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Abstract

Political astuteness, including awareness, knowledge, and involvement, is necessary if nurses are to engage in policy advocacy—a vital aspect of the nursing profession. However, little is known about the effects of learning activities, such as legislative days, on political astuteness. The purpose of this research was to determine if political astuteness changed after participants attended a state nurse legislative day. Pre and post data were collected from participants in two studies ($N = 80$ and $N = 34$) using the Political Astuteness Inventory (PAI). Political astuteness scores were significantly higher after participants attended legislative day as compared to before. Age and educational rank were positively correlated with political astuteness. Experiential activities such as attending nurse legislative days that offer opportunities to learn policy advocacy skills can enhance knowledge of and participation in the policy process.

Keywords

political astuteness, nurse legislative days, political competence, political knowledge, political participation, policy advocacy

Ample evidence exists that nurses have a societal mission to advocate for the profession and the public's health (American Nurses Association, 2010; Institute of Medicine, 2011). Also, because of the need to speak out about the social determinants of health and health inequities, advocacy in public policy arenas such as the environment, social welfare, education, housing, and transportation, is equally important (Bekemeier, 2008). In fact, Falk-Rafael (2005) described the need to address social structures through political involvement as a means to achieve social justice, and called it an “expression of caring” (p. 213). Whitehead (2010) argued that influencing health policy and political involvement is a form of community and population-level health promotion. Furthermore, throughout nursing history, there are examples of nurses' and professional organizations' effectiveness in promoting patient and population-level health by influencing organizational, legislative, and regulatory policy (Ballou, 2000; Matthews, 2012; Selanders & Crane, 2012).

Knowledge about the policy process and active participation in local, state, and national political arenas are necessary for nurses to be successful in influencing policy and legislative decisions. In their “essentials series,” the American Academy of Colleges of Nursing (AACN) notes the importance of policy advocacy at the baccalaureate (AACN, 2008), master's (AACN, 2011), and advanced practice doctoral (AACN, 2006) levels of nursing education. In addition, professional nursing organizations including the International Council of Nurses have guidelines on shaping effective health policy (Benton, 2012; International Council of Nurses, 2005). Despite agreement that nurses should participate in

the health policy process, experts note most nurses are not involved, primarily due to a lack of knowledge and skill (Taft & Nanna, 2008). In order to increase nurses' influence in the policy process, a collective effort among nursing educators and professional organizations is needed (Spenceley, Reutter, & Allen, 2006).

Nationally, the American Nurses Association (ANA) provides advocacy training and holds a lobby day in Washington, DC (American Nurses Association, 2012). Activities include briefings about current bills and issues, talking points on the issues, and basic information about lobbying. ANA has also developed a virtual lobbying component that facilitates participation from nurses who are unable to travel to Washington, DC. ANA's website provides an “activist toolkit” and eAdvocacy Center, including how to contact members of Congress. State nursing associations also hold legislative days to provide both educational and experiential activities about how to influence the legislative process through political advocacy (Capitol Update, 2010). Agendas typically include information about the legislative process, how to be an effective advocate, strategies on providing testimony, current legislative issues relevant to nursing, and opportunities

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to meet with elected officials to advance the current policy agenda. These types of public policy learning activities can foster values and beliefs about the importance of advocacy as well as socialization into this aspect of nursing leadership (Abood, 2007; Fyffe, 2009; Taft & Nanna, 2008). However, there are few studies in the literature about the effectiveness of these activities on nurses' knowledge about legislative and policy processes and advocacy skills.

Literature Review

Political astuteness, factors that influence nurses' involvement in policy advocacy, barriers to involvement in political participation, and strategies to enhance the knowledge and skills needed to influence the policy process are described next. The concept of political astuteness includes awareness of health policy issues, an understanding of the legislative and policy process, political knowledge and skills such as knowing who policy makers are and how to communicate with them, and involvement in the political process, including voting, providing testimony, contributing to political campaigns, and participating in professional groups (Byrd et al., 2012; Primomo, 2007). Multiple terms are used in the literature to refer to the broad concept of political astuteness and an in-depth discussion is beyond the scope of this article. Similar terms used in the literature include political involvement (Boswell, Cannon, & Miller, 2005; Conger & Johnson, 2000; Winter & Lockhart, 1997), political or civic engagement (Gehrke, 2008), and political efficacy (Cramer, 2002). Political participation includes "voting, campaigning, attending rallies, volunteering, contacting elected officials, working with others on local problems or issues, and being a member of nursing or nonnursing organizations that take stands on political issues" (Vandenhouten, Malakar, Kubsch, Block, & Gallagher-Lepak, 2011, p. 161). Political competence refers to the assessment of issues, problem solving, interpersonal relationships aimed to influence policy makers, communication, consensus building, and strategic planning (Deschaine & Schaffer, 2003; Warner, 2003). Spenceley et al. (2006) defined policy advocacy as ". . . knowledge-based action intended to improve health by influencing system-level decisions" (p. 184).

Factors That Facilitate Nurses' Involvement in Policy Advocacy

Although there is not an agreed upon concept or term to refer to nurses' knowledge of and involvement in policy advocacy, there is a growing body of research that describes nurses' political participation. Factors associated with nurses' political involvement include family influences, role models, and exposure to political involvement through nursing education or professional organizations (Deschaine & Schaffer, 2003; Gebbie, Wakefield, & Kerfoot, 2000; Winter & Lockhart, 1997). Other factors that influence political

participation include linkages to advocacy networks that may enhance nurses' motivation, perceived efficacy of advocacy actions, and opportunities to become involved in the political arena (Cramer, 2002). Nurses who were involved in policy had political skills, information and education about policy change (Oden, Price, Alteneader, Boardley, & Ukokudom, 2000), an interest in health policy, and felt their participation would make a difference in the health of the public (Oden et al., 2000; Wilson, 2002). Similarly, in a recent study, psychological engagement (political interest, efficacy, knowledge, partisanship, family influences), resources (time, money, civic skills) and recruitment networks influenced political participation (Vandenhouten et al., 2011). Demographic factors associated with involvement in public policy include increased age (Hanley, 1987; Oden, Price, Alteneader, Broadley, & Ukokudom, 2000; Vandenhouten et al., 2011), higher educational levels, and years as a registered nurse (RN; Oden et al., 2000; Vandenhouten et al., 2011).

