Political involvement in nursing—education and empowerment - Home Study Program - Cover Story

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Editor's note: This is the first in a series of two articles to help perioperative nurses understand the political process and its effect on the nursing profession.

By popular definition, politics is a means to an end, the end consisting of public policy. (1) Political involvement leads to public policy formation. If nurses wish to affect outcomes in policy formation, they must be involved in politics. The term politics refers to the "exercise of influence;" however, more than one political level exists in which influence is a factor. (2) Influence can be exerted on

* the workplace by affecting the development of institutional policies,

* the community through activities on local boards,

* professional organizations by participating on committees or serving as an officer, and

* government through involvement in campaigns, letter writing, and voting. (3)

Many people do not understand the power of voting for specific candidates and the influence those office holders have on nursing issues and the care that patients receive. (4)

According to one group of authors,

Policy encompasses the choices that a society, segments of society, or organizations make regarding its goals and priorities and the ways it will allocate its resources. It reflects the values of those setting the policy. (5)

Nurses maintain values that promote individualized patient care and collaboration among health care professionals. (6) It is important that nurses are represented in the formation of health care policy and that these values, as well as nursing knowledge and expertise, are shared with politicians and reflected in quality health care legislation that is cost-effective. Nursing's active involvement in the molding of public policy through political commitment is a necessity; it is not enough to wait and see where legislation takes the profession and how changes in public policy will affect patients. If nurses do not become involved and employ a values-laden approach to politics, they have no power over their own future, and health care will suffer from their lack of participation.

Politics is viewed by most in a traditional manner, when in reality, politics involves many facets of everyday life, in addition to the legislative arena. The traditional approach to politics is reactive. Typically, people consider political action to be composed of lobbying, letter writing, voting, and other conventional means of influencing politicians and public policy initiatives. The nontraditional approach to politics is proactive. (7) One component of proactive politics is public education regarding such issues as

* preventive health care,

* staffing levels in hospitals,

* Medicare reimbursement issues, and

* the political structure of the health care system.

Nurses and the general public need to move past the assumption that traditional political approaches are the only way to influence public policy. Non-traditional approaches, such as professional practitioner visibility, membership on local school boards, and involvement in charitable organizations, are extremely effective methods of influencing public opinion regarding nursing's role at the community and national levels. (8)

When nurses rise to a level of political awareness, most tend to have a narrow political focus that centers on specific issues directly concerning the nursing profession (ie, staffing levels for nurses). (9) One author, however, states, "Politics affect virtually all levels of individual and community life." (10) Nurses need to incorporate this mentality into their political repertoire and address not only specific nursing issues but also major social issues that affect the general public and the nursing profession in an indirect manner. Most nurses are aware, to some extent, of legislation that involves health care reform and nursing practice. Nursing organizations are involved heavily in protecting or promoting these agendas and make an effort to inform their members and solicit their support.

Nurses and nursing organizations often ignore issues that affect public health on a national and international level because these issues do not directly involve their specialty. These issues include environmental protection and social problems (eg, unemployment, poverty), which are not always seen as direct contributors or detractors to public health. These issues most certainly involve the welfare and health of the public, and nurses have significant insight into how these issues will affect the world population. Nurses hold a level of stature that is highly respected and trusted. They are viewed as professionals who truly are interested in the welfare of others. The role of nurses in health promotion is recognized by international, national, and state organizations. (11) Organized support of these issues can greatly affect world health, so nurses have a duty to investigate their role and increase their level of participation. This type of empowerment broadens nursing's political focus and increases respect for the profession on all political levels.

POLITICAL KNOWLEDGE AND INFLUENCE

Nurses, as individuals, frequently do not address political issues that affect the profession. A lack of knowledge of the legislative process causes them to be overwhelmed by the complexity of public policy. Nurses focus on clinical care and sometimes ignore larger issues, partially due to a heavy workload, but also due to a lack of understanding of how to influence public policy. Governmental bodies influence or control many issues that affect nurses' clinical environment, such as

* nurse practice acts,

* reimbursement issues,

* resource allocation,

* Medicare reimbursement, and

* health care structure reform.

