



PUBLIC POLICY INVOLVEMENT AND BEHAVIORAL INTENTIONS TOWARDS HEALTH POLICY RESEARCH AMONG NURSES WITH PROFESSIONAL DOCTORATES

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Agenda for
Defense of DNP thesis

- 1 Statement of the Problem
- 2 Review of Literature
- 3 Methods
- 4 Results
- 5 Implications
- 6 Questions



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Statement of the Problem

The purposes of the study was to describe the attitudes, subjective norms, perceived behavioral control, and intentions of those with Doctors in the Nursing Profession to be involved in research of health care policy, as well as their present involvement in public health care policies activity. No previous research has been focused on describing the intentions of DNP's involvement in research that they believe could impact healthcare policies.

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Three Legs of the Behavioral Intentions chair in the TPB

Main Constructs and definitions of the independent variables

Attitude.	Subjective Norm	Perceived Behavioral Control
<p>1 It is the first determinant of behavioral intention. It is the degree to which the person has a favorable or unfavorable evaluation of the behavior in question.</p>	<p>2 It is considered the second predictor of behavioral intention. This is the influence of social pressure that is perceived by the individual (normative beliefs) to perform or not perform a certain behavior. This weighted by the individual's motivation to comply with those perceived expectations (motivation to comply).</p>	<p>3 It is the third antecedent of behavioral intention. This construct is defined as the individual's belief concerning how easy or difficult performing the behavior will be.</p>

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Definitions of dependent variables as outlined in this study and Dr. Holtrop instrument.

Public health policy.	Involvement
<p>1 It is defined as any policy that involves the expenditure of public funds for health care whether local, state, or federal.</p>	<p>2 It is to engage the interests or emotions or commitment of: to become involved in the public policy through action or to effect, as something within the scope of operation and evidenced based research.</p>

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Methods

Public policy involvement by Doctor Nurse Professionals.

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Theory of Planned Behavior (1991).

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The instrument is an 18-item survey. It assesses the subject's involvement in public policy activities, perceived knowledge, interest, exposure, perceived barriers, and self-efficacy. The Cramer's V correlation coefficients were stated to be medium to high ($p < .05$). The Cramer's V for the 2 factors was .52 and .40, respectively. Only change to this questionnaire from the original is the exchange of Health educator to Doctor of Nursing Practice (DNP).

The second part of the questionnaire is a 40-items questionnaire based on the Theory of Planned Behavior (1991) without demographics, used with the permission of Dr. Ajzen. This portion of the questionnaire is to identify links between underlying beliefs, and behavioral intentions of DNP's towards health policy research. The correlation between attitudes, personality, and behaviors through evidence of a meta-analysis over the last 4 decades showing a correlation of average .79 to .85 (Ajzen, Brown, & Carvajal, 2004).

1. What is the present involvement of DNP in health care policy?
2. What are DNP's attitudes towards the need for research regarding health care policies?
3. What subjective norms do DNP's hold toward their involvement in research on the healthcare policy?
4. What perceived behavioral control do DNP's hold toward involvement in research of health care policy development?
5. What intentions do DNP have toward being involved in research that involves health care policy development?

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Results

There were 279 respondents of which N = 274, 98.2% gave informed consent. The five respondents who did not give consent were excluded from the analysis. This represented 42% of the potential sample of 634 participants.

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Results Demographics per Dr. Holtrop instrument

Gender	Percentage
Male	43.25%
Female	56.14%
No reply	0.61%

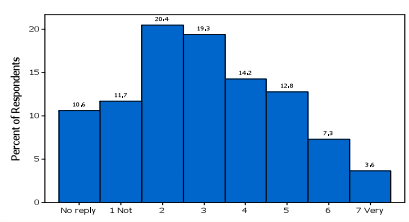
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Advanced Practice Nurse Certification of the Respondents (N = 274)

APN Certification	Frequency	Percent
Family care	88	32.1%
Other: < 2 each respondents - Adult, Acute, Neonatal, Psychiatric, Public Health, CMC, CSC, CNE, etc.	76	27.7%
Pediatrics	12	4.4%
CNS	10	3.6%
Women's Health	8	2.9%
Geriatrics	6	2.2%
CRNA	4	1.5%
CNM	5	1.8%
No reply	65	23.7%

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**Involvement in trying to influence public policy
(N = 274)**



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**Formulation and Internal Consistency
Reliability of Constructs per TBP**

