Is There A Nurse In The House? Or The Senate? Barriers And Facilitators To Pursuing Elected Office

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Is There a Nurse in the House?

Is There a Nurse in the House? Or the Senate?

Barriers and Facilitators to Pursuing Elected Office

Submitted to the Faculty

Yale University School of Nursing

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Nursing Practice

Kimberly Gordon

April 15, 202
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Signed: Kimberly Gordon, MSN, CRNA

Kimberly Gordon

April 15, 2021
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This project would not be possible without the twenty-two nurses who agreed to be interviewed. They were generous with their time and their willingness to share their experiences. I have been inspired by each of them. Hopefully, this work will encourage many more nurses to join them in their good work within local, state, and federal government.

Little did I know when I answered a phone call in September 2015 that it would change my life. Sharon Pearce was on the other end and together we embarked on an adventure that began with a political campaign and has no end in sight. So far, we’ve lost a campaign (but learned a lot), completed a DNP project, earned a degree, and formed a life-long friendship. We’ve come a long way, but the best is yet to come!

Finally, since I cannot put both of our names on my degree, I dedicate this to Vincent. He has worked just as hard to earn it as I have for the past three years. His love and support and delicious dishes have sustained me throughout this journey.
Abstract

**Background:** The nursing profession is underrepresented in local, state, and federal legislatures. While the profession desires to increase nurses’ political participation, there has not been a structured, comprehensive program to recruit, train, motivate, and support nurses to pursue elected office.

**Purpose:** This project sought to identify the barriers to and facilitators of nurses’ pursuit of elected office and to use this information to develop methods to recruit, train, motivate, and support registered nurses to run for elected office at the local, state, or federal level.

**Methods:** Maximum variation sampling was used to select a sample of 22 nurse candidates to be interviewed. An emergent design approach was used to do a preliminary analysis of nine interviews. The team planned to use this information to build a curriculum, then develop and pilot a 3-day, in-person candidate training program for nurses and midwives. The COVID-19 pandemic necessitated revising the plan. Instead, a two-hour educational webinar was developed and conducted to engage, inspire, and motivate registered nurses to run for elected office.

**Results:** The nurse candidate interviews revealed information that supports the barriers and facilitators found in the literature. In addition, many new themes were discovered. The webinar findings confirmed that two hours is not enough time to teach nurses to run for office, but it is enough time to impact their decision on whether or not to pursue elected office in the future.

**Conclusion:** Nurses, because of their skills, knowledge, experience, and expertise have much to contribute to the creation of public policy. Nurses must better understand the power they have to create change at all levels of government; a candidate school for nurses and midwives will help them do that.
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Chapter 1

Introduction

For decades the nursing profession has agreed that registered nurses have a professional and ethical responsibility to be politically involved (Carnegie & Kiger, 2009; Spenceley, Reutter, & Allen, 2006; Winter & Lockhart, 1997; Woodward, Smart, & Benavides-Vaello, 2016). Yet, nurses remain grossly underrepresented in the political sphere (Barry, 1989; Cohen, Muench, & Sochalski, 2010; Connor, 2014; Small, 1989; Vandenhouten, Malakar, Kubsch, Block & Gallagher-Lepak, 2011; Woodward et al., 2016). As members of elected office, nurses can use their unique knowledge and expertise to contribute to population health and to the broader public policy discussion (Barry, 1989; Cohen et al., 1996; Connor, 2014; Herman, 2011; Vandenhouten et al., 2011; Woodward et al., 2016).

Background

As a profession, nursing desires the increased political involvement of its members. According to Cohen et al.’s (1996) framework, the fourth and most advanced stage of nursing’s political development is “leading the way” (p. 263). This stage requires the involvement of nursing beyond health policy and matters affecting nursing, into the broader sphere of public policy. One way to accomplish this is for nurses to pursue elected office and for nursing to support this endeavor. However, the profession is unlikely to develop a pipeline of nurses willing to pursue elected office if it cannot increase the number of politically active nurses (Cohen et al., 1996; Herman, 2011).

From its earliest days, members of the nursing profession have been advocating for the health of patients and communities. Visionary nurses transformed public healthcare and hospitals
in Europe and the United States (U.S.) despite not being able to vote (Vandenhouten et al., 2011; Connor, 2014). In the mid-1800s Florence Nightingale used data and statistics to convince public health officials to improve sanitation to halt the spread of disease (Connor, 2014; Hewlett, 2008). Clara Barton founded the American Red Cross in 1881, and it exists to this day (Connor, 2014; Hewlett, 2008). Nurses like Lillian Wald, Mary Brewster, and Margaret Sanger transformed public health nursing in the U.S. in the late 1800s and early 1900s (Connor, 2014; Hewlett, 2008). Sanger’s work with young, female factory workers helped form what is now known as Planned Parenthood (Hewlett, 2008). While women gained the right to vote in 1920 after the 19th Amendment to the Constitution was ratified, it would take over 70 years for the first nurse to be elected to Congress (Hewlett, 2008; Winter & Lockhart, 1997). The Honorable Eddie Bernice Johnson was elected in 1992 to represent Texas House District 30 in the U. S. Congress and after 14 terms she continues to serve in the 117th Congress (American Nurses Association [ANA], 2021).

The American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements (2015) is replete with provisions that connect the ethical responsibility of nurses to advocacy; not only for the health of the individual patient but also for the health of the community at large. Provisions seven, eight and nine directly address (a) the nurse’s ethical responsibility to advocate for the profession by participating in the development of health policy, (b) using nursing knowledge and expertise to address health disparities, and (c) advocate for social justice in the communities in which they reside (ANA, 2015). These standards require nurses to widen their professional and ethical focus from the individual patient to the health and well-being of the population and to their profession. However, the ANA Code of Ethics (2015) neglects to mention the most powerful way to do this: by becoming an elected official.
 Registered Nurses as Effective Political Participants

Numbering over four million, nurses are the largest healthcare profession in the U.S., and they provide the majority of direct patient care (National Council of State Boards of Nursing [NCSBN], 2021; Mechanic & Reinhard, 2002). As a result, nurses have the greatest impact on the quality of healthcare delivery (Mechanic & Reinhard, 2002; Woodward, et al., 2016). Every day in hospitals, clinics, and the community, nurses advocate to ensure that their patients receive safe, coordinated, high-quality healthcare. Nurses experience first-hand how public policy decisions affect healthcare delivery and how their patients interact (or not) with the healthcare system (Barry, 1989; Cohen et al., 2010; Spenceley et al., 2006).

Nurses have knowledge and expertise that make them uniquely qualified for political involvement, including serving in elected office (Adcock; 2008; Boyd, 2019; Lanier, 2018; Connor, 2014; Hall-Long, 2004; Herman, 2011; Sheran, 2017; Vandenhouten et al., 2011). Nursing’s skill set is not limited to clinical knowledge or to navigating the healthcare system. Nurses have an intimate view of how patients function in their communities and how the laws and policies in those communities affect patients’ health and welfare (Adcock, 2008; Boyd, 2019; Hall-Long, 2004; Barry, 1989; Herman, 2011; Sheran, 2017; Small, 1989; Vandenhouten et al., 2011; Woodward et al., 2016). Nurses see the impact that policy decisions regarding the economy, housing, education, the environment, social programs, and public transportation have on their patients and patients’ families (Adcock, 2008; Barry, 1989; Herman, 2011; Small, 1989; Vandenhouten et al., 2011). Though nurses see the consequences of public policy every day, most do not understand or acknowledge that they have the ability, and a duty, to make positive change in the public sphere.
Skills that make nurses effective healthcare providers are similar to the skills that make politicians effective legislators (Connor, 2014; Hall-Long, 2001; Herman, 2011). While nurses learn many skills in their education and perfect them in practice, the following are most often cited by politically involved nurses that translate directly to their work in policy and advocacy: written and verbal communication, assessment, collecting relevant data and using it to make quick decisions, conflict resolution, teamwork, and creative problem solving. Politicians persuade, negotiate, prioritize, collaborate and build consensus; nurses do the same with patients, families, and colleagues. Nurses excel at active listening and approaching problems in a holistic way. They treat patients and families with respect, compassion and empathy.

Most importantly, nurses are overwhelmingly viewed by the public with trust and respect, which cannot always be said about politicians (Gallup, 2021b). The general public understands the value that nurses bring to the healthcare system. The year 2020 was the 19th year in a row that nurses were named the most trusted profession in the U.S. (Gallup, 2021b). Conversely, members of the U.S. Congress rank the lowest in the same Gallup (2021b) poll. Nurses are seen by legislators and other professional groups as the profession that advocates for policies that will promote the health and wellness of their patients and the public, not themselves (Connor, 2014; Des Jardin, 2001; Hall-Long, 2004; Herman, 2011). Along with a myriad of applicable skills and abilities, nurses bring their experience as well as science and healthcare knowledge with them to the political arena. This provides nurses with a unique perspective that breeds credibility and respect on issues related to healthcare and public health (Barry, 1989; Connor, 2014; Des Jardin, 2001; Hall-Long, 2004; Herman, 2011). The nursing profession is viewed as the nexus of scientific knowledge, technology, and caring (Des Jardin, 2001). Trust and credibility lay a solid
foundation upon which nurses can build coalitions within the community and the political sphere.

2018 – The Year of the “Ordinary” Woman

Ordinary women are defined as those women who do not come from elite professions or politically connected backgrounds (Crowder-Meyer, 2018). Rather, these women are members of the general public: teachers, nurses, homemakers, etc. After the 2016 presidential election, the number of ordinary women pursuing elected office increased exponentially (Center for American Women and Politics [CAWP], 2018; Crowder-Meyer, 2018; Teele, Kalla, & Rosenbluth, 2018). EMILY’s List is a national organization that recruits and supports progressive, Democratic women pursuing elected office at any level: local, state or federal. In the 2016 election cycle approximately 920 women contacted EMILY’s List for information. After the 2016 election, 34,000 women contacted the organization for information and 20,000 women registered with EMILY’s List (Crowder-Meyer, 2018). Similarly, Should She Run, another national organization that supports female candidates pursuing any level of elected office, counted 100 women a month registering on their website during the 2016 election cycle. During the 2018 election cycle, the number increased to 1,000 women a month (Crowder-Meyer, 2018).

Organizations that recruit, train, and support women running for office are expanding to meet the needs of the increased number of female candidates pursuing local, state, or federal elected office (CAWP, 2018). This increased candidate pool of ordinary women has resulted in an increased number of women from different backgrounds who hold elected office (Crowder-Meyer, 2018). The numbers continue to grow. In 2021, one in four (26.5%) federal elected officials were women and almost one in three (30.3%) state-wide office holders and (30.9%)
state legislators are women (CAWP, 2021). This a four-fold increase over 1971, the year that the Center for American Women and Politics (CAWP) began collecting data.

Women have demonstrated an ability to increase their numbers in elected office by increasing the pipeline of women available to run (CAWP, 2021; Crowder-Meyer, 2018). The current U.S. political environment has motivated women to run for elected office in unprecedented numbers at the local, state, and federal level. There is a growing volume of data in the political science literature that addresses the barriers and facilitators that women face when running for elected office. Additionally, research shows that when women run for elected office they win, and when they win, they are more effective legislators (Anzia & Berry, 2011; Kanthak & Woon, 2015).

**Nurse Legislators**

The trend of women pursing elected office in record numbers has not yet shifted to the female-dominant profession of nursing. In the 117th Congress there are three nurses serving in the U.S. House of Representatives and none in the U.S. Senate (ANA, 2021). According to Herman (2011), there were less than 100 nurses serving in state legislatures in 2011. Sadly, this number has decreased, not increased, over the past two decades (Herman, 2001). While the ANA used to track the number of nurses in state legislatures, due to budgetary and staffing constraints, they discontinued this practice in 2011 (Herman, 2011). There is no database to identify or track nurse candidates or elected officials serving in state or local political office. As a result, we have a lack of data and numbers: we do not have research about what inspires the few nurses to run for elected office nor the barriers and facilitators they experience when they do.
Is There a Nurse in the House

Problem Statement

Despite arguments that nurses would be effective legislators and should be politically involved, the nursing profession is proportionately underrepresented in local, state, and federal legislatures (Herman, 2011; Spenceley et al., 2006; Woodward et al., 2016). Further there is no formal directory that tracks nurses who choose to run for elected office (Barry, 1989; Cohen et al., 1996; Connor, 2014; Herman, 2011). As a result, there is very limited research investigating nurses who have pursued or held elected office (Connor, 2014; Herman, 2011). By studying local, state, and federal nurse candidates, both successful and unsuccessful, barriers to and facilitators of the pursuit of elected office can be identified and analyzed. In the future, this information can be used to develop resources to assist registered nurses in their pursuit of elected office.
Chapter 2

Review of the Literature

Despite the directive from the profession for political involvement and nursing’s unique expertise, knowledge base, and skill set, nurses remain on the political sidelines (Barry, 1989; Cohen et al., 1996; Connor, 2014; Herman, 2011; Williams, 2018; Woodward et al., 2016). Further, only a small fraction of state or federal elected officials are nurses (ANA, 2021; Connor, 2014; Herman, 2011). In 2011, nurses comprised approximately 1.2% of all state legislators in the country (Herman, 2011). This number has decreased over time (Herman, 2011). In 2021, three nurses (0.6%) serve in the 117th U.S. Congress (ANA, 2021). As a result, there are very few studies that examine the experience of nurses who pursue elected office. However, by examining the literature about nurses’ political participation, nurse legislators, and female candidates we can gain insight into the barriers and facilitators that nurses may face when pursuing elected office.

