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An Analysis of Political Involvement Among BSN Students

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An Analysis of Political Involvement Among BSN Students

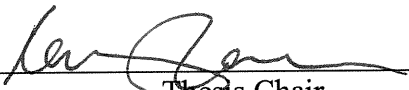
A Thesis Submitted to
the Faculty of the University of North Georgia
In Partial Fulfillment
Of the Requirements for the Degree
Bachelor of Science in Nursing
With Honors

Jessica Braswell

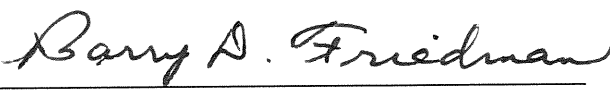
Spring 2017

Accepted by the Honors Faculty
of the University of North Georgia
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Honors Program Graduate

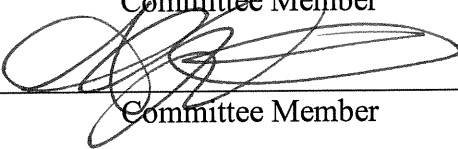
Thesis Committee:



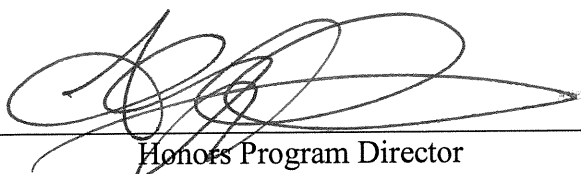
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Abstract

This project was an initial effort to connect BSN nursing students with current legislative activity conducted by professional nursing organizations. A SWOT (Strengths Weaknesses Opportunities Threats) analysis was conducted to examine the involvement of nurses and nursing students in legislative advocacy. Strengths: As a whole, nurses are a trusted profession with a large body of members. In addition, nurses are passionate and their legislative priorities are issues that not only affect nurses, but are aimed at improving patient care as well. Weaknesses: Communication can be perceived as a challenge, which is demonstrated by nurses feeling uninformed about legislative actions currently in motion, leading them to work outside of their professional organization. Professional nursing organizations face challenges in presenting a unified voice. Opportunities: If nurses can unify through their professional organization and become politically active through the right channels, this improved professional communication would have lasting benefits. Threats: Threats to nurses and nursing students in legislative efforts include lack of experience with the intricacies and culture of politics. Recommendations: The SWOT analysis led to three recommendations for improved nurse and nursing student involvement in the legislative process: improving communication between professional organizations and its members, fostering a culture of communication and support between nursing organizations, and equipping nursing students with knowledge about the legislative process and effective ways for them to become engaged in advocacy.

Introduction

New graduate nurses face an enormous decision after graduating. “Where will I work?” is a troubling question for many newly minted RNs. It is evident that new RNs struggle with this decision, because there is an alarming rate of job turnover in new graduates, which is attributed to several factors, including dissatisfaction with job location (Cho, Lee, Mark, and Yun 2012). Currently location is limited by licensure restrictions, but when the Nursing Licensure Compact is enacted in Georgia, it will allow RNs geographical freedom and reduce new graduate nurse turnover.

In addition, the United States is facing a nursing shortage that is predicted to only get worse in the coming years. Georgia is projected to be several thousand nurses short in the next ten years. The Nurse Licensure Compact opens Georgia’s doors to allow more nurses to practice in the state. Both of these problems are systemic, affecting nursing students and registered nurses across the country, including Georgia. This project is a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of political involvement among BSN students in the State of Georgia.

Policy Problem and Significance

New graduate nurse turnover is a prominent issue in nursing today. It is sometimes seen as indicative of widespread job dissatisfaction in new nurses. Currently 17.7% of newly licensed nurses leave their first job within a year, 33.4% turnover within two years, and 46.3% in three years (Cho, et al. 2012). New RN turnover is not just troubling for the nurses, but it is also immensely costly to hospitals. Every time a hospital loses a nurse, it has to invest thousands of dollars in training another RN to replace the lost employee (Scott, Engelke, and Swanson 2008).

