

RESEARCH ARTICLE

Political Efficacy and Health Policy Advocacy among Nurses as Mediated by Political Astuteness

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Abstract

Introduction: Nurses' expertise and recommendations from nurses are essential sources of opinions and recommendations for policy development. Nurses must be actively involved in politics, and nursing could play an essential role in shaping health policy. However, the influence of political efficacy, political astuteness, and health policy advocacy exposes a gap in the current knowledge.

Design and Methods: The study utilized descriptive correlational design and mediating analysis. Purposive sampling was used to select six hospitals in Ghana, and simple random sampling was used to select five hundred and seventy-nine nurses. The study used the Political Efficacy Scale, Social Justice Advocacy Scale, and the Political Astuteness Inventory. The data were analyzed by mean and Standard deviation, Pearson coefficient, ANOVA, and GLS mediation.

Results: Nurses in Ghana had a low political efficacy and health policy advocacy. Moreover, political astuteness had moderate astuteness. A Pearson Correlation coefficient showed a moderately significant positive relationship between political efficacy and health policy advocacy. Furthermore, political astuteness and health policy advocacy showed a statistically significant low positive relationship. There was no significant difference in political efficacy and health policy advocacy when age, academic qualification, nurses' rank, and years of professional experience were considered. Political astuteness partially mediated the relationship between political efficacy and health policy advocacy.

Conclusion: Nurses in Ghana have limited belief in their ability to understand and affect politics and have limited participation in healthcare advocacy initiatives. Furthermore, nurse respondents have the adequate ability of a nurse to understand political knowledge, political participation, and legislative understanding to advocate health policies.

Keywords: *Political Efficacy, Health Policy Advocacy, Political Astuteness, Nurses, Ghana, Mediation*

Introduction

Nurses have first-hand knowledge and experience with healthcare issues (Rehder, 2016); hence, the expertise and recommendations from nurses are essential sources of opinions and recommendations for policy development (Turale & Kunaviktikul, 2019). The International Council of Nursing (ICN) (2015) envisioned that nurses must be actively involved in politics and could play an essential role in shaping health policy. The World Health Organization (2021) also stressed the urgency of integrating nursing opinions in health policy formulation within the government's legal framework. Buerhaus et al. (2017) explained that despite nurses' ethical-moral obligations to address the socioeconomic determinants of health, nurses are unaware of their responsibilities to

challenge the healthcare delivery system's structure and policies that govern it. Researchers have examined the health policy advocacy of nurses. Globally, Staebler et al. (2017) reported that only 21% of nurses actively advocate health policy. Additionally, only 40% of nurses perceived that they could impact the institutional policies, while only 32% felt they could influence federal and state health policies.

Political efficacy is the belief that one's personal action and skills can bring the desired policy change while health policy advocacy is defined as individual and social acts to gain policy backing, social acceptance, and system support for a health program to benefit the population. In contrast, political

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astuteness is a knowledge base and skills set that has to be developed by a nurse to promote policy change and advocacy.

Ghana, a West African country on the Atlantic Ocean, is self-governing. Blanchet et al. (2013) emphasized that Ghanaian politics has evolved with the medical profession and dominated the healthcare sector's political dynamics responsible for creating and executing Ghana's health policies. Nurses have been unable to confront political concerns that affect health policy due to a lack of appreciation of politics and legislative processes (Korsah, 2019). The influence of political efficacy on health policy advocacy among nurses has yielded conflicting results (Jun et al., 2014; Ahoya et al., 2016; and O'Rourke et al., 2017). A qualitative study by Acheampong et al. (2021) looked into the viewpoints of nurses and midwives on participation in national policies and reforms. There is a paucity of empirical data on nurses' health policy advocacy in Ghana. Therefore, the study aimed to examine the level and relationship of political efficacy, health policy advocacy, and political astuteness among nurses in Ghana.

Methods and Procedures

Research Design

The study used a quantitative correlational research approach and mediation analysis.

