

ORIGINAL RESEARCH

Exploring the political astuteness of registered nurses

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ABSTRACT

Registered nurses (RNs) play critical roles in advocating for policies that impact patients and the profession, yet nursing's voice is largely silent when it comes to shaping health policy. Despite efforts to increase nurses' voice in health policy, the extent to which nursing expertise shapes health policy remains relatively unknown. The purpose of this study was to examine levels of political astuteness among registered nurses. A cross-sectional study of RNs (n = 212) was conducted using the Political Astuteness Inventory. Nurses in the sample voted (91%) at a higher rate than the general public (66.8%) in the 2020 federal election; however, levels of political activity beyond voting were minimal. Age and education were positively associated with political activity. Findings of this study indicate positive movement by nurses toward increased levels of political engagement, yet there is room for improvement in shaping health policy.

Key Words: Cross-sectional studies, Humans, Nurses, Politics health policy

1. INTRODUCTION

According to the American Association of Colleges of Nursing, nursing is the nation's largest healthcare profession. With nearly 4.2 million registered nurses nationwide, and the majority (84%) employed in the nursing field, it would be extremely difficult for any healthcare system to function without the guidance, input, services, and research provided by nurses. Therefore, it is essential to ensure that nurses' guidance and input are considered in all health policy matters.^[1]

Registered nurses (RNs) play critical roles in advocating for policies that impact patients, communities, and the profession. However, nursing remains the least influential voice in shaping health policy.^[2-4] While nurses have made progress in developing the competencies needed to shape policy and influence politics, they can do more to use their expertise to lead policy agendas.^[5,6] The public's trust in nurses, com-

bined with their knowledge of the healthcare system, analytical abilities, and communication skills, uniquely positions them to shape health policy with political savvy.

Civic participation is the foundation upon which democratic governments function. Civic engagement is defined as the democratic process through which citizens contribute to the civic life of their communities.^[7,8] Political astuteness seeks to operationalize civic engagement through both formal and informal activities, such as voting, participating in political and non-political organizations, signing petitions, volunteering for elected officials, wearing campaign badges, attending or speaking at public policy gatherings, contacting politicians, and collaborating with others on community policy initiatives. Voter participation is a common measure of civic engagement and is widely recognized as a form of civic involvement that affects health.^[9]

Since the early 1970s, when political consciousness in the

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profession began to emerge, nurses' political aptitude has grown, albeit slowly.^[10] Over the past few decades, leaders have repeatedly urged nurses to increase their involvement in policy and politics. The Future of Nursing 2020-30 report emphasized the importance of including nursing expertise in the development and advancement of health policy. However, nursing is still not regularly included in policy discussions.^[11] Vande Waa, Turnipseed, and Lawrence (2019)^[12] suggested that the lack of evidence of nurses' participation in elections indicated a deficiency of political astuteness. In contrast, Rewakowski and colleagues (2021)^[13] found that nurses were engaged in political activities related to health. Despite efforts to amplify nurses' voices in health policy, the extent to which nursing expertise shapes health policy remains unclear and inconclusive. Therefore, the purpose of this study was to examine levels of political astuteness among registered nurses and explore factors influencing political engagement.

2. METHODS

2.1 Study design and participants

A cross-sectional study of RNs was conducted to collect data for this study. After institutional board approval, a convenience sample of RNs was recruited using the researchers' social media platforms and a snowball sampling recruitment technique from December 2021 to February 2022. Informational messages inviting nurses to participate in the study were posted on Facebook, Instagram, and Twitter. Due to the recruitment method, it is not possible to identify how many nurses received the invitation to participate in the study and chose not to respond.

Nurses were informed about the study and provided consent before accessing the online survey. Participation was voluntary and RNs that were actively licensed, able to read and write in English and able to complete an online survey were included in the study. Data were collected anonymously. Nurses could stop participating in the study at any time.

