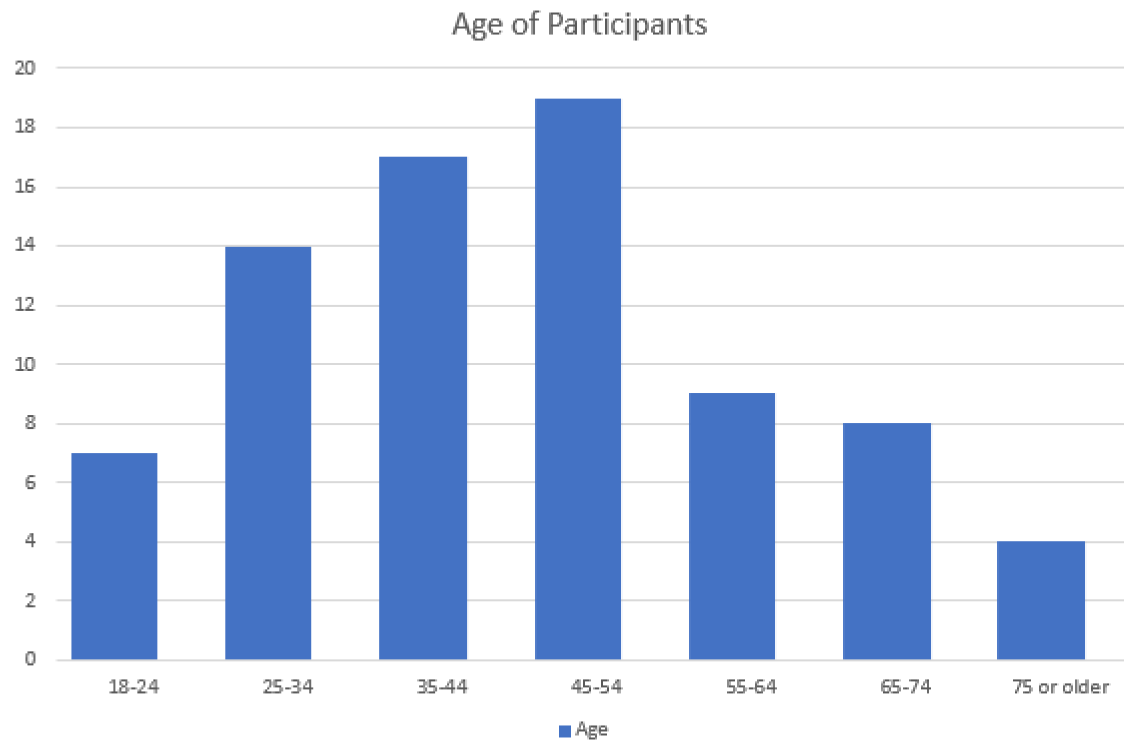
Appendix K

Gender of Participants



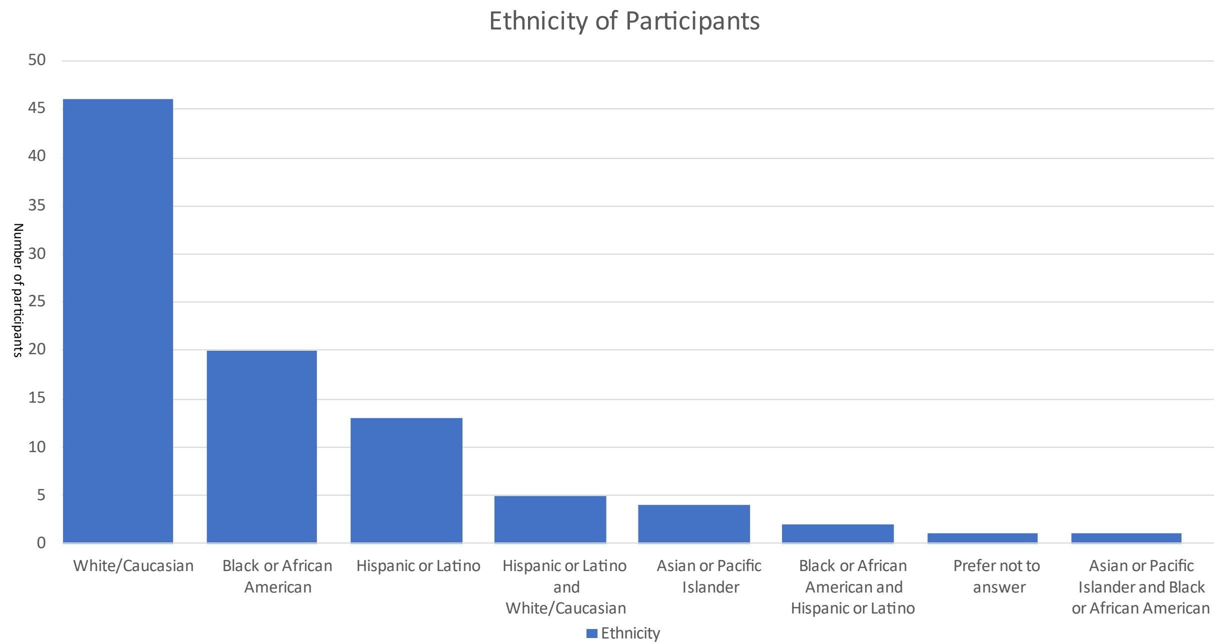
Appendix L

Age of Participants



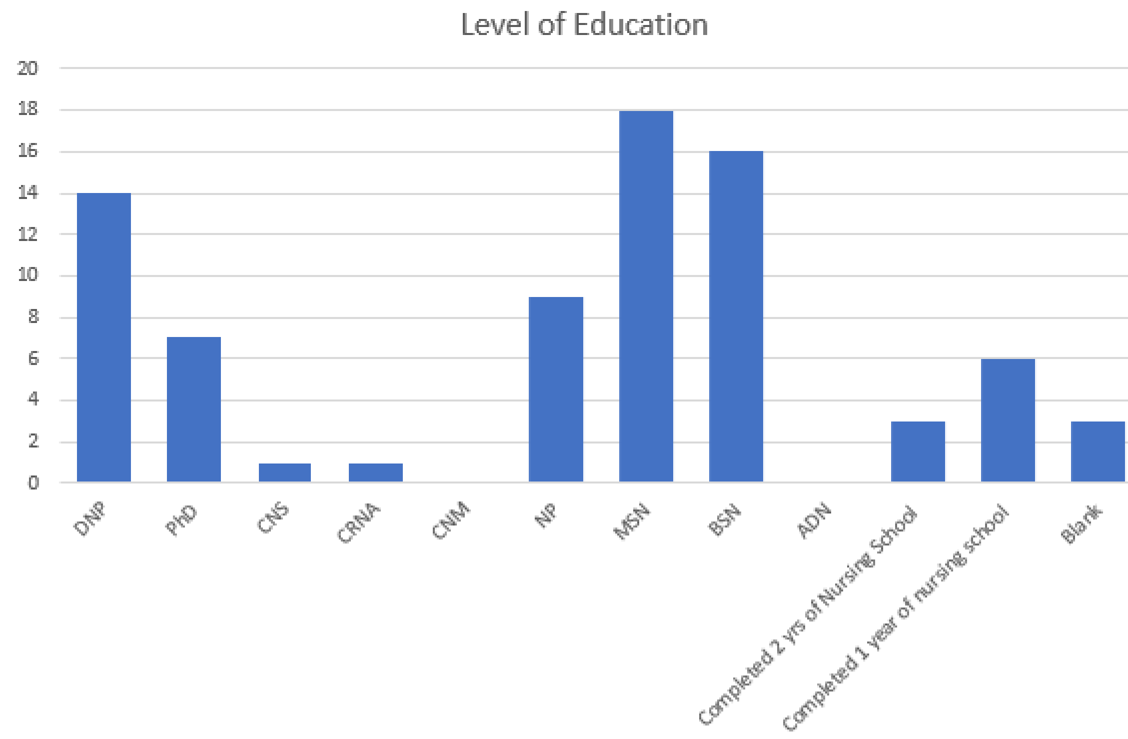
Appendix M

Ethnicity of Participants