A comprehensive review of the literature was performed using both nursing and social science databases. In October 2018 a keyword search of the following databases was performed: Ovid, ProQuest Social Sciences, Social Science Research Network, and PAIS. Search terms included: registered nurse, advanced practice registered nurse, nurse politician, political involvement, nurse candidate, political participation, political office, barrier(s), and facilitator(s). Boolean operators included the terms: and, or, and not. ProQuest Social Sciences “similar articles” link was utilized. Database searches yielded 244 scholarly articles of which 23 were reviewed. The reference lists were examined to identify additional sources. Hand searching, using both ancestry and descendancy approaches, provided the references used in this synthesis.
In this section, I will first outline the barriers to and facilitators of nurses’ political participation as well as the barriers to and facilitators of nurses’ pursuit of elected office. Next, I will explore the barriers to and facilitators of women’s candidate emergence and their candidacy. Finally, we will discuss how these two items are related. This will lead the reader directly to the identified gaps in the literature.

**Barriers to Nurses’ Political Participation**

In peer-reviewed published articles, limited published research studies, and many unpublished doctoral dissertations and masters theses, there is enough evidence to determine clear patterns in the barriers nurses face in political participation. The most commonly cited barriers are related to nurses’ political knowledge, resources, political efficacy, role confusion, gender, workplace concerns, generalized professional apathy, and the dominance of the medical model.

**Lack of political knowledge.** A lack of policy and advocacy education is a pervasive barrier cited in the literature (Barry, 1989; Boswell, 2003; Connor, 2014; Des Jardin, 2001; Gebbie, Wakefield, & Kerfoot, 2000; Spenceley et al., 2006; Vandenhouten et al., 2011). Whether it is a lack of civics literacy, knowledge of advocacy issues, or the political process, nurses feel unprepared to participate in policy and advocacy (Connor, 2014; Small, 1989; Vandenhouten et al., 2011; Winter & Lockhart, 1997). Some nurses did not receive adequate leadership, policy, and political education in a baccalaureate or graduate program (Connor, 2014; Spenceley et al., 2006; Vandenhouten et al., 2011; Winter & Lockhart, 1997). Small (1989) cites the lack of continuing professional education about political participation for nurses as a barrier to political involvement at a time when they need this education the most; experienced,
practicing nurses are more likely to participate if provided adequate social support and education (Herman, 2011; Small, 1989; Vandenhouten et al., 2011).

**Lack of resources: time.** The barriers associated with a lack of resources are multifactorial and vary according to the nurse’s role. Time constraints are the most prevalent and fall into two categories: family obligations and work obligations. Family obligations relate to the demands of child care, maintaining a marriage, and a household (Boswell, 2005; Cohen et al., 2010; Connor, 2014; Des Jardin, 2001; Gebbie et al., 2000; Vandenhouten et al., 2011). The most common work-related barrier is inflexible scheduling that prevents nurses from attending political activities (Connor, 2014; Williams, 2018). Regardless, both family and work obligations serve to place demands on a nurse’s time and do not leave extra time for political involvement (Vandenhouten et al., 2011; Winter & Lockhart, 1997).

**Lack of resources: financial.** Political participation can be costly, and a lack of financial resources is another commonly cited barrier (Connor, 2014; Des Jardin, 2001; Herman, 2011; Vandenhouten et al., 2011; Winter & Lockhart, 1997). In addition to the cost of membership, nurses may be charged registration fees by their professional associations to attend political events and conferences (Winter & Lockhart, 1997). These activities may also require the additional expense of travel and time away from work. Expendable income is required to donate to political action committees or candidates (Hall-Long, 2001; Vandenhouten et al., 2011).

**Political efficacy.** Education, peer support, and role modeling can increase nurses’ perception of political efficacy (Small, 1989). Nurses must believe that they can make a difference in the political sphere in order to participate (Des Jardin, 2001; Dollinger, 2005; Gebbie et al., 2000; Vandenhouten et al., 2011; Winter & Lockhart, 1997). If nurses view political participation as something they can do, not as an activity for “other” nurses with
knowledge and experience in how government functions, they are more likely to become involved (Spenceley et al., 2006; Vandenhouten et al., 2011; Williams, 2018). Further, unpleasant political experiences with politicians or policy makers who do not acknowledge or understand nurses’ expertise in healthcare can discourage them from participating in the political conversation (Des Jardin, 2001; Winter & Lockhart, 1997).

**Role confusion, role ambiguity, and gender.** In the profession of nursing, role confusion, role ambiguity, and gender are inextricably linked. The inescapable truth is that 91% of nurses are female and the gendered role of nursing is the most often cited barrier to nurses’ political participation (Barry, 1989; Cohen et al., 2010; Connor, 2014; Des Jardin, 2001; Herman, 2011; Small, 1989; Smiley et al., 2018; Spenceley et al., 2006; Winter & Lockhart, 1997; Vandenhouten et al., 2011). Nursing has traditionally been considered a female profession and, historically, political participation was considered not within the purview of women (Barry, 1989; Connor, 2014; Herman, 2011; Spenceley, et al., 2006; Winter & Lockhart, 1997). To make matters worse, nurses themselves believe they should be caring for patients at the bedside and not advocating for patients in the political sphere (Spenceley et al., 2006; Winter & Lockhart, 1997). Although some politically involved nurses felt that gender actually worked to their advantage in the workplace and helped them attain positions on appointed boards and commissions that they otherwise would not have been considered for due to gender requirements, the vast majority of the literature cites gender as a barrier (Connor, 2014).

**Workplace concerns.** The workplace can be a complicated environment for nurses when it comes to political participation. Many scholars believe that this is based in the history of the nursing profession itself (Des Jardin, 2001; Dollinger, 2005; Gebbie et al., 2000; Small, 1989; Williams, 2018). In the late 19th century and early 20th century, nurses practiced in their
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communities (Williams, 2018). Physicians and nurses worked independently of one another and mainly cared for patients in their homes. The advent of the modern-day hospital in the mid-20th century changed nurses’ work environment and the profession as a whole (Des Jardin, 2001; Dollinger, 2005; Williams, 2018). Patients began receiving care in hospitals, which were developed on a medical, patriarchal model of care, rather than in their homes or the community where nurses practiced autonomously. Three important things happened as a result: the hierarchy of the hospital required nurses to become subservient to physicians, nurses became dependent upon hospitals for their livelihoods, and nursing’s focused shifted from the community at large to a more narrowed focus on individual patients (Des Jardin, 2001; Dollinger, 2005; Gebbie et al., 2000; Small, 1989; Vandenhouten et al., 2011; Williams, 2018). Slowly, as their professional hub shifted, nurses stopped advocating for the health and wellness of their communities.

Professional apathy. As nurses moved further and further away from the community, they became disengaged and more apathetic towards public policy (Des Jardin, 2001; Dollinger, 2005; Small, 1989; Vandenhouten et al., 2011; Williams, 2018). Some nurses believe that they should concentrate on caring for patients, not participating in politics and advocacy. (Des Jardin, 2001; Dollinger, 2005; Small, 1989; Vandenhouten et al., 2011; Williams, 2018). Increased workloads have decreased nurses’ job satisfaction and reinforced the perception of the profession’s inability to influence policy on any level (Des Jardin, 2001; Williams, 2018).

The healthcare environment has changed over time to the patriarchal, medical model that we are familiar with. This model has incrementally suppressed the profession and nurses’ autonomy over their practice (Des Jardin, 2001; Gebbie et al., 2000; Small, 1989; Williams, 2018). In this environment, nursing colleagues and nursing managers often do not support politically interested nurses’ endeavors to be politically involved (Des Jardin, 2001; Williams,
In many instances, political involvement is not encouraged in the workplace (Winter & Lockhart, 1997). Further, nurses may fear retribution from their employers if hospital management learns of their political involvement or advocacy, especially for issues that might be supported by nursing and opposed by their institution (Des Jardin, 2001; Williams, 2018; Winter & Lockhart, 1997).

**Facilitators of Nurses’ Political Participation**

Like barriers, the facilitators of nurses’ political participation have been studied by nursing scholars in published and unpublished research studies. The top four identified facilitators are frequently cited across research studies: role models and mentors, nursing education, political socialization, and membership in a professional organization. Conversely, the absence of these factors has been cited in the literature as a significant barrier to nurses’ political participation.

**Political role models and mentors.** Political role models and mentors are a powerful motivator for political participation and the lack thereof is cited as a barrier (Des Jardin, 2001; Small, 1989; Vandenhouten et al., 2011; Winter & Lockhart, 1997). Nursing role models include politically active colleagues, professional mentors, and educators as well as inspirational public figures (Connor, 2014). All can serve as role models that provide social support and mentoring to spark an interest in political participation (Herman, 2011; Winter & Lockhart, 1997). By their presence and willingness to share their experiences in the political arena, mentors and role models provide an informal education that a nurse may not have received in their formal education (Herman, 2011; Spenceley et al., 2006). Nurses who have been mentored are more likely to be politically involved and to mentor others (Connor, 2014; Herman, 2011; Vandenhouten et al., 2011; Winter & Lockhart, 1997).
**Political knowledge.** Education matters in the level of nurses’ political participation (Barry, 1989; Gebbie et al., 2000; Hewlett, 2008; Vandenhouten, et al., 2011; Winter & Lockhart, 1997). Nurses who have taken political science and health policy courses within or outside of their formal nursing education are much more likely to belong to a professional nursing organization and to be politically active (Winter & Lockhart, 1997; Gebbie et al., 2000). Political knowledge positively influences nurses’ perception of political efficacy and, ultimately, nurses’ political participation (Hewlett, 2008). The American Association of Colleges of Nursing (AACN) is the organization that publishes educational essentials for developing the curriculum of baccalaureate, masters, and doctoral educational programs. Health policy and advocacy is explicitly included in the essentials for all levels of formal nursing education (American Association of Colleges of Nursing [AACN], 2006, 2008, 2011). Attaining higher levels of formal nursing education, which include courses on health policy and advocacy, increases political knowledge and is associated with increased political participation (Barry, 1989; Gebbie et al., 2000; Hewlett, 2008; Vandenhouten, et al., 2011; Winter & Lockhart, 1997).

**Political socialization.** Political socialization and professional socialization have been shown to be a winning combination for nurses’ political involvement (Barry, 1989; Connor, 2014; Small, 1989). Spenceley et al. (2006) explained that the history of professional socialization in nursing has encouraged silence and conformity resulting in risk aversion and a lack of autonomy. This is the antithesis of political socialization as Barry (1989) describes it in her study of nurses involved in policy and advocacy at the state and federal level. Nurses’ colleagues, family, professional organizations, and educators provide information, support and encouragement to help them form a political identity (Barry, 1989; Connor, 2014; Des Jardin, 2001; Hewlett, 2008; Winter & Lockhart, 1997). Political socialization can and does occur at any
stage of a nurse’s career (Barry, 1989; Connor, 2014). Through enculturation, social support, and education, nursing can increase the likelihood of its members’ political participation. (Spenceley et al., 2006).

**Membership in professional nursing organizations.** Professional organization membership influences all of the aforementioned facilitators of political involvement (Barry, 1989; Connor, 2014; Des Jardin, 2001; Gebbie et al., 2000; Hewlett, 2008; Vandenhouten et al., 2011; Williams, 2018; Winter & Lockhart, 1997). Nurses who are active members of a professional association are exposed to role models and potential mentors through networking (Connor, 2014; Des Jardin, 2001; Williams, 2018). Most national professional nursing organizations have government relations experts on staff who communicate with members to ensure that nurses stay abreast of legislative issues affecting their patients, communities, and practice (Des Jardin, 2001; Connor, 2014). State affiliate organizations provide similar information at a more local level (Des Jardin, 2001; Vandenhouten et al., 2011). Further, many nursing and specialty organizations offer continuing education courses and the opportunity to participate in political activities at the federal and/or state level (Barry, 1989; Des Jardin, 2001; Vandenhouten et al., 2011). These events increase members’ political knowledge base and provide ample political and professional socialization regardless of the nurse’s employment setting or educational background. Decades of research consistently shows that politically active nurses belong to their professional organizations (Barry, 1989; Connor, 2014; Hewlett, 2008; Vandenhouten, 2011; Winter & Lockhart, 1997).