Yet nurses often do not see the relationship between their lack of political action and their inability to influence health care policy decisions, which in mm, affects their clinical environment. (12)

Public policy formation. There are four main steps in the process of public policy formation: setting an agenda, government response, policy design, and program implementation. (13) The first step is setting an agenda, which entails identifying and defining the problem to ascertain how much of the population might be affected by the problem. This affects the second step, which is determining the amount of government response that will be directed toward the issue. Setting an agenda and researching related issues provides a strong basis for government response if the agenda is well stated and supported properly. The third step occurs when a legislator produces and introduces a law, regulation, or program to address the problem. (14) Communication with legislators and committee

members who are drafting the legislation is extremely important at this stage of the process. Nurses have the potential to largely affect health care legislation through their sheer numbers and expertise. (15) Communication at the policy design and implementation level is important because nursing expertise is necessary for the development of a practical program that meets the needs of the people it is designed to serve. (16) The final step in public policy formation is implementation of the program.

In addition to a basic comprehension of how legislation is enacted, nurses need to understand that many factors affect public policy development. The size of an issue can determine the timing of implementation (ie, how quickly change can be implemented). When a single issue that has minimal effect on other disciplines is introduced, marginal resistance can be expected; however, when something as large as health care reform is introduced, can be implemented only on an incremental basis. (17) Legislation can become a partisan issue as well when one political party refuses to allow the legislation to be considered seriously; thus, change can be almost impossible. Another factor affecting public policy development is the effect of "pork barrel" politics, which is attaching numerous items of a piece of legislation, causing many legislators to object to an aspect of the legislation, thus, preventing it from becoming law.

Timing is a crucial aspect in politics. If a group of nurses want to introduce legislation supporting a higher nurse-to-patient ratio, the time to press forward on the issue might be after a negative outcome occurs related to a low level of professional nurses on staff. Nurses need to recognize the factors that can potentiate change. (18) It always is wise to take a step back from the issue at hand and determine whether the time is right, or whether the cause might be better served by increasing resources and waiting for a more opportune moment.

Political influence. Politics can be thought of as "the exercise of influence." (19) Nurses can increase their political power and have a greater effect on all levels of politics, from institutional to federal by using three elements of influence--communication, collectivity, and collegiality. (20) Special interest groups and specialty organizations can break up the collective voice of nursing if the emphasis is placed on specific needs of the speciality rather than broad, social reform. According to one author, many nurses see collectivity as a negative behavior, but it becomes collegiality when other groups are included in addition to nursing, increasing respect and understanding across professions and thus increasing nursing's political power. (21) Nurses must learn to work together and not undermine the power of the others nurses, which is unnecessary and detrimental to the nursing profession. When this philosophy is implemented at the institutional level and support for nurses increases in the workplace, morale is raised and the influential power of nursing increases. This power then can continue in an upward spiral to the community and national levels.

POWERLESSNESS IN NURSING

Another factor to consider when examining the inactivity of nurses in the political process is that historically, women, who comprise a large percentage of the nursing profession, have been oppressed. As a whole, women are oppressed by a lack of knowledge in the political arena, which leads to a lack of participation. Women who support social policies that negatively affect the achievement of women perpetuate this lack of participation. (22) In relation to gender, traditionally women are viewed as subservient and men as dominant. (23) Women strive to overcome these stereotypes, but both men and women often are afraid of powerful women. Women also worry about conflicts in relationships. They typically want all parties to identify with one another in a positive manner and be in consensus, not conflict. (24) Avoidance of conflict, in this situation, becomes a form of oppression. (25) Women more about the political arena only by learning more about the political process and empowering each other.