Constructs	Formule (Addition and Multiplication of Item Scores)	Standardized Cronbach's alpha
Behavioral Beliefs	(Q19*Q29)+(Q20*Q28)+Q21+Q22	.501
Control Belief Strength	(Q23*Q46)+(Q24*Q48)+Q25+Q26	.26
Outcome Evaluations	(Q27*Q22)+(Q28+Q29)+(Q30*Q21)	.57
Normative Beliefs	(Q31*Q43)+Q32+Q33+Q34	.64
Attitudes	Q31+Q32+Q33+Q34+Q35+Q36+Q37+Q38+Q39+ Q40 + Q41	.49
Motivation to Comply	(Q43*Q33)+Q44+(Q45*Q34)+(Q46*Q32)	.59
Control Belief Power	(Q47*Q25)+Q47+Q48+(Q49*Q26)	.65
Subjective Norms	Q50+Q52+Q57	.17
General Intentions	Q51+Q56+Q58	.45
Perceived Behavioral Control	Q53+Q54+Q55	.63

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**Descriptive Statistics for the Constructs
(N = 201) Per TPB**

Constructs	Mean	SD	Minimum	Maximum
Behavioral Beliefs	31.02	14.88	-4	56
Control Belief Strength	38.18	13.67	6	73
Outcome Evaluations	31.19	12.10	-8	48
Normative Beliefs	15.47	10.88	-16	30
Attitudes	44.60	4.45	31	56
Motivation to Comply	36.63	19.98	-7	70
Control Belief Power	12.64	7.84	-9	33
Subjective Norms	10.93	3.64	3	21
General Intentions	14.71	3.47	6	21
Perceived Behavioral Control	15.82	3.76	3	21

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Descriptive Statistics for "Rate your opinion of the amount of impact the following activities would have on public policy:"

	N	Mean (SD)	Range
Vote in a public election	219	4.30 (.92)	1-5
Work on a campaign for a candidate or proposal	221	3.76 (.98)	1-5
Provide information about proposed public policies to the public	221	3.93 (.91)	1-5
Provide written reports, consults, or research to public officials	220	3.82 (.95)	1-5
Organize people for action through committee/ coalition	219	3.79 (.94)	1-5
Contact a public official (by calling, writing, faxing, or email) and tell them your views about a public healthcare policy	219	3.75 (1.03)	1-5
Lobby public policy-making body	218	3.69 (1.01)	1-5
Fulfill the responsibilities of a public office	219	3.89 (1.18)	1-5

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Descriptive Statistics for Responses to Items concerning Public Policies

	N	Mean (SD)	Range
How would you rate your knowledge of how to change public policy?	216	4.32 (1.49)	1-7
How interested are you in trying to influence public policies?	216	5.20 (1.55)	1-7
In your opinion, how important are the results of public healthcare policy makers' actions?	214	5.94 (1.26)	1-7
In your opinion, how much do the actions taken by public healthcare policy makers influence the health of the public?	214	5.82 (1.33)	1-7

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Sources of information or training on public healthcare policy change (N = 167)

Source of Training	Frequency	Percent
College coursework	145	86.8%
Materials from professional organizations	104	62.3%
Professional colleagues	81	48.5%
Professional journals	71	42.5%
Session(s) at conference	59	35.3%
Workshop(s) devoted to the issue	40	23.9%
On-the-job experience	35	20.9%
Mass media (TV, radio, newspapers, etc.)	25	14.9%
Other: DNP program, mentoring, committees, websites, reading, personal research	15	8.9%

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**Cramer's V coefficients
Of TPB questions**

Cramer's V coefficients were computed for N = 201 respondents who responded to 80-100% of the items. Cramer's V coefficients are not so sensitive to sample size as Chi-square statistics and were therefore used in preference. Gender was not included since there were only 22 males in the sample, compromising the analysis, because the frequencies of males in many of the response categories were zero.

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Cramer's V coefficients

Item	Age	Type of DNP program	Employment setting	Clinical practice (hours/ week)	Administration (hours/ week)	Education (hours/ week)
Q2. Please rate your involvement in trying to influence public healthcare policy in the past two years.	.20	.23	.22	.18	.22	.18
Q3. Rate your confidence in your ability to: Q3.1 Vote in a public election.	.14	.21	.13	.17	.14	.18
Q3.2 Work on a campaign for a candidate or proposal.	.16	.13	.23	.16	.15	.17
Q3.3 Provide information about proposed public policies to the public.	.17	.14	.21	.18	.16	.20
Q3.4 Provide written reports, consults, or research to public officials.	.15	.15	.23	.16	.15	.16
Q3.5 Organize people for action (such as through a committee or coalition) on public healthcare policy issue.	.13	.19	.21	.18	.15	.12
Q3.6 Contact a public official (such as by calling, writing, or email) and tell them your views about a public healthcare policy issue.	.17	.17	.21	.17	.17	.20
Q3.7 Lobby a public policy-making body.	.14	.14	.23	.14	.14	.17
Q3.8 Fulfill responsibilities of a public officer.	.15	.13	.26	.09	.15	.15

