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**The State of Healthcare Policy Education in Nursing School Curricula: A Literature
Review**

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Acknowledgements

I would like to thank both Dr. Hand and Professor Cowden for their continued support and guidance during this process. I would also like to thank my parents and sister for supporting me throughout my academic journey and all aspects of my life. Finally, without my husband Ryan, none of this would have been possible. Thank you for always believing in me.

Abstract

The purpose of this paper was to conduct a literature review regarding the current state of health policy education in nursing school curricula. Additionally, the paper will outline what improvements are being implemented in nursing education. The database CINAHL was used to conduct this study. According to the literature, there are an inadequate number of nurses participating in health policy reform which can be linked back to a lack of health policy education while in nursing school. The literature suggests options such as experiential learning, group activities and reflections, enhancing faculty knowledge, suggesting new teaching strategies, and implementing new courses as ways to improve policy education thus increasing nurse participation in health policy.

Keywords: health policy, patient advocacy, nursing education, policy education

The State of Healthcare Policy Education in Nursing School Curricula: A Literature Review

Nurses have a duty to perform a multitude of tasks, such as assessing the patient, preparing a nursing diagnosis, planning the care for the patient, participating in interventions to improve the patient's health state, and evaluating the patient's outcome. Each of these tasks are part of what is known as the nursing process. During each step of the process, nurses embody the critical role of patient advocate. A patient advocate supports what is in the best interest of the patient in regards to their medical care, as well as supporting policies that will result in improvements in patient care or the healthcare system (Walker et al., 2015).

The Role of Healthcare Policy in Patient Advocacy

Not only do nurses advocate for their patients at the bedside, but nurses can act as advocates by lobbying for change within the workplace, supporting policies that are in the best interest of the patient, and supporting positive change for the entire healthcare system (Walker et al., 2015). Other ways to influence policy include being an informed voter, meeting with one's representatives to discuss healthcare policy, and educating peers on important policy issues (Adams, 2015). Because nurses have an obligation to be patient advocates, they have an obligation to participate in the political process that shapes the way nurses perform care and patients receive care (Woodward et al., 2016). Simply put, a true patient advocate is one that not only advocates for the patients in their respective healthcare setting for adequate care but they will vote for and support policies that follow evidence-based practice guidelines (Geurden et al., 2014).

The Lack Of Participation In Healthcare Policy by Nurses

Healthcare policy instruction within nursing education curricula deserves a thorough investigation due to the centrality of patient advocacy within the nursing profession. (Walker et al., 2015). Even though advocacy is central to the nursing process, some nurses are not participating in the health policy process. One study found that out of 347 registered nurses (RNs) surveyed, 26.5% reported no participation in health policy related activities (Eaton et al., 2017). Ellenbecker (2017) even claims that nurses' lack of participation in the political process is at a “pandemic” level with fewer than 7% of nurses being members of a nursing organization that serves to unite and empower nurses in the political system (Ellenbecker et al., 2017). In order to address this lack of participation, one must first understand why there is a lack of participation in the first place.

Reasons for Lack of Participation

Several reasons have been identified in the literature as to why participation in health policy among nurses is rather low. The four main reasons for this include: a lack of enthusiasm, a reluctance to participate in policy due to the negativity surrounding policy reform, a lack of confidence, and a lack of health policy education.

Lack of Enthusiasm. It has been found that nurses have “lackluster enthusiasm” regarding the policy making process (Eaton et al., 2017). Even though the literature demonstrates the importance and positive outcomes of nurses participating in health care policy, such as better patient outcomes (Martself & Thomas, 2019) and better work environment for nurses (Eaton et al., 2017), some clinically practicing nurses still do not understand the relevance or are indifferent towards health policy in general (Ellenbecker et al., 2017).

Reluctance to Participate. Additionally, for many people, politics can bring up negative emotions or arguments. Nurses are not immune to this negativity. Being involved politically can be draining emotionally and even physically. During an interview, Dr. Suzanne Miyamoto claimed many nurses want to engage in policy, but the negativity surrounding politics makes them not want to participate (Adams, 2015).

Lack of Confidence. Many nurses do not have enough confidence to participate in policy. According to Adams (2017), "...nurses lack the confidence to speak up and are reluctant to seek opportunities to share their knowledge" (Adams, 2017, p. 307). Lack of confidence among nurses regarding health policy is something that could be addressed through better health policy education in nursing school (Adams, 2017).

Lack of Health Policy Education in Nursing Curricula. Nurses do not get the necessary education to translate their clinical knowledge to serve as patient advocates and thus influence health policy (Lewinski & Simmons, 2018). When students are not properly educated on policy, it can cause a lack of participation early in their careers, leading to nurses not developing adequate advocacy skills with regards to healthcare policy until later in their careers, if at all (Hallowell et al., 2020). A survey of 346 nurses reported that 68.8% of bachelor level nurses had no health policy education at all (Eaton et al., 2017). A lack of quality policy education leads to nurses having insufficient educational experiences to be able to understand their responsibility in the development and design of healthcare policy (Hallowell et al., 2020). Thus, nurses are rarely sought out by the media to contribute as health care experts, to share their experiences in regard to health policy, or to share healthcare stories (Hallowell et al., 2020).