Locale and Population

The research was conducted in Ghana, located in the western part of Africa. The researchers conducted the study in a faith-based institution in Ghana. Yeboah and Buckle (2017) emphasized that CHAG provides 40-45 percent of health services and is recognized by the Ghanaian government as a Ministry of Health implementing partner, working under its policies, rules, and strategies. The researchers used purposive sampling to select six hospitals from six regions in Ghana. The researchers used simple random sampling to recruit the 579 respondents. Based on the available data from nurses from the selected hospitals, the researcher used the Raosoft sample size calculator software (Raosoft, 2004) to determine the number of respondents needed to answer the questionnaire from the selected hospitals. The administrators of the selected hospitals were asked to provide a list of respondents who matched the study's inclusion criteria. The researcher numbered the names of registered nurses and selected nurses from each institution at random using an electronic random number generator.

The respondent inclusion criteria were; local and Ghanaian nurses from the selected hospitals, a nurse-in-charge with more than one year of professional experience, a permanent working staff in the hospital, and a nurse with a certificate in either BSN, MSN, and Ph. D in Nursing. The exclusion criteria were; medical officers or physician from the selected hospitals and hospital administrators from the selected hospital.

Table 1. Socio-Demographics Profile of Respondent

Demographic		Count	Percentage of Total
Sex	Female	361	62.3
	Male	218	37.7
Age	20-24 Years	127	21.9
	25-29 Years	189	32.6
	30-34 Years	197	34.0
	35 Years and Above	66	11.4
Academic Qualification	BSc Nursing	530	91.5
	Master of Science in Nursing	43	7.4
	Ph.D. in Nursing	6	1.0
Nurses Rank	Nursing Officer	349	60.3
	Senior Nursing Officer	158	27.3
	Principal Nursing Officer	72	12.4
Years of Professional Experience	1-4 Years	189	32.6
	5-9 Years	291	50.3
	10 Years and Above	99	17.1

Data Gathering Tools

The researchers adopted three questionnaires to measure the nurse's political efficacy, health policy advocacy, and political astuteness. The political Efficacy Scale (PES) developed by Levy (2013) was adopted to evaluate the level of political efficacy among nurses which have two dimensions the internal and external political efficacy. The study presented a Cronbach alpha of 0.831 on political efficacy. Social Justice Advocacy Scale developed by Dean (2009) was adopted to measure nurses' health policy advocacy in Ghana which have address four constructs of health policy advocacy, including collaborative action, social advocacy, client empowerment, and community advocacy. The Cronbach alpha for health policy advocacy was 0.822. Political Astuteness Inventory (PAI) by P. E Clark. was adopted to measure political astuteness. The present study had Cronbach Alpha for the six dimensions as voting behavior, participating in a professional organization, awareness about health policy issues, knowledge of legislators, knowledge of the Legislative Process and involvement in political processes. The Cronbach alpha for political astuteness was 0.927.

Ethical Consideration

Ethics approvals were obtained from the Research Ethical Committee of Saint Louis University with protocol number (SLU-REC 2022-002), and the Institutional Review Board of the Christian Health Association of Ghana with protocol number (CHAG-IRB 05012022).

Data Gathering Procedure

Ethical approvals were obtained. The researchers recruited and trained the research assistants based on their knowledge and experience in conducting quantitative research. Ethical approval letters and introductory letters were sent to each hospital. The research assistants gave the consent forms to respondents and administered the instrument by the researchers' instructions. Research assistants followed the guidelines set forth by each hospital's ethics committee. Due to

the length of the questionnaires, the respondents were given 24 hours to complete the filling of the questionnaire, which was not part of their official duty hours.

Treatment of Data

The study used descriptive and inferential statistics to analyze the data. The researcher used the Statistical Package of Social Services (SPSS) version 22 for all data analysis. Mean and standard deviation was used to analyze the descriptive. All negative statements were reversed in the analysis of health policy advocacy data. Pearson correlation, ANOVA, and GLS mediation were used for the inferential statistics.

Results

Out of 579 respondents, females representing 62.3%, and 37.7% for males. Respondents aged range from 20-24 years were (21.9%), 25-29 years were 189 (32.6%), 30-34 years were 197(34.0), and 35 years and above were 66(11.4%). Furthermore, based on their academic qualification, those with BSc in Nursing were 530(91.5%), those with a master of science in nursing were 43(7.4%), and those with a Ph.D. in nursing were Six in number, representing one percent. In addition, their nurses ranked 349, representing (60.3%) nursing officers, senior nursing officers were 158 (27.3%), and principal nursing officers 72, representing 12.4%. Lastly on the socio-demographic characteristics are the years of professional experience among the nurses, 189 nurses have 1-4 years of professional experience, which represent 32.6%, those with 5-9 professional experience stand at 291 (50.3%), and lastly, those with ten years and above were 99 which represent 17.1%.