**Cramer's V coefficients
Continues**

* Significant at p < .05

Item	Age	Type of DNP program	Employment setting	Clinical (hrs/ wk)	Administration (hours/ week)	Education (hours/ week)
Q6. Rate your opinion of the amount of impact the following activities would have on public policy: Q6.1 Voting in a public election.	.14	.13	.15	.15	.20	.24
Q6.2 Working on campaign for a candidate/ proposal.	.13	.15	.17	.14	.21	.19
Q6.3 Providing information about proposed public policies to the public.	.16	.08	.17	.15	.17	.21
Q6.4 Provide reports, consultation, research to a public official.	.11	.13	.18	.17	.19	.18
Q6.5 Contacting a public official (such as by calling, writing, faxing, or email) and telling them your views about a public healthcare policy issue.	.16	.18	.23	.20	.17	.20
Q6.6 Lobbying a public policy-making body.	.17	.09	.21	.14	.18	.15
Q6.7 Holding a public office.	.15	.14	.21	.21	.10	.18
Q8. How interested are you in trying to influence public policies?	.20	.11	.19	.17	.20	.18
Q9. In your opinion, how important are the results of public policy makers' actions?	.16	.14	.19	.14	.16	.22
Q10. How much do the actions taken by public policy makers influence the health of the public?	.17	.15	.21	.17	.15	.22
Q12. Percent of your time spent on policy	.20	.51*	.40*	.25	.28	.25

American Academy of Colleges of Nursing in the stated following in 2005 in

"DNP Essentials".



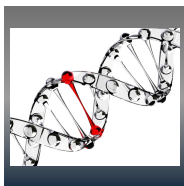
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Conclusions

1. What is the present involvement of DNP in health care policy?
2. What are DNP's attitudes towards the need for research regarding health care policies?
3. What subjective norms do DNPs hold toward their involvement in research on the healthcare policy?
4. What perceived behavioral control do DNPs hold toward involvement in research of health care policy development?
5. Were the data consistent with the Theory of Planned Behavior to provide intentions?

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What is the present involvement of DNP in health care policy?



- General trends were only a moderate knowledge of how to changing public healthcare policy and only a moderate interest in trying to influence public policy
- Most frequent public healthcare policy activities reported was that of the general population in last two years, voting for a candidate or proposal, contacting a public official in their office, providing policy-related information and giving money to a campaign for a public healthcare policy concern
- When asked to rate their involvement in trying to influence public healthcare policy in the past two years over a half of the respondents replied that they were not highly involved
- Only about a quarter were involved in changing public healthcare policy as a health education professional
- One fifth considered that they were not involved in changing public policy

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What are DNPs attitudes towards the need for research regarding health care policies?



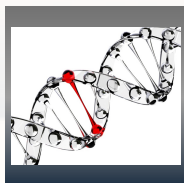
General attitude trends were that the respondents perceived that:

- as a DNP the involvement in research that impacts health policies is extremely beneficial, extremely right for patients, and extremely good practice
- doing research like other nursing doctorates and the approval of political parties is very important, the approval of patients is also important
- doing research that other health care professionals think they should do, is less important

Attitudes did not vary statistically at $p < .05$ with respect to the demographic characteristics of the respondents

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What subjective norms do DNPs hold toward their involvement in research on the healthcare policy?



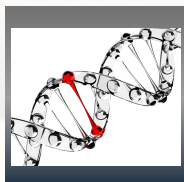
• General trend was for the respondents to feel under a moderate amount of social pressure to be involved in research that could impact health policies

• to be involved in research is moderately easy

Subjective norms did not vary statistically at $p < .05$ with respect to the demographic characteristics of the respondents

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What perceived behavioral control do DNPs hold toward involvement in research of health care policy development?



• General trends were strongly agree that they wanted to have involvement in research that will impact health policies

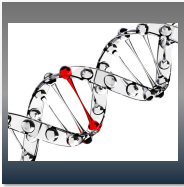
• they had the knowledge to be involved in research

• agree that as a DNP it was expected of them to be involved in research

Perceived behavioral control did not vary statistically at $p < .05$ with respect to the demographic characteristics of the respondents

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Were the data consistent with the Theory of Planned Behavior to provide intentions?



- Statistically significant correlations at $p < .05$ were computed between Attitudes, Subjective Norms, Perceived Behavioral Control, Intentions, and Behavior
- relatively low in magnitude due to the high variance in the scores, the Pearson's correlation coefficients provided statistical evidence in support of the Theory of Planned Behavior
- data strongly violated the assumptions of regression analysis and therefore valid predictive equations could not be constructed

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Future of DNP impact on Public Policy - Pyramid



1. DNP programs should include formal course work throughout academic studies.
2. Profession Nursing organizations and Academic institutions increase focus on research that impacts Public Policies.
3. Certifying profession bodies could give Continuing Education credit for public policy activity or research in areas that impact public policy as part of what is required for certification as an DNP.

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THANK YOU!

Questions, Please!

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