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Increasing Nursing Policy and Advocacy Engagement

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Section I: Abstract

At present, professional nursing does not benefit from strong policy development and advocacy influence in the United States. This project focused on CA nursing policy development and advocacy influence deficit among new members of a statewide professional nursing association. There are nearly 457,000 licensed registered nurses (RNs) in CA (BRN, 2019) and around 3.8 million RNs in the United States (AACN, 2019) making CA RNs twelve percent of the national nursing workforce. Yet only five percent of RNs serve on hospital boards, and legislative efforts to advance important nursing issues such as full practice authority for advanced practice RNs in CA fail year after year (CNMA, 2018). Although nursing is ranked as the most trusted and ethical profession for the past seventeen years per Gallup (2018) and enjoys a prestigious and respected place in the U.S. society, its collective professional voice is not being heard by legislators or decision-makers. The premise of this Doctor of Nursing Practice evidence-based project lied in a three-pronged approach. The first part included the creation of an online public policy and advocacy toolkit. The second part consisted of toolkit distribution to a pilot project group. The third part consisted of collecting and evaluating data gathered through a) pre-intervention and b) post-intervention surveys. Results showed that the online policy toolkit notably increased new members' knowledge and confidence in nurses' role in policy development and advocacy and surpassed its 20% aim. The duration of this project was nine months beginning in January 2019. This report described population selection, policy toolkit and intervention steps, barriers to implementation, evidence gathering, outcomes evaluation, interpretations, and future recommendations.

Keywords: *advocacy, nursing policy, nursing advocacy, advocacy tool kit, nurs*, policy, healthcare, engagement, political process, legislation, policy development, policy toolkit, politics, nursing policy tool kit*

Section II: Introduction

Problem Description

As important as civic engagement is to a democratic political system, it is the professional engagement in political process that is a cornerstone of any self-regulating profession. Currently, there are around 3.8 million licensed RNs in the United States (AACN, 2019). CA alone accounts for almost 457,000 RNs and thus provides about 12 percent of the national nursing workforce. While RNs occupy the largest healthcare employee segment, they fail to occupy adequate number of seats in the U.S. Congress, CA Legislature, or on hospital boards. The 115th Congress (2018-2019 session) included only four RNs elected and the 2018-2019 CA Legislative Session did not include any RNs elected (ANA, 2019). Statistics compiled by the Campaign for Action in 2017 showed nurses occupied only five percent of seats on hospital boards in 2014, one percent less than in 2011. Every May during National Nurses Week, the profession of nursing celebrates the accomplishments of its very first nurse advocate, Florence Nightingale. Nightingale's groundbreaking nursing advocacy illuminated the power of nursing and the vital role RNs play in policy development and advocacy. Nightingale not only revolutionized healthcare delivery by decreasing death and infection rates by improving hygienic conditions with clean water and linens in hospitals she also revolutionized nursing by implementing evidence-based clinical practice (Selanders & Crane, 2012), Based on Nightingale's teachings, the first American nursing school was established in 1874 in New York State and within the next two decades, the American Nurses Association (ANA) and the National League of Nursing (NLN) were spearheading debates focused on professional interest issues and nursing education advocacy (Matthews, 2012).

Available Knowledge

In the late 1890's, nurses already played an important role in politics and in the development of social and public policy through advocacy in child welfare, poverty, and the suffrage movement (Rafael, 1999). Almost a century later in the late 1980's, it was the public health nurses who recognized the

public health arena as the foundation for future health and public policy debate (Reutter & Duncan, 2002). With such strong history of nursing advocacy in the public arena, one must examine the position of nurses in today's policy development and political process. While the more than 170 national professional nursing organizations play a vital role in educating and engaging members on issues relevant to the profession, RNs continue to underestimate the important role the political, legislative, regulatory or policy development processes play in nursing. Antrobus & Kitson cited that "broader socio-political factors which have influenced the way in which nursing leadership has developed have not been examined" (1999, p. 747). Reutter & Duncan (2002) recommended the necessary development of policy analysis and advocacy skills for nurses as described in the successful inception of a graduate-level course in a Canadian nursing school. A 1978 article from Beatrice Kalisch predicted that nursing in 2003 will acquire two more significant skills: nurses would use their creative imagination and they would have increased political awareness in order to advance the profession of nursing (Hearrell, 2011). Antrobus (2004) described nursing as being almost unnoticeable in the policy arena. In a systematic review Richardson & Storr (2010) noted that the existing gaps in education in nursing leadership and policy development impacted nursing empowerment and their role in leadership and advocacy. Faced with a limited measurable effect of transformative leadership on nursing practice, in addition to the lack of empirical data, it also suggests a nursing-wide underappreciation for the importance of nurses' role in policy development (Richardson & Storr, 2010).

While the empirical data and measurements on nurses' involvement in policy development and advocacy is limited, available resources, such as the Institute of Medicine (now called Future of Nursing) Report (2010), DNP Essentials (2006), Robert Wood Johnson Foundation Report (2015), Johnson & Johnson Campaign (2018), American Organizations of Nursing Leadership (2018) and the annual Robert Wood Johnson Foundation Health Policy Fellows (RWJF, 2018), all discuss the importance of nursing leadership and nursing involvement in policy development and advocacy.

Unfortunately for nursing, there is no one-size-fits-all approach on how to increase nursing knowledge and engagement in policy development and advocacy. While Forbes magazine noted the rising political power and influence of ANA in Washington, D.C. and in the state capitals across the nations (Japsen, 2016), Staebler et al (2017) reported that only 21% of RNs were actively engaged in policy development and identified a list of existing barriers in teaching health policy in nursing faculty. A 2011 study conducted in the Midwest showed that only 40% of RNs felt they could impact local decision-making while only 32% felt they could impact policy decision-making at the state or federal level (Vandenhouten, Malakr, Kubsch, Block & Gallagher-Lepak). In 2016, Woodward, Smart & Benavides-Vaello's exploratory literary review highlighted the lackluster political involvement of RNs in policy development. Moreover, the authors equated the learned expertise in several core nursing skills such as communication, clinical expertise, and empathy to the much-needed skills in the political arena that could make nurses especially valuable players in policy development and partners in advocacy.

Nurses' ability to assess, analyze and adapt to fluid situations, in addition to their ability to manage conflict situation with a host of differing stakeholders, should make those transferable skills into a significant advantage in the political, policy development, and advocacy arenas. Therefore, it is safe to say, RNs already possess the required skills for effective policy development and advocacy (Warner, 2003). And yet, nurses remain largely underrepresented in the health policy arena so the need to further study nurses' participation in policy development and advocacy remains consistent (Waddell, Adams & Fawcett, 2017). The significance of the Waddell, Adams and Fawcett's study rests with its relevance to this DNP project since the authors identified that a) clear communication, b) knowledge of how policy is made, and c) the necessary passion for policy are all strong determinants of nursing engagement in policy development and advocacy. To underscore the relevance of DNP Essentials (2006), this project focused on the Fifth Essentials "Health Care Policy for Advocacy in Health Care". Moreover, it is important to recognize the foundation established by the ANA's Code of Ethics that perceives

involvement in policy development and advocacy as an indivisible part of nursing practice (2015). Furthermore, ANA's Nursing's Social Policy Statement incorporates participation in policy development and advocacy engagement as not only the responsibility of each individual nurse, but also as the responsibility of the entire healthcare team (Taylor, 2016).

There are clear examples of policy development and advocacy fundamentally changing the role of RNs and how our input improves standards of care. In terms of nursing advocacy, the Oregon Nurses Association achieved full practice authority and prescriptive privileges for Oregonian nurse practitioners (NPs) through the change in legislation back in 1979. In 2013, the Oregon Nurses Association's legislative advocacy helped to pass a state law mandating insurance companies reimbursing NPs at the same rate as physicians for the same provider services in primary care and mental health settings (NPO, 2018). This law highlighted the importance of nursing legislative advocacy and further cemented Oregonian NPs as equal healthcare partners. It was professional nursing advocacy that changed outdated policy as crucial as reimbursement formulae. While there are already twenty-two states and the District of Columbia where state legislatures granted full practice authority to advanced practice registered nurses (APRNs), California is still not one of them (Spetz, 2018). In spite of decades-long legislative attempts, CA remains one of six states with very restricted APRN practice (California Healthline, 2016).

In terms of recent success in policy development, in 1996, it was ANA alongside Association of California Nurse Leaders that established the Collaborative Alliance for Nursing Outcomes (CALNOC), an organization by nurses advancing the profession of nursing. One of their core purposes was to facilitate policy development and strengthen professional nursing advocacy. CALNOC was fundamental in establishing the National Database for Nursing Quality Indicators (NDNQI), the only national nursing database that provides measurement of nursing care as it relates to patient outcomes. Moreover, CALNOC's further contribution to the establishment of the National Quality Forum for nurse sensitive metrics led to policy development for pressure ulcer and restraint use measures in healthcare settings

(CALNOC, 2016). It was nursing involvement in policy development and advocacy that fundamentally changed the way hospitals viewed – and still view - the role of RNs. Hospitals responded to NDNQI data with increased nursing hires; a clear success of nursing policy development and advocacy. CALNOC (2016) policies for the improved treatment of pressure ulcers and the use of restrains changed nursing care delivery in a concrete way that measurably improved the wellbeing of countless patients. As described, not all policy changes need to take place in the hall of political power; some are successfully changed during policy panels and stakeholder meetings.

Public nursing advocacy efforts in 2016 led the U.S. Department of Veterans Administration to issue a new rule authorizing three groups of APRNs to practice at the top of their education, training, and license (Sofer, 2017). Federal Register (2016) reported that during the 60-day public comments period in Summer 2016, the Veterans Administration received nearly 225,000 comments (2016). Again, it was nursing involvement in professional policy development and advocacy that changed the face of health care delivery in the United States by correlating quality nursing care with good patient outcomes.

Presently, full practice authority for all APRNs, academic progression in nursing education, nurse abuse and violence in the workplace, and Bachelor of Science in Nursing as an entry level to practice adopted by the ANA House of Delegates in 1965 (Matthews, 2012) are topics requiring continuous nursing involvement in policy development and advocacy. The aforementioned issues are relevant to nursing because they all require major changes in legislation, regulation, and/or policy development inside state and national legislative bodies, regulatory agencies, or healthcare institutions. ANA\C, a statewide professional nursing association, is focused on advancing the health and wellbeing of all Californians and the profession of nursing (ANA\C's Mission) through legislation, regulation and policy. This was an evidence-based and not a human subject research project, therefore IRB review was not necessary. Statement of Determination was submitted to the University of San Francisco School of

Nursing and Health Professions for verification (Appendix A). ANA\C supported this DNP project as it was aligned with the mission and vision of the organization (Appendix B).

There is a paucity of resources and educational materials for the CA RN who wants to participate in policy development and advocacy process but is inexperienced in how to do so. An initial internet search exposed a lack of adequate resources for a staff nurse searching for guidance in how s/he should go about learning about policy development and advocacy. The lack of resources may be a consequence of the fact that most current data examining important aspects of nursing involvement in public policy are missing, further suggesting a considerable lack of understanding on how to effectively engage nurses in policy development and advocacy (Wilson, 2002). Compounding the already worrisome situation is the number of attempts made to grasp the meaning of 'advocacy' in literature and recognize that in nursing, the meaning remains slippery at best (Grace, 2001).

Reutter & Duncan stated that membership in professional nursing associations strengthen political behavior such as voting or engaging in policy development and advocacy (2002). Although several national specialty nursing organizations offer some form of a policy toolkit, if RNs are not a member of said specialty, or belong to state or national organizations such as the American Association of Neuroscience Nurses, National Association of Clinical Nurse Specialists, National Association of Neonatal Nurses, or National Association of School Nursing, they do not have access to their policy toolkits, let alone to CA-specific education resource. In September 2018 an internet search of 'nurse and advocacy tool kit' and 'nurse and policy toolkit' was executed in an attempt to assess resources available to the staff RN who ordinarily would not have access to university libraries or academic databases such as CINAHL of PubMed. The initial search produced over 4,230,000 entries. An internet search for nursing policy toolkit produced top two links to ANA and American Organization for Nursing Leadership (AONL) advocacy toolkits. The google search engine used the following terms *nursing policy and advocacy toolkit*. In addition to the above listed organizations with member-only access to

advocacy toolkits, there were links to American Rehabilitation Nurses, Dermatology Nurses Association, Association of Public Health Nurses, National League for Nursing, Emergency Nurses Association, and American Association of Nurse Practitioners.

American Nurses Association and AONE offer limited policy toolkits with condensed resources on how to contact or set up a meeting with federal elected officials, various links to assorted Senate and House Committees, and member-only access to relevant videos (AONE, 2017). ANA offers resources on how to find a town hall meeting or how to write a letter to the editor (ANA, 2017). Moreover, ANA also offers a subscription-free RN Action service for all nurses (members and non-members alike) that includes ANA blog with summaries of congressional activities in Washington, D.C. (ANA Capitol Beat, 2018). Both organizations lack a comprehensive overview explaining the important role nurses play in policy and advocacy, or why nurses are so crucial in the political system. Since ANA\California (ANA\C) also did not offer policy development or advocacy toolkit, its members were faced with dual disappointment when searching for relevant resources as they found none at either website.

A database search for academic evidence with keywords: *nurse empowerment, advocacy, political process, nurs* leadership, policy, policy development, involvement, political process* was initially executed in February 2018 in CINAHL, PubMed, COCHRANE and AHQR databases. The decision to search for evidence twenty years prior was based on the fact that in order to obtain the necessary buy-in from ANA\C leadership and today's influencers, one had to understand how their view of transformative leadership in policy development and advocacy was shaped earlier in their career. The initial search limitations were set to English language only, full text articles, peer reviewed, academic journals, and the search period was set for 1998-2018. Another limitation was set for Western-only healthcare system or projects since those health care systems are closest to ours. The search yielded twenty-five titles and abstract, including nine relevant articles. Three articles from 1999, 2002, and 2010

were selected for their historic perspective on this ongoing nursing issue and they are listed in that order in the Evidence Table (Appendix C).

A subsequent search with focused terminology on *advocacy, nurs*, policy* was executed on CINAHL and Evidence-Based Journals databases in August 2018. The search had the same limitation as the initial search: English language, full text articles, peer reviewed, academic journal, with search period set for 2012 – 2018. This search yielded 126 titles, abstract and relevant articles. Eight most relevant articles were selected for their historic and contemporary perspective on current situation in policy development and nursing advocacy for this project; one article from 2018, four articles from 2017, one article from 2016, and two articles from 2012. They are listed in order of importance in Evidence Table (Appendix C).

Rationale (Framework)

The theoretical framework used for this project was a combination of Lewin's change theory (Kaminski, 2011) and transformation leadership theory. Due to the dynamically changing landscape of nursing, it is crucial to keep developing skilled nurse leaders striving for the integration of leadership and management (Marquis & Huston, 2009). Transformative nursing leadership offers one approach to break existing silos and initiate nursing involvement in policy development and advocacy by changing both, the individual and the social system (Spahr, 2015). Transformative leaders lead by example, they use inspiration and influence to transfer the values they possess to change systems that do not work. These leaders use disruption, interaction with others, and solid relationships to streamline and/or improve systems fostering changes (Burns, 1978). Lewin's change theory consists of three phrases that include everything necessary for a successful project implementation such as desire for change, moving to a new level, and assuring that achieved change is sustainable (Kaminski, 2011).

Specific Aim

This project was aimed at increasing knowledge and perceived confidence of new ANA\C members in policy development and advocacy by 20% within the first nine months of CA Legislative Session 2019 by introducing a newly created policy development and advocacy toolkit. Project outcomes were measured via pre and post-intervention surveys and by the use of event evaluations measuring participants' acquired knowledge in nursing policy and advocacy.

Section III: Methods

Context

As the fifth largest constituent/state nursing association (C/SNA), ANA\C is the state affiliate of ANA and was therefore ideally set for a project focused on increasing engagement in nursing policy development and advocacy. While ANA\C trails Washington, Oregon, Ohio and Texas C/SNAs, its membership has been steadily growing since 2015 (Bautista, 2017). The four aforementioned C/SNAs, aside from their membership size, are also stronger by operating at both sides of the nursing advocacy spectrum; they advocate for labor interests and for professional issues interests. ANA\C advocates only for professional nursing issues in terms of healthcare, social justice, and human rights (ANA, 2018). ANA\C is the only state lobbying nursing organization in Sacramento, CA, that advances the health and well-being of all Californians and the profession of nursing (ANA\C, 2015) regardless of RNs level of education, what specialty of nursing they practice, what certification they hold or where they work (ANA, 2018). Other various CA nursing organizations represent interests of specific groups only, such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, school nurses, nurse leaders, labor unions, emergency or critical care nurses, men in nursing, or specialty organizations such as Armenian, Filipino, or Hispanic nurses.

Additionally, many of these nursing organizations do not have the resources to employ executive directors or office staff to work on policy development and advocacy issues every day. They also do not

have a specific non-profit tax status of a lobbying organization that ANA\C has which does not allow them to actively lobby or influence elected officials. By having the necessary staff and needed resources and by having a lobbying organization non-profit tax status, ANA\C can, de facto, serve as an umbrella organization to advance the professional interests of CA RNs by cooperating closely with coalition partners. The role ANA\C plays in the CA nursing policy development and advocacy arena is important in this context to fully understand how fundamental this DNP project was. ANA\C member engagement in policy development and advocacy is crucial to not only membership services, but also to CA nursing practice overall. This is important because:

a) The role of a nurse in policy development remains a crucial aspect of professional nursing practice (Reutter & Duncan, 2002)
b) One of the goals of the 2010 Future of Nursing Report called for nurses to become full partners in re-designing of the U.S. healthcare, and
c) Making nursing voices indispensable inside-and-outside healthcare facilities is a part of not only ANA's Strategic Plan 2017-2020 (ANA, 2017), but also of the Nurses on Boards Coalition (NOBC, 2018)

Moreover, ANA\C as a member-led lobbying organization operating inside the political arena is governed by its annual General Assembly that has the power to amend ANA\C Bylaws, strategic objectives, or the organization's mission and vision. Since ANA\C Board of Directors and executive leadership rely on directives from their members, it is important that all members are educated, knowledgeable, and have access to resources in political process and policy development and advocacy to continue their individual learning and professional development.

