Developing Political Competence: A Comparative Study Across Disciplines

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Abstract  Political activism is one way that nurses care for individuals and communities, and intervene in the broad range of socioeconomic factors influencing health. Though policy advocacy is a core public health function and a valuable nursing activity, the process of acquiring requisite skills and attitudes for political involvement is not often explored. What crucial experiences enfranchise nursing students toward future policy involvement? What is the student journey toward political competence? Do nursing students vary from students of other disciplines in this process? In-depth interviews were conducted with baccalaureate nursing students and political science students who were near graduation. Content analysis of interview transcripts revealed several themes. Despite rich examples of activism, nursing students viewed public policy as a barrier, and did not see connections between the personal, professional, and political. Nursing seemed grounded in application and service, demonstrating by involvement that they could “walk the walk.” Political science involvement originated in theory, and resulted in more articulate discourse on the subject: they could “talk the talk.” The data suggest a need for interdisciplinary dialogue, faculty modelling of political competence, opportunities for students to realize personal, professional, and political connections, and a concern of socialization in the context of global citizenship.

Key words: political competence, policy, activism.

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Political activism deserves attention not as an end, but as a means. Political activism provides a mechanism to promote health through the enactment of supportive public policy, to transform health systems, and to correct reimbursement structures that discriminate among providers or recipients. Nurses can use political involvement to translate caring into meaningful actions at organizational, local, state, and federal levels and to intervene in areas where health challenges intersect with the broad socioeconomic issues of the day. Political involvement represents a valid and valuable nursing activity that promotes health and encourages positive change by modifying sociopolitical, economic, and environmental factors that determine health (Reutter & Williamson, 2000).

The process of becoming a competent care provider to individuals and families, however, has received much more scholarly attention than the stages and processes involved in developing political competence. Although Benner’s (1984) description of the novice, beginner, and expert may translate from practice into policy arenas, different competencies and attitudes are needed. Most often, a simple invitation to “get involved” or “be political” comes from nurse educators, and students are left to make the link between their professional responsibilities and their personal citizenship roles.

The nursing student’s journey toward professionalism, democratic citizenship, and competence in the core public health function of policy work involves many academic and personal experiences. What crucial experiences empower and enfranchise students toward future public policy involvement and policy advocacy? Do nursing students differ from students in other disciplines in this process?

This article describes an exploratory research study comparing undergraduate nursing and political science students...
on their political competence. Political competence in the context of nursing will be discussed, as well as citizenship in the context of contemporary society. Research methodology and findings will be presented, along with implications for education and practice.

**POLITICAL COMPETENCE IN THE CONTEXT OF NURSING**

Florence Nightingale, Sojourner Truth, Lillian Wald, and Margaret Sanger represent historical examples of effective political activism that showed the value of nursing’s direct involvement in politics. They labored politically for healthy environments, racial equity, better community conditions, and reproductive health choices because each of these factors significantly influenced health (Leavitt & Mason, 1998). As a profession, nurses have collectively used political expertise to “open nurse-training schools, organize professional associations, and participate in social issues” (Lewenson, 1998, p. 41).

Contemporary examples of involvement include three nurses reelected in 1998 to the U.S. House of Representatives: Representatives Capps from California, McCarty from New York, and Johnson from Texas. The American Nurses Association Political Action Committee (ANA-PAC) works to help elect officials who support nursing’s issues and values. Nurses contributed over $1 million in election years 1994, 1996, and 1998 to ANA-PAC, which helped elect 88% of its endorsed candidates (ANA, 2000). ANA-PAC represents one part of an assertive political voice for nursing, and the ANA also carries this voice into legislative debates and through the publication of documents such as *Nursing’s Agenda for Health Care Reform* (ANA, 1991) and the *Social Policy Statement* (ANA, 1995).