An example of the influence that professional organizations have on increasing their members’ political involvement is the Texas Nursing Association (TNA). In 2018, at the suggestion of one of its politically active members, TNA developed the Nurses in Office
Barriers to Nurses’ Pursuit of Elected Office

The literature about nurse legislators is quite limited. There are two unpublished dissertations (Barry, 1989; Herman, 2011), one unpublished masters thesis (Connor, 2014), and one peer-reviewed, published qualitative study (Gebbie et al., 2000). Outside of the peer-reviewed literature, there are several articles written by or about nurse legislators (Adcock, 2008, 2018; Boyd, 2019; Hall-Long, 2001, 2004, 2009; Sheran, 2017; Szulecki, 2018) that examine the many different perspectives and experiences of nurse legislators. North Carolina Representative Gale Adcock, MSN, FNP-C has written about her experience as a nurse legislator in a column titled Under the Dome for the Journal of Nurse Practitioners since 2018.

Barry (1989) examined the political socialization of nurses who were employed in developing and implementing public policy at the state or federal level. Her purposive sample of 33 nurses, all female, included ten state legislators. Herman’s (2011) study was unique among all of the research, published and unpublished. Her sole focus was on nurses serving in state legislatures across the U.S. She described “the personal attributes, motivators and life experiences” (p. 4) of 21, (19 female, two male) state nurse legislators (Herman, 2011). In her thesis, Connor (2014) described the lived experience of four nurses who participated in policy and advocacy at the local or state level. One of these nurses served in the California State
Assembly. Of note, Connor (2014) originally had five nurses willing to participate: four females and one male. Due to concerns of maintaining anonymity, the male participant withdrew.

In the one published paper, Gebbie et al. (2000) studied the effectiveness of nurses who were involved in health policy development at the federal, state, or local level. The snowball sample of 27 nurses included elected officials but, unlike Barry (1989), the authors did not quantify or categorize the roles of the participants in their report (Gebbie et al., 2000). Other than one statement attributed to a “recent nurse candidate” (p. 310), there is no specific information provided about nurse legislators and therefore, it will not be included in the discussion of nurse candidates. However, the existing literature written by and about nurse legislators provides rich, if limited, information about their experience as candidates and policy makers.

Many of the barriers that nurse legislators face are unique to their legislative role. These differences center around campaigning for elected office and governing once in office. Nurse legislators most often cite the following barriers: resources, fundraising, party politics, a lack of political knowledge, gender, and negative campaigning (Adcock, 2008, 2018; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011; Sheran, 2017; Szulecki, 2018).

**Lack of resources: time.** Like nurses in general, nurse legislators cited a lack of resources as a barrier. However, balancing their time included not only family and childcare obligations but also those of professional and legislative work (Adcock, 2008; Hall Long, 2004). Legislators work long hours when campaigning, attending community organization events, fundraising, canvassing, phone banking, and speaking with potential constituents (Adcock, 2008; Hall-Long 2001, 2004; Herman, 2011). If a nurse did not have social support from family members and colleagues, they were unable to dedicate the time necessary to running for office.
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(Hall-Long, 2001, 2004; Herman, 2011). Many nurses left their positions in hospitals because of inflexible schedules and/or managers, and colleagues who did not understand, nor support their legislative work (Herman, 2011).

Lack of resources: financial. Nurse legislators faced the financial challenges of campaigning and fundraising (Adcock, 2008; Connor, 2014; Hall-Long 2001, 2004; Herman, 2011). According to Herman (2011) and Connor (2014), the cost of a campaign for state legislative office ranged from $40,000 to upwards of $250,000 depending on the state and district. Campaign funds were necessary to purchase palm cards, mailers, postage, radio/television/digital advertising, and yard signs, all of which helped candidates introduce themselves to their communities and informed potential supporters and voters of their positions on public policy issues (Connor, 2014; Hall-Long, 2001, 2004; Szulecki, 2018). The need to partially fund a campaign or to fundraise presented a unique set of financial constraints as nurse legislators spent long hours networking and fundraising (Adcock, 2008; Connor, 2014; Hall-Long 2001, 2004; Herman, 2011). Acquiring campaign resources including money, time, and social support was a particular challenge for nurses. Nurses viewed themselves as caregivers and had difficulty asking for money or help (Connor, 2014; Hall-Long, 2004).

If elected, financial constraints could worsen. Only four state legislatures are considered full-time legislatures and pay a living wage (National Conference of State Legislatures [NCSL], 2017). Part-time and hybrid legislatures can be in session for up to nine months each year, and the associated pay is not commensurate with the workload (NCSL, 2017). Therefore, nurses who served in part-time legislatures had to continue to work as educators, clinicians or managers to supplement their legislative income (Adcock, 2008; Barry, 1989; Connor, 2014; Hall-Long,
2004; Herman, 2011). In addition, they were required to finance travel to and from the state capitol and lodging when the legislative body was in session (Connor, 2014; Hall-Long, 2004).

**Party politics.** Nurse legislators reported distress when their position on an issue conflicted with their political party’s ideology (Connor, 2014; Herman, 2011; Szulecki, 2018). Nurses believed that they were elected to represent all of their constituents regardless of whether they voted for them or not (Connor, 2014; Hall-Long, 2004; Szulecki, 2018). However, they often needed support and resources from political parties to win their legislative races (Connor, 2014). Partisan politics could impede compromise and consensus which were two of the most important traits that nurses bring with them to politics (Herman, 2011; Szulecki, 2018). Nurse legislators had difficulty dealing with the entrenched beliefs and close-mindedness of partisan politics that obstructed their ability to build coalitions to develop public policy that improved their communities (Connor, 2014, Szulecki, 2018).

**Lack of political knowledge.** Like the literature on nurses’ political participation, many nurse legislators lamented the lack of policy and political education in their formal nursing education (Barry, 1989; Connor, 2014; Herman, 2011). Most nurse legislators built on the skills gained in their nursing education and sought political knowledge informally through networking, continuing education courses, and role models and mentors who taught them about the political process in their state (Boyd, 2019; Sheran, 2017; Connor, 2014; Herman, 2011). As a result, nurses who had an interest in pursuing elected office were required to be persistent in finding their own mentors to provide them with political exposure and knowledge (Connor, 2014). A few candidates mentioned the benefit of attending a campaign school to network with others interested in electoral politics while learning how to run for office (Adcock, 2008; Connor, 2014; Herman, 2011).
Gender. Nurse legislators cited gender as a common barrier. Traditionally, women were socialized to believe political participation is not a woman’s role or a nurse’s role (Connor, 2014; Hall-Long, 2004). Hall-Long (2004) related this belief to the historical oppression of nursing as a feminized profession. Herman’s (2011) participants found that the “good old boy” political network was a factor in many of their campaigns (p. 90-92). Legislators are perceived to have power and influence due to their role in society. Female nurse legislators experienced the gender stereotype that powerful women are labeled “aggressive”, while powerful men are perceived as exhibiting strong leadership skills (Herman, 2011). Gender also played a role in the press coverage of nurse candidates. The media were often more concerned about their appearance than their words or in a candidate’s personal life instead of their platform (Connor, 2014).

Connor’s (2014) participants reported a different experience while serving in office after winning a campaign. A nurse legislator reported that while, historically, gender role stereotypes may have been true, she no longer experienced them (Connor, 2014). Conversely, due to gender quotas for committees and commissions, Connor’s (2014) female politicians found themselves at an advantage in some instances.

Negative campaigning. Women, in general, cite negativity in political races as a barrier to pursuing elected office and nurse legislators expressed the same concern (Connor, 2014; Hall-Long, 2001). Participants in Connor’s (2014) study mentioned that negativity and a lack of privacy were often related. Nurse legislators reported trying to remain indifferent in the face of attacks and negative campaigning. As a candidate for political office, Hall-Long (2001) recognized that negative ads and mailers were “a part of the political game” (p. 155) but that “it was still difficult to read the negative information written about me” (p. 155).
Facilitators of Nurses’ Pursuit of Elected Office

Much of the same literature that examined nurse legislators’ barriers to the pursuit of elected office also addressed facilitators or motivators to elected office. Nurse legislators, both those writing about their personal experiences and those interviewed as a part of a study, overwhelmingly identified the same four major facilitators: political socialization, membership in professional and community organizations, mentors and role models, and critical events (Adcock, 2008, 2018; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011; Sheran, 2017; Szulecki, 2018). Political socialization and political experiences were often linked to professional and community organization participation as well as mentor and role model relationships (Barry, 1989; Connor, 2014; Herman, 2011). Three of these four factors - political socialization, professional organization memberships, and mentors and role models - echoed the facilitators of nurses’ political participation.

Political socialization. Nurse legislators cited political socialization and political experiences as the number one facilitator in their pursuit of elected office. Nurse legislators took many routes, but all reached the same endpoint – serving in elected office. Most nurse legislators credited parents or family members that either held elected office or were politically involved in labor unions, their communities, or political parties with their political development (Barry, 1989; Connor, 2014; Herman, 2011). They recalled that being involved in politics or political discussions was a normal part of their family life from a young age (Barry, 1989; Connor, 2014; Herman, 2011). Role models and mentors, whether friends, educators, or community activists, were also responsible for exposing nurse legislators to political experiences where they learned the importance of political involvement and gained political knowledge (Barry, 1989; Connor, 2014; Herman, 2011). Unlike family-related influences, these experiences occurred throughout a
nurse’s career. This mirrors what is found in the literature regarding nurses’ political participation.

**Membership in professional and community organizations.** Much of the nurse legislators’ political socialization occurred during their organizational involvement (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011; Szulecki, 2018). Professional nursing organization membership laid the foundation for their political candidacy through committee work, political advocacy, and campaigning for leadership positions on the organization’s board of directors (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Herman, 2011). Community organizations such as the League of Women Voters, the Chamber of Commerce, women’s clubs, and state and local political parties were also fertile ground for the development of political knowledge and skills (Adcock, 2008; Barry, 1989; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011). Nurse legislators previously served as appointees to government task forces and committees, where they received an insider’s view of the function and responsibility of local and/or state government prior to pursuing elected office (Adcock, 2008; Barry, 1989; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011). For example, Minnesota Nurses Association (MNA) member Erin Murphy began her political career working as an employee of the MNA before running for the Minnesota House of Representatives (Szulecki, 2018). In 2017, she became the first nurse in the U.S. to run for governor (Szulecki, 2018).

**Mentors and role models.** Like the role that mentors and role models played in the evolution of nurses’ political participation, these important relationships also assisted nurse legislators’ political socialization (Barry, 1989; Connor, 2014; Hall-Long, 2001; Herman, 2011). Nurse legislators’ role models were often, parents, family members, or contemporaries (Barry,
Nurse legislators also cited childhood political role models, famous political activists, community activists, educators, or local politicians (Barry, 1989; Connor, 2014; Herman, 2011). Perhaps most importantly, many nurse legislators reported becoming mentors themselves and encouraged their mentees to follow in their political footsteps and pursue elected office (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011; Sheran, 2017; Szulecki, 2018).

**Critical events.** One thing most nurse legislators had in common was an event or experience that prompted them to announce their candidacy and pay the filing fee to run for office (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001; Herman, 2011; Szulecki, 2018). Herman (2011) described these as “Defining Moments” (p. 101) and Connor (2014) categorized them as “Catalysts for Entry” (p. 35). Some of the nurse legislators were politically socialized and were politically inclined before their nursing careers, but every nurse legislator had a story about why they decided the time was right to run for elected office. Reasons ranged from: a loved one’s serious illness (Szulecki, 2018), the frustration of working with insurance companies or the healthcare system (Boyd, 2019), an interest in politics and the desire to act on it after children were grown (Adcock, 2008) or in retirement (Connor, 2014, Herman, 2011), to frustration with the intransigence of the incumbent and the belief that the individual nurse had the knowledge and expertise to accomplish what the incumbent could not or would not do (Barry, 1989; Hall-Long, 2001; Connor, 2014). All nurse legislators viewed public service as a way to improve the health and well-being of their communities by capitalizing on their ability to work with interdisciplinary teams. Prior to running for office this was what they did every day in their nursing practice, albeit on a smaller scale (Boyd, 2019; Hall-Long, 2004; Herman, 2011; Sheran, 2017).
Barriers to Women’s Candidate Emergence and Pursuit of Elected Office

There has been a proliferation of political science literature examining the underrepresentation of women in elected office in the U.S. Two components of this wider body of knowledge are important to this project. The first are the barriers a woman experiences to candidate emergence, which is the decision about whether or not to become a candidate (Crowder-Meyer, 2018; Fox & Lawless, 2014a, 2014b; Kanthak & Woon, 2015; Teele, et al., 2018). The second is a woman’s barriers to pursuing elected office once she is a candidate (Beatty, 1980; Bucchaneri, 2018; Carnes & Hansen, 2016; Sanbonmatsu, 2006; Teele et al., 2018). Barriers to candidate emergence may provide additional information about the barriers to a nurse’s decision to become politically involved. The barriers a woman experiences when running for elected office may expound on the barriers a nurse candidate may face when pursuing elected office. In this way, the political science literature can be used to inform the nursing profession’s next steps to motivate, recruit, train, and support nurses to pursue elected office.