Intervention

While ANA\C, a member-led professional nursing organization, was engaged in legislation, regulation and policy, it did not offer educational resources or toolkit for members interested in learning

about the role of a nurse in policy development and advocacy. For a professional statewide lobbying organization, that gap in membership services was described in the Gap analysis (Appendix D). Moreover, that analysis was the impetus behind the creation of a public policy and advocacy toolkit. Fyffe (2009) cited lack of education, preparation, and access to appropriate resources as the most frequent barriers in nursing engagement in policy development and advocacy. In order to increase nurses' voices in the California State Legislature, ANA\C must continue its dedication to member education on the importance nurses play in policy development and advocacy. Some of the most important resources necessary for a nurse in CA interested to learn more about policy development and advocacy had to include an overview of CA legislative process, why nurses are important in policy development, who the most influential players in CA politics are, how a bill becomes a law, tips on how to effectively communicate with a legislator, and what options nurses have to get involved. ANA\C must continue to educate and combine educational materials with an ongoing support for member-led policy development and advocacy. Public policy toolkit, dissemination to ANA\C members, and regular follow ups were crucially important to the success of this project aimed at abridging the existing knowledge gap and increasing members' engagement in policy development and advocacy.

While Des Jardin (2001) cited that "many nurses have not considered it their place to challenge the structure of the health care delivery system or the rules guiding that system", this evidence-based project was aimed at disrupting that very status quo by offering a CA-focused policy development and advocacy toolkit to ANA\C members. This toolkit was created to increase nurses' engagement in policy development and advocacy vis-a-vis their overall understanding of the vital role nursing policy development and advocacy play in CA political process. The Why was extremely important as nurses' input is fundamentally important to policy development. Nurses' direct or indirect engagement in policy development and in political process influences their everyday practice, nursing education, and scientific research (Hall-Long, 2009). As nurses we advocate on behalf of those who cannot advocate for

themselves, we have immense expertise in health care delivery and policy, and we provide important services to the public. However, any involvement of a staff RN learning about policy advocacy may be predicated upon her/his existing understanding of the process and the importance nurses play in policy development and advocacy. With nurses ranked the most honest and ethical profession in the United States for seventeen consecutive years (Gallup, 2018) and with the largest number of licensed RNs in CA, ANA\C needed to provide a user-friendly education platform in order to increase members' knowledge of and engagement in the arena of public policy and advocacy.

The most important external drivers of change were identified as the Future of Nursing 2010 report (IOM, 2010), DNP Essentials (AACN, 2006), ANA Code of Ethics (ANA, 2015) and ANA Strategic Plan 2017-2020 (ANA, 2016) since all three organizations are focused on increasing the engagement of nurses in policy development. The main internal driver of change was identified in the new ANA\C leadership, including executive leadership (since 2017), past Board of Directors (2017-2019), and the current ANA\C Board of Directors (2019-2021) dedicated to organizational restructuring, member engagement in policy development and advocacy, and strong leadership in statewide policy development and advocacy. Based on steady membership growth of approx. 30% since 2017, ANA\C was poised for increased policy development and advocacy influence by its members.

The timeline of this project, as depicted in the Gantt chart (Appendix E), extended to full nine months (Jan-Sept 2019). Tracking and monitoring the project's progress started with the initial establishment of ANA\C work team, continued with the creation of the pilot project group, followed by the finalization of the pre and post intervention surveys and by creation of policy development and advocacy toolkit. In August 2019, the adapted policy and advocacy toolkit was distributed to new members that joined ANA\C between May-July 2019. The original plan was to have the policy toolkit open for one month (August 2019) with the pilot project group participants receiving total of four e-mails; one initial distribution e-mail and three weekly reminders asking them to complete the pre and

post intervention surveys. However, the work team extended the policy toolkit by one more month (until the end of September 2019) due to low response rate. Data analysis started in mid-September 2019 and continued throughout October 2019 where data analysis was finalized. The final DNP report was submitted at the end of October 2019 and ANA\C Board of Directors was updated during their open regional Board of Directors meeting in early November 2019.

The Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of the status quo (Appendix F) outlined some of our internal advantages, such as ANA\C's policy and advocacy expertise, access to legislators, and having experienced and respected contract lobbyist. On the other hand, it also identified barriers, such as low name ID recognitions, low existing knowledge of the importance nurses play in policy development and advocacy in new members, and relatively low ANA\C market penetration (about 2.1%). External opportunities included access to plethora of ANA's policy and practice resources while low understanding and/or low level of interests in policy development and advocacy compounded with unexpected website technical difficulties or end-user problems were some of the most prominent barriers and external threats to the successful implementation of this project.

The project budget (Appendix G) accounted for both, the fixed and assumed cost, such as website fee, staff time (i.e. executive director and executive assistant), webmaster, coordinator, and a lobbyist. Initially, staff time was not accounted for in the original budget. The executive director (author of this project) and executive assistant are ANA\C employees and thus are expected to advance the mission and vision of the organization and invest time into membership engagement initiatives. Throughout the progression of this project, it became clear staff time had to be accounted for in order to assess the ANA\C office financial investment. Should ANA\C decide to develop a future policy toolkit for experts, ANA\C leadership will need to know how much of staff's time (i.e. money) the original project cost and how much investment the new project will cost. ANA\C work team consisted of 2 staff members and 3 contractors and they worked on this project for nine months (Jan – Sept 2019). The work

team had regular meetings, conference calls, and monthly updates. Executive director worked very closely with both the executive assistant and webmaster to assure success of this project in terms of deadlines, benchmarks, budget, and deliverables. A communication coordinator was contracted to enhance the final four recorded presentations used in the PPAT by improving the recorded sound and adding subtitles. The total cost of the project totaled $30,084.00.

The cost benefit analysis of this project (Appendix H) showed net savings of $10,440.00 based on 20% decrease in monthly membership attrition rates. The total benefit of this project was calculated in terms of cost avoidance by calculating financial loss ANA\C incurs from members that cancel membership every month (approx. 200 members). The loss of 200 members/month equals to the loss of 2,400 members/year. When multiplied by $87/year in individual membership dues revenue, ANA\C incurs financial loss of $208,800.00/year with 20% attrition rate. The future organization-wide rollout of this project is poised to decrease monthly membership attrition rate by 20% (approx. 40 members/month) thus keep approx. $41,760.00 in membership dues revenues and provide 20% cost avoidance. The cost benefit ratio calculation showed a positive benefit cost ration of +1.39 when the total benefit of this project ($41,760.00) was divided by the total cost of this project ($30,084.00). The following year should account for more impressive savings in terms of membership dues revenue as the organization-wide project would require only minimal website maintenance without further significant financial investment, therefore it could increase the overall cost avoidance. Moreover, the policy toolkit has the opportunity to decrease monthly membership attrition rates even further (from 160 members/month to 140 members/month) and, without additional financial investment, could increase annual cost avoidance by $62,640.00 a year equating to approx. 9% of ANA\C operational budget.

A Responsibility/Communication Matrix was developed to sustain this important project and to assure ongoing communication with the work team. It contained regularly scheduled meeting, all the various levels of communication and responsibility that included an executive assistant, webmaster,

lobbyist, and coordinator (Appendix I). While the executive director had the overall responsibility for this project, early distribution of this matrix improved the work team's understanding of the different facets in this project and more importantly assisted the work team in keeping lines of communications open. This was, in turn, helpful in keeping the project on time and on budget.

The work breakdown structure (Appendix J) depicted the various major steps necessary for the successful completion of this project. Project goals, deadlines, deliverables, the importance of communications with the work team and pilot project group alike, along with a vigilant project oversight and evaluation, were staples of this competent project manager operating inside a non-for-profit arena. While the work breakdown structure depicted a list of accomplished steps, the aforementioned Responsibility/Communication Matrix described the overall responsibility for different portions of this project and highlighted assorted levels and types of communication (in-person, Zoom, project work team, conference call, uploaded report) required for a successful project completion.

The overall actionable stages in terms of PDS(C)A accounted for all four stages of the Plan-Do-Study (Check)-Act cycle (Appendix K). While the executive director had the overall responsibility for the day-to-day organization management and administration of this project, ANA\C Board of Directors was responsible for advancing the mission and vision of the organization. A project focused on increasing nursing engagement in policy development and advocacy was not only aligned with ANA\C Public Policy Agenda (Appendix L), but also with ANA's Strategic Plan 2017-2020, Future of Nursing 2010 report, Campaign for Action (2017), and DNP Essentials (AACN, 2006).

Study of the Intervention

The development of the Public Policy and Advocacy Toolkit (PPAT) started in Spring 2019 with the establishment of a project work team that consisted of ANA\C Executive Director (author of this project), executive assistant, lobbyist, webmaster, and coordinator. This team worked closely during the nine-month development and implementation stages of the project to assure professional webpage

design, quality recordings, relevance of offered information and clear communications. The team had regularly scheduled meetings and/or phone calls to keep the project's focus, timeline, and budget. The work team made a decision to create the pilot project group from new members that joined ANA\C within three months (May – July 2019) before the policy toolkit was to be distributed (August 2019). This group counted total 793 nurses.

The creation of the policy toolkit took several months in terms of researching and compiling all of the necessary resources, appropriate links to relevant websites, approved materials, recordings, and additional power point presentations by two nursing colleagues from CA Hospital Association and Association of California Nurse Leaders. A graph of CA's legislative appropriation process was identified and included in the policy toolkit with the permission of CALMatters, a non-partisan policy reporting entity. Seven short video recordings were recorded during March and April 2019 in ANA\C office in Sacramento, CA and adapted by a communication coordinator. During the editing process it became clear there was some information overlap in the seven reels. In the interest of time, a decision was made to include only four most relevant recordings so the policy toolkit would not take more than one hour of participants' time. The author worked especially closely with webmaster to assure delivery of the most compelling, professional, and user-friendly final product that offered good quality recordings and properly-working embedded links to relevant websites, such as CA State Assembly, CA Senate, CA Legislative Guide for Citizens, ANA, and CALMatters, to name just a few.

The final version of the PPAT included a political system overview, how a bill becomes a laws, why are RNs crucial in policy decision making, how to effectively communicate with legislators, tips for grassroot lobbying efforts, tips for dealing with elected officials and their staff, and talking points on pressing nursing issues debated in the CA Legislature during the Spring 2019 Legislative Session (Jan – July 2019). The toolkit also included how to build political coalitions, tips on effective targeted advocacy messaging along with ANA's Social Media Principles (ANA, 2018) as media platforms are

crucial for public policy development and advocacy. The PPAT's full version from ANA\C website can be seen in Appendices M1-M5.

The toolkit also included samples of support and opposition letters that ANA\C submitted to CA legislators and legislative committees in the past. The support letter described ANA\C policy position on the importance of CA advanced practice registered nurses (APRNs), such as nurse practitioners, practicing to the full extent of their education, training and certifications faced with looming CA primary care crisis (CA Future Health Workforce Report, 2019). The oppose letter described ANA\C policy position on mandated-by-law staffing levels in dialysis centers describing frequent fluctuation in patients' level of acuity and needs, explaining that 'one size does not fit all' and calling upon CA legislators to authorize RNs to be able to set safe, acuity-based and not mandated-by-law, staffing levels. The importance of understanding and tying together legislation and policy with nursing practice, therefore showcasing the symbiosis between legislation and policy development and its direct effects on nursing practice should always serve as a teaching opportunity abridging the dichotomy between policy development and nursing practice.

In terms of baseline data analysis performed before the initiation of this project, ANA\C obtained 69 post-event evaluation surveys from 'RN Day at the Capitol' in April 2019. That day, CA State Capitol welcomed more than 210 nurses and nursing students interested in learning about the importance nurses play in policy development and advocacy. The April 2019 lobby day sold out within ten days of opening the on-line registration in mid-February 2019. While RN Day at the Capitol 2017 welcomed approx. 160 participants, the 2018 event welcomed 20 more, and the 2019 event was completely sold out. Moreover, ANA\C office was left with a long wait list of individual nurses and/or nursing students hoping for cancelations. Since the RN Day at the Capitol is a flagship event for ANA\C, the growing popularity of this lobby day signals a growing trend in nurses' interest in policy development and

advocacy. It also offers an opportunity for ANA\C to host more lobby days throughout the year to educate and empower more nurses about their important roles in policy development and advocacy.

The RN Day 2019 evaluation data analysis exhibited a significant increase in knowledge about nurses' role in policy development and advocacy. The self-assessed knowledge increased from 5/6 out of 10 before the event to 8/9 out of 10 after the education event, showing 30% effectiveness of that program. While ANA\C is unable to welcome all members at the State Capitol, a policy toolkit with recorded live presentations and a list of relevant resources was the next best option how to share knowledge, education and resources with its members. For the largest and fastest growing professional nursing organization in CA that operates inside the policy arena, the persistently growing interest in ANA\C's policy development and advocacy events is much welcomed development. This evidence-based project was aligned with ANA\C mission and vision and was based on data collected prior to this project. Once the PPAT is distributed to all ANA\C members and/or once it is shared with other nursing organizations, it will continue to serve nurses interested in learning about policy development and advocacy thus it will continue to advance the CA profession of nursing.

The burgeoning interest in ANA\C's educational programs focused on policy development and advocacy, and supported by the evidence (i.e. 30% increase in nurses' knowledge of policy development and advocacy at RN Day 2019), brought a major strategic shift as the ANA\C Board of Directors decided to increase the number of lobby days per year. Furthermore, the Board's strong leadership and clear vision for the future of ANA\C steered the August 2019 strategic planning meeting in terms of developing 1) ANA\C Advocacy Institute, 2) in-office legislative fellowships for RNs, and 3) a mock lobby day – all new initiatives. Much like Model United Nations™ or mock/moot trials give political

science or law students the opportunity to practice policy or legal advocacy skills, a mock legislative education "Legication" day would give nurses and/or nursing students the opportunity to:

1. Learn about political systems
2. Practice drafting 'support' or 'oppose' letters
3. Prepare and deliver oral testimonies to legislators or regulators
4. Sharpen analytical skills by reviewing legislations
5. Develop arguments for both sides of any core issue

Nurses are not only taught to monitor and assess fluid situations throughout their workdays, they are also taught critical thinking, how to develop plans of care and best ways of getting them implemented in order to deliver optimal outcomes for their patients. Policy development and advocacy is no different as it requires all of the above skills. The only difference is the setting; nurses excel in performing these skills inside the clinical settings; however, they must also learn to adapt those hard-earned skills for public policy settings. Therefore, having created a public policy toolkit that will be used as a self-study module, ANA\C must build on that foundation and invest in other policy development and advocacy programs, especially through a close collaboration with other nursing organizations, including nursing schools or nursing student's association.

Due to the PPAT website design and its focus on ease and user friendliness, decision was made to include both, the pre and the post intervention surveys inside the PPAT; one at the very beginning of the PPAT and one after the last toolkit's recordings (Appendices N). The work team decided against sending e-mails with separate survey links to the pilot project group members separately to prevent e-mail overload. The questions for both surveys, adapted from Dr. Lori Chovanak's DNP dissertation at Montana State University (2019), were finalized in early July 2019 and two specific links to 1) Pre-Intervention Survey (Appendix O) and 2) Post-Intervention Survey (Appendix P) were created by ANA\C executive assistant using an existing ANA\C SurveyMonkey™ account by mid-July 2019. The

PPAT was finalized and final review of the toolkit's full version was performed by the executive director, webmaster, executive assistant, and lobbyist in mid-July 2019. The first week in August 2019 brought about the initial distribution of the PPAT via e-mail to the pilot project group (Appendix Q).

In February 2018, YourMemberhsip™ by Community Brands, ANA\C website provider, published that only 58% of members felt connected to their professional associations (Carter, 2018). Aware that non-profit professional associations face low membership engagement, regularly scheduled e-mail follow ups were set up with the pilot project group. Based on the recommendation from YourMemberhsip™, the e-mail reminders were distributed on different days each week for the duration of four weeks (August 1-August 30, 2019): the initial e-mail was sent on Monday in Week One, the first reminder was sent on Tuesday in Week Two, the second reminder was sent on Wednesday in Week Three, and the last reminder was distributed on Thursday in Week Four to optimize the project's outreach in order to solicit adequate number of survey responses. Due to a low response rate, final two attempt to solicit responses were made during the first and second week in September 2019 as the deadline to complete the PPAT was extended till the end of September 2019.

Measures

The PPAT was created on ANA\C website under a specific URL that was distributed as an invitation-only e-mail to a total of 793 nurses (new members that joined ANA\C during May-July 2019). Since the policy toolkit was not made publicly available on ANA\C website, only invited members received access to the policy toolkit to assure data quality, accuracy and integrity. The two surveys were created on SurveyMonkey™ website and links were embedded in the PPAT. When a member of the pilot project group clicked on the pre-intervention survey link (PPAT Step 1) and on the post-intervention survey link (PPAT Step 3), they were re-directed to SurveyMonkey™ to take the actual surveys. SurveyMonkey™ also offered a variety of options in how to display data summaries and analyses for either survey as the two surveys were created separately. When a member completed either

survey, the ANA\C office received an e-mail alert and staff delivered regular updates on the number of completed surveys. ANA\C webmaster reported data of member engagement in terms of percentage of open e-mails in the pilot project group. While the initial PPAT e-mail sent during week one in August 2019 experienced about 45% open rate (356 members of the pilot project group opened that e-mail), the total unique URL clicks to access the PPAT accounted for 6.7% (i.e. 53 members accessed the PPAT). The last e-mail reminder sent in mid-September 2019 saw 34% open rate, an eleven percent drop from the first week in August 2019 (i.e. 256 members opened that e-mail), and the total unique URL clicks to access the PPAT accounted for 1.8% (13 members accessed the PPAT). Overall, the pilot project group participation was low throughout this project and member engagement was difficult to solicit or sustain.