In addition to nursing turnover, the United States is facing a nursing shortage crisis, and Georgia is no exception. Nurses are “the largest sector of health care providers with nearly four million professionally active members” (Snaveley, 2016). During the recession of 2007 to 2009, the shortage was briefly satiated due to retired RNs reentering the workforce for financial reasons. Now that the economy is stable, many of these nurses are retiring or have already left the workforce. In addition, “the National Council of State Boards of Nursing reports 55% of the RN workforce is age 50 or older; the Health Resources and Services Administration projects that 1 million nurses are eligible for retirement in 10-15 years” (Snaveley, 2016). The number of millennial nurses is predicted to be insufficient in covering the loss of previous generations of nurses. This shortage is compounded by a lack of nursing program faculty (Snaveley, 2016). Without adequate faculty to train and teach aspiring nurses, the nurse deficit will likely continue to expand.

All these factors have led the Bureau of Labor Statistics’ Employment Projections 2012-2022 to anticipate the number of registered nurses to grow by 526,800, or 19.4% by 2022, with 1.05 million new job openings (Bureau of Labor Statistics, 2013). The

American Health Care Association estimates that the shortage of registered nurses will be over 260,000 by 2025 (Cox, Willis, and Coustasse, 2014). These statistics all demonstrate that the nursing shortage facing the United States is a significant problem. Georgia is already feeling the impact of the shortage and it is predicted to grow even larger (Bureau of Labor Statistics, 2013).

According to the Georgia Nurses Association, Georgia will face an estimated shortage of 50,000 RNs by 2030 (Georgia Nurses Association, 2014). As of March 21, 2017, Georgia has 124,383 active professional registered nurses (Georgia Secretary of State, 2017). It is very clear that Georgia needs more nurses and that this need is only going to grow in the future.

A shortage of registered nurses in Georgia, compounded with the high turnover rates of new graduate nurses highlights the need for change at the policy level to address these nursing issues. The Nurse Licensure Compact (NLC) aims to alleviate these problems by opening state borders for nurses. The NLC is a piece of legislation created by the National Council of State Boards of Nursing (NCSBN) designed to allow “nurses to have one multistate license with the ability to practice in all compact states” (NCSBN, 2017). This means that every state that passes the NLC becomes a compact state, giving nurses the ability to practice across state lines. The NLC is important for telehealth, disaster relief, online nursing education, and reducing the costs of holding multiple licenses for nurses (NCSBN, 2017). Nursing students are affected by these issues and may engage in advocacy on a legislative level to make their voice heard.

Literature Review

The literature review was conducted using GALILEO to locate articles. First, the terms “nursing,” “shortage” and “United States” were used. 208,630 results appeared. To narrow it down further, publication date was limited to between 2002 and 2017, yielding 158,819 results. Then the parameters of “full text,” “scholarly (peer reviewed) journals” and “academic journals” were added, reducing the results to 70,799. At this point, the results were explored and eight articles were read. Of these eight, two articles were utilized in addition to Bureau of Labor Statistics data and the Georgia Nurses Association information.

To research new graduate RN turnover, GALILEO was utilized again. The search terms were “new graduate,” “nurse,” and “turnover,” yielding 50,288 results. This was narrowed down further by limiting publication date to between 2006 and 2017, giving 31,499 results. Then the limitations of “full text,” “scholarly (peer reviewed) journals” and “academic journals” were added leaving 14,386 results. At this point, the articles were examined and ultimately seven were used in this literature review.

Identified factors that increase turnover are: workplace injuries, dissatisfaction with work content, inadequate orientation, staffing shortages, positions outside of chosen specialty, and location (Suzuki, Itomine, Kanoya, Katsuki, Horii, and Sato, 2006). Location contributes to turnover because of new nurses being limited in their job search to their state of residence at the time of licensure, even if they desire to work elsewhere (Brewer, Kovner, Greene, Tukov-Shuser, and Djukic, 2012).

In Georgia, up until March 2017, RN licensure was restricted to only permanent resident RNs who received a license in Georgia could not practice in any other state. This

was very restricting; it prevented talented RNs in other states from coming into Georgia and new graduate Georgia nurses from exploring all possibilities open to them.

