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Engaging Nurses in Public Policy

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Date: April 30, 2022

Abstract

Background: Nurses have been engaged in public policy since the inception of the profession. Academicians and thought leaders recognize the importance of nurses engaging in public policy to improve health and healthcare. Nurses are also the largest healthcare group and the most trusted profession for twenty years, yet they are minimally represented in the state and federal legislature. Nurses possess a skill set that is directly transferable to the policy arena such as listening and communicating effectively, leading by inspiring a shared vision, applying evidence-based research, and collaborating and building relationships to achieve a common goal. Locally, the New Hampshire Nurses Association has been successful in recruiting volunteers, and generating enthusiasm to engage nurses in public policy work with limited success measured by nurses giving testimony, calling legislators, and writing letters to the editor. The purpose of the project was to design and test several interventions to establish a sustainable, repeatable, evidence-based process to increase engagement of nurses in public policy.

Methods: A literature search was conducted to develop best practice competencies for nurses to engage in public policy. Data collection was conducted through a needs assessment tool (survey) based on the competencies pre and post interventions to assess gaps in three areas: knowledge, skills and attributes needed for nurses to engage in public policy. A Clinical Learning Program consisting of three voice-over PowerPoint® education modules was developed based on the competencies and offered to participants as well as 1:1 mentoring sessions provided by the principal investigator.

Interventions: A convenience sample of nurses were invited to participate in three interventions: needs assessment tool (survey), clinical learning program, and or mentoring sessions.

Results: The project developed a needs assessment tool (survey) of the knowledge, skills and attributes based on best practices of competencies needed for nurses to engage in public policy. This assessment tool has broad generalizability to any group of nurse leaders interested in understanding the baseline of the knowledge, skills, and attributes and building capacity needed for nurses to engage in public policy. The extent to which the clinical learning program and mentoring can increase engagement of nurses in public policy cannot be established due to the small sample size of participants who engaged in these three interventions.

Conclusions: The nursing process is the essential core of nursing practice which is directly applicable to increasing engagement of nurses in public policy. The needs assessment tool (survey) based on competencies recognized by multiple nurse leaders, authors, and policy experts, identifies gaps in knowledge, skills and attributes nurses need to engage in public policy. Nurse leaders, authors and policy experts also agree that nursing skills are directly transferrable to the policy arena. The clinical learning program and mentoring interventions will require further study with larger samples to demonstrate internal validity to increase engagement of nurses in public policy. Nurses have an opportunity to transform health and healthcare if they can grow a critical mass of nurses who are competent to engage in public policy as part of their professional role.

***Keywords:** nurses, engage, public policy, advocacy, education, mentor*

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Engaging Nurses in Public Policy

Introduction

Nurses have been engaged in public policy since the inception of the profession. Their intimate knowledge of health and health care, commitment to their patient's health status, credibility due to their altruistic intentions, history of success as collaborators and their ability to create work arounds to achieve the goal, positions them well to engage in public policy. Raines and Barton-Kriese (2001, p. 220) note, "Florence Nightingale, Sojourner Truth, Lillian Wald, and Margaret Sanger represent historical examples of effective political activism that showed the value of nursing's direct involvement in politics. They labored politically for healthy environments, racial equity, better community conditions, and reproductive health choices."

Engaging in public policy is critically important for nurses because policy impacts their work in hospitals, clinics, academia, churches, communities, prisons, homes and in the streets; "across societal, economic and political landscapes" (Anders, 2020, p. 91). Nurses also serve in a variety of roles such as clinicians, executives, administrators, researchers, professors, in governmental positions and in politics which are all impacted by policy (Disch, 2019). In fact, nurses spend more time with patients than any other health care provider, comprise the largest healthcare group, and according to the public have been deemed the most ethical and honest profession for twenty years in a row (Gaines, 2022; Lewinski, 2018; Patten, et al., 2019). We would expect nurses to utilize their credibility and power to influence public policy because many of the skills required of nurses are directly transferrable to engaging in policy work, but their influence is not broadly visible. Their reach is not matched by their influence on public policy (Patten et al., 2019). A comprehensive approach to increasing engagement of nurses in

public policy is needed to ensure care is safe, effective, patient-centered, timely, efficient, and equitable (AHRQ, 2018). Educators and leaders recognize the importance of nurses engaging in public policy and have made recommendations to embed education and training in public policy in curriculum and practice.

Academicians and thought leaders in nursing recognize that “the current health care environment in the United States is in transition with policy and innovation colliding to meet the health demands of the American population while competing with the fiscal responsibilities of federal and state governments” (Garritano & Stec, 2019, p. 2). The American Association of Colleges of Nursing developed recommendations to include health policy in the curriculum at all levels of nursing education. The recently published document, *The Essentials: Core Competencies for Professional Nursing* is a framework intended to prepare members of the discipline of nursing for the future. The authors recognize that “nurses can have a profound influence on health policy by becoming engaged in the policy process on many levels which includes interpreting, evaluating, and leading policy change” (2021, p. 13). At the graduate level, competence in health care policy is one of the eight *Essentials of Doctoral Education for Advanced Nursing* where the expectation is that nurses “as leaders in the practice arena provide a critical interface between practice, research, and policy” (American Association of Colleges of Nursing, 2006. P. 14). In addition, the *Code of Ethics for Nurses with Interpretive Statements* states expectations of ethical behavior and ideals for nurses, outlines nurses’ obligation to engage in health policy in Provision 9: “The profession of nursing, collectively and through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy” (2015, p. 35). Out of necessity, the importance of nurses leading in public policy has gained further attention in

the current healthcare environment within the context of a global pandemic. This public health crisis has highlighted the need for comprehensive public policy to improve health outcomes worldwide.

The *International Year of the Nurse and Midwife* was extended to 2021 to highlight nurses' significant contribution, self-sacrifice and bravery throughout the pandemic. Nurses have been in the spotlight in the media putting patients first, working in dangerous conditions, lacking proper personal protective equipment, facing severe staffing shortages, and managing complicated technology and emotional patient situations, all requiring expert knowledge, skills, and ability. Despite such demands, nurses have had little power over their work environments or protecting themselves. The pandemic shined a bright light on both the critical role they play in the healthcare system and within their communities, and sadly, their powerlessness in not being in decision making positions to address the pandemic or even protect themselves. Going forward, "clearly, nurses should be at the forefront of public health initiatives, and they should be involved at all stages of policy development and implementation, as well as clinical care" (Catton, 2021, p. 10). While this increased attention has brought renewed energy to this goal, it had been touted as vitally important more than a decade ago by the Institute of Medicine (2011) in their report, *The Future of Nursing: Leading Change, Advancing Health* which directed nurses to embrace their leadership standing and engage in policy development at the local and national level to improve health and healthcare.

Nurses have long witnessed gaps in health and healthcare, but the pandemic also laid bare the chronic, complex problem of inequity in healthcare. It is clear the current public health crisis will not be addressed on the individual level but will require systemic policy change. The health inequities populations face can benefit from nurse engagement in policy. The call to action is

clear: “whether nurses engage in policy making full time or work to inform policy part time as a professional responsibility, their attention to policies that either create or eliminate health inequities can improve underlying conditions that frame peoples’ health” (NASEM, 2021, p. 139). This statement implores nurses to engage in public policy on the micro, meso and macro level, or as Disch (2020) describes: at the point of care, organizational level, and at the state or federal policy level.

Although the academic community and current thought leaders recognize the importance of nurses becoming involved in public policy as evidenced in the professional literature, and the call for nurses to utilize public policy to improve health is clear, evidence-based interventions to help nurses gain confidence and self-efficacy to become involved in public policy does not accompany this call to action. There is what Pfeffer and Sutton label a “knowing-doing gap” (2000). Nurses might “know” the importance of involvement in policy to influence professional and population decisions but often are in the “doing gap” not knowing what to do. Pfeffer & Sutton, suggest that measuring the knowing-doing gap and providing opportunities to learn from experience and take action, will address the gap (2000). It is time nurses leverage the trust they have earned, harness their professional expertise, and take the lead to transform health and healthcare for the population and the profession through engagement in public policy.

Problem Description

Nurses are minimally represented in state and federal political offices. In New Hampshire (NH), there is currently one nurse serving in the House, one serving in the Senate, and the current Commissioner of the NH Department of Health and Human Services, Lori Shibinette, is a nurse. Among the 117th Congress of the United States, three nurses are serving in the House

and none in the Senate. Without representation, the expertise and experience of nursing is absent when important policy decisions are made. During a recent exchange, Ms. Shibinette talked about the value of her nursing knowledge in making decisions and educating legislators during the past several years from the very beginning of the pandemic. She gave several examples of when her nursing knowledge was critical to making timely and consequential decisions. In one instance, policy makers didn't understand why personal protective equipment (PPE) could not be reused, and why masking and social distancing was necessary. Another example was how her expertise in caring for the elderly informed her decision to ensure transportation was available for vulnerable homebound citizens resulting in an additional 4000 NH residents being vaccinated in their homes (L. Shibinette, personal communication, January 19, 2022). She feels strongly that because of her "clinical background, knowledge of the system, experience within the healthcare workforce and experience creating and working within complex health systems, (this) gave NH a true advantage in developing a strategic response to Covid-19" (L. Shibinette, personal communication, January 19, 2022). While her position did not require her to be a nurse, her knowledge and experience as a nurse certainly influenced her decision making to include science, systems, and population health.

Recently when President Biden appointed thirteen professionals to his Covid-19 board, a nurse was not originally included. As a result of a petition and nurses voicing their discontent on social media, a nurse was added (Stringer, 2021). Dollinger (2006) as cited by Shariff (2014, p. 10) concluded nurses in the United States "exhibit little ability to influence policy due to lack of status of the nursing profession." Several other authors concur. Wilson et al. (2021, p. 2) notes, nursing is a "female dominant profession with feminine associated values" and Shariff, (2015b)

agrees; the profession has been limited by the status and current norms of women. Another related issue found in multiple studies highlights that nurse are not well represented in the media.

Despite the fact, that one in 100 citizens is a nurse (Shaeffer & Haebler, 2019), nurses are not sought by media to speak on health or healthcare issues, nor are they rated high in terms of their influence on health care policy (Disch, 2020; Fyffe, 2009; Mason et al., 2018; Scott & Scott, 2021). In fact, Mason et al. (2018) reported on the Woodhull study of 1998 that nurses were quoted 4% of the time in newspapers, and in 2017 that figure dropped to 2%. Finally, Shariff (2014) notes, appointments to develop health policy are given to doctors or other healthcare professionals rather than nurses. A local, recent example of this is a front-page article in the Concord Monitor on October 24, 2021, about the nursing shortage which included interviews with two CEOs, two nursing home administrators and one hospital spokesperson: but no nurses.

Other factors or barriers may contribute to nurses' lack of involvement in public policy including lack of time, the requisite knowledge, educational opportunities, and support or mentoring to engage in health care policy development and implementation (AbuAIRub & Abdulnabi, 2019). These factors are also confirmed in research by Shariff (2014).

Available Knowledge

A literature review was conducted using the CINAHL and PubMed databases using the following key terms: nurse (s), mentoring, mentorship, education, engagement, confidence, self-efficacy, public policy, and advocacy. Synonyms were generated for keywords, MeSH terms determined, nesting, truncation, "AND" and "OR" Boolean operators, and phrase searching was used. Thirty-one English- only, full text articles from peer reviewed or open access journals were retained exploring the current state of nurse involvement in public policy. Articles referring to

students were excluded. Interestingly, authors wrote about experiences from many different countries including Scotland, Ireland, Jordan, Kenya, Uganda, Tanzania, Thailand, Iran, and Korea, demonstrating the importance of engaging nurses in public policy around the globe. Despite the wide geographic differences, the barriers, and facilitators to engaging in public policy are vastly similar regardless of culture or region.