In terms of data analysis, measures of frequency in terms of descriptive statistics were used. It included overall pilot project group engagement, i.e. how many members from the pilot project group completed both surveys. This project measured individual responses of each participant while also analyzing their collective responses. There were 25 mandatory questions in the Pre-Intervention Survey that included six demographic questions. There were 19 mandatory questions in the Post-Intervention Survey as respondents did not have to answer demographic questions again. Nominal language changes were made in several questions in the Post-Intervention Survey simply to accurately measure impact in knowledge and/or perceived confidence of a nurse's role in policy development and advocacy after using the PPAT. While small language adjustments were made, integrity of collected data was assured throughout the project, including keeping participants' e-mail addresses confidential. Moreover, SurveyMonkey™ software did not allow for multiple individual attempts at completing either survey to assure data integrity and fidelity. After completing one pre-intervention and one post-intervention survey, if a member of the pilot project group attempted to complete another survey, they received a

message: “You’ve already taken this survey” to prevent double entry thus protect integrity and accuracy of the collected data.

In addition to measuring engagement via the completion of the two PPAT surveys, outcomes of the intervention were evaluated in two areas: 1) actual knowledge of policy development and advocacy, and 2) perceived confidence in policy development and advocacy. The pre and post intervention surveys used Likert scale with a four-point scale (1-yes, 2-no, 3-not sure/not yet, 4-never thought about it).

Upon initial data analysis and discussion of the work team, it was decided to leave all answers for secondary data analysis but to combine the negative answers into one group for primary data analysis. While simple ‘yes’ or ‘no’ served the purpose of this project, the work team wanted to learn more about membership’s responses since the success, longevity, and financial sustainability of ANA\C rests upon the knowledge and ability of its members to get engaged in policy development and advocacy on all levels of the policy spectrum (i.e. local, regional, state, and national). The SurveyMonkey™ analysis tools allowed to combine three separate answers (‘no’, ‘not yet/not sure’, ‘never thought about it’) into one ‘no’ category. Even though up to seven respondents answered ‘not sure/not yet’ or ‘never thought about it’ on a number of questions in the pre-intervention survey, combining those answers into one ‘no’ category did not alter the primary data analysis as both were negative responses. The final data analysis evaluated the ‘never thought about it’ answer in the same way as if they answered ‘no’ or ‘not yet/not sure’ since either negative answer signaled members’ inability to engage in policy development and advocacy. The final data analysis evaluated accurate data and assured data integrity.

For a professional nursing organization that operates in the arena of policy development and advocacy, learning that some new members never thought about and/or were completely unaware about

the crucial role nurses play in policy and advocacy only emphasized the sense of urgency for ANA\C to develop more policy and advocacy content, offer more policy programs, and host more advocacy events. Consequently, applied to the efforts of ANA\C's leadership to increase its presence and influence in the policy development and advocacy arenas, any difference between a new member not being sure about policy development and advocacy or never thinking about it still signaled new member's inability to be actively engaged in policy development and advocacy. However, ANA\C leadership could view the 'not sure/not yet' answers with guarded positivity as they telegraphed at least some level of existing knowledge in policy development and advocacy since the 'never thought it' option was deliberately not selected. It is the 'never thought about it' response that should be worrisome to not only ANA\C leadership, but also to the profession of nursing as a whole. Historically, nurse leaders were cognizant about the fundamental connections between economic, political, cultural, and social spheres as they related to nursing and healthcare (Fyffe, 2009). However, learning that several new members in 2019 did not possess any knowledge, understanding, or awareness about the crucial role nurses play in policy development and advocacy, next to being extremely alarming, also highlighted the ongoing need for relevant nursing education, resources, programs and opportunities to increase nursing knowledge and perceived confidence in policy development and advocacy. Both surveys asked essentially the same questions and thus evaluated the pilot project group members' self-assessment of policy development and advocacy in terms of their actual knowledge and perceived confidence to get engaged in policy development and advocacy.

Project measures were set up to account for total number of completed surveys while also measuring individual responses to 25 questions. First six questions were focused on basic demographics, such as place of residence, years in practice, and highest level of nursing education. These first six questions, while mandatory in the Pre-Intervention Survey, were not mandatory in the Post-Intervention Survey since they did not change. The next nineteen questions, mandatory in both surveys, were aimed

at assessing an existing policy and advocacy knowledge and perceived confidence of nurses' role in policy development before and after the PPAT utilization. These described activities accounted for measured engagement outcomes. Data analysis showed the total number of pilot project group members that used the policy toolkit and completed both surveys, and it also analyzed individual and collective data in terms of nursing knowledge and perception. CA Legislative Session 2019 (January – September) welcomed a number of new Legislators in both CA Assembly and Senate after the 2018 General Elections and many remained unfamiliar with nursing and/or healthcare issues. Educating ANA\C members and empowering them through improved knowledge and increased perceived confidence by using the PPAT was paramount for successful policy development and advocacy efforts of ANA\C.

Analysis

Data analysis compiled from the pre and post intervention online surveys with Likert scale measured actual knowledge and perceived confidence before and after the PPAT intervention. Data comparison from the before and after surveys demonstrated an increase in knowledge and in perceived confidence of the pilot project group. Success of this intervention further supported recommendation to offer the PPAT to not only all ANA\C members, but in the future to ANA\C coalition partners and other CA nursing organizations. While there were 793 members in the pilot project group, the goal was to obtain data from minimum 12 members that have participated in both surveys0 56 participants (7.5% of the pilot project group) completed the pre-intervention survey while 20 participants (2.7%) completed the post-intervention survey. When the pre and post surveys were paired using the participants email addresses, it was discovered that four participants completed the post-intervention survey without completing the pre-intervention survey thus rendered four post-intervention responses invalid. The final data analysis was performed from the data of 16 participants that completed both, the pre and the post surveys, which was approx. 2.1% of the pilot project group (n=16). A quantitative view of data gathered

pointed to accurately self-assessed level of knowledge and perceived confidence of the pilot project group in terms of engagement in policy development and advocacy.

Ethical Considerations

This evidence-based project measured actual knowledge and perceived confidence in policy development and advocacy of 16 new ANA\C members. The author of this project adhered to high ethical standards based in both, the ANA Code of Ethics (ANA, 2015) and the University of San Francisco Jesuit ethos from 1855 *Pro Urbe et Universitate* or Change the World From Here. Advancing the profession of nursing, ranked as the most trusted and ethical for seventeen consecutive years, through the ethical application of policy development and advocacy was aligned with the Code of Ethics and fully supported the USF motto. The PPAT website explained the project purpose, described its scope and duration, time needed to compete the PPAT, and what was expected of willing participants (Appendix N). Moreover, all pilot project group participants received an e-mail invitation with a PPAT link describing the project (Appendix Q). Those willing to participate completed the surveys. The information in the initial e-mail, the follow up reminders, surveys, and the PPAT stated this was a DNP project for University of San Francisco Executive Leadership DNP program. All data was safeguarded and kept confidential using Google Vault software protection that ANA\C had as a part of its Google Business Platform account. While the work team used the respondents' e-mail addresses to correlate the pre and post surveys for data analysis, the actual data analysis report was anonymous. Due to the nature of this project, there were no concerns over physical and psychological well-being of the participants.

Section IV: Results

Results

Trends in survey responses showed the highest number of Pre-Intervention Survey completions during the first two weeks after the PPAT distribution while the highest trends for the Post-Intervention Surveys completions was during the seventh week (Appendix R). While the PPAT distribution phase

was originally scheduled for one month, a low pilot project group engagement caused the work team to extend the distribution phase for one more month (to a total of two months). Additionally, the work team sent two additional reminders in the last two weeks of September 2019 urging the pilot project group to complete the PPAT. Seeing a spike in both surveys' responses in the week of September 16, 2019, extending the PPAT distribution phase and sending additional reminders to the project group served this project well.

Data analysis showed that almost 70% of ANA\C members that completed both surveys were nurses with more than 11 years in practice while 30% practiced nursing for less than 10 years. Fifty seven percent of respondents lived in Southern CA, 33% in Northern CA, and 10% in Central CA. Completing demographic analysis of the 16 respondents, 50% worked in hospitals, 13% in outpatient settings, 13% in academia, and 22% worked in various other clinical and/or administration settings, such as clinical navigators, community care coordinators, or case managers. In terms of highest education in nursing/healthcare, 52% of respondents obtained graduate (masters or higher) degree, 34% baccalaureate degree, and 9% received associate degree in nursing. Respondents replied similarly in terms of if or where they received policy/political advocacy education; 50% replied during graduate studies, 22% during baccalaureate studies, and 5% during associate degree in nursing studies. Moreover, 23% percent of respondents stated they did not receive any policy/political advocacy education during their entire nursing curriculum. So while all respondents with master and/or higher level of nursing education received didactic instructions on the importance of nursing policy development and advocacy, only 22% of nurses with Bachelor of Science in Nursing degree receive similar education, leaving approx. a quarter of new ANA\C members having not received any form of policy development and advocacy education throughout their nursing curriculum. This data highlighted graduate-level nursing/healthcare curriculum as the first education level offering consistency in policy development and advocacy education. The lack of earlier nursing education in the area of policy and advocacy is concerning and

may be a reason why CA RNs are not aware of the important role nurses play in policy development and advocacy. This major education gap in policy development and advocacy is quite worrisome, especially since the Future of Nursing 2010 Report called for 80% of graduating nurses having BSN by the year 2020. While the 2010 Report, Campaign for Action, Johnson & Johnson, DNP Essentials and ANA Code of Ethics all issued a call to action for nurses to get engaged in shaping of the healthcare system, no organization mentioned how such recommendation was to be implemented. The recommendation should include strengthening policy development and advocacy aspect in nursing curriculums and not waiting until graduate school to cover this fundamentally important aspect of nursing, especially since missing education resources and lack of preparedness is the primary limitation to nurses' involvement in policy development and advocacy as identified in the literature (Fyffe, 2009).

In terms of assessing actual knowledge before the PPAT, 34% of the 16 respondents replied as having existent knowledge to engage in policy/politics debate on nursing/healthcare. The number increased to 70% after the PPAT utilization, accounting for 36% increase in actual knowledge. In terms of perceived confidence to discuss policy issues in nursing/healthcare, in the pre-intervention survey 55% answered positively and 45% answered negatively; 21% replied 'no', 20% 'not yet/not sure', and 4% 'never thought about it'. The post-intervention survey saw 90% 'yes' and 10% replied 'not yet/not sure' after the completion of the PPAT, accounting for 35% increase. Assessing perceived confidence to engage in policy/politics in nursing/healthcare issues, while 41% answered positively and 59% answered negatively (30% 'no', 25% 'not yet/not sure' and 4% 'never thought about it') in the pre-intervention survey, 80% answered positively and 20% answered 'not yet/not sure' after the PPAT, accounting for 39% increase. A question assessing an existing actual opportunity to engage in policy/politics in nursing/healthcare issues, the difference between the pre and post intervention surveys showed 9% increase suggesting more work is needed in terms of educating nurses and showing them various opportunities to get engaged in policy development and advocacy at their place of work or in their

communities. Similarly, while 91% of nurses already believed engaging in policy or political advocacy would improve the profession of nursing, full 100% believed it after the PPAT.

In terms of how well nurses were prepared for policy/politics debate in nursing/healthcare issues, only 14% of respondents believed they were prepared before the PPAT, but after the completion of the PPAT the number increased to 80%, accounting for 66% increase. While 88% of respondents believed ANA\C could impact policy/politics in nursing/healthcare before the PPAT, 100% participants believed it after utilizing the PPAT. Assessing existing frustration that nurses were not empowered to affect changes in policy/politics in nursing/healthcare, the numbers increased from 63% of 'yes' with 5% 'no, 20% 'not yet/not sure' and 13% 'never thought about it to 100% 'yes' after the utilization of the PPAT, accounting for 37% increase. Similarly, while 57% of respondents already found satisfaction engaging in policy/politics advocacy in nursing/healthcare while 4% did not, 30% were not sure and 9% 'never thought about it', the number increased to 75% after the completion of the PPAT, an 18% increase.

In order to have impact and influence in policy development and advocacy, nurses must have the knowledge and confidence to share their ideas and discuss policy issues not only with their colleagues, but also with the public and elected officials alike. While only 16% of respondents replied 'yes' to sharing ideas and having regular discussions about policy/politics issues in nursing/healthcare with colleagues and public, after the PPAT 60% replied to feeling more confident and ready to share policy/politics ideas with their colleagues and public, an increase of 44%. While 27% of respondents understood policy advocacy and CA legislative process before the PPAT with 41% not understanding and 32% not being sure about the process, its completion increased that rate by 63% to a total of 90% understanding with 10% not being sure. Moreover, while 80% recognized the value of policy/political advocacy even if efforts were unsuccessful with 9% not recognizing the value and 11% never thinking about it, the number increased to full 100% of recognizing the value of policy/political advocacy after the completion of the PPAT. As stated earlier, the success, longevity and sustainability of ANA\C rests

with its members being able to educate CA policy makers (i.e. legislators and/or regulators) on nursing/healthcare issues, while 46% of respondents felt confident in doing so before the PPAT with 29% not feeling confident and 25% not sure, the PPAT completion brought the number to 90% positive response with 10% still not being sure, accounting for 44% positive change.

The last two questions were aimed at assessing perceived confidence that nursing engagement in policy/political advocacy would advance the profession of nursing and at evaluating respondents' actual determination to get engaged in CA policy/political advocacy. While the perceived confidence in nursing professions' ability to be advanced via policy/political advocacy engagement increased from 79% to 100%, the only decrease between the data obtained before and after the PPAT was shown when 91% of respondents believed that nurses should indeed be engaged in policy/political advocacy before the PPAT, however only 85% was determined to learn more and/or to get more engaged in actual policy/political advocacy in CA. Given the small sample size, six percent decrease (equal to one respondent) could not inform any significant implications about the survey respondents.

Section V: Discussion

Summary

Out of the 25 questions, six were focused on basic demographic data. Out of the 19 remaining questions, 12 were focused on assessing the increase or decrease in the actual knowledge and 7 questions were focused on assessing perceived confidence from before to after utilizing the PPAT. Since this project was aimed at increasing actual knowledge and perceived confidence of new ANA\C members in policy development and advocacy by 20% within the first nine months of CA Legislative Session 2019 by introducing a comprehensive public policy toolkit, the data analysis validated the overwhelming success of the PPAT as listed below.

Overall, nurses increased their actual knowledge:

- To engage in policy/politics debate on nursing/healthcare issues with colleagues and the public by 36% (Appendix S)
- To being better prepared for policy/politics debate on nursing/healthcare issues by 66% (Appendix T)
- To access policy/political advocacy resources to impact changes in CA nursing/healthcare by 66% (Appendix U)
- To understand CA political system by 63% (Appendix V)
- To engage in policy/political decision making even if unsuccessful by 20% (Appendix W)
- To educate CA policy makers on nursing/healthcare issues by 47% (Appendix Y)

Overall, nurses strengthened their perceived confidence:

- To discuss policy issues in nursing/healthcare by 35% (Appendix Z)
- To engage in policy/politics debate with colleagues/public by 39% (Appendix AA)
- To share ideas for policy/politics in nursing/healthcare with colleagues/public by 44% (Appendix BB)
- To engage in policy changes in work/school environment by 47% (Appendix CC)

While the policy toolkit also offered a recording on the importance of this evidence-based project in addition to a long list of extra resources, such as links to relevant websites and samples of legislative letters, those were not considered in the 'core' portion of the PPAT. Those were listed under 'Additional Resources' and uploaded below the post-intervention survey link. The work team debated extensively how much materials/resources to include between Step 1: Pre-Intervention Survey, Step 2: PPAT education materials and recordings, and Step 3: Post-Intervention Survey to offer the right amount of the right material to assure a positive learning experience for the pilot project group without getting them overwhelmed. If the pilot project group was overwhelmed, we would have lost a crucial opportunity to

break barriers between nurse leaders and elected leaders and would not have achieved the project's aim. Due to the PPAT's success, the work team decided to continue with its current format in the organization-wide distribution in the Spring 2020.

The evidence obtained from the data analysis of 16 pre-intervention and 16 post-intervention surveys showed improvements in major aspects of a) actual knowledge and b) perceived confidence in terms of nursing engagement in policy development and advocacy of the pilot project group. Those results suggest high effectiveness of the policy toolkit and should ANA\C decide to offer the PPAT to other nursing organizations or to record a live webinar and make it available to all CA nursing schools, we could see a major shift in CA's professional nursing political landscape.

Another issue became clear as we analyzed the obtained data: majority of the pilot project group members that responded to both surveys were nurses with masters-or-higher level of education. It was encouraging to see graduate-level prepared nurses joining ANA\C and being interested in learning more about policy development and advocacy even if they identified as having received education on policy development and advocacy in nursing (Appendix DD). However, since the collective data analysis showed an increase in knowledge and confidence of all participants, including nurses with graduate degrees that identified as having received graduate level policy/politics education, the data clearly showed that even graduate nursing curriculum could benefit from improvements in didactic and practical aspects of policy development and advocacy, let alone baccalaureate or associate degree nursing programs serving a large population of nursing students.