Society has long held certain images of nursing that suffocate or repress growth, such as images of

* mother,

* servant,

* religious symbol, and

* the military image associated with Florence Nightingale. (26)

All of these metaphors affect public opinion and nurses' beliefs about themselves as they strive to embody yet another image, that of patient advocate. Oppressive images (eg, self-disciplined, self-sacrificing, servile) restrict nurses from assuming the role of patient advocate and cloud the public's image of nurses as professionals. (27) Increases in technology and humanitarianism and changes in societal standards have lead to a more professional image for nursing, but patients never will accept nurses as advocates until they see nurses openly and actively championing public causes. The lack of true fulfillment of the advocate role increases feelings of powerlessness among nurses.

Political inaction. Feelings of societal oppression and powerlessness lead to political inaction in the nursing profession. Many nurses desire political involvement, but fear impedes that desire. Their lack of political knowledge restrains nurses from commitment. They have an image of being a knowledgeable professional to uphold, and they perceive that this image would be marred by a demonstrated lack of familiarity with the political process. Other factors (eg, fear of infringement on family time, anxiety about public speaking, suspicion that their actions would have no effect at all) keep nurses from becoming politically involved. (28)

A chief concern for nurses is collegial retaliation, whether it originates from institutions or physicians. Nurses are afraid to stand up to their colleagues and voice an opposing philosophy. Nurses always have been instructed to follow institutional policies and physicians' orders at all costs. Now nurses are being held responsible for not questioning these instructions and guidelines. (29) The nursing profession still is unsure of the implications of this shift in image and responsibility, and nurses fear leaving the traditional nursing model. Nurses' fear of their own power and the power of others, combined with the politics that exist between physicians and institutions, deters nurses from challenging the status quo. (30) Physicians, administrators, and nurses often are not considered to be on the same authoritative level. There is a disruption in relationships when nurses attempt to increase their power and influence. (31) The military metaphor associated with Florence Nightingale again becomes prevalent. The physician is viewed as the "captain of the ship," and loyalty is defined as the preservation of trust in the institution and the physician. The Nightingale Pledge itself dictates loyalty to the physician. (32) Nurses' agendas and opinions are not always in agreement with those of the medical profession or institutions, and the public is aware that nurses typically do not interfere with physicians. Nurses need to change their collegial relationship with other health care professionals from subservient to peer to alter public perception and empower themselves. When nurses take these risks, they become political activists.

One author describes power as, "that force that enables persons or groups to realize their will even against opposition." (33) Nurses become empowered through education, leadership, and collective action. Power in nursing is based on four facets, including

* expertise and reputation,

* position or profession,

* personality, and

* connections to influential people, such as major corporations, organizations, and politicians. (34)

Nursing expertise is known and valued by patients and the public, and nurses' reputations as knowledgeable, caring, and trusted professionals bestows power. All nursing positions demand respect of some kind, and, therefore, add even more to the base of nursing power. Personality is a variable, and sympathetic, cooperative people who demonstrate strength in their convictions can be quite powerful in their own right. Another argument for collaboration across professions is that connections to influential people can be made through participation in varied projects and organizations. The more connections, the more powerful the individual or profession. Supporting other health care workers professionally, in the workplace and through a unified voice on large social issues, can increase strength and self-esteem among nurses.

RECOMMENDATIONS

Nurses are in the unique position of belonging to a profession that combines science and technology with caring and the desire to improve public health. The opportunity exists for nurses to influence public opinion and public policy through the demonstration of knowledge, expertise, empathy, and caring. At present, more power is being shifted from federal institutions to state governments. This offers nurses the opportunity to influence government decisions at a local level rather than allowing others to make decisions that affect the future of nursing and health care. (35)

Nursing education and empowerment. For nurses to attain a state of political action and fulfill their role as patient advocates, nursing education and empowerment must be addressed. The first step to political involvement is empowerment, which is only possible through education. Schools of nursing need to incorporate political education into their curriculum on a grand scale, stressing policy development and methods to influence the political process. Nurses are not equipped to address the complex issues of policy development and political intervention. They are overwhelmed by a lack of knowledge and, therefore, do not act. (36) Nurses begin the process of self-empowerment that leads to political action when they are supplied with the tools to understand the many facets and levels of politics.