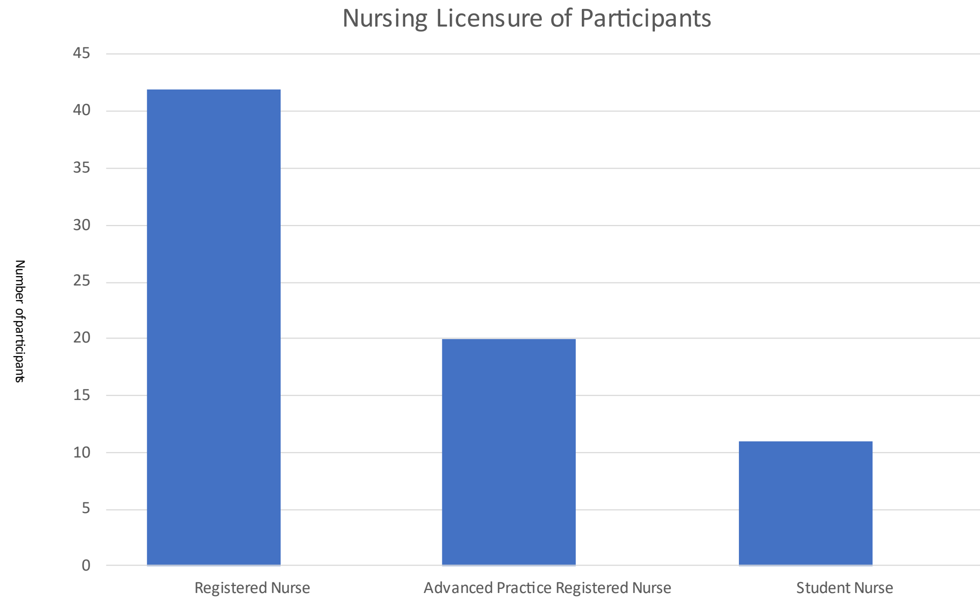
Appendix N

Level of Education of Participants



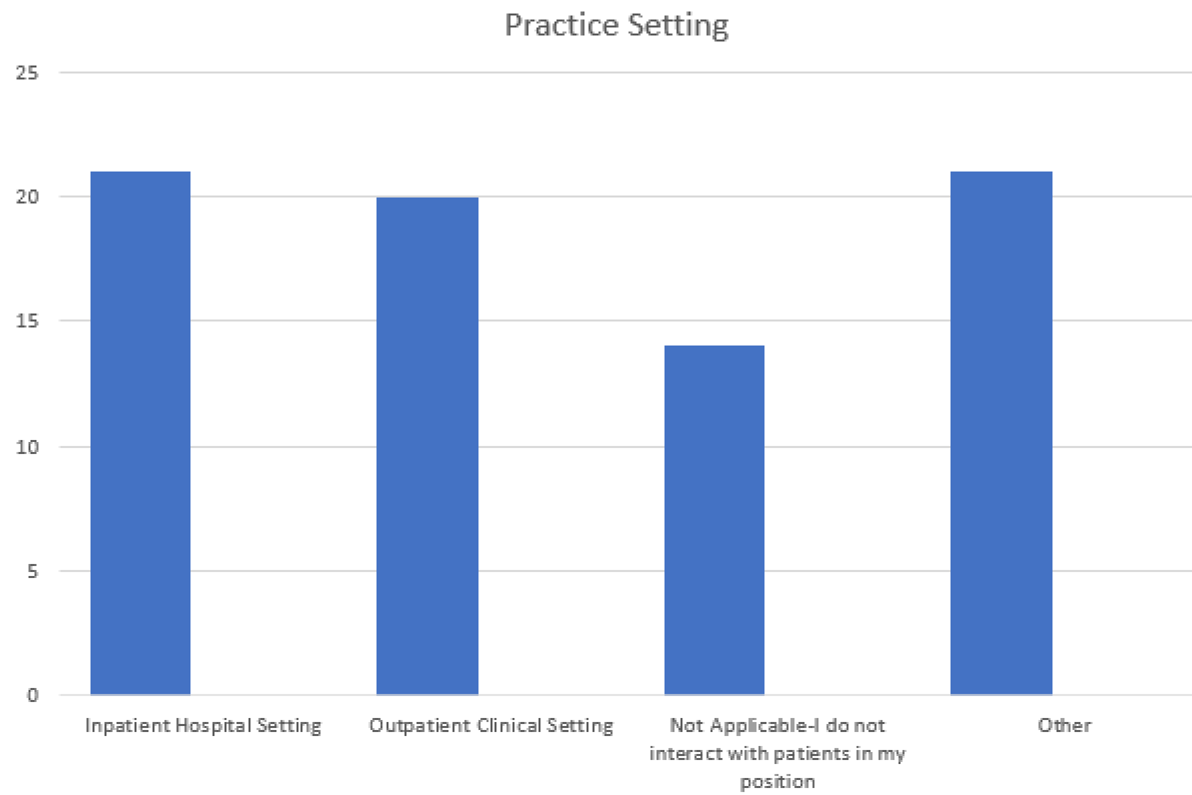
Appendix O

Nursing Licensure of Participants



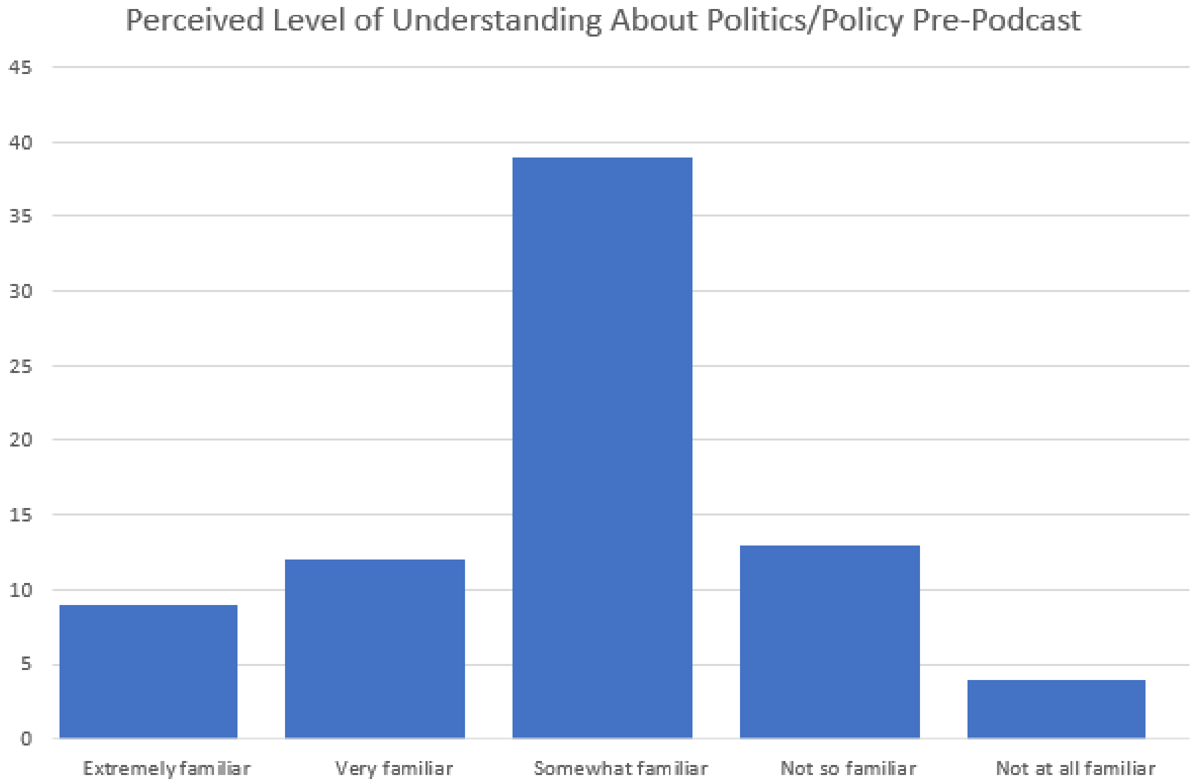
Appendix P