Nurses who engaged in political action used their expert knowledge, as well as persuasion, networking, collaboration, and communication skills to persuade policy makers on issues (Warner, 2003). They viewed political action as part of their identity and professional role, and found it to be an empowering experience (Gosselin-Acomb, Schneider, Clough & Veenstra, 2007; Oden et al., 2000; Winter & Lockhart, 1997). Nurses have influenced policy at multiple levels (patient, organizational, and system or strategic levels of care), yet fewer efforts are made to influence policy at the national versus regional level (Kunaviktikul et al., 2010; McKeown & Gibson, 2007). The most common public policy activities nurses engage in are voting (Byrd et al., 2012; Chan & Cheng, 1999; Oden et al., 2000; Primomo, 2007), contacting public officials, and giving money to campaigns (Oden et al., 2000).

Barriers to Political Participation

Barriers to political advocacy include unfamiliarity with issues, lack of knowledge regarding legislative processes, unawareness of advocacy resources, time constraints, multiple role demands, and insufficient socialization for policy-oriented roles (Cramer, 2002; Gosselin-Acomb et al., 2007; Oden et al., 2000; Winter & Lockhart, 1997). Other barriers include heavy workloads, gender issues, limited involvement in professional nursing organizations, and minimal content on political activism in nursing curricula (Boswell et al., 2005). A lack of confidence and belief that political involvement can make a difference are other barriers (Chan & Cheng, 1999).

Strategies to Enhance Political Astuteness

There is a small yet growing body of knowledge about strategies that can increase nurses' knowledge about advocacy and

engagement in the policy process. Efforts to enhance nursing advocacy are reported by academic institutions as well professional organizations. Russell & Fawcett (2005) delineated a conceptual model for nursing and health policy that is guiding policy-oriented research and doctoral education. In addition, advanced training including intensive fellowships in health policy are helping to develop a cadre of highly competent nursing leaders and researchers who understand policy formation, governmental and legislative processes, health care financing, how to work with stakeholders, and advocacy strategies (Ferguson & Drenkard, 2003; Fyffe, 2009; Hofer, 2006).

Nursing education plays a key role in the process of helping nurses to develop political skills and a sense of personal efficacy in the policy arena (Boswell et al., 2005). Faculty role modeling is a powerful way to enhance socialization and help students to see the connections among professional, political, and personal contexts (Rains & Barton-Kriese, 2001). Academic preparation in health policy and advocacy is increasingly common in nursing curricula (Edgington, Pimlott, & Cobban, 2009; Faulk & Ternus, 2004; Fyffe, 2009; Gehrke, 2008). Levels of political involvement for baccalaureate, master's and doctoral level students (Boswell et al., 2005), and public policy courses for graduate students have been described (Cohen & Milone-Nuzzo, 2001; Conger & Johnson, 2000; Manning & Grosso, 2011). Master's and doctoral programs that prepares advanced practice nurses for both policy and research positions have been developed (Harrington, Crider, Benner, & Malone, 2005). Nannini (2009) described a policy making exercise for nursing students that involved exploration of interest and stakeholder groups' viewpoints on health policy issues. A service-learning project that involved partnering with a population to address the social determinants of health and advocating for healthy public policy was described by O'Brien-Larivée (2011). Magnussen, Itano, & McGuckin (2005) developed a legislative intern program to assist students in gaining experience in legislative advocacy. Anecdotal outcomes of these experiential learning activities included increased knowledge of and involvement in the policy process, and confidence in the advocacy role.

Similarly, other health profession disciplines including dental hygiene (Edgington et al., 2009) and public health (Caira et al., 2003; Hearne, 2008) acknowledge that advocating for health and social policy change is a professional responsibility and recognize the importance of including content on policy and advocacy in their curricula. Participation in a political advocacy courses for pharmacy students enhanced awareness of health-related legislation and students' interest in being involved in professional organizations that support the profession (Blake & Powell, 2011; Krueger, Russell, & Bischoff, 2011). While there are many descriptions in the literature about courses and experiential learning activities in health policy, systematic investigation into the outcomes are less common (Byrd et al., 2012).

Academic courses and experiential learning activities in health policy and advocacy have been studied and are effective strategies to help students acquire policy knowledge and skills (Reutter & Duncan, 2002). Rains & Carroll (2000) used a pre-post measure of political competence and reported that graduate students significantly increased their political competence after completing a course in health policy. Political knowledge increased more than political skills, political motivation or interest, and understanding of the political context. Primomo (2007) also reported that political astuteness in graduate students was significantly higher following completion of a health systems and policy course (Primomo, 2007). Similar results were reported by Byrd and colleagues (2012) in a sample of Bachelor's in Nursing Science (BSN) students after they completed an active learning experience in health policy. Medical students who participated in a political action day that involved lobbying legislators increased their knowledge of policy making process and health advocacy skills, and were inspired to be involved in governmental policy change (Gill, Gill, Eardley, & Marrie, 2010).

Professional organizations and continuing education in nursing and other health professions can also increase knowledge of and involvement in policy advocacy (Fyffe, 2009; Winter & Lockhart, 1997). Indeed, there are often partnerships among the various sectors such as academia, practice, and professional associations involved in advocacy training (Caira et al., 2003). Strategies to enhance political involvement include continuing education offered by professional organizations about policy issues, civic knowledge, and skills. Vandenhouten et al. (2011) recommended that educational efforts to increase political participation emphasize activities that include all domains of learning, are low cost, and have the potential to reach a large number of nurses. Nurse legislative days held by professional nursing organizations are one such strategy.

The Washington State Nurses Association (WSNA) holds an annual Nurse Legislative Day that includes both educational and experiential activities related to the policy process and political advocacy (Washington State Nurses Association, 2012). The agenda for the 2012 WSNA Nurse Legislative Day included plenary sessions about legislative priorities and presentations from gubernatorial candidates. Concurrent breakout sessions addressed information on the legislative process, how to be an effective advocate, implications of the state budget shortfall, the plight of public health funding and public health nursing, environmental health priorities, advanced practice issues, and running for office. Participants had opportunities to attend public hearings and meet with elected officials. This content is similar to the content described for advocacy training in public health (Caira et al., 2003) and advanced practice nursing (Manning & Grosso, 2011). However, little is known about whether or not participation in legislative day activities increases political knowledge or skills in nurses who partake in experiential learning activities offered by professional associations.

