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### Health policy engagement among graduate nursing students in the United States

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### **Background and Significance**

Knowledge and application of health policy concepts and advocacy skills are critical among nurses in the United States' (U.S.) dynamic and rapidly evolving health systems. Nurses have historically valued their ability to influence healthcare. The current political and healthcare climates demand that nurses, be knowledgeable and skilled in their ability to shape health policy at the local, state, national and international levels. Health policy analysis and advocacy are invaluable skills, especially among graduate nurses, who are in healthcare delivery roles as clinical providers, educators, and researchers.

Health policy provisions consist of the decisions, plans and actions undertaken to achieve specific health care goals within a society (World Health Organization, 2017). Historically, Sojourner Truth, Lillian Wald and Margaret Sanger were nurses who challenged and changed health policy. In today's environment, nurses must possess a highly-developed understanding of how health policies can affect patients and their families. Nurses must lead the way to develop new health policy; to help implement and disseminate new and existing health policy (Robert Wood Johnson Foundation [RWJF], 2014).

Traditionally, nurses have been educated how to communicate with patients and their families. In the present nursing paradigm, nurses learn how to translate current nursing research findings to the patient's bedside. This translation not only affects patients and their families, but a need exists that these findings are also translated to policy makers at all levels (RWJF, 2014). Nurses must view health policy as something

they can shape, rather than something that happens to them (The National Academies of Science, Engineering and Medicine, 2010). Therefore, there is a need to describe how nurses at the graduate level are currently being educated to analyze existing health policy as well as advocate for future health policy.

Recommendations from professional nursing organizations, including the American Association of Colleges of Nursing (AACN), have provided guidance on how to engage nurses in health policy endeavors. In 1996, AACN's *The Essentials of Master's Education in Nursing (updated in 2011)* established that health policy education be integrated in all Master's nursing programs (AACN, 2011). In 2006, *The Essentials of Doctoral Education of Advanced Nursing Practice* was established. These essentials currently serve as a health policy education templates for both Master's and Doctoral nursing programs in the U.S. (AACN, 2006; AACN, 2011).

In *The Essentials of Master's Education*, Essential VI delineates competencies for health policy engagement, defined as knowledge and skills which "shape healthcare systems, influences social determinants of health, and therefore determines accessibility, accountability, and affordability of health care" (AACN, 2011, p.21). Additionally, Master's-prepared nurses should "actively analyze healthcare policies, participate in the development and examine the effect of policy implications that impact both nurses and patients" (AACN, 2011). Consequently, the graduate nurse should be able to demonstrate the skills needed to influence development of new health policy or provide alternatives to existing health policy in the healthcare arena. Despite recommendations that current health policy essentials be integrated into existing Master's and Doctoral nursing

programs, there is little empirical evidence to demonstrate that these essential competencies are being integrated into graduate nursing education.

Staebler et al. (2017) sought to describe the faculty perspective regarding whether health policy content and skills were being integrated into nursing curricula. These researchers inquired about content delivery modalities, perceptions, and facilitators, as well as barriers, to integrating health policy into their nursing curricula. Results from that study revealed that most faculty surveyed (70%) have participated in political advocacy, although only 36% had worked in policy development. Only 40% of the faculty in the sample were actively engaged in health policy advocacy at the time of the survey.

Previous research identified the following barriers to students' involvement in health policy activities: lack of time, lack of knowledge and or lack of interest in performing those activities (Des Jardin, 2001). Faculty have also identified barriers to developing health policy expertise, such as lack of desire and opportunities and insufficient financial and administrative support (Staebler et al., 2017). This is an area of concern because there is evidence that faculty's engagement in health policy activities increases the likelihood that health policy educational content will be disseminated to their students (Byrd et al., 2012; Pace & Flowers, 2012).

According to Byrd et al. (2012), healthcare policy development and core competencies need to be integrated into **both undergraduate and graduate health policy courses to** increase students' political astuteness. Political astuteness, defined as the awareness of political knowledge and the action of being politically savvy, (Primomo, 2007) is important in determining nurses' level of civic policy knowledge and engagement. **Des Jardin (2001) conducted a pre- and post-test survey of the level of**

political astuteness for undergraduate and graduate students enrolled in health policy courses. This survey assessed the students' comfort levels when performing policy assessment and development activities. The research findings revealed that, after taking a health policy course, the percentage of both undergraduate and graduate students who identified as being unaware politically decreased from 49% pretest to 1.3% posttest.