Practice Setting



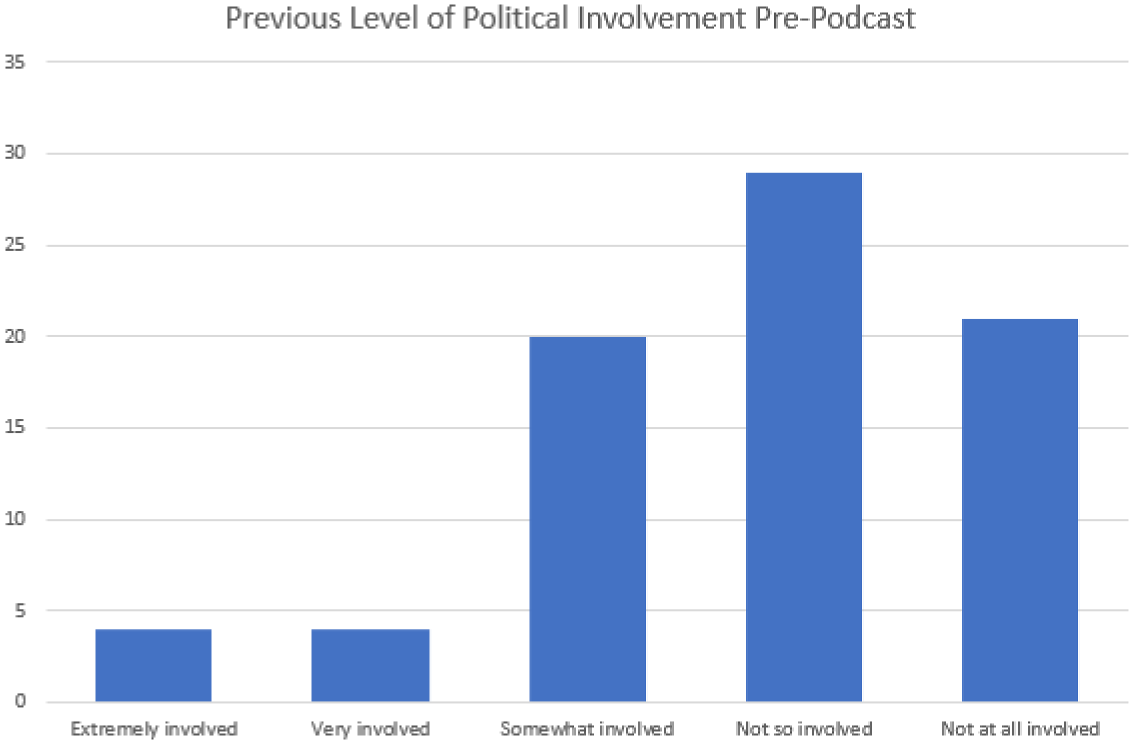
Appendix Q

Perceived Level of Understanding About Politics/Policy Pre-Podcast



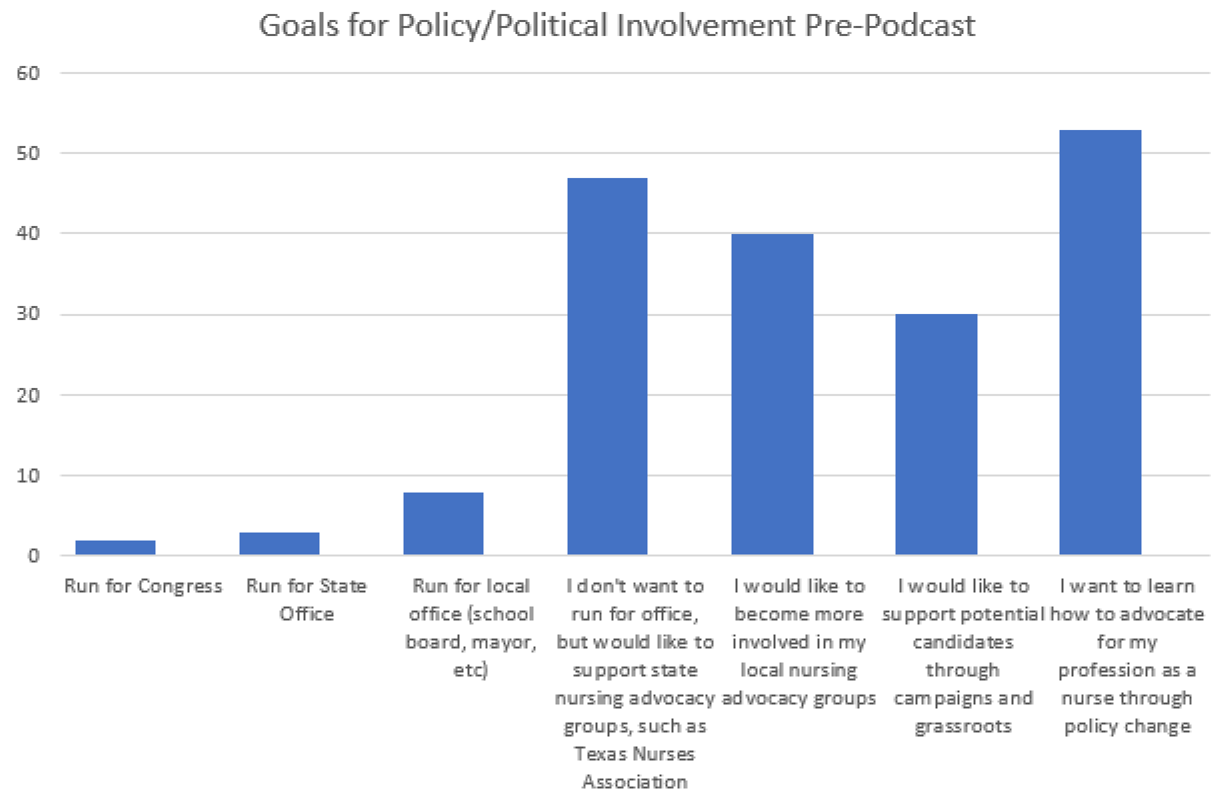
Appendix R

Previous Level of Political Involvement Pre-Podcast