The barriers to candidate emergence were similar to those to nurses’ political involvement and some of these were described earlier: work and family obligations, political socialization, and perception of political qualifications (Crowder-Meyer, 2018; Fox & Lawless, 2014a, 2014b; Teele et al., 2018). The political science literature also highlights additional barriers specific to female candidates: geography, political party, media coverage, fundraising, and incumbency (Beatty, 1980; Crowder-Meyer, 2018; Fox & Lawless, 2014b; Kanthak & Woon, 2015). Unsurprisingly, society’s perception of the female gender role was commonly

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1 Beatty’s 1980 study illustrated that some of the barriers that women faced in the 1970’s have not changed significantly over time (press coverage; gender stereotypes) while others have (the language used to describe female candidates; the acceptability of campaigning for female candidates).
cited as the number one barrier to both a woman’s candidate emergence and to her pursuit of elected office (Beatty, 1980; Crowder-Meyer, 2018; Kanthak & Woon, 2015; Sanbonmatsu, 2006; Teele et al., 2018). Nurse candidates also experienced this barrier in relation to gender and society’s view of nursing as a feminized profession (Hall Long, 2004; Sanbonmatsu, 2006).

Gender’s impact on a woman’s candidate emergence and candidacy. Research demonstrated that voters no longer dismiss female candidates for elected office based solely on gender (Sanbonmatsu, 2006; Teele et al., 2018). The role of gender in elected politics is much more nuanced, it was linked to family and work obligations, a woman’s chosen profession, and party politics. Teele et al. (2018), found that voters did not discount voting for a woman based on gender, nor did they hold women to a double standard - male and female candidates with the same attributes were evaluated similarly by voters. However, Teele et al. (2018) discovered that voters preferred candidates, male and female, who were married with children. On its face, this seems reasonable with candidates often running on “family values” platforms. Yet, it has been shown again and again that women bear more of the responsibility then men do, in time and effort, for maintaining a home and caring for children (Fox & Lawless, 2014a; Sanbonmatsu, 2006; Teele et al., 2018). This phenomenon is defined as the double bind and was shown to negatively affect candidate emergence especially in “ordinary” women (Fox & Lawless, 2014a; Sanbonmatsu, 2006; Teele et al., 2018).

Most state and federal legislators enter elected office from one of four “feeder” professions: law, business, education, or as a career politician (Crowder-Meyer, 2018; Fox & Lawless, 2014a; Sanbonmatsu, 2006). Ordinary women are defined as women, not from these elite feeder professions, but rather from blue-collar or working-class professions. Nursing is considered a working-class occupation in the political science literature (Carnes & Hansen,
The double bind did not negatively affect female candidates from elite professions as these women, due to the demands of their careers, already found a way to juggle the responsibilities of work and family obligations prior to running for office (Fox & Lawless, 2014a; Sanbonmatsu, 2006; Teele et al., 2018). The addition of political work was not as much of a burden to these candidates. Further, women in elite professions also successfully overcame society’s perception of social norms of family and homemaking responsibilities by the nature of their professional positions.

Traditional female roles of wife, mother, and homemaker did have a negative impact on female candidates as recent as the 1970s, 1980s, and 1990’s (Anzia & Berry, 2011; Beatty, 1980; Fox & Lawless, 2014a; Hall-Long, 2001; Pyeatt & Yanus, 2016; Sanbonmatsu, 2006; Teele et al., 2018), but researchers have disproved this theory in contemporary political science research (Fox & Lawless, 2014a; Teele et al., 2018). As society’s view of gender roles no longer explains the difference in a woman’s candidate emergence, Fox and Lawless (2014a) hypothesized that women may be overlooked by the party leaders who recruit candidates to run for office. This phenomenon may be due to gender bias, occupational background, or political party (Bucchianeri, 2018; Crowder-Meyer, 2018; Fox & Lawless, 2014a; Pyeatt & Yanus, 2016; Sanbonmatsu, 2006). In addition, Fox and Lawless (2014a) and Crowder-Meyer (2018) proposed that women may fall victim to their own misperceptions of their qualifications to run for elected office.

**Political socialization and candidate emergence.** A lack of political socialization impeded a woman’s candidate emergence in the same fashion that it was shown to adversely affect nurses’ political participation (Barry, 1989; Connor, 2014; Crowder-Meyer, 2018; Des Jardin, 2001; Fox and Lawless, 2014b; Hewlett, 2008; Spenceley et al., 2006; Winter &
Lockhart, 1997). Political socialization led to an increase in political knowledge and an increased perception of political efficacy for women and nurses (Barry, 1989; Connor, 2014; Crowder-Meyer, 2018; Fox and Lawless, 2014b; Hewlett, 2008; Spenceley et al., 2006; Winter & Lockhart, 1997). The more women see women in elected office, especially from a variety of occupational backgrounds, the more it may increase the number of ordinary women who pursue elected office and, ultimately, the number of ordinary women who hold elected office (Crowder-Meyer, 2018; Fox & Lawless, 2014a; Sanbonmatsu, 2006).

**Perception of political qualifications and candidate emergence.** While it is well known that women underestimate their qualifications in their professional lives, this can also adversely affect their decision to pursue elected office (Anzia & Berry, 2011; Crowder-Meyer, 2018; Fox & Lawless, 2014a, 2014b). Crowder-Meyer (2018) found that the more favorable an ordinary woman perceived her qualifications for elected office, the more likely she was to pursue elected office. The opposite was also true, women who underestimated their qualifications were less likely to emerge as candidates (Anzia & Berry, 2011; Crowder-Meyer, 2018; Fox & Lawless, 2014a, 2014b).

This misperception develops early in women. Fox and Lawless (2014b) studied male and female high school and college students and found that women underestimated their knowledge, abilities, and qualifications beginning in adolescence. Based on these beliefs, they chose a professional path that led them away from political involvement. However, the news is not all bad for female candidates and their communities. Anzia and Berry (2011) found that the routine underestimation of qualifications led to the emergence of female candidates who were overqualified for elected office. As a result, when these well qualified candidates won elections, they were more successful legislators (Anzia & Berry, 2011).
**Financial constraints and candidate emergence.** Much like nurses’ political participation, financial constraints were often cited as a factor in ordinary women’s candidate emergence (Carnes & Hansen, 2016; Connor, 2014; Des Jardin, 2001; Herman, 2011; Sanbonmatsu, 2006; Vandenhouten et al., 2011; Winter & Lockhart, 1997). Ordinary women’s inflexible jobs and schedules, lack of support from employers, and fear of losing a job were similar to the challenges that nurses cited to becoming politically involved (Carnes & Hansen, 2016; Connor, 2014; Des Jardin, 2001; Herman, 2011; Sanbonmatsu, 2006; Vandenhouten et al., 2011; Winter & Lockhart, 1997). However, the political science literature delved deeper into other financial considerations that affect the decision to run for elected office. Carnes and Hansen (2016) found that increasing legislator’s salaries did not increase economic diversity in state legislatures, it decreased it. They discovered that the real barrier was the cost of the campaign, not the legislative position. While it is true that working class people would struggle financially on a part-time legislator’s salary, the loss of a salary or risk of losing a job during a long campaign was a barrier to candidate emergence (Carnes & Hansen, 2016).

**The effect of geography on candidacy.** Regions of the country, individual states, and the location of legislative districts within states are factors that impact the election of female candidates (Pyeatt & Yanus, 2016; Rombough & Keithly, 2010). Pyeatt and Yanus (2016) studied geography’s effect on electing women to state legislatures using a “women-friendliness” index. The index successfully predicted favorable districts for female candidates in the U.S. Congress (Pyeatt & Yanus, 2016). Similarly, women were elected to state legislatures in districts that were urban, Democratic leaning, liberal, and more diverse (Pyeatt & Yanus, 2016). This was consistent with what Herman (2011) discovered regarding state nurse legislators and what Sanbonmatsu (2006) found in her research regarding female candidates. Further, legislative
districts in southern states were less likely to elect female candidates (Pyeatt & Yanus, 2016; Rombough & Keithly, 2010).

**Political party and candidacy.** Political parties affected female candidates both broadly, via candidate recruitment and support, and also more narrowly based on partisan politics (Buchianeri, 2018; Fox & Lawless, 2014a, 2014b; Sanbonmatsu, 2006; Teele et al., 2018). Party leaders may not consider nominating women to run for elected office for a number of reasons including misperceptions of a woman’s political ambition, occupation, or qualifications to perceived work and family responsibilities (Fox & Lawless, 2014a, 2014b; Sanbonmatsu, 2006; Teele et al., 2018). These factors affected candidate emergence more than a woman’s candidacy. Buchianeri (2018) studied the effect that political party has on a woman’s candidacy and he found that Republican Party leaders and elites were less likely to support and to vote for a female candidate than a Republican male candidate. This was not the case in the Democratic Party. Buchianeri’s (2018) work was supported by the findings of Fox & Lawless (2014a, 2014b), Pyeatt & Yanus (2016), and Teele et al. (2018). These findings are also consistent with CAWP’s 2021 data regarding women in elected office. Democratic women outnumber Republican women at every level of elected office; more than two to one in state legislatures and almost three to one in the U.S. Congress (CAWP, 2021).

**Media coverage, fundraising, and candidacy.** Media coverage and fundraising are both necessary and important campaign activities that are often a challenge for women running for elected office (Beatty, 1980; Crowder-Meyer, 2018; Fox & Lawless, 2014a; Kanthak & Woon, 2015; Rombough & Keithly, 2010; Sanbonmatsu, 2006; Teele et al., 2018). Studies of female and nurse candidates found that they received less media coverage than their male counterparts and the coverage they received focused, not on their political positions but, on their appearance
and personal life, and were rife with gender stereotypes (Beatty, 1980; Connor, 2014; Herman, 2011; Rombough & Keithly, 2010; Teele et al., 2018).

Women also described fundraising as a particular challenge due to society’s and, sometimes their political parties’, perception and expectations of gender roles (Beatty, 1980; Bucchianeri, 2018; Rombough & Keithly, 2010; Kanthak & Woon, 2015; Teele et al., 2018). Research has demonstrated that women and nurses have a difficult time asking for money (Herman, 2011; Kanthak & Woon, 2015; Teele et al., 2018). Further, they received donations in smaller amounts which means they were required to devote more time and energy to fundraising (Kanthak & Woon, 2015; Teele et al., 2018).

**Incumbency and candidacy.** Incumbency is cited as a particular challenge for female and nurse candidates (Beatty, 1980; Connor, 2014; Fox & Lawless, 2014a; Herman, 2011; Sanbonmatsu, 2006). Women are, by definition, political newcomers and are therefore more likely to be competing against an incumbent male in state and federal elections (Sanbonmatsu, 2006). After the 2016 elections, the pipeline of female candidates grew exponentially yet women remained proportionally under-represented in elected office (CAWP, 2018; Crowder-Meyer, 2018). Considering the smaller number of ordinary women and the even smaller number of nurses pursuing elected office, it is easy to see why incumbency was a structural hurdle for female and nurse candidates (CAWP, 2018; Crowder-Meyer, 2018). Term limits have been shown to increase the number of open seats thereby assisting women to overcome the incumbency advantage (Fox & Lawless, 2014a; Sanbonmatsu, 2006; Teele et al., 2018).
Facilitators of Women’s Pursuit of Elected Office

Developing political ambition is the precursor to candidate emergence and candidate emergence is the precursor to candidacy (Crowder-Meyer, 2018; Teele et al., 2018). Whereas, the facilitation of nurses’ political participation and candidacy was multifactorial, the dominant facilitator of women’s candidate emergence and candidacy was their compliment of relationships and social support (Crowder-Meyer, 2018). Ordinary women who decided to pursue elected office did so because they were encouraged to run by personal or political contacts. The reason was two-fold: (a) social support confirmed and, in some cases, increased a woman’s political ambition and efficacy, and (b) if she decided to run, she relied on this support to assist with personal and family obligations (Crowder-Meyer, 2018). Unlike elite professionals, ordinary women’s candidacy depended on the encouragement and assistance of those closest to them (Crowder-Meyer, 2018).