In similar research sampling graduate nursing students, Primomo (2007) found that 20% of students who never took a policy course were unaware politically. However, at the end of the policy course, that unawareness decreased to 7%. These are promising findings; however, it is unknown whether political awareness is sufficient to prepare students who will go on to engage in health policy advocacy in their advanced practice or faculty careers.

Nursing students at the graduate level are preparing for roles where their skills in health policy advocacy and political engagement are warranted. Therefore, there exists a need to describe graduate nursing students' engagement when taking health policy courses. Additionally there is need to determine if students are assessed the level of political engagement prior to a health policy course. An instrument, such as the Political Astuteness Survey (PAS) is a validated instrument to evaluate students' baseline health policy knowledge and competencies before taking a health policy course. The overall aim of this descriptive study was to assess how health policy education is being delivered to graduate students in U.S. nursing programs and to determine graduate students' level of political involvement. Specific research questions included:

1. Are U.S. graduate nursing students taking a stand-alone policy course in their curriculum?

2. Is the political astuteness survey used to assess students at the beginning of a health policy course?
3. What is the level of graduate student involvement with health policy at the local, state and/or federal level?

### **Methods**

This descriptive, cross-sectional study used an anonymous online survey to target graduate nursing students enrolled in AACN-member institutions. The online survey was adapted from a previous survey that assessed faculty teaching health policy content (Staebler et al., 2017). Exempt IRB approval was obtained from the XXXXX.

Participants were given the link to the online survey, which the authors created using Survey Monkey (<http://www.surveymonkey.com>) for three weeks in early February, 2017. Participants were recruited in various ways. The survey link was distributed via the AACN Graduate Nursing Student Academy (GNSA) database to approximately 12,000 graduate nursing students. The survey link was also disseminated through direct e-mails to graduate nursing program directors and faculty/student bulletins of AACN-member institutions. During the three weeks the survey was active, Deans and Directors of AACN-member schools were also sent e-mail invitations to distribute to their graduate students.

The 34-item **online** survey consisted of four parts: 1) Demographic data: type of graduate program by clinical specialty, type of academic program, availability and participation of a health policy course during matriculation, if the course was a requirement, and the delivery format of the course; 2) Policy course: participants rated how they viewed the policy course in their curriculum; 3) Political astuteness:

participants indicated whether they completed a validated instrument measuring this political astuteness prior to or during their health policy course; and 4) Pre-policy and advocacy engagement: participants identified health policy activities they engaged in such as policy analysis, advocacy, educating health policy makers during their program and also rated their degree of confidence in becoming involved in these activities after graduation. Participants also identified barriers they encountered when engaging in health policy and advocacy activities.

Survey responses were assessed for missing data and responses were excluded from the analysis if they had greater than 10% of missing data. Descriptive statistics were used to analyze the demographics whereas bivariate analyses (chi-square tests using R statistics) were used to evaluate the relationships between type of graduate students and the research questions (R Core Team, 2017). Ad hoc power analyses were performed using G\*Power software, version 3.1 (Erdfelder *et al.* 1996), for the planned chi-square analyses with 2 degrees of freedom, a moderate effect size = .3, and 95% power, resulting in a required sample size of 172.

## Results

Two hundred and fifty-one (2.4% response rate) graduate nursing students completed the survey. Approximately 53% (n=134) of the survey's participants attended a Doctoral research university according to the Carnegie Classification of Institutions of Higher Education. More than half (53.0%) of the survey participants were enrolled as full-time students. Most of the sample's participants, 53.4%, were pursuing their Master's degree, while 37.1% indicated they were pursuing their Doctor of Nursing Practice (DNP) degree and 9.6% were enrolled in a Doctor of Philosophy (PhD) program (**Table 1**).



