The healthcare delivery system in the United States will be undergoing significant changes in upcoming years due to the implementation of the Patient Protection and Affordable Care Act, the Institute of Medicine Report on the Future of Nursing, and the overall need to decrease the cost of healthcare. A foundational understanding of the role of Certified Registered Nurse Anesthetists in influencing healthcare policy will be crucial for the advancement of the profession and for patient advocacy. Health policy education should start within the curriculum of nurse anesthesia programs.

Nurse anesthesia educators, clinical and academic, can play a collaborative role in preparing students to become health policy literate and eventual leaders in healthcare. The purpose of this column is to relate the importance of an enhanced relationship between health policy education, clinical nursing practice, and future involvement in healthcare policy and patient advocacy.

**Keywords:** Advocacy, education, health policy, nurse anesthesia.

In 2009, the RWJF in conjunction with Gallup, Inc, polled healthcare leaders to assess the perception of nurses as leaders in health and healthcare policy. The survey, Nursing Leadership: From Bedside to Boardroom, noted that while nurses were knowledgeable sources of information, they were not viewed as “leaders in the development of healthcare systems and delivery.” Although the majority of survey respondents noted that nurses have considerable influence over the quality of care in healthcare institutions, they considered nursing to have very little influence on health reform. As a follow-up to the Gallup survey, in 2011, the Institute of Medicine released its report, The Future of Nursing: Leading Change, Advancing Health. In the report, members of the IOM called on nursing to assume an active role in transforming healthcare through leadership and involvement in public policymaking. Nursing as a profession consistently places at the top of Gallup’s annual Honesty and Ethics survey. In fact, since nurses were first included in the survey in 1999, they have ranked first every year except 2001 when they followed firefighters in the standings. Although nurses have been involved in improving the healthcare of patients since Florence Nightingale successfully lobbied the British Parliament to improve conditions for soldiers during the Crimean War, nursing has not collectively been involved in transforming healthcare. A significant challenge for the nursing profession has been recognizing the impact of healthcare policy on practice and patient care. However, of all healthcare professions, nurses have the most consistent and extended contact with patients and their families. Advanced practice nurses continue this tradition through their clinical experiences in all types of practice settings. For example, the Certified Registered Nurse Anesthetist (CRNA) taking care of the patient in the perioperative period is often
the first to see the impact of policy changes on patient care. With their unique background experience in healthcare before obtaining a master’s or doctoral degree, CRNAs have the ability to understand the challenges that patients experience as they work their way through the complexities of our healthcare system. CRNAs have the opportunity to influence patient care in the operating room, in ambulatory surgery centers, and in pain clinics by becoming influential in shaping healthcare policy. The recommendations of the IOM, an ongoing critical review of health policy research, and an educational framework from our nurse anesthesia programs can serve as a foundation for supporting the significance of CRNAs as leaders in healthcare policy and decision making.

So what opportunities and barriers exist for novice and experienced providers who are considering becoming involved in healthcare policy and patient advocacy? Then, how can CRNAs begin the transformation of our educational system to produce not only expert clinicians but also skillful advocates for our patients and the profession? And finally, how can CRNAs develop this leadership role at all levels?

Opportunities and Barriers for Policy Involvement

Governmental provisions for the delivery of healthcare affect the distribution of healthcare to its citizens; therefore, every anesthetic that is delivered to a patient is influenced by local, state, or national policies. The challenge is how to engage CRNAs to use the collective voice of nursing to improve access to patient-centered care, improve cost effectiveness, and level the playing field among healthcare providers. To overcome considerable portions of this barrier, clinical leaders in nurse anesthesia practice and in nurse anesthesia education will need to develop creative approaches to connect the concept of practice to policy. Creative approaches may include fostering relationships not only between students and nurse anesthesia clinicians but also with non-nursing experts in healthcare policy.

Much of the difficulty in assuming leadership roles lies on the lack of formal education and organized mentorship on becoming influential in the healthcare policy arena. Nurse experts in healthcare policy have stressed the need for inclusion of health policy education during baccalaureate, master’s, and doctoral programs since the 1980s. However, according to Taft and Nanna, “as recent as 15 years ago it was rare to find health policy content included in nursing education or practice expectations.” In a review of the curriculum/course of study of the 105 nurse anesthesia programs that offer master’s degrees, 25 programs require students to enroll in a stand-alone health policy course. The remainder of the programs may offer varying health policy content within their professional aspects courses or offer a health policy course as an elective. The lack of formalized education in the legislative process and in the language of legislation may result in a student registered nurse anesthetist (SRNA) who is fearful of engaging decision makers. In contrast, graduate nursing students who participated in a formal health policy course perceived that their political competence was enhanced in all areas of political advocacy and involvement.