Methodology

This literature review was conducted using the CINAHL database, which covers literature for nursing and other allied health disciplines. Two searches were completed during October 2020. The exclusion criteria included articles that did not pertain to nursing in the United States, were not in English, did not pertain to the profession of nursing, did not pertain to undergraduate or master level nursing, and were published prior to 2010. In the first search, the search terms “nursing school” and “health policy” were used. This search produced 444 articles; 12 of these articles were relevant to search criteria. In the second search, the search terms “health policy education” and “nursing” were used. This search produced 23 articles; four of which were relevant to search criteria. When the literature review was originally conducted there was a third search that included the terms “social justice” and “nursing education”. This search produced 86 articles; nine articles were selected. However, as the paper progressed it became clear that social justice in nursing education could be a literature review itself and was thus excluded from this paper. However, two articles from that search pertaining to the main topic of this thesis were retained and used.

In October 2021, the first two searches were repeated to see if there were any additional papers that had been published. The first search, using the terms “nursing school” and “policy education,” resulted in three additional articles. The second search, using the terms “nursing” and “health policy education,” resulted in two additional articles. Appendix A shows information on the articles used in the body of the paper such as the authors’ names, purpose of the articles, results, and the authors’ conclusions in order as they appear in the paper.

Current State of Health Policy Education in Nursing Curricula

Staebler et al. (2017) identified three key barriers to student advancement to policy influence which include lack of faculty expertise, lack of student interest and lack of faculty engagement. Because of this, the article concluded that nursing programs are not valuing the importance of policy education, advocacy activities, and analysis competencies (Staebler et al., 2017).

Lack of Faculty Implementation Of Policy Education

In a study conducted in 2019, nursing students self-reported mediocre competence of the American Association of Colleges of Nursing (AACN) policy essentials which include healthcare finance and organization, health policy, policy implementation and development, and the legislative process of policy formation (Thomas et al., 2019). This would suggest that nurse educators need to examine their curricula thoroughly to ensure each essential is being taught (Thomas et al., 2019). Staebler et al. (2017) conducted a survey of 598 nursing professors who were members of the AACN. Of those surveyed, only 54% of professors reported an integration of policy education into their curriculum. Additionally, only 67.4% of the professors reported having experience with analysis of health policies or proposals (Staebler et al., 2017).

Perceived Importance of Material

There is so much clinical material to cover in a relatively short amount of time, that topics like policy tend to be pushed to the back burner (Thurman & Pfitzinger-Lippe, 2017). Thurman & Pfitzinger-Lippe (2017) suggest that nursing education is too focused on the patients physical ailments and does not give enough importance to the patients social, economic, and environmental factors which are directly affected by policy. They argue that when nursing moved from the community into clinics and hospitals, the nursing profession lost touch with its roots in

social advocacy, shifting towards a biomedical approach (Thurman & Pfitzinger-Lippe 2017). For example, in the United States, the gap in life expectancy between the wealthiest and poorest areas is 35 years (Thurman & Pfitzinger-Lippe 2017). Additionally, African Americans are 7 times as likely to die from HIV/AIDS than white individuals (Thurman & Pfitzinger-Lippe 2017). It is important for nursing students to receive education that allows them to understand how inequities, like the examples given, can be addressed through policy reform (Thurman & Pfitzinger-Lippe, 2017). Nurse educators need to challenge their students to learn policy for the sake of the profession and their patients (Adams, 2015).

Lack of Faculty Expertise

It seems there is a connection between the lack of policy education in nursing programs and the lack of participation in policy post-graduation (Hallowell et al., 2020). This problem does not occur simply because professors do not want to teach policy and advocacy. Many faculty do not feel confident enough in their own knowledge surrounding policy to feel comfortable teaching healthcare policy (Ellenbecker et al., 2017). In addition, Martsolf (2019) suggests that nursing professors do not have enough knowledge or training regarding health care policy in order to teach the subject, leading to subpar education regarding this topic.

Lack of Student Engagement

Nursing students are not typically excited about the subject of law and policy; however, if a professor can emphasize its importance to the profession and “make it real,” then there is an increase in the level of interest in this topic (Adams, 2015). In one survey, of the nurses that reported having policy education integrated in their curriculum, 66.7% of those nurses rated the education as “poor”; this highlights a need for emphasis on health policy in nursing education (Eaton et al., 2017).

Strategies to Address Inadequate Policy Education

Even though the current state of nursing education is lacking in policy education (Eaton et al., 2017), the literature shows that nursing programs are taking steps to address these concerns and have written papers outlining what went well in their curriculum and what didn't. The students need a space in which they can explore all avenues of a health policy issue without fear of judgment. By establishing a safe space for students to explore, they will hopefully feel more comfortable in the future to be involved in political issues and advocate for their patients with regard to healthcare policy reform (Anderson et al., 2019). A couple of different approaches have been discussed such as experiential learning, group activities and reflection, enhancing faculty knowledge, teaching strategies, and formulation of additional courses.

