

A HEALTH POLICY EDUCATION INITIATIVE TO INCREASE POLITICAL SELF-
EFFICACY IN TEXAS NURSE PRACTITIONERS

A Doctor of Nursing Practice Project Report

by

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Submitted in Partial Fulfillment of the Requirements for the Degree of

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This Doctor of Nursing Practice Project Report meets the standards for scope and quality of Texas A&M University-Corpus Christi College of Nursing and Health Sciences and is hereby approved.

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DEDICATION

I would like to dedicate this work to Dr. Loretta Ford, whose hard work and dedication transformed the nursing profession.

ACKNOWLEDGEMENTS

I would like to express my gratitude to my entire DNP Committee for their assistance with completing my project. Thank you to my Committee Chair, Dr. Theresa Garcia for your continuous direction and assistance. Thank you to my Project Advisor, Dr. Pamela Greene for your encouragement. Thank you to my Graduate Faculty Representative, Dr. Watson for your feedback. Thank you to my Content Expert, Erin Cusack for your infinite expertise, guidance, and mentorship.

I would like to thank my family and friends for their immeasurable patience and understanding throughout this journey. Without the love and support of my mother and children this achievement would not have been possible.

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ABSTRACT

Texas ranks lowest in the nation for access to healthcare. Improvement could be facilitated by active engagement of nurses in political activities and health policy advocacy. Political Self-Efficacy (PSE) is the belief or idea that one can influence policymakers and/or the political process. Historically, nurse practitioners (NPs) have had low PSE because political activity in nurses tends to be limited to voting. This health policy education initiative was a collaboration between the Texas Nurse Practitioners (TNP) organization and Texas A&M University-Corpus Christi (TAMU-CC) to provide an evidence-based educational resource for Texas NPs to improve their PSE and ability to advocate for high quality healthcare for Texas residents. Approximately 5,145 members of TNP, were invited to participate in this health policy education initiative. Participants completed the Efficacy Index (EI) survey before and after attending two live educational webinars addressing key NP policies, the legislative process and engagement in advocacy. Participants were predominantly White females, held a master's degree in Nursing, were certified as Family Nurse Practitioners, aged 46-65 years of age, and had an income between \$80,000-\$120,000/year. Pre-education mean scores improved, but only slightly (Webinar 1: 48.3 to 50.0; Webinar 2: 49.3 to 50.5). Initial levels of PSE in this NP sample were higher than expected, likely due to higher education, experience, and membership in a professional organization. Targeted educational interventions can improve PSE levels in NPs resulting in increased engagement in the political process, making it imperative to educate all nurses, and to expand educational opportunities to NPs outside of professional organizations. Nurses constitute the largest group of healthcare providers and have the potential to positively

impact legislative health policies. Through increased PSE, Texas NPs can become the needed change agents to advocate for the rights of their profession and their patients.

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A Health Policy Education Initiative to Increase Political Self-Efficacy in Texas Nurse
Practitioners

INTRODUCTION

Texas ranks 51st in the nation, including the District of Columbia, for access to healthcare (Radley, McCarthy & Hayes, 2018). Improvement of this ranking could be facilitated by active engagement of nurses in political activities such as advocating for healthcare legislation and working to influence policy makers (Rubenstein & Graham, 2011). Policy changes in Texas, such as full practice authority (FPA), which allows nurse practitioners (NPs) to practice independently, without direct oversight by a physician, could decrease healthcare costs by millions of dollars by increasing patients' access to quality healthcare, especially in areas where there is a major shortage of primary care providers (PCPs) (Fraser & Melillo, 2018). Texas Nurse Practitioners (TNP) is an organization in Texas focused on promoting accessible, high quality health care for the people of Texas, through care provided by NPs. This health policy education initiative was done in collaboration with TNP to provide an evidence-based educational resource for Texas NPs to improve their political self-efficacy (PSE) and their knowledge and ability to advocate for increased access to quality healthcare for Texas residents.

Background

Access to quality healthcare continues to be a top priority for our country and for Texas, the second largest state in the United States (US) (Kash, Ogden, Popp, Shaffer, & Bolin, 2017). The Texas Higher Education Coordinating Board has projected, with its growing and aging population, Texas will have a significant increase in the shortage of PCPs from 2017 to 2030. Even with the growing number of medical schools and residency programs, the supply for PCPs will not be enough to meet the expected demand (Texas Health and Human Services, 2018). The

rapidly growing and aging population of Texas, along with the implementation of the Affordable Care Act (ACA) in 2010, which extended medical care to millions, strained an already struggling healthcare system (Kash et al., 2017).

NPs have been providing quality, accessible, affordable healthcare to patients for over 50 years (Pierson, 2015). NPs hold either a master's or doctoral degree and are expert clinicians who diagnose and treat acute and chronic illnesses as well as emphasize the importance of health promotion and disease prevention (Mack, 2018). Texas currently has 21,281 licensed NPs and 26,365 licensed Advanced Practice Registered Nurses (APRNs) (Texas Health and Human Services, 2020), which include clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. Even though all NPs are required to graduate from an accredited university and to pass a national certification exam, the regulation of NP practice varies from state to state (Summers, 2018). Full Practice Authority (FPA) is the authorization of NPs to evaluate and diagnose patients, order and interpret diagnostic tests and initiate and manage treatments, including prescribing medications, under the exclusive licensure authority of the state board of nursing (American Association of Nurse Practitioners (AANP), 2018). The state of Texas requires NPs to have a delegating physician to practice, otherwise referred to as "restricted practice," not FPA (AANP, 2018). This "restricted practice" can hamper NPs' ability to provide care to Texans, many of whom are in geographically isolated areas, a significant factor in insufficient healthcare access (Kash et al, 2017).

The "restricted practice" requirement presents a major barrier for patients seeking affordable, accessible, high quality care since this supervision does not allow a NP to treat and care for patients without a delegation agreement. Moreover, this delegation agreement does not require the physician to see any of these patients yet often costs the NP thousands of dollars per

month (APRNs, 2016). PCPs are increasingly in demand in Texas with over 4 million Texans lacking access to a PCP (Texas Health and Human Services, 2018). The United States Institute of Medicine (IOM) has recommended APRNs be allowed to practice to the full extent of their licensure and training (IOM, 2011). Increasing nurses' political participation will assist them in advocating for their profession as NPs and promote patient-centered legislative measures at local, state, and federal levels (Woodward, Smart, & Benavides-Vaello, 2016).

Political self-efficacy (PSE) is the belief or idea that one can influence policymakers and/or the political process. Historically, NPs have had low PSE (O'Rourke, Crawford, Morris, & Pulcini, 2017). Education affects PSE, making it imperative to educate all nurses, specifically NPs, on the importance of PSE and the impact individual political awareness and involvement has on their profession (Rubenstein & Graham, 2011). Efforts by NP activists have been somewhat hampered due to low NP PSE, evidenced by NP involvement mostly limited to contacting legislators and voting in general elections (O'Rourke et al., 2017). Low PSE in NPs likely reflects a lack of knowledge and experiences regarding legislative processes leaving nurses feeling powerless and incapable of making a difference (Rubenstein & Graham, 2011). Educating Texas NPs on barriers which NPs in other states have encountered while advocating for the NP profession and their patients in their states, and strategies used to overcome those barriers will prepare Texas NPs to aptly manage any obstacles they encounter in their political pursuits (Chesney & Duderstadt, 2017). This health policy education initiative, conducted as a Doctor of Nursing Practice (DNP) project at Texas A&M University – Corpus Christi (TAMU-CC) in collaboration with TNP, aimed to increase PSE in Texas NPs, empowering them to advocate for their patients and their profession, ultimately increasing patient access to efficient, high quality healthcare in the state (Ahoya, Abhichartibuttra, & Wichaikhum, 2016).