Over 75% of the sample (n=140) reported taking a dedicated health policy course and 71.5% (n=131) of the sample responded that the course was required during their graduate studies. Among these 131 students, there was an equal distribution as to whether the study participant was enrolled either as a Master's or a DNP student. When study participants were asked what health policy related activities they have engaged with or experienced in the health policy course, the most common activity noted was “analyze health policy proposals, health policies, and related issues from the perspectives of consumers, nursing, other health professionals and additional stakeholders.” **The frequency of the participants' responses was similar in all types of graduate education.** An overwhelming majority of study participants reported not being engaged in legislative advocacy efforts (91% for Master's, 85% for DNP, and 82% for PhD) (**Table 2**).

When assessing the relationship between program degree type and whether a health policy course was required, there was no significant difference between types of graduate degree sought (Master's, DNP, PhD) and the requirement to take a health policy course ( $p = 0.37$ ) (**Table 3**). There was also no relationship between type of graduate student programs (Master's, DNP, PhD) and whether students received a political astuteness survey at the beginning of their health policy course ( $p = 0.66$ ). However, based on this study's sample, a greater percentage of Master's students were given a political astuteness survey than PhD students. When asked if they were involved in health policy at the local, state and/or federal levels, differences existed between Master's, DNP or PhD students. For example, when assessing if students were involved with health policy at the state level, there was a greater proportion of Master's students involved in health policy at the state level, than DNP or PhD students ( $p = 0.04$ ).

### Discussion

Implications from this study suggest that health policy and advocacy education courses are important to graduate education and have been integrated into graduate nursing program curricula. Graduate nursing students at all levels reported that required health policy competencies are being included in their programs, either as stand-alone health policy courses or have health policy integrated in their curricula.

Although the participants in this study indicated that health policy content is included in their graduate nursing curricula, the makeup of associated educational activities was not consistent between programs. This study also indicated low levels of student involvement in health policy activities across all program types. This low level of policy engagement may stem from the fact that faculty have identified significant barriers to engaging in policy work themselves (Staebler et al., 2017). As was demonstrated in previous research, when faculty are engaged in health policy, it is more likely that students will have policy content included in the classroom (Byrd et al., 2012; Pace & Flowers, 2012). Although this was an independent study with a sample of students, our findings relate to previous research in that one potential way to enhance students' exposure to high-quality policy content that will translate into action is to remove barriers to faculty policy engagement. This may include faculty focusing on promoting policy advocacy work to students.

Survey respondents in this study indicated that several health policy activities were included in their graduate education, implying that current graduate nursing students have gained health policy knowledge and advocacy skills. Specifically, the participants indicated that analyzing current health policy proposals and health policies, from the

perspectives of consumers, nurses, and other health professional stakeholders were the most common activities undertaken in their curricula. Master's level students were more likely to indicate that they advocate at the state level compared to DNP and PhD students. Future research should explore why this difference may have occurred.

According to the study's participants, health policy courses often do not include the Political Astuteness Survey (PAS), as a pre-test to evaluate students' baseline health policy knowledge and competencies before taking a health policy course. Since the PAS has been shown to be effective in measuring health policy awareness, utilizing this instrument in graduate nursing programs may offer nurse educators the opportunity to evaluate their teaching effectiveness, particularly when disseminating health policy learning activities and research (Byrd et al., 2012). The PAS may provide the needed content to begin conversations, related to health policy matters among nursing students and faculty. Specifically, use of the PAS may also provide education foundations related to engagement efforts with key lawmakers at state and national levels, thus promoting health policy awareness among students. Analyzing research using the PAS when teaching health policy may also provide faculty evidence to incorporate a baseline health policy knowledge assessment of graduate nursing students.

This sample of graduate students is reflective of the national sample of graduate nursing students. In 2017, there were approximately 3.9 million licensed Registered Nurses (RNs) in the U.S. Of these RNs, 158,941 were enrolled in graduate nursing programs, with 45,975 of students graduating in 2016, the year of the survey (AACN, 2017). Of these graduate nursing students, 63.6% (n=5120) were enrolled in Masters' programs, 22.1% (n=1781) were enrolled in DNP programs and 6.6% (n=535) were

enrolled in PhD programs (AACN, 2017). This enrollment of graduate nursing students reflects the positive impact and concerted efforts that national nursing organizations, such as AACN, have made to educate and equip nursing faculty with the skills, experiences, and health policy knowledge that will translate to students in their graduate nursing classrooms.

