

# Approaches to Teaching Health Policy : Moving Students into the Political Process

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## I. Introduction

The historical nursing ambivalence toward political involvement has been replaced over the last decade by the recognition that nursing participation in health politics is not only appropriate but necessary. A variety of ways to achieve participation have been suggested.

Fagin and Maraldo(1981) observed that nursing traditions, education, and socialization have not prepared nurses to attain and maintain power, a prerequisite to becoming politically effective in any system. This limited participation in politics and public policy allowed non-nurses to control nursing practice. As more nurses have taken leadership positions within the health care field, they have become increasingly interested and involved in public policy.

As the largest group within the health care system, nurses should know about and participate in the process regarding health policy development. Fagin and Maraldo(1981) argued, "unless nurses learn the system through which binding and authoritative resource allocations are made and imple-

mented, they cannot hope to influence health policy" (p.26). They must be able to identify where the power lies, and what the issues are. Therefore, to assume leadership in policy making, nurses should be prepared through education and involvement in real political life. Yet, in spite of its significance, health policy has not received placement in the nursing curriculum(Andreoli, Musser, and Otto, 1987). This paper describes nursing involvement in health policy formulation and in education in the United States and proposes one health policy course to provide future leadership in the development of health policy in baccalaureate programs in Korea.

## II. Review of the Literature

### A. Professional Involvement

Nursing political activity at the State level has been encouraged by both active participants in the policy process and by nurses offering suggestions for a State health policy nursing role. Cappuzzi and Garland (1990) reported the activity of a coalition of Oregon legislators, policymakers, nurses, other

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health care providers, and consumers who created a new plan that attempts to ensure equitable and universal access to health care by prioritizing types of care. Nurses were involved in every aspect of the plan in the following ways : providing testimony during the 1989 legislative session and at the Health Services Research(HSR) public hearings ; monitoring the process and keeping others informed through the Oregon Nurses Association ; and participating as private citizens(Capuzzi & Garland, 1990). The Oregon priority setting process allowed for community participation in the decision as to what Oregonians value most about health care. The Oregon Plan provided opportunities for nurses, other health care providers, and consumers to work together to reshape the state's health care system.

Wakefield(1990) suggested a nursing partnership with state officials on issues of cost, access, and quality. First, nurses should inquire about state level task forces, commissions, or committees forming to address issues. Second, they should query state legislators about potential initiatives. Finally, nurses should determine what strategies are being pursued by their state governors. Wakefield emphasized that nurses must guard against egocentrism in the process of working with state government. Proposals should reflect a health care agenda concerned first about patients, not about nurses. This means nurses should avoid solutions that engender the perception that they are another provider group fighting for a larger share at the public trough.

De Back(1990) emphasized community-based health services as a strength of nursing. She mentioned that nursing needs more groups of nurses involved in increasing numbers and types of coalitions and in providing leadership for these groups. She emphasized that nurses are needed because neither government, business, nor community alone, can solve the health and illness care crisis in this country. Redesign of the system must come from community-based coalitions that can provide information to policy makers and apply pressure to

make them more responsive to health care issues.

To facilitate nursing leadership in public policy as an advanced practice role, the educational option of preparation of the nurse policy analyst was proposed by Stimpson and Hanley(1991). As proposed, a major function of the nurse in this role would be to provide information to decision makers through the policy analysis process. The authors perceived that the nurse policy analyst would be informed on current policy issues and political dynamics as they impact on health care and the profession. The nurse analyst would be able to articulate these impacts orally and in writing for public and professional audiences. Further these nurses advocated a nursing role which would increasingly confront major gaps in our health and social welfare system and indicate what is right.

In summary, nursing has become aware of the importance of its responsibility in the development of health policy and nurses have been involved in coalitions of legislators, policymakers, and health care professionals. However, nursing needs larger numbers to be effective in policy setting. The profession and society would benefit from greater numbers of nurses actively participating in coalition to influence health policy change.

## B. Educational Involvement

A number of authors and researchers has recommended nursing education in health policy to stimulate involvement in health policy roles. The following section describes the rational and research base for these recommendations and provides examples of present educational programs.