The nursing profession has begun to take advantage of the opportunity afforded by the increased knowledge of the crucial role of nurses in healthcare and by a more informed, educated cadre of nurse leaders. Although considerable strides have occurred in the last 5 years, significant barriers continue to exist. One of the barriers to nursing being influential in the healthcare reform process is the perception that nurses are not key decision makers and do not generate revenue. A considerable part of becoming influential in healthcare policy is developing an understanding of the financial impact of each piece of legislation or regulation. Rains and Carroll recognized in the early 2000s that advanced practice nurses “need to concern themselves with policies that influence finance and access to care issues.” However, often the fear of the unknown and a perceived lack of competence prevent the clinical practitioner from engaging in the policy arena.

As advanced practice nursing transitions to the doctoral degree as entry to practice, increased opportunities will exist for educators to develop health policy courses. These courses should include the objectives of both understanding health policy and of influencing the legislative and regulatory process. Although the policy process is complex, an understanding of the development of policy is crucial when engaging influential stakeholders and advocating for patients and the profession. With the acknowledged need for nurse leaders in healthcare policy, CRNAs and SRNAs have the opportunity and the responsibility to educate legislators and regulation makers on the role they can play in the policy arena. CRNAs can and should serve as content experts in areas of anesthesia billing, scope of practice, equal access to providers, and all aspects of clinical practice.

Education

In a 2010 report published by the IOM on the future of nursing, the concept of lifelong learning was stressed and it is applicable to both SRNAs and practicing CRNAs. Professionally engaged CRNAs can choose to apply the goal of lifelong learning to their role in policy involvement and patient advocacy as well as their clinical education. The foundation for learning about healthcare policy should occur
within the context of graduate education. "Nursing curricula are an integral part of ensuring that nurses are capable of taking on a more active role in initiating and developing health policy processes."

Hewison describes a strategy for engagement in policy that corresponds to the stage the nurse is in his or her career. The strategy can also serve as a starting point for guiding health policy education. Hewison’s strategy is on a continuum from policy literacy to policy influence. Policy literacy is essentially an academic analysis of the process whereby students review proposed legislation, comment on the regulatory process, and lobby members of Congress with a mentor. The next step in the process is policy acumen. As students move into clinical practice, they should be able to build on their introduction to policy and enmesh it with real patient care experiences to shape the way care is organized. All CRNAs should be expected to perform at the third level, policy competence. With further experience and a deeper understanding of the role of the CRNA in healthcare policy, the politically competent CRNA would contribute effectively by “leading organizations to meet the challenges emanating from the political environment and to persuade policy makers to take decisions in their favor.” Although it would be most beneficial to the profession of nurse anesthesia to have all CRNAs at the highest level—policy influence—many CRNAs may not be interested or motivated to achieve a level that includes informing all policy stakeholders at a national or international level. However, nurse anesthesia educational programs should include not only formalized didactic content but also the active role of health policy advocate as part of the socialization to the role of nurse anesthetist.

During the development of the Doctor of Nursing Practice (DNP) Essentials, the American Association of Colleges of Nursing (AACN) task Force recognized the value of health policy advocacy along with the lack of consistent inclusion of health policy education in our advanced practice nursing curriculums. The implementation of the DNP Essential on Health Care Policy for Advocacy in Health Care into the doctor of nursing practice curriculum will create an impetus for all educators to prepare SRNAs for a role in influencing healthcare policy.

As part of the SRNA role transition, both didactic and clinical educators will need to be able to move nurses from perception of policy as a “you must do this or you cannot do this” mentality to a higher-level concept that describes policy as actions taken to achieve a goal or decided future decisions. Educators in both the clinical and academic settings should encourage SRNAs to step out of their clinical practice comfort zones and aid them in recognizing the personal and professional satisfaction that is offered by having additional control over patient care and clinical outcomes.

