

Political Activism and the Doctorate of Nursing Practice

Maria C. Reyes, MS, FNP-C, RN

Texas Woman's University

Abstract

Advanced practice nurses prepared at the doctoral level are charged with delineated tasks as part of their educational preparation. The American Association of Colleges of Nursing (AACN) put forth the Essentials of Doctoral Education for Advanced Nursing Practice, in which three essentials address areas of competencies equipping graduates with leadership, political, and collaborative competencies. These competencies provide graduates with knowledge and skills to successfully participate and collaborate in the political environment. Contemporary nursing inherently carries a leadership role in which nurses act as patient advocates and carry the responsibility of their patient's welfare. Registered nurses at all educational levels can participate in the political process by increasing their knowledge in the political process and keeping current in legislative policy that affects patient care and healthcare in general. By becoming involved in the political process, their participation can translate into improved healthcare outcomes, and translate into patient advocacy. The Coalition for Nurses in Advanced (CNAP) Practice facilitates the participation of advanced practice registered nurses (APRNs) in the legislative process. By providing a structured and cohesive method of delivering messages to state legislators which impact their practice, APRNs present a united and consistent message which can translate into increased autonomy and improved primary health care to patients who may otherwise be denied of primary health care.

Political Activism and the Doctorate of Nursing Practice

Political activism for healthcare workers is a crucial complement to clinical practice (Zauderer et al., 2009). Nurses are in a unique position to not only provide bedside care but also to advocate for change within the political arena and the community at large. Preparing professional nurses for community-based practice involving political activism and civic engagement requires developing and sustaining a philosophy that supports service learning and community partnerships (Zauderer et al., 2009). Essential foundations are the concepts of service, community, collaboration, empowerment, and political activism. These ideas are inherent in educationally preparing nurses to meet the healthcare needs of individuals and communities. However, many times nursing students seem either intimidated or uninterested in the political aspects of professional nursing practice. Advanced practice nurses, especially ones prepared at the doctoral level, (DNP) can influence decisions that promote the health and well-being of their patients, as well as the workings of the profession itself. Despite being part of the nation's group of healthcare professionals, nurses tend not to realize their influential capability and political lobbying clout (Zauderer et al., 2009).

At this moment in time, the health care needs of the public call for educating professionals who can work across settings, with an increase in those focused on primary care and public health, because those areas have the greatest demonstrated impact on health outcomes. In addition, the health of the public requires nurses who can work with complex human beings across the life cycle and care settings, in a holistic manner, referring as needed, but always keeping the patient and his or her needs at the center of practice, whether that patient is an individual, family, or population (Swider et al., 2009). One of the provisions of the Affordable Care Act relates to workforce expansion of physicians. Starting in July, there will be

an increase in the number of graduate medical education training positions as a result of the Affordable Care Act. However, the bill only provided 650 slots for graduate medical education. Zigmond, (2011) reports that this simply will not be enough, and that the provision must be revisited. This limited provision would offer APRNs the opportunity to fill the gap in the healthcare community. All graduate level APRN education requires a broad-based education in the role, and in the population to be served, and will, in addition, includes three separate graduate-level courses in advanced pathophysiology, advanced health assessment and advanced pharmacology as well as a minimum of 500 hours of appropriate clinical experiences. (ANA 2008).

Additionally, the US Congress took its first stand against minority health disparities with the passage of the Minority Health and Health Disparities Research and Education Act in October 2000 (Webb, B., Simpson, S., and Hairston, K., 2011). This measure commissioned the creation of the National Center for Minority Health and Health Disparities and mandated health disparities reach and reporting. The goal of this research was to conscientiously move the discourse from identifying health disparities to eliminating them. According to Webb et al., (2011), the years that followed brought progress in researching causation, positing solutions, and supporting promising models for the elimination of these disparities. The congressionally mandated Institutes of Medicine report Unequal Treatment grouped factors of causation into 3 basic areas: health system-level variables, care process variables, and patient-level variables. In addition, its authors proffered strategies for achieving health equity with recommendations that included legal, regulatory, and policy intervention. With increasing research and dialogue, legislators began considering the next appropriate intervention. Congress has continued to debate solutions to the health care issues facing minority communities, introducing 6