The need for nurses to be active in health policy has been addressed by various authors(Andreoli, et al., 1987 ; Diers, 1985 ; Fagin & Maraldo, 1981 ; Frenkel & Dickett, 1983). According to Fagin and Maraldo, nurses must be socialized into the political process. The authors also argued that the political education of nurses must take place in the university. "To turn the idealistic fervor of youth into a lifelong commitment, nurse educators must

acquaint students with the politics of health care and health policy issues and instill a belief that involvement can make a difference" (p.25). Diers described health policy and nursing curriculum as a natural fit. She emphasized that the most important kind of learning about policy is learning how to make clinical wisdom accessible and meaningful to policy formulation. She suggested that policy can be understood as part of teaching and practice.

Martin, White, and Hansen(1989) described one approach in a doctoral core curriculum at the University of Pittsburgh. Students learn to review federal legislation, analyze existing health policy, and project the development of future health policy. Bartra(1992) described a program in which graduate nursing students become involved in professional associations and in community boards of health-related organizations. There are indications that graduates who had such experiences as students continue to serve and take leadership positions on boards after completion of the program.

In a telephone survey of 21 nursing programs, Solomen and Roe(1986) found that in practice health policy content differs by level of student. They concluded that at the baccalaureate level, students are expected to have a general awareness of health care policy. At the master's level, students are expected to have a more thorough understanding; and at the doctoral level, students are expected to be experts in policy analysis and policy analysis research.

Andreoli et al.(1987) studied how health policy is integrated into the nursing curriculum at both the graduate and undergraduate levels, with particular emphasis on type of coursework, faculty preparation, and teaching strategies. The findings indicated that health policy has not yet received optimal placement in the curriculum at either the undergraduate or graduate levels of nursing preparation. The majority of schools(83%) reported integrating health policy coursework into other existing courses. Where health policy is taught, there is lack of uniformity in content and

requirements for preparation and involvement of faculty is diverse across schools. A study conducted by Dunn, Hodges, and Collins(1986) on health policy in 72 graduate nursing programs in the U.S. indicated incongruence between graduate educators' philosophies about the importance of health policy content and instructor practices of integrating that content into the curriculum.

Schutzenhofer and Cannon(1986) described how they prepare nurses for entry into the political arena by requiring that students experience political involvement through the implementation of one or more political activities. Such activities included working with a telephone campaign, interviewing candidates, attending municipal meetings, and working in a voter registration drive. At the end of the course, students recognized the differences they could make in the political process.

In summary, research indicates that health policy is integrated into other existing nursing coursework. Health policy has not yet received a good placement in the curriculum.

### c. Internships and Fellowships

Nurses presently occupy a small number of health policy advising positions in the United States. The following section describes the educational backgrounds of selected policy advisers and suggests available educational opportunities. Internship and fellowship programs are discussed with emphasis on the Robert Wood Johnson model.

Eleven nurses were employed in policy-advising positions in the fall of 1990 in congressional offices and in committees and subcommittees of the federal legislature(Sharp, Biggs, and Wakefield(1991). Bacchino and Wakefield(1991) interviewed nurses on Capitol Hill to inquire about career opportunities in health policy. One informant indicated that nursing education provided her with the tools to critically analyze situations, assess problems, facilitate policy implementation, and evaluate policy outcomes. Bacchino and Wakefield found that some

nurses employed on Capitol Hill had worked as interns or fellows during college. All were committed to improving the nation's health care system by using their knowledge, skills, and influence behind the scenes. The authors recommended that nurses interested in public policy be advised to become involved with local, state, and national nursing organizations, with other nurses on Capitol Hill, and with groups pursuing issues important to them.

There are a number of other strategies for increasing nurses' understanding of and participation in state and federal public policy. Sharp, et al.(1991) recommended that fellowships and internships provide excellent training for future leaders in the health policy area. In the article cited, several fellowship and internship programs available to nurses are referenced.

The Robert Wood Johnson(RWJ) Health Policy Fellowship provides midcareer academic health professionals with a unique, first-hand opportunity to learn how the federal government addresses health policy issues. Six fellows participate annually in a one year program of orientation and full-time working experience in Washington D.C.. After orientation, fellows negotiate work assignments with federal offices and committees dealing with health issues. Most fellows accept positions working as congressional staff. In such congressional assignments, fellows help draft legislation, arrange hearings, brief congressmembers for committee sessions and floor debates, and participate with staff in House and Senate conferences. Judy Collins, a former Robert Wood Johnson(RWJ) Fellow, identified that "The RWJ Fellowship year broadens your vision, your perspective of where nursing fits into the total scheme and how much we have to offer to health policy decision making. The alumni group is a network forever"(Sharp, et al., 1991, p.12).