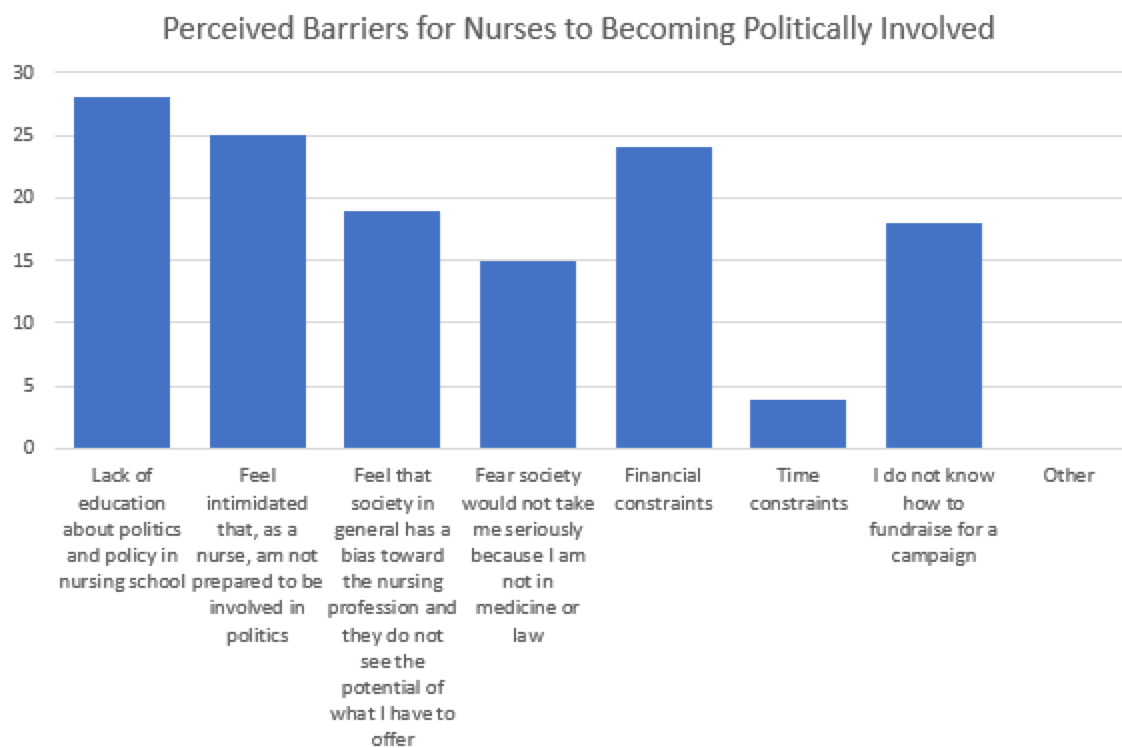
Appendix S

Goals for Policy/Political Involvement Pre-Podcast



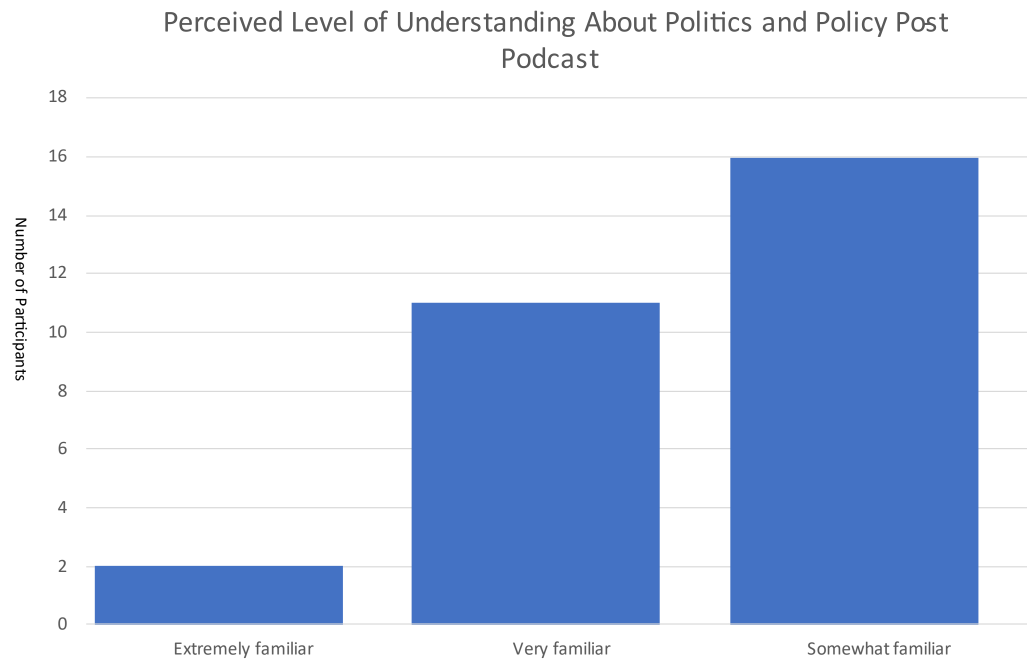
Appendix T

Perceived Barriers for Nurses to Becoming Politically Involved