The Nurse Licensure Compact (NLC) addresses many of the issues that keep nurses boxed into geographic areas. The NLC, which was created in 2000 by the National Council of State Boards of Nursing, is currently enacted in 25 states nationwide: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin (NCSBN, 2017). Legislation is currently pending in: Florida, Georgia, Illinois, Massachusetts, Nevada, New Jersey, and West Virginia (NCSBN, 2017). Georgia passed the Nurse Licensure Compact in the 2017 legislative session that started on January 9th. The Nurse Licensure Compact “allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states” (NCSBN, 2017). The NLC creates freedom of movement for RNs to practice in any compact state without having to obtain an entirely new license. This mobility allows new graduate RNs to find the jobs they desire in the locations they want, potentially reducing turnover rates in this population. Additionally, allowing nurses from other states to practice in Georgia could help address the growing nursing shortage in Georgia.

The process for a bill to become a law starts with a legislator submitting proposed legislation to the Clerk of the House or the Secretary of the Senate, depending on of which house the representative is a member. Once it is filed, either the Secretary or Clerk formally introduces the bill and reads it. The bill is then sent to a committee, which

relates to the type of legislation (healthcare, agriculture, so on). On a legislative day after filing, the bill is formally introduced. In chamber, the bill's title is read during the period of first readings. Immediately after, the presiding officer assigns the bill to a standing committee (Georgia General Assembly, 2016).

When the bill is in its specific committee, the sponsoring legislator as well as any other legislators may testify about the bill. After discussion, the committee decides whether it recommends that the bill should not pass, the bill should pass, or be "held," effectively preventing it from going further in the legislative process. During this period, the second reading of the bill is performed (Georgia General Assembly, 2016).

If the committee recommends the bill should pass, the Clerk or Secretary sends the bill to the Rules Committee, which prepares a calendar that sets the order for bills to be read for the third time. After the third reading, the bill is ready for general debate, any possible amending, and voting. If the bill passes by a majority in one house, it is then sent over to the other legislative house. (Georgia General Assembly, 2016).

Once the bill is in the other house, either the House or Senate, depending on where the bill originated, it is voted on. If it passes the second house by a majority, the bill is sent to the governor. In most cases, the governor either signs the bill into law or does nothing. Either way, the bill becomes law. Infrequently, the governor uses his/her power to veto the bill, which requires two thirds of both houses to override (Georgia General Assembly, 2016).

A bill can become law only after it has passed in both the House and Senate (Georgia General Assembly, 2016). It often takes a monumental effort to make this happen and many bills never get the opportunity to become law, largely due to the sheer

volume of legislation that is proposed every year.

Nursing students can become involved in this process by advocating to their legislators about legislation that is important to them. Longest (2002) states that:

The demanders of health policies can include (1) anyone who considers such policies relevant to the pursuit of their own health or that of others about whom they care and (2) anyone who considers such policies a means to some other desired end, such as economic advantage. These desires motivate participation in political markets, just as desires motivate participation in economic markets. (p. 37)

Georgia nursing students are “demanders of health policies” because this legislation is relevant to not only their careers, but also the health of the patients in their care (Longest, 2002). New graduate nurses who are practicing in an environment and location they enjoy may be able to deliver better care.

Georgia did not pass the Nurse Licensure Compact until this year, due in part to a lack of awareness about the bill in both the nursing community and among legislators. This year, many nursing students and nurses have become interested in the Nurse Licensure Compact. Additionally, the Georgia Nurses Association made the Nurse Licensure Compact a legislative priority in the 2017 legislative session.

Georgia nursing students are passionate about this cause and can work to enact change. Longest has created a “Model of the Public Policymaking Process in the United States” that visually lays out where individuals and organizations can be influential (Longest, 2002).

Longest (2002) stated the following:

The model emphasizes the various distinct component parts or phases of the policymaking process modeled ... [which] includes the following three interconnected phases:

1. Policy formulation, which incorporates activities associated with setting the policy agenda and, subsequently, with the development of legislation.

2. Policy implementation, which incorporates activities associated with rulemaking that help guide the implementation of policies and the actual operationalization of policies.
3. Policy modification, which allows for all prior decisions made within the process to be revisited and perhaps changed.