Experiential Learning

Participation in a Political Activity

One nursing school in particular took an experiential approach to teaching health policy and had three groups of students participate in a political activity (Mcguire et al., 2017). One group went to the capital, another interviewed an elected official, and the last attended a public policy meeting (Mcguire et al., 2017). After this experience, more than half of the students reported that they would enjoy having continued involvement in the legislative process (Mcguire et al., 2017). With the clinical component of nursing education already being experiential, it stands to reason that other parts of nursing education, such as health policy, could also be taught through experiential learning (Mcguire et al., 2017). In addition, if a student has participated in a political activity in their undergraduate education, it is more likely that they will continue this participation in their professional practice than a student that had no prior experience (Mcguire et al. 2017).

Service Learning

In the face of COVID-19, Baltimore passed a law that required all city agencies to undergo trauma-informed training and assess their responsiveness to trauma. A group of volunteers came together after undergoing this training to address issues they were seeing in their community and formed the Baltimore Neighbors Network (BNN). Johns Hopkins School of Nursing (JHSON) partnered with the (BNN) to provide their students with a service learning opportunity to engage in community health education and policy education. JHSON used what they call the four core components of service learning to guide the course. The course was experiential, provided the students with opportunities to address community needs, included opportunity for reflection, and both the students and the community would benefit from the course (Gresh et al., 2020). They worked alongside BNN to develop and implement a community program. During the course, the students made phone calls to older individuals that were isolated in living facilities to provide them with information about resources that were available to them (Gresh et al., 2020). Throughout the course, the students made 21 referrals to mental health services, 25 referrals to food services, and 60 referrals to other community resources (Gresh et al., 2020). John Hopkins concluded that service learning allowed their students to be able to “...describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population” (Gresh et al., 2020, p. 253). The course ultimately reinforced the importance for nursing to support community based initiatives in health policy and provided them guidance on how to be effective patient advocates (Gresh et al., 2020).

Simulation

Faculty need to establish a culture of curiosity where health policy is not just a boring topic that is required to be covered but rather an opportunity to establish clinical improvement through policy efforts (Caldwell & Cochran, 2018). This can be done through a simulated experience which many nursing programs already use for clinical experiences. One program chose to infuse health policy into their students' simulation experience by creating a clinical simulation that involved sexual assault victims (Caldwell & Cochran, 2018). By allowing students to explore health policy in a simulation experience it makes it a safe place for students to ask questions and make mistakes (Caldwell & Cochran, 2018). The simulations allowed the students to learn how to approach a patient that is experiencing a traumatizing situation with compassion and understanding as well as learn about the legislation surrounding sexual assault victims in the clinical setting (Caldwell & Cochran, 2018). Students must feel comfortable to engage in this material, as much of it can be dense and cause the student to contemplate ethical dilemmas (Anderson et al., 2019).

Interprofessional Summits

Another educational approach to teaching health policy is having students attend an interprofessional advocacy summit. In one example, 346 students attended a summit where they were able to explore team-based policy advocacy exercises that could improve political understanding and their ability to participate in policy discussions (Eaton et al., 2017). During this summit, participants were asked to fill out a Political Astuteness Inventory tool which assessed political understanding, participation, and general knowledge of the legislative process before and after a case study that discussed Medicaid expansion (Eaton et al., 2017). The participants first completed the case study individually and then as a small group. It was found

that, after the participation in the case study, there was a statistically significant shift from being completely politically unaware to slightly politically aware (Eaton et al., 2017).

Group Activities and Reflection

Group Discussions

One program chose to explore privilege, oppression, and health policy through a collective group activity and reflection where the students were able to discuss their experiences with oppression in a safe space, as well as any injustices that they saw at their clinical rotations (Reichlin et al., 2019). It is easier to understand why healthcare policy is important when one reflects and is able to see how it affects their life personally and those around them (Reichlin et al., 2019). By allowing the students to explore inequities in healthcare in a group setting, the professors were able to establish “realistic context for the health and well-being of our communities” (Reichlin et al., 2019, p. 427). If someone has had a personal experience with oppression or has seen their patient suffer from lacking health policy, then it may spark a passion in them that can be carried over to their professional practice (Reichlin et al., 2019).

Another program used this same approach of a group activity and reflection by guiding students through deep discussions regarding privileged and oppressed identities in a co-curricular retreat with students and faculty members (Davis et al., 2018). Pre and post surveys were collected from 53 individuals showing that the students and faculty felt less confident about their knowledge regarding oppression in the healthcare system after the activity (Davis et al., 2018). This might seem contradictory to the purpose of the activity; however, the authors explain that the students reported that the activity opened their eyes to all they did not know about the inequities in healthcare. While the students and faculty felt less confident in the area of oppression in the healthcare system, upon reflection, the group left feeling more comfortable in

certain areas such as “listening, acknowledging, and being open” (Davis et al., 2018, p.112). The survey outlined the need for health policy education and deepened the awareness of a need to learn about individuals that are underserved in the healthcare setting (Davis et al., 2018).