Multiple subject matter experts were also interviewed including a former nurse legislator, Polly Campion; a well know nurse activist from Massachusetts, Karen Daley; the NH Executive Counselor, Cinde Warmington; NH Senator, Maggie Hassen; and as previous quoted, Commissioner Shibinette. The literature selected covered a range of topics such as why nurses should engage in public policy; why they do not; the knowledge, skills and attributes needed to engage in public policy; and facilitators and barriers to engagement. Additionally, texts devoted to the subject and those related to achieving the aim were also utilized.

There are countless reasons for nurses to become involved in public policy including their relationship with their patients, their expertise and understanding of health and healthcare, their skills in leadership, communication and problem solving, and their ability to “penetrate geographical, societal, economic, and political landscapes that are immeasurably diverse” (Anders, 2020, p. 91). There are also myriad opportunities for nurses to engage in public policy for the nursing profession from shaping policies that impact care at the bedside, or scope of practice or workforce issues, to state and federal legislation that can significantly improve population health such as proposing a sugary beverage or tobacco tax, helmet laws, or supporting earned income tax credit to lift children out of poverty. Importantly, policy effects so much of nurses’ work including nursing practice and resources (Annesley, 2019; Arabi, 2014; Scott &

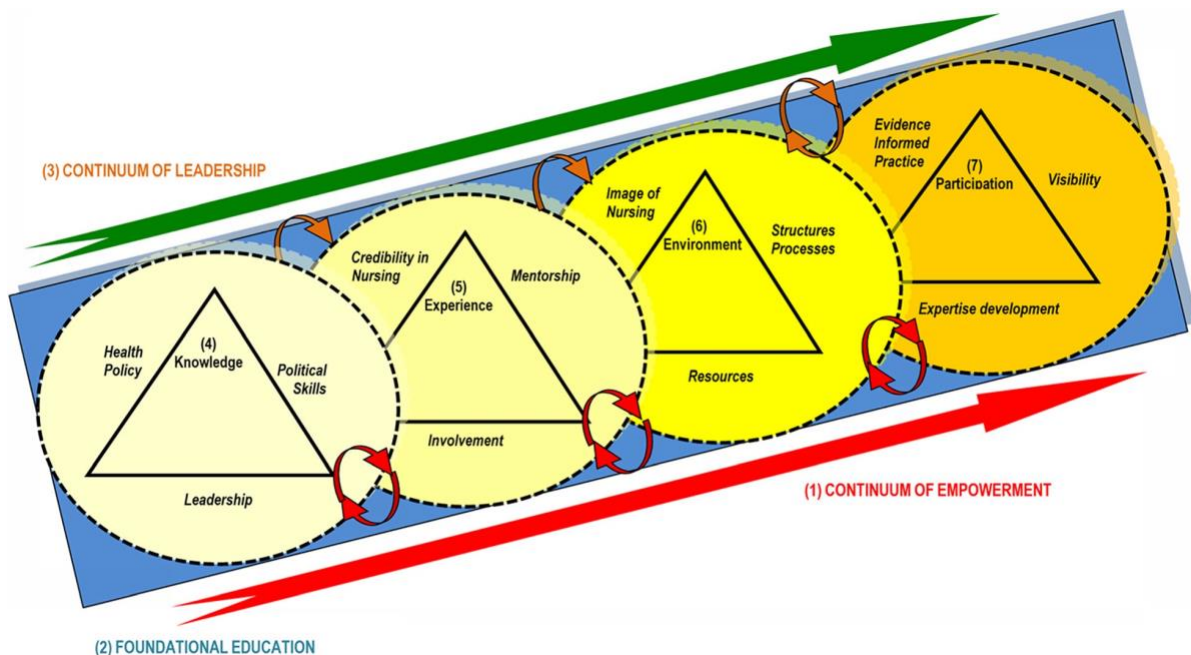
Scott, 2021; Wichaikhum et al., 2019). Clearly nurses function daily using many of the skills needed to engage in effective policy work. Senator Maggie Hassan supports the premise that “nurses possess many of the skills that are key to public service, including the ability to work well in high-pressure situations, find creative solutions, demonstrate compassion, and listen well. Those are essential skills for making a difference in public policy debates and in running for political office” (M.G. Hassan, personal communication, October 14, 2021). Nurses need to be empowered to become involved in public policy. This is described by Mason et al. (1991), more recent nurse researchers such as Shariff (2015b) and is defined by psychologists, Cattaneo and Chapman (2010).

Empowerment is described “as the enabling of individuals and groups to participate in actions and decision-making within a context that supports an equitable distribution of power” (Mason et al., 1991, p. 72). They further describe how the empowerment can support political action by nurses through “development of three dimensions: raising consciousness of the socio-political realities of a nurses’ world, strong and positive self-esteem, and the political skills needed to negotiate and change the healthcare system” (Mason et al., 1991, p. 73). Similarly, psychologists Cattaneo and Chapman (2010) outline components of an empowerment process which includes: personally meaningful goals, self-efficacy, knowledge, competence, action, and impact. In addition, Shariff (2014) applied the Delphi method, a structured, iterative technique aimed at building consensus over three rounds on factors that act as facilitators and barriers to nurse leaders’ participation in the development of health policy. Qualitative and quantitative analysis of the data identified facilitators and barriers that contribute to whether nurses engage in public policy.

Facilitators include being involved, for example being involved in all stages of policy development, being knowledgeable and skilled, positive image of nursing, enabling structures, and resources (Shariff, 2014). The barriers are the opposite of facilitators; lack of involvement, lack of knowledge and skills, lack of support, negative image of nursing, lack of enabling structures and lack of resources (Shariff, 2014). Shariff (2015b) proposes a theoretical model to structure building capacity among nurses to engage in public policy. The visual presentation in Figure 1 was presented for validation by four expert panelists who had participated in all three Delphi rounds referenced above. This model is conceptualized within the East African nursing experience, however as previously discussed, the perspective appears similar across many cultures and countries. (Shariff, 2015b).

Figure 1

Empowerment Model for Nurse Leaders' Participation in Health Policy Development (Shariff, 2015b).



The Empowerment Model for Nurse Leaders' Participation in Health Policy

Development (Figure 1), referred to as the “Empowerment Model,” developed by Shariff, (2015b) involves four stages of empowerment along a continuum that builds upon itself: knowledge (of health policy, political skills and leadership), experience (involvement in forums or advocacy work, credibility, mentorship), an enabling environment (resources, credibility and competence, and structure and systems that enable inclusion of nurses) leading to participation (evidence informed practice, visibility and permanent influence). Intrinsic in the model is the understanding that “nurse leaders should be supported ‘to be empowered’ to participate in health policy development and should support others to participate by ‘being empowering,’ ... a reciprocal relationship of giving and receiving mentorship ...at every stage” (Shariff, 2015b, p. 6). AbuAlRub & Abdulnabi (2019) emphasize that a nurse leader can support empowerment and increase self-efficacy among nurses through education, support and resources, and mentoring. Historically, nurses have been involved with professional associations because they offer continuing education, leadership development and a supportive environment to build skills and competence.

In NH, the Graduate Nurses’ Association of New Hampshire, a precursor to the New Hampshire Nurses’ Association (NHNA) formed in 1906, identified criteria for nursing programs, set fees for service, and helped draft the Nurse Practice Act (Fetzer, 2016). Nurse involvement with professional associations can support engagement of nurses in public policy because nurses work together to achieve the mission of the association which is aligned with the goals of the profession such as improving health, healthcare, and nursing practice. Professional associations also have a history of identifying nursing and healthcare issues and successfully advocating for public policy because there is strength in numbers (Patten et al., 2019). In

addition, associations have the resources to support nurses’ engagement and collaboration with strategic partners to influence decisions on policy and regulatory processes (Mason et al., 2021; Shariff, 2014; Waddell, 2017). Lastly, associations rely on volunteers to carry out the work to achieve the mission, vision, and goals, thereby providing opportunities for nurses at all levels and from all specialties to become involved, develop leadership and communication skills, and collaborate with multiple partners across healthcare professions in a supportive environment. Table 1 provides a sampling of several prominent nursing associations locally and nationally with their missions, visions and web sites which contribute to supporting nurse involvement in public policy.

Table 1

Sample of Local and National Nursing Associations’ Missions, Visions and Websites

Organization	Mission Vision and Website
<p>New Hampshire Nurses’ Association (NHNA)</p>	<p>Vision: Inspire New Hampshire nurses as leaders to expand the power of the nursing profession to improve the health of the people of New Hampshire.</p> <p>Mission: Promote nursing practice and the wellbeing of New Hampshire nurses by providing professional development, fostering nurse innovation, and leading in health advocacy to enhance the health of the people of New Hampshire.</p> <p>https://nhnurses.nursingnetwork.com/</p>
<p>American Nurses’ Association Enterprise: ANA, American Nurses’ Foundation (ANF) and American Nurses’ Credentialing Center (ANCC)</p>	<p>Vision: A healthy world through the power of nursing.</p> <p>Mission: Lead the profession to shape the future of nursing and healthcare.</p> <p>https://www.nursingworld.org/ana-enterprise/</p>

<p>American Organization for Nursing Leadership (AONL)</p>	<p>Vision: Nursing leadership-one voice advancing health for all.</p> <p>Mission: Transform health care through expert and influential leadership.</p> <p>https://www.aonl.org/about/overview</p>
<p>Association of Public Health Nurses (APHN)</p>	<p>Vision: Healthy communities through excellence in public health nursing practice and leadership.</p> <p>Mission: To shape the role of public health nursing within the specialty of population health and to educate and advocate for policies and practices that advance the practice of public health nursing to promote the public’s health.</p> <p>https://www.phnurse.org/</p>

What may spark the interest or nudge nurses to go beyond what they already do to provide excellent care to their patients may be a realization that they want to change the system they work in, have voice in resource allocation, advocate for a patient or population, or simply protect themselves from undue harm. As described by Cattaneo and Chapman (2010), the empowerment process begins with a personally meaningful and power-oriented goal. This premise is confirmed by multiple nurse researchers and is referred to as “a trigger event” (Wilson et al., 2021, p.4).

Many nurses who are currently serving in political roles speak about early life events that helped them understand the importance of social justice and good public policy such as a strong mother who realized she was being paid less than her male counterparts and there were no mechanisms to correct that injustice; or a family with a history of political activism (Wilson et al., 2021). Those experiences predisposed these nurses to the potential of their power and voice. If they have not had these early experiences, then they might experience situations during the delivery of care that highlights a social justice issue which they realize cannot be solved by

themselves alone. While nurses' primary focus may be the care of the individual patient, they must recognize that if they do not voice their opinion on issues that impact their work environments and patients, then other entities such as hospitals, physicians or patients will take action without them. (Hall-Long, 2009). Patten et al., explain this clearly: "If we do not speak up for the policies we need and want, we find there are many others willing to step in and speak for us, but may not represent our interests or needs regarding patient care or our work environments. Being silent provides an unspoken endorsement of the status quo. It allows others to make their voices heard in the void of our silence" (2019, p. 5). We need only recognize the value of our experience and the power of our reach.