Interpretation

It is important to recognize that the notable success of the PPAT was achieved by 1) four short video recordings made by the author in ANA\C office on her i-phone with the help of ANA\C executive assistant, 2) one comprehensive presentation on the importance of nursing leadership in policy development and advocacy recorded on the ZOOM™ platform, and 3) embedded examples of policy

development and advocacy in nursing practice. These three aspects totaled one hour of participants' time. One hour of independent learning achieved noteworthy results in terms of increase in actual knowledge and perceived confidence of nurses in policy development and advocacy. This project suggests that one hour of the right policy development and advocacy learning material could, in fact, change the future political landscape of CA professional nursing if it was a part of nursing curriculum. The PPAT data analysis showed that majority of respondents received policy/advocacy education at master or higher level of nursing curriculum. While commendable, offering policy development and advocacy education at master or doctoral levels is too late on the education spectrum as nurses must be aware of the crucial role they play in policy and advocacy from the beginning of their careers in order to lead and advance the profession of nursing.

Moving forward, our work team does not expect all nurses to be actively involved in all policy development and advocacy efforts at the state level, however, nurses must be aware of its importance and get involved in policy development and advocacy issues on departmental, institutional, local and regional levels, as a natural extension of their nursing practice. In 2005, Falk-Rafael pondered what happened to nurses and our historic legacy and when did we abandon social and political efforts to improve public's health and wellbeing. Advocating for social determinants of health and for social justice, such as poverty, access to care, reproductive rights, education, gender equality, pay equity, food security, or water and air quality issues are all part of healthcare, primary care, public health, and therefore are indivisible parts of nursing (Kagan, Smith, Cowling & Chinn, 2010). Political acumen, policy development know-how and advocacy efforts belong to our illustrious nursing legacy going all the way back to Florence Nightingale advocating for clinical improvements during the Crimean War, and to 1890's nurses advocating for social and public policies in child welfare, poverty, and also in the suffrage movement (Rafael, 1999).

Today, RNs are the largest healthcare employee group and ranked as the most ethical and honest profession for nearly two decades. The fact that policy development and advocacy education is often missing from the associate and/or baccalaureate degree in nursing curricula is baffling since it is the very knowledge, confidence, and understanding that has the potential to change U.S. healthcare system, care delivery, and disease prevention since policy development and advocacy is a logical continuation of the nurse-patient relationship (Spenceley, Reutter & Allen, 2006). While the overall data analysis showed increases in actual knowledge and perceived confidence in 18 questions, only one question showed a small decrease from before to after the PPAT utilization. While 91% of the pilot project group believed in the abstract importance of nursing engagement in policy development and advocacy, 85% of the group was determined to learn more and/or to get more engaged in the actual practice of nursing policy development and advocacy. It is important to acknowledge that 85% is a significant number of nurses determined to learn more about policy development and get engaged in actual advocacy. Six percent decrease could not be viewed as evidence that nurses did not feel confident or prepared to get engaged in actual policy development and advocacy after the completion of PPAT. Due to the small sample size (n=16), six percent equaled to one respondent only.

Our work team could not make any definite assumptions about ANA\C membership's determination to get engaged in policy development and advocacy after a completion of a policy toolkit based on the small sample size (16 respondents). However, the 6% negative trend reinforced the urgent need for more programs and events offering various opportunities to practice policy development and gain actual advocacy experience, especially for new ANA\C members. Since the PPAT data showed improvements in the actual knowledge about policy development and advocacy, ANA\C must now develop more opportunities to transfer that didactic knowledge into practical skills, very much like clinical rotations transform academic knowledge into practical skills during nursing school studies. Nurses need political acumen to continue to address the ongoing social and health-related needs in our

society (Rains & Barton-Kriese, 2001). Therefore, ANA\C could host reginal 'skills labs' not to impart more academic knowledge since the PPAT proved highly effective, but to offer opportunities to transfer gained actual knowledge into practical skills and remove remaining vestiges of barriers between nurse leaders and elected leaders, thus positively impact the future of CA nursing practice.

Limitations

Limitation to this project arose from a low response rate of the pilot project group to complete the PPAT and both surveys. Another limitation came in terms of attrition of members in the pilot project group who finished the pre-intervention survey but were unable to complete the post-intervention survey, even if the work team sent a number of reminders explaining the project and how crucial both surveys were. Two of the largest barriers of this project were described in the gap analysis and they included: 1) low level of individual understanding of the important role nurses play in policy development, and 2) low perception and confidence to engage in policy development and advocacy. Additionally, end-user resistance and apathy among nurses after the Midterm 2018 Elections as well as an overall burnout from political events in 2019 could not be underestimated. Furthermore, nurses often struggle with work-life balance as they are pulled in many directions at any given time. However, nurses must attain and promote political acumen stemming from their personal values, philosophies and motivations (Boswell, Cannon & Miller, 2005).

Another limitation the work team became aware during data analysis in terms of low response rate from nurses with associate or baccalaureate degrees in nursing. The majority of the pilot project group members that responded were masters-or-higher level of education prepared nurses. While it was encouraging to see graduate-level prepared nurses interested in policy development and advocacy, the initial idea behind this toolkit was to provide a basic overview of policy development and advocacy education for all nurses. With only 13% of RNs in the United States holding a graduate level nursing education (Nurse Journal, 2018), discussion ensued, and the work team proposed changing the title to

'Public Policy and Advocacy Basic Toolkit' and distributing it to associate and undergraduate degree prepared nurses. The reason behind that discussion was not that the work team did not value the contribution of graduate-level prepared nurses, but because the initial intent of the project was focused on removing barriers between staff nurses and CA policy/politics. Moving forward, the work team decided to adopt the new name before the organization-wide distribution in Spring 2020 and to aim it at associate and/or undergraduate prepared nurses.

Next to the small title change, the work team also debated the need to remove any language tying the PPAT's recorded lessons to a specific legislative session or to individual bills. Decision was made to re-record two of the existing four reels and use generic information on the importance of nurses' engagement in policy development, such as advancing full practice authority for APRNs, but without identifying specific bill numbers or specific legislative sessions. Example: SB 323 attempted to achieve full practice authority for NP in 2016, but AB 890 attempted the same in 2019. By using a generic language to explain the importance of legislative advocacy to advance full practice authority for APRNs without identifying a specific legislative session or a bill number, ANA\C could continue to distribute this toolkit without having to change recordings every time a new legislative session starts, or a bill gets a new number.

Conclusion

The role that nurses have in today's dynamically changing healthcare environment crosses broadly into areas of public health, education, community health, and socio-economic determinants of health. While nursing engagement in policy development and advocacy had been crucial throughout nursing history, modern nursing have not engaged in policy development and advocacy as much as our historic legacy suggests. As a lobbying organization operating in the arena of policy development and advocacy at a state level, ANA\C must develop and offer relevant educational resources for its members. Introduction of a public policy and advocacy toolkit that included five recorded lessons, in addition to a

variety of extra resources, links to relevant websites, and examples of existing policy development and advocacy accomplishments, offered a wealth of information for members of the pilot project group interested in learning about policy development and advocacy. The policy toolkit included links to 1) pre-intervention and 2) post-intervention surveys to assess actual knowledge and perceived confidence of the pilot group before and after the PPAT utilization. Data analysis showed a noteworthy increase in actual knowledge and perceived confidence in policy development and advocacy surpassing the 20% increase identified in the project's aim. With a low response rate from associate and baccalaureate degree-prepared nurses that did not receive any previous policy development and advocacy education, data analysis showed graduate degree-prepared nurses with prior policy/politics education benefited greatly from completing the PPAT. In terms of long-term implications, the policy toolkit will be distributed to all ANA\C members in Spring 2020 after adjustments in the PPAT recordings. Moreover, the policy toolkit could be offered to ANA\C's coalition partners, other nursing organizations or to nursing schools interested in teaching their members or students about the important role RNs play in nursing policy development and advocacy. Measurements that provided validity of the intervention by showcasing the project's value in terms of increased engagement in nursing policy development and advocacy have the potential to change the future landscape of professional nursing in California.

Section VI: Other Information

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Section VII: References

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Appendix A: Statemen of Determination

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

profession, when nurses vote policy change, when nurses speak politicians listen but we are still missing actions. This DNP project aims to transform ANA\C members understanding of the importance of nurses role in advocacy by giving them necessary tools to be educated, active and involved. 2019-2020 CA Legislative Session may see another attempt by the CANP to introduce a full practice authority bill and without the full force of nursing voices and understanding our role and our power, we may lose another opportunity to be successful.

D) Outcome measurements: Increased member engagement in policy development (follow up survey), advocacy skills (follow up survey), and digital advocacy (P2A). Data will be collected through a follow up survey and from P2A digital platform.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: Increased member engagement in policy advocacy	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to	**X**	

Appendix B: Letter of Support from ANA\C

AMERICAN NURSES ASSOCIATION CALIFORNIA

Letter of Support

September 24, 2018

To: Executive Leadership DNP Program, University of San Francisco

Re: Policy & Advocacy Engagement Project - Quality/Systems Improvement

Dear EL DNP Committee,

Based on the mission of ANA\California *to advance the health and well-being of all Californians and the profession of nursing* and aligned with our strategic priorities to increase nurses' involvement in policy development and political process, we could not be happier about supporting this project that will focus on increasing member policy advocacy and engagement. As the largest statewide professional nursing organization in California, we believe nurses must be educated in policy development and engaged in political process to fully represent the interests of nursing profession and to assure the future influence of ANA in California political process. We look forward to regular reports our Executive Director will be providing and we applaud Marketa and the ANA\C workgroup on this important quality/systems improvement project.

Sincerely,

Phillip Bautista, BSN, RN, PHN

ANA\C President 2017 - 2019

Appendix C: **Combined Evaluation Table and Evidence Evaluation Tables**

Table adapted from Melnyk, B.M. & Fineout-Overholt, E. (2015)

Studies (Author & Year)	Antrobus, S. & Kitson, (1999)	Reutter, L. & Duncan, S. (2002)	Richardson, A. & Storr, J. (2010)	Matthews, J. (2012)	Spetz, J. (2018)	Spetz, J. (2017)	Selander, L & Crane, P. (2012)	Staebler et al, (2017)	Taylor, M.R.S. (2016)	Waddel, A., Adams, J.A. & Fawcett, J. (2017)	Woodward, B., Smart, D. & Benavides-Vaello, S. (2017)
Intervention											
Political /public policy tools	x	x	x	x	x	x	x	x	x	x	x
Bi-cultural training	x										
Policy advocacy awareness	x	x	x	x	x	x	x	x	x	x	x
Nurse Empowerment		x	x	x	x	x	x	x	x	x	x
Outcome											
Increased awareness	x	x	x	x	x	x	x	x	x	x	x
Use of available tools		x	x	x	x	x	x	x	x	x	x
Nursing leadership political awareness	x	x	x	x	x	x	x	x	x	x	x

Evaluation Table Article #1:

Antrobus, S. & Kitson, A. (1999). Nursing leadership: Influencing and shaping health policy and nursing practice. *Journal of Advanced Nursing*, *29*(3), 746-753. doi: 10.1046/j.1365-2648.1999.00945.x

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal:
Antrobus, S. & Kitson, A. (1999).	Semi-structural	Mixed methodology study, Enthographic approach.	24 Informal semi-structured interviews: 18 in person, 6 phone calls (when in-person scheduling was unavailable). Questionnaire Developed, pilot phone conversation created.	Leadership areas variables: A)Political B)Clinical C)Executive D)Academic focused on 3 areas: 1)Bi-cultural Education (Nursing and A-D scope) 2)Adaptation of knowledge 3)Political influence (creating policy units)	Epistemological position of the researched based on the work of Gadamer (1976).	Nursing leadership originates in practice. All respondents identified self as leaders. Difficulty in obtaining categorization of specific roles for nursing leadership in political, clinical, executive, and academic arenas. Categories were re-conceptualized as spheres of influence and not as aspects of singular roles.	Nursing leadership: internal & external. Divide between policy & practice due to nursing language vs. policy language. Bi-cultural leader must combine nursing ideology and language with the sphere of influence ideology and language (i.e. academic leader uses specific language to influence academia, executive leader needs language influencing business decision, etc.). Future nurse leader needs varied skills repertoire.	**Strengths:** Clarification of the problem, 5 recommendation, incl. Policy unit, resources for clinical nurses in politics, management, policy. **Limitations:** Only 24 subjects, need wider pool **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence III, B

Evaluation Table Article #2:

Reutter, L. & Duncan, S. (2002). Preparing nurses to promote health-enhancing public policies. *Policy, Politics & Nursing Practice, (3)*4. 294-305. doi: 10.1177/152715402237441.

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal:
Reutter, L. & Duncan, S. (2002)	n/a	Mixed-methodology /extensive literary review	Graduate-level course in a Canadian nursing school	A)Social, B)Political, C)Economic factors influencing policy studied through new graduate course on policy. Content included 1)policy analysis and 2)policy advocacy. 3)Practicum component	Literary review of 68 articles, incl. 11reports: 2 WHO studies 1 ICN study 6 CAN provincial government reports 2 CAN Federal health recommendations Graduate course on policy: A) Course work: 13 weeks (3hrs/wk.) **39** didactic hours B) Practicum: 13wk (6hrs/wk.) **78** practicum hours **TOTAL: 107 hrs.**	Students: positive evaluations. Literary review provided a strong foundation for creating course work. Course work included legislative, federal, provincial (state) aspects, influence-makers, practical solutions through policy work. Course focus: Policy relevance Framework & policy process. Policy instruments. Coalition advocacy. Media advocacy. Health impact.	Policy course should be mandatory. Students hosted poverty issue workshop attended by 70 community partners. Importance of real policy experience. Tying together policy and practice as a foundation. After 13 weeks: marked transformation in students understanding. Challenges: policy advocacy or analysis? Inclusion of social policy, not only health policy. Lack of Faculty expertise.	**Strength**: Creating a graduate course on policy. Evaluating knowledge after the course work. Incorporating practicum experience. Extensive literary review. **Limitations:** Only one class. It would be great to follow up w those students 3-4 yrs. later. It would strengthen the data and given proof how important a policy course is. Lack of analytic rigor. **Critical Appraisal:** JHRAT Level of Evidence III, B

Evaluation Table Article #3:

Richardson, A. & Storr, J. (2010). Patient safety: A literary review on the impact of nursing empowerment, leadership and collaboration. *International Nursing Review*, *57*, 12-21. doi: 10.1111/j.1466-7657.2009.00757.x

Author(s)	Conceptual Framework	Design/Method	Sample/Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal
Richardson, A. & Storr, J. (2010)	n/a	Systematic review: Search of electronic databases from 1998-2008	Search produced 1778 titles & abstracts: 65 full test relevant papers reviewed	A) Patient safety B) Leadership C) Advocacy D) Interdisciplinary collaboration E) Empowerment	7 papers from U.S. 2 from CAN 1 from UK 1 from Iceland studies	1 Systematic review 1 Evaluation 1 Survey 1 Cohort study 4 Qualitative studies 3 Cross-sectional 4 papers focused on leadership. 3 papers focused on collaboration. 3 papers focused on general issues/review. 1 paper focused on multiple interventions.	Current gaps in knowledge related to direct nursing impact of empowered nurse on pt. outcomes or pt. safety. Considerable work is necessary. Opportunities for empowered nurses, leadership. Need developed tools to strengthen & support the role of a nurse	**Strength:** Systematic review. Showed gaps in EBP and research data/studies re: effect of empowered nurse on pt. outcomes **Limitations:** Quality of papers varied. Limited scientific evidence of direct nursing impact on pt. safety. **Critical Appraisal:** JHRAT Level of Evidence- II, B

Evaluation Table Article #4:

Matthews, J. (2012). Role of professional organizations in advocating for nursing profession. *OJIN: The Online Journal of Issues in Nursing, 17*(1), Manuscript 3. doi: 10.3912/OJIN.Vol17NoO1Man3

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal:
Matthews, J. (2012)	n/a	Narrative review: Search of electronic databases from 1995-2011	Overall historic review: 1) the establishment of professional nursing organizations and 2) policy advocacy	Historic progression of the development of professional nursing organizations, establishment of three founding nursing documents, historic overview starting in 1870's and ending in 2010's	a) 32 journal articles cited b) chronology table of over 24 major historic events in nursing created c) all 9 provisions of ANA Code of Ethics charted d) 7 most important nursing organizations coalition and collaborations charted	Comprehensive review of historic development of the profession of nursing, advancement of nursing leadership and identified the most influential historic events and nursing coalitions .	a)Important overview of historic events showcasing the evolution the profession of nursing and professional organizations b)First nursing school stablished in 1873 in New York City c)ANA established in 1898 (under a different name) d)National League of Nursing (NLN) started in 1893 (under a different name) as a group overseeing training schools for nurses. Conclusion points to the importance of professional nursing organizations and the role nurses play in advocacy	**Strengths:** Extensive comprehensive overview **Limitations:** 32 references reviewed, no systematic literary review or meta-analysis **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence III, B

Evaluation Table Article #5:

Selanders, L., Crane, P., (2012). The voice of Florence Nightingale on advocacy. *OJIN: The Online Journal of Issues in Nursing*, *7*(1). doi: 10.3912/OJIN.Vol17No01Man01