Mock Interviews

Crowder (2016) suggests using an active learning strategy, such as mock interviews, to allow students to practice addressing health policy issues with policy makers, peers, patients, and others. This health policy course was taught as a hybrid course, so it allowed students to practice being interviewed in person, via the telephone and via video chat (Crowder, 2016). The students were given the scenario of being a nurse that implemented the Patient Protection and Affordable Care Act (PPACA). The students were given 24 hours notice of the questions that would be asked. The activity included questions such as, “How is the PPACA impacting your current nursing practice?”, “What is the impact, such as health outcomes, integration of services, or interprofessional collaborations, on your health care system?”, and “What are the policy implications related to your current or future practice role?” (Crowder, 2016). The outcomes were evaluated by using a debrief discussion and reflections. The students reported anxiety at the beginning of the course, but by the end they felt their confidence had improved in their knowledge of health policy and their ability to speak to others about policy (Crowder, 2016).

Enhancing Faculty Health Policy Knowledge

Faculty Expert

One suggestion to improve faculty implementation is establishing a faculty member with policy expertise (Anderson et al., 2019). Part of the reason students are not receiving sufficient policy education is due to the lack of faculty knowledge (Ellenbecker et al., 2017). Faculty may not feel comfortable teaching the material because they themselves do not have a good

understanding of health policy (Ellenbecker et al., 2017). If nursing programs were able to recruit and hire a person that had policy expertise, this would take the pressure off of the professors to fumble through material they do not understand, as well as provide a better educational experience for the students (Anderson et al., 2019).

Continuing Education

Lewinski & Simmons (2018) conducted a study that surveyed 84 nurses. Only one third of the nurses reported that they engage in health policy advocacy. In the open-ended section of the survey, it was found that there was confusion between patient and political advocacy and how the two relate. Lewinski & Simmons (2018) suggest using continuing education courses to better educate the already established nurses. “The majority of respondents (72.3%) reported high or very high interest in having a continuing education program on health policy advocacy and reported agreeing or strongly agreeing (94%) that they would participate in a health policy advocacy continuing education program specifically for nurses” (Lewinski & Simmons, 2018, p. 412). Since nursing school faculty is primarily made of already established nurses, having nurses participate in a continuing education course that involves policy could potentially increase the confidence nursing faculty have in teaching health policy.

Teaching Strategies

Communication

Barton established that “although it is important to assess that students learn the content and be able to write scholarly papers, with advocacy it is even more important that they reach their intended audience” (Barton, 2018, p. 260). To be successful in influencing policy change, nurses need to be able to communicate effectively (Barton, 2018). When nurses communicate, it needs to be clear, concise, confident, credible, compelling, and collaborative (Barton, 2018).

Effective communication is what all successful advocacy campaigns have in common (Caldwell & Cochran, 2018). One idea to help students learn communication skills is to have them study successful political movements, such as the one that followed the Marjory Stoneman Douglas High School shooting regarding ending gun violence. Successful political campaigns can serve as a model for how students can approach policy advocacy work (Barton, 2018). Barton goes on to propose three standards that need to be included in all nursing school curricula to ensure students are ready to be effective communicators and successful patient advocates. The standards include basic organizational and systems leadership for quality care and patient safety, health care policy finance and regulatory environments, and interprofessional communication and collaboration for improving patient health outcomes (Barton, 2018).

Leadership

In addition to being effective communicators, nurses need to learn how to be leaders in order to successfully advocate for health policy change (Clark, 2017). By teaching leadership skills in nursing schools, students will learn how to work with people of different backgrounds, whether that be ethnicity, religion, income or partition ideology, to create change in their communities and the healthcare system in general (Clark, 2017).

Link Policy to Health Disparities

Another article suggests nursing programs need to include structural competency in policy education (Scott et al., 2020). Structural competency is “a means of understanding the institutional forces and social conditions leading to poor health and lack of access to healthcare” in policy education (Scott et al., 2020 p. 217). Having structural competency will help future nurses address healthcare inequities and have a deeper understanding of why these inequities exist. Scott et al. (2020) claims that nursing faculty need to include teaching students about how

policies that might not typically be viewed as health policy, like the federal minimum wage, ultimately affect a person's health. This helps students connect how social factors can influence health outcomes. Recommendations for future policy education include having students participate in writing and submitting op-eds for publishing, volunteering with advocacy groups, and attending legislative events (Scott et al., 2020).

Course Suggestions

Microblogging

Gazza (2019) had their students learn health policy through a seven week online course that integrated microblogging via Twitter to engage students. The students were required to follow certain accounts each week. For example, in week one they had to follow two organizations that were related to health policy. In week two, the students had to follow their governor (Gazza, 2019). By week seven, the students had to complete a blog activity where they reflected on their experiences in the course (Gazza, 2019). The students were asked to list the individuals and groups whom they followed and to summarize their learning (Gazza, 2019). Two themes emerged from the reflections, that the use of social media in the course allowed students to stay up to date on issues as well as opened their eyes to health policy issues (Gazza, 2019). It was concluded that this course structure was an effective way to get students engaged in health policy (Gazza, 2019).