comprehensive minority health equity bills since 2000 (Webb et al., 2011). In 2007, the 110th Congress was presented with the introduction of an unprecedented 16 health disparities-focused bills. However, despite the increasing legislative interest in improving minority health, no comprehensive minority health measure has become public law since the Minority Health and Health Disparities Research and Education Act of 2000 (Webb, Simpson, and Hairston 2011). Again, this legislation could lead to opportunities for the doctoral prepared APRN to make a meaningful contribution to the healthcare system.

Corroborating DNP Essentials

The DNP Essentials of Doctoral Education for Advanced Nursing Practice provide a framework for the development of competencies which would equip and empower APRNs to fully participate within the networks of the political arena. Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking: The complexity of today's healthcare environment and the increase in volume of scientific knowledge demand the involvement of nurses educated in the legislative process and prepared to influence policy on the local, state, and national levels (Zaccagnini and White 2011 p. 195). In primary care, it appears that appropriately trained nurses can produce as high quality care and achieve as good health outcomes for patients as doctors. However, the research available is quite limited. Many countries have sought to shift the provision of primary care from doctors to nurses in order to reduce the demand for doctors and improve healthcare efficiency. The expectation is that nurses working as substitutes can provide as high quality care as doctors at lower cost. In a review by the Cochrane Collaboration (2009), it was found that quality of care is similar for nurses and doctors. Additionally, nurses tend to provide more health advice and achieve higher levels of patient satisfaction compared with doctors. Even though using nurses

may save salary costs, nurses may order more tests and use other services, which may decrease the cost savings of using nurses instead of doctors. (Cochrane Collaboration, 2009).

Essential V: Health Care policy for Advocacy in Health Care: Political activism has always been at the heart of advanced practice nursing. As nurses in these roles carved out new and expanded scopes of practice, they honed their political skills in order to make the necessary inroads into new and evolving areas, which were previously only in the realm of physicians or other health care providers. Their political teeth were cut on such important areas as expanding nurse practice, obtaining third-party reimbursement and prescriptive privileges (Mason, Leavitt, and Chaffee, 2007). This process of activism unified advanced practice nurses (APRNs) both within and among groups. Nurse practitioners in the various specialty organizations, for example, came together through this process by necessity to fight for common goals. Nurse practitioners (NPs), certified nurse midwives, (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs), who have at times been at odds over specific wording of legislation or regulations have learned to work together in very sophisticated ways to advance their interests. (Mason and Chaffee 2007). By joining forces, APRNs can certainly influence patient-related policy.

Advanced practice registered nurses (APRNs) have the advantage of an appreciation of the patient care experience and the challenges of working within complex healthcare systems. However, those unique experiences must be combined with an education in the intricacies of policy and politics in order to create true and effective change (Zaccagnini and White 2011). Policy activism translates into patient advocacy (Zaccagnini and White 2011). Doctor of Nursing Practice (DNP) graduates are well positioned to influence the content and quality of healthcare legislation. Along with their extensive clinical background and well-developed

comprehension of the issues, APRNs must have a working knowledge of the language of legislation and regulation (Zaccagnini and White 2011).

The legislative process is rarely the very linear, rational process described in textbooks. Instead, it is a process whereby competing interests attempt to influence policy making by making bargains, trading votes, and using rhetoric to convince legislators that their policy agenda is the best (Zaccagnini and White 2011). APRNs have the opportunity and responsibility to educate lawmakers as legislation moves through the legislative bodies and government agencies. Although APRNs can draft legislation, it is more common to partner with an interested and supportive legislator in either the state or federal House of Representatives or Senate (Zaccagnini and White 2011). It is imperative that APRNs sit at the table when healthcare legislation is considered. By participating in the legislative process, their input can garner considerable expert validity and collaborative support.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes: The greater the political power of the sponsoring legislator, the greater the probability of successfully passing a piece of legislation. The likelihood of successful passing of legislation will also improve if supportive legislators introduce the bill to both chambers of Congress at the same time. Bipartisan support from both Republican and Democratic sponsors further increases the likelihood of successful movement of legislation through Congress. The powerful combination of a united political voice through professional organizations and the grassroots efforts of APRNs has the power to influence the healthcare agenda. Through membership dues and other revenue sources, professional organizations have the resources to create a network of federal government lobbyists, state government political directors, and political action committees (PACs). Because healthcare professional organizations are