These examples, however, belie the current relative invisibility of the profession, including its contribution to health, political action, and political power. Lewenson (1998) suggested that the invisibility could be explained as a mistaken perception or as a real change. Nursing’s activism may be undetectable because the public perceives the nursing profession as conservative, politically uninvolved, and primarily women’s work; the public assumes the profession to be minimally involved. It is also possible, however, that nurses really are less active than in the past. The political expertise of early nurse leaders, including such strategies as “persuasion, the cultivation of political friendships, letter-writing campaigns, defiance of the law, and harnessing the collective voice of nurses” (p. 55), may indeed have declined in the profession. Conger and Johnson (2000) suggested that when nursing narrowed its focus from population care and prevention to individual curing (parallel to medicine’s advances and abilities), the profession withdrew socially and politically.

The legacy, mandate, and most importantly, ongoing health-related needs within society, however, continue to warrant an emphasis on political competence within nursing. “The pathway to healthy functioning is not exclusively or even mainly through the laboratory, but more and more through society and economy” (Miller, 1995, p. 346). As health is increasingly understood as, to a large degree, a function of social, economic, and political factors, nursing can promote health by advocating for public policy that takes health consequences into consideration. “Healthy public policy,” as this approach is named, assumes that health is seen broadly, that socioeconomic risk factors are addressed, and that the health consequences of public policy on all topics are considered (Reutter & Williamson, 2000).

Public health nursing has embraced these challenges and explicitly emphasizes citizen development and political activism. Public health nurse educators appreciate the importance of understanding how the political process works and what nurses can do to enhance and safeguard the nation’s health through health policy and healthy public policy. They believe that nursing’s voice is needed in the debate over shrinking resources and the discussion over access to affordable health care for all. Though exposed to this concept in other clinical rotations, it is in public health that nursing students most directly encounter the relationships between multiple socioeconomic factors and health, as well as the strategies to confront these challenges through policy advocacy (Brydolf, 1996; Ferraro, 1998; Reutter & Williamson, 2000).

If nurse educators—specifically public health nursing educators—are to facilitate this developmental process, they must understand clearly the requisite skills and attitudes. Halstead, Rains, Boland, and May (1996) postulated six abilities that characterize a politically aware baccalaureate nursing graduate. They include the ability to: (1) analyze the profession’s involvement in health care policy decisions, (2) incorporate global trends in local health issues, (3) understand how various political arenas and processes shape health care delivery, (4) influence the various political arenas and processes, (5) advocate for health-promoting policy changes, and (6) commit to work as political activists in the promotion of health. This composite may assist nurse educators to understand and model political competence, and to prepare nursing students to continue the legacy and mandate of policy activism.

**CITIZENSHIP IN THE CONTEXT OF CONTEMPORARY SOCIETY**

Nursing’s pursuit of political influence is usually set in the context of professional roles and responsibilities. That framework grounds the action in health, caring, and client/
community advocacy. Though useful, this professional orientation isn’t all that is needed to help student nurses or novice practitioners find links between the personal, political, and professional. Understanding political influence in the context of citizenship is also helpful.

The expression of citizenship is unique to each political culture, but it involves the five following attributes: a sense of identity (national or multinational), an enjoyment of rights and benefits, the fulfillment of obligations and duties, accepting the responsibility to be interested and engaged in public affairs, and an acceptance of basic values held by most of society (Cogan, 1998). Citizenship involves a reciprocal relationship between the individual and the collective that is neither passive nor pessimistic.

Citizenship within the United States currently faces several severe threats. Braungart and Braungart (1998) cited problems such as increasing pluralism and diversity, which threaten our unified sense of identity. Low voter turn-out and declining loyalty to political parties suggest a disaffected citizenry. Lastly, a willingness to serve and sacrifice for the whole contradicts the American culture of individualism and materialism. Images of rugged individualism and “pulling yourself up by your own bootstraps” pervade the culture. Skepticism toward government and any consolidation of power can be seen as both an American strength and a flaw.