Senior Capstone

Another suggestion is creating a senior capstone course that would be a service-learning course (O'Neill, 2016). The purpose of the course would be to expose nursing students to health policy and management before they enter the workforce (O'Neill, 2016). The goal of this course would be to shift a policy course from a didactic lecture to a hands-on experience in actual policy

environments and patient health intersections (O'Neill, 2016). After the students had hands-on advocacy experience, such as shadowing a nurse consultant, they would write reflections on this experience to reinforce their learning (O'Neill, 2016). This article suggests that a capstone learning experience would allow for the sensitization of students to different perspectives, as well as a desensitization of their discomfort in policy. A service learning capstone would allow for civic engagement while in nursing school, increase confidence in dealing with political issues, and act as a precursor to public policy participation in professional practice (O'Neill, 2016).

Transdisciplinary Elective Course

One nursing program decided to implement a transdisciplinary elective course to address the educational gap in their curriculum regarding health policy (Aronowitz et al., 2021). An elective course was designed that both nursing and non-nursing majors could sign up for. For the non-nursing majors, premed, prelaw, social work, and science majors were encouraged to join the course entitled "Opioids: From Receptors to Epidemic." The course specifically focused on the opioid epidemic with regards to opioid use disorders and the policy surrounding the epidemic. The transdisciplinary approach allowed nursing students to work with individuals that are studying to become part of the disciplines that frequently work alongside nursing (Aronowitz et al., 2021). The students rated the overall quality of the course a 3.83 out of 4 and reported that the course was applicable to nursing students and other sectors of healthcare (Aronowitz et al., 2021).

Political Activism Course

A nursing school in Arizona decided to have their senior level nursing students take a course in political activism, in order to prepare them to impact policy. The course had theory

content which included learning about different types of laws, how bills become laws, the nurses role in the political process, stages of political activism, current laws and bills, healthcare laws and their impact on patients' health, and the use of evidence to form arguments (Jaurigue & Schmidt, 2020). The students completed reflections, an elected officials worksheet, discussion boards, and wrote a letter to their elected official regarding a bill they supported (Jaurigue & Schmidt, 2020). After completing the course, the students reported that the assignments gave them more confidence in using their voices as future nurses to advocate for change (Jaurigue & Schmidt, 2020). The students also suggested having policy taught throughout nursing school instead of just in this course (Jaurigue & Schmidt, 2020). The authors concluded that a course that would enhance political activism could potentially lead to a stronger community and healthcare system by helping future nurses understand their role in health policy reform (Jaurigue & Schmidt, 2020).

Recommendations

There is a gap when it comes to quality research regarding how accredited nursing schools are approaching policy in their curriculum. More robust literature is required, including more systematic reviews, controlled studies, and larger studies, rather than anecdotal literature or case studies. Even when searching within an 11 year span (2010 to 2021), a relatively small number of articles fit the inclusion criteria. Additionally, more research on effective methods of health policy education improvement strategies is required. There are many suggestions in the literature of how health policy education can be improved; however, many of the articles do not have statistical evidence to prove that their methods lead to greater participation post graduation. It would be informative to have more research done on what methods are actually statistically significant.

Another topic worth exploring would be the connection between social justice and nursing. Establishing how social justice pertains to nursing could provide a better understanding of what policies to support as patient advocates. Additionally, it would be interesting to explore whether or not there is a power dynamic at play when it comes to policy engagement among nurses. Do nurses feel like policy engagement is the job of hospital administrators, doctors, advanced practice nurses or even doctoral level nurses? Do they feel like if they used their voices they would even be heard?

Finally, there should be a general search conducted in regards to what topics are actually being covered in nursing programs. Like previously mentioned, this would not need to be anecdotal information, but rather a more indepth look at what is included in the nursing program's overall curriculum. How did they come up with this curriculum? What parts are mandated by governing bodies? What parts, if any, were decided on by faculty? It would be interesting to break this information down based on degree type or geographic region to look at the potential differences in curriculum. The articles discussed in this literature review make the claim that policy is not being taught, a more objective look at nursing programs' curriculum could significantly strengthen that argument.

Conclusion

Patient advocacy is deeply rooted in nursing practice and a critical aspect of advocacy is participation in health policy. The literature outlines that nurses are not participating in health policy as they should, which inhibits systemic improvements in healthcare. Lack of health policy education is a primary factor in the lack of participation, though some nursing programs have attempted innovative instruction methods such as experiential learning, group activities and reflections, and unique course options. Systemic improvements are necessary or we will continue

to see a lack of nurse participation in health policy, causing progress to stagnate and inequities to continue. Students not only need to be encouraged and supported by nursing school faculty to participate in policy but continue to encourage and support each other after joining the workforce. If nurses come together as a united front they will present a strong voice that policy makers cannot ignore. Increased participation in health policy will ultimately result in better outcomes for patients and crucial improvements to our broken healthcare system. Nurses can and will make a difference in healthcare if they take their rightful place at the forefront of healthcare policy change.