Review of Literature

Political self-efficacy (PSE) encompasses two components: (a) internal political efficacy: individuals' beliefs about their ability to understand and participate in politics and (b) external political efficacy: individuals' beliefs about whether the decision-maker will listen to them (Ahoya et al., 2016). Several studies have shown that nurses, including NPs, have low PSE and low participation in politics (Woodward et al., 2016). Few studies have focused on the reasons why nurses in general tend to be less politically active than other professions, such as medicine or pharmacy. It has been suggested that the change in practice setting from individual patient homes to hospitals, operating under a physician-dominated medical model, may have decreased nurses' sense of professional autonomy and possibly changed their focus from advocating for public health issues to advocating for the individual patient within the hospital system (Reverby, 1995). Lower PSE in NPs has also been attributed to lack of knowledge, low interest, and lack of time related to family obligations competing with employment or financial obligations (Oden, Price, Alteneder, Boardley, & Ubokudom, 2000). Many nurses also lack insight as to how health care policy changes affect their practice and patient care (Rubenstein & Graham, 2011). A correlational study conducted to explore PSE in NPs in the United States (US) was mailed to 2,020 NPs and had 632 respondents. They found certain factors led to increased political engagement; and that higher PSE and participation were significantly related to older age ($p < .001$), health policy mentoring ($p < .001$), and education on health policy ($p < .001$) (O'Rourke et al., 2017). Another descriptive study that surveyed 468 Midwest RNs found that less than 40% felt they could influence local political decisions and only 32% felt they could influence state or national decisions. Characteristics of nurses significantly correlating with low participation in this study included psychological engagement ($r = .67, p < .01$), political interest ($r = .62, p <$

.01), political efficacy ($r = .59, p < .01$), and civic skills ($r = .47, p < .01$) (Vandenhouten et al., 2011).

There is strong evidence to support that increasing PSE can increase political participation (Caprara, Vecchione, Capanna, & Mebane, 2009). A study on the success of an educational presentation measuring pre- and post-education scores using a self-evaluation tool in a sample of 137 baccalaureate nursing students and licensed nurses showed education had a significant improvement in political advocacy participation ($p < .001$) (Perry & Emory, 2017). A similar study aimed at measuring school nurses' advocacy knowledge before and after an educational activity found that after the education there was a significant increase in school nurse advocacy (Gormley, 2019). A quasi-experimental study among baccalaureate nursing students compared clinical education self-efficacy scores pre and post clinical instruction and experiences and showed a statistically significant increase in self-efficacy scores in the dedicated education unit (DEU) group (pre education $M=3.03, SD=0.617$, post education $M=3.40, SD=0.617$, $p<.001$) and in the traditional clinical education (TEU) group (pre education $M=3.08, SD=0.388$, post education $M=3.23, SD=0.388$, $p<.001$) (George, Locasto, Pyo, & Cline, 2017). Education consistently increased self-efficacy scores.

Problem Description in the Setting

The TNP organization is quite politically active and focused on FPA for NPs in Texas as their number one agenda item on the 86th Legislative Agenda. Other key politically-charged agenda items included: prescriptive authority for Schedule II controlled substances House Bill (H.B.) 2250/Senate Bill (S.B.) 1308 which would extend Schedule II prescriptive authority to all NPs regardless of practice setting or specialty; virtual meetings for prescriptive authority agreements H.B. 278/ S.B. 311 which would modernize current framework for physician/NP

delegation and allow monthly meetings be conducted via face time or videoconference instead of “face to face”; signature recognition for Worker’s Compensation forms H.B. 387/ S.B. 1022 which would allow NPs to sign work status reports for the workers’ compensation system; signature recognition for concussion return to play forms H.B. 3128, which would allow an NP to sign a sports clearance form enabling a student athlete return to practice/competition; APRN out of state & disaster licensure H.B. 912 which would streamline the application process for out-of-state, active APRNs seeking to hold a license in Texas during a disaster; and graduate nursing education funding H.B. 2980 which would create a dedicated funding stream for Graduate Nursing Education (TNP, 2019). TNP understands the need to improve NPs’ participation in policy and legislation to protect, promote, and advance the NP profession in Texas, and to achieve greater access to quality healthcare for patients. They offer free continuing education (CE) modules for their members on their website although currently there is no CE module for policy and legislation. TNP had recently implemented an Ambassador Program in which every member of the Texas legislature is assigned a NP to facilitate interaction between the legislator and TNP. The organization lacked easily accessible nursing educational resources for its members to boost their PSE. Although TNP was aware NPs and nurses in general were not typically politically active, they had no data documenting PSE levels or levels of current political participation in NPs who were members of TNP. This project used a PSE survey, the EI (Sharoni, 2012) distributed to TNP membership to obtain this baseline data and offered a new educational resource for TNP members to boost their PSE and hopefully, their political participation.

Project Purpose and Aims

The purpose of this project was to improve the healthcare policy and political advocacy educational resources offered by TNP to their members through an educational intervention and a grassroots advocacy campaign to increase healthcare policy knowledge, political participation, PSE and political advocacy in Texas NPs. The question guiding this health policy initiative was: For Texas NPs, who are members of TNP, does participation in an educational intervention and grassroots advocacy campaign increase PSE and increase advocacy for nursing and healthcare issues when compared to pre-education levels?

The specific Project Aims were:

Goal #1: To increase PSE in Texas NPs from pre-education to post-education. This was determined by comparing NPs' scores on the EI (Sharoni, 2012) pre-intervention to post-intervention. The goal was to improve mean scores across participants by at least five points. Because previous work measuring PSE in NPs who were members of a professional organization had revealed higher levels of PSE (O'Rourke et al., 2017), it was expected this sample may have had a high initial PSE and improvements may have been minimal.

Goal #2: To increase Texas NP participation in educational resources focused on improving political participation and advocacy. Two webinars entitled: (1) NP Policy and the Texas Legislative Process and (2) From Novice to Advocate: Getting Engaged in Policy Change were created by the Project team and performed via live webinars to TNP members who volunteered to participate. The Content Expert (Director of Government Affairs for TNP) approved the educational programs for content. The goal was for at least 100 members to complete the educational webinars. Their participation was measured by the number of participants who applied for and received CE credit through TNP. Part of the second webinar

included instruction on writing effectively to legislators. A letter to a legislator using a template was provided to participants. The goal was to have participants write at least 20 letters to legislators. Participants were to send the letters to TNP where they would be counted, then forwarded to the appropriate legislators

Goal #3: To create a sustainable educational resource for TNP members, accredited by AANP as high quality CE, to be made easily available to members on the TNP website.

The American Association of Colleges of Nursing (AACN) lists eight DNP Essentials. The DNP Essential related to this project is DNP Essential V: Health Care Policy for Advocacy in Health Care: This project exemplifies health care policy and advocacy by implementing educational interventions and a grassroots advocacy campaign in order to increase NPs' PSE and advocacy activities. Increasing NPs PSE will assist the NP in advocating for their profession. Being active in the political arena requires communication with multiple people such as healthcare professionals, advocacy organizations, professional associations, community stakeholders, legislators, and healthcare administrators. Thus, teamwork and collaboration will be required to accomplish this project. This project will serve as a foundation on which to educate NPs and improve their PSE to educate other NPs, other healthcare professionals, and the community on the important role the NP has made and can make in improving access to quality, affordable healthcare (AACN, 2006).