2.2 Instrument

The Political Astuteness Inventory (PAI) was used to assess political astuteness and involvement in political engagement among RNs.^[14] This instrument has been used to assess political astuteness among nurses and nursing students following educational interventions.^[15,16] The PAI consists of 40 questions with content areas including voting behaviors, participation in professional organizations, involvement in the policy process, general awareness about health policy issues, and knowledge of elected officials and the legislative process. A total score for political astuteness was calculated by counting the items checked. The levels included totally unaware politically (0-9 points), slightly aware of the

implications of politics for nursing (10-19 points), shows a beginning political astuteness (20-29 points), and politically astute (30-40 points). The internal consistency reliability for the PAI using Cronbach is .81. Demographic characteristics including gender, age, education, experience, setting, role, and geography were collected.

3. RESULTS

A total of 212 RNs completed the survey. Most participants were female (see Table 1). Participants ranged in age groups from 18-24 to over 65 years of age, although the most frequent age-group was 18 to 34 years. Most participants were educated at the baccalaureate level. The nurses' years of experience ranged widely from 0 to over 40 years with many participants having less than 15 years of experience. Most participants indicated their primary role as clinical nurses ($n = 180, 84.4\%$) (see Table 2).

The mean total PAI score ($M = 14.44$; out of a maximum possible total score of 40) implied that that, on average, only about one third of the items in the PAI inventory were implemented by the participants to improve negative issues facing the nursing profession, and that most of the nurses were not deeply involved in political issues and processes. The reliability of the entire set of 40 scores collected with the PAI was good ($KR-20 = .910$).

To examine factors of political engagement, three expert nurses assessed the PAI items and allocated items to one of three subscales; the psychological engagement scale (13 items); the resources scale (21 items), and the recruitment scale (6 items). The internal consistency reliabilities of the three scales were estimated using the Kuder-Richardson 20 (K-R 20) coefficient (see Table 2). The 13 scores used to measure psychological engagement had relatively low but adequate reliability ($KR-20 = .658$) as did the 6 scores used to measure recruitment ($KR-20 = .687$). The most reliable measured sub-scale was resources ($KR-20 = .894$) with 21 items. Because the total score and three-sub-scales of the PAI were reliably measured, the scales could be operationalized adding up all the "1" scores for the "Yes" responses.

The lowest scores were for the recruitment scale ($M = 1.11$) implying that, on average, the participants engaged in about one activity associated with their state professional or student nurse's organizations (see Table 3). The next lowest score was for psychological engagement ($M = 6.25$), implying that, on average, the participants engaged in about six activities associated with political issues and processes related to healthcare. Resources was the scale with the highest score ($M = 7.08$) implying that on average, the participants knew about seven political issues or processes associated with health-related issues and the practice of their profession.

Table 1. Demographic characteristics of participants (N = 212)

Group	Category	n	%
Gender	Female	185	87.3
	Male	27	12.3
Age (Years)	18-34	106	50.0
	35-54	66	31.1
	55-65+	40	18.9
Highest educational level	Bachelor's degree	134	63.2
	Master's or Doctoral degree	57	26.9
	Associate degree/Other unspecified qualification	21	9.9
Years of Experience	≤ 15	139	65.6
	16 to 30	38	17.9
	> 40	35	16.5
Setting	In-patient care*	158	74.5
	Short term care†	31	14.6
	Academic (College or School of Nursing)	23	10.8
Primary role	Staff nurse/Nurse practitioner/Nurse specialist	180	84.4
	Nurse manager/Chief nurse executive/Director of nursing	20	9.4
	Nurse educator (Faculty/staff)	12	5.7
Geographic region of USA	East	177	83.5
	West	14	6.6
	West	21	9.9

Notes. *Inpatient hospital, home care/community care/school nursing/ psychiatric, mental, or correctional healthcare. †Outpatient department/ ambulatory care/dialysis clinic.