Method and Procedures

The overall purpose of this research was to determine if political astuteness changed after participants attended an organized legislative day. Research questions included: (a) What are the levels of political astuteness in participants before and after participation in nurse legislative day? (b) Is there a difference in political astuteness before and after participation in legislative day? If so, what is the nature of the change? (c) What is the relationship between political astuteness and education, age, and years as a RN? To answer these questions, two cohorts were studied using two slightly different methods based upon the availability and access to potential participants. Study 1 involved a single-time point retrospective survey and Study 2 involved a real time, pre-post data collection method.

Study 1: Retrospective, Before, and After Design

In Study 1, due to an inability to contact participants prior to nurse legislative day to complete the baseline survey, perspectives were captured in a single time point. Therefore, Study 1 used a retrospective before and after design with one data collection time point; respondents were asked to reflect on their current and retrospective political astuteness. At the introductory session of the 2008 WSNA Legislative Day, approximately 400 student nurses and RN's received written information about the study inviting them to participate in a web-based survey 1 month following the event. Approximately 150 people who attended legislative day voluntarily provided their email address so they could receive a web-link and participate in the study 1 month following legislative day. A month following legislative day, the investigator sent an email to the individuals who volunteered to participate in the study that described the study and included the link to the web-survey. A reminder email was sent after 2 weeks, thanking participants if they already responded to the survey and, if they had not yet completed the survey, they were once again provided the web-link and invited to complete it.

Study 2: Real Time, Pre-Post Design

In Study 2, participants were accessible both before and after legislative day for data collection. Therefore, Study 2 used a pre-post design. Participants completed the web-survey twice: once prior to WSNA's 2009 Legislative Day and again 1 month after legislative day. Participants for Study 2 were recruited in several ways: (a) An announcement about the study was placed on the WSNA website in which participants could click on a link and enter their email address in order to receive a link to the survey, (b) An email invitation to participate in the study was sent to deans and directors of colleges of nursing asking them to forward the study information and survey link to faculty and student email distribution lists, and (c) An email invitation was sent directly to

those individuals who registered for legislative day (the list of email addresses was obtained through WSNA). A month prior to the study, the investigator sent an email to the addresses of registrants provided by WSNA and other individuals who entered their address. The email included information about the study and the link to the web-based survey. One month following legislative day, the investigator again sent an email to WSNA registrants, and others who provided an email address, that included the web link asking them to complete the follow-up survey. A final reminder to participate and thank you email was sent 2 weeks later.

Instrument. An adapted, online version the Political Astuteness Inventory (PAI), a 40-item structured inventory, was used (with permission of the author) in both Study 1 and 2 (Clark, 2008). The PAI was updated slightly to include the use of Internet communication and electronic resources, and has been described elsewhere (Primomo, 2007). Sample items on the PAI included: "I voted in the last election" and "I know of at least two issues related to my profession that are currently under discussion at the state or national level." Respondents checked "yes" or "no" for each item. Demographic questions included age, gender, years as a RN, and educational level. Open-ended questions were used to determine what portions of legislative day were most helpful and what changes could be made to improve legislative day. The web-survey took about 15 minutes to complete. Both Study 1 and 2 were anonymous and were approved by the University of Washington Human Subjects Review Board. Consent was implied if the participant completed the web-survey.

As noted, Study 1 used a retrospective before and after design. Participants responded to a two-part question for each item on the PAI. First, they were asked to think back to how they would have responded before legislative day, and second, they were asked how they would respond at the time they completed the survey (following legislative day). In Study 2, participants completed the PAI before (Time 1) and a month after legislative day (Time 2). Study 2 required an anonymous matching of participants' responses at Time 1 and 2. Therefore, zip code, and month and day of birth were collected each time on both surveys. These variables were used to match responses at Time 1 and 2.

Data Analysis. Data were analyzed separately for Study 1 and Study 2 using SPSS. Descriptive statistics were used to describe the demographics of each study sample. To describe respondents' political astuteness, the four levels of political astuteness (Clark, 2008) were calculated by summing the items on the PAI checked "yes" (totally unaware politically; slightly aware of the implications of politics for nursing; shows a beginning political astuteness; and politically astute and an asset to the profession of nursing). In addition, an overall political astuteness score was computed for each participant by summing items that were checked "yes" and descriptive statistics were calculated. Higher scores indicated a greater degree of political astuteness.

Table 1. Demographics.

	Study 1			Study 2		
	<i>n</i>	<i>M (SD)</i>	Range	<i>n</i>	<i>M (SD)</i>	Range
Age	79	39.6 (11.7)	19-71	34	42.0 (12.7)	22-61
Years as RN ^a	61	13.5 (13.7)	0-48	18	20.3 (14.3)	.5-40
	<i>n (%)^b</i>			<i>n (%)^b</i>		
Educational level						
ADN student	32 (42)			12 (35)		
ADN graduate	2 (3)			—		
ADN & BSN student	6 (8)			—		
BSN student	9 (12)			6 (18)		
BSN graduate	6 (8)			4 (12)		
BSN & graduate student	10 (13)			8 (24)		
MN/MSN	10 (13)			4 (12)		
MN/MSN & graduate student	2 (3)			—		
Total	77			34		

Note. RN = Registered Nurses. ADN = Associate Degree in Nursing. BSN = Bachelor's in Nursing Science. MN/MSN = Master's in Nursing/Master's in Nursing Science

^aSome participants were students and not yet RN's.

^b% rounded up.

Internal consistency alpha reliability testing (Cronbach's α) for responses to the PAI in Study 1 was .945 ($n = 65$; how respondents would have answered before attending legislative day), and .877 ($n = 63$; current response after attending legislative day). In Study 2, Cronbach's α ranged from .989 (Time 1, $n = 60$) to .939 (Time 2, $n = 34$), higher than previous studies (Byrd et al., 2012; Primomo, 2007). Paired sample *t*-tests were used to test for significant changes in political astuteness before and after legislative days. In Study 2, only participants who completed the surveys at both Time 1 and 2 were included in the analysis. An item analysis of changes in responses on the PAI before and after attending legislative day was also conducted. A variable for "educational rank" was created by categorizing participants based on their level of education. Participants with more than one educational experience (i.e., BSN graduate and enrolled in a graduate program) were ranked according to their highest current educational experience. Pearson correlations and scatterplots were conducted to explore relationships among age, educational rank, and years as an RN with the political astuteness scores before and after attending legislative day. Finally, an ANOVA was computed to compare the effect of age, educational rank, and years as an RN on the change in political astuteness scores.