Guiding Frameworks

The overarching model for the system level change in this quality improvement project was the Plan Do Study Act (PDSA) cycle developed initially in the 1920's by Walter Shewhart: (a) plan: plan a change, (b) do: implement the plan, (c) study: analyze the results, and (d) act: action taken based on results (Vijn, Wollersheim, Faber, Fluit, & Kremer, 2018). This project

used a theoretical framework to help explain the concepts that guided the educational intervention and outcomes measured and a conceptual model to guide the steps taken to simplify the health policy education change for the health care organization. The theoretical framework was Bandura's Self-Efficacy Model. Albert Bandura created this model in the 1960's to guide decision making by facilitating actions and behavior. Bandura's Self-Efficacy Model suggested there were four sources of self-efficacy: (a) mastery experience: success is important to self-efficacy, (b) verbal/social persuasion: encouragement leads to higher self-efficacy, (c) vicarious experience: observing others' success can boost personal success, and (d) interpretation of physiological and affective states: stress/nervousness is a normal physiologic response and should not be linked to incompetence in order to promote self-efficacy (Snyder & Fisk, 2016) (See Appendix A). This model guided the foci and topics covered in the educational program aimed to improve PSE, further discussed later in this proposal.

The Transtheoretical Model was used as the conceptual model to guide the steps of the project to bring about change. The Transtheoretical Model of Change was introduced in the late 1970's by researchers James Prochaska and Carlo DiClemente to help people stop smoking. Although the Transtheoretical Model focuses mostly on health behavior change it can be applied to any behavior change. There are six basic stages of change: (a) precontemplation: where the individual has not yet determined if they will change, (b) contemplation: they are contemplating changing their behavior, (c) preparation: they are preparing to take action, (d) action: they make the change, (e) maintenance: they maintain their behavior, and (f) termination: they have no desire to return to their previous behavior. (Prochaska & Velicer, 1997) (See Appendix B). These concepts applied directly to this project because most nurses, although they may have been aware they were seldom politically active, were often not motivated to change their behavior or

aware that education and an improvement in their PSE could help them become more politically active for the benefit of their profession and their patients.

The first step was precontemplation, which is where the NP was unaware of a need of behavior change. The next step was TNP informing its membership of this new educational opportunity in which the NP entered the contemplation stage. When they volunteered to participate in the educational resource this project provided, they moved into the preparation stage. At that point, they decided to take action to involve themselves in a grassroots advocacy campaign, through letter-writing or other means, which put them in the action stage; however, as will be discussed later, this cycle of this quality initiative did not reach that stage due to the Coronavirus (COVID-19) pandemic. In the next planned cycle, if participants choose to write a letter to their legislator and participate politically in other ways, their behavior will have been maintained, the final stage of change in the model.

METHODS

Ethical Issues

This project plan was reviewed by the TAMU-CC Institutional Review Board (IRB) for project classification and received a determination of “Not Human Subjects Research” and permission to proceed as a Quality Improvement project (See Appendix C). No personal health information (PHI) was collected. This project was conducted in collaboration with the TNP organization, which provided a written letter of support for this project (See Appendix D).

Project Design

The setting for the project was the TNP organization. TNP was established in 1989 when the official charter was signed. Since its establishment TNP has represented Texas NPs by focusing on member needs, having respect for diversity and inclusivity, collaborating to benefit

NPs, advocating for improving health care, and having ethics and integrity in governance, practice and the profession (TNP, 2019). TNP membership included 5,145 members as of March 2020. Texas has 21,099 NPs, thus almost a quarter of Texas NPs are members of TNP (Texas Board of Nursing, 2018). TNP is focused on the health and welfare of Texas citizens and the promotion of the NP profession in Texas. The state of Texas requires NPs to have a delegating physician to practice, otherwise referred to as “restricted practice” (AANP, 2018). This “restricted practice” is a significant barrier to many Texans who live in geographically isolated areas, which is a substantial factor in insufficient healthcare access (Kash et al, 2017). PCPs are increasingly in demand in Texas with over 4 million Texans lacking access to a PCP, thus TNP works diligently to motivate its members to be politically active and to advocate for health policies to improve access to care.

Most organizational surveys have a 2-3% response rate (McCarthy & King, 2019). Based on a membership of 5,145 members, a 2-3% response rate would equal approximately 100-150 respondents. The goal was to have at least 100 respondents/participants to the survey and at least 20 participants in the grassroots advocacy campaign, which consisted of writing a letter to their legislator.

Potential barriers that were considered prior to initiating this project that may have affected its success included poor NP participation in the initial survey and failure by participants to complete the required educational modules or the post survey. Several actions were taken to mitigate these risks, which included calling on local NP organizations to assist with recruitment and encouraging NPs to participate and supporting individual NP participation throughout the entire process including educational modules, grassroots advocacy campaigns, and post completion surveys. TNP and TNP affiliate organizations such as the Coastal Bend Advanced

Practice Nurses (CBAPN) assisted with outreach, including advertising on the TNP website, promoting participation at TNP events, promoting participation at local NP organizations, and reminders through various measures including emails and social media (Facebook, Twitter, etc.).

Intervention

The project team consisted of the Project Director (PD), a nurse practitioner and member of TNP; the Content Expert, the Director of Government Affairs for TNP; a project facilitator, TNP's NP of the year 2019; and a second project facilitator, a TNP Ambassador Regional Team Leader. The participants of this project were TNP members who were NPs licensed in Texas as APRNs and board certified in advanced population specialty practice or students currently enrolled in an accredited NP program. TNP also had associate members who were not NPs but were involved in healthcare through various avenues – these members were also eligible to participate. The first step in the intervention was an email TNP released asking for participation in the project, which included a description of the project and links to complete the EI and Demographic Questionnaire (See Appendix E). These surveys were emailed to TNP members in late February 2020 and followed TNP's established process of survey distribution, Survey Monkey ®. Survey Monkey ® was a free online survey software tool which utilized a secure platform (Survey Monkey, 2020).

The objectives for the educational modules were created by the PD in conjunction with TNP (See Appendix F). The PD and content expert created two educational modules utilizing Bandura's Self-Efficacy Model. Module 1: NP Policy & the Texas Legislative Process reviewed the legislative, committee, and parliamentary process in Texas, and the key steps a bill must take – from bill introduction to final signature by the Governor – to become a law; this included case studies of bills from the most recent legislative sessions. This educational module also

familiarized the NP with the key Texas laws impacting NP practice, including the Nurse Practice Act (NPA), Chapter 157 of the Texas Occupations Code, and recent legislation on NP delegation requirements, signature authority, and insurance recognition. The module also introduced the NP to bill tracking tools and other resources for monitoring the legislative process and NP laws.