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal
Selander L. & Crane, P. (2012)	n/a	Narrative review	Overall historic review of Florence Nightingale's legacy, Nightingale's relevance on contemporary nursing, professional use of evidence-based nursing practice, importance of story-telling in nursing advocacy	**1)**Evidence-based practice **2)**Stairstep leadership development model **3)**Nightingale's philosophical referents for professional nursing **4)**Nightingale's advocacy	36 references reviewed, comprehensive summary of Nightingale's work, influence on today nursing, importance of advocacy, Nightingale's legacy in nursing education	Advocacy story-telling, comprehensive review of historic development in nursing practice, Nightingale's legacy in education, advocacy, evidence-based practice	a)Important overview of Nightingale's influence on contemporary nursing b)Description of Nightingale's struggles to advance or establish a new profession c)Nightingale's legacy and call to action to all nurses re: nursing and advocacy through leadership <u>Conclusion:</u> Nightingale's message: Advocacy gives power to the caring nurses = clear alignment with ANA's 2018 Year of Advocacy	**Strengths:** Important comprehensive review for all nurses **Limitations:** 36 references reviewed, no systematic literary review or meta-analysis **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence III, B

Evaluation Table Article #6:

Spetz, J. (2018). California's nurse practitioners: How scope of practice laws impact care. California Health Care Foundation, p 5. Retrieved from https://www.chcf.org/publication/californias-nurse-practitioners/

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Spetz , J. (2018)	n/a	Systematic review	Anonymous survey of CA NP population	1)NPs full scope of practice in the U.S. 2)Regulatory requirements 3)Results of 2017 CA NPs survey 4) status of NPs in CA	60.25 survey response to the CA-wide NP survey	A_Extensive systematic analysis of a variety of national studies aimed at NPs role in APRN practice B_Extensive reviews of evidence from other states with full practice authority C_Systenatic overview of CA NPs, place fo work, specialty, age, demographics, and geographical D_Review of current regulatory language governing transitional supervision of NPs in the 12 states using it	Table 1: comprehensive review of all states' position on scope of practice i.e. full practice authority for NPS in the U.S. Table 2: comprehensive research review of NPs role in access to care with all relevant studies listed Table 3: quality of care (comprehensive research findings) provided by NPs in the U.S. incl. prescribing authority Appendix A: graphic landscape of NPs practice in CA **Conclusion:** Systematic review of the latest relevant research data on CA NPs	**Strengths:** Systematic review Relevant research studies ncluded Independent survey results Commissioned by CA Future Workforce Commission (non-partisan think-tank) **Limitations:** none **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence I A

Evaluation Table Article #7:

Spetz, J. (2017). Forecast of the Registered Nurse Workforce in California. Sacramento, CA: California Board of Registered Nursing. Retrieved from https://www.rn.ca.gov/pdfs/forms/forecast2017.pdf

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Spetz, J. (2017)	n/a	Meta-analysis	Supply and demand forecast for CA RN workforce from 2017-2035 based on a)2016 BRN Survey of RNs b)2015-16 BRN annual school report c) data extracted from BRN license records d) other state and national data sources	Forecast of RN supply in CA based on aging workforce, number of new graduates, forecast compared with other published forecast by U.S. Bureau of Health Workforce and CA Employment Development Department	Based on all available and relevant data described in Major Variables, forecast range provides possible scenarios: 1)Best supply forecast based on midpoint of most parameters 2)Best and Low forecast compared to 2015 and 2017	a)BRN-originated data, high validity due to self-reporting during license licensure/renewal b)research review of existing data c)Isupply model flow and outflow data, migration in and out of CA d)travelers e)data for CA-enrolled new students f)predicted number of future graduates g)employment rate for CA residents RNs h)average weekly hours worked by CA RNs in 2016 i)states with highest and lowest working RNs per 100.000 (2015)	A_Based on 2017 data, slightly lower supply of RNs in CA B_CA RN supply 17% lower that the 25% national equivalent C_forecasted CA achieving 25th national equivalent by 2034 D_Stream of RN supply slowing further in next 15 years = severe shortage of CA RNs in future E_No variation measured across CA regions F_Total 415,798 RNs licensed in CA in 2017, 353,051 CA residents G_table of RNs by age group H_High supply: nearly 600,000 RNs in CA by 2034, Best supply: 500,500 RNs in CA by 2034. Low supply: 334,000 RNs in CA 2034 (negative growth)	**Strengths:** Comprehensive data review, current research review, 2016 CA data **Limitations:** 1)No variation measured across varied CA regions 2)Forecast not intended for rapidly changing environment **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence II A

Evaluation Table Article #8:

Staebler, S., Campbell, J., Cornelius, P., Fallin-Bennett, A., Fry-Bowers, E., Kung, Kung, Y.M., LaFevers, D. & Miller, J. (2017). Policy and political advocacy: Comparison study of nursing faculty to determine current practices, perceptions, and barriers to teaching health policy. *Journal of Professiona Nursing 33*(5) 350-355. doi: 10.1016/j.profnurs.2017.04.001

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Staebler et al (2017)	Semi-structural	Descriptive Cross-sectional data analysis of an anonymous survey. IRB approval obtained	19,043 U.S. nursing faculty 598 total responses 514 completed responses	Student engagement barriers Faculty engagement barriers at Baccalaureate Masters Doctoral programs	Quantitative data points analyzed via SPSS Qualitative data grouped and analyzed by theme	Faulty: a)36% experienced in policy development & implementation in local-global spheres b)21% actively involved in state/federal policy development c)70% advocated for nursing profession via professional nursing organizations d)44% active in legislative activity	The importance of education in policy development and advocacy must be valued in nursing education Barriers: low admin priority, lack of engagement from nursing faculty. No student interest, perceived lack of relevance Conclusion: Alarming lack of awareness and knowledge about the important role nurse play in political process incl. policy development and advocacy. Faculty somewhat active, no transference to students to peak their interest.	**Strengths:** 19,000 survey pool, 514 completed returned studies. Questions asking specific questions of nursing faculty and policy advocacy **Limitations:** Only 2.7% return on survey response **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence II A

Evaluation Table Article #9:

Taylor, M.R.S. (2016). Impact of advocacy: Initiatives on nurses' motivation to sustain momentum in public policy advocacy. *Journal of Professional Nursing, 32*(3) 23-245.

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal:
Taylor, M.R.S. (2016)	Bandura's Social Cognitive Theory (SCT)	Descriptive web-based survey followed up by smaller focus groups via teleconference .	Leaders recruited from two regional professional organizations: APRN organization and multipurpose nursing membership organization. 1_Survey 2_60-min follow up focus groups 3)	Total of 12 respondents: 8 Baby Boomers 1 Gen X and 3 Millennials. 10 identified as White, 1 Black/African American and 1 as Other race.	1_Demographics 2_Prof/academic background 3_Membership in prof. associations 4_Involved in policy 5_Prof. role 6_Level of input 7_Level of actual involvement in policy advocacy	Descriptive statistics analyzed web-based survey 74% response rate 8 respondents excluded 42% from APRN org. 50% from multipurpose org.	Total: 12 respondents Mostly data from white older female nurse. Frustration & injustice main reasons for policy involvement. Need for support and collective action necessary for policy advocacy sustainability. Professional organization membership crucial. Coaching & mentorship a must. Use of traditional & alternative communication.	**Strengths:** A good start for further studies. Empirical data available. **Limitations:** Smaller, hand-selected nurse exec. focus group. While, female, older nurse mainly. **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence III, B

Evaluation Table Article #10:

Waddell, A., Adams, J.A. & Fawcett, J. (2017). Exploring nurse leaders' policy participation within the context of a nursing conceptual framework. *Policy, Politics, & Nursing Practice, 18*(4) 195-205.

Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal:
Waddel, A., Adams, J.A. & Fawcett, J. (2017)	Adams Influence Model (AIM), Conceptual Model for Nursing and Health Policy (CMNHP)	Two-round modified Delphi study, Extensive literature review	Round 1: 22 nurse leaders, state action coalition member Round 2: 15 nurse leaders	Majority respondents with doctoral-level preparation already active in policy development via state action coalition: 2 non-nurses (not eligible for this study) 24 experienced nurse leaders	Round 1: focus groups on policy value, clear communication & the know-how of policy work Round 2: e-survey on #1clear communication #2 knowing the who and what in policy process, #3 passion for policy.	Importance of varied approaches to nursing education & involvement in policy development. Importance of policy knowledge, how it gets done and who does it.	55% doctorate-prepared nurses, 55% previously testified at public hearings, 35% involved with regular meetings w legislators, 50% willing to connect w legislators via phone, e-mail, pre-drafted messages, not individual messages. Passion for policy, the policy know-how & clear communications crucial for sustainability. 60% previous experience w legislative visits	**Strengths:** Extensive lit. review, Itemized recommendations, incl. preparation for testimony at hearings and for legislative visits. **Limitations:** Small sample group. Majority highly educated and already experienced in policy & advocacy. Focused on direct policy advocacy only. **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence III, B

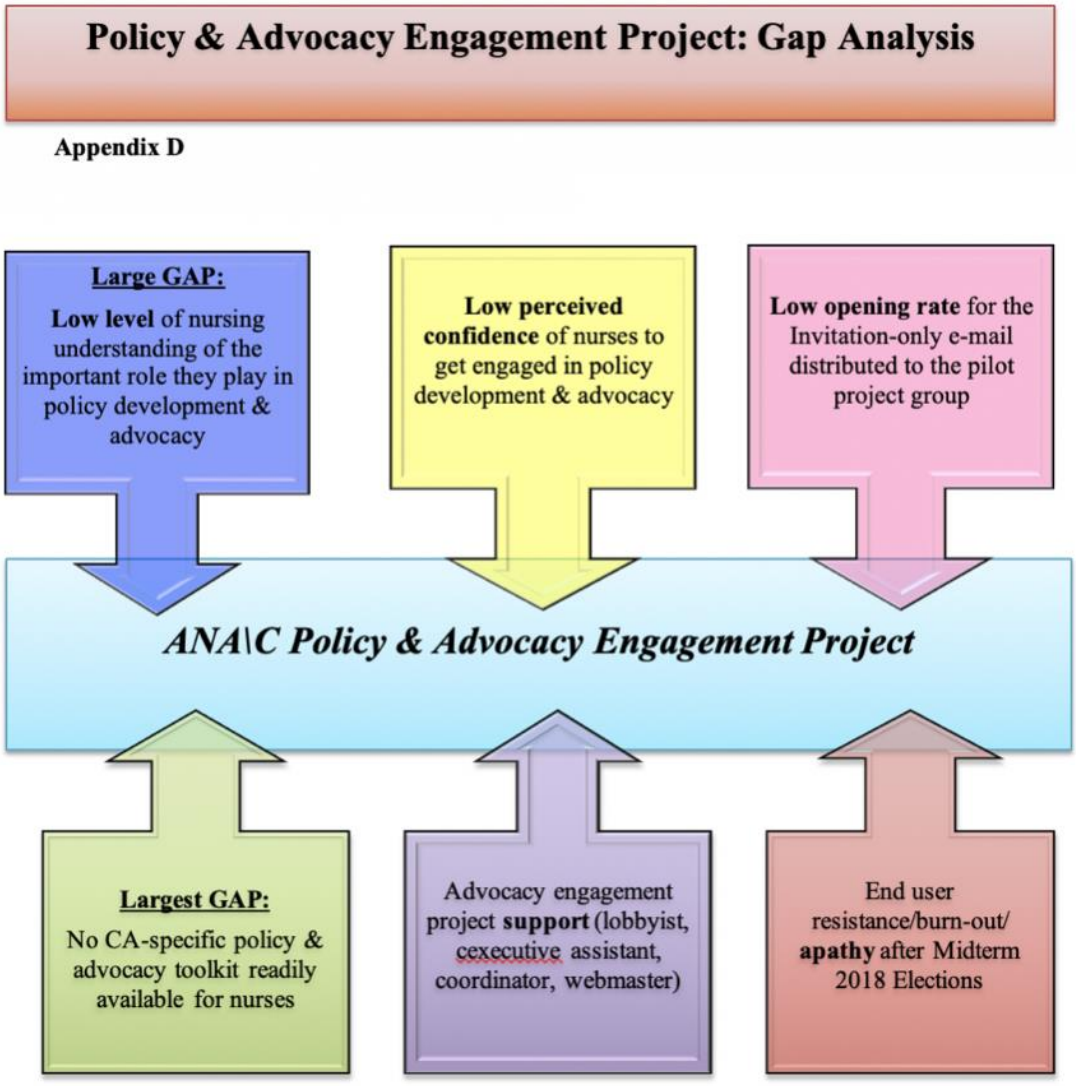
Evaluation Table Article #11:

Woodward, B., Smart, D. & Benavides-Vaello, S. (2017). Modifiable factors that supports political participation by nurses. *Journal of Professional Nursing, 32*(1) 54-61.

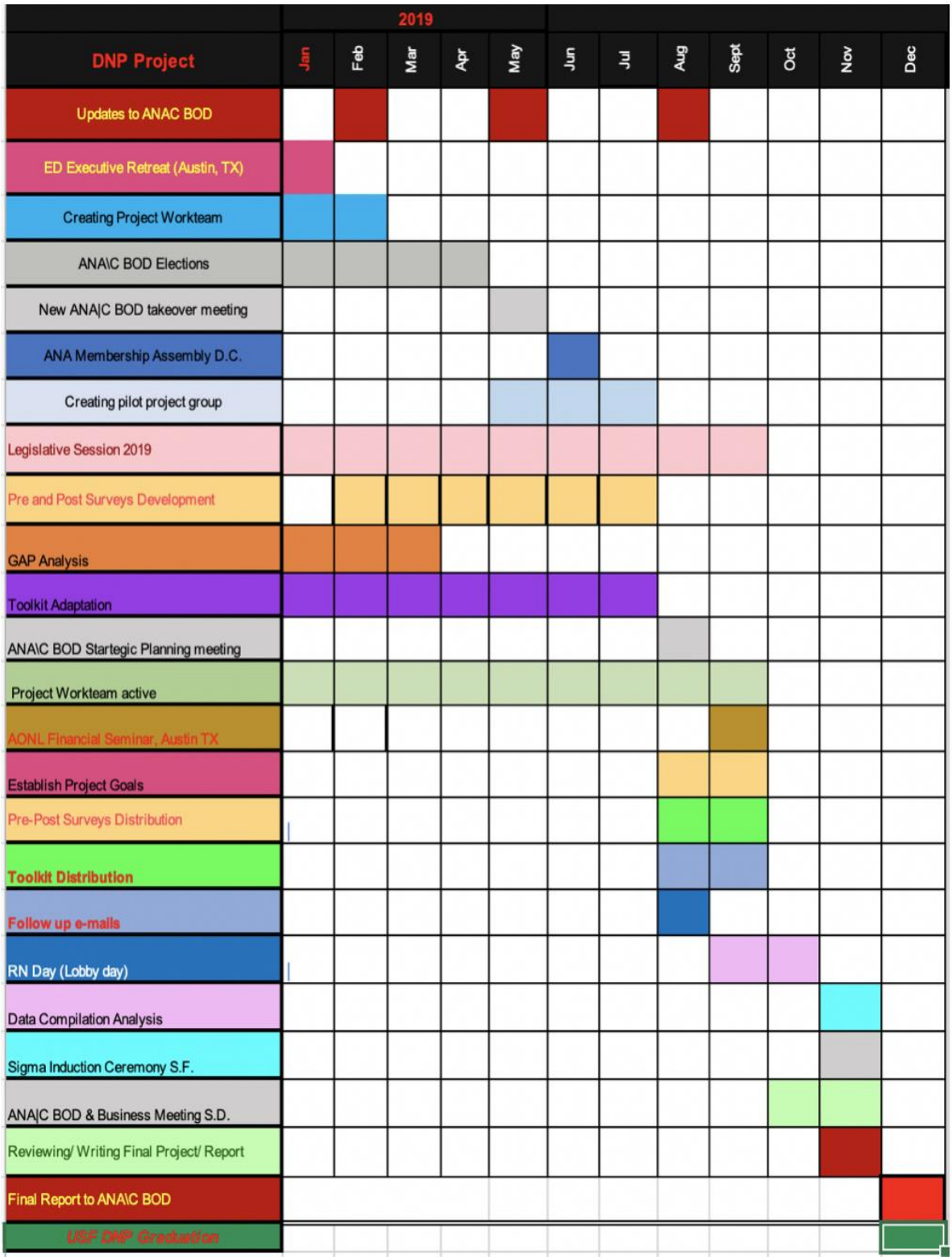
Author(s)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables	Measurement	Data Analysis	Findings	Appraisal:
Woodward, B., Smart, D. & Benavides-Vaello, S. (2017)	n/a	Literature review	CINAHL &PubMed databases search Two terms used: *nurses* and p*olitical participation.* Inclusion: full text articles from last 20 years. Including US, European, Canadian, Australian articles. Min. 20 references maintaining research quality.	*Political participation* definition used.	Phrases: nurses and political participation searched. Articles selected in broad categories. Final 3 themes.	161 articles identified: 51 retrieved, 43 full-texted assessed, 35 (CINAHL) full-text article eligible for review. Final: 32 eligible articles reviewed	#1 Importance of political education in nursing curriculums #2 Importance of active psychologic involvement (i.e. ongoing personal interest in policy advocacy) #3 Importance of professional nursing organizations membership	**Strengths:** Extensive literature review, 20 references minimum to assure highest research quality, inclusion of US, European, Canadian and Australian articles as they closely mimic the US healthcare system. **Limitations:** none **Critical Appraisal Tool & Rating:** JHRAT Level of Evidence II, A