composed of members with full-time careers in the clinical arena, lobbyists are an integral part of influencing the healthcare agenda (Zaccagnini, & White 2011). It is critical for APRNs to combine efforts with organizations that will collectively push forth professional and practice legislation.

APRN Professional Organizations:

American Academy of Nurse Practitioners (AANP)
American Association of Colleges of Nursing (AACN)
American Association of Nurse Anesthetists (AANA)
American College of Nurse Midwives (ACNM)
American Nursing Association (ANA)
American Organization of Nurse Executives (AONE)

The Legislative Process at Work

Advocacy for Nursing doesn't stop between legislative sessions: Every other year when the Texas Legislature is not in session, the work to advance the practice of nursing in Texas continues. It's a year-round, all-encompassing initiative that goes way beyond a single facility focus. For nursing, the time between biennial legislative sessions is, in fact, a time to explore, evaluate, and prepare for what's next. (TNA 2010). The 2011 Texas Legislative Session will be a busy one, filled with nursing and health care-related legislation. Texas nursing organizations plan to initiate five bills including extending protections from criminal liability to nurses, expanding APRN prescriptive authority, and enhancing penalties for assaulting a nurse in the workplace. In addition, Texas Nurses Association will support the legislative priorities for several health policy coalitions.

APRN Prescriptive Authority: The Coalition for Nurses in Advanced Practice and individual APRN organizations such as Texas Nurse Practitioners and Texas Association of Nurse Anesthetists will initiate legislation addressing APRN prescriptive authority. The APRN Prescriptive Authority bill would establish that APRN prescriptive authority comes from the

APRN nursing license rather than form being delegated by a physician. It would also remove restrictions on prescribing Controlled Substances Schedule II medications. These changes would allow APRNs to practice to the full extent of their education, experience, and competency.

Texas faces a critical shortage of primary care providers. The legislation would give the public better access to qualified health care providers. (TNA 2011). Currently, Texas requires a 2-step process for APRNs who prescribe (Appendix C):

1.) The Board of Nursing ensures the APRN has the required education and national certification to qualify for prescriptive authority and then the Board issues a prescriptive authority number to the APRN. At that point, in 35 states and Washington D.C., APRNs have authority to prescribe. However, in Texas, APRNs are not able to prescribe until they meet the requirements in step 2.

2.) A physician must delegate prescriptive authority to the qualified APRN. Texas is the only state that further complicates the process by only allowing physicians to delegate prescriptive authority if the APRN works in one of four types of sites. The proposed legislation eliminates that second step in the prescriptive authority process by allowing the Texas Board of Nursing to grant APRNs authority to diagnose and prescribe rather than requiring physicians to delegate that authority to APRNs (Appendix C).

Specifically H.B. 708, and similar bills which are yet to be filed, remove APRNs from the delegated prescriptive authority provisions in the Medical Practice Act and put a definition of “Advanced Practice Registered Nurse” in the Nursing Practice Act that includes diagnosing and prescribing. The bill will also include conforming amendments in the Medical Practice, Pharmacy Practice, and Dangerous Drugs and Controlled Substances Acts. This legislation will allow APRNs to practice to the full extent of their education by granting autonomous authority to

diagnose and prescribe in the Nursing Practice Act (NPA). The advantages of the proposed 2011 Legislation is to address the Texas Dilemma in which APRNs already diagnose and prescribe. By removing current statutory and regulatory hurdles, this will allow APRNs to provide greater access to primary care services. This would also allow APRNs to provide care in the 180 counties which have been identified as areas containing primary health care professional shortage. Additionally, it will allow APRNs to consult and refer to physicians as needed, thereby relieving physicians of burdensome paperwork & supervision requirements that currently serve as a roadblock to health care access. The legislation also provides increased flexibility to physicians, allowing them to allocate greater time and resources to other patients (Appendix A & B). The proposed legislation would bring Texas in line with the 16 states and the District of Columbia that recognize APRNs are part of the solution to the health care access crisis.