Professional organizations. The American Nurses Association (ANA), state nurses associations, and specialty nursing organizations have a duty to inform nurses about current legislative issues and offer suggestions for political action. These organizations can assist nurses with political decision making by

* providing background information;

* screening political candidates; and

* supporting educational activities that address the political process, policy development, empowerment strategies, and ethical decision making.

By providing their members with information and inspirational leaders and by encouraging collective action, professional organizations can play an important role in empowering nurses.

Public education. After professional awareness is increased, nurses will be in a position to educate the public on the role of nurses in politics and the importance of community involvement in health care. Opportunities to educate the public exist in many activities, such as health fairs and public nursing endorsement of political candidates, and this education helps demonstrate the connection between politics and health care. Nurses can help bring the public back into the political arena through teaching by example. If people see politically involved nurses having a positive effect on health care legislation, they may follow nursing's lead. The increased visibility of nurses also would increase public knowledge and advocacy for nurse-supported health care agendas.

Resources for political action. To be taken seriously in the political arena, nurses must draw on existing resources and guidelines and educate themselves on the political process and the stance of the nursing profession on various public policy issues (Table 1). According to one author, politics is participation, not just academic hypothesizing and debate. (37) Many professional organizations, such as ANA and AORN, have legislative, education, and political action components that assist nurses in developing their political knowledge. These organizations also encourage political participation through letter writing, grassroots lobbying, and general awareness of legislative issues that affect nursing. The ANA publishes a political newsletter in addition to regular legislative updates. (38) Specialty nursing organizations, such as AORN, provide their members with political information that involves their specialty, such as reimbursement and health care legislation.

Political organizations, such as the League of Women Voters, provide information to increase understanding of major public policy issues and work to influence public policy through education. Federal, local, and state governments also provide information to their

constituents, and electronic resources make this information extremely accessible (Table 2). The Library of Congress web site hosts a wealth of government information (eg, all active legislation organized by category) for easy reference. Numerous other nonprofit and government-supported web sites are hosted by organizations and individuals committed to promoting public knowledge of politics and informed voting. Local and national representatives also are excellent resources for political information, and many will provide information free of charge upon request.

Transformational leaders and empowerment strategies. Nurses who can lead the nursing profession to self-empowerment through times of change are necessary for the preservation of nursing's self-esteem and effectiveness as a patient advocate. Nursing leaders need well-developed ethical decision-making skills to be able to communicate perceptions for the future, take risks, desire change, and empower others. (39) When these leaders empower other nurses, nurses, in mm, empower their patients. The profession can look to powerful role models for political change from the past as well as the present. Historical leaders of change, including the women's suffrage movement leader Susan B. Anthony gave nurses the ideas necessary to attain new goals, and present-day nurse leaders, including Virginia Trotter-Betts, RN, MSN, JD, FAAN; Leah Curtin, RN, MA, MS, ScD(H), FAAN; and Melodie Chenevert, RN, BSN, MA, MN, provide nurses with positive role models to empower them as agents of change. To become leaders, nurses need to develop their interpersonal and communication skills by networking in the workplace and community and by keeping abreast of state and federal government issues. Mentoring other nurses is a positive way to empower colleagues and create leadership skills. The present state of health care is an opportunity for changing, learning, and improving the status of the nursing profession. Nursing leaders must be at the forefront of health care policy development that will affect nurses, public health, and the health care delivery system.

CONCLUSION

Regardless of the level of political involvement implemented, nurses need to maintain professional interpersonal skills, increase visibility of the nurse's role, and empower themselves with all of the knowledge within their grasp. According to one author, nurses need to find solutions that are in their capacity to implement and form a policy to complement that solution. (40) The next steps are to become connected and establish positive relationships with influential people and organizations, watch for opportunities for change, and take advantage of opportunities by proposing legislation. Nurses can solicit support from the profession and share knowledge and ideas to influence further decisions. Nursing has the ability to affect the full continuum of policy development. If nurses can meet the professional and clinical challenges they face each day in the workplace, they certainly can influence health care legislation. To do any less would mean the abandonment of the nurse's role as patient advocate.