Module 2: From Novice to Advocate: Getting Engaged in Policy Change oriented the learner to grassroots activities, including TNP's Capital Day, Legislative Visits Volunteer Program, and online Grassroots Action Center, which assists and encourages NPs to contact their legislators and take action on state laws and proposed regulations. This module also reviewed best practices for legislative visits, as well as key messages and communication strategies to talk with elected officials about NP policy issues. This module as well provided the NP with a sample constituent letter outlining nursing policy issues. The modules were presented via a synchronous webinar utilizing a PowerPoint presentation with the recordings later posted on the TNP website for those unable to attend. Each webinar lasted approximately 45 minutes with 10-15 minutes for questions. The post-intervention survey was sent to the participants who attended or listened to one and/or both educational webinars the final week of March 2020.

The PD and content expert also applied for CE accreditation for the modules, through AANP. The application consisted of the speakers' biographies, objectives for each module, the number of continuing education hours assigned to each module, and the dates of the module presentations. The educational modules were live webinars delivered by the PD and content expert through the Zoom ® platform. The PD and content expert were also responsible for sending out the surveys, sending reminder emails to complete the survey, and collaborating with the TNP Policy Council to reach out to local chapters. The project facilitators also assisted with these processes as needed. Please see the timeline for phases of the project (Appendix G).

The World Health Organization (WHO) officially declared COVID-19 a pandemic on March 11, 2020 (Chapell, 2020). Due to the pandemic, the Project Team anticipated a decrease in participants in the second webinar. To increase the likelihood of participation, the PD and content expert decided to add a brief update on COVID-19 to the educational presentation. This brief update was given after the formal educational module was completed as to comply with requirements set by AANP for CE accreditation.

Bandura's Self-Efficacy Model suggests self-efficacy is measured and impacted in several ways including experience and positive encouragement. Implementing educational modules, allowing the opportunity for interested NPs to participate in grassroots advocacy campaigns and providing support were imperative to increasing NP PSE (Snyder & Fisk, 2016) (See Appendix A). The Transtheoretical Model was used as a guide to evaluate the behavioral changes associated with the project and evaluate the end effect of the project along with future plans for sustainability (Prochaska & Velicer, 1997) (See Appendix B).

Data Collection

The EI and demographic questionnaire were collected via Survey Monkey ®. Participants were emailed a link to complete the EI and the demographic questionnaire upon registering for the educational module(s). Following participation in each educational module, another link via Survey Monkey ® was emailed to participants. The deadline to complete the post-education surveys was April 7, 2020. The information obtained from the surveys was anonymous so the only way to track pre and post scores was to compare the IP addresses of the participants. Using only IP addresses led to the inability to link all participants' scores if they did not use the same computer to take the pre- and post-surveys.

Data collection was likely impacted by the COVID-19 pandemic. The first live educational module was presented and recorded on March 3, 2020, TNP Capital Day (a day when NPs are invited to the Texas Capitol to meet with legislators) was held March 6, the World Health Organization (WHO) declared COVID-19 a pandemic on March 11, and the second live module was presented March 24th. The lives of most NPs during this time were tumultuous, as most were employed full-time and many caring for patients diagnosed with the deadly virus. Many states and cities had issued stay at home orders which included closing many businesses and schools. These major changes could have impacted data collection. Many of the NP participants had drastic changes in their lives and schedules, including moving their workplace from an office setting to a home setting, where telemedicine visits were instituted. This change likely increased the number of participants who took their pre- and post-surveys from different computers with different IP addresses. In addition, many NPs were women of childbearing age, which meant not only may they have been working from home, but they may have been caring for children and homeschooling due to the pandemic, further decreasing their ability to take the surveys or attend the webinars.

Measurement Tools

PSE was measured using the EI (Sharoni, 2012). The EI was composed of thirteen statements relating to internal and external political efficacy. The respondents were asked to rate agreement or disagreement with each statement on a scale of one to five with the key as follows: 1 = Completely agree, 2 = Somewhat agree, 3 = Do not agree or disagree, 4 = Somewhat disagree, 5 = Completely disagree. After the index was created, the scale was reversed, and a higher overall score indicated higher PSE. The index had a range in scores from 0 to 41 with a score between 0 to 20 indicating low PSE and a score between 21 to 41 indicating high PSE. A

few questions from the EI were: (a) when reading the political news, I understand almost all of what I read, (b) I never speak about politics with my family, friends, and/or colleagues, and (c) if and/or when I write to a government agency, official, or politician, my views are not considered (Sharoni, 2012). The author of the EI survey provided written permission to use the EI for this project (See Appendix H). The reliability analysis of the EI yielded a Cronbach's alpha = .775 in a sample of 924 adults, demonstrating good reliability (Sharoni, 2012).

The demographic questionnaire included the following: age, gender, race, income level, highest level of education, type of NP certification, and years in practice which helped provide descriptive analysis of the participants.

Data Analysis

Excel software was used to analyze the data and descriptive statistics were used to describe the demographics of the participants. Aim 1 of the project was to increase participants' mean EI score by at least 5 points following participation in one or both educational modules. This outcome was determined by comparing mean scores, pre-education to post-education for each webinar. Aim 2 was to increase Texas NP participation in educational resources focused on improving political participation and advocacy by participating in two webinars: (1) NP Policy and the Texas Legislative Process and (2) From Novice to Advocate: Getting Engaged in Policy Change. The goal was for at least 100 members to complete the educational webinars, which was determined by the number of participants receiving CE credit. Aim 3 of the project was to create a sustainable educational healthcare policy and political advocacy resource for TNP members. The goal was to receive CE accreditation through AANP for both educational modules and to add both modules to TNP's website easily accessible for all members to view on their own time.

RESULTS

The project began with the creation of the two educational modules: 1) NP Policy and the Texas Legislative Process and 2) From Novice to Advocate: Getting Engaged in Policy Change. (See Appendix G) for timeline of project completion. When COVID-19 was declared a pandemic, the Project Team debated on whether to postpone the date of the presentation of Module 2. They decided to keep the original date and add a brief update on COVID-19 to the end of the second module, in hopes this would increase the attendance and also inform membership of the latest information available on the pandemic.

Most participants who attended the webinars and completed the surveys were White females, held a Master's degree in Nursing, were certified as Family Nurse Practitioners, were aged between 46-65 years of age, had an income between \$80,000-\$120,000 per year, and had been practicing as NPs between 1-5 years (See Table 1 – Participant Demographics).

Table 1: Demographic Characteristics of Participants

Demographic Characteristics of Participants

	Pre-Webinar (N=104) %	Post-Webinar (N=60) %	Pre-Webinar (N=63) %	Post-Webinar (N=42) %
Age (years)				
20-35 years	16.35	11.67	20.63	9.52
36-45 years	23.08	25.00	17.46	16.67
46-55 years	25.98	33.33	23.81	28.57
56-65 years	29.81	28.33	25.40	28.57
>65	4.81	1.67	12.70	16.67
Gender				
Male	4.81	3.33	3.17	4.76
Female	95.19	96.67	96.83	95.24