As Go Women, So Go Nurses?

Research shows that when women run for elected office, they win and when they win, they are more effective legislators (Kanthak & Woon, 2015; Anzia & Berry, 2011). Since 2016, women have demonstrated an ability to increase their numbers in elected office by increasing the pool of women available to run (CAWP, 2018; Crowder-Meyer, 2018). Sanbonmatsu (2006) argued that the pipeline can be increased further by including ordinary women from female dominated occupational backgrounds in the pool of eligible candidates. This population includes nurses (Sanbonmatsu, 2006; Crowder-Meyer, 2018).

The vast majority (91%) of nurses are women (NCSBN, 2021). By examining women’s barriers to and facilitators of elected office, the information can be used to develop an interview
guide that will identify nurses’ barriers to elected office. Once barriers and facilitators to elected office are identified, solutions to address them, like a campaign school for nurses, can be developed. By supporting politically active nurses, the profession can increase the pipeline of nurses who pursue elected office and, by extension, its representation in elected office.

**Gaps in the Literature**

Research studies and scholarly articles quantify the barriers and facilitators experienced by political nurse advocates and nurses whose practice specialty is policy and advocacy. The political science literature is replete with research concerning the barriers and facilitators that women face when pursuing elected office. While there are a few articles in the nursing literature written by or about nurse legislators, there is a gap in the literature regarding nurses’ experiences when pursuing elected office at the local, state or federal level. By examining the existing literature related to women’s barriers and facilitators to pursuing elected office, nurses’ barriers and facilitators to political participation, and nurse legislators’ accounts of their experiences in elected office, the information revealed can be used to develop a tool to interview successful and unsuccessful nurse candidates. The data gathered from nurse candidates can be used to devise methods to train and support nurses pursuing elected office at the local, state, or federal level. If the profession supports politically active nurses, it can increase the pipeline of politically active nurses pursing elected office. Like women, this pipeline may eventually result in an increased number of nurses serving in elected office.
Environmental Scan and Organizational Analysis

The Nursing Profession

This project does not apply to a specific healthcare organization, rather it applies to the nursing profession as a whole. Numbering over four million, nurses are the largest healthcare profession in the U.S. (Smiley et al., 2018). While the profession remains predominantly white and female, there has been a steady increase in diversity. According to Smiley et al. (2018), in 2017 male and minority nurses comprised 9.1% and 19.2% of all nurses respectively. The number of male nurses increased 2.5% between 2013 and 2017 and the number of minority nurses increased by 2.1% during the same time period. While there is much room for improvement, these demographic trends indicate that nurses increasingly represent the communities they serve.

Hospitals employ the majority of nurses (55.7%) and ambulatory care centers are a distant second with 9.4% (Smiley et al., 2018). The highest percentage work in critical care/acute care units (14%) followed closely by medical-surgical departments (8.5%) (Smiley et al., 2018). In 2017, advanced practice registered nurses (APRNs) comprised only 12% of all nurses (Smiley et al., 2018). However, that number continues to increase. As demand for healthcare continues to grow, the total number of nurses continues to grow to meet this demand; from 2015 to 2017 the nursing workforce increased by 6%.

Nurses’ level of education also continues to increase. The number of baccalaureate (45.2%), masters (17.1%) and doctorally (1.8%) prepared nurses are on the rise while the numbers of diploma (7.4%) and associate degree (28.5%) nurses are decreasing (Smiley et al., 2018). While short of the Institute of Medicine’s goal that, by 2020, 80% of the nurses entering the workforce would be baccalaureate prepared, 41% of nurses entering the workforce in 2017
did so with a bachelor’s degree and this number is steadily climbing (Institute of Medicine [IOM], 2010; Smiley et al., 2018). The average age of a nurse was 51 in 2017 and 50.9% of nurses were aged 50 or older (Smiley et al., 2018). These numbers indicate that a large number of nurses may retire within the next 10-15 years. However, the nurses that are entering the profession are more diverse and better educated. The educational and demographic shifts in the profession may support a more politically engaged nursing workforce (Vandenhouten, et al., 2011).

**Professional nursing organizations**

Many professional nursing organizations were considered stakeholders in this doctor of nursing practice (DNP) project. As shown in Table 1, these organizations can potentially serve as allies, sources of support, and/or recruitment. For decades, research studies have consistently demonstrated that nurses who hold membership in professional nursing organizations are more likely to be politically engaged (Barry, 1989; Connor, 2014; Gebbie et al., 2000; Hewlett, 2008; Vandenhouten et al., 2011; Williams, 2018; Winter & Lockhart, 1997; Woodward et al., 2016). Most of these organizations engage in political advocacy activities whether it be in support of the profession of nursing (ANA, n.d.), nursing educators (National League for Nursing [NLN], 2019), health policy (American Academy of Nursing [AAN], 2015; ANA, n.d.), nursing research (AAN, 2015; American Association of Colleges of Nursing [AACN], 2019a), or nursing workforce development (NLN, 2019; ANA, n.d.).

Some of these organizations are responsible for developing the educational standards for the curricula of all levels of nursing education: baccalaureate, masters, and doctoral (AACN, 2019b). These standards require a more comprehensive understanding of policy and advocacy with advancing levels of education. Each level addresses the professional nurse’s responsibility
for exhibiting knowledge and competence in healthcare policy and regulation, political advocacy and population health (AACN, 2006, 2008, 2011). Other organizations have developed ethical standards for professional nurses (ANA, 2015). These standards state that the nurse has an ethical obligation not only to advocate for the individual patient but also to advocate for the healthcare environment, social justice, and population health (ANA, 2015). The basic knowledge of health policy and professional advocacy mandated by AACN’s educational essentials has been shown to increase nurses’ political engagement and ANA’s Code of Ethics with Interpretive Statements provides the moral imperative for nurses to be politically engaged (ANA, 2015; Woodward et al., 2016).
Table 1

Professional Nursing Organization Stakeholders

<table>
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<tr>
<th>Organization</th>
<th>Membership</th>
<th>Organization’s Purpose</th>
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| American Nurses Association (ANA)                  | All U.S. nurses                                 | • Foster high standards of nursing practice  
|                                                   |                                                 | • Advocate for healthcare issues affecting nurses & the public                        |
| American Nurses Foundation                        | All U.S. nurses                                 | • Philanthropic arm of the ANA  
|                                                   |                                                 | • Fund nursing research                                                              |
| National League for Nursing (NLN)                  | Nurse faculty  
|                                                   | Nurse leaders                                  | • Promote excellence in nursing education  
|                                                   |                                                 | • Nursing research grants  
|                                                   |                                                 | • Advocate for public policy affecting nursing workforce development                 |
| American Academy of Nursing (AAN)                  | Nursing fellows  
|                                                   | (leaders) in education, management, practice & research | • Advancing health policy, practice & science                                      |
| American Association of Colleges of Nursing (AACN) | Baccalaureate, graduate and post-graduate public and private schools of nursing | • Establish curriculum essentials for nursing education  
|                                                   |                                                 | • Assist nursing schools to implement educational standards                         |
|                                                   |                                                 | • Health policy advocacy                                                                |
|                                                   |                                                 | • Leadership development                                                               |
|                                                   |                                                 | • Nursing program accreditation                                                         |
**Women and the Post-2016 Political Environment**

After the 2016 presidential election, women are pursuing elected office at an unprecedented pace and the organizations that recruit, train and support women running for office are expanding exponentially (CAWP, 2018; Crowder-Meyer, 2018; Teele et al., 2018). Though its demographics are continually changing, nursing remains a predominantly female profession. Nursing can and should take advantage of this cultural sea change of ordinary women pursuing elected office and use this milieu to capitalize on the profession’s mandate for increased political involvement.

**No Better Time Than the Present**

In the 2018 mid-term elections, healthcare was the number one issue on the minds of voters (Kaiser Family Foundation, 2018). The main healthcare issues were: protecting patients with pre-existing conditions, repealing the ACA, overturning Roe v. Wade, and lowering the costs of prescription drugs (Kaiser Family Foundation, 2018). By October 2020, in the midst of the COVID-19 pandemic, voters’ priorities shifted dramatically. Three of the top four issues most important to voters were related to healthcare directly - healthcare (80%) and the response to the coronavirus (77%) - or indirectly – the coronavirus’ effect on the economy (89%) (Gallup, 2020).

The general public has long considered nurses the most ethical and trustworthy healthcare professionals and, when surveyed about healthcare reform in 2019, cited nurses as the most trustworthy group to improve the healthcare system (Gallup, 2021b; The Commonwealth Fund, The New York Times & Harvard T.H. Chan School of Public Health, 2019). Additionally,
COVID-19 has shined a light on the crucial role of nursing in healthcare. As healthcare experts, patient advocates, and creative problem solvers, nurses possess the skills to develop legislative and policy solutions to these healthcare issues (Hall-Long, 2001). It is an opportune moment for nurses to parlay the profession’s knowledge, expertise, trust, and its positive public perception into winning at the ballot box. Rather than advocacy from the outside, nurses will have a key role in the formation of laws and public policy from the inside.

**Yale School of Nursing**

Yale School of Nursing (YSN) is one of the twelve professional schools of Yale University. Founded in 1923, YSN’s mission is “better health for all people” (Yale School of Nursing [YSN], 2021a). YSN, long the home to nurses who push the boundaries of what is possible, is no stranger to bold, evidence-based ideas. Since the School’s inception it has been led by nurses who advocated for a variety of public policy issues at the state, national and international level (YSN, 2021a). Currently, YSN educates nurses at the masters and doctoral level (YSN, 2021b). In 2019, there were 369 full-time and 47 part-time students enrolled at YSN (YSN, 2021b).

The DNP project team held multiple meetings with select YSN faculty members, the Director of the DNP Program at the time, Judy Kunisch, and Dean Kurth which provided assistance and feedback in the project’s early stages. Dean Kurth gave approval in March 2019 for the DNP project team to develop and pilot a campaign school for nurses at YSN. Yale University allowed myriad opportunities for interprofessional collaboration and potential stakeholders and allies were identified and contacted throughout 2019 as the project was being developed. The team met with staff and gathered input from Yale Law School, the Department
of Political Science, Yale School of Drama, the Institution for Social and Policy Studies and the Women’s Campaign School at Yale.

**Milbrath’s Theory of Political Participation**

Milbrath’s (1981) Theory of Political Participation, originally published in 1965 and revised in 1977, is a social-psychological theory that defines political participation as “those actions of private citizens by which they seek to influence or to support government and politics” (p. 198). Milbrath (1981) described a continuum of political participation where individuals’ level of participation is ranked from none (apathetics) to the most politically involved (gladiators). The Theory of Political Participation also describes a hierarchy of seven categories of political participation that are arranged along the continuum (See Figure 1).

Figure 1. Milbrath’s Theory of Political Participation: Hierarchy of Political Involvement

Individuals are placed into one of three categories: apathetics, spectators or gladiators (Milbrath, 1981). Apathetics do not interact with the political system on any level nor do they vote. Spectators have minimal involvement in the political process, but they vote and have patriotic proclivities. For example, spectators fly the flag to demonstrate their patriotism, they believe in paying their taxes and vote regularly. In contrast, gladiators are active, political participants who exhibit varying degrees of political behavior. These are not discrete behaviors; gladiators can engage in many different modes of political behavior.

Milbrath (1981) identified seven modes of participation and arranged them into a hierarchy that corresponds with the continuum of political involvement. As an individual moves up the hierarchy, they display increased political involvement. The first level in the hierarchy is the apathetic who has no input into the political system. The second level of the pyramid is voting and patriotic activities. These behaviors are exhibited by spectators. Gladiators are classified into one of the remaining five modes by their primary behavior: (a) communicators who contact legislators about their specific, personal needs; (b) community activists who contact legislators about social and societal issues; (c) party and campaign workers including candidates for elected office; (d) protestors; and (e) complete activists who engage in all modes of participation. The modes of participation, except for that of no input, are connected within the hierarchy and are not considered discrete categories of behaviors. Gladiators can participate in multiple modes of behavior or exhibit multiple behaviors within one mode.

Researchers studying political participation seek to understand why some individuals choose to participate in political activities and some do not. They believe this can be explained by examining variables that have an impact on an individual’s political behavior. Milbrath
(1981) identified and classified these variables into four inter-related categories: exposure to political stimuli, personal factors, an individual’s social position, and environmental factors.

- Political stimuli: The political stimuli that an individual receives correlates with their political participation – increased stimuli leads to increased political activity and vice versa (Milbrath, 1981). Some individuals are more open and accepting of political stimuli than others.

- Personal factors: An individual’s openness to political stimuli can be attributed, in part, to personal factors such as attitudes and beliefs (Milbrath, 1981). Attitudes and beliefs such as: psychological involvement in politics, a sense of civic obligation, and political efficacy are directly associated with political behavior but are not easily measured (Milbrath, 1981).