Though the legislation for the Nursing Licensure Compact is already written, nursing students can still be influential in the policy formulation phase, in which legislators are key in getting the NLC to formal enactment. The formulation phase includes the “window of opportunity,” an aptly named time where advocates can voice their argument to create policy change (Longest, 2002). In this window, nursing students can communicate with their legislators to discuss their opinions on legislation and advocate for bills that pertain to nursing. In this phase, legislators are more likely to be receptive to hearing from constituents about legislative issues.

However, it is difficult for an individual to enact change alone. “Effective participation in the political marketplace presents certain problems and limitations. To participate effectively, individuals must acquire substantial policy-relevant information, which can require considerable time and money” (Longest, 2002). Without support and policy education, a nursing student may not become effectively engaged in legislative advocacy.

Nurses often recognize systemic problems or improvements that can be made to improve nursing, though they often do not take their ideas to the legislative level due to uncertainty about how to proceed. Many nursing programs are recognizing this disconnect and attempting to remedy the problem through health or legislative policy courses in nursing school. Studies show that students who have completed a health policy class that contained active learning components may be more politically astute, as well as

more involved in professional organizations and policy processes (Byrd et al., 2012). Once nursing students have the needed knowledge about the legislative process, they may be much more active advocates in the political arena.

Evidence suggests that nursing students are more likely to advocate for legislative change after (1) recognizing a need in the community and (2) when equipped with knowledge about the legislative system (Wold, Brown, Chastain, Griffis, & Wingate, 2008). Legislatively active nursing students may become more politically engaged nurses; however, a disconnect remains between professional nursing legislative efforts and engagement of the larger population of student nurses. This project was an initial effort to connect BSN students with current legislative activity conducted by professional nursing organizations.

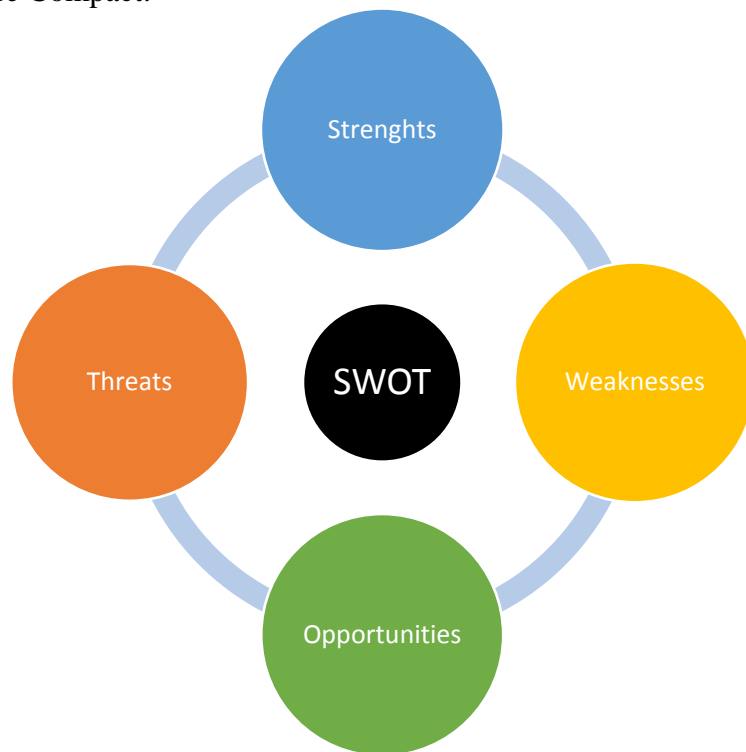
Empowerment was originally intended to be achieved by providing relevant information in the context of how the NLC could benefit nursing students in the next stage of life as a new RN. In addition, Georgia nursing students would also be provided with talking points to facilitate confidence when communicating with representatives. Lastly, student nurses would be supported in advocacy efforts by creating a group endeavor where no student feels that he/she is alone.

Unfortunately, some roadblocks prevented this plan from being executed. First, the Nurse Licensure Compact was not announced in the Senate until several weeks into the legislative session, which was too late to send out talking points and gather student participation data. Next, the project needed approval from the Georgia Nurses Association before it could be distributed. However, the Georgia Nurses Association wanted to be very strategic with nurse and nursing student involvement by using their

established professional channels, leading to a delay in approval. These factors combined made it impossible to complete the project as intended. This effort evolved into a SWOT analysis of BSN student involvement in the legislative process after encountering challenges executing the original plan.