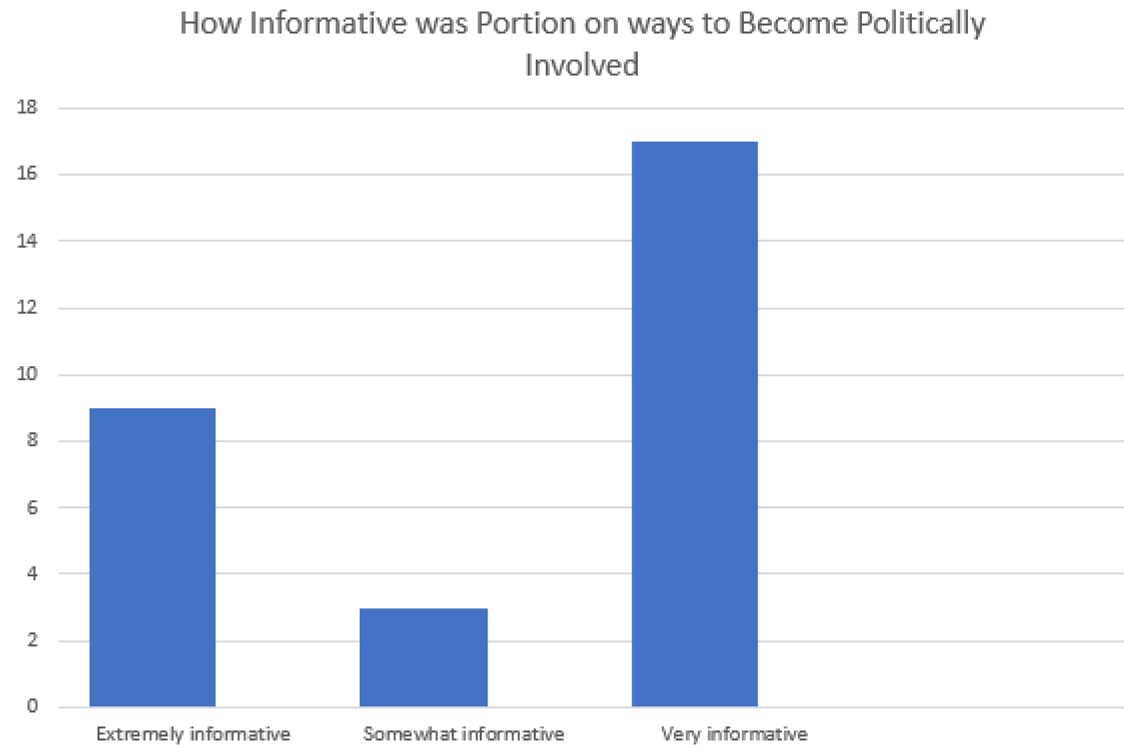
Appendix U

Perceived Level of Understanding About Politics and Policy Post-Podcast



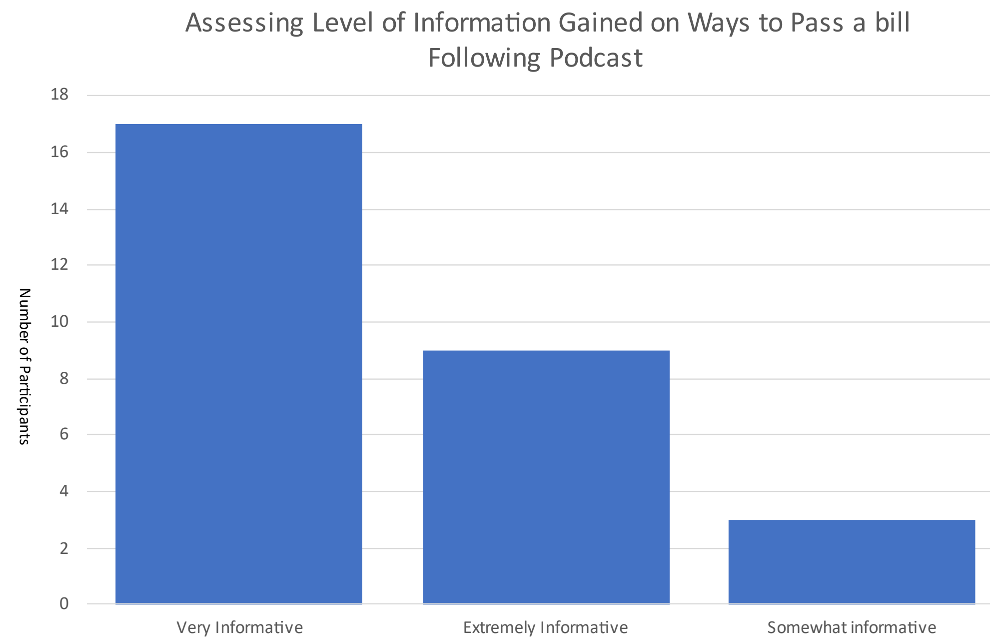
Appendix V

How Informative was Portion on ways to Become Politically Involved?



