Development of Resources to Promote Nurse Anesthetist Engagement in Policy Advocacy

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Abstract

Introduction

Studies have shown that advanced practice nurse engagement in politics and practice advocacy is associated with improved access to healthcare and lower rates of health disparity among vulnerable populations. However, among certified registered nurse anesthetists (CRNAs) in Massachusetts, engagement has been historically low despite several urgent practice issues CRNAs currently face. Lack of knowledge, confidence, and political skill may be factors. The purpose of this project was to assess baseline political astuteness, provide an educational intervention aimed at increasing political awareness and activities, and evaluate the effectiveness of the intervention.

Methods

A single cohort, non-randomized, pre-post survey design was used to measure the difference in political astuteness levels before and after the educational intervention. A modified version of the Political Astuteness Inventory (PAI) tool was utilized to measure participants' levels. Demographic information was collected.

Results:

Five participants completed the study (N=5). Although political astuteness levels increased from 24.8 to 29 following exposure to the educational policy toolkit, changes did not reveal a statistically significant improvement ($p = 0.11$).

Discussion:

The educational policy toolkit described in this project can be a useful model for future educational initiatives provided by state associations.

Development of Resources to Promote Nurse Anesthetist Engagement in Policy Advocacy

Introduction

Political involvement of Certified Nurse Anesthetists (CRNAs) in the state of Massachusetts (MA) has been historically lacking (M. Croad, personal communication, April 4, 2018). Several scope of practice bills have been introduced to the MA state legislature in support of removing restrictive scope of practice language. After 10 years of lobbying efforts, legislation granting full practice authority for MA CRNAs was finally passed in December of 2020 but has yet to be promulgated. The Massachusetts Association of Nurse Anesthetists (MANA) advocated for change by starting letter writing campaigns and employing practitioner experts to testify in front of healthcare committees. Finding CRNAs who are willing and knowledgeable in state policy has been challenging (M. Croad, personal communication, April 4, 2018). Moreover, MANA has had difficulty filling board vacancies. CRNAs provide care in rural areas and critical access hospital settings where CRNA scope of practice restrictions directly affect access to anesthesia care in these vulnerable settings (M. Croad, personal communication, August 11, 2018). To promote political astuteness and practice advocacy behaviors amongst the state CRNA membership, MANA has developed resources on the association website to educate and empower MA CRNAs. However, utilization of these resources is not well understood but is estimated to be poor. The purpose of this project is to ascertain MA CRNAs' political astuteness levels, provide an educational intervention aimed at increasing political awareness and activities, and evaluate the effectiveness of the intervention.

Background

Nurses represent the largest, most trusted group of health care workers yet wield the least power in terms of influence in health care policy matters (Reinhart, 2020). Advanced practice nurses, as providers and consumers of healthcare, possess perhaps an even greater professional and personal obligation to advocate for safe, affordable, and accessible healthcare. The rapidly changing landscape of the healthcare industry is in need of leadership and advocacy from nurses, the largest group of patient care providers in the country

(American Association of Colleges of Nursing, 2019). There are 54,000 CRNAs and student CRNAs practicing in the United States (MANA, 2020). CRNAs have been providing anesthesia services for over 150 years and administer over 49 million anesthetics every year (AANA, 2019). Massachusetts has 820 practicing CRNAs providing anesthesia care across all practice settings (MANA, 2020).

The leadership of MANA has had difficulty filling several board and committee vacancies and has experienced a lack of participation from the state CRNA membership in recent years (M. Croad, personal communication, April 6, 2020). Nationally, there has been increased legislation related to nursing involvement in healthcare quality, policy, and leadership. The Institute of Medicine report, "The Future of Nursing: Leading Change, Advancing Health", called for removal of supervision barriers for advance practice nurses and for nurses to serve on boards, in leadership roles and to be an integral part of leading change in healthcare (2010). In addition, on the federal level, President Trump's executive order, "Protecting and Strengthening Medicare", calls for removal of supervision and pay parity to allow nurses to practice to the fullest extent of their education and training increase access to care (Exec. Order No. 13890, 2019).

Massachusetts is one of the most restrictive states in the nation for advanced practice nursing practice (MA Action Coalition Report: The Advance Practice Nurse in Massachusetts. Campaign for Action, 2014). Several barriers to nursing leadership advancement have been identified in the literature. Hughes (2018) cited the following barriers to attaining leadership: lack of support; lack of role clarity related to practice, research, and leadership; lack of resources; large workload; and state board regulations limiting scope of practice. Barriers to board service include poor image of the nursing profession, lack of support structure, exclusion of nurses in processes, lack of resources and involvement. On many levels, nurses feel they have been left out of the governance of the organizations that employ them as well as the regulatory bodies that regulate them (Hughes, 2018).

Problem Statement

There is a lack of information regarding political astuteness among CRNAs in Massachusetts. This is evidenced by MANA's finding that member engagement is lacking in all levels of policy development and advocacy (M. Croad, personal communication, April 6, 2020). This project posed the following questions: 1) What are the baseline levels of political astuteness of MA CRNAs, 2) How does an educational intervention affect political astuteness levels, and 3) How can the results of this assessment be applied to future efforts to increase CRNA political activity and awareness in MA and other states?

Organizational "Gap" Analysis of Project Site

In order to promote professional cooperation and promotion of CRNAs professional interests, strong leadership and membership involvement in policy advocacy is essential. According to the MANA website, the organization seeks to improve the political astuteness, confidence, and willingness to participate in professional advocacy behaviors and be involved in supporting professional association activities in the state of Massachusetts (MANA, 2020). A visible gap in political astuteness of the MANA organization members exists, but no formal inquiry into the causes of this gap has ever been conducted (L. Reede, personal communication February 19, 2019). MANA's leadership seeks to identify gaps in knowledge that have contributed to lack of confidence and fear of involvement in political matters, to address barriers to MA CRNAs' involvement in political advocacy activities, and to provide access to resources and mentoring opportunities. Through discussion with the organization's leadership, the idea of developing a policy tool kit was born.

Review of the Literature

A search of the literature was done in May of 2021 using keywords: *nurse anesthetist, advocacy, nursing policy, political involvement, political astuteness,* in the CINAHL and PubMed databases. The search was further refined to full text, academic journals ranging from 2016 to 2020. A total of 86 articles were identified to be relevant to this project. Inclusion was further refined by full text availability and applicability to the project. A total of 8 studies were included in the review of literature.