NOTES

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(2.) C N Vance, "Political influence: Building effective interpersonal skills," in Political Action Handbook for Nurses: Changing the Workplace, Government, Organizations, and Community, eds D J Mason, S W Talbott (Menlo Park, Calif: Addison-Wesley Health Sciences Division, 1985) 165.

(3.) Ibid, 172-174.

(4.) N Munro, "Public policy: A new paradigm grows from grass roots, Interview by Alison Paladichuk," Critical Care Nurse 18 (October 1998) 78.

(5.) Mason, Leavitt, Policy and Politics in Nursing and Health Care, 8.

(6.) Ibid.

(7.) Munro, "Public policy: A new paradigm grows from grass roots," 76.

(8.) Ibid, 79.

(9.) J Thomas, P Wainwright, "Community nurses and health promotion: Ethics and political perspectives," Nursing Ethics, 3 (June 1996) 97.

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(11.) Thomas, Wainwright, "Community nurses and health promotion: Ethics and political perspectives," 97.

(12.) L B Helms, M Anderson, K Hanson. "`Doin' politics': Linking policy and politics in nursing," Nursing Administration Quarterly 20 (Spring 1996) 32.

(13.) J A Milstead, ed, Health Policy and Politics: A Nurse's Guide (Gaithersburg, MD: Aspen Publishers, 1999) 23.

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(15.) Vance, "Political influence: Building effective interpersonal skills," 178.

(16.) Milstead, Health Policy and Politics: A Nurse's Guide, 26.

(17.) Helms, Anderson, Hanson, "`Doin' politics': Linking policy and politics in nursing," 34.

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(19.) Vance, "Political influence: Building effective interpersonal skills," 165.

(20.) Ibid, 166.

(21.) Ibid, 175.

(22.) J A Ashley, "Power and politics," in Jo Ann Ashley: Selected Readings, ed K Wolf (New York: NLN Press, 1997) 58

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(26.) M J Flaherty, "Nursing's contract with society," in Nursing Ethics: Theories and Pragmatics, eds L Curtin, M J Flaherty (Bowie, Md: Robert J. Brady Co, 1982) 69.

(27.) Ibid.

(28.) S R Weiner, "Making a legislative impact." American Journal of Nursing 99 (March 1999) 54.

(29.) G R Winslow, "From loyalty to advocacy: A new metaphor for nursing," in Ethics in Nursing: An Anthology, eds T Pence, J Cantrall (New York: National League For Nursing, 1990) 34.

(30.) Porter-O'Grady, "Ethics in health care: Are nurses at the table?" 83-84.

(31.) S T Fry, "Ethical issues: Politics, power and change" in Political Action Handbook for Nurses: Changing the Workplace,

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(32.) Winslow, "From loyalty to advocacy: A new metaphor for nursing," 32.

(33.) Dumas, "Women and power," 97.

(34.) Ibid, 99.

(35.) P A Ford-Roegner, "Nursing as a road to public policy," Seminars for Nursing Managers 6 (March 1998) 49.

(36.) Helms, Anderson, Hanson, "`Doin' politics': Linking policy and politics in nursing," 32.

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RELATED ARTICLE: Examination.

POLITICAL INVOLVEMENT IN NURSING--EDUCATION AND EMPOWERMENT

1. Political involvement leads to a. unrest. b. conflict among peers. c. a decrease in the number of nurses. d. public policy formation.

2. Influence can be exerted on more than one political level, such as a. the workplace by affecting the development of institutional policies. b. the community through organizing local volunteers. c. professional organizations by complacence and avoidance of committee participation. d. government by abdicating involvement in campaigns, letter writing, and voting.

3. In the formation of health care policy, it is important that a. nursing knowledge and expertise are reflected in quality health care legislation. b. the role of physician as patient advocate is emphasized. c. nurses wait and see where legislation is taking their profession. d. nursing's political commitment negates whether the legislation is cost-effective.