At a minimum, SRNAs must understand how a bill is introduced and how it moves through Congress, committees, and regulatory agencies. SRNAs should also understand all of the entry points for CRNAs to give comment or exert influence on proposed legislation. They should know how to gain access to policy makers and have the ability to recognize the key players at the state and national level. An understanding of the key state and national committees will give SRNAs the tools to focus on stakeholders who may be in a position of power. A positive image, visibility, and trustworthiness are critical elements of influencing policy. Effective role modeling by all CRNAs will increase the probability that SRNAs will maintain those skills upon graduation and beyond. As SRNAs graduate with these additional skills, a new cadre of professional CRNAs may be developed to take on healthcare leadership roles.

Mentoring and Collaboration

Health policy cannot be taught in a vacuum in the classroom but should instead include experiential learning opportunities. “The foundations for a professional understanding of health care policy and policymaking should be well laid in formal education and synthesized with practice and work environments.” Analyzing policy decisions and speaking the language of legislation and regulation will only serve as underpinnings for an education in health policy. Mentoring students and other policy naive CRNAs has the potential to be a perfect partnership between education and practice. Clinical educators can speak of their experiences working on political campaigns, election to state political offices, donation to a political organization, or influencing legislative language. Educators can facilitate this partnership between student and clinical practitioners by involving students in state and national legislative meetings. Rather than have SRNAs as passive participants in the process, SRNAs should be active members of the professional group. They should be briefed before the meeting on effective lobbying techniques and on the policy process. This process of professional empowerment may result in the continued involvement in the professional organization following graduation.

Collaboration between nurse anesthesia programs and clinical stakeholders in the education process will increase and broaden health policy opportunities for students. A collaborative effort between nurse anesthesia programs, leaders in policy and finance, and CRNA business owners will offer SRNAs the chance to achieve a foundational knowledge of healthcare economics and then to develop a real world view of the impact that health policy
decisions have on nurse anesthesia practice. Although an understanding of existing policy issues is imperative, Malone12(p139) notes that it is also “important to understand the recent history of any policy issue to better understand the obstacles and resources in play.” To achieve a policy perspective that is both broad and deep, nurse anesthesia program faculty can enlist the aid of state and national leaders who have experience in lobbying and who have been involved in past and current legislative efforts. Both experienced CRNAs and SRNAs need to have a historical understanding of the American Association of Nurse Anesthetists’ political wins (and losses).

Research
Just as CRNAs use evidence to guide best clinical practice, research can and should be used to influence health policy. “A successful advanced practice registered nurse (APRN) leader must shape the policy agenda such that the issue becomes as a problem backed by research requiring legislative or regulatory action.” However, “any analysis of health policy must take place from the context of political, social, and economic change and pressures.”4(p222) Recent policy research regarding an analysis of cost effectiveness of anesthesia practice models and safety of anesthesia care delivered by a CRNA will pave the way for additional evidence-based policy research. Students who are prepared at the doctoral level will have the tools to evaluate the impact of policy changes on patient access to healthcare, to assess the relationship of policy education and professional empowerment, and to develop methods to evaluate prospective legislation and regulation.

Conclusion
CRNAs must continue to develop skills that ensure that nurse anesthetists have a seat at the policy table, but it will not be an easy path until CRNAs are all prepared to assume those positions. Nurse anesthesia educators and clinical practitioners can work together to emphasize the professional roles and responsibilities of all nurse anesthetists. As nurse anesthesia programs graduate students who have policy education and involvement, the opportunities for developing leadership skills in health policy will continue to emerge. CRNAs will have opportunities to apply for advanced education in health policy through state agencies (North Carolina Center for Nursing) and through national foundations (RWJF) and through university-based programs (The University of New Mexico in collaboration with the RWJF).

As healthcare reform and the recommendations of the IOM report on the future of nursing7 are enacted, the CRNA profession will need highly educated nurse leaders to translate concepts, issues, and proposals into health policy. One effect of the IOM report and the PPACA may be the opening up of state nurse practice acts to remove supervision language in order to support increased scope of practice for APRNs. Also, the PPACA provision for the inclusion of nonprovider discrimination language in reimbursement policies has been challenged and will need a powerful voice to prevent limitations to equity in the workplace. “Nursing leaders should contribute to the dialogue that defines the issues; students must be prepared for a meaningful role in the political arena.”13(p266)

During the early stages of their education and clinical career, CRNAs should be prepared to engage in discussion with policymakers and propose strategies to improve patient care, increase access to healthcare, and improve the cost effectiveness of healthcare in this country.

REFERENCES

AUTHOR
Angela R. Mund, CRNA, DNP, is assistant program director at the Medical University of South Carolina Anesthesia for Nurses Program, Charleston, South Carolina. Email: mund@musc.edu