AMERICAN NURSES ASSOCIATION CALIFORNIA

Appendix D: Gap Analysis



Appendix E: GANTT Chart



AMERICAN NURSES ASSOCIATION CALIFORNIA

Appendix F: SWOT Analysis

STRENGTH	***WEAKNESSES***	*Internal*
• Expertise in policy & advocacy • Access to legislators, regulators • Statewide infrastructure • Past success with RN Day events • Only catch-all nursing org. with lobbying /advocacy focus • Success of 2018 ANA *Year of Advocacy* initiative • Growing importance of RN Day event(s)	• No regional /chapter groups • Low name ID recognition • Low market penetration (2.0%) • Limited office support • Growing organization facing many challenges • New Board of Directors	***INTERNAL***
OPPORTUNITIES	***THREATS***	*External*
• Policy & advocacy resources, expertise, experience • State chapter of well-known ANA • National resources & connections • Close working relationships w other specialty nursing orgs. • Experienced contract lobbyist • New legislative session 2019 • Following up on 2018 ANA *Year of Advocacy* • Growth opportunity for more advocacy events after sold-out RN Day 2019 • Creation of ANA\C Advocacy Institute	• Low understanding of the role nurses plays in politics/policy • Various shift schedules, nurses have delayed response to e-mails/ calls-to-action • Failed Board of Directors transition • Difficulty securing OK from colleagues adapting toolkit • Low survey(s) response • Membership fatigue • Competition from other nursing organization in policy development (Health*Impact*, ACNL, etc.)	***EXTERNAL***

AMERICAN NURSES ASSOCIATION CALIFORNIA

Appendix G:

Budget for Policy & Advocacy Engagement Project (Jan – Sept 2019)

FIXED	**1 UNIT**	**UNITS**	**Sub TOTAL**	
Executive Assistant	$22.50/hr.	9 months (20hr/month)	$4,050	
Executive Director	$58/hr.	9 months (40hr/month)	$20,880	
Website	$116/month	9 months	$1,044	
ASSUMED	**1 UNIT**	**UNITS**	**Sub TOTAL**	
Reels Coordinator	$40/hr.	24 hrs. (8 hrs./month x 3 months)	$960	
Lobbyist	$150/hr.	9 hrs. (1hr. x 9 months)	$1,350	
Webmaster	$50.hr.	36 hrs. (6hr./month x 6 months)	$1,800	
			TOTAL	
			$30,084.00	

AMERICAN NURSES ASSOCIATION CALIFORNIA

Appendix H:

Cost benefit Analysis for Policy & Advocacy Engagement Project

BENEFITS: 2019-2020	**Per month**	**Per Year**	**Revenue**
Member Attrition/month	-200/month	-2,400/year x $87 (membership dues)	-$208,800.00/year
Lowered member attrition (*Post intervention*)	-160/month	-1,920/year x $87 (membership dues)	-$167,040.00/year
20% decrease in member attrition	**+40 members**	**+480 members x $87 (membership dues)**	**Savings/Cost Avoidance:** **+$41,760.00**
COST 2019-2020			**Total**
Policy toolkit			**-$30,084.00**
BENEFIT-to-COST RATIO (BCR)	Benefit of the project (Savings/Cost Avoidance))	Cost of the project	**BCR**
Benefit /Cost	$41,760.00	$30,084.00	**1.39 (+ BCR)**
Project 2020-2021: **30%** decrease in member attrition	**+60 members**	**+720 members x $87 (membership dues)**	**Savings/Cost Avoidance:** **+$62,640.00**

Appendix I: Responsibility/Communication Matrix

Appendix I						
COMMUNICATION	**PURPOSE**	**MEDIUM**	**FREQUENCY**	**AUDIENCE**	**OWNER**	**DELIVERABLE**
ANA\C Work Team	Project, Review Objectives & Goals	In person	Once	Project work team	Project leader	Project understanding/ Benchmarks /Roles /Goals
Project Team Meetings	Review status of project/deliverables	ZOOM/In Person/ Conference calls	Bi-weekly	Project work team	Project leader	Project pogress/ Goals for next 2 weeks/ Benchmarks achieved
PPAT development on ANA\C wesbite	Discuss, review design problems and solutions	In-person /ZOOM /or Conference call	When needed	ANA\C webmaster Project leader	Project leader	Active PPAT website link, targeted communications
Monthly Progress Meetings	Updates, presentation Project schedule	Updates, presentation Project schedule	Updates, presentation Project schedule	Project work team	Project leader	Project pogress/ Goals for next month/ Benchmarks achieved
DNP Project Status Reports	Overall Project Reports Project schedule /Budget	Practicum logs, consulation with DNP project chair	Once a month	USF School of Nursing and Health Professions/ DNP Chair / ANA|C BOD	Project leader	Overall Practicum logs, Project schedule, budget/ Report to ANA\C BOD

AMERICAN NURSES ASSOCIATION CALIFORNIA

Appendix J: Work Breakdown Structure

Work Breakdown Structure (WBS)

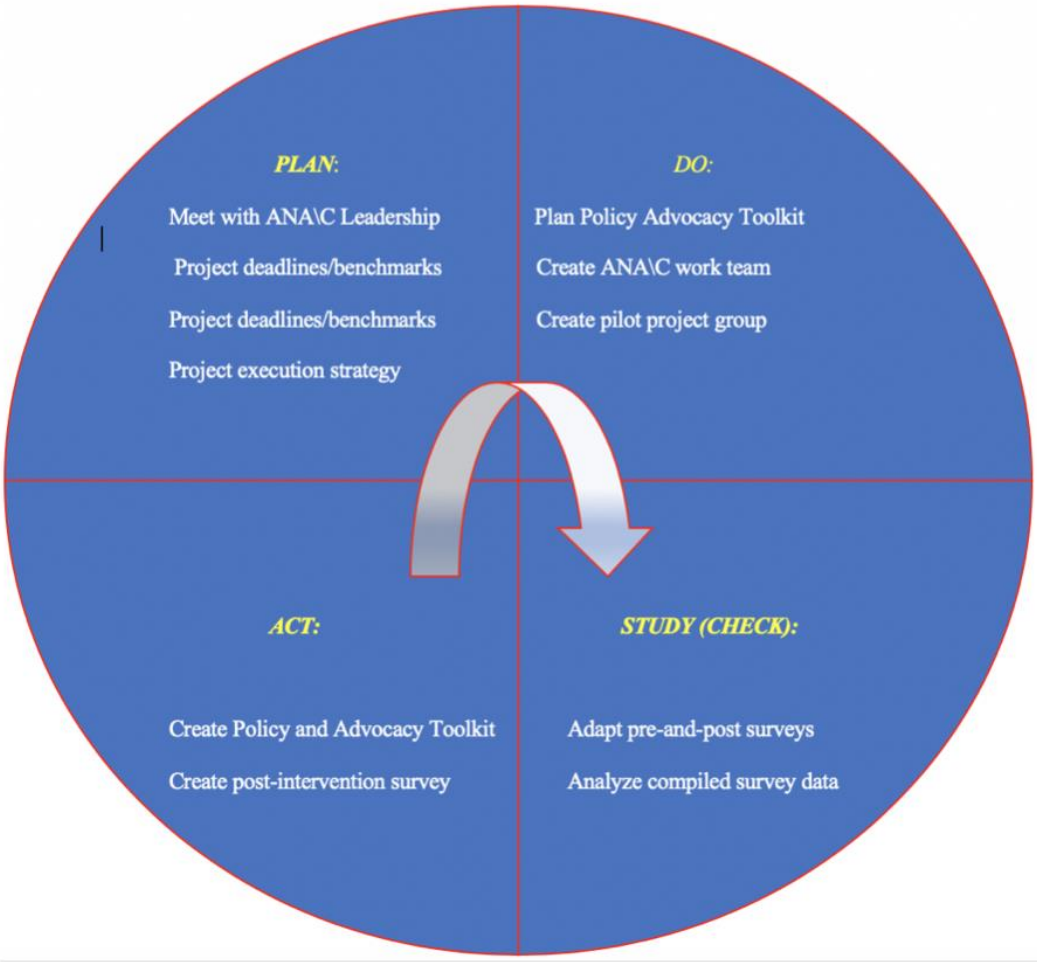
Level 1	Level 2	Level 3
Policy Advocacy Project	INITIATION 1.1	1.1.1 Needs assessment
		1.1.2 Project deadlines/benchmarks
		1.1.3 Review P2A plan
		1.1.4 Final approval from ANA\C BOD
	PLANNING 1.2	1.2.1 Establishment of ANA\C workgroup
		1.2.2 Project start-up meeting (ZOOM)
		1.2.3 Review of project deliverables/goals
		1.2.4 RN Day 2019 overview
		1.2.5 DNP Panel approval
	IMPLEMENTATION 1.3	1.3.1 ANA\C workgroup meeting w P2A
		1.3.2 P2A platform validation/ sample test
		1.3.3 P2A campaign designs
		1.3.4 Pre-Assessment survey
		1.3.5 P2A campaign distribution
		1.3.6 Post-Assessment survey
	OVERSIGHT 1.4	1.4.1 Project goals management
		1.4.2 Workgroup deliverables
		1.4.3 Reporting to ANA\C BOD
		1.4.4 Reporting to DNP Panel
	FINALIZATION 1.5	1.5.1 Review project goals w workgroup
		1.5.2 Project data management
		1.5.3 Project data analysis
		1.5.4 Project final report
		1.5.5 Review of findings w ANA\C BOD
		1.5.6 Report findings to DNP Panel

AMERICAN NURSES ASSOCIATION CALIFORNIA

Appendix K:

Policy & Advocacy Engagement Improvement Project

PDS(C)A Plan: Plan - Do - Study (Check) - Act



Appendix L: ANA\C Public Policy Agenda (2017)

AMERICAN NURSES ASSOCIATION CALIFORNIA

ANA\C PUBLIC POLICY AGENDA

Quality Care • Quality Nurses • Quality Profession • Quality Experience

Quality CARE • Assure all Californians have **access** to quality care, including women's health, mental health, chronic care management and medications. • Assure all California **RNs** have access to resources necessary to provide safe competent appropriate timely patient care. • Assure the importance of **Community Health/ Primary** Care in nursing education and nursing practice.	**Quality NURSES** • Safeguard the ability of registered nurses to practice to **Full Practice Authority.** • Improve access to nursing **education** & nursing programs: increase the number of *Bachelor, Master* & *Doctorate* prepared nurses (*2010 FON Report*) ***and advance the overall academic progression.*** • Increase the number of appropriately credentialed and adequately paid Part/Full Time **nursing faculty**.
Quality PROFESSION • Foster **safe** workplace environment that attracts + retains RNs & engender professional satisfaction of an integrated profession. • Endeavor to create cooperative workplace • Safeguard CA Board of Registered Nursing **(BRN)** as the only independent entity licensing and regulating nursing in CA.	**Quality EXPERIENCE** • Endeavor to **engage** patients in the coordination of their health decision-making. • **Foster** patient-centered care planning. • Employ & advance **inter/intra-disciplinary** approach to coordination of care. • Advance **minority** leadership, make **nursing leadership visible** & **indispensable** (in the industry, community, health, illness) serving as a **resource** for clients' complex healthcare needs; advance leadership by ***Nurses on Boards*** initiative (nurses running for elected offices, boards, school boards, local offices).

1121 L Street, Suite 406, Sacramento CA 95814 E: anac@anacalifornia.org O: (916) 346-4590

Appendix M-1: Public Policy and Advocacy Toolkit

AMERICAN NURSES ASSOCIATION
CALIFORNIA

Member

Home | About ANA\C | For Members | Events | Legislative | Key Issues | Publicatio

Public Policy and Advocacy Toolkit

Please follow the steps listed below. You will be asked to take a short survey to assess your current knowledge and confidence with nursing-related public policy. After taking the survey, please review the resources in the toolkit. You will be asked to take the survey a second time to assess gained knowledge and confidence with nursing-related public policy.

Your participation will contribute to an Executive Leadership DNP project examining the role of a nurse in policy development and advocacy.

All 3 steps must be completed for validation of evidence based practice. This process will take approximately one hour. You will receive one entry for a drawing for a $75 gift card for your participation upon completion of all 3 steps.

Step 1: Take this pre-intervention survey

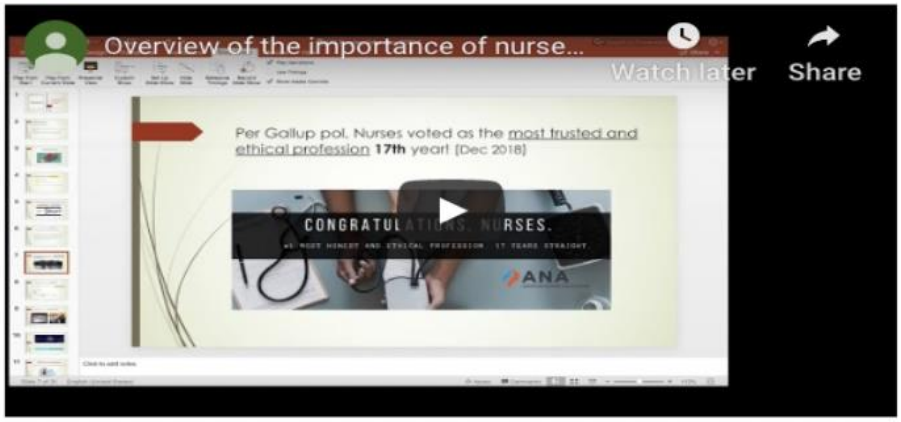
Pre-intervention policy toolkit survey

Step 2: View policy toolkit and resources

Welcome to the PPAT

Appendix M-2: Cont. Public Policy and Advocacy Toolkit

Overview: The Role of a Nurse in Policy and Advocacy



General Advocacy

Digital advocacy in action: Sign the #EndNurseAbuse petition

By adding your name to the national petition, you become an active member of the ANA - ANA\C Advocacy Network.

Click here to advocate on a pressing national issue that affects all nurses. Let legislators know enough is enough. This is an issue specific and user-friendly to grassroots advocacy.

ANA #EndNurseAbuse Resources

Click here to access more #EndNurseAbuse resources, such as the *#EndNurseAbuse Pocket Card* and the *#EndNurseAbuse Issue Brief*.

Appendix M-3: Cont. Public Policy and Advocacy Toolkit

Why it Should Matter to You

How to communicate with your legislator

(With permission from Roxanne Gould, ANA\C contract lobbyist)

Showcasing the importance of cooperation and collaboration between nursing organizations, with our thanks to ACNL's BJ Bartleson and Marlena Montgomery

BJ Bartleson on Legislative Advocacy

Marlena Montgomery on the Legislation Cycle

Step 3: Take the post-intervention survey

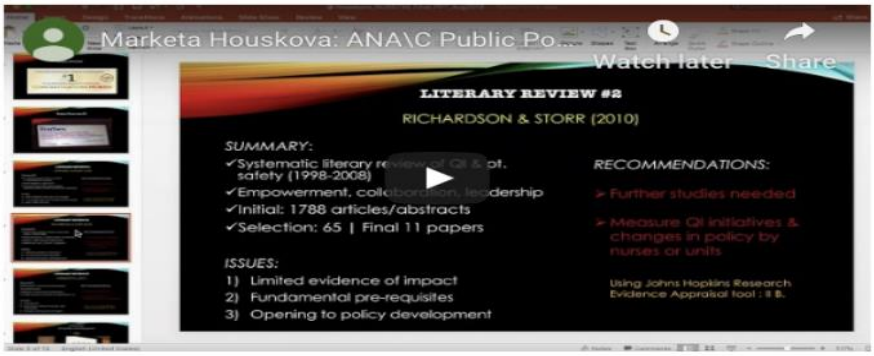
Post-intervention policy tool kit survey

Appendix M-4: Cont. Public Policy and Advocacy Toolkit

Additional Resources

The following are optional resources that may be helpful if you wish to become more involved in public policy. You may view them after you have completed all three steps.

Evidence-Based Project DNP



Why Nurses Should Get Involved

The Role of Nurses in Shaping Healthcare Policy

The Nurse's Growing Role in Media

RN Elected to Legislature Shares Her Insights

How to Get Involved

The Legislative Process: A Citizen's Guide to Participation

ANA Government Affairs Brochure

California Women Lead Pamphlet

How to Apply for Political Appointments

How a Bill Moves Through the Legislative Process

Life Cycle of a Bill

How a Bill Becomes a Law

How a Bill Moves Through the Appropriations Process **(Used with permission from Laurel Rosenhall of CALmatters)**

Appendix M-5: Cont. Public Policy and Advocacy Toolkit

Quick Tips

Tips for Nurses Considering Media Opportunities

Tips for Nurses on Social Media

ANA\C Resources

ANA\C Fact Sheet

ANA\C Advocacy Day flyer

ANA\C Year of Advocacy flyer

ANA\C Public Policy Agenda

Sample of 2019 Letter of Support for AB 890 (Wood) Nurse practitioners full practice authority

Sample of 2017 Letter of Opposition to SB 349 (Lara) Mandated staffing ratios for dialysis clinics

California State Legislature Resources

California State Assembly

Assembly District Map

California State Senate

Senate District Map

Governmental Resource Directory

ANA Resources

ANA Website

Please sign up for RNAction (ANA's policy advocacy center)

Guide to the Code of Ethics for Nurses with Interpretive Statements (2015)

ANA Code of Ethics (a pocket guide)

Nursing Scope and Standards of Practice (a pocket guide)

Appendix N: PPAT Pre and Post Intervention Surveys

Public Policy and Advocacy Toolkit

Please follow the steps listed below. You will be asked to take a short survey to assess your current knowledge and confidence with nursing-related public policy. After taking the survey, please review the resources in the toolkit. You will be asked to take the survey a second time to assess gained knowledge and confidence with nursing-related public policy.

Your participation will contribute to an Executive Leadership DNP project examining the role of a nurse in policy development and advocacy.

All 3 steps must be completed for validation of evidence based practice. This process will take approximately one hour. You will receive one entry for a drawing for a $75 gift card for your participation upon completion of all 3 steps.