Raudonic and Griffith(1991) proposed a nursing model for integrating health service research and health care policy formation. They contend that a fellowship specifically for doctoral-level nurses to learn the policy process with a Health Services

Research(HSR) perspective is needed. The goal of the model is to build a network that will facilitate information flow from the policy arena to nurses interested in conducting HSR, as well as to facilitate the timely dissemination of nursing and health-related research findings to legislators. They proposed that during a hands-on experience in a federal legislative office, doctoral health policy fellows could provide research findings on health-related issues for legislation being considered and/or drafted by members of congress and congressional committees. The model would provide nursing research findings to congressional staffers, and identify gaps in health services, research data, and the types of studies needed. The content of the model reflects Griffith's capitol hill experience as an RWJ Fellow. In evaluation of the RWJ Fellowship Program, Zwick(1982) concluded that the fellows have obtained new insight and skills in dealing with political and executive officials, as well as with health policy problems. In many cases, former fellows have acquired new or expanded health policy responsibilities in their professional associations. According to Sharp et al.(1991) as interns, nurses can provide excellent linkages between policy development in Washington and the effect of that policy on an individual with a particular pathology, a health care delivery system, or on a community.

In summary, nurses can enhance their professional leadership in health care by participating in fellowships and internships at every level. Reports are that they gain knowledge about sociopolitical issues affecting health care, and gain in voice and influence in the health care arena.

### III. Application to Korea

#### A. Developing a health policy course

Experience and research related to nursing involvement in health policy in the United States can be applied to nursing strategies in other countries as well. The need for and benefits of nursing involve-

ment in health policy in Korea are similar to the U. S. nursing situation. The following pages represent an attempt to apply U.S. experience and research to a proposal for curriculum change in Korean baccalaureate nursing education. First, a new health policy course is described in some detail. Second, strategies unique to implementation in Korea are discussed.

Buerhause(1992) suggested that a course focusing on nursing’s role in health care policy should include the following essential content areas : fundamental concepts, health care issues, and nursing’s influence on health care public-policy making. Most of these areas are included in the following independently developed health policy course for Korean nursing education.

Since nurse educators have the responsibility for ensuring that students know about the polotics of health, as an educator, I will plan one health policy course in our baccalaureate program in Korea. Until recently, no health policy course in Korean nursing schools focused on political and professional involvement. This proposed course will provide students with general knowledge on health policy.

The course will be a three credit elective titled “Nursing and Health Policies”. Course objectives :

1. Examine the role of nursing as a major health care provider in professions, social, and political contests.
2. Examine health policy issues and relevant research
3. Identify the health policy process.
4. Explore the significance of lobbying in the legislative process.
5. Examine the networks for nursing political involvement and the role played by the Korean Nurses Association.
6. Engage in political activities dealing with health policy.

This course will be sixteen weeks long and include a practicum. The content of the course is divided into three sections(Table 1).

<Table 1> Content of Course

Section I : An introduction to political systems and process
• Political systems and process
• Legislative process
• Health policy issues of concern to nursing
Section II : Nursing’s role in influencing health policy.
Nursing’s involvement in the political process.
• Role transition
• Lobbying
• National nursing organizations
• Nursing research to shape policy
Section III : Residency

Section I begins with an introduction by the instructor on health policy development. Definitions and overview of political systems and legislative process will be presented. Students will be required to read government documents such as reports of committee hearings and bills. Reading these documents will allow students to understand policy development. Health policy issues of concern to nursing will be discussed. Such issues include health care costs, quality of care, programs like Medicare and medicaid, the demographic trends of society, and special health needs of vulnerable populations. Students will be encouraged to read current journals and newspapers. Clipping relevant items from newspapers and journals would help students to prepare for classroom discussion.

Nursing’s role in influencing health policy will be discussed in Section II. In section II, students will be actively involved in discussion with faculty about the role of nursing and nursing organizations. The faculty will teach the importance of lobbying and the lobbyist. The faculty will invite politicians and nurse leaders as guest speakers. This vicarious experience will give students opportunity to gain awareness of the real political world. Guests and faculty will serve as role models. Case studies will be used for presenting issues, such as, how nursing leaders influence health policy and similar problems.

