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Developing an Advocacy Campaign to Minimize Barriers to SRNA Political Awareness

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Executive Summary

Developing an Advocacy Campaign to Minimize Barriers to SRNA Political Awareness

Introduction of the Problem

The role of the CRNA has evolved over the years. The political involvement of CRNAs has resulted in the official recognition of the nurse anesthesia profession (Poole et al., 2019). In addition, the continuous advocacy movement and political participation have ensued in direct reimbursement for the anesthesia care provided by CRNAs and secured better work conditions for current and future CRNAs (Poole et al., 2019).

Leadership and policy curriculum is currently being imparted in several nurse anesthesia programs. However, engaging students in political involvement is futile if these programs do not provide mentoring opportunities (Mund, 2018). Improving the understanding of SRNAs in the value of political action will encourage involvement in advocacy and continue the journey to protect CRNAs scope of practice and improve patient care. The knowledge in political advocacy for SRNAs can provide the tools to establish relationships with legislators to influence change for the future of the CRNA profession and benefit patient care.

This project aimed to launch an advocacy awareness campaign targeting SRNAs enrolled in a nurse anesthesia program in Illinois. The project was designed to analyze the barriers that SRNAs encounter that prevent them from participating in the policy process. In addition, this project aimed to create awareness of the value of advocacy and increase SRNA political literacy. More importantly, this campaign was intended to help SRNAs understand how to exert influence on proposed legislation concerning nurse anesthesia practice through grassroots efforts with policymakers and lobbyists.

Literature Review

Nurse anesthetists and anesthesiologists provide anesthesia services and care in different practice models. These practice models vary based on the degree of independence and autonomy in nurse anesthetists' practice and the delivery of anesthesia care (Hogan et al., 2010). An analysis performed by The Lewis Group (2016) found that the CRNA solo practice model is the least costly per procedure and the one that produces the highest net revenue. This model produced total revenue of \$428.67 per procedure, while the medical direction model (1:4) and supervisory model (1:6) produced \$378.12 and \$218.52 respectively (The Lewin Group, 2016).

In addition, studies have shown that nurse anesthesia care is equally safe as the care provided by anesthesiologists. An analysis of Medicare data for 1999-2005 found no evidence that "opting out" of the medical oversight in the provision of anesthesia resulted in increased patient deaths or complications (Dulise & Cromwell, 2010). In opt-out states, complication rates for the CRNA-only model were essentially identical to those for the anesthesiologist working alone. In addition, mortality rates occurred with lower incidence with CRNA-independent care (odd ratio = 0.899, $p = 0.05$) (Dulise & Cromwell, 2010). Despite the results found in these studies, other professional societies and policymakers continue to claim anesthesia care is safer when anesthesiologists supervise CRNAs (Hoyem et al., 2019).

The legislative process is not a linear task. Instead, it is a process where different interests try to influence policymaking by "creating bargains" to persuade legislators that their agenda is the most suitable and the best (Zaccagnini & White, 2017). In this process, CRNAs can educate legislators about the benefit of allowing more degree of independence and autonomy for CRNAs.

There is minimal research on SRNAs and political advocacy. However, studies have shown that nursing students who receive advocacy education are more likely to have strong

political skills (Primomo & Björling, 2013). Also, students who participated in political events, such as legislative day, demonstrated an increased level of political knowledge and were more likely to participate in the policy process as nursing professionals (Primomo & Björling, 2013).

Methodology

This project aimed to identify SRNA barriers to political participation and CRNA advocacy, educate SRNAs on current issues that affect the CRNA profession and patient care, and guide SRNAs on how to get involved in the political process.

This project design was a non-experimental, educational improvement for the nurse anesthesia students of Illinois. The study group consisted of SRNAs enrolled in a nurse anesthesia program in Illinois. On October 19, 2022, the SIUE Institutional Review Board determined this project as not human research. Thus, the project was exempted by IRB.

A pre-lesson online survey was disseminated to SRNAs in Illinois to assess their political literacy and political engagement. After the survey, SRNAs were provided with a link to access a PowerPoint lesson to review. This lesson included topics such as the legislative process, political matters that affect nurse anesthetists, how to identify and contact pertaining legislators, and how to become more politically engaged. After the lesson, an online post-implementation survey was administered to assess the effectiveness of the lesson in improving political literacy and the likelihood of SRNAs partaking in CRNA advocacy.