DNP Solution

The current goal is to double the number of doctorally prepared nurses by 2020. Two primary degrees in nursing at this level are the PhD and the DNP (doctor of nursing practice). The latter has been increasing in popularity throughout the last decade. A shortage of nurses prepared at the highest levels of education and working in primary care, education, and research is viewed as a barrier to advancing the profession of nursing and improving the delivery of care to patients. Ku, (2011) suggests that many of the highly challenged states that have a lower-than-average ratio of advanced practice clinicians to primary care physicians are less able to utilize efficient team-based care. Many also have limiting scope-of practice laws that restrict nonphysician clinicians in places where their skills are most needed, as the Institute of Medicine recently noted Texas should join 16 other states and allow APRNs to practice to the full extent of their education and allow for increased APRN autonomy. This provision is not asking to do anything

that APRNs are not already fully educated and trained to do. The APRNs are educated to national standards, therefore, Texas APRNs can move to any state to practice.

Summary

A change in the country's healthcare system can serve as the impetus for the APRN to deliver healthcare to a multitude of individuals. The DNP may very well be the vehicle to deliver this healthcare to individuals who may otherwise go without healthcare. However, much progress is still needed in the legislative and political process. DNP's participation in the policy and legislative process can facilitate this dynamic process. By participating in the political process the DNP can be the pivotal change agent to bring about the necessary legislative policies to deliver this care and subsequently improve the country's healthcare delivery system. In order to be the pivotal of change, the DNP must be willing to influence the political climate by engaging in active political and legislative activism.

"I was taught that the way of progress is neither swift or easy" Marie Curie

References

- American Association of Colleges of Nursing. (2006). *AACN position statement on the practice doctorate in nursing*. Washington, DC: Author.
- American Nurses Association (2008). ANA Board of Directors Endorses a Set of Standards for APRN Regulation to Improve Access to Safe, Quality Care by Advanced Practice Nurses.
- Cochrane Collaboration. (2009). *Substitution of doctors by nurses in primary care (review)*. The Cochrane Library. Retrieved from <http://thecochrane.library.com>.
- Hoven, A. (2011). Comments on the Affordable Care Act and the future of clinical medicine. *Annals of Internal Medicine, 154*(2). 139.
- Ku, L., Jones, K., Shin, P., Bruen, B., & Hayes, K. (2011). The states' next challenge--securing primary care for expanded Medicaid populations. *The New England Journal Of Medicine, 364*(6). 493-495.
- Mason, D., Leavitt, J., Chaffee, M., (2007). *Policy and Politics in Nursing and Health Care* (5th ed.) Saunders. St. Louis, MO.
- Perednia, D. (2011). Comments on the Affordable Care Act and the future of clinical medicine. *Annals of Internal Medicine, 154*(2). 138.
- Stanley, J., Werner, K., & Apple, K. (2009). Positioning advanced practice registered nurses for health care reform: consensus on APRN regulation. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 25*(6). 340-348.
- Swider, S., Levin, P., Cowell, J., Breakwell, S., Holland, P., & Wallinder, J. (2009).

Community/public health nursing practice leaders' views of the doctorate of nursing practice. *Public Health Nursing (Boston, Mass.)*, 26(5). 405-411. doi: 10.1111/j.1525-1446.2009.00798.x

Texas Nurses Association (2010). *Advocacy for nursing doesn't stop between legislative sessions*. *Texas Nursing Voice*, 4(3).

Texas Nurses Association (2011). *Nursing legislative agenda for Texas*. *Texas Nursing Voice*, 5(1).