4. If nurses do not become politically involved, they will have a. more hours available to work each week. b. no power over their future. c. more free time. d. higher moral standards.

5. The traditional approach to politics is a. proactive. b. dynamic. c. facilitative. d. reactive.

6. One component of proactive politics is a. lobbying and letter writing. b. protesting current legislation. c. public education. d. voting.

7. One nontraditional political approach to influence public policy is a. letter writing. b. membership on local school boards. c. lobbying. d. voting.

8. When nurses rise to a level of political awareness, most tend to have a -- focus. a. narrow b. wide

9. Nurses and nursing organizations often ignore issues that affect public health, such as a. low nurse-staffing levels. b. high nurse-to-patient ratios. c. environmental protection. d. health care reform.

10. Nurses are viewed as a. professionals who truly are interested in the welfare of others. b. individuals who require a financial stimulus to go the extra mile for their patients. c. professionals who place the welfare of others below their own monetary goals. d. uneducated paraprofessionals who care about the welfare of others.

11 .Governmental bodies influence or control many issues that affect nurses' clinical environment, such as a. nurse practice acts, resource allocation, and health care structure reform. b. reimbursement issues, the subservient role of nurses, and political involvement of nurses. c. nurse practice acts, reimbursement issues, and the subservient role of nurses. d. reimbursement issues, resource allocation, and political involvement of nurses.

12. The main steps of public policy formation are a. lobbying, government response, letter writing, voting, and policy design. b. problem identification, agenda setting, communication, and legislation. c. agenda setting, government response, policy design, and program implementation. d. problem identification, letter writing, communication, and voting.

13. All of the following points apply to setting an agenda except a. identifying and defining the problem to ascertain how much of the population might be affected by the problem. b. determining how much government response will be directed toward the issue. c. providing a strong basis for government response by ensuring that the agenda is supported properly. d. attaching numerous items to a piece of legislation to satisfy all constituents.

14. The most important stage for communicating with legislators is a. during a campaign. b. when legislation is being drafted. c. when a bill is ready to be signed. d. when a bill is in the Senate.

15. All of the following factors affect policy development by nurses except a. partisan politics. b. the effect of the policy on other disciplines. c. size and timing of an issue. d. education level of nurses.

16. It is never wise to take a step back from a legislative issue because you will lose momentum, public awareness, and support. a. true b. false

17. Nurses can increase their political power by using three different elements of influence-- a. collegiality, confoundability, and communication. b. communication, collectivity, and collegiality. c. collectivity, circumlocution, and confoundability. d. communication, circumlocution, and collegiality.

18. Collegiality a. is not feasible. b. causes a decrease in the power of the nursing profession. c. can only be implemented in the workplace. d. increases nursing's political power.

19. All of the following factors lead to inactivity of nurses in the political process except that a. women have finally overcome their traditionally assigned stereotype roles. b. some women support social policies that negatively affect the achievement of women. c. women often are viewed as subservient and men as dominant. d. both men and women often are afraid of powerful women.

20. Avoidance of conflict in politics a. assists nurses in gaining the respect of others. b. is used by all health care professionals. c. is a form of oppression. d. helps physicians feel less threatened by nurses.

21. The images of nursing have never included a. a religious symbol. b. a servant. c. an explorer. d. a mother.

22. Oppressive images of nurses a. enhance their ability to assume the role of patient advocate. b. restrict their ability to assume the role of patient advocate. c. allow patients to identify with nurses. d. provide opportunities for career advancement.

23. Patients will never accept nurses as advocates a. until physicians are seen as subservient. b. because it is not prudent for nurses to change the traditional images of nursing. c. until they see nurses openly and actively championing public causes. d. because modifying the "captain of the ship" philosophy would make nurses legally responsible.

24. Feelings of societal oppression and powerlessness a. cause nurses to seek political knowledge. b. encourage nurses to stay in touch with government issues. c. increase self-esteem among nurses. d. lead to political inaction within the nursing profession.