The truth is, the skills nurses use daily such as advocating, educating, communicating, listening and problem solving are transferrable to the policy arena (P. Champion, personal communication, August 13, 2021; Disch, 2020; Hall-Long, 2009; Patten, 2019). Nurses may be triggered to engage in public policy when they realize that many of the problems they face cannot be solved because the problems are the result of societal and political decisions (Mason et al., 2021). It is interesting that because the triggers must have a personal effect, a variety of triggers will motivate a variety of nurses to become involved. This supports building capacity among nurses by engaging them according to topic of interest as the NHNA has done with development of the Legislative Advocacy Council (LAC), which groups volunteers according to topic area: public health, maternal/child health, behavioral health, and nursing practice/licensure issues.

Rationale

Engaging the group of nurses who have volunteered to become involved in public policy as a member of NHNA requires applying the nursing process; identifying a knowledge deficit, and addressing it, providing an opportunity for nurses to utilize their skills, creating an environment that enables them to act and mentoring them to reach the goal of participation. As previously mentioned, triggers often push the nurse to engage. Well known nurse activist Karen Daley offers this advice: “Individual empowerment begins with belief in our own value and worth, and engagement within your practice setting. Don’t underestimate your individual power as an informed, engaged constituent or the power of a collective voice” (K. Daley, personal communication, August 22, 2021). The Empowerment Model developed by Shariff (2015b) was utilized to understand where nurses fall along the empowerment continuum to increase engagement of nurses from the NHNA as a collective voice and increase their involvement in public policy to effect change. Participation by nurses in public policy will transform health and healthcare.

Specific Aim

The purpose of the project is to design a needs assessment tool (survey) and test several interventions to establish a sustainable, repeatable, evidence-based process to increase engagement of nurses in public policy by applying the nursing process; assess knowledge, skills, and attributes (competencies) for nurses to engage in public policy; implement a clinical learning program and or mentoring program; and evaluate the impact of these interventions in developing competencies among nurses who wish to engage in public policy.

Methods

The first phase of the project involved conducting a literature search and interviewing subject matter experts such as nurses, activists, and politicians who successfully engaged in public policy to develop evidence-based competencies necessary for nurses to engage in public policy in three areas: knowledge, skills, and attributes (KSAs) (Arabi, et al. 2014, Heinen et al., 2019, Shariff, 2015b, Waddell et al., 2017 & Wichaikhum et al., 2019). A needs assessment tool (survey) (Appendix A) was developed based on the competencies to assess the KSAs of nurses prior to providing them the clinical learning program and or mentoring interventions. In a previous study with similar goals, Heinen et al., researched competencies for advanced practice registered nurses and clinical nurse leaders to develop leaderships skills to advance healthcare reform. In this study, the authors recommended next steps such as developing a “curricula or clinical learning program” linked to identified knowledge, skills, and attributes. Similarly, the goal of this project was to identify evidence-based competencies needed for nurses to engage in public policy, develop a needs assessment tool (survey), design and implement a clinical learning program (CLP) which evolved into three voice-over PowerPoint® education modules, and provide mentoring and support to nurses in their movement through the Empowerment Model.

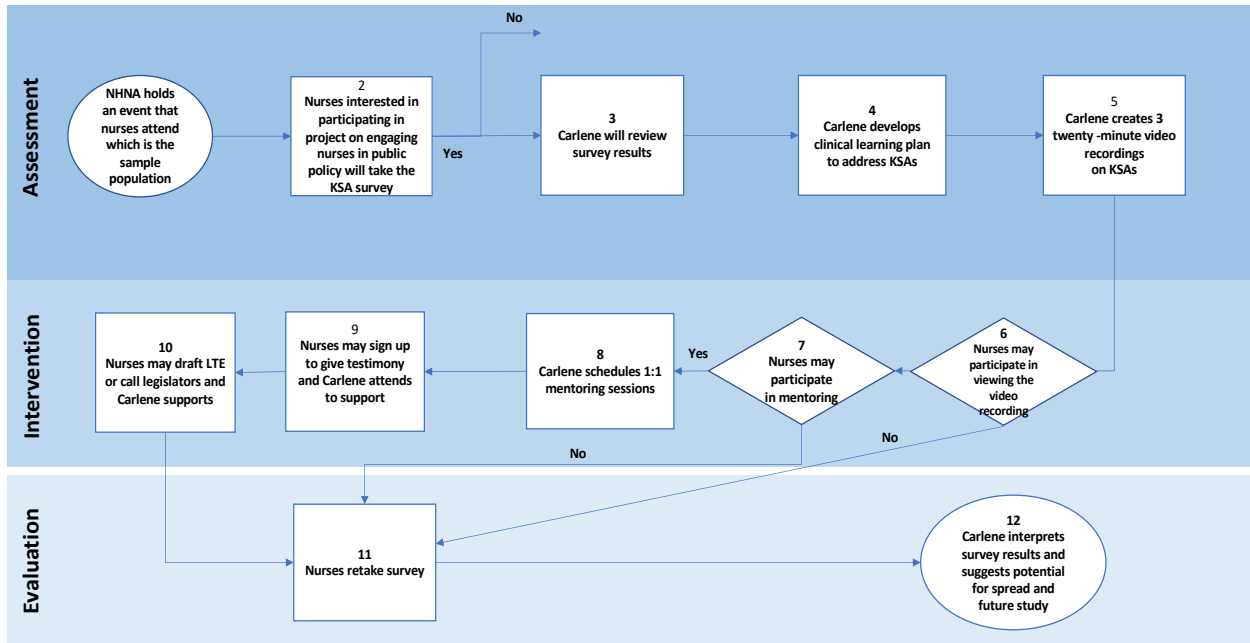
Registered Nurses (RNs) were invited to participate in this project. The participants were asked to complete the needs assessment tool (survey) (Appendix A) to assess their competence in the KSAs. Each statement in the needs assessment tool (survey) represents a competency necessary for nurses to engage in public policy. The CLP was developed with specific learning objectives intended to address the competencies identified in each of the three categories.

Potential triggers, previously described as a particular topic or problem that motivates the nurse to become engaged in public policy was identified in the mentoring session by advocating for legislation that was in process, which provided the experience (or opportunity); and education and mentoring was provided to empower the nurses to engage in public policy. The goal was to move participants along the empowerment continuum (Figure 1) based on the gaps identified in the initial needs assessment tool (survey) of competencies and determine specific education and mentoring needs to move them through the four stages of the Empowerment Model to the final stage: participation.

The RNs were invited by survey (Appendix B) to participate in the clinical learning program (CLP) made up of three competency-based voice-over PowerPoint® education modules approximately 20 minutes in length, and up to three 1:1 mentoring sessions offered by the principal investigator (PI) to practice skills learned or address fears or questions. The goal was to develop competence in the KSAs needed for nurses to engage in public policy. Six weeks later, participants repeated the needs assessment tool (survey) (Appendix C) with additional questions added to capture what interventions they participated in; the needs assessment, the CLP and/or mentoring sessions and assess the effectiveness of the three interventions. Figure 2 depicts the process for this project to engage nurses in public policy.

Figure 2

Flowchart of DNP Project to Engage Nurses in Public Policy



Context

There is evidence that supports the role of associations in increasing nurses’ engagement in public policy because they provide a medium or “environment” (Shariff, 2015b) for the work of public policy, in the form of raising awareness of pressing policy issues, providing education and resources, and support and mentoring. The NHNA has a long history of engaging nurses in public policy with varying levels of participation. In the past, success has been measured based on legislation being passed or stopped. An evaluation was conducted by NHNA leadership in of Legislative Advocacy Council (LAC) members in August 2019 to determine whether they engaged in public policy or advocacy after participating in a two-hour training. There were seven participants, six of whom attended the training; none reported giving testimony. Six of seven

nurses gave scheduling as the reason they were unable to give testimony and one person said they were never contacted to testify. Based on those results, schedule/timing was assessed in the survey. Besides this evaluation, competencies in the KSAs of the members of the three groups (LAC, CGA and LTHF attendees) had not previously been assessed. It was assumed that participants of the LTHF would include members of the CGA and LAC since these two groups are the hosts of the LTHF and provide most of the content that is presented to the attendees of the LTHF. It was also assumed that NHNA board members and volunteers from other NHNA commissions would be among participants in the LTHF. Many members of the CGA have participated as volunteers on the commission for multiple years.

The subgroups of the LAC align with topic areas of personal interest (triggers) to motivate action because the nurses self-select which subgroup they belong to dependent upon their clinical or personal expertise. The CGA culls the list of potential bills based on interest to the association and then categorizes according to prioritization. Finally, members of the NHNA attending the LTHF vote on priority legislation for advocacy from the list of bills presented. The RNs who choose to participate in mentoring sessions will be evaluated by PI to assess their current stage within the Empowerment Model and identify mentoring needs to support nurses' movement through the four stages of the Empowerment Model. Table 2 provides a list of the ten bills NHNA membership selected to prioritize for advocacy during the LTHF.

Table 2

Ten Bills Prioritized for Advocacy by NHNA Membership

1	HB1017/2013	Establishing criminal penalties for harming or threatening to harm an essential worker.
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2	HB1633/2049	Relative to requiring COVID-19 vaccination for school attendance.
3	HB1224/2361	Prohibiting state and local governments from adopting certain mandates in response to COVID-19; and prohibiting employers and places of public accommodation from discriminating based on vaccination status.
4	HB1233/2426	Prohibiting higher education institutions receiving state funds from requiring face masks and COVID-19 vaccinations for attendance.
5	HB1351/2631	Prohibiting certain employers from requiring a COVID-19 vaccination as a condition of employment.
6	HB 1210	Relative to exemptions from vaccine mandates.
7	HB1604/2142	Including state medical facilities in the statute providing medical freedom in immunizations.
8	SB 422/HB 103	An act establishing an adult dental benefit under the state Medicaid program.
9	HB1332/2458	Excepting public universities and colleges from requirements under medical freedom in immunizations.
10	HB1014/2054	Allowing public meetings to be conducted virtually.

The cost /benefit of these interventions can be considered from multiple perspectives. One consideration is the loss of nurses who decide to leave the profession because they feel powerless at a time when the nursing shortage is becoming greater. According to Becker’s Hospital Review (2021), the average cost of turnover is \$40,038 per RN. The risk of nurses being excluded from important decisions that impact their practice, health, and healthcare is significant and difficult to measure, but examples explained related to the pandemic such as lack of available PPE provide a window into the potential negative impact of nurses not being involved where policy decision are made (Cohen, 1996).

Another cost is potential loss of improved outcomes in population health because nurses are not involved in developing sound public policy. “Every day, nurses see how health policy decisions, such as access to care based on pre-existing conditions, impact patients and their families and how organizational staffing policies may harm patients and may adversely affect

nurses and their work environment” (Patten et al., 2019, p. 3). Again, without the expertise and experience of nursing contributing to sound public policy, improvements in health and healthcare will be limited based on the gaps identified uniquely by nursing.

Finally, while difficult to quantify, authors of the *Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* reference past natural disasters and public health emergencies such as the current pandemic, demanding “bold and essential changes needed in nursing, education, practice, and policy across health care and public health systems and organizations to strengthen and protect the nursing profession after such events” (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021, p.248). A perfect example of the nursing profession not being protected when they were not included in important policy decisions has resulted in moral injury; “a long lasting emotional, psychological, social and spiritual effect from actions taken that are contrary to one’s moral values” (Hossain & Clatty, 2020, p. 27). During the pandemic we have heard heart breaking stories of nurses being forced to make decisions about resource allocation due to lack of supplies, staffing, lack of understanding of how the virus spreads and of being forced to give end of life care in the absence of patients’ loved ones. Nurses should be at the forefront of making public health emergency policy decisions because the decisions made impact them professionally and personally. We are only beginning to understand the incredible toll the pandemic has had on the health and wellbeing of the nursing workforce.