Results

Demographics

Age, years as a RN, and educational rank for Study 1 and Study 2 are reported in Table 1. Most participants in Study 1 were female (92%, $n = 73$). All participants in Study 2 were female. The mean age of participants in Study 1 ($n = 79$) was about 40 years and in Study 2 ($n = 34$) the mean age was

42 years. The age of participants was quite diverse with a range of 19 to 71 years in Study 1, and 22 to 61 years in Study 2. Participants in Study 1 ($n = 61$) reported an average of 13.5 years as an RN, fewer than those in Study 2 ($n = 18$) who reported about 20 years of experience.

The educational background of participants ranged from Associate Degree in Nursing (ADN) to master of nursing graduates who were also furthering their education. ADN students accounted for 42% ($n = 32$) of participants in Study 1 and 35% ($n = 12$) in Study 2. The educational ranks of BSN graduate, graduate student, or higher accounted for 37% ($n = 28$) of participants in Study 1 and 48% ($n = 16$) in Study 2. Most of the study participants were students (Study 1, 75%; Study 2, 77 %), and of those, 24% in both studies were licensed RN's as well as students who were continuing their education. It is not known exactly how many students were required to attend legislative day as a course requirement; however, many local schools and colleges of nursing do integrate legislative attendance into their curricula.

Political Astuteness

The first research question addressed the levels of political astuteness in nurses before and after their participation in legislative day. Political astuteness levels in the study samples were calculated as previously described. In both studies, about 25% of the participants were "totally unaware politically" prior to attending legislative day (See Table 2). However, following legislative day, less than 6% of total respondents remained "totally unaware politically." In addition, one third in both studies were "politically astute," the highest category, after legislative day.

Table 2. Levels of Political Astuteness^a Before and After Legislative Day.

	Study 1 (n = 80)		Study 2 (n = 34)	
	Before n (%)	After n (%)	Before n (%)	After n (%)
Totally unaware politically (scores 1-9)	20 (25)	1 (1)	8 (23)	2 (6)
Slightly aware (scores 10-19)	35 (44)	12 (15)	9 (27)	5 (15)
Beginning astuteness (scores 20-29)	14 (17)	41 (51)	8 (23)	13 (38)
Politically astute (scores 30-40)	11 (14)	26 (33)	9 (27)	14 (41)

Note. ^aCategories developed by Clark (2008).

Table 3. Changes in Political Astuteness Pre and Post Legislative Day: Study 1 and Study 2.

	Study 1 (n = 80)				
	Pre	Post	t	df	p*
M (SD)	16.6 (9.8)	26.7 (6.7)	12.8	79	.000
	Study 2 (n = 34)				
	Pre	Post	t	df	p*
M (SD)	19.3 (10.5)	26.7 (8.1)	6.5	33	.000

Note. *Paired sample t-test, 2-tailed.

The second research question examined whether or not there was a difference in political astuteness before and after participation in legislative day. The mean political astuteness scores prior to legislative day were in the category of “slightly aware of the implications of politics for nursing” (Study 1, 16.6; Study 2, 19.3; See Table 3). Following legislative day, the mean score for participants was 26.7, or “shows a beginning political astuteness” in both studies 1 and 2. Paired-samples *t*-tests were conducted to compare political astuteness mean scores before and after legislative day. In both Study 1 and Study 2, there were statistically significant differences in political astuteness scores before and legislative day (See Table 3). Following legislative day, political astuteness scores were higher for participants in both studies as compared to before.

To further explore the differences noted in political astuteness before and after legislative day, the nature of the changes was analyzed. Items from the PAI were ranked based on the number of responses with a positive change. An example of a positive change was “I know which elected officials were supportive of nursing” as a result of attending legislative day. In Study 1, this item ranked highest among those with a positive change, along with “I know of at least two issues related to my profession that are currently under discussion at the state or national level”; “I know whom to contact for information about health-related issues at the state or federal level”; “I know which legislative committees usually deal with health-related issues”; and “I know the process by which a bill is introduced in my state legislature.”

The PAI items most associated with participants who had no change included “being a member of a local, state or

national committee or advisory board to a health organization or agency that addresses health-related issues”; “knowing how to obtain a ballot”; “being registered to vote” or “voting in prior elections”; “writing a letter to the editor of a newspaper on a health-related or nursing issue”; “attending the most recent meeting of a district association or local chapter of a specialty nurses’ association”; and “serving as a resource person for an elected officials or his or her staff.” It should be noted that positive change would not be possible when respondents answered affirmatively to an item prior to legislative day. For example, most respondents were already registered to vote at Time 1 so change would not occur.

Relationships Among Political Astuteness and Age, Educational Rank and Years as an RN

The third research question examined the relationship between political astuteness and education, age, and years as an RN. Pearson product-moment correlation coefficients (2-tailed) were computed to determine if there was a relationship among age, educational rank, or years as a RN and political astuteness scores (See Table 4). In both studies, a positive relationship was found between age and educational rank (Study 1: $n = 80$, $r = .43$, $p < .000$; Study 2: $n = 34$, $r = .43$, $p < .000$), and age and years as an RN (Study 1: $n = 80$, $r = .84$, $p < .000$; Study 2: $n = 34$, $r = .74$, $p < .000$). In Study 1 ($n = 61$), there was a positive correlation between age and political astuteness scores before ($r = .58$, $p < .000$) and after ($r = .53$, $p < .000$) legislative day. Similarly, in Study 2 ($n = 34$), age and political astuteness scores were positively related before ($r = .59$, $p < .000$) and after ($r = .48$, $p = .004$) legislative day. Political astuteness scores were highly correlated before and after legislative day in both studies (Study 1: $n = 80$, $r = .70$, $p < .000$; Study 2: $n = 34$, $r = .77$, $p < .000$).