25. Fear of infringement on family time and anxiety about public speaking keep nurses politically involved. a. true b. false

26. Collegial retaliation is a major concern of nurses no matter where it originates. a. true b. false

27. All of the following factors are reasons nurses do not challenge the status quo except that they a. understand that relationships are stabilized when they obtain equal power. b. fear their own power. c. recognize the politics that exist between physicians and nurses. d. fear the power of others.

28. The words in the -- dictate loyalty to the physician. a. Nightingale Pledge b. American Nurses Association "Nursing Code of Ethics" c. Hippocratic Oath d. Nursing Oath of Office

29. Nurses become political activists when they a. accept the physician as "captain of the ship." b. refrain from interfering with the physician's role. c. become involved in a grass roots campaign at the international level. d. change their collegial relationships with other health care professionals to empower themselves.

30. Nurses become politically empowered through a. direct patient care. b. removal of conflict. c. education, leadership, and collective action. d. protests and letter writing.

31. Power in nursing is based on all of the following facets except a. expertise and reputation. b. the education level of nurses. c. position or profession. d. personality.

32. Supporting other health care workers professionally a. can increase strength and self-esteem among nurses. b. can break up the collective voice of nursing. c. helps other health care workers gain status. d. perpetuates the traditional subservient role of nurses.

33. At present, more power is shifting from state government to federal institutions. a. true b. false

34. The first step to political involvement is a. problem solving. b. empowerment through education. c. introducing legislation. d. connecting with influential people.

35. Professional organizations can assist nurses with political decision making by a. supporting either the democratic or republican party. b. creating political guidelines. c. screening political candidates. d. writing legislation.

36. Nurses can educate the public on the nurse's role in politics through opportunities such as a. health fairs and public nursing endorsement of political candidates. b. bake sales and marathons. c. television and radio advertisements. d. discussing this role with their patients.

37. Politics is a. the study of economical development within a country. b. a means of administering production and distribution of a country's resources. c. a system of exercising power based on the principles of egalitarianism. d. participation, not just academic hypothesizing and debate.

38. Which of the following is a political organization? a. American Nurses Association b. AORN c. The United Nations d. League of

Women Voters

39. Nursing leaders should be risk takers. a. true b. false

40. To become leaders, nurses should take all of the following actions except a. network in the workplace. b. keep abreast of government issues. c. become a mentor. d. focus only on direct patient care.

AORN, Association of periOperative Registered Nurses, is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center s (ANCC s) Commission on Accreditation. AORN recognizes this activity as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC s Commission on Accreditation approves or endorses any product included in the activity, AORN maintains the following state board of nursing provider numbers: Alabama ABNP0075, California CEP 13019, and Florida FBN 2296. Check with your state board of nursing for acceptability of education activity for relicensure.

Professional nurses are invited to submit manuscripts for the Home Study Program. Manuscripts or queries should be sent to Editor, AORN Journal, 2170 S Parker Rd, Suite 300, Denver, CO 80231-5711. As with oil manuscripts sent to the Journal, papers submitted for Home Study Programs should not hove been previously published or submitted simultaneously to any other publication.

Contact Hours Available for CNOR/CRNFA Recertification

The AORN Journal specifies whether each Home Study Program meets CNOR or certified RN first assistant (CRNFA) recertification criteria. The following Home Study Programs meet the criteria for either CNOR and CRNFA recertification, or both, and still are available for earning contact hours.

* October 2000--Transumbilical breast augmentation, 3 contact hours (expires Nov 30, 2001);

* October 2000--Chronic regional pain syndrome, type 1: Part II, 2.5 contact hours (expires Nov 30, 2001);

* November 2000--Herbs and the perioperative patient, 2 contact hours (expires Nov 30, 2003);

* November 2000--"Don't destroy the evidence," 2 contact hours (expires Nov 30, 2003);

* December 200e--Vertical banded gastroplasty: A treatment for morbid obesity, 3 contact hours (expires Dec 31, 2003);

* January 2001--Ultrasound use in cardiothoracic surgery, 3.5 contact hours (expires Jan 30, 2004);