Interventions

Nurses who are members and nonmembers of the New Hampshire Nurses’ Association (NHNA) who registered to attend the January 18, 2022, Legislative Town Hall Forum (LTHF), a virtual event via Zoom were invited to participate in the project by the PI through the Zoom chat

with text that included a URL link to the survey at the beginning and end of the LTHF Zoom. Participants who completed the needs assessment tool (survey) were provided the second survey URL link (Appendix B) offering an opportunity to participate in the clinical learning program (CLP) made up of three competency-based voice-over PowerPoint® education modules and/or 1:1 mentoring sessions. The CLP was created by the PI to address the gaps in competencies identified from the needs assessment tool (survey). The 1:1 mentoring sessions offered by the PI to assist RNs in moving through the Empowerment Model to participation included an opportunity to select one or two bills to lobby from the list of ten bills prioritized for advocacy by NHNA members. For these participants, the PI assessed their current stage within the Empowerment Model. Table 3 outlines the participants, their involvement with NHNA and the timeline when they were invited to participate in the project. Initially, 120 nurses were invited to participate in the project.

Table 3

Volunteer Groups Invited to Participate in Study

Volunteer Group	Level of Involvement with NHNA	Date invited to participate in needs assessment tool (survey)	Number of participants
Legislative Advocacy Council (LAC) members	Members, newer to public policy, chairs are part of CGA	2/7/22	30
Commission on Government Affairs (CGA)	Members, more experienced with public policy	2/7/22	25
Legislative Town Hall Forum (LTHF) Attendees	May or may not be members including volunteers of the board, LAC, and other commissions	1/18/22	120

Following the interventions, members of the Commission on Government Affairs (CGA) and Legislative Advocacy Council (LAC) received an email with a URL link to take the post interventions survey (Attachment C). A change in post interventions survey scores attributed to the interventions was predicted. The specific interventions included:

1. Survey #1 Conduct a needs assessment tool (survey) among participants linked to competencies to assess gaps in knowledge, skills, and attributes for nurses to engage in public policy.
2. Offered a clinical learning program made up of three competency-based voice-over PowerPoint® education modules to the participants linked to the competencies to address gaps in KSAs.
3. Offered 1:1 mentoring which included selection of one or two bills to lobby from the NHNA list of prioritized bills
4. Survey #2 Repeat the needs assessment tool (survey) with participants linked to competencies to assess a change in knowledge, skills, and attributes for nurses to engage in public policy.

Study of the Interventions

Study of the interventions used a mixed model approach. The pre and post KSAs needs assessment tool (survey) was quantitatively evaluated to compare the results from nurse participation in the survey, clinical learning program (CLP) made up of three competency-based voice-over PowerPoint® education modules, and or mentoring sessions. Qualitative data from a field note journal captured common themes during the 1:1 mentoring sessions. In addition, a formal program evaluation was conducted to solicit feedback about CLP (Appendix D).

Measures

- a. Impact of the Clinical Learning program (CLP) made up of three competency-based voice-over PowerPoint® education modules and mentoring identified in pre/post KSA needs assessment tool (survey).
- b. An electronic journal of project field notes was kept identifying lessons learned, challenges and successes.

Analysis

- a. Quantitative data was captured in Qualtrics to compare change in pre and post interventions surveys. Cohen's d was used to calculate the difference in answers to the KSAs among the two groups. Cohen classified effect in three sizes: $d=.2$ small, $d=.5$ medium, $d=.8$ large (Sullivan & Feinn, 2012).
- b. Qualitative data from PI journal of field notes was analyzed using thematic analysis to identify, analyze and report repeated patterns (Braun and Clarke, 2006).

Ethical Considerations

- This project protocol was reviewed by the University of New Hampshire Institutional Board for the Protection of Human Subjects in Research (IRB) and deemed as exempt. (IRB # is IRB-FY2022-246).
- Participation in the project was voluntary among a convenience sample of volunteers.
- There were no conflicts of interests.
- The length of this project was 6 weeks which minimized confounding factors.

- A permissions and consent form was developed to ensure confidentiality and anonymity when results are shared, and data was deidentified.
- The risk of bias due to the principal investigator's involvement was taken into consideration in the interpretation of results.
- The results, voice-over PowerPoint® education modules and resources, and final paper will be shared with participants and interested parties in May 2022.

Results

Initially 120 nurses were invited to participate in the project: Engaging Nurses in Public Policy on January 18, 2022, during the Legislative Town Hall Forum (LTHF) Zoom session. An invitation describing the project and who the PI was including a link to the Qualtrics survey was inserted in the chat at the beginning of the Zoom session and repeated at the end of the Zoom session. This resulted in eleven people completing the baseline pre survey. The PI made a request of the NHNA leadership to send an email to the 120 LTHF registrants to increase the sample size, and the request was denied. In addition, the PI learned that Qualtrics only utilizes internet protocol addresses and does not capture email addresses automatically, which meant the eleven participants could not be contacted to take the post interventions survey.

An IRB modification was submitted to allow the PI to email the Commission in Government Affairs (CGA) and Legislative Advocacy Council (LAC) members directly to invite them to participate in the project. As a member of these groups, the PI already had access to email addresses. Of note, the PI previously served on the CGA and LAC and most recently serves as the liaison of the CGA to the NHNA Board of Directors since January 2022. An IRB modification was approved, and an email was sent February 7, 2022, to 55 members; 20

responded, 18 met criteria of being a retired or practicing nurse; two agreed to participate in the voice-over PowerPoint® education modules; and one agreed to also participate in 1:1 mentoring sessions. It is important to note that the IRB required a statement at the end of the first survey inviting nurses to click a URL link to a second survey if they were interested in participating in education modules and /or mentoring. If they answered yes, they were interested in participating in either or both interventions, their name was solicited.

The PI utilized the KSAs assessment with each question becoming a learning objective, to develop the clinical learning program (CLP) made up of three competency-based voice-over PowerPoint® education modules. The PI scheduled two 1:1 mentoring sessions with one participant on 2/26/22 and 3/20/22. An email with a link to the post interventions survey was sent to the CGA and LAC group on March 21, 22. Fourteen participants completed the post survey. Table 4 summarizes the interventions and details, and Figure 3 summarizes the final sample population.

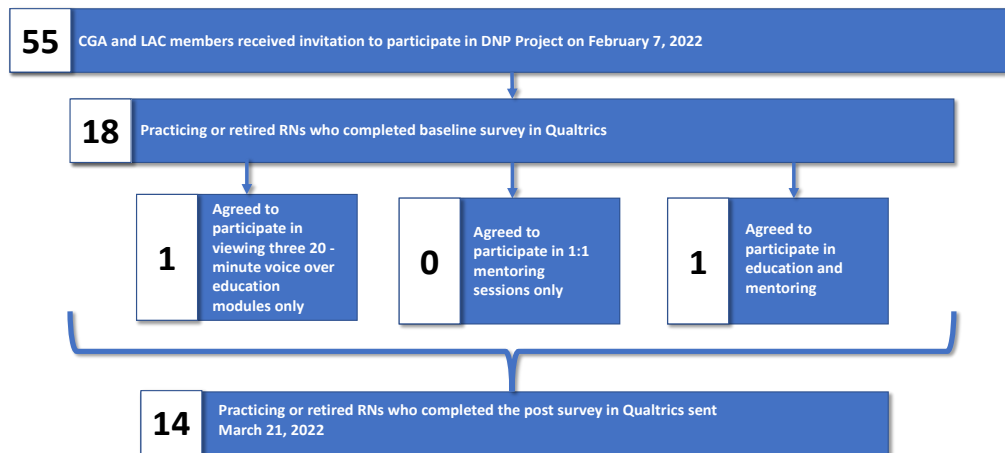
Table 4

Three Interventions & Details

#	Interventions	Details
1	Needs Assessment Tool (survey)	Appendix A, 26 Questions Appendix B, 2 Questions
2	Voice-over PowerPoint® Education Modules in a series of three; covering knowledge, skills and attributes respectively	#1 29.15 min., #2 18.41 min. #3 17.40 min
3	Mentoring Sessions 1:1	Up to one hour each session

Figure 3

Final Sample Population



The pre and post interventions survey groups comparison graphs illustrate the differences in demographics among the two groups. Given the difference in sample size, presurvey group N =18, post survey group N =14, a percentage was calculated for the demographics as opposed to showing the raw numbers. Due to the small sample, consultation with a statistician recommended use of Cohen’s d to calculate the difference in answers to the KSAs among the two groups. Cohen classified effect in three sizes: d=.2 small, d=.5 medium, d =.8 large (Sullivan & Feinn, 2012). Cohen’s d measures, “the absolute effect size in the difference between the average, or mean, outcomes in two different intervention groups” (Sullivan & Feinn, 2012).

The mean age of RNs who took the pre survey was 51.57 years compared to the mean age of the post survey participants which was 55.54 years. The post interventions survey group also had a slightly higher level of education which may have improved their survey results.

Additionally, 86% of the post survey group had participated in the LTHF compared to 56% of the pre survey group which may show a more engaged post group. All 14 participants who took the post survey, reported taking the pre survey. Lastly, the highest number of participants were from the CGA. The PI is a member of the CGA which may have introduced bias impacting participation or a higher level of knowledge, skills, and attributes to please the PI. The Figures 4, 5 and 6 illustrate the age, education levels, and current involvement with NHNA respectively of the two groups.

Figure 4

Mean Age of Survey Participants in Pre and Post Intervention Groups

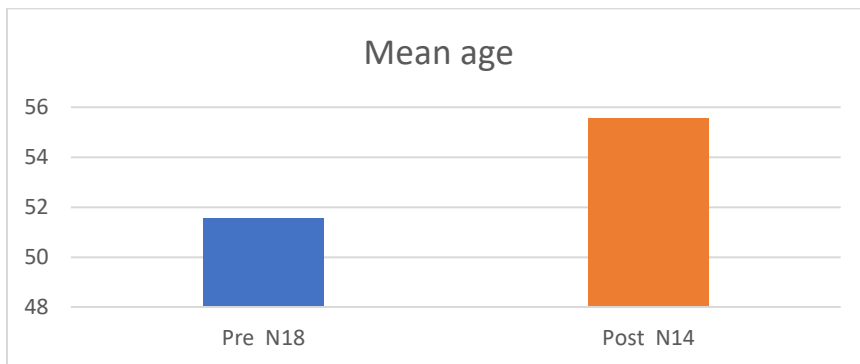


Figure 5

Highest Level of Education by Percentage of Pre and Post Intervention Groups

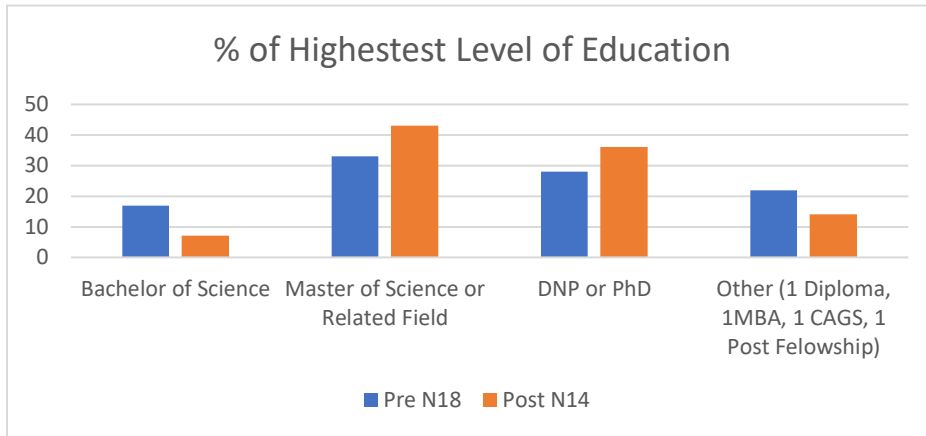
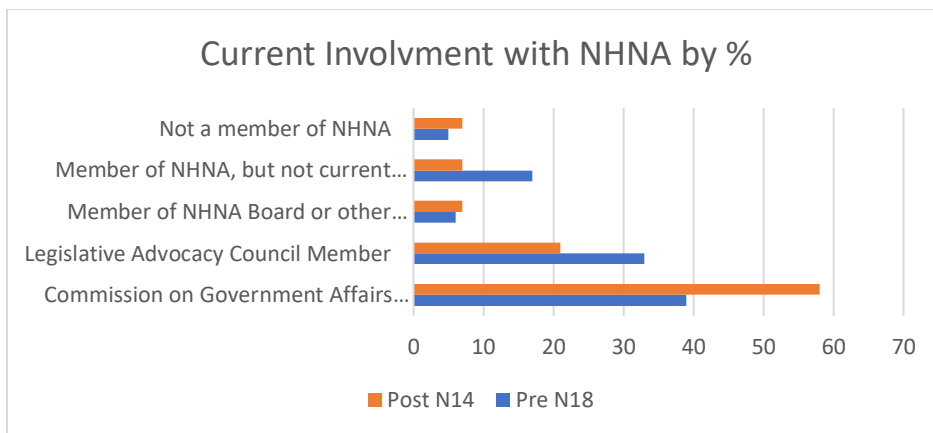