- An individual’s social position: Openness to political stimuli can also be partially attributed to personality traits. Personality traits such as social skills, social participation, self-confidence, and ego-strength have an indirect effect on political behavior and are related to an individual’s social position. Social position and demographics (level of education, socioeconomic status, race, gender) can be easily measured. The higher an individual’s social position, the more likely they are to be politically involved (Milbrath, 1981).

- Environmental factors: Environmental factors are related to the abstract concept of a society’s sociopolitical modernity (Milbrath, 1981). The more economically developed and less violence prone a society is, the more likely its population will be politically active (Milbrath, 1981).
Milbrath’s (1981) theory demonstrates that an individual’s political behavior, and its subsequent expression, is a complex concept made up of individual, environmental and societal influences.

**Applicability**

The Theory of Political Participation correlates well with the scope of this project which is to identify the barriers and facilitators that nurses experience when pursuing elected office and use this information to develop resources that will assist nurses to run for elected office at the local, state, or federal level. The variables identified by Milbrath (1981) that compel individuals to participate in political activity correlate well with the variables discovered in the studies that explore the experiences of nurses who hold public policy positions, are advocates, or have pursued elected office (Barry, 1989; Connor, 2014; Gebbie et al., 2000; Herman, 2011). Some of these studies as well as those that examine the political participation of nurses use Milbrath’s theory as a methodological framework (Barry, 1989; Hanley, 1987; Hayes & Fritsch, 1988). The Theory of Political Participation provides a foundation to develop the interview guide for nurse candidates, to analyze and categorize the interview findings, and to develop resources to assist nurses who desire to pursue elected office.

**Purpose**

The purpose of this DNP project is to recruit, train, motivate, and support registered nurses to run for elected office at the local, state, or federal level. This will be accomplished by developing and piloting a non-partisan campaign training program for nurses, to capitalize on their particular skillset and to assist them to run for elected office. The school will be sponsored by Yale School of Nursing and will be developed in collaboration with fellow DNP student Sharon Pearce.
Aims

1. Develop a database of successful and unsuccessful nurse candidates at the local, state, and federal level (Kimberly Gordon).

2. Conduct interviews of nurse candidates/legislators to discover the barriers and facilitators nurses experience when pursuing elected office (Kimberly Gordon).

3. Identify existing candidate training schools and compare the length of training, cost, location, funding, and curriculum design (Sharon Pearce).

4. Analyze the information gained through interviews and exploration of existing resources to design the curriculum for the Yale Candidate School for Nurses and Midwives in May 2020 (Kimberly Gordon and Sharon Pearce).

5. Pilot the Yale Candidate School for Nurses and Midwives in May 2020 (Kimberly Gordon and Sharon Pearce).
Chapter 3

Methods

The purpose of this DNP project was to recruit, train, motivate, and support registered nurses to run for elected office at the local, state, or federal level. This was to be accomplished by developing and piloting a non-partisan candidate school for nurses at Yale School of Nursing. The project population was nurses interested in running for elected office in the U.S. This project was unique in that there is no such candidate school; it was developed and intended to be piloted with the support of the Yale School of Nursing (YSN) administration and in collaboration with fellow DNP student Sharon Pearce. The curriculum was designed and the Candidate School was scheduled to be held May 27-30, 2020 (Appendix A). Unfortunately, due to the COVID-19 pandemic and public health restrictions on large gatherings of people, the pilot was postponed and later cancelled.

During the spring of 2020, after a global pandemic was declared, YSN was forced to shift to virtual learning for all of its educational programs. It became clear that the Candidate School could not be held safely, in-person, prior to the completion of our DNP Program. Due to resource constraints and the increased workload of YSN personnel, the project team revised its plan to instead develop, implement, and evaluate a virtual workshop for the 47 nurses who were admitted to the Candidate School prior to its postponement. Four faculty members who committed to teach at the Candidate School graciously volunteered to participate in the workshop which was held on February 6, 2021. The workshop could not be scheduled until early 2021 due to coordination of the nurse legislators’ schedules; all three nurses were in the midst of November 2020 general election campaigns. The holiday season followed by the beginning of legislative sessions in January proved to be additional scheduling challenges.
The following describes the work which was completed prior to the April 2020 decision to cancel the Candidate School.

**Pre-Pandemic Planning for the YSN Candidate School for Nurses and Midwives**

To facilitate communication in the planning, organization and logistics for this complex project, the project team initially used Trello (https://trello.com/). Trello is a free project management web-based application that uses customizable Kanban boards to organize data, files and attachments (Trello, 2019). Three Trello boards were developed: a nurse candidate database, a campaign/candidate school database, and a YSN Candidate School for Nurses and Midwives project board. Members of the DNP project team had access to each board and could collaborate by viewing and adding information independently. Each Trello board updated in real time and the application could be used on a computer, tablet or mobile device (Trello, 2019). Due to the learning curve required to utilize Trello and the rapid growth of the project, its use decreased over time. The team relied on a system utilizing a table created in Microsoft (MS) Word (Microsoft Word for Mac, version 16.47) to plan and track the curriculum and faculty; an MS Excel (Microsoft Excel for Mac, version 16.47.1) spreadsheet to develop and monitor the budget and logistical planning and MS Outlook (Microsoft Outlook for Mac, version 16.47 21031401) to share files and communicate with one another.

*Aim 1: Develop a database of successful and unsuccessful nurse candidates at the local, state, and national level (Kimberly Gordon).*

The ANA maintains a list of nurses currently serving in federal elected office (ANA, 2021). No professional or community organization maintains a database of local, state, or federal nurse candidates nor a database of nurses who hold elected office at the local or state level. A list of ANA affiliate organization executive directors and their contact information was obtained.
Each organization was contacted via email and asked to provide information regarding their knowledge of nurse candidates running for and nurse legislators currently serving in local, state or statewide office.

The following information about each candidate/legislator was included in the database:

- Partisanship (Democratic/Republican/unaffiliated/others)
- Demographics² (zip code, gender, race, ethnicity, religion, current age, marital status, children)
- Political variables (state, municipality, district (if applicable), current office held, current office pursued, a list of elected offices that the nurse has previously run for and if they were successful or unsuccessful in their bids)

Aim 2: Conduct interviews of nurse candidates/legislators to discover the barriers and facilitators nurses experience when pursuing elected office (Kimberly Gordon).

Sample. The nurse candidate/legislator database was the population used and maximum variation sampling was employed to select a sample of successful and unsuccessful nurse candidates to interview (Polit & Beck, 2018). Qualitative methods expert, Gina Novick, PhD, CNM, FACNM, and content expert, Lisa Summers, DrPH, FACNM assisted with sampling criteria. Nurses were selected for diversity in level of governance (local, state, statewide, federal), regional or geographical location, political party, age, success, and nursing specialty.

Data Collection. Based on the literature review of nurse legislators’ barriers and facilitators to pursuing elected office, an interview guide was developed (Appendix B) along with Dr. Novick and Dr. Summers. Between March 2020 and January 2021, 29 nurses who...
Is There a Nurse in the House

campaigned for elected office were contacted to be interviewed. Twenty-two interviews were conducted, three nurse candidates declined to be interviewed, two never responded to the initial interview request or to multiple follow up requests and two agreed to be interviewed but we could not find a mutually convenient time to conduct the interview. Interview participants were recruited via email (Appendix C) and provided their consent to be interviewed (Appendix D). Twenty-two interviews were conducted via videoconference call from March 2020 until January 2021. Each interview lasted from 31 to 106 minutes (61 minutes mean). Following the principle of emergent design, the interview guide was modified during the process of data collection to reflect our growing understanding of the nurses’ experiences and the specific types of barriers and facilitators they faced when campaigning for elected office (Polit & Beck, 2018).

All interviews were recorded and professionally transcribed. An Institutional Review Board (IRB) exemption determination was received on October 30, 2019 from Yale University to conduct these interviews. See the section titled Protection of Human Subjects for Nurse Candidate Interviews for additional details.

**Data Analysis.** The timeline necessary to schedule and conduct the interviews was much longer than expected due to the COVID-19 pandemic and the 2020 general election. Scheduling interviews during the early months of the pandemic was a challenge, as local, state, statewide, and federal elected officials were dealing with rapidly changing conditions in their states that demanded their time and attention. Similar delays ensued later in the summer at the start of an unprecedented campaign season for the 2020 general election. Many nurses who agreed to be interviewed could not schedule the interviews until after the November 5, 2020 general election. Consequently, the team decided to analyze nine of the 22 interviews. Dr. Novick assisted the
team with designing the initial analysis plan and met with the team to answer questions and provide direction with developing early coding schemes.

Initially the team planned to use the rigorous and accelerated data reduction (RADaR) technique to analyze the data (Watkins, 2017). All interviews were transcribed into Word documents, the transcribed interviews were reviewed, corrected and formatted identically. The RADaR technique Phase 1 data table was created using Microsoft (MS) Word (Microsoft Word for Mac, version 16.47) (Watkins, 2017). Due to time constraints and the pandemic delays the team met and decided to forgo the RADaR technique. Instead, a grid was created in MS Excel (Microsoft Excel for Mac, version 16.47.1) based on the list of barriers and facilitators identified in the literature review that nurse candidate’s experience while pursuing elected office. The transcripts were reviewed again, a preliminary coding scheme was developed and information from the interviews was transferred into the grid. A preliminary analysis of the data was conducted and emerging themes were identified.

*Aim 3: Identify existing campaign/candidate training schools and compare length of training, cost, location, funding, and curriculum design (Sharon Pearce).*

For additional information about this aim see the ProQuest submission “The Time Is Now: Empowering Nurses in Electoral Politics,” written by Sharon Pearce (Pearce, 2021).

*Aim 4: Design the curriculum for the Yale Candidate School for Nurses and Midwives, using information gained through interviews and exploration of existing resources (Kimberly Gordon and Sharon Pearce).*

Due to the November 2020 general election and the potential timing conflict for Candidate School faculty who were working on campaigns or campaigning for elected office
themselves, the team scheduled the Candidate School pilot for May 2020 instead of late 2020. The Candidate School curriculum was developed, and faculty were recruited from September 2019 through December 2019. The Candidate School faculty were recruited through the personal contacts and professional networks of the project team along with stakeholders that the project team met with during the initial planning period.

The results of the research conducted for Sharon Pearce’s DNP project (Pearce, 2021) provided a foundation for the Candidate School curriculum. The Candidate School faculty assisted the team with revision and refinement of the curriculum. Additionally, two members of the project team attended campaign schools during the summer of 2019. Kimberly Gordon attended the Black Campaign School in July, 2019 and Sharon Pearce attended the Leadership Institute Campaign Management School in August, 2019. These experiences also contributed to the structure and curriculum of the Candidate School.

The project team anticipated that the review and revision of the curriculum would be a complicated process. As a result, a log was created and maintained in MS Word (Microsoft Word for Mac, version 16.47) to track changes to topics and/or time allotted for a topic/speaker. It contained information such as date, stakeholder, suggested revision(s), action items, and actual revisions made to the curriculum based on stakeholder advice.

The information elicited from the nurse candidates’/legislators’ interviews was to be used to customize the curriculum to the needs of nurses pursuing elected office. Due to the delay in conducting the interviews and the decision to hold the Candidate School in May 2020, the team utilized the expertise of the nurse legislator Candidate School faculty members to assist in customizing the curriculum to better serve nurse participants.
Aim 5: Pilot the Yale Candidate School for Nurses and Midwives in May 2020 (Kimberly Gordon and Sharon Pearce).

A business plan was developed and presented to the Yale School of Nursing’s (YSN) Dean, Ann Kurth, PhD, CNM, MPH, FAAN. The Dean approved the Candidate School pilot for 2020 and agreed to provide support for it as a program of YSN. After approval, the project team met with multiple stakeholders within Yale University and YSN to develop a preliminary plan for the Candidate School. Stakeholders included Yale University’s Office of General Counsel (OCG), YSN’s Associate Dean for Finance, YSN’s Communications Director, and the Dean’s Executive Assistant. The business plan included methods for the long-term sustainability of the Candidate School.