References

- Adams, J. M. (2015). The influence of emerging nursing strategy and policy leaders. *JONA: The Journal of Nursing Administration*, 45(9), 420–422.
<https://doi.org/10.1097/nna.0000000000000226>
- Adams, J. M. (2017). Influencing scope of practice policy and health literacy. *JONA: The Journal of Nursing Administration*, 47(6), 305–307.
<https://doi.org/10.1097/nna.0000000000000485>
- Anderson, A. L., Waddell, A., Brennan, P., Burnett, C., Anderson, C., & Short, N. M. (2020). Advancing health policy education in nursing: American Association of Colleges of Nursing Faculty Policy Think Tank. *Journal of Professional Nursing* 36(3), 100-105.
<https://doi.org/10.1016/j.profnurs.2019.09.002>
- Aronowitz, S. V., Compton, P., & Schmidt, H. D. (2021). Innovative approaches to educating future clinicians about opioids, pain, addiction and health policy. *Pain Management Nursing*, 22(1), 11–14. <https://doi.org/10.1016/j.pmn.2020.07.001>
- Barton, A. J. (2018). Leadership and communication competencies in nursing: What are we missing? *Journal of Nursing Education*, 57(5), 259–260.
<https://doi.org/10.3928/01484834-20180420-01>
- Caldwell, R., & Cochran, C. (2018). Infusing social justice in undergraduate nursing education: Fostering praxis through simulation. *Journal of Forensic Nursing*, 14(2), 88–97.
<https://doi.org/10.1097/jfn.0000000000000198>
- Davis, J. N., Sullivan, K., & Guzman, A. (2018). Catalyst for growth: The implications of co-curricular experiences for nursing education. *Journal of Nursing Education*, 57(2), 110–114. <https://doi.org/10.3928/01484834-20180123-09>

- Clark, K. M., Miller, J. P., Leuning, C., & Baumgartner, K. (2017). The citizen nurse: An educational innovation for change. *Journal of Nursing Education, 56*(4), 247–250. <https://doi.org/10.3928/01484834-20170323-12>
- Crowder, S. J. (2016). Preparing nurses to communicate with the media, policy makers, and the public. *The Journal of Continuing Education in Nursing, 47*(2), 58–60. <https://doi.org/10.3928/00220124-20160120-05>
- Eaton, M., deValpine, M., Sanford, J., Lee, J., Trull, L., & Smith, K. (2017). Be the change: An interprofessional team-based health advocacy summit. *Nurse Educator, 42*(5), 226-230. <https://doi.org/10.1097/NNE.0000000000000382>
- Ellenbecker, C. H., Fawcett, J., Jones, E. J., Mahoney, D., Rowlands, B., & Waddell, A. (2017). A staged approach to educating nurses in health policy. *Policy, Politics, & Nursing Practice, 18*(1), 44–56. <https://doi.org/10.1177/1527154417709254>
- Gazza, E. A. (2019). Using twitter to engage online RN-to-BSN students in health care policy. *Journal of Nursing Education, 58*(2), 107–109. <https://doi.org/10.3928/01484834-20190122-08>
- Geurden, B., Adriaenssens, J., & Franck, E. (2014). Impact of evidence and health policy on nursing practice. *Nursing Clinics of North America, 49*(4), 545-553. <https://doi.org/10.1016/j.cnur.2014.08.009>
- Gresh, A., LaFave, S., Thamilselvan, V., Batchelder, A., Mermer, J., Jacques, K., Greensfelder, A., Buckley, M., Cohen, Z., Coy, A., & Warren, N. (2020). Service learning in public health nursing education: How COVID-19 accelerated community-academic partnership. *Public Health Nursing, 38*(2), 248–257. <https://doi.org/10.1111/phn.12796>

- Hallowell, S. G., Oerther, S. E., Dowling-Castronovo, A., Rossiter, A. G., & Montalvo, W. (2020). Innovation in health policy education: Examples from Jonas Policy Scholars. *Nursing Education Perspectives, 41*(5), 317–319.
<https://doi.org/10.1097/01.nep.00000000000000712>
- Jaurigue, L., & Schmidt, C. (2020). Political activism: Preparing future nurses to impact healthcare Policy. *Arizona Nurse, 73*(1), 10–11.
<https://www.nursingald.com/articles/24954-political-activism-preparing-future-nurses-to-impact-healthcare-policy>
- Lewinski, A. A., & Simmons, L. A. (2018). Nurse knowledge and engagement in health policy making: Findings from a pilot study. *The Journal of Continuing Education in Nursing, 49*(9), 407–415. <https://doi.org/10.3928/00220124-20180813-06>
- Martsof, G. R. & Thomas, T. H. (2019). Integrating political philosophy into health policy education. *Policy, Politics, & Nursing Practice, 20*(1), 18-27.
<https://doi.org/10.1177/1527154418819842>
- McGuire, M., Goldstein, C., Claywell, L., & Patton, R. (2017). Analysis of student reflections of experiential learning in nursing health policy courses. *Nurse Educator, 42*(2), 95–99.
<https://doi.org/10.1097/nne.0000000000000321>
- O’Neill, M. (2016). Policy-focused service-learning as a capstone: Teaching essentials of baccalaureate nursing education. *Journal of Nursing Education, 55*(10), 583–586.
<https://doi.org/10.3928/01484834-20160914-08>
- Reichlin, R., Peltier, M., Raether, E., & Polonsky, S. (2019). Nursing curriculum through a social justice lens: An upstream approach. *Public Health Nursing, 36*(3), 422–428.
<https://doi.org/10.1111/phn.12597>