Figure 6

Current Involvement with NHNA by Percentage of Pre and Post Intervention Groups



Figures 7, 8 and 9 depict the means of the pre and post interventions survey groups and Cohen’s d which shows the strength of the effect size of the interventions. This was calculated using an online calculator by Lenhard and Lenhard (2016) which includes using the t value and n1 and n2. The effect size in each of the three figures may be attributed to taking the needs

assessment tool (survey) or to several confounding factors as previously mentioned including the older postsurvey group, the fact that 86% of the post interventions survey group also participated in the LTHF which provided education on the importance of nurses engaging in public policy, and the post interventions survey group has a higher level of education. Table 5 lists the survey matrix questions for #9 of the survey. Each question begins with, “I understand,” and Figure 7 depicts effect size for questions in the knowledge category.

Table 5

Survey Matrix Questions #9

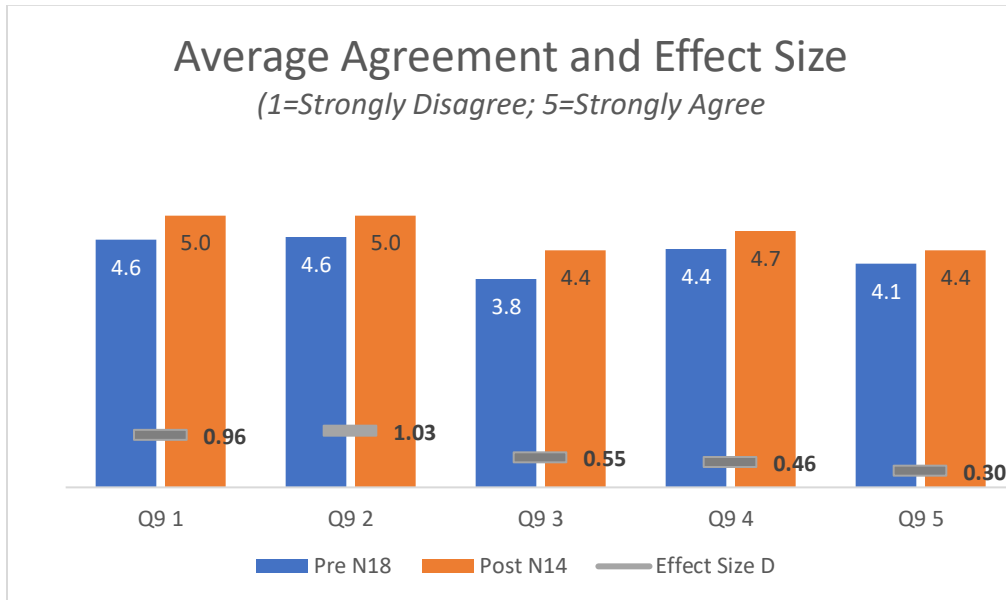
I understand...

how public policy impacts my daily work.
how public policy impacts individuals, communities, and populations.
the process of policy development in NH.
the role of research and evidence-based practice in NH.
and am confident in the use of gencourt.state.nh.us and congress.gov websites to find my legislator, LSRs/bills, sponsors and determine who serves on which committee.

As previously stated, an effect size of greater than or equal to .8 is considered large. Figure 7 illustrates a large effect on the post survey group for Q 9-1 and Q 9-2; how policy impacts their work and how it impacts individuals, communities, and populations at .96 and 1.03 respectively.

Figure 7

Average Agreement and Effect Size for Survey Matrix Questions # 9



The next set of survey matrix questions for #10 listed in Table 6 were specific to the skills category and begin with, “I am capable and confident in my ability to.” Figure 8 illustrates the effect size for Q10- 2 of .65, which is greater than a medium effect of .5. This shows that the post interventions survey group is capable and confident in their ability to inspire a share vision and influence policy.

Table 6

Survey Matrix Questions #10

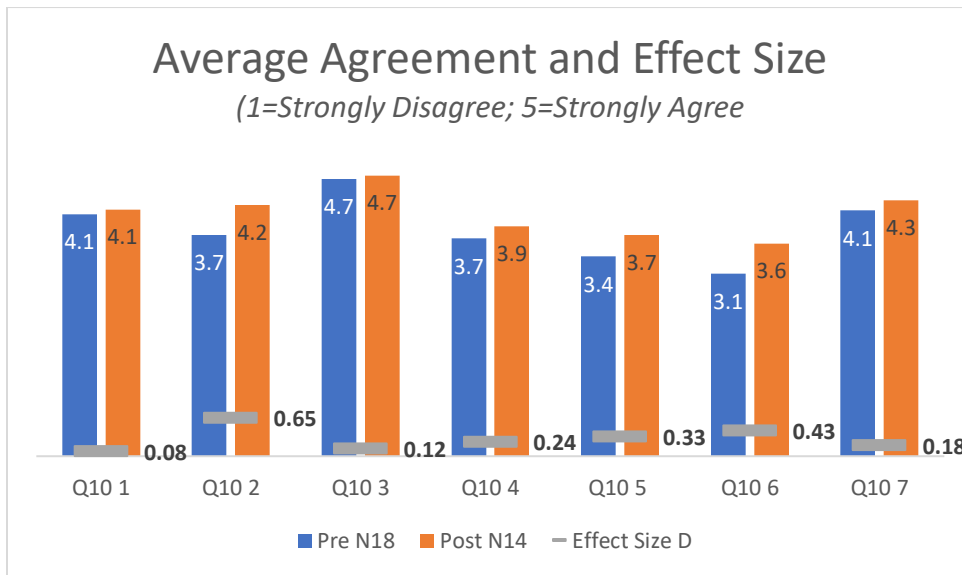
I am capable and confident in my ability to...

listen well and communicate effectively with legislators and the media about important policy issues.

inspire a shared vision and influence policy development.
build relationships, be respectful and collaborate effectively with colleagues and others.
make an “ask” of a legislator using a ‘sparkler’ or personal story to drive my point.
write a Letter to Editor (LTE) or Opinion Editorial (OpEd).
submit LTE or OpEd for publication.
provide written and oral testimony.

Figure 8

Average Agreement and Effect Size for Survey Matrix Questions # 10



The last group of survey matrix questions for # 12 listed in Table 7 seek the nurse’s perspective and assesses attributes nurses must possess to engage in public policy and begin with, “As a nurse.” There are no large effects for this category as illustrated in Figure 9.

Table 7

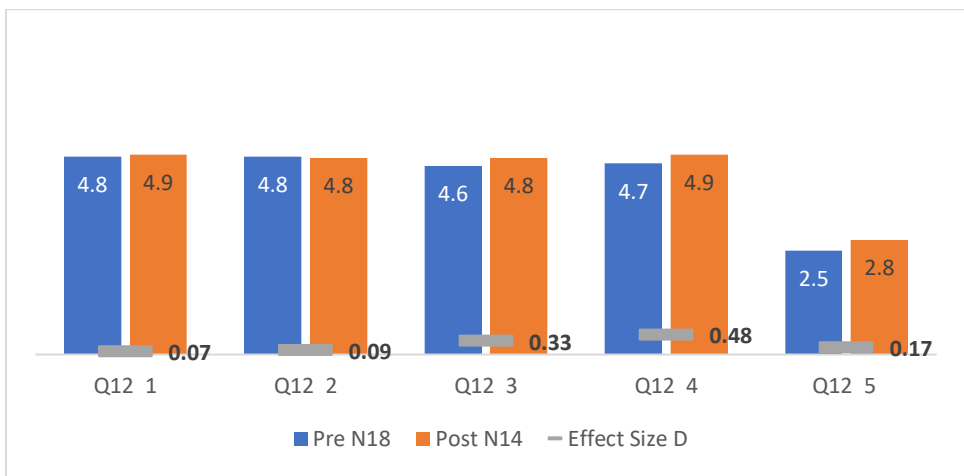
Survey Matrix Questions #12

As a nurse...

my role is vital in informing legislators about public policy issues that impact health, healthcare, and nursing practice.
participating in public policy is part of my professional duty.
it is my responsibility to mentor future nurses to assist them in engaging in public policy.
I will seek opportunities to participate in policy development because nurses' expertise is vital to improving health and health outcomes through public policy.
I would consider running for public office because I have the knowledge, skills and ability needed to be successful in that role.

Figure 9

Average Agreement and Effect Size for Survey Matrix Questions # 12



Average Agreement and Effect Size
 1=Strongly Disagree; 5 =Strongly Agree

Discussion

The impact of the clinical learning program (CLP) made up of three competency-based voice-over PowerPoint® education modules, and 1:1 mentoring session interventions was not measured due to the small sample size. The electronic journal included field notes from only one participant who attended two mentoring sessions. The one participant made recommendations to focus on technological challenges for nurses to engage in policy including remote access to signing in to indicate “in favor” or “in opposition” to a bill or to submit testimony electronically. She also recommended support for nurses by providing access to research and resources to develop accurate, compelling testimony. Two mentoring sessions with this nurse did not result in preparation for giving testimony because she gave testimony a few days prior for HB 1606 related to the vaccine registry and current opt out option. This was not from the prioritized list by NHNA members but was important to this nurse. She wanted to debrief the encounter and discuss how she prepared and what she might do differently next time. During the second mentoring session she was not planning to give testimony again, rather she was excited to share information about a webinar she attended on public policy and recommended a book she learned about. It was interesting to experience what Shariff had espoused, that mentoring is a reciprocal relationship and that “nursing influence in health policy can only be sustained if nurse leaders are supported and if they support and mentor others” (2015b, p.6). Of note, the needs assessment tool (pre and post surveys) contained a question about agreement on nurses’ responsibility in mentoring.

Additionally, a formal program evaluation of the content and delivery of the clinical learning program (CLP) made up of three competency-based voice-over PowerPoint® education

modules was completed in Qualtrics by the two participants. Table 8 summarizes the questions and comments from the program evaluation. Table 9 summarizes the results of the nurses’ level of agreement with three statements. The participants rate agreement on a scale from 1 to 10 (10 is strongly agree).