Educational rank was related positively to political astuteness scores in both studies before and after legislative day (Study 1, $n = 77$, before: $r = .54$, $p = .000$; after, $r = .43$, $p = .000$; Study 2, $n = 34$, before: $r = .66$, $p < .000$; after, $r = .53$, $p < .001$). In contrast, years as an RN was related positively to political astuteness scores only in Study 1 ($n = 77$, before, $r = .61$, $p < .000$; after, $r = .51$, $p < .000$). Overall, higher political astuteness scores were associated with increased age and education.

Further analyses using one-way ANOVAs were conducted to compare the effect of age, educational rank, and

Table 4. Correlational Matrix: Age, Education, Years as RN and Political Astuteness.

	Study 1 (N = 80)					
	Before			After		
	Age	Education	Years as RN	Age	Education	Years as RN
Political astuteness	.58***	.54***	.61***	.53***	.43***	.51***
Age		.43***	.84***			
	Study 2 (N = 34)					
	Before			After		
	Age	Education	Years as RN	Age	Education	Years as RN
Political astuteness	.59***	.66***	.33	.48**	.53***	-.20
Age		.43***	.74***			

Note. ** $p \leq .01$. *** $p \leq .001$.

years as an RN on the change in political astuteness scores. No significant effects were found in participant age or years as an RN. However, in Study 2, there was a significant effect of educational rank on change in political astuteness [$F(17, 16) = 1.91, p = .008$]. Post hoc tests were not performed for educational rank as one group had fewer than two cases. Political astuteness scores increased more for those participants in the higher educational ranks as compared to those in the lower educational ranks.

Impressions About Legislative Day

In order to better understand the participants' legislative day experience, open-ended questions were used to determine what portions of legislative day were most helpful and what changes could be made to improve legislative day. Content analysis was conducted to determine themes from the responses. Responses from Study 1 and 2 were combined in the analysis. Aspects of legislative day that were described as most helpful included the governor's presentation; the review and discussion of bills and the association's legislative priorities (i.e., mandatory overtime, uninterrupted rest breaks, safe children's products) by a panel of nurses involved in policy change; detailed preparation for meetings with legislators, including a review of "talking points" about the priority bills; breakout sessions (i.e., grassroots advocacy); attending committee hearings and seeing the legislative process in action; visiting elected officials; meeting students and nurses from around the state and learning about their issues; networking with colleagues; and the packet of information provided. One respondent commented that the most helpful part of legislative day was "Realizing the power of nurses and meeting nurses who are working to change laws, and learning about resources to obtain current information." Another stated "I was not aware of current issues before legislative day. It helped shed light on what concerns nurses have in the workforce today."

One suggestion to improve legislative day was to have appointments set up with legislators ahead and then have "expert" volunteers escort participants on the visits and to committee hearings. This would help the novice participant navigate the unfamiliar legislative territory. While this sometimes occurred informally, assistance in making appointments with legislators prior to legislative day would be helpful. Another suggestion was to have a mentoring program for participants who want additional support in learning how to be a policy advocate. Some respondents wanted the breakout sessions repeated more than once or taped so they could take advantage of all of them. Others wanted more time to meet with legislators and attend public hearings where they could observe stakeholders and the process of providing testimony.

Discussion

Political astuteness may be learned through experiential learning activities such as attending state or national nursing association legislative days because they may cultivate values and beliefs about the importance of nursing advocacy as well as socialization into the role (Abood, 2007; Fyffe, 2009; Taft & Nanna, 2008). The two studies reported here found that political astuteness increased following legislative day attendance, suggesting that participating in legislative day activities is a way to enhance nurses' knowledge, skills in the policy arena, and active engagement in advocating for nursing and health issues.

There were no studies found in the literature that specifically examined the effectiveness of nurse legislative days on enhancing political knowledge and skills. Nonetheless, the effectiveness of legislative days in increasing political astuteness reported in this article is not unique. In a report about medical students who took part in a day of preparatory activities as well as a political action day, Gill and others (2010) found a statistically significant difference in students' ability

to examine a governmental health issue and provide expert testimony after they participated in experiential learning activities about advocacy, policy change, and lobbying. The activities for the medical students were intensive, took place over a 2-day period, and required the preparation of a position paper and providing testimony. Although nurse legislative day was a 1-day event for unlicensed nursing students as well as licensed RN's and outcomes were measured differently, it is encouraging that policy-advocacy knowledge and skills were enhanced. By integrating legislative day activities that are sponsored by professional organizations, educators can take advantage of these naturally occurring advocacy-training opportunities to assist students in learning their role as policy advocates.

As noted previously, research about strategies to enhance political knowledge and skills has primarily focused on nursing students who engaged in policy-related academic learning experiences rather than organized legislative days sponsored by professional organizations. Nonetheless, the effectiveness of these various learning strategies on enhancing political astuteness appears to be comparable and merits discussion. Also, some of the components of legislative day and academic courses, such as meeting with legislators and tracking current health-related legislation are similar. Byrd and others (2012), Primomo (2007), and Rains and Carroll (2000) reported significant increases in nurses' political astuteness or competence after they completed undergraduate or graduate level course work in health policy. These findings are consistent with those from the legislative day studies reported here.

The legislative studies reported in this article used the same tool to measure political astuteness as Byrd and others (2012) and Primomo (2007), and showed similar findings with respect to patterns of changes in political astuteness. Specifically, the conceptual factors of knowledge about legislative and policy processes, knowledge of legislators, and awareness about current issues rather than actual involvement in the policy process, participation in professional organizations, or voting behavior, were similar to the legislative day studies. It should be noted that most respondents in the studies reported voting on a regular basis at the baseline measurement, so positive change in voting behaviors would not be possible. Also, the time frame between the pre and post measurement periods might not have been long enough to capture change in professional organization participation, attending a meeting or convention, or greater involvement in the political process such as serving as a resource person for an elected official. Nonetheless, following legislative day, the increase in participants who reported knowing which elected officials were supportive of nursing, the process by which a bill becomes a law, current health-related issues, knowing who to contact for information about health-related issues at the state or federal level, which legislative committees deal with health-related issues, and names of elected officials, was similar to increases reported by others (Byrd et

al., 2012; Primomo, 2007). Therefore, it appears that participation in legislative days and academic preparation in health policy may have similar outcomes in relation to political knowledge and awareness.