Methods

After forming an interest in the legislative process and the Nurse Licensure Compact, a SWOT (Strengths Weaknesses Opportunities Threats) analysis was conducted to examine the involvement of nurses and nursing students in legislative advocacy. The SWOT analysis is a helpful tool used to assess businesses and organizations and suggest improvements. It is a way of organizing information that will “identify areas where a company performs well and target areas that need improvement” (Harmon, 2016). It is especially helpful in identifying “how internal and external factors influence a business” (Harmon, 2016). In this case, the SWOT analysis is being applied to the process of nursing student involvement in political advocacy in relation to the Nurse Licensure Compact.



Original image by the author, 2017.

This process began by studying the Nurse Licensure Compact and the legislative process in Georgia. Then, the Georgia Nurses Association was contacted to discuss their efforts regarding the Nurse Licensure Compact and working together to involve BSN nursing students in advocacy.

Due to the delicate nature of politics, the Georgia Nurses Association advised that nursing students should refrain from contacting legislators until the Georgia Nurses Association was comfortable with the position of the Nurse Licensure Compact. The lobbyists of the Georgia Nurses Association worked diligently gaining support for the Nurse Licensure Compact, as well as other pieces of the legislative platform. Due to the large networking component in politics, much of this was done through brief meetings and showing support for other professional advocacy organizations.

When the Nurse Licensure Compact had passed in the Georgia State Senate and crossed over to the House of Representatives, the Georgia Nurses Association felt comfortable bringing in nurses and nursing students who were interested in advocacy. At this point, the Georgia Nurses Association thoughtfully released a public statement encouraging interested nurses and nursing students to call their representatives to sustain the momentum of the Nurse Licensure Compact.

The number of nursing students who took advantage of this opportunity is unknown, but several nursing students expressed interest in both the Nursing Licensure Compact and getting involved in the process. The period from the call for nursing student involvement to the Nurse Licensure Compact passing in the House of Representatives was eleven days. The Nurse Licensure Compact has now passed in both houses and will become law.

Results

Strengths

Nurses have several qualities that are assets in relation to legislation efforts. First, as a whole, nurses are a trusted profession. They also represent a large body of members. In Georgia currently, there are 91,829 active registered nurses (Kaiser Family Foundation, 2017). This number does not include licensed practical nurses, which would raise the number of nurses in Georgia to 121,404 nurses total (Kaiser Family Foundation, 2017). With this many registered nurses in Georgia, nursing had the ability to make an impact. In comparison, there are only 23,383 physicians active in Georgia, including those in both primary care and specialist settings (Kaiser Family Foundation, 2017). Additionally, there are only 4,803 active dentists in the state of Georgia (Kaiser Family Foundation, 2017). Nurses are by far the largest healthcare workforce body in Georgia.

Not only are nurses the largest healthcare group in Georgia, but nurses are also the most trusted profession in the United States (Gallup, 2016). For fifteen years straight, nurses have been ranked as the most trusted with 84% of the polled American population rating nurses' "ethical standards as high/very high" (Gallup, 2016). In contrast, pharmacists' rating was 67%, while medical doctors had a 65% rating of having "high/very high" ethical standards (Gallup, 2016).

In addition to strength in numbers and in public trust, nurses are passionate about legislation that impacts the workforce and the community nurses serve. Nursing legislative priorities are issues that not only affect nurses, but are aimed at improving patient care as well. In the case of the Nurse Licensure Compact (NLC), allowing nurses to practice across state borders could potentially increase access to healthcare for patients

in rural areas. With the burgeoning field of telehealth, a nurse could be in Maryland while consulting with a patient in South Georgia. The NLC also has implications for disaster relief. Being able to cross state lines quickly in the event of a disaster could potentially shorten the time between a disaster and the healthcare response.