Primomo and Bjorling (2013) found political astuteness levels were significantly increased through experiences such as participation in organized nursing sponsored legislation days. Political astuteness scores increased from 11% to 26% after a legislative day experience. An integrative review of political competence in nursing identified 45 studies focusing on the impact of educational programs on understanding of the political and legislative process. The review concluded that the need for addressing the gap in global nursing involvement in policy development and political competence was urgent (Benton et al., 2017). Similarly, Rasheed and Mehdi (2020).published an integrative review of 22 studies spanning the last two decades and found that nurses' involvement in political advocacy and the political process has not improved. Nurses' involvement in policy making is fundamentally lacking and the authors urged better preparation for nurses to become involved at every level of policy making

Woodward, et al. (2016) explored modifiable factors related to nurses' political involvement. Three major areas of modifiable factors were identified that, when addressed, were found to increase political involvement and competence: policy education, personal investment and knowledge of political matters, and membership in a professional nursing organization. Policy content in nursing curricula is imperative to increasing the number of politically competent and active nurses and improving healthcare in the United States. Perry and Emory (2017) administered post-educational surveys in a sample of 137 nurses. They found a significant increase in political advocacy knowledge, concluding that the more education a nurse achieves correlates with increased recognition of the importance of and competence in political advocacy

behaviors.

In order to close the gap in policy involvement and promote political competence of nurses, barriers and facilitators to political behaviors must be explored. Jurns (2019) looked at barriers and facilitators to political advocacy behaviors in nursing. The study of 226 members of a Midwest state nurses' association that found three main variables impacting advocacy behaviors: perception of speaking skill, perceived understanding of the political process and relationship of policy and nursing practice, and perception of personal ability, power, or influence in the political arena. Hughes conducted a literature review of barriers to nursing leadership between 2006 and 2017 through which many barriers to nursing leadership were identified (2018). Barriers included time constraints to developing of leadership skills, lack of leadership opportunities, and lack of funding, education, and training. In addition, workplace culture, such as perceived stereotyping and feeling undervalued, fundamental lack of understanding of the scope of responsibility and demands of the leadership role, and overall lack of support in the leadership role were also identified as barriers to leadership activities (Denker, 2015). Lack of resources is often cited as a reason that nurses do not take on a leadership role, either within their organizations, on boards, or regarding policy-related matters (Peltzer et al., 2015). Moreover, lack of a united voice, public perceptions of nursing, and compensation were also cited as barriers to leadership positions (Denker, 2015).

PICOT

Do political astuteness levels of CRNAs increase as a result of exposure to a health policy advocacy-related educational intervention when compared to retrospective pre-test levels?

Theoretical Framework or Evidence-based Practice Model

The mid-range theories identified in relation to this project are grounded theory and novice to expert theory. These theories are applicable to this project and provide a suitable framework to guide its development.

Grounded Theory

Grounded theory provides the methodology to collect qualitative data, analyze results, and formulate methods and strategies to address the problem of apathy and lack of involvement by CRNAs in the state of Massachusetts. Grounded theory, first introduced by Glaser and Strauss (1967), suggests that the researcher must take the approach of the neutral observer, allowing data to speak for itself. The researcher is to observe and not influence opinions or beliefs. Utilizing anonymous, electronic surveys allows the research data to be collected in a non-influential manner. This theory is applicable to the research model that will be used to assess attitudes and policy knowledge before and after the intervention on the group being studied (CRNAs). Surveys will act as the instruments and serve as empirical indicators in data collection to connect the relationship of the theory to the components of nursing knowledge that will be translated into practice (Butts & Rich, 2017).

Schreiber and MacDonald (2010) studied CRNAs and how they manage the socio-political aspect of "keeping vigil over the profession" using the qualitative approach of grounded theory in the context of practice and protecting their profession. They concluded that CRNAs are committed to protecting their scope of practice. Similarly, grounded theory was recommended as a research design framework for novice researchers by Tie et al. (2019), who concluded that grounded theory can be applied to analyze and explain phenomena and guide theoretical interpretation of the research process.

Novice to Expert

Novice to expert theory provides a model for skill acquisition and details the levels the learner will experience in becoming proficient in practice or a professional skill. Benner (1984) describes the transition from novice to expert in nursing practice. The five stages through which a nurse moves are novice, advanced beginner, competent, proficient, and expert (Benner, 1984). This theory provides a model of skill acquisition of clinicians starting with the academic and abstract knowledge of the novice to the experienced clinician who is able to synthesize information and situations with a full grasp of the bigger picture. Moreover, the theory describes the value of the advanced practice nurse in furthering research and mentoring novice nurses

(Murray et al., 2019).

Goals, Objectives, and Expected Outcomes

The goal of this project is to explore and describe the political astuteness levels of CRNAs affiliated with MANA and to provide an educational intervention aimed at improving political astuteness and activity engagement. These activities are expected to motivate CRNAs to become more involved in health policy and advocacy behaviors. The overarching effects of increased CRNA involvement include improvement in collaboration among stakeholders, improved access to care for patients, and reduction in costs of anesthesia care in the state of Massachusetts.

The objectives of this project are: 1) to measure baseline political astuteness levels of CRNAs affiliated with MANA; 2) to identify demographic factors that contribute to baseline and post-intervention political astuteness; and 3) to inform CRNAs about the benefits of political astuteness and engagement.

Setting Facilitators and Barriers

Potential barriers to successful completion of this project included limitations related to direct person-to-person contact amidst the COVID-19 pandemic. As a result, the project materials could only be presented remotely via email in accordance with Massachusetts state public health recommendations. Other barriers include access to current email addresses for the membership and spam software limiting reach, disinterest in participation of a study involving policy, time constraints and stress levels of potential participants, and preexisting notions related to political activism.

Methods

Project Design

A single cohort, non-randomized, pre-post survey design was used to measure the difference in political astuteness after engagement with the political advocacy toolkit. Demographic information was collected and correlated with individuals' political astuteness scores. Baseline survey scores were necessary to establish an understanding of Massachusetts CRNA political astuteness.

Political Astuteness Inventory

A modified version of the Political Astuteness Inventory (PAI) was utilized in this project. The original version of this tool was published for use by Clark in 1984 (Appendix A) . The PAI tool has been widely used and found to be useful and reliable in assessing levels of political astuteness. Primomo (2007) documented evidence of the content validity of the PAI. Internal consistency reliability using Cronbach's alpha was 0.81 (Primomo, 2007) and 0.84 (Byrd et al., 2013). The PAI was modified for this project to meet the needs of the population, reduce redundancy and length. Appendix B shows the differences between the original and modified survey tools.