Although knowledge and awareness about policy advocacy may increase similarly through various educational strategies, it is possible that actual involvement in the political process may be better fostered through academic learning activities than legislative days. For example, Byrd and others (2012) reported that 83% of students had written to a state or national legislator following the public policy activities; in fact, this was one of the assignments. In contrast, only 18% of legislative day participants reported writing a letter to a legislator after legislative day. This difference might also be accounted for by the number of associate degree students in the legislative day samples as compared to the sample of BSN students (Byrd et al., 2012). Further research is needed to better understand how various policy-oriented learning activities influence political knowledge, skills, and actions.

Legislative days seem to be a useful strategy to increase political astuteness in nurses with varying levels of policy-advocacy knowledge and skills. Thus, learning activities offered through legislative days may be beneficial to nurses from a range of educational backgrounds, including basic RN students, as well as those who have been actively engaged through professional organizations as policy advocates. For example, nurses with higher educational levels or those with more experience in professional associations, as compared to those with less education or expertise in professional organizations, may attend legislative days in order to meet and speak with elected officials, and share their views regarding current legislative issues.

Interestingly, in the legislative day studies reported in this article, about 25% of the participants were "totally unaware politically," the lowest category of political astuteness, prior to attending legislative day. This is slightly higher than the baseline political astuteness levels reported by Primomo (2007) in a study of graduate students (20% were in the lowest category) and much lower than the BSN students in Byrd et al.'s (2012) study (49%). In comparison, after legislative day, 6% of legislative day participants were in the lowest category as compared to 1% of BSN students (Byrd et al., 2012) and no graduate students (Primomo, 2007) after policy-oriented learning activities. After legislative day, one third of legislative day participants were in the highest category of "politically astute" as compared to 10% of BSN students after the policy experience (Byrd et al., 2012) and almost 18% of graduate students who completed a health policy course (Primomo, 2007). Therefore, the levels of political astuteness among legislative day participants both before and after legislative day were higher than the levels for BSN and graduate students before and after policy-oriented learning activities. The levels of political astuteness increased in all the study samples. Legislative days may attract nurses who have been involved in policy activities already,

including faculty who bring all levels of students. Findings from the legislative day studies as well as studies about academic preparation in policy advocacy for undergraduate and graduate students support the notion that political knowledge and skills can be enhanced for nurses with minimal or advanced political participation levels.

Political astuteness seems to be influenced by educational level and selected demographic variables. In the studies reported in this article, higher political astuteness scores were associated with increased age and educational rank; years as a RN was not related. Hanley (1987), Oden et al. (2000), and Vandenhouten et al. (2011) reported that older nurses and those with higher levels of education were more engaged in policy activities than nurses with less education. It is plausible that education beyond the associate degree provides nurses with knowledge and skills that facilitate political advocacy. As nurses increase their education, they are increasingly exposed to opportunities to enhance their inquiry, leadership and communication skills, expand their professional networks, and increase their evidence-based knowledge in a nursing specialty. Professional organizations that represent nursing specialties play an important role in developing policies through practice guidelines and standards. They are also resources to influence public policy through collective advocacy relevant to the specialty (McKeown & Gibson, 2007; Russell & Fawcett, 2005; Taft & Nanna, 2008).

The advocacy resources available from specialty organizations such as the Oncology Nursing Society can be used by nurse educators to direct students to current issues and mechanisms to contact elected officials (Gosselin-Acomb et al., 2007). Clearly, the role of nursing education is vital in enhancing political participation (AACN, 2011; Gebbie et al., 2000; Kunaviktikul et al., 2010; Vandenhouten et al., 2011). Organizational websites facilitate grassroots advocacy efforts by making available background information about current issues, sample messages, and contact information or direct links to policy makers.

Collaboration among nursing educators, professional organizations, health care agencies, and nonprofit and patient-oriented groups that address health issues may be an effective way to facilitate nurses' influence on health policy at the local, state, national, and international levels. Nursing educators in associate, baccalaureate, and graduate programs have a responsibility to introduce students to advocacy concepts and skills appropriate to the students' level of education. Faculty should invite policy advocates such as those involved in professional associations and nurses who are legislators to participate in classes. Requiring students to participate in experiential policy-oriented activities like nurse legislative days (including on-line activities) sends a powerful message about the importance of being involved in professional organizations. Networking, access to mentors to assist in the development of advocacy skills, and up-to-date

information about current legislative issues are provided by professional associations and can enhance faculty's modeling of advocacy roles.

Limitations and Future Research

Although state legislative days are often attended by large numbers of students and practicing RN's, the number of participants in both studies was small, particularly in Study 2 that used a true pre-post design. Another limitation is that not all legislative day participants received the written invitation to participate in the study at legislative day (Study 1), or the electronic notice via email or the WSNA website before legislative day (Study 2), about the study. Recruitment methods could be better aligned with legislative day registration to increase participation rates. Methods that increase participation such as incentives may be helpful, especially since the vast majority of participants in legislative days were busy students who have many competing demands on their time.

In Study 1, a single point of data collection was used, requiring participants to answer a two-part question: how they would have answered before legislative day and then how they would currently respond following legislative day. While the onetime retrospective approach used in Study 1 resulted in a larger sample size, asking participants how they would have responded before legislative day was subject to accurate recall.

The web-based survey approach posed limitations as well as advantages. Some participants had difficulty accessing the survey. Not all of those individuals who attended legislative day were comfortable with or had access to the internet to participate in the study. However, advantages of web-based methods include that they allow participants to respond at their leisure, ensure anonymity, and reduce possible coercion in a face-to-face method (Rhodes, Bowie & Hergenrather, 2008). Furthermore, there were no costs associated with printing or mailing, nor data entry, which reduces error associated with data analysis.

Future research should focus on whether the increased levels of political astuteness shown at follow-up are sustained over time. Whether or not increased political knowledge and awareness influences actual participation in the political process merits future study as well. Additional research on how to increase political involvement and the role of higher education and professional organizations in fostering participation in the policy process is needed. Although reliability and content validity of the PAI have been demonstrated, instrument development is needed to clarify the dimensions of political astuteness. Some of the items, particularly those that require action such as voting, should be reexamined to determine whether they are useful in studies that use pre- and post-design, since the time frames may not be realistic to observe change. Studies that include

participants from other states that offer nurse legislative days would provide opportunities for larger sample sizes and generalizability.