Table 8

Evaluation of Education Modules

Questions	Comments
The voice-over PowerPoint education modules were effective to increase my knowledge, skills, and attributes to engage in public policy.	Both participants strongly agreed with this statement.
What audience would benefit most from this series?	Participant 1. “RN/APRN who have realized responsibility to advance the profession, likely not new nurses, excepting history which may lead new nurses to think about their membership in a profession that can support and encourage action beyond task-oriented duties assigned by an employer.” Participant 2. “All nurses at any level and nursing students to introduce them to policy and advocacy.”
Additional comments about modules or the topic of engaging nurses in public policy.	Participant 1. “Ms. Ferrier’s soothing and melodious voice connected with me and enhanced retention of the modules. I also enjoyed the history and experience in public policy.” Participant 2. “I think Module 2 could have been longer with more examples walking people through how to navigate through websites for example. Otherwise, they were terrific and engaging modeling both experience and personalization, made it meaningful.”

Table 9

Summary of Agreement with Statements, Scale from 1-10 (10=strongly agree)

I would recommend this series to others to increase engagement of nurses in public policy.	Participant 1= 8 Participant 2 =10
As a result of viewing/listening to the voice-over PowerPoint series, I am confident in my ability to engage in public policy.	Participant 1= 7 Participant 2= 7
The presenter was knowledgeable on the topic.	Participant 1=10 Participant 2=10

In the final question of the needs assessment tool (pre/post survey), participants were asked in the pre and post interventions surveys to rank order the barriers to engaging in public policy. The order was the same for the pre and post groups:

1. Time
2. Timing
3. Fear/lack of confidence
4. Lack of knowledge/skills
5. Lack of opportunity

Time as the number one barrier makes sense because most nurses who can engage in public policy do so as volunteers outside of work hours. Timing is consistent with the assessment of LAC members referenced earlier who participated in a two -hour training but did not report any engagement in the form of giving testimony due to scheduling (timing). Of note, legislative hearings are during the day when most nurses are working. Fear/lack of confidence ranked as 3 highlights the importance of the reciprocal relationship of mentorship described by Shariff (2015b). Pfeffer & Sutton speak to the need to “drive out fear” which contributes to the knowing doing gap (2000, p. 254). Ranked number four, lack of knowledge/skills, highlights the specific education needed for nurses to engage in public policy. This project was intended to address these two barriers: fear/lack of confidence and lack of knowledge as well as create an

environment for nurses to practice their skills and feel empowered as they engage in public policy. Lastly, lack of opportunity is difficult to address because while an association can provide the support and resources for nurses to participate in public policy, it is futile if the organization the nurse works for does not support attendance to events for nurses to give testimony or meet with legislators to educate them on important policy issues.

Summary

This project was conducted to utilize evidence-based research to develop best practice competencies in knowledge, skills, and attributes needed for nurses to engage in public policy. Through study of the literature and interviews with nurses, activists, and politicians, a needs assessment tool (survey) based on the competencies was developed. The needs assessment tool (survey) was completed by 18 participants. The clinical learning program developed (CLP) was made up of three voice-over PowerPoint® education modules based on the competencies with two participants viewing them. One participant also attended two 45-minute mentoring sessions conducted on Zoom. The post intervention survey was completed by 14 participants.

Demographics were analyzed as percentages to control for different sample sizes. Differences in demographics including the slightly older post survey group, the fact that 86% of the post interventions survey group also participated in the LTHF which provided education on the importance of nurses engaging in public policy, and the post interventions survey group has a higher level of education are confounding factors that may have contributed to differences in pre and post interventions survey groups. Cohen's *d* was utilized to measure the effect for the post interventions group. A Large effect was noted for two of the seventeen questions in the post intervention survey. They include, how policy impacts their work at .96, and how it impacts

individuals, communities and populations at 1.03. A greater than medium effect at .65 effect was calculated for believing they are capable and confident in their ability to inspire a shared vision.

Thematic analysis of the qualitative data show from the journal notes that time, timing and fear/lack of confidence related to technical tools were barriers to engaging in public policy as was lack of access to update to date resources to create compelling, accurate testimony.

Interpretation

The extent to which the clinical learning program (CLP) and mentoring can increase engagement of nurses in public policy cannot be established due to the small sample size of participants who engaged in these interventions. However, the needs assessment tool (survey) and CLP based on general agreement among authors, activists and experts about the competencies needs for nurses to engage in public policy will be useful to any group of nurses interested in building their capacity to engage in public policy.

Additionally, one of the questions in the program evaluation of the voice-over PowerPoint® education modules asked the participant to rate on a scale from 1-10 their agreement with the following statement with 10 being strongly agree: “As a result of viewing /listening to the voice-over PowerPoint® series, I am confident in my ability to engage in public policy.” This may be evidence that just viewing/listening to voice-over PowerPoint® education modules will not increase knowledge, skills, and attributes enough for nurses to feel confident in their ability to engage in public policy. The confidence in ability to engage in public policy was measured by the survey to evaluate the voice-over PowerPoint® education modules which showed no causation between the (CLP) made up of three competency-based voice-over PowerPoint® education modules and increased confidence. This is consistent with Shariff’s Model (2015b) in which knowledge is just the first stage of the Empowerment Model moving to

experience including mentorship, then moving on to an environment that supports involvement by nurses in public policy, resulting in nurses developing expertise and using evidence-based practice to participate in public policy and development.

Limitations

- The two groups were not matched, therefore statistical analysis was limited to use of Cohen's d to measure effect size.
- This was a convenience sample which might affect the generalization of the results.
- The confounding effects have been described above and include the older post survey group, the fact that 86% of the post survey group also participated in the LTHF which provided education on the importance of nurses engaging in public policy, and the post survey group has a higher level of education. The PI is also a member of the CGA which may have introduced bias with participants answering favorably. The consent form clearly asked for participants to be open and honest in their responses to minimize response bias.
- The sample sizes were very small due to lack of access to the potential participants from the convenience sample as originally planned.
- The IRB required including a URL link at the end of the first survey to a second survey to invite participation in education modules and mentoring. The need to take an additional survey may have limited participation in these interventions. Two people reached out to the PI asking if something was wrong with the second survey because it repeated the consent language.

- Students were not allowed to participate in this study, however there were several students who took the initial survey when it was provided in the chat at the LTHF. Feedback from participants on the education modules recommended the education modules for students. The competencies were developed for nurse leaders and any articles involving students were excluded. Future research could focus on the student population.

Conclusions

While the needs assessment tool (survey) was not tested, based on study of the literature and the opinion of subject matter experts, there is general agreement, face validity of the knowledge, skills and attributes needed for nurses to engage in public policy. Nurse leaders, activists, and politicians also agree that nursing skills are political skills. Nursing associations and others who want to increase engagement of nurses in public policy would benefit from understanding nurses' baseline levels of knowledge, skills, and attributes to develop and provide education, training, and support. It is clear from the participant evaluation of the clinical learning program made up of three competency-based voice-over PowerPoint® education modules that this was a useful resource, but that education alone is not enough to build confidence in nurses to motivate them to engage in public policy. Rather, education might be combined with mentoring. A formal volunteer development plan might include pairing a nurse who is new to engaging in public policy with a nurse who is experienced.

This small convenience sample of participants provided insights and understanding of the methods, interventions, and measures for further study with a larger sample to fully test the

interventions and assess the effectiveness of moving participants along the Empowerment Model continuum to the end goal of participation.

Time continues to be a barrier to nurses engaging in public policy. Nurses have an opportunity to transform health and healthcare if they can grow a critical mass of nurses who are confident and supported by their organizations to engage in public policy as part of their professional role as opposed to on volunteer time. For this to occur, a multilevel systems approach from individual to organization, to nursing associations will need to be developed to raise awareness of the significant contributions nursing can offer to impact practice and population outcomes.

Acknowledgements

The PI is sincerely grateful for the generosity of Dr. Marjorie Godfrey and her team at the Institute for Excellence in Health and Social Systems who gave their time and expertise in support of this project.

Funding

This study received no grant funding from any agency.

Appendix A Survey

Engaging Nurses in Public Policy

Start of Block: Consent

Welcome to the INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS
IN RESEARCH

Consent Form

My name is Carlene Ferrier, and I am a Doctor of Nursing Practice (DNP) Program candidate at the University of New Hampshire and the title of the study is Engaging Nurses in Public Policy.

The use of human subjects in this study has been approved by the UNH Institutional Review Board (IRB) for the Protection of Human Subjects Research IRB-FY2022-246.

This form provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant:

- Your participation in this study involves you allowing us to use your pre and post surveys responses with the “Engaging Nurses in Public Policy” survey for research purposes.
- Each survey will last for about 15 minutes.
- Taking part in this study is completely voluntary. You may refuse to answer any question and may stop at any time.
- There are approximately 55 participants in this study. • Data will be collected in Qualtrics and will be stored in the UNH secure One Drive. De-identified and anonymized data will be stored securely in IEHSS SharePoint for three years from the time the student’s degree award or publication of a paper has elapsed. (UNH. VIII.C.7)
- The student’s faculty advisor, Marjorie Godfrey, PhD, MS, BSN, FAAN will also have access to the data. • De-identified participant data will be reported in aggregate by the Principal Investigator. The de-identified results may be used for Doctor of Nursing Practice project reports, presentations, publications, and generalized knowledge.
- Communication via internet poses minimal risk of breach of confidentiality. The Principal Investigator plans to maintain confidentiality of the data but there are rare circumstances under which others may have access to the data for ex. UNH, or a regulatory and oversight government agency.
- Participants in this research study may gain new awareness of knowledge, skills and

attributes needed to engage in public policy.

The purpose of this study is to design and test interventions to develop competencies for nurses to engage in public policy; establishing a repeatable, sustainable evidence-based process to increase engagement of nurses in public policy. Please be open and honest in your responses. You will be asked to complete a follow up survey in March.

If you have questions about this research project, you may contact Carlene.ferrier@unh.edu. If you have questions about your rights as a research subject, you may contact Melissa McGee in UNH Research Integrity Services at 603-862-2005 or Melissa.McGee@unh.edu to discuss them.

Thank you for your participation!
Carlene Ferrier MPH, RN, NEA-BC

- Yes, I wish to participate (1)
- No, thank you (2)

Page Break

End of Block: Consent

Start of Block: Introduction

Q1 Welcome to the Engaging Nurses in Public Policy survey! Thank you for taking the time to provide a baseline understanding of your knowledge, skills and attributes to guide future education and mentorship for nurses.

Q21 Are you a practicing or retired nurse?

- Yes (1)
- No (2)

Skip To: End of Survey If Are you a practicing or retired nurse? = No



Q1 What is your age in years?

Education What is your highest level of education?

- Associate Degree in Nursing (ADN) (1)
- Bachelor of Science in Nursing (BSN) (2)
- Master of Science in Nursing (MSN) or related field (3)
- Doctor of Nursing Practice (DNP) or (Doctor of Philosophy (PhD) (4)
- Bachelors in related field (5)
- Other (6) _____
-

Q4 What is your primary area of clinical practice?

- Hospital nursing (1)
 - Community nursing (2)
 - Ambulatory Care (3)
 - Administration (4)
 - Academia/Research (5)
 - Retired (6)
 - Other (7) _____
-

Q5 Which of the following policy areas interest you with respect to your work as a nurse?
(Select all that apply)

- Public Health (1)
 - Maternal/Child Health (2)
 - Behavioral Health (3)
 - Nursing Practice (4)
 - Other (5) _____
 - None of the above (6)
-

Q6 Please select the option that best describes your current involvement with New Hampshire Nursing Association (NHNA)?