Each stakeholder provided preliminary information and support in their area of expertise to confirm the viability of developing the Candidate School. Yale University’s General Counsel (GC) provided advice regarding the legal structure and function of the school. The GC agreed that the Candidate School could be established as a program within YSN and reinforced that all advertising, the admissions process, and the curriculum must reflect its non-partisan nature. The Associate Dean for Finance provided information from a financial perspective on what being a program of YSN meant, planning for future financial sustainability, and assisted the team with a budget request for the Candidate School. YSN’s Communications Director provided advice for media materials, the marketing plan, and the Candidate School’s social media presence. She also assisted with the technical aspects of establishing the website and mechanical aspects of the online admissions process. The Dean’s Executive Assistant provided the team with organizational direction for the Candidate School as well as budget information and event planning assistance.
Once the Candidate School curriculum was developed, the project team submitted a
detailed budget to YSN and planned the event portion of the pilot program (faculty and
participant travel, lodging, meals, transportation, event venues, etc.). The program’s agenda
included a three-day Candidate School that was to be held at YSN from May 27–30, 2020. The
program was to begin with a welcome and networking reception on Wednesday evening and
conclude with a celebratory dinner on Yale University’s main campus Saturday evening. The
Candidate School was developed to simulate the workload and time commitment of an actual
political campaign. This included the equivalent of a 12 to 14-hour day with a combination of
classroom training, small group exercises, and individual work. Each day was to end with a
simulated campaign event or fundraiser. The project team contacted the clinical simulation team
at YSN to assist with the development of simulation objectives and debriefing tools.

An application process was created and implemented. The web-based Candidate School
application was developed (Appendix E) and the Communications Director added it to the
Candidate School webpage as an electronic form. The team created a process for evaluating and
scoring applications. Applications opened on January 1, 2020 and were reviewed and scored on a
rolling basis. A maximum of 50 nurses who were either interested in running for elected office or
managing a nurse’s campaign for elected office within the next five to seven years were to be
recruited. The project team chose a maximum number of 50 participants for multiple reasons.
Practically, the YSN physical plant could not easily support a group larger than this based on the
space required for the planned curriculum and learning activities. Second, a group of 50 would
be large enough to facilitate networking, but small enough to support one-on-one and small
group interaction with the faculty. Finally, the team set an aspirational goal to recruit one nurse
from each state.
Dean Kurth personally contacted national nursing organizations informing them of the Candidate School and inviting them to recruit interested nurses to participate in the first-of-its-kind program. Each American Nurses Association (ANA) state affiliate organization was contacted by the project team to inform them of the Candidate School and invite them to recommend at least one member to attend. In addition to this formal outreach, the team constructed and employed a robust social media campaign and contacted their personal and professional nursing networks to publicize the Candidate School and to recruit applicants.

The project team met weekly to review the applications via the Zoom Video Communications, Inc. video conferencing platform. Forty-eight applications were reviewed and scored between January 25 and March 15. As of mid-March, 47 nurses from 23 states were admitted. Forty-three applicants were interested in pursuing elected office and four applicants wanted to manage a nurse’s campaign for elected office. In April 2020, the team was informed by YSN administration that due to safety concerns and public health mandate related to the COVID-19 pandemic, the Candidate School had to be canceled. The application was removed and a cancellation notice was added to the Candidate School website.

**Evaluation and Analytical Plan for the Candidate School (Canceled)**

The project’s evaluation plan contained formative and summative components. Formative evaluation was a continuous process during project development. The process included sending essential items such as the draft budget, application, curriculum, marketing plan, and webpage information to the appropriate stakeholders for review and revision.

The project’s summative evaluation plan was to have four parts:
1) A pre-event and post-event survey (Appendix F) to evaluate participants’ campaign knowledge and the effectiveness of the Candidate School experience.

2) An educational program evaluation of the Candidate School by the participants.

3) An evaluation of the Candidate School’s sustainability by the project team.

4) A long-term, ongoing impact evaluation that was to measure the effectiveness of the Candidate School over a period of years (Appendix G).

The pre-event and post-event surveys and long-term impact evaluation were adapted with permission from an evaluation tool provided to the project team by Dr. Nicholas Carnes (personal communication, June, 12, 2019) with additional questions adapted from Hennings (2011) dissertation on candidate training programs (p.254-290). Permission was granted from Dr. Hennings on February 20, 2020.

The pre-event and post-event survey tools (Appendix F) were to provide information on the effectiveness of the Candidate School based on the participants’ knowledge, experience, expectations, and goals. The surveys included items pertaining to the participants’ expectations for the Candidate School curriculum; community, professional and political involvement; political and campaign knowledge; and demographics. The post-event survey was to serve as the basis for the long-term impact evaluation in part four of the evaluation plan.

The educational program evaluation contained items that followed the norms of a typical education program. This tool provided feedback for the Candidate School faculty and the project team to make process and quality improvements while ensuring that the Candidate School met the participants’ learning needs and expectations. It included the following areas:
• Faculty\(^3\): Was each faculty member a content expert on their topic? Was the faculty member’s educational delivery deemed effective by the participants? Was there enough variation in faculty members or was there too much? Does the team need to consider additional or different faculty for future sessions?

• Curriculum: Did the participants believe that the chosen topics were the most relevant to nurses campaigning for elected office or managing a nurse’s campaign? Did the topics meet their needs as future candidates and campaign managers? Are there topics that should be included/excluded in future sessions?

• Program delivery and effectiveness: Was the length of the Candidate School appropriate? Were 50 participants too few/too many? Did the Candidate School meet its stated learning objectives? Did the Candidate School meet participants’ educational expectations? Do participants feel they received value commensurate with the cost of the program? Would participants encourage a colleague to attend a future Candidate School?

• Location: Did the participants believe that YSN/New Haven, Connecticut was an appropriate location for the Candidate School? Was the YSN environment conducive to their learning?

The evaluation of the Candidate School pilot for sustainability and outcome effectiveness was to be conducted by the project team members: Kimberly Gordon, Sharon Pearce, and Dr. Lisa Summers. It was to include, but not be limited to the following areas:

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\(^3\) The project team anticipated greater difficulty recruiting faculty for May 2020, because it was a presidential election year. In the future, the ideal time to hold the Candidate School and to recruit prominent faculty members will be in a mid-term election year.
• Participant recruitment: Did the team meet the goal of 50 participants? Was the webpage/marketing outreach effective or do additional methods need to be employed? Do all participants plan to run for elected office/manage a campaign within five to seven years of attending the Candidate School?

• Curriculum: Based on participant characteristics/demographics, was the curriculum too narrow or too broad? For example, should the Candidate School narrow its focus to nurses pursuing local and state elected offices only? Were the faculty appropriate for/able to meet the educational needs of the participants? Was the Candidate School representative of the workload and time commitment of a political campaign? Is this an important recruiting tool for the participants?

• Sustainability: Is the Candidate School sustainable? Was the budget accurate? Does the team need to seek outside partnerships and/or funding to continue the Candidate School beyond the pilot? Was the registration fee appropriate for the target audience?

The fourth and final part of the evaluation plan (Appendix H) was to occur as part of the DNP project but would have also been an ongoing, long-term evaluation post-graduation. The team planned to follow participants at regular intervals to see if they increased their community engagement, increased participation in political activities, increased participation in professional nursing activities, ran for office, managed a campaign, or planned to do so.

This long-term evaluation was to be led by a member of the project team, Dr. Nicholas Carnes, who is a political science researcher with unique experience and expertise in this area. Dr. Carnes is an Associate Professor of Public Policy and Political Science at Duke University. His primary research interest is examining why working-class people do not pursue elected office and how the absence of working-class people in elected office affects public policy (Duke
Is There a Nurse in the House

University, 2019). In the political science literature, nurses are considered to be part of the working-class (N. Carnes, personal communication, June 12, 2019; Ruiz, 2018).

**Protection of Human Subjects for Nurse Candidate Interviews**

An exemption for this DNP project was received in October 2019 from the Yale University Institutional Review Board (IRB). IRB review ensured that interview participants are appropriately protected. Confidentiality of the participants’ identity will be maintained during interview transcription and content analysis. Data will be reported in a manner that is not attributable to individual participants.

**The Yale Candidate School for Nurse and Midwives Webinar: The Revised Aim**

*REVISED Aim 5: Create and produce a two-hour virtual workshop for nurses, to engage, inspire, and motivate nurses to run for political office (Kimberly and Sharon).*

The purpose of this DNP project was to recruit, train, motivate, and support registered nurses to run for elected office at the local, state, or federal level. It was to be accomplished by developing and piloting a non-partisan campaign training program for nurses, to capitalize on their particular skillset and to assist them to run for elected office. Once the decision was made to cancel the Candidate School due to the COVID-19 pandemic, the team met to revise the project’s deliverable while preserving its intent, to the degree possible. Not only did the team wish to create a supportive network of nurses interested in pursuing elected office, but it also desired to influence the culture of the profession to support nurses who choose to run. The project was adjusted to meet time and resource constraints and Aim five was revised to include conducting a two-hour webinar, the Yale Candidate School for Nurses and Midwives Webinar (the Webinar),
on a videoconferencing platform that was made available in real-time and recorded for future use.

The initial revision of Aim five in May 2020 included developing a documentary-style video that would be shown during the Webinar and could later be used for educational purposes and to recruit nurses to run for elected office. After weeks of research into documentary film development, consultation with documentary filmmakers, and a meeting with Yale University’s Office of General Council, it became clear that developing, filming, and editing a documentary-style video was not possible within the time remaining to meet graduation requirements. In August 2020, the team removed the documentary-style film portion of the project.

The project team reviewed the Candidate School curriculum and faculty and decided that the nurses who currently serve in elected office would constitute the Webinar’s core. The personal experience of the nurses would be combined with practical knowledge from a campaign consultant to provide as much valuable information as possible in a limited amount of time. To maximize interaction between the Webinar faculty and participants, attendance was initially limited to the 47 nurses who were accepted to the Candidate School.

Hennings’ (2011) research on candidate training programs provided the rationale for the structure of the Webinar. Her work demonstrated that women’s interaction with female role models in candidate training programs offered them the chance to envision themselves as candidates (Hennings, 2011). The literature review also revealed the positive influence role models had on a nurse’s decision to run for office (Barry, 1989; Connor, 2014; Hall-Long, 2001; Herman, 2011) or to be politically involved (Des Jardin, 2001; Small, 1989; Vandenbouten et al., 2011; Winter & Lockhart, 1997). Consequently, the project team developed the mantra, “You have to see it, to be it” while planning the Candidate School. The virtual platform and the time
limit were not conducive to role-playing, but the team felt it could inspire participants nonetheless by providing personal interaction with nurse legislator role models. Additionally, Hennings’ (2011) learned that a participant’s political participation increased when placed in a community surrounded by others like them. Based on these finding, an interactive meeting format instead of a formal webinar format was chosen within the videoconferencing platform. Participants could interact with nurse legislators and one another.

The Webinar faculty included three nurse legislators: Gale Adcock, RN, MSN, FNP, the only advanced practice registered nurse to serve in the North Carolina House of Representatives; Erin Murphy, RN, BSN, MA, the first nurse in the country to run for governor and a current member of the Minnesota Senate; and Bethany Hall-Long, RN, BSN, MSN, Ph.D., Lieutenant Governor of Delaware, the first nurse in the country to serve in that capacity. The nurse legislators spoke about their personal experiences of campaigning for and serving in elected office. Afterward they were joined by political consultant and strategist, Nathan Babcock who provided a lecture on the “10 Questions Every Candidate Should Answer Before Running” (Appendix H).

Outreach Plan and Registration for the Webinar

The 47 nurses who were accepted into the inaugural class were officially notified in April 2020 that the Candidate School was canceled. In May 2020 they were informed that, although the Candidate School had been canceled, a virtual two-hour webinar would be offered, with a date to be determined based on faculty availability. Faculty schedules could not be coordinated, and the Webinar could not be scheduled, until February, 6, 2021. This was due to the timing of the November 2020 general election and state legislative sessions which began in January 2021.
The social media campaign designed to advertise the Candidate School continued to garner interest after the application was removed from the webpage in April 2020. An additional 20 nurses who requested updates about future Candidate School dates were added to the mailing list. In the end, the team invited the original 47 Candidate School participants, the nurses who withdrew their applications, those who applied but were not accepted, and the additional 20 nurses who expressed interest after April 2020.

An email outreach plan was developed to build enthusiasm among the participants. Emails were sent every other week, beginning in September 2020, with a reminder of the Webinar, links to podcasts or other information about nurse legislators, and faculty member profiles. The registration process was developed using the online ticketing platform Eventbrite (https://www.eventbrite.com) and the link was included in every outreach email.

Hennings’ (2011) research emphasized the importance of building networks within candidate training programs. Although the in-person event was canceled, the project team wanted to continue to provide networking opportunities for the participants. In October 2020 a closed group was formed on the social networking website Facebook (https://www.facebook.com). All nurses who were accepted or expressed interest in the Candidate School as well as the Webinar nurse legislator faculty members were invited to join. Interaction among participants was encouraged and facilitated via the Facebook (https://www.facebook.com) group before and after the Webinar. The objective was to provide a community for applicants to network and to deliver content, resources, and educational podcasts about running for office or campaign management. All members of the project team had administrative rights, and any one of them could post content.
Evaluation and Analytical Plan of Webinar

After the Candidate School was canceled, the project team considered eliminating the pre-event and post-event surveys from the evaluation plan. The team did not believe that a two-hour Webinar could have a measurable impact on the project’s goal: to engage, inspire and motivate nurses to run for elected office. After reviewing the literature on campaign training programs, role models, and candidate emergence, the team decided to implement the evaluation plan. The results could determine whether a two-hour Webinar that included interaction with nurse legislator role models would have a measurable impact on inspiring nurses to consider or, increase their interest in, running for elected office/managing a nurse’s political campaign.