Race				
White	72.12	53.33	68.25	61.90
Hispanic/Latino	9.62	20.00	15.87	23.81
Black/African American	9.62	11.67	6.35	4.76
Asian/Pacific Islander	8.65	15.00	6.35	7.14
Other	0.00	0.00	3.17	2.38
Income				
<\$80,000	9.62	10.00	22.22	16.67
\$80,000-\$120,000	34.62	53.33	49.21	57.14
>\$120,000	55.77	36.67	28.57	26.19
Highest Level of Education				
Associate Nursing	0.00	0.00	0.00	0.00
Bachelor's Nursing	8.65	5.00	12.70	4.76
Master's Nursing	58.65	68.33	63.49	69.05
Doctor of Nursing	27.88	23.33	17.46	19.05
Doctor of Philosophy	4.81	3.33	6.35	7.14
NP certification				
Adult Gerontology AC	4.81	5.00	3.17	4.76
Adult Gerontology PC	4.81	8.33	1.59	7.14
Adult Acute Care	5.77	6.67	6.35	4.76
Adult Primary Care	5.77	3.33	4.76	4.76
Emergency	0.00	0.00	0.00	0.00
Family	55.77	56.67	52.38	59.52
Neonatal	0.00	0.00	0.00	0.00
Pediatric Acute Care	0.96	0.00	0.00	2.38
Pediatric Primary Care	4.81	8.33	7.94	7.14
Psych-Mental Health	1.92	3.33	4.76	4.76
Women's Health	1.92	3.33	4.76	2.38
Other	13.46	5.00	14.29	2.38
Years of NP practice				
1-5 years	30.77	45.00	33.33	33.33
6-10 years	19.23	15.00	11.11	11.90
11-15 years	12.50	5.00	12.70	9.52
16-20 years	6.73	10.00	3.17	19.05
21-25 years	11.54	8.33	19.05	11.90
26+ years	11.54	11.67	9.52	7.14
student	7.69	5.00	11.11	7.14

The number of participants who completed the EI pre-webinar 1 was 104, post-webinar 1 was 60, pre-webinar 2 was 63 and post-webinar 2 was 42 (See Table 2).

Table 2: Participants Political Self-Efficacy Scores

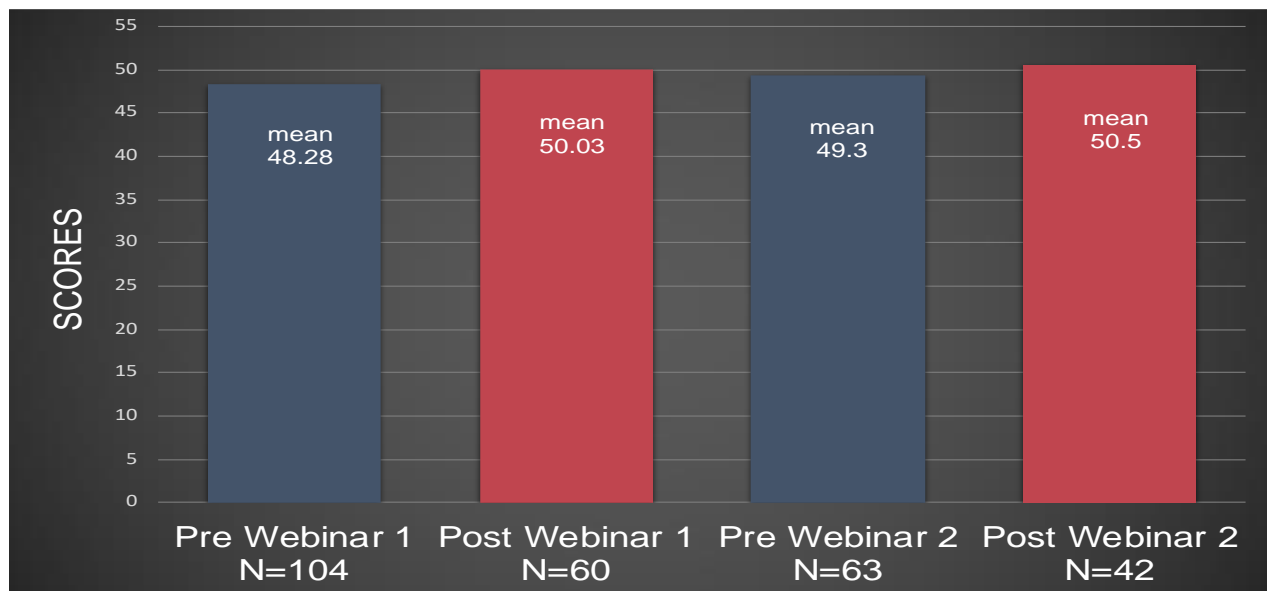
Participants Political Self-Efficacy Scores

	Pre-Webinar 1 (N=104) Mean (SD)	Post-Webinar 1 (N=60) Mean (SD)	Pre-Webinar 2 (N=63) Mean (SD)	Post-Webinar2 (N=42) Mean (SD)
Score	48.28 (6.02)	50.03 (5.09)	49.30 (6.08)	50.5 (4.58)

IP addresses were used as the participant identifier to allow anonymity. There were a total of 23 participants who completed both the pre- and post- EI for Webinar 1, 12 participants who completed both pre- and post- surveys for Webinar 2, and 4 participants who completed pre- and post- surveys for both Webinars 1 and 2. The mean EI scores from pre- to post-education increased by 1.7 points for Webinar 1 and increased by 1.2 points for Webinar 2 (See Figure 1). The total number of participants receiving CE credits for attending the webinars was 124.

Figure 1: Participants Political Self-Efficacy Scores

Participants Political Self-Efficacy Scores



Due to the COVID 19 pandemic, participants were not asked to send a letter to their legislator however, they were provided with a template for writing a letter to a legislator in the second webinar. The PD and content expert decided to forego the letter to the legislator addressing concerns of the pre-pandemic TNP political agenda, due to the likely inundation in letters and calls legislators were receiving from constituents regarding the COVID-19 pandemic. The third aim of the project was to provide TNPs' members with a sustainable educational resource to improve their knowledge of healthcare policy and advocacy resources and activities. The PD worked with TNP to submit both educational modules for consideration for CE accreditation through AANP. AANP accreditation was received for one CE credit hour for each of the educational modules on January 14, 2020 (See Appendix I). Both recorded webinars were

added to TNP's website in their CE Center on March 10th, 2020 and March 31st, 2020, following the live webinar presentations.

DISCUSSION

The purpose of this project was to improve the healthcare policy and political advocacy educational resources offered by TNP to increase healthcare policy knowledge, PSE and political advocacy in Texas NPs. The specific aims of the project included increasing PSE in Texas NPs from pre-education to post-education by five points. Participants' mean scores did not increase by five points, but they did improve after the educational modules. The second aim of this project was to improve political participation and advocacy in Texas NPs. The goal was for at least 100 TNP members to complete the educational webinars. This goal was met as 124 NPs attended the one or more of the presentations and received CE credits from AANP. The second planned outcome of this aim was for participants to initiate at least 20 letters to legislators targeting one of TNP's established healthcare advocacy issues. Due to the COVID-19 pandemic, this part of the aim was not pursued, as legislators and nurses became, necessarily, keenly focused on the safety and health of the state, the nation and all healthcare providers. The third aim of this project was to create a sustainable educational resource for TNP, by receiving AANP CE accreditation for both educational modules and the addition of the educational modules to the TNP CE website. CE accreditation for both modules was obtained and both modules were housed on the TNP website for members to access at their convenience.