Step 1: Take this pre-intervention survey

Pre-intervention policy toolkit survey

Step 2: View policy toolkit and resources

How to communicate with your legislator

(With permission from Roxanne Gould, ANA\C contract lobbyist)

Showcasing the importance of cooperation and collaboration between nursing organizations, with our thanks to ACNL's BJ Bartleson and Marlena Montgomery

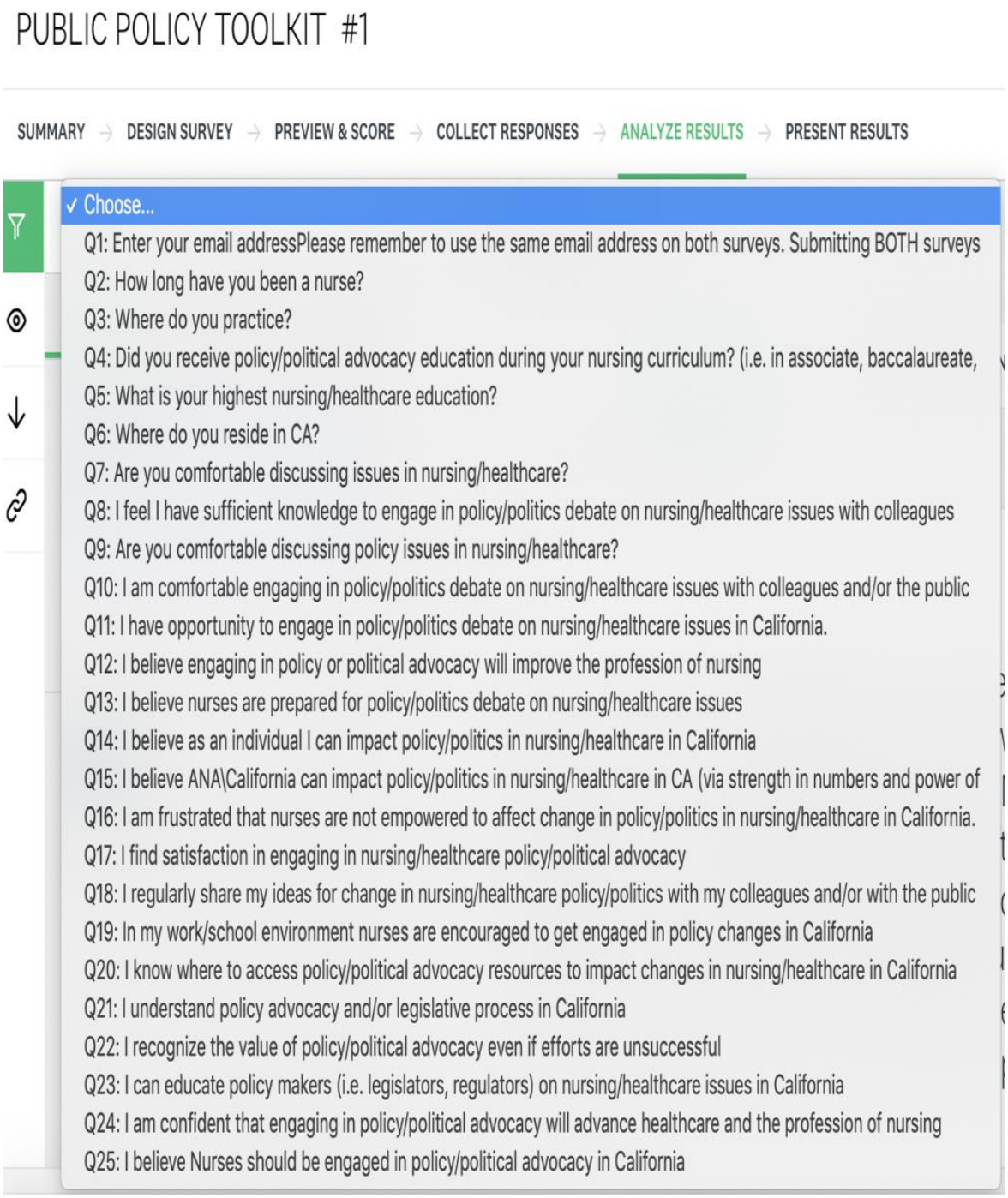
BJ Bartleson on Legislative Advocacy

Marlena Montgomery on the Legislation Cycle

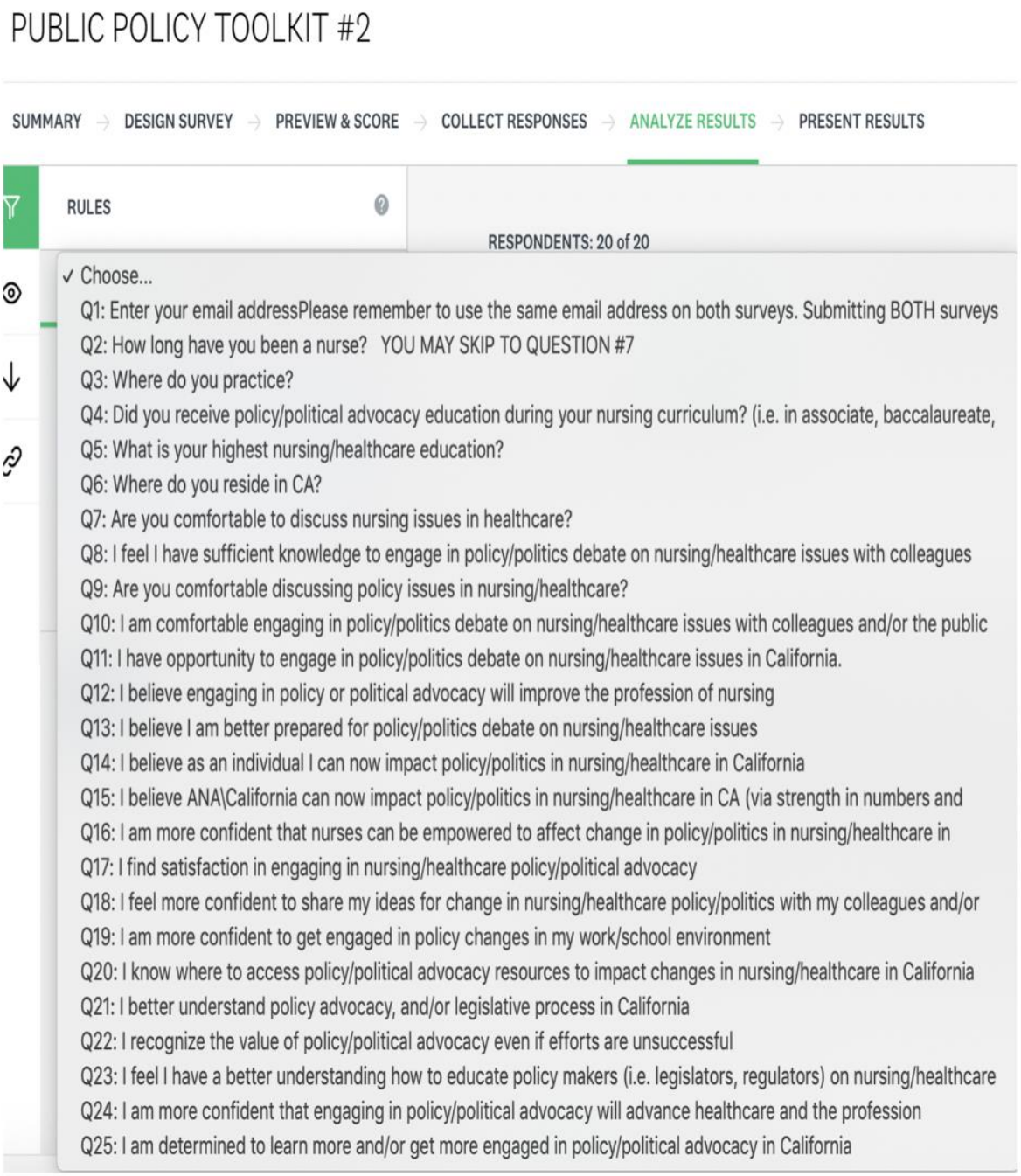
Step 3: Take the post-intervention survey

Post-intervention policy tool kit survey

Appendix O: Survey #1 Pre-Intervention Questionnaire



Appendix P: Survey #2 - Post-Intervention Questionnaire



Appendix Q: Initial Communication with the Pilot Project Group

AMERICAN NURSES ASSOCIATION
CALIFORNIA

Dear ,

As the Executive Director of a statewide professional nursing association that operates in the arena of California policy and politics, I am focused on increasing ANA\C's policy influence, strengthening ANA\C's political imprint, and advancing the profession of nursing. For my DNP evidence-based project I chose to focus on increasing knowledge and awareness of **the role of a nurse in policy development and political process**. The fact is, nurses are not as involved in policy and politics as they should be and lack of access to reliable materials was identified as one of the biggest barriers.

I created this *Public Policy & Advocacy Toolkit (PPAT)* in order to bring information about policy, political process, and how nurses can get involved closer to you. This is a special DNP pilot project where I am asking for your assistance with gathering evidence that will determine future nursing practice. After all, the ANA *Code of Ethics* clearly states the importance of advocacy in professional nursing and learning from the PPAT can be the first step.

Access the *Invitation-Only* PPAT here

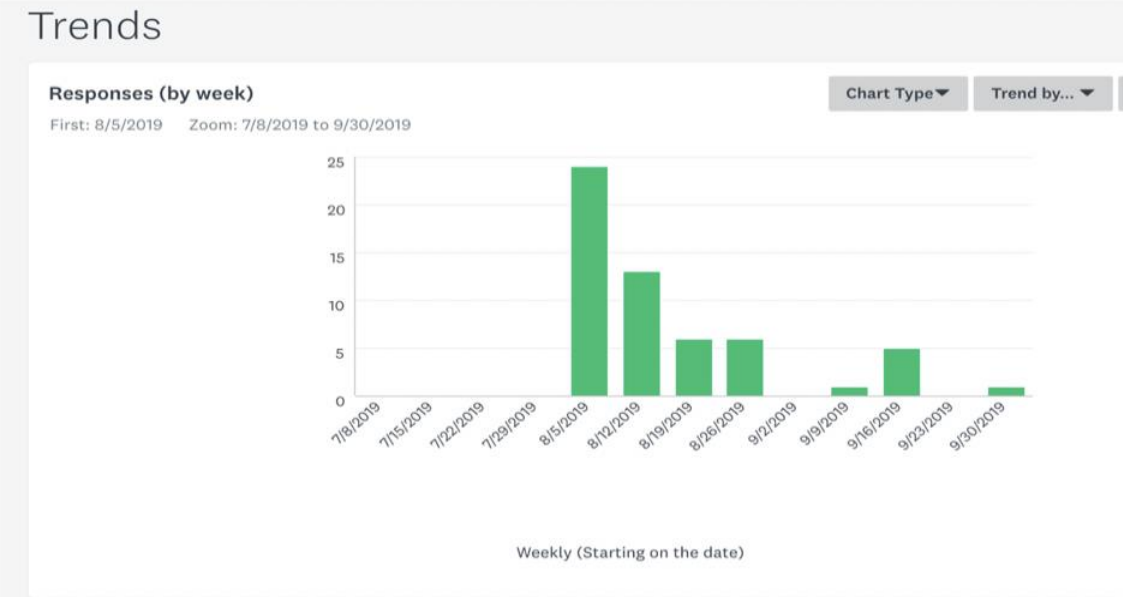
From the bottom of my heart, THANK YOU for your time, interest and dedication to the profession of nursing.

The deadline for PPAT completion is Aug 31, 2019. Please let me know if you need an extension.

Sincerely,

Marketa Houskova, MAIA, BA, RN
Executive Director
ANA\California
USF DNP Class of 2019

Appendix R: Survey Responses by Date



Page 1: PRE-INTERVENTION SURVEY

Page 1: POST-INTERVENTION SURVEY

Appendix S: Question 8

Q8

Customize

I feel I have sufficient knowledge to engage in policy/politics debate on nursing/healthcare issues wit colleagues and/or the public

Answered: 56 Skipped: 0

ANSWER CHOICES	RESPONSES
Yes	33.93%
Overall NO	66.07%

I feel I have sufficient knowledge to engage in policy/politics debate on nursing/healthcare issues wit colleagues and/or the public

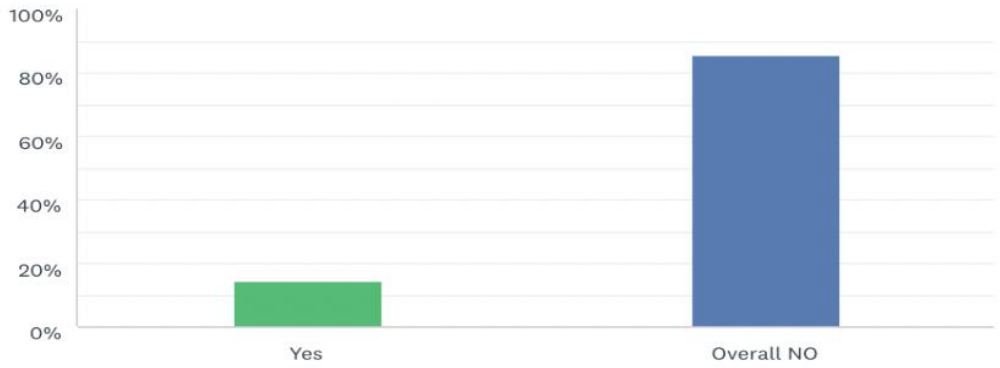
Answered: 20 Skipped: 0

ANSWER CHOICES	RESPONSES
Yes	70.00%
Overall NO	30.00%

Appendix T: Question 13

I believe nurses are prepared for policy/politics debate nursing/healthcare issues

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	14.29%
Overall NO	85.71%

I believe I am better prepared for policy/politics debate nursing/healthcare issues

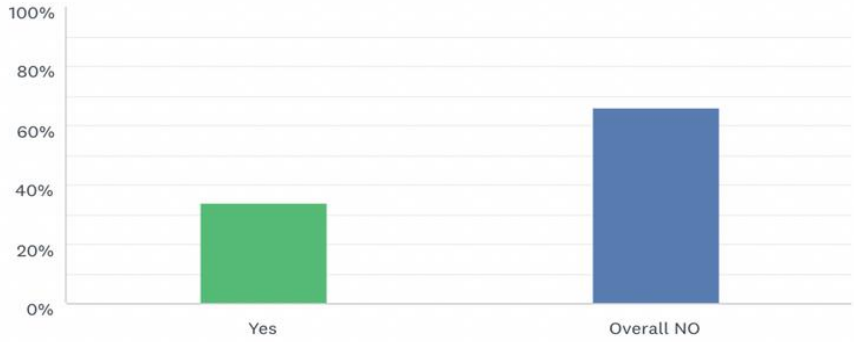
Answered: 20 Skipped: 0

ANSWER CHOICES	RESPONSES
Yes	80.00%
No	20.00%

Appendix U: Question 20

I know where to access policy/political advocacy resources to impact changes in nursing/healthcare in California

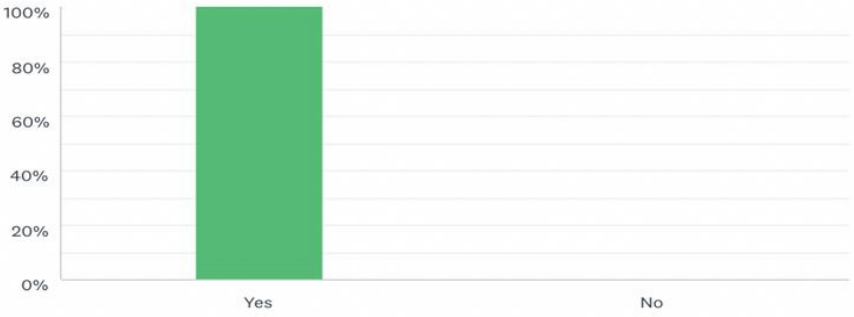
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	33.93%
Overall NO	66.07%

I know where to access policy/political advocacy resources to impact changes in nursing/healthcare in California

Answered: 20 Skipped: 0

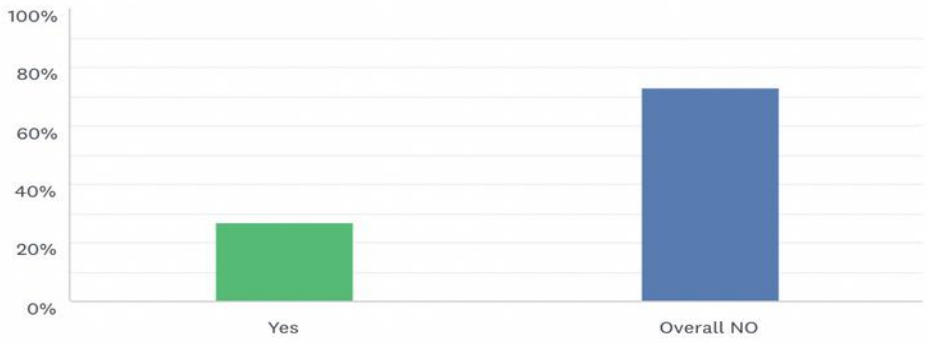


ANSWER CHOICES	RESPONSES
Yes	100.00%
No	0.00%

Appendix V: Question 21

I understand policy advocacy and/or legislative process in California

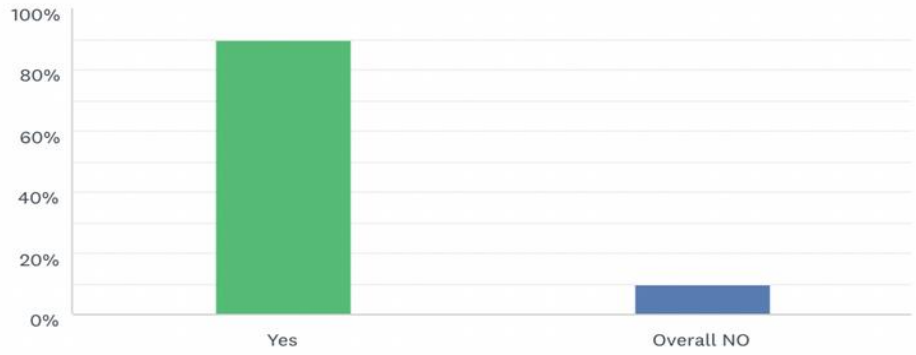
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	26.79%
Overall NO	73.21%