- Commission on Government Affairs member (1)
 - Legislative Advocacy Council member (2)
 - Member of NHNA Board or Commission member (3)
 - Member of NHNA, but not a current volunteer (4)
 - Not a member of NHNA (5)
-

Q18 Did you attend the Legislative Town Hall Forum hosted by NHNA on 1/18/2022?

- Yes (1)
 - No (2)
-

Q7 Which activities of advocacy/public policy have you engaged in? Select all that apply.

- Proposing legislation. (1)
- Providing written or oral testimony in support or against legislation. (2)
- Writing Letters to the Editor or Opinion Editorials and submitting for publication. (3)
- Meeting with state or federal legislators. (4)
- Contacting state or federal legislators by phone or email. (5)

End of Block: Introduction

Start of Block: Block 6

Q17 The next set of questions will ask about your knowledge of public policy and nursing.

End of Block: Block 6

Start of Block: Knowledge

Q9 I understand ...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... how public policy impacts my daily work. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... how public policy impacts individuals, communities, populations. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the process of policy development in New Hampshire. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the role of research and evidence-based practice in policy development. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... and am confident in the use of NH.gov and congress.gov websites to find my legislator, LSRs/bills, sponsors and determine who serves on which committee. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: Block 7

Q18 The next set of questions will ask about your ability to engage in various activities related to public policy.

End of Block: Block 7

Start of Block: Skills

Q10 I am capable and confident in my ability to...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... listen well and communicate effectively with legislators and the media about important public policy issues. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... inspire a shared vision and influence policy development. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... build relationships, be respectful and collaborate effectively with colleagues and others. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... make an "ask" of a legislator using a "sparkler" (a personal story) to drive my point. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... write a Letter to the Editor (LTE) and Opinion Editorial (OpEd) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... submit a LTE or OpEd for publication (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

provide
written and
oral testimony
(7)



End of Block: Skills

Start of Block: Block 8

Q19 The last set of questions seeks your perspective as nurse.

End of Block: Block 8

Start of Block: Attributes

Q12 As a nurse...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... my role is vital in informing legislators about public policy issues that impact health, healthcare and nursing practice. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... participating in public policy is part of my professional duty. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... it is my responsibility to mentor future nurses to assist them in engaging in public policy. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I will seek opportunities to participate in policy development because nurses' expertise is vital to improving health and health outcomes through public policy. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... I would consider running for public office because I have the knowledge, skills and ability to be successful in that role. (5)

End of Block: Attributes

Start of Block: What are the barriers to engaging in public policy?

Q13 Drag to rank order the biggest barriers to engaging in public policy.

- Time (1)
- Timing (ie.working) (2)
- Lack of knowledge/ skills (3)
- Lack of opportunity (4)
- Fear/lack of confidence (5)
- Other (6)

Q22 Survey results will be compared looking at a change in pre and post results based whether participants participated in recorded education videos and or mentoring interventions. If you are interested receiving results of the survey and final paper in May 2022, email the PI at Carlene.Ferrier@unh.edu.

End of Block: What are the barriers to engaging in public policy?

Appendix B Survey

Engaging Nurses in Public Policy -Education and Mentoring

Start of Block: Consent

Welcome to the INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

Consent Form

My name is Carlene Ferrier, and I am a Doctor of Nursing Practice (DNP) Program candidate at the University of New Hampshire and the title of the study is Engaging Nurses in Public Policy.

The use of human subjects in this study has been approved by the UNH Institutional Review Board (IRB) for the Protection of Human Subjects Research IRB-FY2022-246.

This form provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant:

- Your participation in this study involves you allowing us to use your pre and post surveys responses of the “Engaging Nurses in Public Policy” survey for research purposes.
- You may choose to participate in one or both of the following options by click “yes” in the following form and providing your email address to contact you:
 - o viewing one to three 20 minute voice over PowerPoint recorded education modules
 - o participate in one to three 1:1 mentoring session (s) provided by the Principal Investigator
- Taking part in this study is completely voluntary. You may refuse to participate by clicking no when asked.
- There are approximately 55 participants in this study.
- PI observations during 1:1 mentoring session (s) of challenges, barriers or comments will be collected as electronic field notes using participant initials during mentoring sessions and will be stored securely in the IEHSS SharePoint for three years from the time the student’s

degree award or publication of a paper has elapsed. (UNH. VIII.C.7)

- The student's faculty advisor, Marjorie Godfrey, PhD, MS, BSN, FAAN will also have access to the data.
- De-identified participant data will be reported in aggregate by the Principal Investigator.

The de-identified results may be used for Doctor of Nursing Practice project reports, presentations, publications, and generalized knowledge.

- Communication via internet poses minimal risk of breach of confidentiality. The Principal Investigator plans to maintain confidentiality of the data but there are rare circumstances under which others may have access to the data for ex. UNH, or a regulatory and oversight government agency.
- Participants in this research study may gain new awareness of knowledge, skills and attributes needed to engage in public policy.

The purpose of this study is to design and test interventions to develop competencies for nurses to engage in public policy; establishing a repeatable, sustainable evidence-based process to increase engagement of nurses in public policy. Please be open and honest in your responses. You will be asked to complete a follow up survey in March.

If you have questions about this research project, you may contact Carlene.ferrier@unh.edu. If you have questions about your rights as a research subject, you may contact Melissa McGee in UNH Research Integrity Services at 603-862-2005 or Melissa.McGee@unh.edu to discuss them.

Thank you for your participation!
Carlene Ferrier MPH, RN, NEA-BC

- Yes, I would like to participate (1)
- No, thank you (2)

End of Block: Consent

Start of Block: Introduction

Q1 Welcome to the Engaging Nurses in Public Policy survey! Thank you for taking the time to provide a baseline understanding of your knowledge, skills and attributes to guide future education and mentorship for nurses.

Q21 Are you a practicing or retired nurse?

Yes (1)

No (2)

Skip To: End of Survey If Are you a practicing or retired nurse? = No

End of Block: Introduction

Start of Block: Information about three recorded education videos

Q14 I am interested in participating/viewing up to three 20 minute recorded education videos designed to increase knowledge, skills and ability to engage in public policy.

Yes (1)

No (2)

Display This Question:

If I am interested in participating/viewing up to three 20 minute recorded education videos designed... = Yes

Q15 Please complete.

Name (1) _____

Page Break _____

Q20 I am interested in participating in a 1:1 mentoring session with Carlene to practice my skills or help me prepare to participate in activities related to public policy.

Yes (1)

No (2)

Display This Question:

If I am interested in participating in a 1:1 mentoring session with Carlene to practice my skills or... = Yes

Q21 Please complete.

Name (1) _____

Q22 Survey results will be compared looking at a change in pre and post results based whether participants participated in recorded education videos and or mentoring interventions. If you are interested receiving results of the survey and final paper in May 2022, email the PI at Carlene.Ferrier@unh.edu.

End of Block: Information about three recorded education videos

Appendix C Survey

Post Survey Engaging Nurses in Public Policy

Start of Block: Consent

CONSENT

INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH Consent Form

My name is Carlene Ferrier, and I am a Doctor of Nursing Practice (DNP) Program candidate at the University of New Hampshire and the title of the study is Engaging Nurses in Public Policy.

The use of human subjects in this study has been approved by the UNH Institutional Review Board (IRB) for the Protection of Human Subjects Research IRB-FY2022-246.

This form provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant:

- Your participation in this study involves you allowing us to use your pre and post surveys responses with the “Engaging Nurses in Public Policy” survey for research purposes.
- Each survey will last for about 15 minutes.
- Taking part in this study is completely voluntary. You may refuse to answer any question and may stop at any time.
- There are approximately 55 participants in this study.
- Data will be collected in Qualtrics and will be stored in the UNH secure One Drive. De-identified and anonymized data will be stored securely in IEHSS SharePoint for three years from the time the student’s degree award or publication of a paper has elapsed. (UNH. VIII.C.7)
- The student’s faculty advisor, Marjorie Godfrey, PhD, MS, BSN, FAAN will also have access to the data.
- De-identified participant data will be reported in aggregate by the Principal Investigator. The de-identified results may be used for Doctor of Nursing Practice project reports, presentations, publications, and generalized knowledge.
- Communication via internet poses minimal risk of breach of confidentiality. The Principal Investigator plans to maintain confidentiality of the data but there are rare circumstances under which others may have access to the data for ex. UNH, or a regulatory and oversight government agency.
- Participants in this research study may gain new awareness of knowledge, skills and attributes needed to engage in public policy. The purpose of this study is to design and test

interventions to develop competencies for nurses to engage in public policy; establishing a repeatable, sustainable evidence-based process to increase engagement of nurses in public policy. Please be open and honest in your responses. You will be asked to complete a follow up survey in March.

If you have questions about this research project, you may contact Carlene.ferrier@unh.edu. If you have questions about your rights as a research subject, you may contact Melissa McGee in UNH Research Integrity Services at 603-862-2005 or Melissa.McGee@unh.edu to discuss them.

Thank you for your participation!
Carlene Ferrier MPH, RN, NEA-BC

- Yes, I would like to participate (1)
- No, thank you (2)

End of Block: Consent

Start of Block: Introduction

Q1 Welcome to the Post Survey Engaging Nurses in Public Policy! Thank you for taking the time to provide an understanding of your current knowledge, skills and attributes to guide future education and mentorship for nurses to engage in public policy.

Q21 Are you a practicing or retired nurse?

- Yes (1)
- No (2)

Skip To: End of Survey If Are you a practicing or retired nurse? = No

Q22 Did you participate in the baseline survey, "Engaging Nurses in Public Policy"?

- Yes (1)
- No (2)
-



Q1 What is your age in years?

Education What is your highest level of education?

- Associate Degree in Nursing (ADN) (1)
- Bachelor of Science in Nursing (BSN) (2)
- Master of Science in Nursing (MSN) or related field (3)
- Doctor of Nursing Practice (DNP) or (Doctor of Philosophy (PhD) (4)
- Bachelors in related field (5)
- Other (6) _____
-

Q4 What is your primary area of clinical practice?

- Hospital nursing (1)
- Community nursing (2)
- Ambulatory Care (3)
- Administration (4)
- Academia/Research (5)
- Retired (6)
- Other (7) _____
-

Q5 Which of the following policy areas interest you with respect to your work as a nurse?
(Select all that apply)

- Public Health (1)
- Maternal/Child Health (2)
- Behavioral Health (3)
- Nursing Practice (4)
- Other (5) _____
- None of the above (6)
-

Q6 Please select the option that best describes your current involvement with New Hampshire Nursing Association (NHNA)?

- Commission on Government Affairs member (1)
 - Legislative Advocacy Council member (2)
 - Member of NHNA Board or Commission member (3)
 - Member of NHNA, but not a current volunteer (4)
 - Not a member of NHNA (5)
-

Q21 Did you attend the Legislative Town Hall Forum hosted by NHNA on 1/18/2022?

- Yes (1)
 - No (2)
-

Q7 Which activities of advocacy/public policy have you engaged in? Select all that apply.

- Proposing legislation (1)
 - Providing written or oral testimony in support or against legislation (2)
 - Writing Letters to the Editor or Opinion Editorials and submitting for publication. (3)
 - Meeting with state or federal legislators. (4)
 - Contacting state or federal legislators by phone or email. (5)
-

Q20 Did you take the pre-survey on Engaging Nurses in Public Policy?

- Yes (1)
- No (2)
-

Q23 How many recorded education videos did you view?

- None (1)
- One (2)
- Two (3)
- Three (4)
-

Q24 Did you participate in mentoring session (s) with Carlene? If so how many?

- None (1)
- One (2)
- Two (3)
- Three (4)

End of Block: Introduction

Start of Block: Block 6

Q17 The next set of questions will ask about your knowledge of public policy and nursing.