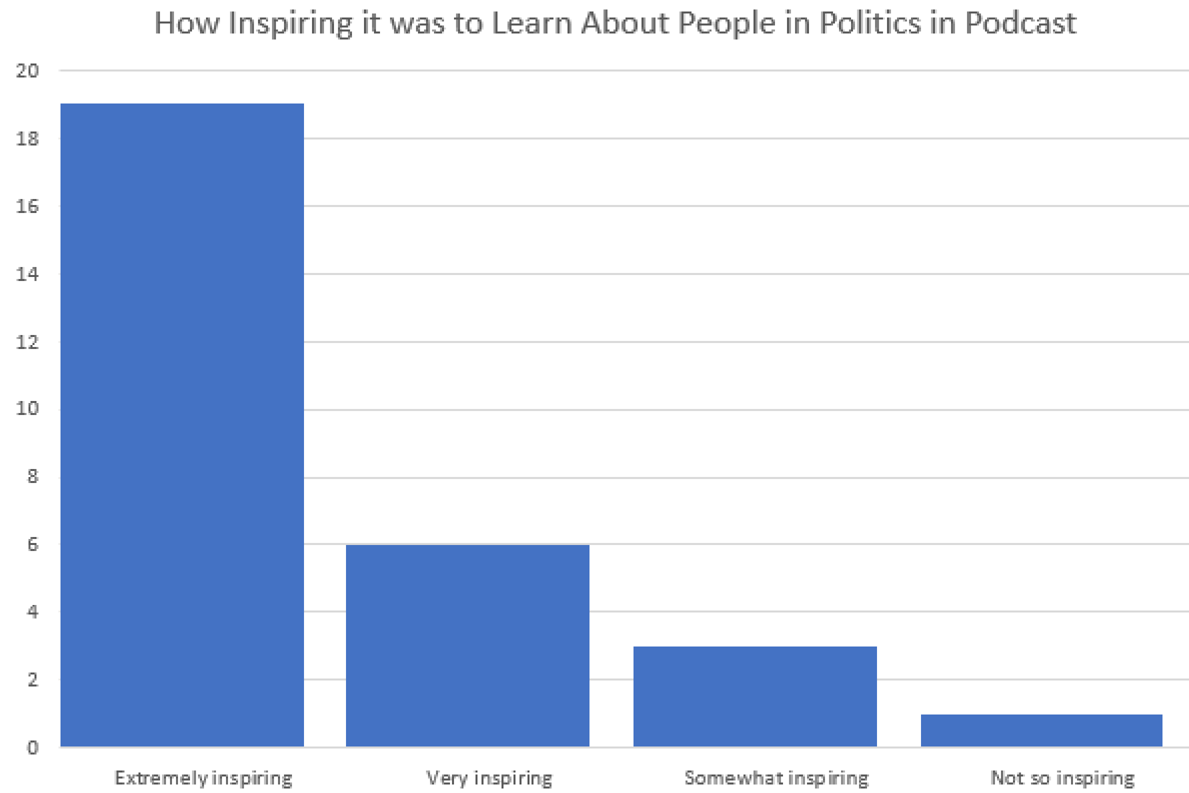
Appendix W

Assessing Level of Information Gained on Ways to Pass a bill Following Podcast



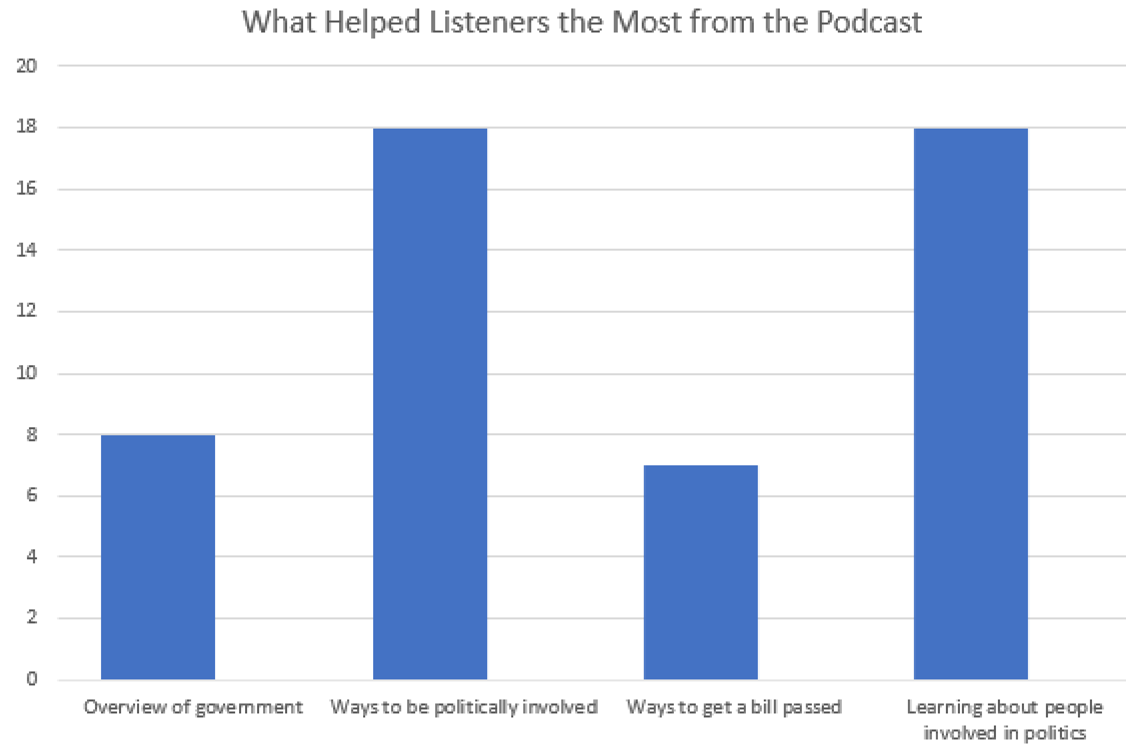
Appendix X

How Inspiring it was to Learn About People in Politics in Podcast



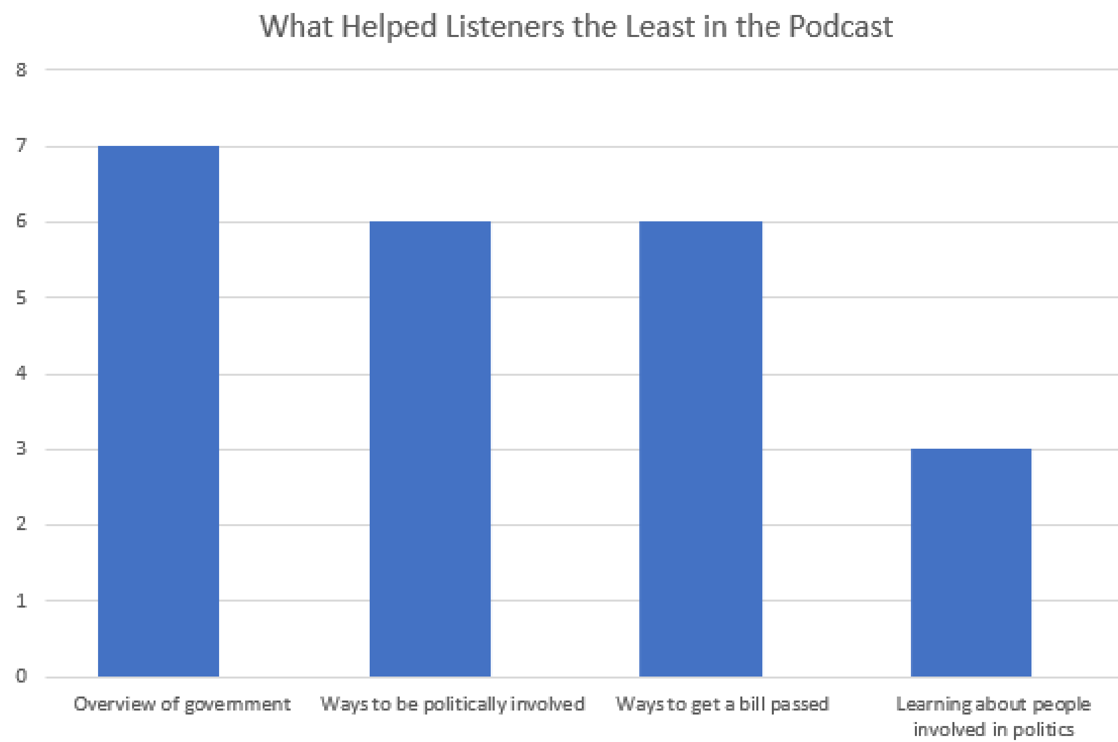