The modified PAI consists of 36 questions that are scored according to response; each answer of "yes" earns a score of one while each answer of "no" earns a score of zero (Appendix C). Questions are structured to assess political activity, political awareness, and knowledge of the general legislative process. The total number of "yes" answers are calculated resulting in a final score that falls into one of four categories: completely politically unaware (0-9), slight awareness of political activity (10-19), beginning political awareness (20-29), and politically astute (>30) (Primomo & Borling, 2013).

Site and Population

The study sample included CRNAs engaged in active membership in MANA. There are presently 820 active members in this organization. Membership in MANA is a benefit of active membership in the Massachusetts chapter of the American Association of Nurse Anesthetist (AANA).

Data Collection Procedures

This project was approved by the IRB at the University of Alabama (Appendix D). The MANA board of directors approved this project and granted approval to the principal investigator to contact the membership for potential participation in this project. The MANA membership was sent participation solicitations via email (Appendix E). Email recipients who desired to participate in the project were asked to complete a pre-intervention survey consisting of a modified PAI, which was rendered into Qualtrics, the preferred surveying

application of the University of Alabama. A link to the survey was included in the initial email. The modified PAI link was available to potential participants from March 18th to April 1st, 2021. Participants were then asked to review educational materials included in the political activism toolkit (Appendix F). The toolkit included a PowerPoint presentation containing information about the current political issues nurse anesthetists face in the state of Massachusetts and how to make changes via the political process. The toolkit also included a sample elevator pitch related to a scope of practice issue, a sample letter to a state representative, a MANA fact sheet, a list of references and resources, and information regarding who CRNAs can contact to increase their personal levels of political activism. Finally, participants were asked to complete the post-intervention survey, the same version of the modified PAI that was administered prior to the intervention.

Demographic information was collected to correlate astuteness with educational background, years in CRNA practice, and age. Demographic information and PAI surveys took less than 15 minutes to complete per individual.

Data Analysis

Survey and demographic information were analyzed to determine percent change between the pre-survey and post-survey responses to questions grouped in six categories following the educational intervention. Participant demographics were correlated to individual PAI scores. PAI scores were analyzed in terms of overall percentages and individual scores before and after implementation of the intervention. Individual responses were analyzed using Excel to show mean scores, standard deviation, and variance, and a paired t-test was used to determine if the results were statistically significant.

Cost-Benefit Analysis/Budget

There were no costs associated with this project. All programs, software, and applications necessary for conducting, analyzing, and presenting the study were readily available to the principal investigator.

Timeline

After IRB approval on March 4th, 2021, recruitment commenced for two weeks. The first survey was sent by email on March 18th, followed by weekly reminders for the next two weeks. The toolkit was sent via email on April 1st, and the post survey was sent two weeks later on April 15th. The survey collection period concluded two weeks later on April 29th. Project findings were presented to stakeholders at the MANA board meeting on June 8th, 2021

Ethical Considerations/Protection of Human Subjects

The University of Alabama (UA) Institutional Review Board (IRB) approval was obtained prior to initiation of the project. There were no known ethical considerations involving this project. Collected demographic information did not pertain to ethnicity, race, religion, or socio-economic status. Participants did not represent vulnerable populations. Health, Information, Portability and Accountability Act (HIPAA) consent was not required. Participation was voluntary, and responses were recorded anonymously. Participants were informed of the option to withdraw from the project at any time without repercussion. Subjects were informed that participation would not provide incentives. All participants' personal information was de-identified to maintain anonymity and confidentiality. Each participant was coached on how to create a unique, unidentifiable personal code on the baseline survey; the participant was instructed to re-enter the same code on the post-intervention survey.

Results

Five participants completed the study (N=5). Although political astuteness levels increased from 24.8 to 29, paired *t*-test of the modified PAI mean scores did not reveal statistically significant improvement (p = 0.11). These findings are shown in Table 5.

The total number of respondents to the pre- and post-intervention surveys was 39. Only participants who completed the pre- and post-surveys were considered for statistical analysis. A total of 851 email invitations were sent. The number of email recipients who opened the email was 206; 25 completed the pre-intervention survey, and 14 completed the post-intervention survey. However, only 5 of the 14 post-

intervention surveys reflected unique participant identification codes that could be matched to pre-intervention surveys.

Demographic information, including age, years as a CRNA, and highest educational level achieved, was collected. Age ranges in years for participants were 35-44 (n=2), 55 to 64 (n=2), and greater than 65 (n=1) (Table 1, Figure 1). The years of practice as a CRNA ranged from 5 to 10 (n=2) to greater than 16 (n=3) (Table 2, Figure 2). Highest educational degree obtained ranged from bachelor's (n=1) to master's degrees (n=4). Aggregate demographic information is displayed in Table 3.

The political activity/behaviors and knowledge pretest and posttest scores are reflected in Table 4. The thirty-six modified PAI questions were grouped into six categories: voting behavior, participation in professional organizations, awareness about health policy issues, knowledge of legislators, knowledge of the legislative and policy processes, involvement in the political process. Table 4 lists all the questions and the number of "yes" and "no" responses. For the post-intervention survey, out of 36 questions, 14 questions showed an overall positive change. Ten questions resulted in a 20% improvement in overall "yes" answers, one resulted in an overall 40% improvement, two resulted in an overall 60% improvement, and one resulted in an overall 80% improvement. One question resulted in an overall negative change by 20%.

Table 6 displays individual participants' ranking of political astuteness levels, both before and after the intervention. None of participants ranked as "politically unaware" (0%) at any point in the study. One participant (20%) was "slight awareness of political activity" on the baseline survey; there were zero in this category after the intervention. Three participants (60%) were "beginning political awareness" on both the baseline and post-intervention surveys. The "politically astute" category increased from one participant (20%) at baseline to two participants (40%) after the intervention.

Discussion

This project contributes to knowledge about the value of continuing education for nurses in health policy and politics. The results suggest that CRNAs' participation in health policy learning activities does

increase their levels of political astuteness. MA CRNAs in this sample showed a baseline level of "beginning political astuteness", with a mean score on the modified PAI of 24.8. This score falls in the middle of this range (20-29). After participating in the learning activity, the group's mean score rose to 29, a value that is one point below achieving the "politically astute" level. This suggests that MA CRNAs affiliated with MANA have a considerable level of baseline political shrewdness, and that even brief engagement in educational activities can improve astuteness.