End of Block: Block 6

Start of Block: Knowledge

Q9 I understand ...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... how public policy impacts my daily work. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... how public policy impacts individuals, communities, populations. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the process of policy development in New Hampshire. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... the role of research and evidence-based practice in policy development. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... and am confident in the use of NH.gov and congress.gov websites to find my legislator, LSRs/bills, sponsors and determine who serves on which committee. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: Block 7

Q18 The next set of questions will ask about your ability to engage in various activities related to public policy.

End of Block: Block 7

Start of Block: Skills

Q10 I am capable and confident in my ability to...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... listen well and communicate effectively with legislators and the media about important public policy issues. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... inspire a shared vision and influence policy development. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... build relationships, be respectful and collaborate effectively with colleagues and others. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... make an "ask" of a legislator using a "sparkler" (a personal story) to drive my point. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... write a Letter to the Editor (LTE) and Opinion Editorial (OpEd) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... submit a LTE or OpEd for publication (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

provide
written and
oral testimony
(7)



End of Block: Skills

Start of Block: Block 8

Q19 The last set of questions seeks your perspective as nurse.

End of Block: Block 8

Start of Block: Attributes

Q12 As a nurse...

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
... my role is vital in informing legislators about public policy issues that impact health, healthcare and nursing practice. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... participating in public policy is part of my professional duty. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... it is my responsibility to mentor future nurses to assist them in engaging in public policy. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I will seek opportunities to participate in policy development because nurses' expertise is vital to improving health and health outcomes through public policy. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... I would consider running for public office because I have the knowledge, skills and ability to be successful in that role. (5)

End of Block: Attributes

Start of Block: What are the barriers to engaging in public policy?

Q13 Rank order the biggest barriers to engaging in public policy.

- _____ Time (1)
- _____ Timing (ie.working) (2)
- _____ Lack of knowledge/ skills (3)
- _____ Lack of opportunity (4)
- _____ Fear/lack of confidence (5)
- _____ Other (6)

End of Block: What are the barriers to engaging in public policy?

Start of Block: Block 9

Q21 Survey results will be compared looking at a change in pre and post results based on whether participants participated in recorded education videos and or mentoring interventions. If you are interested in receiving results of the survey and the final paper in May 2022, email the PI at: Carlene.Ferrier@unh.edu.

End of Block: Block 9

Appendix D Survey

Module Evaluation: Engaging Nurses in Public Policy

Start of Block: Default Question Block

Q1 Thank you for viewing/listening to the voiceover PowerPoint modules. We appreciate honest feedback in evaluating the modules with the aim to increase knowledge, skills and attributes needed for nurses to engage in public policy.

Q6 Think of all three modules in the series designed to increase your knowledge, skills and attributes to engage in public policy. What improvements would you recommend?

Q10 Please select the best answer. The voiceover PowerPoint modules were effective to increase my knowledge, skills and attributes to engage in public policy.

- Strongly agree (1)
 - Agree (4)
 - Disagree (5)
 - Strongly disagree (8)
-

Q11 Please select the best answer. The voiceover PowerPoint modules technology was easy to use.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

Q3 Please select the best answer. The length of each module was just right.

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (7)
Module 1 @ 29.15 min (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 2 @ 18.41 min (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 3 @ 17.40 min (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 On a scale from zero to 10, rate your agreement with the following statements (10 is strongly agree).

0 1 2 3 4 5 6 7 8 9 10

I would recommend this series to others to increase engagement of nurses in public policy. ()	
As a result of viewing /listening to the voiceover PowerPoint series, I am confident in my ability to engage in public policy. ()	
The presenter was knowledgeable on the topic. ()	

Q11 What audience would benefit most from this series?

Q12 Additional comments about the voiceover PowerPoint modules or the topic of engaging nurses in public policy.

End of Block: Default Question Block

References

- AbuAlRub, R. F., & Abdulnabi, A. (2020). Involvement in health policy and political efficacy among hospital nurses in Jordan: A descriptive survey. *Journal of Nursing Management*, 28(2), 433–440. <https://doi.org/10.1111/jonm.12946>
- AHRQ. (2015, February). Six domains of healthcare quality. *Agency for research and healthcare quality*. <https://www.ahrq.gov/talkingquality/measures/six-domains.html>
- Anders, R. L. (2021). Engaging nurses in health policy in the era of COVID-19. *Nursing Forum*, 56(1), 89–94. <https://doi.org/10.1111/nuf.12514>
- American Association of Colleges of Nursing. (2021). *The Essentials: Core competencies for professional nursing education*. <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Association of Colleges of Nursing. (2006, October). *The essentials of doctoral education for advanced nursing practice*. <https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>
- Annesley, S. H. (2019). The implications of health policy for nursing. *British Journal of Nursing*, 28(8), 496–502. <https://doi.org/10.12968/bjon.2019.28.8.496>
- Arabi, A., Rafii, F., Cheraghi, M. A., Ghiyasvandian, S. (2014). Nurses' policy influence: A concept analysis. *Iranian Journal of Nursing and Midwifery Research*, 19(5) 315-322. <https://www.ncbi.nlm.nih.gov/unh.idm.oclc.org/pmc/articles/PMC4061635/>
- Braun, V., & Clark, V. (2006) Using thematic analysis in qualitative research. *Qualitative Research in Psychology*. 3(7), 77-101. <https://web-p-ebsohost-com.unh.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=0&sid=e573dc66-4e47-49f3-9aba-dd9aec407610%40redis>

- Cattaneo, L. B., & Chapman, A. R. (2010). The process of empowerment: A model for use in research and practice. *American Psychologist*, 65(7), 646–659. <https://doi.org/10.1037/a0018854>
- Catton, H. (2021). COVID-19: The future of nursing will determine the fate of our health services. *International Nursing Review*, 68(1), 9–11. <https://doi.org/10.1111/inr.12673>
- Cohen, S. S., Mason, D. J., Kovner, C., Leavitt, J. K., Pulcini, J., & Sochalski, J. (1996). Stages of nursing's political development: Where we've been and where we ought to go. *Nursing Outlook*, 44(6), 259–266. [https://doi.org/10.1016/S0029-6554\(96\)80081-9](https://doi.org/10.1016/S0029-6554(96)80081-9)
- Disch, J. (2020, Oct., Nov., Dec.). Nursing leadership in policy formation. *Nursing Forum*, 55(1), 4–10. <https://doi.org/10.1111/nuf.12375>
- Fetzer, S., (2016). NHNA- the beginning. *New Hampshire Nursing News*, p.6.
- Fyffe, T. (2009). Nursing shaping and influencing health and social care policy. *Journal of Nursing Management*, 17(6), 698–706. <https://doi.org/10.1111/j.1365-2834.2008.00946.x>
- Gaines, K. (2022, January 19). Nursing ranked the most trusted profession for 20th year in a row. Nurse.org. <https://nurse.org/articles/nursing-ranked-most-honest-profession>
- Garritano, N., & Stec, M. (2019). Leveraging technology to enhance doctor of nursing practice student health policy engagement. *Nurse Educator*, 44(4), 192–196. <https://doi.org/10.1097/NNE.0000000000000619>
- Hall-Long, B. (2009). Nursing and public policy: A tool for excellence in education, practice, and research. *Nursing Outlook*, 57(2), 78–83. <https://doi.org/10.1016/j.outlook.2009.01.002>
- Heinen, M., Oostveen, C., Peters, J., Vermeulen, H., & Huis, A. (2019). An integrative review of leadership competencies and attributes in advanced nursing practice. *Journal of Advanced Nursing*, 75(11), 2378–2392. <https://doi.org/10.1111/jan.14092>

- Hossain, F., & Clatty, A. (2021). Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. *Nursing Ethics*, 28(1), 23–32. <https://doi.org/10.1177/0969733020961825>
- Institute of Medicine (2011). *The future of nursing: Leading change, advancing health*. <https://doi.org/10.17226/12956>
- Lenhard, W. & Lenhard, A. (2016). *Computation of effect sizes*. https://www.psychometrika.de/effect_size.html. Psychometrika. <https://doi.org/10.13140/RG.2.2.17823.92329>
- Lewinski, A. A., & Simmons, L. A. (2018). Nurse knowledge and engagement in health policy making: Findings from a pilot study. *Journal of Continuing Education in Nursing*, 49(9), 407–415. <https://doi.org/10.3928/00220124-20180813-06>
- Mason, D., Dickson, E, McLemore, M., Perez, G. A. (2021). *Policy and politics in nursing and health care* (8th ed.). Elsevier.
- Mason, D. J., Nixon, L., Glickstein, B., Han, S., Westphaln, K., & Carter, L. (2018). The Woodhull study revisited: Nurses' representation in health news media 20 years later. *Journal of Nursing Scholarship*, 50(6), 695–704. <https://doi.org/10.1111/jnu.12429>
- Mason, D. J., Backer, B. A., & Georges, C. A. (1991). Toward a feminist model for the political empowerment of nurses. *The Journal of Nursing Scholarship*, 23(2), 72–77. <https://doi.org/10.1111/j.1547-5069.1991.tb00646.x>
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. <https://doi.org/10.17226/25982>
- Patten, R., Zalon, M., Ludwick, R. (2019). *Nurses making policy: From bedside to boardroom* (2nd ed.). Springer Publishing Company.
- Pfeffer, J. & Sutton, R. (2000). *The knowing gap*. Harvard Business School Press.

- Plescia, M. (2021, October). The cost of nurse turnover by the numbers. *Becker's Hospital Review*.
<https://www.beckershospitalreview.com/finance/the-cost-of-nurse-turnover-by-the-numbers.html>
- Rains, J. W., & Barton-Kriese, P. (2001). Developing political competence: A comparative study across disciplines. *Public Health Nursing, 18*(4), 219–224. <https://doi.org/10.1046/j.1525-1446.2001.00219.x>
- Scott, S. M., & Scott, P. A. (2021). Nursing, advocacy and public policy. *Nursing Ethics, 28*(5), 723–733. <https://doi.org/10.1177/0969733020961823>
- Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC Nursing, 13*(20). <https://doi.org/10.1186/1472-6955-13-20>
- Shariff, N. (2015a). A Delphi survey of leadership attributes necessary for national nurse leaders' participation in health policy development: An East African perspective. *BMC Nursing, 14*(1), 13. <https://doi.org/10.1186/s12912-015-0063-0>
- Shariff, N. J. (2015b). Empowerment model for nurse leaders' participation in health policy development: An east African perspective. *BMC Nursing, 14*(1), 31.
<https://doi.org/10.1186/s12912-015-0078-6>
- Stringer, H. (2021). Seattle nurse joins president Biden's covid-19 advisory board. *Nurse.com*.
<https://www.nurse.com/blog/2021/01/26/seattle-nurse-joins-president-bidens-covid-19-advisory-board/>
- Sullivan, G. M., & Feinn, R. (2012, September). Using effect size—or why the P value Is not enough. *Journal of Graduate Medical Education, 4* (3). <http://doi.org/10.4300/JGME-D-12-00156.1>
- Wilson, D. M., Anafi, F., Kusi-Appiah, E., Darko, E. M., Deck, K., & Errasti-Ibarrondo, B. (2020). Determining if nurses are involved in political action or politics: A scoping literature review. *Applied Nursing Research, 54*. <https://doi.org/10.1016/j.apnr.2020.151279>

Wichaikhum, O., Abhicharttibutra, K., Nantsupawat, A., Kowitlawakul, Y., & Kunaviktikul, W. (2020). Developing a strategic model of participation in policy development for nurses. *International Nursing Review*, 67(1), 11–18. <https://doi.org/10.1111/inr.12571>