Table 2. Descriptive statistics for political astuteness inventory scales

Scale	M	SD	Lower 95% CI	Upper 95% CI
Psychological Engagement	6.25	1.95	5.99	6.52
Resources	7.08	4.86	6.42	7.44
Recruitment	1.11	1.34	0.93	1.29
Total PAI Score	14.44	7.18	13.47	15.42

Table 3. Effects of demographic factors on political astuteness

Effect	Wilk's λ	df1	df2	p	Mean ES	Lower 95% CI	Upper 95% CI
Gender	.986	3	198	.440	.014	.000	.062
Age	.930	6	396	.026	.064	.015*	.141*
Highest level of education	.915	6	396	.007	.044	.006*	.112*
Years of Experience	.976	6	396	.557	.012	.000	.058
Setting	.965	6	396	.320	.017	.000	.068
Primary Role	.988	6	396	.877	.006	.000	.044

Notes. This table demonstrates statistical tests examining the effects of demographic variables on political astuteness. *95% of ES did not capture zero

Only two demographic factors were found to have practically significant effects on a linear combination of the three PAI subscales, indicated by mean effect size sizes (ES > .04) with 95% CI not capturing zero. Age (ES = .064) and highest

level of education (ES = .044) had small but practically significant effects on political astuteness. The interpretation of ES is that, for at least 95% of the time, 1.5% and 14.1% of the variance in the mean scores for political astuteness were

explained by differences in age, whilst 6.0% to 11.2% of the variance were explained by differences in the levels of education. The effects of gender, years of experience, setting, and primary role on political astuteness were very small, and close to zero ($ES < .04$ with 95% CI capturing zero) reflecting little or no practical significance.

Within each of the three educational levels, the mean scores for engagement, resources, and recruitment tended to increase with respect to an increase in the ages of the participants. The highest mean scores for psychological engagement, resources, and recruitment ($M = 8.73, 13.47,$ and 2.73 respectively) were found amongst the oldest participants (age 55 to 65+ years) who had the highest educational levels (master's/doctoral degrees). The lowest mean scores for psychological engagement, resources, and recruitment ($M = 5.50, 4.00, 13.47,$ and 0.76 respectively) were found amongst the younger participants (age 18 to 35 years) with lower educational levels (associate degrees/other qualifications/bachelor's degrees).

4. DISCUSSION

This study examined levels of political astuteness among registered nurses and found that nurses are politically astute; however not at the levels needed to develop and advance health policy. Most participants indicated they were not deeply involved in policy or politics and rated themselves as “slightly politically aware (54%) with 22% indicating they were “beginning to be politically astute.” These findings align with previous research noting that, nurses are more politically active than non-nurses even though nurses do not feel competent to participate in the political arena.^[12,13,17,18] Nursing education programs promote an understanding of political processes and legislative policy yet a focus on developing political competencies is lacking, which is perhaps resulting in a marginalization of nurse policymakers.^[4,19]

Voting is a simple yet important civic responsibility. Consistent with previous studies, this study found that nurses vote at a higher rate than the general public.^[12,13,18] Voter turnout reached peak levels in the 2020 federal election in the United States, yet this resulted in only 66.8% of the population voting. In contrast, 98% of the RN sample indicated they were registered to vote and 91% voted in the 2020 election. Further, voter turnout among nurses was higher in 2020 than in previous years and higher than the general population. In 2018, 70.4% of RNs in the federal election as compared to 53% of the voting-age population.^[12,20] And in 2016, 75.9% of RNs voted in the federal election as compared to 61.4% of the voting-age population.^[21] High voter turnout in 2020 may have been due to the contentious nature of the presidential election as well as formal initiatives to increase civic

engagement among nurses. In 2018, nursing organizations launched a formal initiative to encourage nurses to share their expertise and make their voices heard in the midterm elections. The American Association of Colleges of Nursing^[22] in conjunction with other professional nurses' associations launched the Nurses Voices, Nurse Vote campaign that provided voter registration information and deadlines.