The mean modified PAI scores improved by 4.2 points, and although lower, these findings are somewhat consistent with similar studies. Primomo (2007) reported an increase in nurses' mean PAI scores following a health systems and policy course. Scores increased from a mean of 13.6 to 23.1 (mean difference = 9.5). Similarly, Primomo and Bjorling (2013) reported an increase in mean scores on the PAI from 19.3 to 26.7 following a legislative day for nurses (mean difference = 7.4).

Of the six categories of factors that predict involvement in the political process as defined by the PAI, all but one category showed positive change after exposure to the educational toolkit. The category of "involvement in the political process" showed the most change, with an overall positive change of 27%. This is consistent with the finding that all participants in this sample reported active membership in MANA. Because all participants in this study were current MANA members, one might pose that, because of their involvement with the organization, these CRNAs possess a higher degree of interest in becoming more politically active as compared to CRNAs not affiliated with a comparable professional practice organization. This was shown by Reichert, who reported that participation in professional practice organizations was associated with political astuteness (2016). Nonetheless, non-MANA affiliated CRNAs were not sampled and were therefore not represented in this study. To further explore this possibility, future studies should include MA CRNAs not affiliated with professional practice associations.

The demographic data revealed no statistical significance for the categories as compared to the modified PAI score. For pre-intervention scores, the modified PAI results revealed that the highest scores

(n=2; 28, 29) related to a participant age of 55 to 64 years and the lowest score (18) related to an age of 75 to 84, For post-intervention scores, the highest scores (n=2; 31, 36) correlated to an age of 35 to 44 as well as number of years in practice as a CRNA (5-10 years). This group also experienced the greatest positive changes in mean score (8, 10). The remaining three participants' scores changed by 1-3 points, one being a negative change of 1; these participants reported greater than 16 years in practice. This project found that CRNAs age 35 to 44 with 5 to 10 years in practice experienced the greatest change from pre- to post-intervention scores and experienced the highest overall PAI scores in the group. However, among CRNAs with greater than 16 years of experience, individual pre-intervention scores varied from lowest (18) to highest (29). Therefore, these findings are inconclusive. Similarly, Primomo found that age and years in practice did not influence political astuteness levels in nurses (2007).

This study has significant limitations. The extremely low rate of response from the targeted population limits the power and generalizability of the results of this project to not only this population, but also other populations. All age groups were not represented. There were no participants from the 34 years and below age range. CRNAs representing practice duration of less than 5 years and 10 to 15 years were not represented. Doctoral-prepared nurses were not represented. Plausible causes of poor participation could be related to social and professional isolation due to the COVID-19 pandemic, limited access to current email addresses for MANA members, access-limiting Spam software, and disinterest in study participation due to time constraints, stress levels, and/or preexisting negative ideas related to political activism. Although there were 25 participants who completed pre-intervention surveys, only five post-intervention surveys could be linked to recorded unique identifiers. For the twenty participants for which unique identifying codes could not be matched, participants may have been confused about the instructions or unable to remember their previously created codes. In future studies in which pre- and post-intervention surveys are required, alternative methods of pairing participants' surveys should be explored to eliminate the risk of forgotten identifiers. As reflected on the modified PAI question, information regarding the state political aide was not

addressed in the toolkit and should be attended to in future editions of the toolkit.

Some items from the original PAI were changed and/or removed to eliminate redundancy and lengthiness of the survey. The tense was changed from past to present/future to accommodate the needs and timeline of this study. Modifying the original survey may have impacted the validity and reliability of the PAI tool, potentially compromising the results of the study.

There was an overall increase in the number of responses from "no" to "yes" suggesting an increase in political astuteness. The greatest areas of change were related to knowledge and behaviors such as willingness to serve as a resource person for representatives, willingness to provide testimony at a public hearing, and plans to write letters to legislators. These changes are significant to MANA. Increasing membership involvement, a major goal of the organization leads to more CRNA voices being heard which leads to positive changes in healthcare policy within the state. Knowledge without action cannot produce the desired result, which is to unite CRNA voices in the political arena.

This study highlights the need for fostering increased awareness and engagement of the CRNA population in MA by MANA. There is a need to engage and motivate CRNAs to become politically astute to effectively advocate for their profession and scope of practice to ensure safe, cost efficient access to anesthesia care for the residents of MA.

The review of literature suggests further research is needed to assess political astuteness and identify barriers to effective advocacy behaviors amongst nurses in general and CRNAs in particular. MANA can assess progress by surveying the membership annually and employing current, evidence-based best practices to educate and engage its population to ensure that their voices are heard.

Conclusion

The goal of this project was to improve the political competence of CRNAs in the state of MA. A political toolkit specific to the needs of CRNAs practicing in MA was created to inform members of the current legislative agenda and to improve political competence and confidence related to practice advocacy.

The findings of this project will add to the growing body of evidence in support of policy education in empowering nurses to advocate for their profession. The results support the use of an educational intervention aimed at improving political competence in CRNAs. Inclusion of health care policy in academic curricula is critical in preparing CRNAs for the future.

CRNAs are invaluable assets to the nursing profession and possess great power to positively shape health care policy engagement and advocacy activities. They represent a powerful force that has the potential to remove barriers to healthcare through changes in state legislation. The sampled group of MA CRNAs possesses a beginning level of political astuteness that can be increased through simple educational efforts, such as those described in this project. CRNAs possess a professional responsibility to advocate for their practice and the patients they serve. The educational policy toolkit described in this project can be a useful model for future educational initiatives provided by state associations.

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Appendix A –

Original Political Astuteness Inventory (Clark, 1981)

1. I am registered to vote.
2. I know where my voting precinct is located.
3. I voted in the last general election.
4. I voted in the last two elections.
5. I recognized the names of the majority of candidates on the ballot and was acquainted with the majority of issues at the last election.
6. I stay abreast of current health issues.
7. I belong to the state professional or student organization.
8. I participate (committee member officer, etc.) in that organization.
9. I attended the last state or national convention held by my organization.
10. I attended the last state or national convention held by my organization.
11. I am aware of at least two issues discussed and the stands taken at the convention.
12. I read literature published by my state nurses' association, professional magazine, or other literature on a regular basis to stay abreast of current health issues.
13. I know the names of my senators in Washington, DC.
14. I know the names of my representatives in Washington, DC.
15. I know the name of the state senator from my district.
16. I know the name of the representative from my district.
17. I am acquainted with the voting record of at least one of the above on one current health issue.
18. I am aware of the stand taken by at least one of the above in relation to a specific health issue.
19. I know who to contact for information about health-related issues at the state or federal level.
20. I know whether or not my professional organization employs lobbyists at the state or federal level.
21. I know how to contact that lobbyist.
22. I support my state professional organization's political action arm.
23. I actively supported a senator or representative (campaign contribution, campaigning service, wore a button, or other) during the last election.
24. I have written regarding a health issue to one of my state or national representatives in the last year.
25. I am professionally acquainted with a senator or representative or a member of their staff.
26. I serve as a resource person for one of my representatives or their staff.
27. I know the process by which a bill is introduced in my state legislature.
28. I know which senators or representatives are supportive of nursing.
29. I know which house and senate committees usually deal with health-related issues.
30. I know the committees on which my representatives hold membership
31. I know of at least two issues related to my profession which are currently under discussion at the state or national level.
32. I know of at least two health-related issues which are currently under discussion at the state or national level.
33. I am aware of the composition of the state board which regulates the practice of my profession.
34. I know the process whereby one becomes a member of the state board which regulates my profession.
35. I know what the letters HSA mean.
36. I have at least a vague notion of the purposes of the HSAs.
37. I am a member of an HSA