This study did reveal that the majority of the study's participants have taken a health policy course and advocacy competencies. While the low level of political involvement is concerning, exposure to policy content in a course may be a first step to recognizing the opportunities they have to influence health policy as students transition to their practice or faculty roles. Ongoing and future promotion and growth of nurse advocacy efforts by these study participants as they become nurse educators, mentors, clinical experts and nurse leaders are important as they integrate health policy competencies into their professional practices.

### **Implications**

Despite the limitations of a low survey response rate, (possibly due to self-selection and no incentive offered to take the survey) implications for future research are discernable. This study was a "first look" in assessing how health policy content, a necessary curriculum element in graduate nursing program, is being delivered. Future research may include resampling graduate nursing students in the next few years to determine if policy engagement changed given the push for nursing schools to ensure students have opportunities for policy engagement. In the meantime, implications from this study suggest that graduate nursing faculty should evaluate their current health policy course and consider possible revisions of current program curricula to integrate more

health policy engagement opportunities. Also, faculty charged with teaching health policy could utilize a reliable and validated pre-course/post-course instrument, such as the PAS, to measure outcomes of their innovative health policy program changes.

The AACN's *Essentials* provide a framework when developing health policy courses at all academic levels. Although we cannot assume that simply taking a policy course would inform students about the *Essentials*, the framework allows faculty to model courses for maximum student engagement. At the Baccalaureate level, students should possess basic understanding of health care policy, discuss implications of policy on the healthcare delivery system, and be encouraged to participate in legislative efforts (AACN, 2008). Masters students should be expected to analyze policy at a higher level, often using different nursing perspectives to work with other healthcare professional to develop, implement, and advocate for policy that impacts the healthcare delivery system (AACN, 2011). As future clinical practice leaders and researchers, DNP and PhD students should be expected to show the highest levels of policy understanding, being able to critically analyze health policy as well as lead, develop, and advocate for future policy initiatives (AACN, 2006).

This study provides insight on the current state of advocacy education and experience in graduate nursing programs and also offer thoughts about how to evaluate the value and effectiveness of what is being taught. Future research studies evaluating current Baccalaureate health policy and advocacy education would provide valuable information so that policy skill-building in graduate programs may scaffold on previous knowledge. Expanding health policy competencies and thus the confidence of the nursing workforce to advocate for their patients and their families at all levels of nursing

education could significantly influence positive healthcare decisions and patient outcomes in the United States.

Avenues for current nursing faculty to encourage health policy education among graduate students include researching health policy teaching strategies, including the use of standardized evaluation instruments to assess the effectiveness of health policy education in graduate nursing curricula. Development of a different reliable and validated instrument to assess graduate nursing faculty and their students' health policy knowledge may be considered. Future research may include the collection of data **including** tallying the number of graduate nursing students who participate in "advocacy day" efforts at state and national legislatures (Primomo & Bjoring, 2013). Monitoring the rate at which students attend professional health policy training sessions, nurse leadership training, or fellowship programs sponsored by professional nursing organizations are additional data points that may show evidence of integrating health policy competencies into U.S. nursing curriculum. The increasing number of licensed RNs who serve as state and federal legislators, public spokespersons, board members, national leaders, and professional advocates is perhaps the clearest indicator that health policy and advocacy competencies are being integrated into nursing curricula.

### **Conclusion**

Health policy content is integrated into U.S. graduate nursing curricula; however, more research on how this content is delivered is needed to influence future healthcare policy and advocacy efforts. Graduate nursing faculty are encouraged to assess their teaching by administering pre- and post- course political astuteness instruments and also enhance their course content with learning activities that promote health policy skills.

With these slight changes, it is anticipated that nurses can extend their professional activities beyond the patient's bedside or clinical research arena to engage in health policy efforts at the local, state, national and international levels. The current healthcare environment is ready for graduates to be active and involved in health policy. As more graduate nurses adopt nursing faculty roles, health policy and advocacy must continue to evolve. The call now is to build on that momentum, to continue to evaluate graduating nurses' efforts, and to deliver nursing education that ensures all nurses are not only excellent clinicians but are also equipped to effectively engage in health policy development and advocacy.

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