* January 2001--The use of neuromodulation for treatment of urinary incontinence, 3 contact hours (expires Dec 31, 2003);

* February 2001--Perioperative preparation of the adolescent surgical, patient, 3.5 contact hours (expires Feb 29, 2004);

* February 2001--Treating benign colon disorders using laparoscopic colectomy, 3 contact hours (expires Feb 29, 2004);

* March 2001--Sequential bilateral total knee arthroplasty, 2.5 contact hours (expires March 31, 2004);

* April 2001--Uterine artery embolization, 3 contact hours (expires April 30, 2004);

* May 2001--Perioperative care of the patient with Zenker's diverticulum, 2 contact hours (expires May 31, 2004);

* June 2001--Quantifying and reducing the risk of bloodborne pathogen exposure, 2 contact hours (expires June 30, 2004);

* July 2001--A practical approach to achieving bloodless surgery, 2.5 contact hours (expires July 31, 2004);

* July 2001--Dental surgery in pediatric patients with spina bifida and latex allergy, 3 contact hours (expires July 31, 2004);

* August 2001--Anterior cruciate ligament reconstruction, 4 contact hours (expires Aug 31, 2004);

* August 2001--Thoracoscopic sympathectomy for palmar hyperhidrosis, 2 contact hours (expires Aug 31, 2004);

* September 2001--Topical anesthesia--a new approach to cataract surgery, 2.5 contact hours (expires Sept 30, 2004); and

* September 2001--Percutaneous chordotomy for managing intractable cancer pain, 2 contact hours (expires Sept 30, 2004).

RELATED ARTICLE: Answer sheet.

POLITICAL INVOLVEMENT IN NURSING--EDUCATION AND EMPOWERMENT

Please fill out the application and answer form on this page and the evaluation form on the back of this page. Tear the page out of the Journal or make photocopies and mail to:

AORN Customer Service c/o Home Study Program 2170 S Parker Rd, Suite 300 Denver, CO 80231-5711 Or, fax with credit card information to (303) 750-3212

A score of 70% correct is required for credit.

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Program offered October 2001. The deadline for this program is Oct 31, 2004.

1. Record your member identification number in the appropriate section below.

2. Completely darken the space that indicates your answer to the examination starting with question one. Use blue or black ink only.

3. Record the time required to complete the program --

4. Enclose fee if information is mailed.

AORN (ID) # -- Name -- Address -- City -- State -- Zip -- RN license # -- State -- Phone number ( ) --

Fee enclosed -- or bill the credit card indicated [] MC [] Visa [] Am Express [] Discover Card # -- Expiration date -- Signature -- (for credit card authorization

RELATED ARTICLE: Learner evaluation

POLITICAL INVOLVEMENT IN NURSING EDUCATION AND EMPOWERMENT

The following evaluation is used to determine the extent to which this Home Study Program met your learning needs. Rate the following items on a scale of 1 to 5.

OBJECTIVES

To what extent were the following objectives of this Home Study Program achieved?

(1) Define politics and political involvement.

(2) Describe the relationship between political action and nurses' opportunities to influence health care policy decisions.

(3) Discuss the causes of powerlessness in nursing.

(4) Identify resources available to nurses to help improve public health and influence public policy formation.

PURPOSE/GOAL

To educate the perioperative nurse about the political process and the importance of political involvement in nursing.

CONTENT

(5) Did this article increase your knowledge of the subject matter?

(6) Was the content clear and organized?

(7) Did this article facilitate learning?

(8) Were your individual objectives met?

(9) How well did the objectives relate to the overall purpose/goal?

TEST QUESTIONS/ANSWERS

(10) Were they reflective of the content?

(11) Were they easy to understand?

(12) Did they address important points?

What other topics would you like to see addressed in a future Home Study Program? Would you be interested or do you know someone who would be interested in writing an article on this topic?

Topic(s): --

Author names and addresses: --

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Table 1
RESOURCES FOR POLITICAL ACTION

Professional organizations

Political organizations

Federal, state, and local government agencies

Electronic political information organizations

Government representatives
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