The improvement in PSE scores after education aligned with several studies mentioned earlier. In addition, a study conducted in the Midwestern region of the US analyzed data from surveys from over 300 students, 15 student interviews, and 22 classroom observations given before and after a political blogging course, found that the education developed increased self-

efficacy for political writing, political awareness, and internal political efficacy (Levy, Journell, & Towns, 2015). The increase in PSE for this sample from pre-education to post-education was lower than expected. Reasons for this finding may be that as expected, the PSE scores for this sample were quite high pre-education. The PSE pre-education mean scores in this project's sample of NPs ($M = 48.3$) were almost double the mean scores of Sharoni's (2012) study sample. The scores were expected be higher because Sharoni's study sample consisted of the general public and this study consisted of individuals with higher education who were members of a professional organization as both of these characteristics were associated with higher PSE (Kung & Rudner Lugo, 2015). In addition, this sample included several participants of older age (suggesting longer nursing experience) and several who held doctoral degrees. Higher levels of PSE have been associated with participants' increased education and experience (Perry, 2017). An already high score, prior to the education, may explain why the increase post-education was smaller than expected, but did improve. Similar findings were reported by researchers who studied PSE in a sample of 632 NPs belonging to AANP (O'Rourke et al, 2017). Their scores ranged from 0 to 65 with a mean score of 44.3 ($SD = 5.9$) (O'Rourke, 2017), much closer to this sample's mean of 48.3 ($SD = 6.0$). It is likely PSE mean scores would increase more after an educational intervention aimed at improving PSE, if the target audience were NPs who were not members of their professional organization and possibly younger and less experienced.

The goal to involve at least 100 members (2% of membership) of TNP in this health policy education initiative was met and surpassed. In addition, the two webinars entitled: (1) NP Policy and the Texas Legislative Process and (2) From Novice to Advocate: Getting Engaged in Policy Change were housed on TNP's CE page. The TNP organization's website typically sees approximately 90,000 users per year, most of whom are NPs. The planned addition of dozens of

specialty tracks in the fall of 2020 will add hundreds if not thousands of annual visitors to their online CE center.

Bandura's Self-Efficacy Model guided the choice to measure PSE in this sample of NPs and helped guide the preparation and content of the educational materials (verbal and social persuasion) in that the PD shared not only general knowledge regarding legislative processes and current healthcare issues (mastery experience), but also shared personal experiences with advocacy efforts and success in communicating with legislators regarding key nursing and public health issues (vicarious experience). The Transtheoretical Model helped to clarify this sample of professional nurses were likely past the precontemplation, contemplation, and possibly even the preparation phases of the model and with continued encouragement were ready to progress to the action and maintenance stages.

Limitations

This project was conducted during the outbreak of a world-wide pandemic, which of course impacted everyone in the world, but also demanded even more from healthcare providers, the targeted sample of this project. As the pandemic demand for healthcare providers skyrocketed following the first educational webinar, the second educational webinar, presented a week after many cities in Texas were placed under "stay at home" mandates by local governments, resulted in lower participation than expected. The increased demand on NPs coupled with national panic and uncertainty caused by COVID-19, likely decreased participation in the second webinar. An additional limitation of the project was the inability to link some of the pre- and post-educational survey scores of participants. To provide anonymity to participants, only IP addresses were used to link pre- and post-education survey scores. Due to the pandemic, many nurses were displaced from their places of employment, moving from office to home, from

office to hospital, or from one office to another, possibly increasing the likelihood of them taking the post-education survey from a different location than the first. Future studies may benefit from a unique identifier assigned to each participant. As mentioned previously, the pre-intervention high level of PSE in this sample likely decreased the probability of finding a larger improvement in PSE post-education. Future endeavors by the TNP organization may involve recruitment of non-members in different settings where NPs are available.

Financial Considerations

There were not many direct costs involved with this Policy Initiative project. The PD paid a one-time fee of \$100, which was required by TNP for any survey distributed to members (TNP, 2019). The direct costs for CE accreditation through AANP were deferred to TNP and consisted of \$150 per live CE hour.

Interpretation

TNP expressed interest in collaborating with the PD to educate NPs on (1) key NP political issues & the Texas legislative process; and (2) engagement in policy changes. The combined effort between TNP and this doctoral project introduced a continued relationship between the university's doctoral program for nurses and the capability to improve nursing PSE in a tremendous way. This project may have paved the way for universities to partner with nursing associations to educate and promote nursing advocacy and benefit the nursing profession as a whole.

The first educational module was intended as a sustainable education piece on the Texas legislative process and will require little to no changes over time. Module two, which covered further engagement with policy changes, also was designed to require little to no changes over time but may require periodic updating as some laws and/or policies pass or as new issues arise.

Creating educational modules, requiring little to no updates is a fundamental piece when teaching NPs to effectively communicate with legislators and conveying a precise and consistent unified message. The modules were housed on the TNP website in their CE center, usually maintained for a 2-year period, at which time modules are updated or removed. The participants of the second webinar were given a sample letter to a legislator but were not asked to contact them at that time. TNP will continue to monitor legislation following the emergence of COVID-19 to determine the appropriate time to complete the letter writing portion of the second webinar.

CONCLUSION

Policy drives practice, making it essential for NPs to be engaged in the legislative process, which governs policy decisions directly impacting individual and collective clinical practice. Targeted educational interventions can improve PSE levels in nurses resulting in more engagement by nurses in the political process, making it imperative to educate all nurses, specifically NPs on the importance of political activism and advocacy and the impact individual political awareness and involvement has on their profession (O'Rourke et al., 2017). Nurses have encountered various obstacles in the past when advocating for their profession such as legislative practice-act history, lack of knowledge of the NP role, and organized medicines' persistent opposition (Chesney & Duderstadt, 2017). Our current complex healthcare system combined with an aging, growing population puts an even greater burden on providing citizens affordable, efficient, quality healthcare (Kash et al., 2017). Nurses constitute the largest group of healthcare providers and have the potential to positively impact legislative health policies (Vandenhouten et al., 2011). Through increased PSE, Texas NPs can become the needed change agents to advocate for the rights of their profession and their patients. Results of fairly high initial PSE levels by this sample of TNP members, highlighted the need for TNP to promote this educational opportunity

outside of their membership, perhaps at nursing conferences and other professional nursing-related gatherings, to not only increase political knowledge, PSE, and advocacy, but also with a potential to increase TNP membership.

Education on political participation and advocacy should be incorporated into all levels of nursing education. Grassroots advocacy efforts are fundamental as well and should be multifaceted. NPs and all nurses should understand there are numerous methods of participating in healthcare advocacy outside the political arena, including partnering with the community such as volunteering at health and career fairs, volunteering at senior centers, participating and/or coordinating medical tents for various athletic events, participating in various charitable drives, and volunteering/serving on various community boards.

This educational initiative project to increase NP PSE and advocacy was conducted during a world-wide pandemic. The entire world was plunged into a state of uncertainty and distress with the emergence of COVID-19. The political issues that have come about with the pandemic and the US government's response, especially with respect to the needs of the healthcare community to meet the demands of the US population, have increased the importance of ensuring nurses have the knowledge, PSE, and resources to advocate for their profession and their patients, in normal times, and especially in times of extreme need. In addition, further studies are needed to assess the short- and long-term impacts on PSE in healthcare providers during and following a pandemic, when so many healthcare concerns and priorities have become political issues.