If political engagement is defined simply as participating in the democratic process of voting, nurses are more politically engaged than the general population. On the other hand, if political engagement is defined broadly in terms of making a difference in the civic life of communities, factors of political engagement must be examined more deeply.^[7,8] The nurses in this sample were younger and largely educated at the baccalaureate level. Yet, a baccalaureate education does not promote political engagement beyond voting.^[23] Therefore, examining political astuteness among RNs through the lens of political engagement with a focus on resources, recruitment, and psychological engagement is important. In terms of resources such as time, money and knowledge, nurses in this sample possess basic knowledge of political activities such as recognizing the names of candidates and knowing where to vote. These findings align with the literature that noted a rising aptitude in political astuteness.^[18,24] However, time, family obligations and finances remain a constraint to increasing civic engagement. In this study, age and education were found to positively impact civic engagement. Possibly nurses who are older and more highly educated are working in positions that offer more flexibility, time, and money to engage in political activities.

Greater political knowledge is a key factor in promoting civic engagement.^[23] As individuals expand their knowledge of civics, they are more likely to perform activities such as contacting public officials and attending political events. Psychological engagement refers to the notion of seeking information about political topics or taking action. More than half of the RNs in this study indicated they were interested in becoming more politically astute. Yet, confidence and optimism that one can make a difference are important considerations when nurses contemplate increased engagement.^[18] Educational institutions and nursing organizations can play a pivotal role in bolstering nurses' confidence through training programs, creating space for dialogue, coaching, and mentoring. Observing and participating in the political process with the support of peers can serve as a defining moment that triggers political activism.

Recruitment refers to motivating individuals to become politically active. It was anticipated that recruitment would be more strongly aligned with political engagement among

nurses in this study, particularly with the popularity of social media networks among individuals between 25 and 30 years of age. However, the recruitment factor was the least reliable of the three factors, supporting the notion of a participation gap in policy and political activities by nurses. Nurses need regular encouragement and support to become politically active. According to the Rule of Seven, to urge prospects to act and buy what is being sold, then one must connect with that person (touches, impressions, or interactions) a minimum of seven times in an 18-month period.^[25] The same rule should be followed when encouraging nurses to become politically active.

The policymaking process is seen as mysterious and inaccessible; however, the cost of exclusion and marginalization of nurses is evident in inequitable policies that do not address the health needs of individuals, communities, and populations. Exploring political astuteness through the CVM has shown its utility in this and previous studies.^[17] Possessing the resources of time, money, and civic skills might make the policymaking process more apparent and accessible; however, it does not ensure that individuals will participate in civic activities. Thus, the political consciousness of nurses must be intentionally cultivated. Both schools and professional associations play an important role in promoting civic engagement among nurses and increasing political savvy. Nurses develop and hone policy and political competencies through formal education and experiences. Teachers can spark curiosity among students through innovative teaching methods including games and immersive learning opportunities. Associations provide an important source of coaching and support for nurses that can significantly influence civic engagement. The profession should consider new strategies for recruiting nurses to become politically active if they are to design and lead policy agendas and be viewed as expert policymakers.

Limitations must be noted when considering the findings of this study. First, this study utilized convenience sampling, which may limit the external validity and reliability of the findings. To limit this drawback, correlation analysis was conducted, and age and education were found to have significant effects on political astuteness. This study was conducted following the highly contentious presidential election in recent history which certainly influenced the results.

5. CONCLUSION

This study focused on political engagement and political astuteness among registered nurses. The study findings offer insight into factors relevant to political engagement among RNs. Findings of this study indicate positive movement

by nurses toward increased levels of political engagement, yet there is room for improvement in shaping health policy. Nurses have a social responsibility to promote the public's health through involvement in shaping health and social policies, yet levels of political astuteness are limited beyond voting participation. Efforts should be made to harness and expand the current momentum to increase civic engagement and political astuteness among RNs.

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AUTHORS CONTRIBUTIONS

Authors contributed equally to the study.

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DATA SHARING STATEMENT

No additional data are available.

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