Political astuteness as a concept and the Political Astuteness Inventory have limitations in terms of nursing and health policy research. Other measures of political participation (Chan & Cheng, 1999; Oden et al., 2000; Vandenhouten et al., 2011) may be useful in future research efforts. Conceptual models about political participation and nursing and health policy (Russell & Fawcett, 2005; Taft & Nanna, 2008) that delineate health policy advocacy at various levels or contexts (i.e., public policy, organizational policy, standards of practice developed by professional associations) may be useful in guiding studies designed to measure nurses' engagement in policy. Therefore, rather than study political astuteness, concepts, and measures about political participation in different contexts may help advance the knowledge base.

Conclusion

Policy advocacy is part of the nursing role. Enhancing nurses' involvement in policy advocacy requires exposure to policy making concepts, consciousness-raising about political issues, a sense of self-efficacy regarding participation in the process, and the development of communication, collaboration, and consensus skills. Experiential activities such as participating in nurse legislative days offered by state nursing associations provide nursing students and practicing nurses opportunities to learn about current nursing and health care issues, observe the legislative process in action, meet legislators, network with nurses who are politically active, and gain knowledge and skills needed to become engaged as citizens and nurse leaders. In the studies reported, attending nurse legislative days was shown to be effective in increasing participants' political astuteness. While the changes in political astuteness were mainly related to knowledge about policy makers, issues, and the policy process rather than political participation, awareness is a first step in enhancing nurses' ability to be policy advocates. Although nurses are increasingly aware of health-policy issues and how to be advocates, political action is needed to influence the process. This "social activist" role can be fostered through formal education and involvement with professional organizations. Nurse legislative days provide a useful structure for nurses to gain basic policy-advocacy knowledge and skills, and ultimately, influence legislation and policy.

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References

- Abood, S. (2007). Influencing health care in the legislative arena. *OJIN: The Online Journal of Issues in Nursing*, 12(1), Manuscript 2. doi:10.3912/OJIN.Vol1No01Man02
- American Association of Colleges of Nursing. (AACN, 2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/publications/position/dnpessentials.pdf>
- American Association of Colleges of Nursing. (AACN, 2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacn.nche.edu/education-resources/essential-series>
- American Association of Colleges of Nursing. (AACN, 2011). *The essentials of Master's education in nursing*. Retrieved from <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>
- American Nurses Association. (2010). *Scope and standards of practice* (2nd ed.). Silver Spring, MD: Author.
- American Nurses Association, Policy and Advocacy. (2012). Retrieved from <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy>
- Ballou, K. (2000). A historical-philosophical analysis of the professional nurse obligation to participate in sociopolitical activities. *Policy, Politics, & Nursing Practice*, 1(3), 172-184.
- Bekemeier, B. (2008). "Upstream" nursing practice and research. *Applied Nursing Research*, 21(1), 50-52.
- Benton, D. (2012). Advocating globally to shape policy and strengthen nursing's influence. *OJIN: The Online Journal of Issues in Nursing*, 17(1). doi:10.3912/OJIN.Vol17No01Man05
- Blake, E. W., & Powell, P. H. (2011). A pharmacy political advocacy elective course. *American Journal of Pharmaceutical Education*, 75(7), 137.
- Boswell, C., Cannon, S., & Miller, J. (2005). Nurses' political involvement: Responsibility versus privilege. *Journal of Professional Nursing*, 21(1), 5-8.
- Byrd, M. E., Costello, J., Gremel, K., Schwager, J., Blanchette, L., & Malloy, T. E. (2012). Political astuteness of baccalaureate nursing students following an active learning experience in health policy. *Public Health Nursing*, 29, 433-443. doi:10.1111/j.1525-1446.2012.01032.x
- Caira, N. M., Lachenmayr, S., Sheinfeld, J., Goodhart, F. W., Cancialosi, L., & Lewis, C. (2003). The health educator's role in advocacy and policy: Principles, processes, programs, and partnerships. *Health Promotion Practice*, 4, 303-313.
- Capitol Update. (2010). *Nurses Legislative Days*. Retrieved from <http://www.capitolupdate.org/index.php/2010/03/nurses-legislative-days/>