Nurses are called to the American political table in the context of this political culture and these challenges to citizenship. Certainly, nurses as citizens have, to some extent, shaped political attitudes and acquired knowledge through primary and secondary school, family experiences, media exposure, and community life. But how do undergraduate nursing education and professional socialization contribute to the development of competencies to effectively influence policy and politics? What is the student journey toward political competence or active citizenship? On what sources do they base their opinions about public policy? How do they live their beliefs as citizens and as professionals? Does the nursing student experience differ from that of students in other disciplines? In an attempt to begin to address these questions, we conducted a small exploratory study comparing undergraduate nursing and political science students on their political beliefs and behaviors.

**METHODODOLOGY**

This cross-sectional comparative study was conducted at a small regional university campus in the Midwest. Clearance was obtained by the school’s Institutional Review Board. A convenience sample was drawn from two populations of college students: senior-level baccalaureate nursing students \((N = 9)\) and senior-level political science students \((N = 8)\). Eight of the nine nursing students were female; seven of the eight political science sample were female.

The two faculty researchers conducted individual in-depth interviews, matching nursing students to nursing faculty and political science students to political science faculty. All interviews occurred when the students were between 1 and 3 months from graduation. Interviews were not related to class or program requirements and were structured with the same open-ended questions (see Table 1).

All interviews were completed before data analysis began. The two investigators performed content analysis of the interview transcripts both individually and together. The written transcripts of the interviews were read aloud multiple times, and the main ideas or topics were identified. In some sessions, all interviews from one discipline were read consecutively; in another session, the researchers alternated between a nursing and a political science transcript. Researchers sought emerging themes within and between each discipline, with a criterion for inclusion being a theme that was apparent to both researchers.

The limitations of this study are those of a qualitative research approach. The nonrepresentative sample was small, limiting generalization of findings. No attempt was made to control extraneous variables like age, family attitude regarding politics, or prior political involvement. Finally, bias was possible, although the structured set of interview questions was followed systematically to reduce interviewer bias, and, to increase reliability of the students’ answers, the interview was unrelated to program requirements or course grade.

**RESULTS**

Though the interview was based on the nine questions in Table 1, the findings best organized around four more

<table>
<thead>
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<th>Table 1. Structured Interview Questions</th>
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<tr>
<td>1. How do you assess the needs and desires of the polity (or the community)?</td>
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<td>2. What is public policy?</td>
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<td>3. How does public policy fit into your role as a professional?</td>
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<td>4. Are there merits to interdisciplinary collaboration and conversation as it relates to meeting the needs and desires of the polity (or the community)?</td>
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<td>5. Does democratic practice (i.e., citizen involvement, having a voice/vote, freedom of speech and press) relate to you as a professional? Why or why not?</td>
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<td>6. How does the academy (or university) foster your democratic citizenship as a nurse (as a political scientist)?</td>
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<td>7. How do you see yourself as a community change agent?</td>
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<td>8. What is the role of local government in your professional development?</td>
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<td>9. What is the role of local government in the improvement of the human condition (i.e., poverty, hunger, safety)?</td>
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general questions summarized below in the following sections.

**What Are Your Views on Public Policy?**

Nursing students tended to view public policy as an inhibitor or barrier. For example, one described policies as “guidelines that tell me what I can and cannot do” (C.O., personal communication, March 28, 1998). There were negative comments about policy lagging behind societal values and stifling public discourse and debate. The concept of policy conjured up images of rigid systems, with rules for all to obey.

The nursing students viewed politics as something other people do. There was a “disconnect” among the personal, political, and professional. The responses reflected practitioners trained in prescribed procedures, following guidelines, and disinclined to question authority. They displayed a hesitancy in talking about themselves as political beings affecting the community. Even one student whose view of public policy was broader than most noted that “public policy relieves me from the physical burden of such tasks (protecting general public) and places the duty on my species as a whole” (M.E., personal communication, March 29, 1998).