I better understand policy advocacy, and/or legislative process California

Answered: 20 Skipped: 0

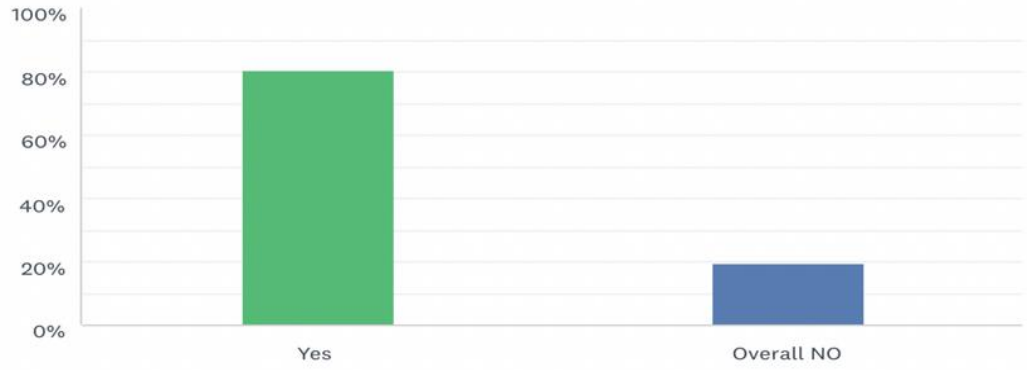


ANSWER CHOICES	RESPONSES
Yes	90.00%
Overall NO	10.00%

Appendix W: Question 22

I recognize the value of policy/political advocacy even i efforts are unsuccessful

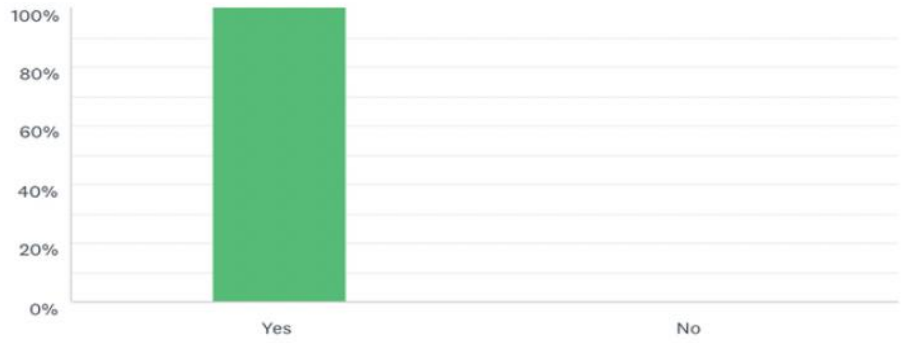
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	80.36%
Overall NO	19.64%

I recognize the value of policy/political advocacy even if efforts unsuccessful

Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	100.00%
No	0.00%

Appendix Y: Question 23

I can educate policy makers (i.e. legislators, regulators) nursing/healthcare issues in California

Answered: 56 Skipped: 0

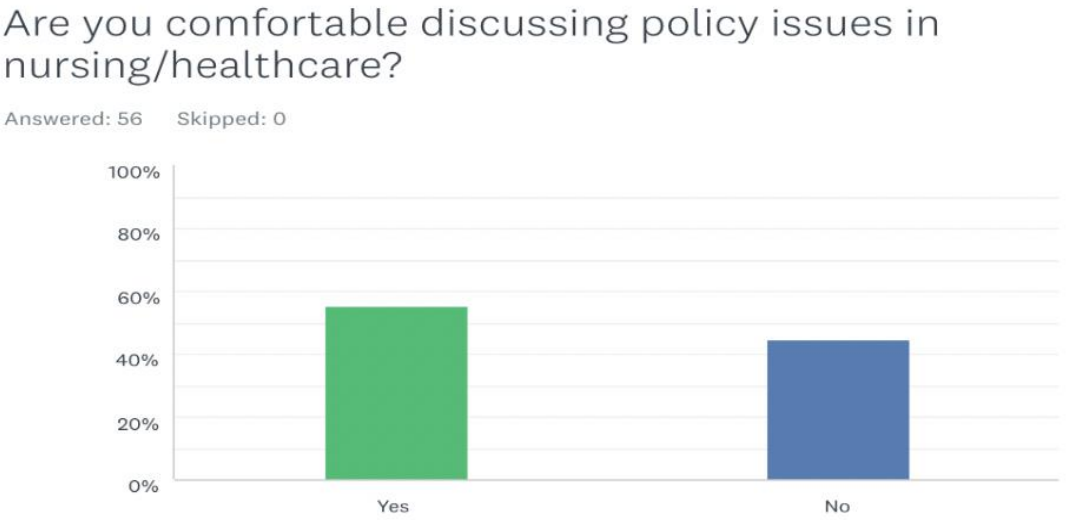
ANSWER CHOICES	RESPONSES
Yes	46.43%
Overall NO	53.57%

I feel I have a better understanding how to educate policy r (i.e. legislators, regulators) on nursing/healthcare issues in California

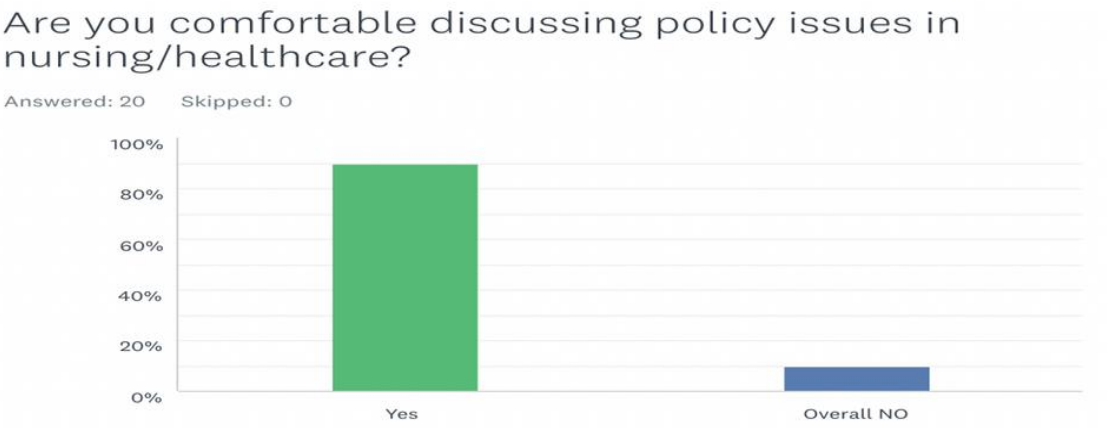
Answered: 20 Skipped: 0

ANSWER CHOICES	RESPONSES
Yes	90.00%
Overall NO	10.00%

Appendix Z: Question 9



ANSWER CHOICES	RESPONSES
Yes	55.36%
No	44.64%

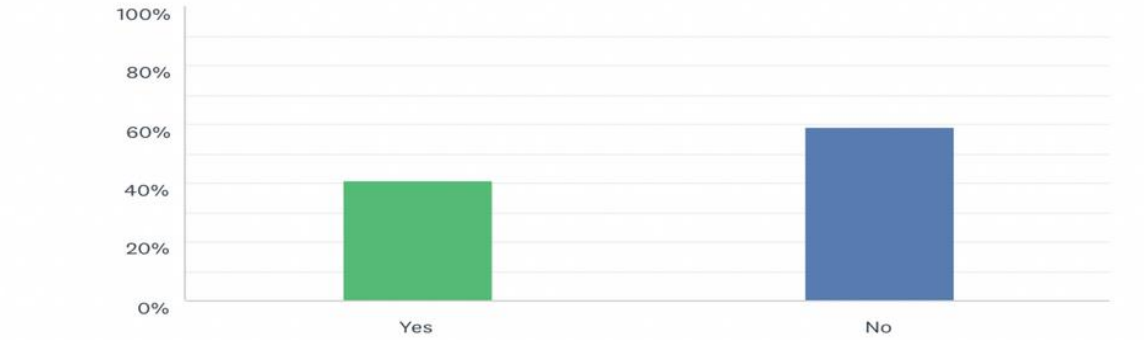


ANSWER CHOICES	RESPONSES
Yes	90.00%
Overall NO	10.00%

Appendix AA: Question 10

I am comfortable engaging in policy/politics debate on nursing/healthcare issues with colleagues and/or the public

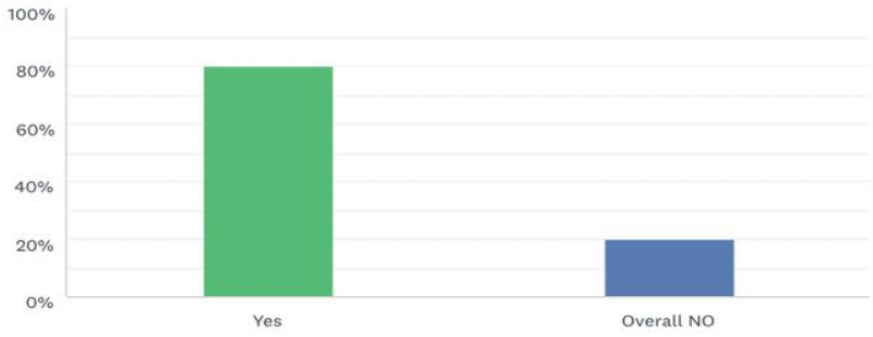
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	41.07%
No	58.93%

I am comfortable engaging in policy/politics debate on nursing/healthcare issues with colleagues and/or the public

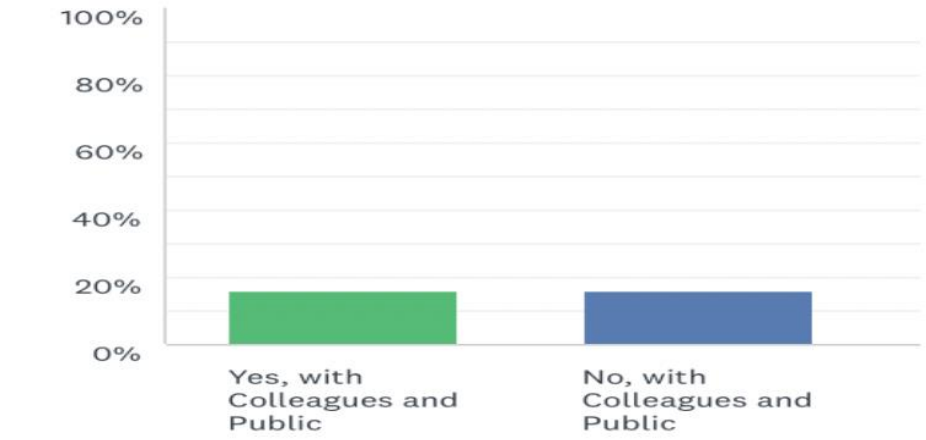
Answered: 20 Skipped: 0



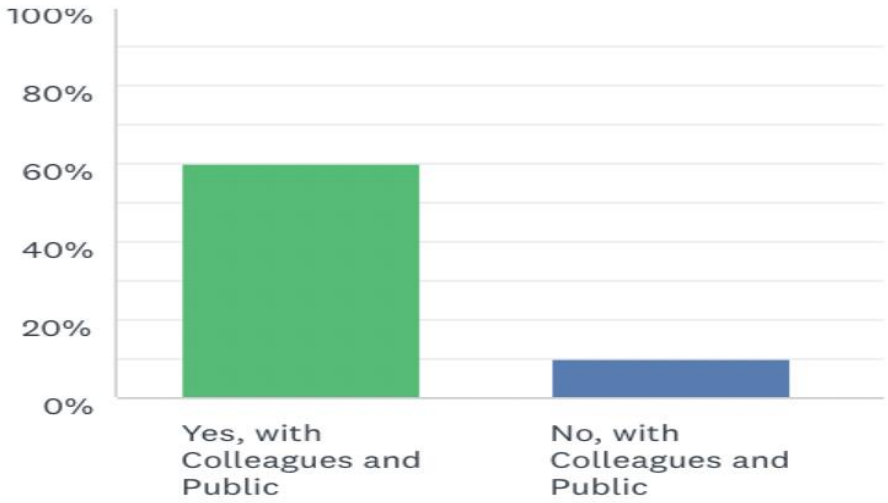
ANSWER CHOICES	RESPONSES
Yes	80.00%
Overall NO	20.00%

Appendix BB: Question 18

I regularly share my ideas for change in nursing/healthcare policy/politics with my colleagues and/or with the public



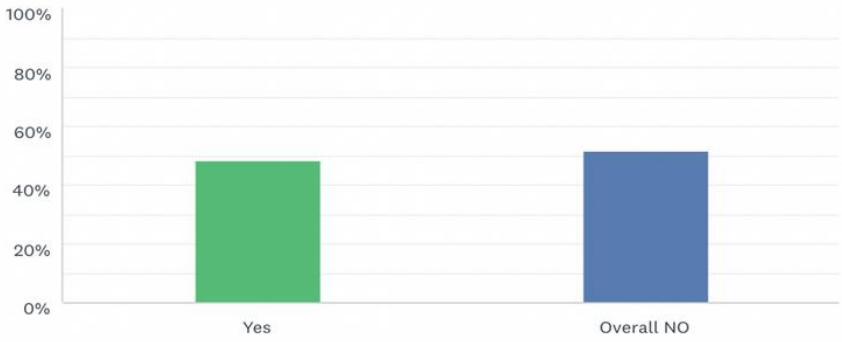
I feel more confident to share my ideas for change in nursing/healthcare policy/politics with my colleagues and/or with the public



Appendix CC: Question 19

In my work/school environment nurses are encouraged to get engaged in policy changes in California

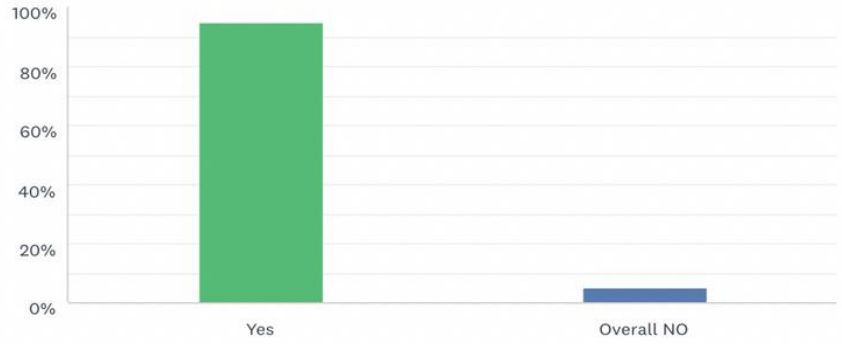
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	48.21%
Overall NO	51.79%

I am more confident to get engaged in policy changes in my work/school environment

Answered: 20 Skipped: 0

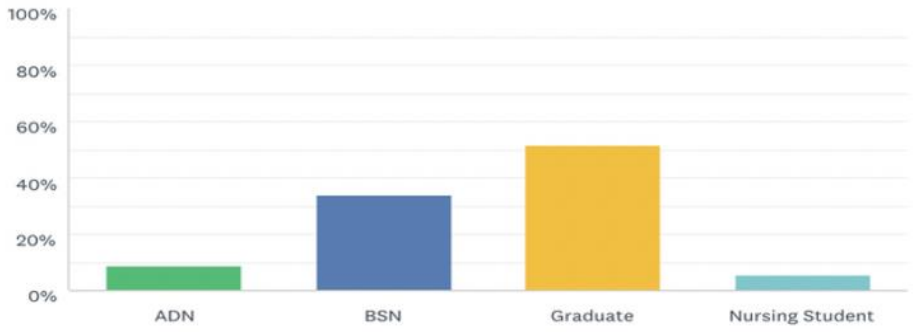


ANSWER CHOICES	RESPONSES
Yes	95.00%
Overall NO	5.00%

Appendix DD: Questions 4 and 5

What is your highest nursing/healthcare education?

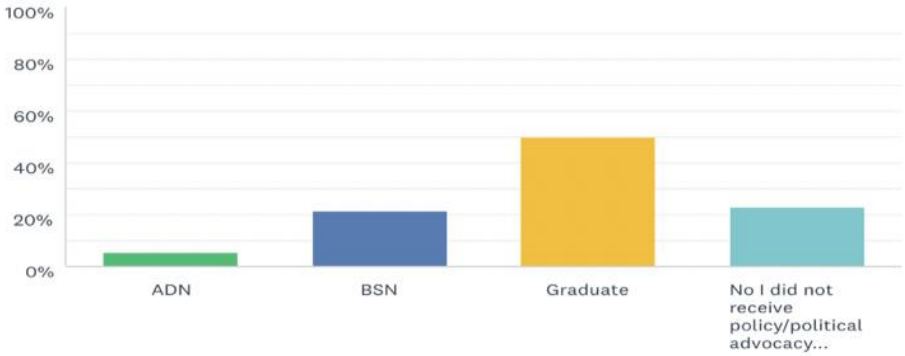
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
ADN	8.93%
BSN	33.93%
Graduate	51.79%
Nursing Student	5.36%

Did you receive policy/political advocacy education during you nursing curriculum? (i.e. in associate, baccalaureate, masters, doctoral degree programs)

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
ADN	5.36%
BSN	21.43%
Graduate	50.00%
No I did not receive policy/political advocacy education	23.21%