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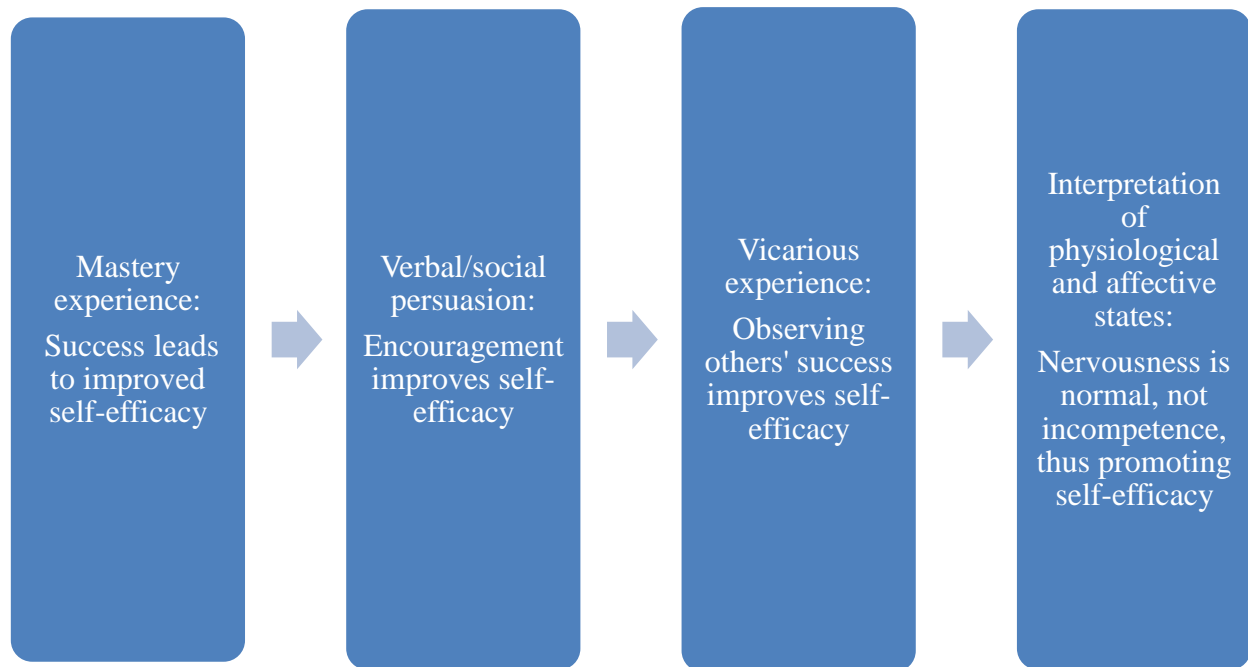
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LIST OF APPENDICES

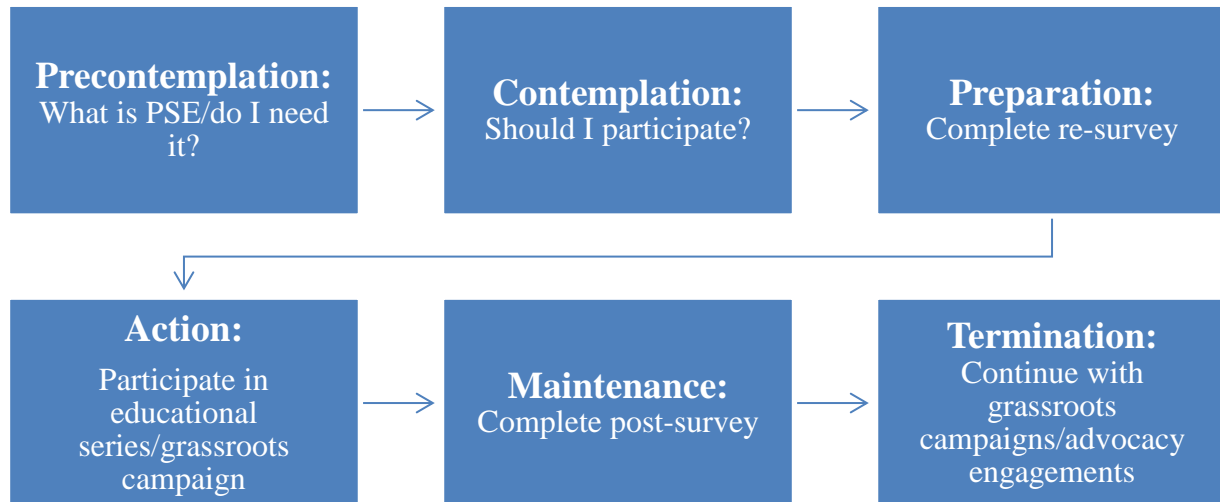
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APPENDIX A: Bandura's Self-Efficacy Model



Bandura's Self-Efficacy Model (Snyder & Fisk, 2016), adapted for this PSE policy initiative

APPENDIX B: Transtheoretical Model



APPENDIX C: Letter of Determination



OFFICE OF RESEARCH COMPLIANCE
Division of Research and Innovation
6300 OCEAN DRIVE, UNIT 5844
CORPUS CHRISTI, TEXAS 78412
O 361.825.2497

Human Subjects Protection Program

Institutional Review Board

DATE: February 27, 2020
TO: Theresa Garcia, College of Nursing and Health Sciences
CC: Kristy Aleman, Student
FROM: Office of Research Compliance
SUBJECT: Not Human Subjects Determination

Activities meeting the DHHS definition of research or the FDA definition of clinical investigation and involves human subjects are subject to IRB review and approval.

On February 27, 2020, the Texas A&M University-Corpus Christi Institutional Review Board reviewed the following submission:

Type of Review:	Not Human Subjects Determination
Title:	A Health Policy Education Initiative to Increase Political Self-Efficacy and Advocacy in Texas Nurse Practitioners
Project Lead:	Theresa Garcia
IRB ID:	TAMU-CC-IRB-NHS- 2020-02-012
Funding Source:	None
Documents Reviewed:	Aleman_600.02 Form_022620_1600 Aleman_IRB_022620_1600 App1_TNPsupportletter_Aleman App2_DemoQues_Aleman App3_EfficacyIndex_Aleman App4_Infoemailwithlinks_Aleman App5_WebinarOutlines_aleman

Texas A&M University-Corpus Christi Office of Research Compliance determined that the proposed activity does not meet the DHHS definition of research or the FDA definition of a clinical investigation.

Therefore, **this project does not require IRB approval.** You may proceed with this project.

This determination applies only to the activities described in the documents reviewed. **Any planned changes require submission to the IRB to ensure that the research continues to meet criteria for a non-human subject research determination.**

Please do not hesitate to contact me with any questions at irb@tamucc.edu or 361-825-2892.

Respectfully,

Matthew R. Gaynor, J.D.
Digitally signed by
Matthew R. Gaynor, J.D.
Date: 2020.02.27
14:25:24 -06'00'

Office of Research Compliance

APPENDIX D: TNP Letter of Support



February 11, 2020

Dr. Sara Baldwin
Associate Dean for Academic Programs
College of Nursing and Health Sciences
Texas A&M University – Corpus Christi
6300 Ocean Drive
Corpus Christi, TX 78412

Dear Dr. Baldwin,

The purpose of this letter is to provide Kristy Aleman, a Doctor of Nursing Practice student at Texas A&M University College of Nursing and Health Sciences, support in improving educational resources offered to members of Texas Nurse Practitioners (TNP). The project is a Health Policy Education Initiative aimed to improve educational resources offered to members of TNP aimed at improving members' political self-efficacy and involvement in healthcare policy. This project entitled, Increasing Political Self-Efficacy (PSE) and Advocacy in Texas Nurse Practitioners, entails surveying the TNP database of members to obtain baseline data on their current level of political self-efficacy (PSE); asking for volunteers to participate in the education which will consist of completion of two educational modules and encouragement to submit a letter to their own legislator. A post-education survey will be provided to measure improvement on PSE.