Appendix Y

What Helped Listeners the Most from the Podcast



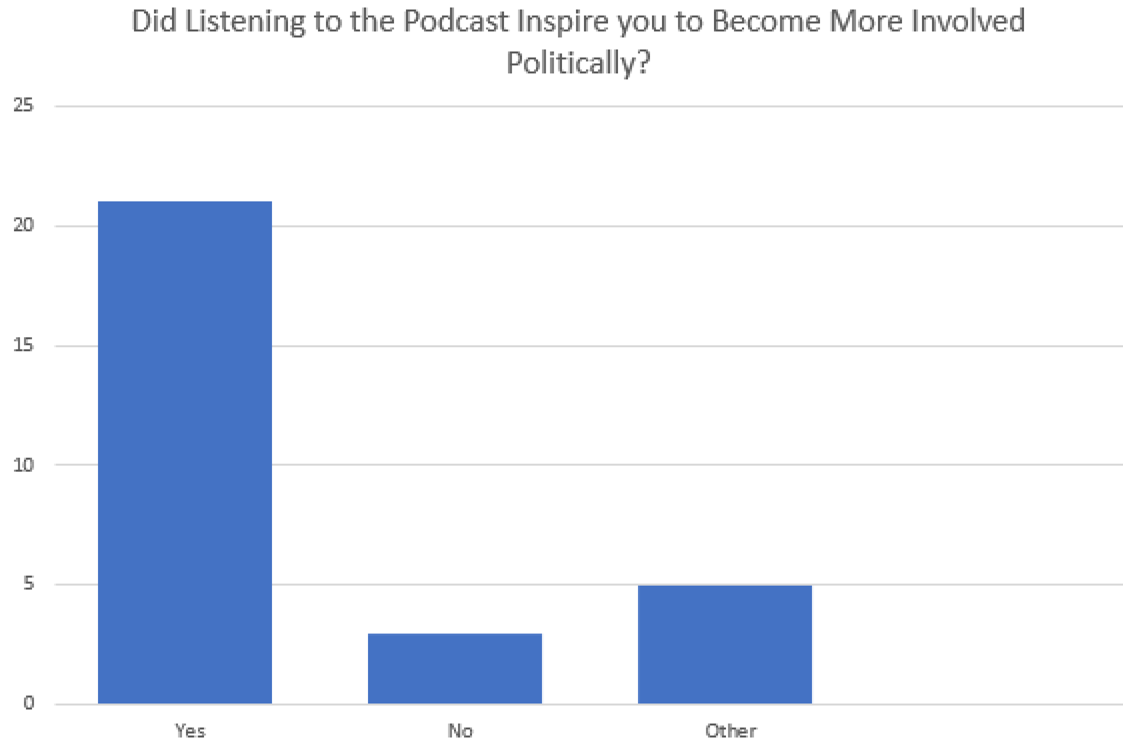
Appendix Z

What Helped Listeners the Least in the Podcast



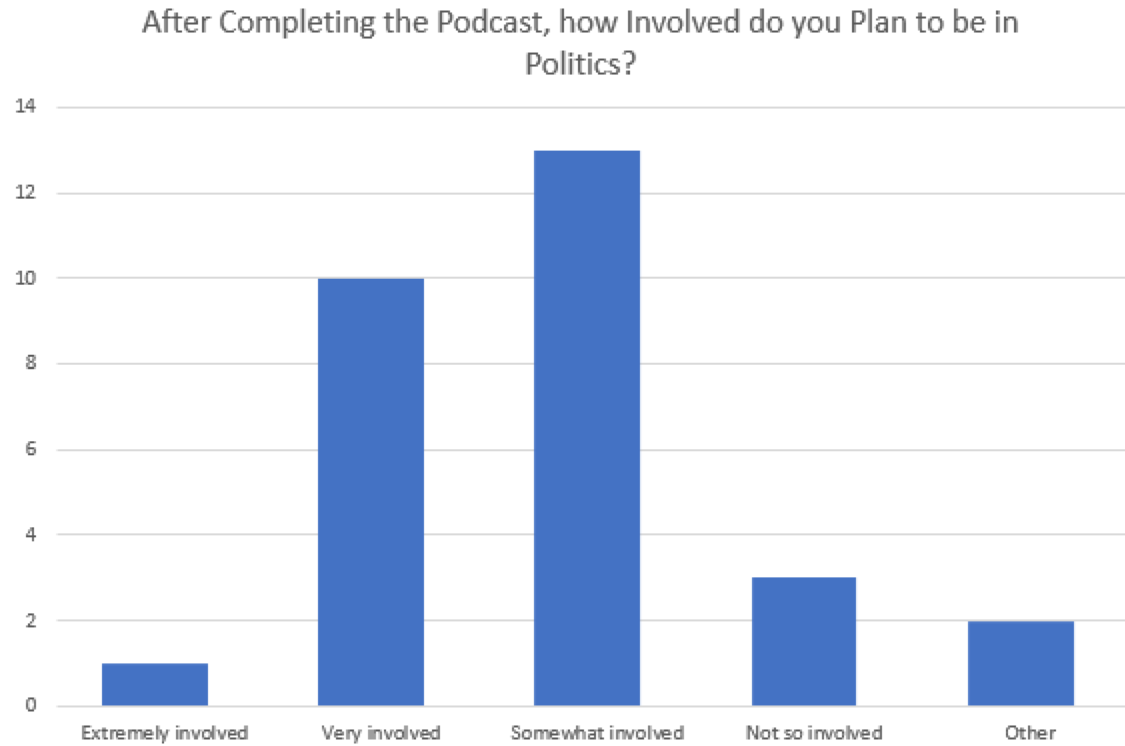
Appendix AA

Did Listening to the Podcast Inspire you to Become More Involved Politically?