Webb, B., Simpson, S., Hairston, K., (2011). From Politics to parity: using a health disparities index to guide legislative efforts for health equity. *American Journal of Public Health*, 101 (3). 554-559.

Zaccagnini, M. & White, K.W. (2010). *The Doctor of Nursing Practice Essentials: A new Model for Advanced Practice Nursing*. Sudbury, M.A. Jones and Bartlett.

Zauderer, C., Ballestas, H., Cardoza, M., Hood, P., & Neville, S. (2008). United we stand: preparing nursing students for political activism. *The Journal of the New York State Nurses' Association*, 39(2). 4-7.

Zigmond, J. (2011). Change is in the air for reform in 2011. Priorities shift to revising parts of Affordable Care Act, implementation. *Modern Healthcare*, 41(2). 28-30.

Appendix A



APRNs
Putting Patients Ahead of Turf

Advanced Practice Registered Nurses (APRNs) want to help Texas significantly improve access to safe, cost-effective primary health care services.

APRNs want to practice to full extent of their education and training. Period. They don't practice medicine.

Boards of Nursing regulate APRNs to provide advanced nursing care, including diagnosing and prescribing.

35 states and the District of Columbia (D.C.) grant APRNs authority to diagnose & prescribe in the Nursing Practice Act.

LBB's 2011 *Government Effectiveness and Efficiency Report* recommends including diagnosis, prescribing and ordering in the scope of practice for APRNs (p. 297).

Texas ranks dead last nationally in access to health care. Every Texas health care professional should share the common goal to remove unnecessary barriers to access.

Instead of repeated distortions of the truth, Texas deserves the facts.

- APRNs are already fully educated and trained to treat patients within their specific areas of expertise.
- Under current law APRNs already diagnose.
- Under current law APRNs already prescribe.
- Nationally, 75% of Nurse Practitioners (NPs) practice in primary care.
- Decades of research on APRN diagnosing and prescribing demonstrates safety.
- No increase in malpractice claims against APRNs occur in independent prescriptive authority states.
- Rand Report states APRNs reduce health care costs by 20% – 35%.
- In states with better practice laws, the percentage of NPs in rural areas approximates the state's rural population.

State	Rural Residents (%)	Rural NPs (%)
Idaho	34	30
Iowa	38.9	37
Maine	59.3	39
Montana	45.9	40
Oregon	35	28
Vermont	61.8	56
Wyoming	34.9	43

Let's bring Texas into the 21st Century by putting patients ahead of turf.

Appendix B

**THE FACTS:
Texas Needs to Put Patients Ahead of Turf**

- Texas ranks 50th in access to health care.
- Texas ranks 46th in overall health care.
- An additional 2.2 million people will be added to the state's Medicaid program.
- The primary care physician supply ratio in Texas is below the supply ratio of the 10 most populous states and ranks 47th among the 50 states.
- There are currently no primary care providers in 25 of the state's 254 counties and only 1 primary care provider in 16 counties.
- The Institute of Medicine recommends Congress limit federal funding for nursing education programs to programs in states that have adopted the National Council of State Boards of Nursing advanced practice registered nurse model rules and regulations.

Support an Agenda to Put Patients First

H.B. 1266	Representatives Garnet Coleman & Rob Orr
S.B. 1260	Senator Rodney Ellis
H.B. 708	Representative Kelly Hancock
S.B. 1339	Senator Royce West
H.B. 915	Representatives Wayne Christian & Eddie Rodriguez

Supporters of Removing Barriers to Improve Access to Health Care

AARP Texas
 Amerigroup Texas
 Bipartisan Policy Center
 Brookings Institution
 CATO Institute
 Center for American Progress
 Heritage Foundation
 Institute of Medicine
 Josiah Macy, Jr. Foundation
 Methodist Healthcare Ministries of South Texas
 National Alliance on Mental Illness – San Antonio
 Texas Association of Business
 Texas Public Policy Foundation
 Texas Organization of Rural & Community Hospitals
 UnitedHealthcare - Texas

Appendix C

Diagram of Delegated-Site-Based Prescriptive (Rx) Authority for APRNs in Texas