Table 2 shows that nurses in Ghana have minimal political engagements in the health policymaking process and a limited belief that the political system is changing. Table 3 showed health policy advocacy among nurses was low. Table 4 showed moderate political astuteness.

Table 2: Level of Political Efficacy among Nurses

Domain	Mean	SD	Interpretation
External Political Efficacy	2.26	0.358	Low Efficacy
Internal Political Efficacy	2.34	0.323	Low Efficacy
Overall Mean	2.30	0.277	Low Efficacy

Legends: 1.00-1.79-Very Low Efficacy: 1.80-2.59-Low Efficacy: 2.60-3.39-Moderate Efficacy: 3.40-4.19-High Efficacy: 4.20-5.00-Very High Efficacy

Table 5 showed political efficacy and health policy advocacy showed a statistically significant moderate positive relationship ($r=.0.450^{**}$, $p<.01$). Furthermore, Political astuteness and health policy advocacy showed a statistically significant low positive relationship ($r=.0.238^{**}$, $p<.01$).

The difference in political efficacy and health policy advocacy among nurses according to age, academic qualification, years of professional experience, and nurses rank

Table 3: Level of Health Policy Advocacy among Nurses

Domain	Mean	SD	Interpretation
Collaborative Actions	2.36	0.218	Low Advocacy
Social Advocacy	2.32	0.361	Low Advocacy
Client Empowerment	2.37	0.246	Low Advocacy
Community Advocacy	2.35	0.319	Low Advocacy
Overall Mean	2.354	0.196	Low Advocacy

Legends: 1.00-1.79-Very Low Advocacy: 1.80-2.59-Low Advocacy: 2.60-3.39-Moderate Advocacy: 3.40-4.19-High Advocacy: 4.20-5.00-Very High Advocacy

Table 4: Level of political astuteness among nurses

Domain	Mean	SD	Interpretation
Voting Behaviour	3.94	0.729	High Astuteness
Participation in a Professional Organization	3.33	0.769	Moderate Astuteness
Awareness about Health Policy Issues	3.48	0.688	High Astuteness
Knowledge of legislator	3.33	0.799	Moderate Astuteness
Knowledge of the legislative process	3.07	0.828	Moderate Astuteness
Involvement in the Political Process	2.88	0.861	Moderate Astuteness
Overall Mean	3.26	0.569	Moderate Astuteness

Legends: 1.00-1.79-Very Low Astuteness: 1.80-2.59-Low Astuteness: 2.60-3.39-Moderate Astuteness: 3.40-4.19-High Astuteness: 4.20-5.00-Very High astuteness.

Table 5: Relationship between Political Efficacy, Health Policy Advocacy, and Political Astuteness.

		Political Efficacy	Health Policy Advocacy
Health Policy Advocacy	Pearson's r	0.450**	—
	p-value	< .001	—
	N	579	—
Political Astuteness	Pearson's r	0.237**	0.238**
	p-value	< .001	< .001
	N	579	579

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 6: A mediation analysis of political astuteness with political efficacy and health policy advocacy among nurses

95% C.I. (a)								
Type	Effect	Estimate	SE	Lower	Upper	β	z	p
Indirect	PE \Rightarrow PA \Rightarrow HPA	0.0234	0.00750	0.00868	0.0381	0.0330	3.12	0.002
Component	PE \Rightarrow PA	0.4885	0.08303	0.32574	0.6512	0.2375	5.88	< .001
	PA \Rightarrow HPA	0.0479	0.01302	0.02234	0.0734	0.1388	3.68	< .001
Direct	PE \Rightarrow HPA	0.2956	0.02678	0.24309	0.3481	0.4169	11.04	< .001
Total	PE \Rightarrow HPA	0.3189	0.02634	0.26733	0.3706	0.4499	12.11	< .001

Note. Confidence intervals computed with method: Standard (Delta method)

Note. Betas are completely standardized effect sizes

The study performed a one-way between-group analysis of variance. There was no statistical difference in nurses' age, academic qualification, years of professional experience, and rank.