38. I attend public hearings related to health issues.
39. I attend public meetings sponsored by the HSA.
40. I find myself more interested in political issues now than in the past.

Scoring:
0 to 9 points: totally unaware politically
10 to 19 points: slightly aware of the implications of politics for nursing
20 to 29 points: shows a beginning political astuteness
30 to 40 points: politically astute and an asset to the profession of nursing

Appendix B –

Survey Comparison – Modified versus Original PAI

MODIFIED SURVEY	ORIGINAL SURVEY
Voting Behavior	
1. I plan to be registered to vote in the next election	1. I am registered to vote
2. I plan to vote in the general election	2. I voted in the last general election
3. I know where my voting precinct is located	3. I know where my voting precinct is located
4. I am acquainted with the majority of the issues on the ballot this year	4. I recognize the names of the majority of the candidates on the ballot and was acquainted with the majority of issues in the last election.
Question Not included	5. I voted in the last two elections
Participation in professional organizations	
5. I plan to belong to the state professional organization-The Massachusetts Association of Nurse Anesthetists (MANA)	6. I belong to the state professional or student organization
6. I would like to participate/volunteer in my state professional organization, MANA in the future	7. I participate (as a committee member, officer, etc.) in this organization.
7. I plan to attend a meeting of my state professional organization in the future	8. I attended the most recent meeting of my district nurses' association
8. I plan to attend a state or national convention held by my state professional organization in the future	9. I attended the last state or national convention held by my organization.
9. I read literature published by my state professional organization	10. I read literature published by my state nurses' association, a professional magazine, or other literature on a regular basis to stay abreast of current health issues.
Question Not included	11. I am aware of at least two issues discussed and the stands taken at this convention

MODIFIED SURVEY	ORIGINAL SURVEY
Awareness about health policy issues	
10. I am aware of at least two issues facing my profession	12. I know of at least two issues related to my profession that are currently under discussion
11. I plan to stay abreast of current health issues	13. I stay abreast of current Health issues
12. I know of at least two issues related to my profession that are currently under discussion at the state or national level	14. I know of at least two health related issues that are currently under discussion at the state or national level.
13. I find myself more interested in public issues now that in the past	15. I find myself more interested in political issues now than in the past.
Knowledge of legislators	
14. I know the names of my state senators	16. I know the names of my senators in Washington, DC
15. I know the names of my representative in Washington D.C.	17. I know the names of my representative in Washington D.C.
16. I know the name of the state senator from my district	18. I know the name of the state senator(s) from my district
17. I know the legislative aide of my state senator	19. I know the name of the state representative(s) from my district
18. I am aquatinted with the voting record of at least one of the above in relation to a specific health issue	20. I am acquainted with the voting record of at least one of the above in relation to a specific health issue.
19. I am aware of the stand taken by at least one of the about on one current health issue	21. I am aware of the stand taken by at least one of the about on one current health issue
Knowledge of the legislative and policy processes	
20. I know whom to contact for the information about health-related policy issues at the state or federal level	22. I know whom to contact for information about health-related issues at the state or federal level.
21. I know whether my professional organization employs a lobbyist at the state and federal level	23. I know whether my professional organization employs a lobbyist at the state and federal level.

MODIFIED SURVEY	ORIGINAL SURVEY
22. I know how to contact that lobbyist	24. I know how to contact that lobbyist
23. I know the process by which a bill is introduced in my state legislature	25. I know the process by which a bill is introduced in my state legislature
24. I know which senators or representatives are supportive of nursing	26. I know which senators or representatives are supportive of nursing
25. I know which senate committees usually deal with health-related issues	27. I know which House and Senate committees usually deal with health-related issues
26. I know the committees on which my representatives hold membership	28. I know the committees of which my representatives are membership
27. I am aware of the composition of the state board that regulates the practice of my profession	29. I am aware of the composition of the state board, which regulates the practice of my profession
28. I know the process whereby one becomes a member of the state board that regulates my profession	30. I know the process whereby one becomes a member of the state board, which regulates my profession
Question Not included	31. I know what the letters DHHS mean
Question Not included	32. I have at least a vague notion of the purpose of DHHS
Involvement in the political process	
29. I will support my state professional organization's political arm	33. I contribute financially to my state and national professional organization's political action committee.
30. I plan to provide testimony at a public hearing on an issue related to health	34. I give information about effectiveness of elected officials to assist the PAC's endorsement process.
31. I plan to support a candidate for U.S. Senate, House of Representatives, or state campaign during the next election	35. I actively supported a senator or representative during the last election
32. I will write to my state or federal representative regarding a health issue in the past two years	36. I have written to one of my state or national representative in the last year regarding a health issue.
Question Not included	37. I am personally acquainted with a senator or representative or member of his or her staff.