Weaknesses

While nursing has several strengths in relation to legislative advocacy, it also has areas for potential improvement. Often, communication can be perceived as a challenge, which is demonstrated antidotal evidence of nurses feeling uninformed about legislative actions currently in motion, leading them to work outside of their professional organization. In the situation of the Nurse Licensure Compact, a nurse felt uninformed about steps the Georgia Nurses Association was taking to progress this legislation and spoke to a representative independently. When nurses do not feel educated about efforts that their professional organization is making on their behalf, it can create unnecessary challenges. If there is a lack of communication, sometimes nurses and professional organizations can be working towards the same goal without knowing it. This potentially decreases the effectiveness of the efforts on both sides.

Additionally, professional nursing organizations face challenges in presenting a unified voice. There are several smaller nursing organizations in Georgia, including the Georgia Nurses Association, the Georgia Association of Nursing Students, the Georgia Association for Nursing Education, the Georgia Faith Community Nurses Association, the Georgia Emergency Nurses Association, the Georgia Association of PeriAnesthesia Nurses, the Atlanta Black Nurses Association, the Georgia Pediatric Nurses Association, and many more. With this many separate professional organizations, there is potential for

a lack of perceived unity from a legislative perspective. From a non-nurse perspective, such as that of a legislator, it could potentially be confusing to hear from several different organizations all claiming to represent nursing.

Lastly, being subdivided into so many different professional organizations may mean that smaller healthcare groups, such as medical or hospital associations, may have more of a legislative impact by presenting one voice through a single professional organization to lobby for their group.

Opportunities

The process of legislative advocacy for the Nurse Licensure Compact opened the door for opportunities for nurses to make future legislative changes that would benefit nurses and patients. In regards to the Nurse Licensure Compact, there is opportunity for expanded telehealth, disaster relief, and potential reduction in new graduate RN turnover. These issues affect both nurses and patients. There are opportunities to do a lot of good for nurses and the communities they serve with a more unified voice and increased communication on several levels.

If larger professional associations consolidated, creating more unified nursing associations, this could create a beneficial opportunity to present a clarified voice for nurses. With a single, strong representative organization, nursing would have the potential to create the same or an even greater impact as the professional organizations representing various aspects of healthcare. Additionally, nurses can unify through their professional organization and become politically active through the right channels, creating improved professional communication with lasting benefits. Working together may not only increase effectiveness but also decrease potential frustrations on all sides.

Threats

Threats to nurses and nursing students in legislative efforts include lack of experience with the intricacies and culture of politics. Though professional nursing organizations are politically perceptive, many nurses and nursing students are not so well versed in political culture.

Most nurses do not have experience in the political arena. It is one thing to understand the political process on paper, but an entirely different thing to understand the nuances of legislation and the process behind each piece of legislation becoming law. Political communication is entirely different from the forms of communication nurses are used to in the clinical setting. Legislation involves the interplay of legislators, constituents, lobbyists, and other interested parties. These groups all influence each other through conversations, party alignments, and trade-offs of support. Without experience in politics, nurses' knowledge deficit could result in well-meaning individuals entering the legislative arena through less optimal channels than working through a representative organization.

Recommendations

The SWOT analysis led to three recommendations for improved nurse and nursing student involvement in the legislative process. First, improving communication between professional organizations and its members, especially increased online communication. Clear and current information may help nurses to feel informed about the political climate and how to get involved. Second, fostering a culture of communication and support between nursing organizations. With each nursing specialty having its own professional organization, the overall voice of nursing becomes divided

when these organizations are not working together. With more communication among professional organizations, nurses may be able to present a more unified and strong voice in legislation. Third, equipping nursing students with knowledge about the legislative process and effective ways for them to become engaged in advocacy. Nursing students with more knowledge may become more confident when engaging in the policy process as nurses.

Conclusions

Often, there is a gap between professional nursing organizations' legislative efforts and the large group of nurses the organization represents. This SWOT analysis indicated that communication breakdown on several levels may hinder nurse and nursing student involvement in the legislative process. With more knowledge about the process and improved communication between professional organizations and nurses, nurses may be more able to become effective advocates in policy process. Additionally, larger nursing organizations with increased support from nurses and nursing students may be helpful in making an impact on the legislative stage. If more nurses are engaged in large, unified professional organizations, it may increase the impact of nurses' voices about legislative concerns.

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