Table 6 showed a statistically significant indirect effect of political efficacy on health policy advocacy ($b=0.0330$, $z=3.12$, $p=0.002$). Furthermore, the direct effect of political efficacy on health policy advocacy in the presence of the mediator was also found statistically significant ($b=0.4169$, $z=11.04$, $p<.001$). Hence political astuteness partially mediated the relationship between political efficacy and health policy advocacy. Mediation is a complementary partial mediation.

Discussions

The current study showed that nurses in Ghana had low political efficacy, which can be related to differences in political culture and political structures (Ahadzi et al. 2021). Furthermore, Appiah and Abdulai (2017) posit that the high financial cost involved in politics in Ghana deters nurses in Ghana from politics. Moreover, cultural gender roles play a significant factor in the low political engagement of nurses. Ghana nurses are predominantly women primarily tasked to care for their families. Family responsibilities and dynamics hinder nurses' political participation (Laing, 2018).

Furthermore, the low level of health policy advocacy among Ghanaian nurses could be attributed to the different family role systems faced by nurses (Kusi-Ampofo et al., 2015). Nurses express a lack of empowerment and inadequate financial support from nursing leaders and administrators to embark on advocacy activities (Baffoe & Addai, 2018). Political astuteness was at moderate levels. This can be attributed to voting behavior because it is mandated for adult citizens in Ghana, where most nurses are part of voting during a national election. A study conducted in Ghana showed that 91.1% of the

respondents were registered members of the Ghana Registered Nurses and Midwives Association (GRNMA). Nevertheless, Oware-Gyekye (2015) emphasized that few actively participated in the organization's operations. Furthermore, Anokye et al. (2018) conducted a study in Ghana to test the knowledge of nurses who know their legislators and the legislative process on health and the nursing profession. The study revealed that some nurses expressed awareness of health matters discussed and issues relating to nursing. Lastly, Paarima et al. (2020) expressed that some nurses in Ghana partially understand the political process, and a few nurses take up political opportunities given to them in healthcare organizations.

Regarding relationships, the study found a moderate positive relationship between political efficacy and health policy advocacy. The study is supported by (Jun et al., 2014; Ahoya et al., 2016; O'Rourke et al., 2017). This means that the more politically efficacious a nurse is, the more likely they will engage in health policy advocacy activities for their community and patient. Furthermore, Political astuteness and health policy advocacy showed a statistically significant low positive relationship. This means that higher levels of political astuteness among nurses in Ghana would enhance their engagement in health policy advocacy.

On the other hand, there is no significant difference in political efficacy and health policy advocacy on nurses' ages, academic qualifications, years of professional experience, and rank. This could be attributed to a majority of the respondent being young. Sen et al. (2021) argue that young nurses in Ghana lack self-esteem, confidence, and knowledge about the political system. Bello and Lawson (2013) emphasized that continuous professional adjustment programs on health policy are expensive to attend. Osei et al. (2019) emphasized that to advance nurses' knowledge and abilities in healthcare, and healthcare administrators should

support through financing and advocate for nurses' engagement in continuous learning.

Conclusions and Recommendation

Nurses in Ghana's faith-based institutions have limited belief in one's ability to understand and affect politics and limited participation in healthcare advocacy. The nurse respondents have the adequate ability of a nurse to understand political knowledge, political participation, and legislative understanding to advocate health policies. Political efficacy positively influences the health policy advocacy of nurses, and political astuteness positively influences health policy advocacy. Nurses' political efficacy and health policy advocacy level do not vary according to age, academic preparation, years of professional experience, and rank. Political astuteness partially mediated the relationship between political efficacy and health policy advocacy. The study recommends that nurses are encouraged to learn and understand the political process through engagement in political and advocacy training programs to help them equip themselves with political knowledge. Nursing administrators can facilitate the provision of funds, resources, and time for nurses to aid them in their political and health policy advocacy activities. Lastly, researchers can conduct qualitative research to understand further factors contributing to nurses' participation in health policy activities.

Limitation

Since the study was conducted only among nurses in CHAG hospitals in Ghana, the findings cannot be generalized to the whole population of nurses in Ghana.

Conflict of Interest

The researchers declare that there was no conflict of interest in the conduct of the study.

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Acknowledgment

I would like to express sincere gratitude to Dr. Williams Kwasi Peprah, my statistician for the guidance and support, as well as the research assistants who aided in the data collection process.

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“Remember: nurses are like icebergs. At any one time, you are only seeing what they are actually doing.”

– Ian Miller