MODIFIED SURVEY	ORIGINAL SURVEY
33. I would serve as a resource person for one of my representatives	38. I serve as a resource person for one of my representatives on his or her staff
Question Not included	39. I am a member of a health board or advisory group to a health organization or agency.
34. I plan to attend public hearings related to health issues	40. I attend public hearings related to health issues
35. I know where the local headquarters of my political party is located	*Question Not included*
36. I plan to write a letter to the editor or for the lay press speaking out on a health-related issue	*Question Not included*

Appendix C –

Pre- and Post-PAI Survey Scores and Percentages of "Yes" Responses

		Percent of "Yes" responses	Pre tool kit		Post tool Kit		Change
		Survey Questions	**n**	**%**	**n**	**%**	**%**
Voting Behavior	1	I plan to be registered to vote in the next election	5	100%	5	100%	0%
	2	I plan to vote in the general election	5	100%	5	100%	0%
	3	I know where my voting precinct is located	5	100%	5	100%	0%
	4	I am acquainted with the majority of the issues on the ballot this year	5	100%	4	80%	-20%
Participation in professional organizations	5	I plan to belong to the state professional organization-The Massacusetts Association of Nurse Anesthetists (MANA)	5	100%	5	100%	0%
	6	I would like to participate/volunteer in my state professional organization, MANA in the future	3	60%	3	60%	0%
	7	I plan to attend a meeting of my state professional organization in the future	4	80%	4	80%	0%
	8	I plan to attend a state or national convention held by my state professional organization in the futrue	3	60%	3	60%	0%
	9	I read literature published by my state professional organization	5	100%	5	100%	0%
Awareness about health policy issues	10	I am aware of at least two issues facing my profession	4	80%	5	100%	20%
	11	I plan to stay abreast of current health issues	5	100%	5	100%	0%
	12	I know of at least two issues related to my profession that are currently under discussion at the state or national level	4	80%	4	80%	0%
	13	I find myself more interested in public issues now that in the past	3	60%	4	80%	20%
Knowledge of legislators	14	I know the names of my state senators	5	100%	5	100%	0%
	15	I know the names of my representative in Washington D.C.	4	80%	5	100%	20%
	16	I know the name of the state senator from my district	5	100%	5	100%	0%
	17	I know the legislative aide of my state senator	1	20%	1	20%	0%
	18	I am aquatinted with the voting record of at least one of the above in relation to a specific health issue	4	80%	5	100%	20%
	19	I am aware of the stand taken by at least one of the about on one current health issue	4	80%	5	100%	20%
Knowledge of the legislative and policy processes	20	I know whom to contact for the information about health related policy issues at the state or federal level	3	60%	5	100%	40%
	21	I know whether my professional organization employs a lobbyist at the state and federal level	5	100%	5	100%	0%
	22	I know how to contact that lobbyist	3	60%	3	60%	0%
	23	I know the process by which a bill is introduced in my state legislature	4	80%	4	80%	0%
	24	I know which senators or representatives are supportive of nursing	4	80%	4	80%	0%
	25	I know which senate committees usually deal with health related issues	4	80%	4	80%	0%
	26	I know the committees on which my representatives hold membership	1	20%	4	80%	60%
	27	I am aware of the composition of the state board that regulates the practice of my profession	4	80%	4	80%	0%
	28	I know the process whereby one becomes a member of the state board that regulates my profession	2	40%	3	60%	20%
Involvement in the political process	29	I will support my state professional organization's political arm	4	80%	5	100%	20%
	30	I plan to provide testimony at a public hearing on an issue related to health	1	20%	2	40%	20%
	31	I plan to support a candidate for U.S. Senate, House of Representatives, or state campaign during the next election	4	80%	4	80%	0%
	32	I will write to my state or federal representative regarding a health issue in the past two years	4	80%	4	80%	0%
	33	I would serve as a resource person for one of my representatives	0	0%	4	80%	80%
	34	I plan to attend public hearings related to health issues	1	20%	2	40%	20%
	35	I know where the local headquarters of my political party is located	0	0%	3	60%	60%
	36	I plan to write a letter to the editor or for the lay press speaking out on a health related issue	1	20%	2	40%	20%

Appendix D –

IRB Letter

TH E UNIVERSITY OF Office of the Vice President for
ALABAMA Research & Economic Development
Office for Research Compliance

February 26, 2021

Elaine Sullivan
Capstone College of Nursing
Box 870358

Re: IRB # 21-01-4253: "Do the levels of political astuteness and political participation of CRNAs increase as a result of participation in a health policy advocacy educational intervention when compared to retrospective pre-test levels?"

Dear Ms. Sullivan,

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given exempt approval according to 45 CFR part 46. Approval has been given under exempt review category 2 as outlined below:

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation ofpublic behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

The approval for your application will lapse on February 25, 2022. If your research will continue beyond this date, please submit the continuing review to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Sincerely,

Carpantato T. Myles, MSM, CIM, CIP
Director & Research Compliance Officer

Jessup Building I Box 870127 t Tuscaloosa, AL 35487-0127
205-348-8461 I Fax 205-348-7189 | Toll Free 1-877-820-3066

Appendix E –

Invitation to Participate

Dear colleague,

You are invited to participate in a study conducted by Elaine Sullivan, CRNA, MSN, MHL, DNP candidate at the University of Alabama. This research being conducted in accordance with the requirements of the graduate school of nursing DNP program and is open to all MANA members.

Participation in the study requires completion of a 41-item online-survey called the Political Astuteness Inventory tool (PAI) administered before and after exposure to educational content related to political advocacy. The survey should take approximately 10-15 minutes to complete. Confidentiality of individual responses will be maintained and are not linked to an email or IP address and no personal identifiable information will be collected. The anonymous survey results will be maintained through the Qualtrics program. Study consent is assumed upon entry into the study.

Once the study data has been analyzed, it will be deleted per UA institutional protocol. Participation in this study is completely voluntary. If you have any questions of concerns you may contact the primary investigator at emsullivan7@crimson.ua.edu. The faculty advisor for this project is Staci Abernathy, slabernathy2@ua.edu. Your participation is valuable. While there may be no direct benefit for participation, your responses, opinions, and experience will contribute to the body of evidence supporting best practices for building political astuteness and promoting political advocacy behaviors in CRNAs.

Please click on the link below to consent and complete the survey.

Thank you in advance for your time and participation.

Sincerely,

Elaine Sullivan

Appendix F –

Political Tool Kit Presentation

- In order to promote professional cooperation and promotion of CRNAs professional interests, strong leadership and **membership involvement in policy advocacy is essential.**
- MANA seeks to improve the political astuteness and subsequent confidence and willingness to participate in professional advocacy behaviors and involvement in supporting professional association activities in the state of Massachusetts (MANA, 2020).