- Scott, J., Johnson, R., & Ibemere, S. (2020). Addressing health inequities re-illuminated by the COVID-19 pandemic: How can nursing respond? *Nursing Forum*, *56*(1), 217–221.
<https://doi.org/10.1111/nuf.12509>
- Staebler, S., Campbell, J., Cornelius, P., Fallin-Bennet, A., Fry-Bowers, E., Kung, Y. M., LaFevers, D., & Miller, J. (2017). Policy and political advocacy: Comparison study of nursing faculty to determine current practices, perceptions, and barriers to teaching health policy. *Journal of Professional Nursing*, *33*(5), 350-355.
<https://doi.org/10.1016/j.profnurs.2017.04.001>
- Thomas, T., Martsof, G., & Puskar, K. (2019). How to engage nursing students in health policy: Results of a survey assessing students' competencies, experiences, interests, and values. *Policy, Politics, & Nursing Practice*, *21*(1), 12–20.
<https://doi.org/10.1177/1527154419891129>
- Thurman, W., & Pfitzinger-Lippe, M. (2017). Returning to the profession's roots: Social justice in nursing education for the 21st century. *Advances in Nursing Science*, *40*(2), 184–193.
<https://doi.org/10.1097/ans.0000000000000140>
- Walker, D. K., Barton-Burke, M., Saria, M. G., Gosselin, T., Ireland, A., Norton, V., & Newton, S. (2015). Everyday advocates: Nursing advocacy is a full-time job. *AJN, American Journal of Nursing*, *115*(8), 66–70. <https://doi.org/10.1097/01.naj.0000470409.04919.0f>
- Woodward, B., Smart, D., & Benavides-Vaello, S. (2016). Modifiable factors that support political participation by nurses. *Journal of Professional Nursing*, *32*(1), 54–61.
<https://doi.org/10.1016/j.profnurs.2015.06.005>

Appendix A

Authors	Purpose	Results	Author Conclusions
Staebler, S., Campbell, J., Cornelius, P., Fallin-Bennett, A., Fry-Bowers, E., et al. (2017)	To understand policy/advocacy concepts in nursing education	Perceived barriers-lack of relevance to nursing, lack of faculty expertise,, lack of student interest, lack of faculty engagement.	Importance of policy education, advocacy activities and analysis competencies must be valued in nursing education
Thomas, T., Martsolf, G., Puskar, K. (2019)	Assess students' perceptions of their competencies in health policy	Of the AACN policies students felt least prepared in health policy	Nurses who are educated in health policy are capable of shaping the health policies
Thurman, W. & Pfitzinger-Lippe, M. (2017)	Review the history of social justice in nursing	Nursing programs are focused more on clinical expertise than on preparing nurses committed to improving health policy	Nurses must recognize that patients' health linked with their social conditions
Ellenbecker, C., Fawcett, J., Jones, E., Mahoney, D., Rowlands, B., Waddell, A. (2017)	Argue that recommendations about how to better policy education in nursing has been too broad.	Nurses are indifferent to political issues; only 7% of nurses are members of a nursing organization; faculty do not see the importance of health policy and are underprepared	Offers a staged approach to health policy education starting from undergraduate to graduate level nursing
Adams, J. (2015)	Highlights how nurses have demonstrated potential in policy reform	Professors need to challenge their students to embrace policy for the profession and their patients.	The author did not make any comments on the interview.
Martsolf, G. & Thomas, T. (2019)	Outline the need of nursing faculty to include western philosophical backgrounds when they teach health policy	Few nursing faculty have enough training on health care policy; Proposes that all policy justifications are ultimately rooted philosophical foundations.	As nursing faculty explore ways to teach health policy to students it is important to integrate political philosophy into courses.
Eaton, M., deValpine, M., Sanford, J., Lee, J., Trull, L., Smith, K.(2017)	Explore the effectiveness of a team-based policy advocacy exercise to health policy understanding	Shift in political astuteness from completely politically unaware, to slightly politically aware, after participating in the activity	Improving interprofessional health policy advocacy may prove to enhance health care professionals' likelihood of understanding and involvement.
Hallowell, S., Oerther, S., Dowling-Castronovo, A., Rossiter, A., Montalvo, W. (2020)	Shares examples of creative approaches to teaching health policy	Nursing students may have insufficient education to fully understand their responsibility as active participants in health care legislation.	Jonas Scholars comprise a new generation of nurse leaders and educators dedicated to preparing nurses who are as adept in leading health policy