The purpose of this project is to improve educational resources offered to members of TNP aimed at improving members' PSE and involvement in healthcare policy. TNP was selected for this project because it has over 5,000 members who include NPs or NP students, who could benefit from additional resources to improve NP political participation in Texas. Kristy Aleman is not employed at this institution but has an interest in improving the educational resources offered by TNP to improve PSE in Texas NPs.

I, Erin Cusack, Director of Government Affairs at TNP, do hereby fully support Kristy Aleman in the conduct of this health policy education initiative.

Sincerely,

A handwritten signature in black ink that reads "Erin Cusack". The signature is written in a cursive, flowing style.

Erin Cusack

APPENDIX E: TNP Email

Dear TNP Member,

You are receiving this because you are registered for the upcoming webinar, “Nurse Practitioners & the Texas Legislative Process.”

TNP is pleased to offer a new resource to our members to improve knowledge and comfort level in participating in the policy and advocacy process for our patients and our profession. It is our duty as healthcare professionals to advocate for our patients to continually strive to improve their access to quality, improved healthcare. As a member of TNP, you may now access, at no cost, two educational modules, providing CE credit, to be offered via Webinar. Kristy Aleman, a DNP student at Texas A&M University Corpus Christi, is conducting a project to help us introduce these resources and measure their effectiveness.

As part of the project, you will be asked to:

1. Fill out a short survey consisting of demographic questions, and questions regarding your current political knowledge. The survey should take approximately 5-10 minutes to complete. **Please take the survey prior to the first webinar on March 3. It can be accessed here:** <https://www.surveymonkey.com/r/VSBQMXJ>
2. Register for part two of these policy modules on the TNP website: [*“From Novice to Advocate: Getting Engaged in Policy Changes”*](#) – offered **March 24, 2020 at 12:00 pm.**
3. After attendance at one or both webinars, complete a short post-survey, to help us measure effectiveness of the educational presentations. You will be emailed a link to a final survey after you have attended the webinar(s).

We sincerely hope you will make the time to increase your education, gain some CE credits, and help us to determine if this new resource is an effective tool to increase our members’ political knowledge, political self-efficacy, and comfort with engagement in policy to advocate for the many health issues impacting our patients and our profession in Texas.

Sincerely,
TNP

APPENDIX F: Webinar Objectives

Policy Webinar (2 hours, Part 1 & 2)

Part 1: NP Policy & the Texas Legislative Process

1. The learner will review the legislative, committee, and parliamentary process in Texas, and the key steps a bill must take – from bill introduction to final signature by the Governor – to become a law. This will include case studies of bills from the most recent legislative sessions.
2. The learner will become familiar with the key Texas laws impacting nurse practitioner practice, including the Nurse Practice Act, Chapter 157 of the Texas Occupations Code, and recent legislation on nurse practitioner delegation requirements, signature authority, and insurance recognition.
3. The learner will be introduced to bill tracking tools and other resources for monitoring the legislative process and nurse practitioner laws.

Part 2: From Novice to Advocate: Getting Engaged in Policy Change

1. The learner will receive an orientation to grassroots activities, including TNP's Capitol Day, Legislative Visits Volunteer Program, and online Grassroots Action Center that allows nurse practitioners to contact their legislators and take action on state laws and proposed regulations.
2. The learner will review best practices for legislative visits, as well as key messages and communication strategies for how to talk with elected officials about nurse practitioner policy issues.
3. The learner will be provided with a sample constituent letter outlining nurse practitioner policy issues and will be encouraged to submit their own letter upon completion of the webinar series.

APPENDIX G: Timeline

Date	Task
1/15/20	Apply for CE accreditation
2/27/20	Create Module 1
3/2/20	Send out EI & Demographic Surveys
3/3/20	Disseminate Module 1
3/6/20	Reach out to local chapters of TNP
3/24/20	Disseminate Module 2
3/24/20	Send out post survey
3/24/20-6/5//20	Review post EI scores and Demographic information
6/20/20	Disseminate results

APPENDIX H: Sharoni's Letter

From: "Arnim, Kristy" <karnim@islander.tamucc.edu>
Subject: Fwd: Efficacy Index DNP Project
Date: October 27, 2019 at 4:58:29 PM CDT
To: Kristy Aleman <kristy.m.aleman@gmail.com>

Sent from my iPhone

Begin forwarded message:

From: Sari Sharoni <sari.sharoni@gmail.com>
Date: October 26, 2019 at 20:57:12 CDT
To: "Arnim, Kristy" <karnim@islander.tamucc.edu>
Subject: Re: Efficacy Index DNP Project

Hi Kristy,

Thank you for reaching out. I would be happy for you to use the article and the index with attribution in your work. Please let me know if there are any particular materials you need from me.

Warmly,
Sari

On Sat, Oct 26, 2019 at 1:31 PM Arnim, Kristy <karnim@islander.tamucc.edu> wrote:

Hello, I am a Doctorate of Nursing Practice (DNP) student at Texas A&M University Corpus Christi (TAMUCC). I am writing to ask if I can use your Efficacy Index you used in your 2012 publication "e-Citizenship: Trust in Government, Political Efficacy, and Political Participation in the Internet Era" in my DNP project which is titled "A Health Policy Initiative to Increase Political Self-Efficacy and Advocacy in Texas Nurse Practitioners".

If you have any questions I would be happy to answer them. Thank you in advance for your time and consideration.

Kristy Aleman
DNP student TAMUCC

APPENDIX I: AANP CE Accreditation



The Voice of the Nurse Practitioner®

January 14, 2020

Bella Stewart
Texas Nurse Practitioners
4425 South MoPac Building III Suite 405
Austin, TX. 78735

Dear Bella,

The continuing education activity “*NP Policy & the Texas Legislative Process Webinar Part 1*”, sponsored by Texas Nurse Practitioners, is approved for continuing education by the American Association of Nurse Practitioners. Activity ID number 19124046 has been assigned to this application. All sessions are approved as submitted. This activity has been approved for 1 year (through January 31, 2021), provided no changes are made.

This activity may be repeated 1 additional time within the approval year with appropriate notification per the AANP Accreditation policy.

Use the following statement in your literature to indicate the maximum credit one person can obtain upon completion of this activity: “This activity is approved for 1.0 contact hour(s) of continuing education by the American Association of Nurse Practitioners. Activity ID 19124046. This activity was planned in accordance with AANP Accreditation Standards and Policies.”

This approval is for the continuing education activity listed in the original application. With this approval, ALL changes to this program must be reported to the AANP for review as soon as they are identified. This includes, but is not limited to:

- session drops/additions
- speaker changes
- objective changes
- date and /or venue changes

Any changes to content or speakers that are not reviewed by the AANP are not approved for credit.

Refer to this activity’s ID number with all communication pertaining to this application including the required post-activity reports. Attendance sheets and evaluation summaries are due to AANP one month after the activity’s initial presentation (no later than April 3, 2020.). Please find important information and instructions attached regarding mandatory post-activity reporting.

Best Regards,
AANP Accreditation

Administration: PO Box 12846 • Austin, TX 78711 • Email: admin@aanp.org • Website: aanp.org
Government Affairs: 1400 Crystal Drive, Suite 540 • Arlington, VA 22202 • Email: governmentaffairs@aanp.org