Political Advocacy 101

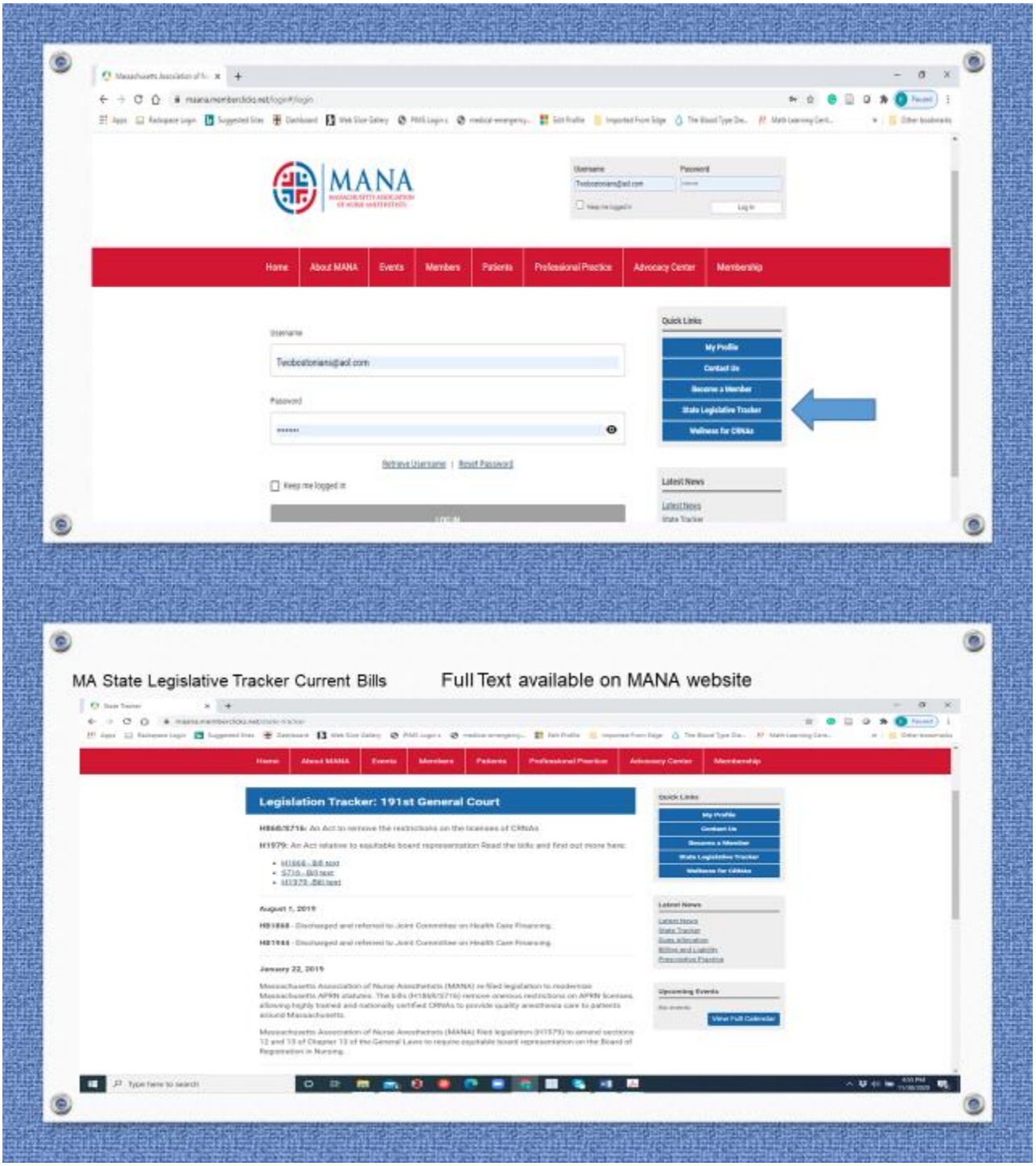
HOW CAN YOU MAKE A DIFFERENCE???????

- ✓ **Membership in AANA (automatic membership in MANA)**

Dues go to national and state professional lobbyists who advocate for YOUR interests! **MOST IMPORTANT!! **

- ✓ **Write letters to your state legislators in support of current CRNA bills**
- ✓ **Educate yourself on current legislation in MA by looking on the MANA website**


LEGAL PROCESS
CRNA Scope of Practice Restrictions
Policy Change Identified
MANA Lobbyists Draft Bill
Bill Filed
Advocating for Awareness
CRNAs and paid lobbyists advocate for passage of bill
Letter writing campaign
CRNAs testify at state house
Legislators Understand Issue
Passage Yes/No
House Vote On Bill
Resources & Commonly asked ???
Where do I find information about current bills impacting my CRNA practice?
MANA website @https://www.masscrna.com
under the
Legislative Tracker Tab
*See next slide for screen grab


MANA
Home
About MANA
Events
Members
Patients
Professional Practice
Advocacy Center
Membership
Quick Links
My Profile
Contact Us
Become a Member
State Legislative Tracker
Wellness for CRNAs
Latest News
MA State Legislative Tracker Current Bills
Full Text available on MANA website
Legislation Tracker: 191st General Court


Resources &
Commonly asked ??? continued
Who can I contact with practice and policy related to questions?
Contact your state or federal legislators or contact MANA @ presidentmasscrna.com
Where do I find out who my legislators are?
Google "find my legislator" or @ malegislature.gov
Type in your address and click SEARCH
Resources &
Commonly asked ??? continued
How can I become involved in my state association?
Contact
presidentmasscrna.com or
rclayton@kmgnet.com

Resources & Commonly asked ??? continued

How can I become involved in my state association?

Contact

presidentmasscrna.com or

rclayton@kmgnet.com

Resources Continued

Please review the sample letter to a legislator and the links to view the current bills

Sample letter sent by MANA to legislator for bill introduced last legislative session

July XX, 2020

(insert Speaker address)

Re: Removing the restrictions on CRNAs

Dear Honorable Speaker Robert A. DeLeo

We are writing as the Board of Directors of an organization that represents more than 850 health care providers. We want to start by thanking you and your team for providing steadfast and thoughtful leadership during the COVID-19 outbreak and its ongoing impacts.

We represent the Massachusetts Association of Nurse Anesthetists (MANA) and along with our members served on the frontlines during the pandemic surge. Our experiences over the last several months has firmed our belief that with greater autonomy Certified Registered Nurse Anesthetists (CRNAs) can help deliver a more efficient and cost-effective health care system.

On March 26, 2020 an executive order (EO) entitled, *Order of the Commissioner of Public Health Authorizing Independent Practice of Advanced Practice Registered Nurses*, explicitly mentioned CRNAs as key players to the fight against COVID-19. This was no surprise to anyone familiar with the work of CRNAs and their ability to perform in critical care situations.

CRNAs during the surge:

- provided lifesaving airway management services including placement of breathing tubes for machine ventilation.
- deployed to operating rooms to lead ICUs equipped with machine ventilators
- joined prone position teams to assure proper ventilation during this complex procedure.
- continued providing anesthesia for emergency surgeries.
- wrote bedside orders and other prescriptive practice services to provide timely and critical patient care.
- suffered furloughs and layoffs due to cancellation of elective surgeries.