- Chan, S. W. C., & Cheng, B. S. (1999). Political participation in Hong Kong: A study. *Journal of Nursing Management*, 7, 167-175.
- Clark, P. E. (2008). Political astuteness inventory. In M. J. Clark (Ed.), *Community assessment reference guide for community health nursing* (pp. 1-2). Upper Saddle River, NJ: Pearson Prentice Hall.
- Cohen, S. S., & Milone-Nuzzo, P. (2001). Advancing health policy in nursing education through service learning. *Advances in Nursing Science*, 23(3), 28-40.
- Conger, C. O., & Johnson, P. (2000). Integrating political involvement and nursing education. *Nurse Educator*, 25(2), 99-103.
- Cramer, M. E. (2002). Factors influencing organized political participation in nursing. *Policy, Politics, & Nursing Practice*, 3(2), 97-107.
- Deschaine, J. E., & Schaffer, M. A. (2003). Strengthening the role of public health nurse leaders in policy development. *Policy, Politics, & Nursing Practice*, 4, 266-274.
- Edgington, E., Pimlott, J., & Cobban, S. (2009). Societal conditions driving the need for advocacy education in dental hygiene. *Canadian Journal of Dental Hygiene*, 43, 267-274.
- Falk-Rafael, A. (2005). Speaking truth to power: Nursing's legacy and moral imperative. *Advances in Nursing Science*, 28, 212-223.
- Faulk, D., & Ternus, M. P. (2004). Strategies for teaching public policy in nursing: A creative approach. *Nurse Educator*, 29(3), 99-102.
- Ferguson, S., & Drenkard, K. (2003). Developing nurse leaders in health policy: An education and practice partnership. *Policy, Politics, & Nursing Practice*, 4(3), 180-184.
- Fyffe, T. (2009). Nursing shaping and influencing health and social care policy. *Journal of Nursing Management*, 17, 698-706.
- Gebbie, K. M., Wakefield, M., & Kerfoot, K. (2000). Nursing and health policy. *Journal of Nursing Scholarship*, 32, 307-315.
- Gehrke, P. M. (2008). Civic engagement and nursing education. *Advances in Nursing Science*, 31(1), 52-66.
- Gill, H. S., Gill, P. J., Eardley, W. A., & Marrie, T. J. (2010). Political action day: A student-led initiative to increase health advocacy training among medical students. *Canadian Medical Education Journal*, 1(2), e60-e69.
- Gosselin-Acomb, T., Schneider, S., Clough, R., & Veenstra, B. (2007). Journal club. Nursing advocacy in North Carolina. *Oncology Nursing Forum*, 34, 1070-1074. doi:10.1188/07.ONF.1070-1074
- Hanley, B. E. (1987). Political participation: How do nurse compare with other professional women? *Nursing Economics*, 5(4), 179-185, 188.
- Harrington, C., Crider, M. C., Benner, P. E., & Malone, R. E. (2005). Advanced nursing training in health policy: Designing and implementing a new program. *Policy, Politics, & Nursing Practice*, 6(2), 99-108.
- Hearne, S. A. (2008). Practice-based teaching for health policy action and advocacy. *Public Health Reports*, 123 (Supplement 2), 65-70. Retrieved from <http://www.ncbi.nlm.nih.gov/offcampus.lib.washington.edu/pmc/articles/PMC2431098/>
- Hofler, L. (2006). Learning from the best: The benefits of a structured health policy fellowship in developing nursing health policy leaders. *Policy, Politics, & Nursing Practice*, 7(2), 110-113.
- International Council of Nurses. (2005). *Guidelines on shaping effective health policy*. Retrieved from http://www.icn.ch/images/stories/documents/publications/guidelines/guideline_shaping.pdf
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- Krueger, K. P., Russell, M. A., & Bischoff, J. (2011). A health policy course based on Fink's Taxonomy of Significant Learning. *American Journal of Pharmaceutical Education*, 75(1), 14.
- Kunaviktikul, W., Nantsupawat, R., Sngounsiritham, U., Akkadechanunt, T., Chitpakdee, B., Wichaikhum, O., & Chaowalaksakun, P. (2010). Knowledge and involvement of nurses regarding health policy development in Thailand. *Nursing & Health Sciences*, 12(2), 221-227.
- Magnussen, L., Itano, J., & McGuckin, N. (2005). Legislative advocacy skills for baccalaureate nursing students. *Nurse Educator*, 30(3), 109-112.
- Manning, M., & Grosso, D. (2011). Doctor of Nursing Practice students advocating for health care access, quality, and reform: From the virtual classroom to Capitol Hill. *Journal of Nursing Education*, 50(1), 14-20. doi:10.3928/01484834-20101029-05
- Matthews, J. (2012). Role of professional organizations in advocating for the nursing profession. *OJIN: The Online Journal of Issues in Nursing*, 17(1). doi:10.3912/OJIN.Vol17No01Man03
- McKeown, C., & Gibson, F. (2007). Determining the political influence of nurses who work in the field of hepatitis C: A Delphi survey. *Journal of Clinical Nursing*, 16, 1210-1221. doi:10.1111/j.1365-2702.2007.01694.x
- Nannini, A. (2009). The health policy pathfinder: An innovative strategy to explore interest group politics. *Journal of Nursing Education*, 48, 599-591.
- O'Brien-Larivée, C. (2011). A service-learning experience to teach baccalaureate nursing students about health policy. *Journal of Nursing Education*, 50, 332-336.
- Oden, L., Price, J., Alteneider, R., Boardley, D., & Ukokodom, S. (2000). Public policy involvement by nurse practitioners. *Journal of Community Health*, 25(2), 139-55.
- Primomo, J. (2007). Changes in political astuteness after a health systems and policy course. *Nurse Educator*, 32, 260-264.
- Rains, J. W., & Barton-Kriese, P. (2001). Developing political competence: A comparative study across disciplines. *Public Health Nursing*, 18, 219-224.
- Rains, J. W., & Carroll, K. L. (2000). The effect of health policy education on self-perceived political competence of graduate nursing students. *Journal of Nursing Education*, 39(1), 37-40.
- Reutter, L., & Duncan, S. (2002). Preparing nurses to promote health-enhancing public policies. *Policy, Politics, & Nursing Practice*, 3, 294-305.
- Rhodes, S., Bowie, D., & Hergenrather, K. (2008). Collecting behavioural data using the world wide web: Considerations for researchers. *Journal of Epidemiology & Community Health*, 57(10), 68-73.
- Russell, G. E., & Fawcett, J. (2005). The conceptual model for nursing and health policy revisited. *Policy, Politics, & Nursing Practice*, 6, 319-326.
- Selanders, L., & Crane, P. (2012). The voice of Florence Nightingale on Advocacy. *OJIN: The Online Journal of Issues in Nursing*, 17(1), doi:10.3912/OJIN.Vol17No01Man01

- Spenceley, S. M., Reutter, L., & Allen, M. N. (2006). The road less traveled: Nursing advocacy at the policy level. *Policy, Politics, & Nursing Practice, 7*, 180-194.
- Taft, S., & Nanna, K. (2008). What are the sources of health policy that influence nursing practice? *Policy, Politics, & Nursing Practice, 9*, 274-287.
- Vandenhouten, C. L., Malakar, C. L., Kubsch, S., Block, D. E., & Gallagher-Lepak, S. (2011). Political participation of registered nurses. *Policy, Politics & Nursing Practice, 12*(3), 159-167.
- Warner, J. R. (2003). A phenomenological approach to political competence: Stories of nurse activists. *Policy, Politics, & Nursing Practice, 4*(2), 135-143.
- Washington State Nurses Association. Nurse Legislative Day. (2012). Retrieved from <http://www.wsna.org/Nurse-Legislative-Day/>
- Whitehead, D. (2010). Health promotion in nursing: A Derridean discourse analysis. *Health Promotion International, 26*(1), 117-127.

- Wilson, D. M. (2002). Testing a theory of political development by comparing the political action of nurses and nonnurses. *Nursing Outlook, 50*(1), 30-34.
- Winter, M. K., & Lockhart, J. S. (1997). From motivation to action: Understanding nurses political involvement. *Nursing and Health Care Perspectives, 18*, 244-250.

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