Section III consists of residency and critique. This

section of the course will require students to be involved in their professional nursing organizations or other organizations related to health policy (objective 6)). Students will select organizations in consultation with faculty members. Students will obtain permission by writing resumes and letters requesting permission to participate in the practicum. Faculty will send the letters to the professional nursing organization and other health related organizations to validate the student's participation. All students should be involved in some aspect of political activities.

〈Table 2〉 Political Activities

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- Attending board meetings
  - Interviewing lobbyists
  - Writing letters to policy-makers concerning nursing's role
  - Diagramming the legislative bodies that need to be involved in making changes, including offices and contact names.
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A first requirement is to be actively involved in some aspect of policy formulation through the mechanism of meetings. Meetings may include board meetings, district membership meetings, legislative meetings, and so on. Students will be asked to visit and interview with lobbyists and write letters to legislators concerning health policy issues or nursing's role. Evidence of accomplishment of political activities must be submitted to the faculty. Examples include letters written by the students, reports of interviews with lobbyists, diagrammed reports of legislative bodies, and other data collected during the practicum. In order to evaluate the course, the faculty will use two criteria : one in-class examination and a report of political activities.

#### B. Strategies for Implementation

**Faculty :** Faculty must be assisted to be able to teach this course. Faculty should be knowledgeable and actively participating in the professional nursing

organization. Lack of knowledge in the area of health policy is an obvious barrier. Therefore, it is recommended that faculty participate in fellowships and internships to acquire hands-on leadership skills. Also, faculty could be enrolled in a health policy training course. Most important is the support of the nursing school. The dean of the nursing school must be especially supportive of faculty involvement in political activities. This will be an area of difficulty under current circumstances in Korea.

**Students :** A major factor that might hinder full participation of students in political activities is lack of opportunities for political organizational exposure. The opportunity for this type of exposure might be increased by participating in internships. Therefore, students should be encouraged to participate in governmental internship programs and other organizations such as the Korean Nurses' Association, the Regional Nurses' Association, and in community groups. The major disadvantage of providing a residency is that, if it is not carefully selected, the student might be exposed to an ineffective experience.

**Resources :** It is important to obtain current information regarding health policy. This will require that the library subscribe to health policy and nursing journals. Moreover, administration must provide financial support for the course. The projected budget must also cover faculty development and guest visitors.

#### IV. Conclusion

Nurses should participate in decision making processes regarding health policy development. They can do so in a variety of ways ranging from providing information to legislators, to supporting their professional associations' lobbying activities, to working within the government, and through fellowships and internships. Today's students will become tomorrow's leaders. To assume leadership in health policy-making, students must be educated in a well structured program.

To ensure that nurses of the future provide intellectual leadership needed to support local and national health systems, educators can draw on the experience of those in existing programs with first hand experience in policy areas, and work collaboratively with economists, physicians, and other government officers.

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- 초 록 -

**보건정책 교육을 위한 접근법**  
-간호학생의 정책참여 과정을 중심으로-

염 영 희\*

이 연구는 간호사의 보건정책과 정치에 대한 미래지 도력을 향상시키기 위한 방법으로써 한국의 4년제 간호 학과에서 가르쳐야 할 보건정책과목을 상세하게 제시한 다.

새로운 보건정책과목 개설을 위한 기초작업으로써, 미국 간호사들의 정치와 정책참여에 대한 사례를 열거 하고 어떻게 간호사들이 정책에 참여하고 영향력을 받 렀는지를 서술한다. 특히 Oregon plan과 지역사회 중 심으로 형성된 연합체제와 간호정책 분석가의 역할이 소개된다. 간호사들의 사회 정치 진출의 한 방법으로써 간호교육에서의 보건정책과목의 필요성과 중요성이 언 급되며, 미국의 4년제 간호대학 학부과정, 석사과정, 박사과정에서 가르쳐지는 보건정책 과목이 소개된다. 간호정책 전문가로써의 등용문으로 알려진 Robert Wood Johnson Health Policy Internship과 Fellowship이 소개한다.

미국간호사들의 보건정책 참여방법과 현재 가르쳐지는 보건정책과목의 장점을 토대로 하여 우리의 실정에 맞는 간호학생을 위한 보건정책 과목이 제시되어진다. 보건정책과목의 목적과 내용이 자세히 서술되어지고 역 동적인 실습과정이 소개되어진다. 또한 학과목으로 정착되기 위해서 필요한 새로운 전략이 서술되어진다.

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