The EO intended to remove guidelines for physician supervision of prescriptive practice for APRNs who have less than 2 years of supervised prescriptive practice. Unfortunately, the provisions set forth in the EO were and are complex and confusing, making utilization, compliance, and enforcement for CRNAs and health care systems extremely difficult. In short, the EO was not as helpful as it intended. In the instances that the EO was effective, it made care more seamless and increased staffing flexibility.

CRNAs specialize in anesthesia care from birth until end of life in every practice setting. Massachusetts CRNAs provide anesthesia services *without a supervision requirement* to autonomously select, dispense, and administer all medications for anesthesia. Anesthesia must be provided by a board-certified anesthesia expert, *such as a CRNA* to *prescribe* that anesthetic. It does not make sense that CRNAs cannot write bedside orders and/or prescribe for the very same patients they have anesthetized.

The ***evidence* is clear** that removal of unnecessary and onerous state-imposed restrictions on CRNA prescriptive practice increases access to safe and efficient anesthesia care, as demonstrated by CRNAs during the current health care crisis. **Massachusetts' own agencies, the Health Policy Commission recommended prescriptive practice restriction removals *twice,* in their 2015 and 2018 Healthcare Cost Trends reports. A 2016 Massachusetts CHIA report makes the same recommendations.**

As you consider passing Health Care legislation this session we respectfully request that you utilize the language contained in House Bill 1868, An Act to remove the restrictions on the licenses of CRNAs sponsored by Rep. Paul Donato and Rep. Kay Kahn, which is currently under extension order in the Joint Committee on Healthcare Financing. This bill would accomplish the goal of providing optimal anesthesia care to Massachusetts patients.

CRNAs were up to the task during a pandemic, risking our own lives and putting our families at risk in order to honor our oath for the best patient outcomes. Furthermore, during this time we demonstrated our ability to deliver safe, efficient, and cost-effective care without physician supervision. Please allow facilities to optimize CRNA practice for access to timely care without unnecessarily burdening and distracting our physician colleagues with additional prescribing supervision duties.

CRNAs are committed to the absolute best care for the citizens of the Commonwealth. Please pass meaningful legislation to remove physician supervision from CRNA prescriptive practice *without an unnecessary and arbitrary 2-year transition period.*

Thank you for your time and please don't hesitate to reach out to us with follow up question or concerns.

Sincerely,

(signed by all BODs and list hometowns)

cc:
Interim Chair, Joint Comm. on Health Care Financing, Dan Cullinane
Second Assistant Majority Leader Paul Donato
Chair, Joint Comm. on Public Health, John Mahoney
House Majority Leader Ron Mariano
Chair, House Comm. on Ways & Means, Aaron Michlewitz

Sample Script for Political Advocacy

In regard to the removing CRNA license restrictions (House Bill #1868), as a CRNA, this language has no value to patients in terms of safety. No one is more appropriate to write orders for patients that we are administering anesthesia for than the CRNA that is actually caring for the patient. I support this bill and ask you to as well.

CRNAs are committed to the absolute best care for the citizens of the Commonwealth. Please pass meaningful legislation to remove physician supervision from CRNA prescriptive practice *without an unnecessary and arbitrary 2-year transition period.*

Link to Bill:
House Bill 1868, An Act to remove the restrictions on the licenses of CRNAs

Table 1, Figure 1 –

Demographics, Age

Age Group					
18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	>65
0	0	2	0	2	1

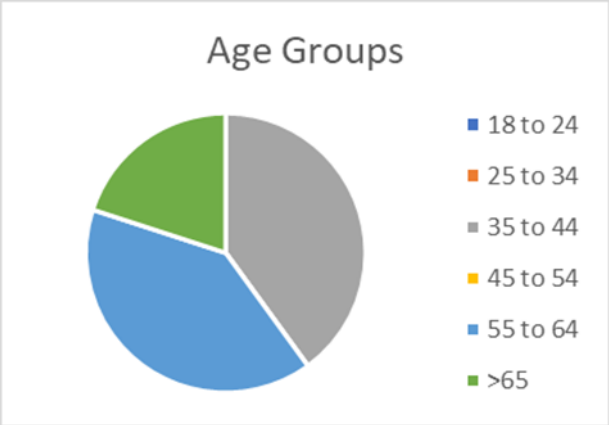


Table 2, Figure 2 –

Demographics, Year in Practice

Years as a CRNA			
<5	5 to 10	10 to 15	>16
0	2	0	3

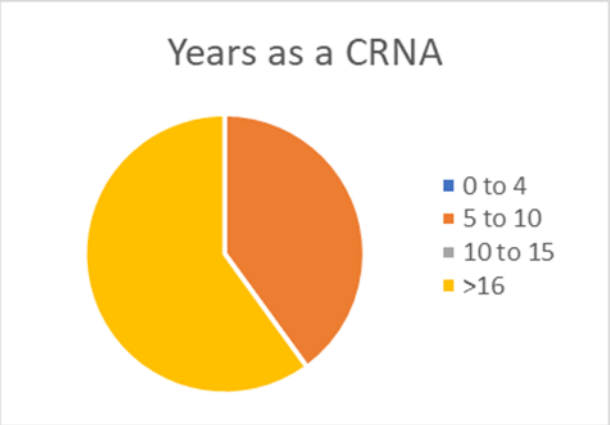


Table 3 –

Demographics, Aggregate

Participants:	1	2	3	4	5
Number of years as a CRNA	>16	5 to 10	>16	>16	5 to 10
Are you currently a member of MANA	Yes	yes	yes	yes	yes
What is your current age Group	75-84	35 to 44	55 to 64	55 to 64	35 to 44
What is your highest degree completed	Bachelor's	Masters	Masters	Masters	Masters

Table 4 –

Individual PAI Levels of Astuteness

	Pre tool Kit	Post tool Kit
Individual #1	18	21
Individual #2	26	36
Individual #3	28	29
Individual #4	29	28
Individual #5	23	31
Mean PAI score	24.8	29
Standard Deviation	4.438468	5.43139
Variance	19.7	29.5
Paired t test	0.114008	

Table 5 –

Group PAI Level of Astuteness

		Pre tool Kit		Post tool Kit	
	score	n	%	n	%
Politically unaware	1 to 9	0	0%	0	0%
Slightly Aware	10 to 19	1	20%	0	0%
Somewhat aware	20 to 29	3	60%	3	60%
Politically Astute	over 30	1	20%	2	40%