Even as these students described rich examples of their social action in the community, they didn’t term it political. They “walked the walk,” but didn’t “talk the talk.”

Political science students, in contrast, could “talk the talk,” but were less active in practice and application. They used rhetoric describing public policy as the workings of democracy in action. They were quite insightful as to the theory of majority and common good, but somewhat cynical about the reality of powerful political influences such as money and self-interest. Though their words were descriptive, their community involvement was not as extensive as the nursing students. They had not integrated political science theory with an understanding of how to apply it.

**What Are the Sources Upon Which You Base Your Opinions?**

The nursing students emphatically credited the people they served (the clients) as the basis of their public policy preferences. They valued the perspectives and needs of their clients, and showed evidence of having listened carefully to the desires, wishes, and concerns of those they were charged to help. One noted that “the bottom line is having to have the population’s input” (J.D., personal communication, April 18, 1998). Their answers emphasized the perspective of the clients, but said little about their personal perspectives. They voiced a desire to empower others to speak and act, or to advocate for those unable to do so.

Their responses again suggest a disconnect, in this case between their personal or social self and their professional self.

The political science students reported more variety in the sources of their political opinions and perspectives. Unlike the nurses who focused on the expressed needs of clients, they sought information and knowledge that added to who they were as a person and citizen. They listed media, community colleagues, and work-related exposures to data, policies, or personalities. One student said “Knowledge is the most important aspect of policy. When you know, you have access, and when you have access, you have power. When you have power, you can influence policy. When you have policy [that] has gone via this route, you have democracy” (B.B., personal communication, April 10, 1998). The political science students seemed to maintain a compatibility between perceptions of their professional responsibilities and personal self-image.

**What Ways Do You Exhibit Democratic Actions?**

Nursing students provided many examples of practical activities of activism and involvement. In many ways they had been change agents in people’s lives and at collective levels. Examples included advocacy for families with disabled children through testimony at school board hearings, coordinating a nonfood pantry for HIV-affected families, and advocating for prevention/screening activities during committee work that resulted in a change in institution policy. They didn’t take these activities lightly; “The advocate has to have the passion . . . . Without the passion you aren’t convincing anyone. Power comes from that passion” (D.D., personal communication, April 17, 1998).

In terms of action, they described their goals as improvement of the human condition, promotion of health and prevention of disease; however, they did not describe these activities as political.

Although the political science students could more clearly articulate their knowledge and understanding of the culture of democratic action, they were less likely to have practiced such action. For example, one student described the activity of working in the mayor’s office as political activism and involvement; another linked theory to her connection with the local Chamber of Commerce.

**What Is the Role of the University in Transference of Citizenship and Political Competence?**

Do educational programs play any role in the socialization process of professional students and transference of the skills and values associated with citizenship and political competence? How do students perceive the influence of their education?

Three themes emerged in the nursing student responses
that credit the university with a positive role in political socialization. The participants clearly understood the university’s function in the acquisition of knowledge and skills, especially critical thinking skills. Secondly, the experiences afforded in college were seen as providing opportunities for development. For example, one noted that the “system” fostered citizenship; by learning to navigate the system and to use “all my wits” to open doors, she has learned she “can do anything” (A.R., personal communication, April 2, 1998). Other examples were opportunities in student government. Thirdly, college, for many, was an exposure to the “other.” It provided exposure to different views and perspectives and enlarged their sense of citizenship beyond their family’s understanding or local traditions. “The more I’ve studied, the more I see gray areas, not just people in molds. I look with a more holistic approach and don’t make moral judgments” (J.D., personal communication, April 18, 1998). Another said her learning included “a glimpse into alternative thinking” (M.E., personal communication, March 29, 1998).

The political science students were more critical of the university, noting that some professors resided in “the ivory tower,” removed from reality. The list of factors influencing their political and professional opinions was more diverse and lengthy than that of nursing students and therefore their assessment of the academy’s influence was more limited.