Evaluation

Implementation

The pre-lesson survey, PowerPoint lesson, and post-lesson surveys were developed and distributed to SRNAs in Illinois. The lesson and surveys were disseminated via email to 320

nurse anesthesia students. A total of 221 students opened the email. However, only 51 students completed the pre-lesson survey, and 39 students completed the post-lesson survey.

Results

The pre-lesson survey aimed to assess SRNAs' political literacy and engagement, evaluate political astuteness and identify barriers to political participation among SRNAs. A total of 51 SRNAs completed the pre-lesson survey. The first research question of the pre-lesson survey was about barriers to SRNAs' political participation. The most frequently reported barriers to political participation were identified as having little free time (82.4%), lack of political literacy (54.9%), and lack of social/political connections (37.3%). In addition, 33.3% (n=17) of the SRNAs responded that one of the barriers to participating in political activities is that they are not interested in politics.

In addition, the pre-lesson survey included the modified version of the Political Astuteness Inventory survey. The total points scored per participant ranged from 5 to 32 points. The average score was 14.22, and the median was 13. Most SRNAs ranked slightly more aware of the implications of political activity (74.5%, n=38). Only one SRNA ranked as politically astute (2%). However, six SRNAs were classified as totally unaware politically (11.75%).

The purpose of the PowerPoint lesson was to educate SRNAs on current issues that affect the CRNA profession and patient care. In addition, SRNAs were guided on how to become more politically active. The purpose of the post-lesson survey was to evaluate the efficacy of the lesson in increasing political participation, literacy, and astuteness among SRNAs.

A total of 39 SRNAs completed the post-lesson survey. After reviewing the scores, it was found that the majority of the SRNAs that completed the study strongly agreed that the PowerPoint lesson allowed them to understand how to locate current bills that affect nurse

anesthesia practice (84.6%, n=33), how to find a senator/representative voting record (84.6%, n=33), how to contact the IANA lobbyist (87.2%, n=34), and how to contribute and participate in the IANA political action committee (89.7%, n=35). However, only fifteen students strongly agreed to participate in the political process after graduation (38%).

Limitations

The most significant limitation of this project was the lack of participation among SRNAs. The low response rate from the targeted population limits the power and generalizability of the results of this project. Besides the email being delivered to the recipients three times, only 15.9% (n=51) of SRNAs participated. Therefore, it is difficult to generalize and assume that the results reflect the political astuteness of the entire population of SRNAs in Illinois. Plausible causes could be related to disinterest or preexisting negative ideas related to political activism.

Impact on Practice

Political participation has secured better work conditions for current and future CRNAs. This effort has been translated into better patient care. CRNAs provide anesthesia services in any possible location and setting and are trained to perform every type of anesthetic for every procedure. CRNAs provide safe and cost-effective anesthesia services that rural counties can afford. Thus, allowing CRNAs to practice independently allow patients to benefit from safe and accessible anesthesia care. In addition, professional advocacy can help alleviate the lack of anesthesia services in rural and poor areas of the United States while maintaining reduced costs and improving care for these individuals.

This project suggests that nurse anesthesia students encounter different barriers that prevent them from participating in political action. These barriers include having little free time, lack of resources, lack of political literacy, and lack of social/political connections. This

information can help the IANA and AANA research interventions that can increase political participation among SRNAs.

Conclusions

The analysis of the modified PAI scores indicated that nurse anesthesia students have minimal understanding of legislative and policy processes, limited knowledge of how they are represented at the House and Senate levels, and lack the motivation to get involved and participate in the political processes. These scores suggest that the focus on increasing political astuteness among nurse anesthesia students should be on educating them on how policy works. In addition, more efforts should be placed to facilitate engagement in the policy process by allowing opportunities to participate in lobbying, meetings, assemblies, and conferences.

Results and analysis of the post-lesson survey demonstrated that the lesson successfully helped SRNAs understand how to find bills that affect CRNAs and their representative's voting records, how to contact the IANA lobbyist, and how to help the IANA PAC. However, it is unlikely that this study increased SRNA's willingness to participate in the political process.

Recommendations for future study should include the pre-lesson survey, PowerPoint lesson, and post-lesson survey as a mandatory core curriculum in one of the leadership/policy courses offered at all the nurse anesthesia programs in Illinois. Making these surveys mandatory can offer complete and comprehensive data collection from all SRNAs in Illinois. Additionally, a great approach for future study of political astuteness among SRNAs could be the inclusion of the PAI survey after the PowerPoint lesson. Using the PAI before and after the lesson will help assess student awareness and understanding of the legislative and policy process before and after participating in the learning activity.

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