Adams, J. (2017)	Highlight emerging nursing leaders who have demonstrated leadership in policy, research, education and theory	Many nurses are afraid to use their voices and thought their opinions were not valuable	The author does not add any additional commentary to what Dr. Dupree says.
McGuire, M., Goldstein, C., Claywell, L., Patton, R. (2017)	To evaluate the reflections of nursing students after an experiential learning opportunity	Students' general lack of knowledge about the legislative process before the experiential activity interventions changed with the activities, consistent with the literature.	Students went from having no previous experience in policy or politics to stating that they now know how to get involved and that they would get involved if and when a topic of interest to them arose.
Caldwell, R. & Cochran, C. (2018)	Create a simulation that puts student in a social justice situation such as dealing with a sexual assault victim as a patient	Simulation provides a unique opportunity to explore the sensitive nature of sexual trauma in a safe learning environment.	The application of theory to each simulated patient infuses conceptual knowledge at the point of care
Gresh, A., LaFave, S., Thamilselvan, V., Batchelder, A., Mermer, J., Jacques, K., Greensfelder, A., Buckley, M., Cohen, Z., Coy, A. Warren, N. (2020)	Describe a course that connected nursing students and a community partner	The relationship between students and their practicum sites has a significant impact on not only their current learning but also potentially their professional trajectories. Overall, the course was successful.	The BNN-JHUSON partnership provides an example of a service-learning, online public health nursing educational strategy in response to the COVID-19 pandemic.
Anderson, A., Waddell, A., Brennan, P., Burnett, C., Anderson, C. et al. (2019)	Review the current landscape, analyze trends and create a set of recommendations regarding advancing health policy education in nursing.	Identify expectations of the faculty and student, policy leadership within academic infrastructure, and have interprofessional collaboration and education.	Leaders in nursing education need to bring awareness to the importance of prioritizing policy and politics in nursing education.
Reichlin, R., Peltier, M., Raether, E., Polonsky, S. (2019)	Describes a one-day seminar rooted in critical interactionism for nursing students	Allowed students to explore personal experiences of privilege and oppression	Lead students in discussions about intersectionality and its effect on the health care; have a safe space to reflect
Davis, J., Sullivan, K., Guzman, A. (2018)	Provide students with guided activities and deep discussions involving oppression	Deepened awareness of a need to learn about oppression in health care	Co-curricular retreat exercises led to new insights among student and nurse educator participants
Crowder, S.. (2016)	Outline a way to improve a policy course through mock interviews	Confidence had improved in students knowledge of health policy and their ability to speak to others about policy	Mock interviews are a good way to get students to practice being involved in policy
Lewinski & Simmons (2019)	Show the benefits of offering a continuing education course that taught policy	The majority of respondents (72.3%) reported high or very high interest in having a continuing education program on health policy advocacy	Nurses are interested in learning more about policy, and continuing education courses would help increase participation

Barton (2018)	Take a look at the nurses role in community leadership and how nurses can communicate more effectively	When nurses communicate it needs to be clear, concise, confident, credible, compelling, and collaborative	Nursing school standards should include: leadership, health policy, and interprofessional communication
Clark, K., Miller, J., Leuning, C., Baumgartner, K. (2017).	Facilitating a student's role in becoming a citizen nurse through curricular modifications.	Based on input from pilot class experiences, student reflections, and faculty workshop feedback, the decision to implement ongoing curricular changes was made by the department.	The development of citizen nurses in nursing education will pave the way for praxis embedded in meaningful work
Gazza, E.(2019)	Describes a learning experience that effectively used Twitter to engage online RN-to-BSN nursing (BSN) students in health care policy initiatives.	Analysis of qualitative evaluation data revealed two themes in course feedback: "Staying Up to Date" and "Opening My Eyes."	The findings show that integrating microblogging into an online RN-to-BSN course is an effective approach to engage students in health care policy
O'Neill, M. (2016)	Design a capstone course in the senior year that exposes BSN students to health policy and management	After completing the course students have engaged at sophisticated levels of practice and advocacy.	Capstone service-learning in a nursing policy course may be a good approach to decrease their discomfort in policy
Aronowitz, S., Compton, P., & Schmidt, H.. (2021)	To create an interdisciplinary course that teaches nursing and allied health majors health policy	The students rated the overall quality of the course a 3.83 out of 4	Course allowed nursing students to work with individuals that are studying to become part of the disciplines nursing frequently work alongside
Jaurigue, L. & Schmidt, C. (2020)	Teach a course that included learning different types of laws, how bills become laws and the nurses role in the political process,	Reported that the assignments gave students more confidence in using their voices as future nurses to advocate for change	Enhanced political activism could potentially lead to a stronger community and healthcare system