**DISCUSSION**

All of the interviewed students appeared to have beginning perspectives and skills for political involvement. The experiential path to that similar reality was different for the students in nursing than for those in political science. Nursing seemed grounded in application and service; political science involvement began as theory. The nursing students reported greater influence by the university than did their political science counterparts, who listed a broader range of contributing factors. Both sets of students would have benefited by dialogue with colleagues from the other discipline, who were undergoing similar processes, albeit described with different terminology. For example, the term “polity” resonated for the political scientists, although nursing students used the term “community.” Our findings suggest that students and faculty across disciplines would benefit from dialogue that brings together diverse perspectives in the political activism context to answer relevant questions or understand processes. For example, perhaps in this situation and through such dialogue, both nursing and political science could learn to better “talk the talk and walk the walk.”

The remainder of this article will elaborate on issues from a specifically nursing perspective. Our data from this exploratory study suggest areas for improvement in the transmission of civilization and citizenship. The educational program for these students had not sufficiently helped them see connections, for example, to see that integration of the personal, professional, and political would strengthen their voice and effectiveness. The need for such connections has curricular, faculty development, and practice implications. Curriculum should provide opportunities to explore the professional, personal, and political continuity or overlap. Faculty need to model personal behaviors that allow students to see an example but do not dictate specific political opinions or preferences. Those in the practice arena can strengthen nursing’s political voice by linking personal citizenship responsibilities to professional roles. Students could observe these role models in the practice arena, and societal perceptions of invisibility or uninvolve-ment could be altered.

For nursing students to report that they view policy as a rule and inhibitor, rather than as a liberating mechanism for change and empowerment suggests at least some failure in the educational process. Did we fail to communicate these ideas because of a message-error (the intended message didn’t get through) or a sender-error (the faculty have not made the connections or do not model policy advocacy, citizenship, and political competence)? The remedy must correspond to the type of “error.”

Hahn (1998) defined political participation, political interest, and political trust, and, very significantly, differentiates between political efficacy and political confidence. Political efficacy involves a belief in the ability of the system to respond to the needs and will of the citizens, and political confidence entails a belief in one’s own ability to influence decisions made in groups. Although each of these concepts or orientations toward political participation is important, an educational effort to instill political confidence in each nursing student would strengthen the profession’s collective power and influence.

Placing the socialization of nursing students in the broader context of citizenship helps educators understand broader challenges. When a cynical citizenry questions involvement, the invitation for professional activism and responsibility represents a difficult message. If faculty exhibit minimal political efficacy, as defined above as belief in the system, the challenge increases. Faculty are called to examine what they believe and model to effectively assist nursing students to develop political competence.

Other changing patterns of citizenship can inform the process of becoming politically competent. Ichilov (1998) noted a trend toward less nationalism and more globalization and toward the use of technological advances to invigorate alienated citizens. Both trends complement the needs of nursing as the profession increasingly emphasizes global health issues and increased use of technology. As citizen-
ship is understood from a global perspective, faculty can emphasize issues like emerging microbes, transcontinental spread of disease, world population issues, nuclear war threats, and world ecology and environmental issues. All of these issues relate to health and can more easily be emphasized when students perceive themselves as global citizens. Additionally, because technology affects every aspect of life, learning, and nursing practice, it is natural to envision ways it can support political engagement and confidence. E-mail communication to lobby officials and accessing web-based sources of legislative or governmental information are two examples of the policy-technology interface.

Whether nursing educators understand their role as the encouragement of good citizenship or the development of political competence, it is an important aspect of the professional preparation of nurses. The more committed faculty are as role models and the more deliberate faculty are themselves in the pursuit of political competence and efficacy, the closer the profession comes to realizing nursing's historical mandate and meeting contemporary needs through activism and political involvement.

REFERENCES