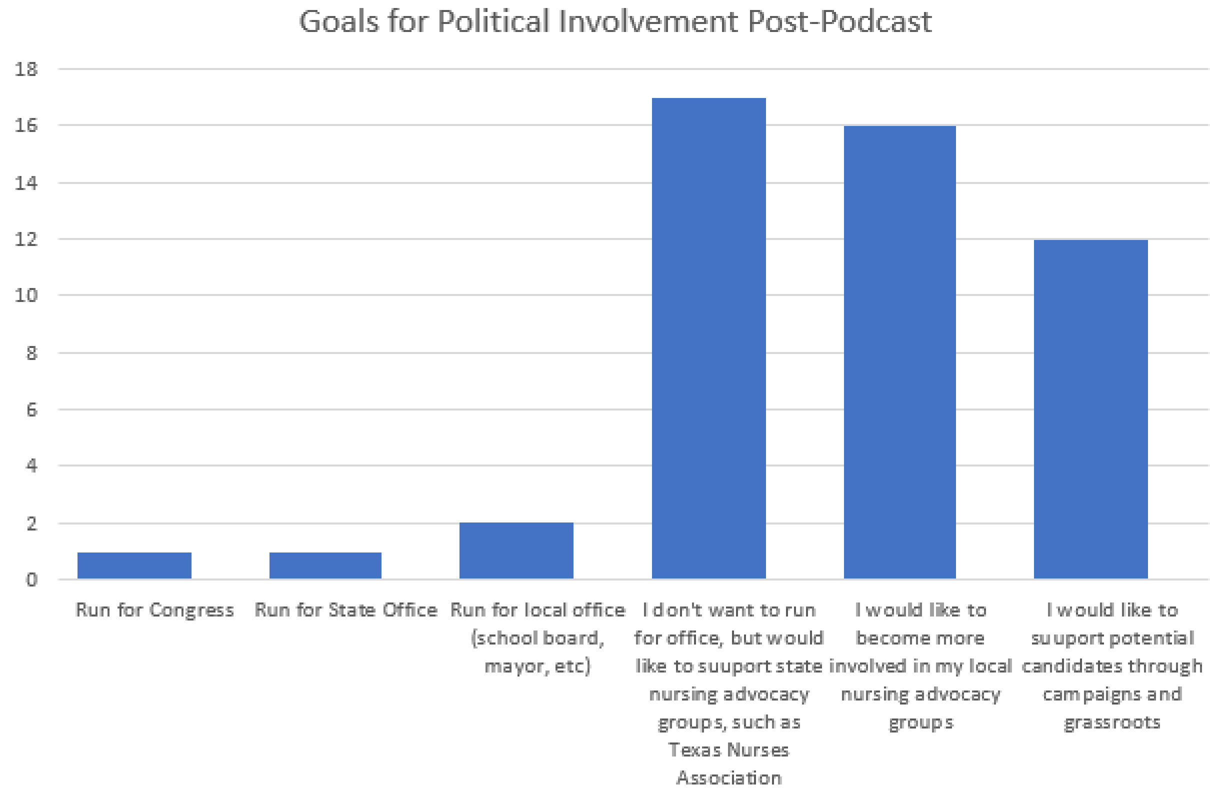
Appendix BB

After Completing the Podcast, how Involved do you Plan to be in Politics?



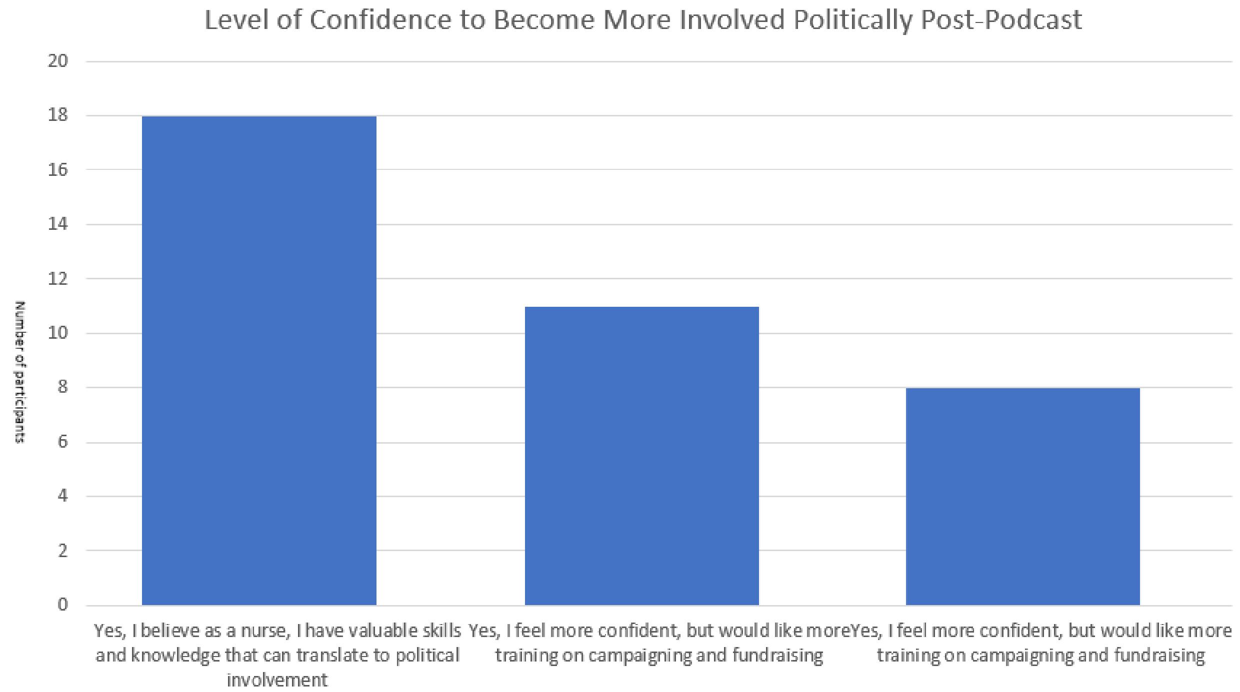
Appendix CC

Goals for Political Involvement Post-Podcast



Appendix DD

Level of Confidence to Become More Involved Politically Post-Podcast



Appendix EE

If there was a longer training program for nurses and political involvement, would you be interested in participating?