The Webinar’s summative evaluation plan consisted of two parts:

1) An educational program evaluation of the webinar by the participants (Appendix I).
2) A pre-event and post-event survey to evaluate participants’ campaign knowledge and the effectiveness of the webinar experience (Appendix J).

After attendees registered for the Webinar online via Eventbrite, they received a recruitment email (Appendix K) with information about the pre-event/post-event survey process and a consent form (Appendix L) inviting them to participate in the DNP project evaluation plan to determine the effectiveness of a 2-hour educational webinar to engage, inspire, and motivate nurses to run for elected office.

The pre-event survey was made available from January 29, 2021 until noon on February, 6, 2021. Emails were sent to all registrants reminding them to complete the pre-event survey one day before and on the day of the Webinar.

After the conclusion of the Webinar on February 6, 2021, an email was sent to all registered attendees with links to the educational program evaluation and the post-event survey.
The email informed attendees that, due to ANCC requirements, receipt of continuing education credit was dependent on the completion of the educational program evaluation and the evaluation would remain available until February 14, 2021. The optional, post-event survey was made available until February 20, 2021. Reminder emails were sent to all registrants on February 11, 13, and 19, 2021. Continuing education certificates were emailed to participants on February 15, 2021.

All evaluation tools were administered using Qualtrics (https://www.qualtrics.com/) survey software and could completed on a computer or mobile device. Qualtrics presents one section of a questionnaire at a time. For example, all demographic questions were presented on one screen. Once the respondent completed the section, the evaluation tool advanced to the next section. Respondents could not move backwards to revisit previous screens within an evaluation tool. There was an option to stop the evaluation, save the responses that were completed, and return at a later time to complete the evaluation tool.

The educational program evaluation consisted of seven questions including Likert-type, open-ended, and multiple-choice questions. Faculty was evaluated on effectiveness, knowledge base, presentation style and methods. Attendees were asked if the Webinar met its six intended objectives for attendees: to be able to discuss nursing skills that are transferable to public office; to be able to discuss the importance of nurses serving in political office; to be able to discuss other avenues of service for nurses other than political office; to be able to discuss the ten questions you should ask yourself before running for political office; to be able to discuss potential paths to achieving elected political office; and to be able to discuss resources available to nurses interested in running for political office. Three open-ended questions evaluated the Webinar’s structure and content. Two questions were included to determine whether the
attendees would attend an in-person candidate school and if they would recommend an in-person candidate school to their colleagues.

The project team modified the pre-event and post-event surveys that were developed for the Candidate School to reflect the Webinar’s virtual platform, shorter duration, and limited content. To maintain respondents’ anonymity, once they entered the pre-event survey, they were asked to create a custom code and keep it for use when responding to the post-event survey. Qualtrics was contacted for assistance and a support technician suggested the default code be comprised of the respondent’s middle initial, their favorite number, and the first letter of the month their mother was born. These codes were used to match the pre-event and post-event surveys for data analysis.

The pre- and post-event surveys began with a screen asking the respondent to consent to take part in the DNP project data collection. Without consent, the survey ended automatically. Both surveys contained multiple choice, closed, and open-ended questions and some were a combination of two or more types. For example, the pre-event survey included the following closed/open question combination for nurses interested in running for political office (Q9): “If you do plan to run for political office, have you identified which office to run for in the future?” The choices were “No” or “Yes”. If the attendee answered “Yes,” a text box opened with the follow-up question, “If yes, what is the position?” If the attendee answered, “No,” the survey moved to the next question in the series.

The pre-event survey contained 31 questions divided into four sections. The first consisted of a series of questions based on whether the attendee was interested in running for political office (10 questions) or managing a nurse’s campaign (6 questions). Sections two through four were required for all attendees, regardless of interest. The second section asked
about current or past: political participation (1 question); community activities, including type and frequency (2 questions); and professional nursing activities, including type and frequency (2 questions). The third section included two, multiple choice general political knowledge questions. The final section contained eight demographic questions. The demographic section was only included in the pre-event survey.

The post-event survey contained 29 of the same types of questions divided into four sections. The first section contained a series of questions based on whether the attendee expressed interest in running for political office (13 questions) or managing a nurse’s campaign (6 questions). This section followed up on the attendees’ interest, knowledge, qualifications, and future plans in their area of interest after attending the Webinar. Sections two through four were required for all attendees, regardless of interest. The second section asked about the attendees’ future plans for: political participation (1 question); community activities, type and frequency (2 questions); and professional nursing activities, including type and frequency (2 questions). The third section included the same two multiple choice general political knowledge questions from the pre-event survey. The last section contained three open-ended questions about the Webinar’s structure and content.

**Protection of Human Subjects for the Webinar**

An exemption for this DNP project was received on January 19, 2021, from the Yale University Institutional Review Board (IRB). IRB review ensured that interview participants were appropriately protected. Confidentiality of the participants’ identity was maintained during the survey process. Finally, data will be reported in a manner that is not attributable to individual participants.
Timeline

This DNP project timeline below was unique due to the need to coordinate two DNP projects and accomplish a shared goal: to pilot the Yale Candidate School for Nurses and Midwives in May 2020. Adjustments were made to the timeline due to the COVID-19 pandemic.

July 2019

- Project proposal submitted and approved (KG)
- Attend the Black Campaign School in Washington DC (KG)

August – October 2019:

- Project proposal submitted and approved (SP)
- Attend the Leadership Institute’s Campaign Management School in Arlington, VA (SP)
- Planned and organized the Candidate School logistics
- Examined campaign/candidate school for length of training, cost, location, funding and curriculum design (SP)
- Preliminary curriculum development and faculty identification

November 2019 – December 2019

- Explored and developed funding sources internal and external to Yale University
- Revised the Candidate School curriculum
- Developed and implemented a marketing plan for the Candidate School
- Developed the Candidate School web page, application, and interest form

January 2020 - April 2020

- Nurse candidate interviews and data collection began (KG)
- Finalized the Candidate School Curriculum
- Finalized the Candidate School program and logistics
- Identified, recruited, and admitted 47 participants from 23 states to the Candidate School
- COVID-19 pandemic necessitated the postponement and ultimate cancellation of the Candidate School

May 2020

- Pilot the Yale Candidate School for Nurses and Midwives (canceled)
- Nurse candidate interviews and data collection continued (KG)
- Revised Aim 5 submitted to replace the current Aim 5

June 2020 – August 2020

- Nurse candidate interviews and data collection continued (KG)
- Revised Aim 5 approved by the Director of the Doctor of Nursing Practice Program in Healthcare Leadership, Systems, and Policy, Dr. Joan Kearney, PhD, APRN, FAAN
- Developed plan for webinar, secured faculty, and scheduled February 2021 webinar date
- Wrote a documentary treatment
- Researched the feasibility of creating, filming, and editing a documentary-style video to include in the February webinar
- Removed documentary-style video from revised Aim 5

September 2020 – December 2020
- Nurse candidate interviews and data collection continued (KG)
- Evaluate the Campaign School pilot (canceled)
- Develop a plan for Campaign School sustainability (canceled)
- Finalized agenda for February 2021 webinar
- Applied for continuing education credit for webinar participants
- Developed and implemented a communications plan to Candidate School applicants and other nurses who applied or expressed interest after April 2020

January 2021 – March 2021
- Nurse candidate interviews and data collection completed (KG)
- Nurse candidate interview data analysis begins (KG)
- Received ANA continuing education credit
- Webinar conducted February 6, 2021
- Webinar evaluated
- Follow-up webinar planned and conducted February 27, 2021

The DNP Project and Leadership Immersion

Developing and piloting the Yale Candidate School for Nurses and Midwives embodies the leadership immersion experience. The project immersion took place in multiple environments within and outside of YSN and Yale University. Activities included meeting with stakeholders, partners, political scientists, and potential faculty/content experts within and outside of Yale University. The project team also consulted with campaign experts to develop the Candidate School curriculum; structured, planned and organized the event; and worked with nursing organizations at the state and national level to recruit participants.

The project advisor, Lisa Summers, DrPH, FACNM also served as the immersion mentor. Dr. Summers’ experience with nursing organizations, state and national political
environments, political campaigns, and her expertise in developing health policy was an invaluable resource for the development and implementation of this DNP project. Her leadership and guidance through the revision process after the Candidate School was postponed was invaluable. Her commitment to the team and to its desire to deliver a meaningful, innovative product while meeting graduation requirements within a significantly reduced timeline in the midst of a pandemic were extraordinary.
Chapter 4

Results

This chapter presents the results of the individual and joint work of this DNP project. First, are the results of the individual portion of the project, the nurse candidate database and the interviews of nurse candidates. Second, are the results of the joint project work, the Yale Candidate School for Nurses and Midwives Webinar, a two-hour educational webinar conducted on February 6, 2021.

Nurse Candidate Database

The plan for the database was to collect data on nurses who have run for any level elected office, local, state, or federal from 2010 to the present. However, even collecting data on current nurses serving in or campaigning for elected office was a challenge. Response rates from the ANA constituent organizations were extremely low despite multiple follow-up emails and a trial of follow-up phone calls. The professional networks of the project team proved to be more fruitful. Through intentional outreach to those networks and word of mouth among politically involved nurses, a list of nurse candidates and nurse legislators was created in Trello (https://trello.com/). The list was maintained by level of office: local, state, statewide, or federal and sorted alphabetically. Additional information was added through an internet search or provided by the contacts. The list in Trello served as the basis for the nurse legislators and candidates chosen for the interviews that were conducted in Aim 2.

The information contained in Trello was used to construct a database in Microsoft (MS) Excel (Microsoft Excel for Mac, version 16.47.1). However, MS Excel did not offer the functionality necessary for future additions and maintenance of the database. Specifically, MS Excel would not support data entry forms that could be embedded into a website for future crowd
sourced collection of information. The information in MS Excel was loaded into Airtable, a cloud-based database-spreadsheet hybrid application (Airtable, n.d.). Airtable offers the necessary functionality for future growth potential of the database once it is determined where the database will permanently reside (Airtable, n.d.).

**Nurse Candidate Interviews**

Twenty-two nurse candidates were interviewed for this project. This chapter will present demographic data and the findings of a preliminary analysis of the data collected from a subset of nine of these nurses. The interviews provided rich data about the nurses’ candidate emergence, campaign trail experiences, and their thoughts on candidate training programs. While a formal analysis of the qualitative data was beyond the scope of this DNP project, the team plans to analyze data from all 22 participants post-graduation. For the purposes of this project, nine interviews were chosen for a preliminary analysis. These nine interviews will be examined through the lens of the available information about nurse candidates and the barriers to and facilitators of campaigning for elected office found in the literature.

Some of the nurses indicated during the interview that, by telling their stories, they were better able to understand aspects of their campaign that they had not previously processed.

*Let me think about that a little bit because now that first campaign is wrapped up in a really lovely memory for me. I wish I would have been able to express much earlier the confidence that I had inside myself.... State #4’s [citizens] were actually looking for that. They’re not looking for a resume, they’re looking for a human. (NC-4)*
I was having nightmares; I couldn’t fall asleep and I was perseverating debate responses. I haven’t talked about this before, but I really did not cope with that [negativity]...but realizing [now] what that was. I experienced PTSD from running for office. (NC-6)

Sample Description

The nine nurse candidates were chosen for this preliminary analysis based on diversity of political party, age, geographical location, level of office pursued and campaign experience. They are all women and range in age from 30 to 73 years old. Seven are white, one is African American, and one is Asian or Pacific Islander. One is a graduate of a diploma program, six have advanced degrees, three are advanced practice registered nurses, two have a law degree, and one has earned a PhD. Each nurse was in clinical practice during their first campaign, four continued to do so after they were elected. One candidate earned an advanced degree and completed her clinical rotation requirements during her first campaign. Practice environments ranged from the intensive care unit to managing a community health clinic. Two nurses worked with underserved populations in community health clinics during their first campaigns.

Six of the nine nurses are Democrats and three are Republicans. Although two nurses ran in non-partisan races, each had previously declared a party affiliation. During the period that the interviews were conducted, three were running for local office, three were running for state office, and three were running for national office. All nine were from different states and, within their level of office (local, state, national), from different geographical regions and of different parties. Of the five candidates who have lost races in their political careers, four held elected office either before or after their current campaign and one has never held office. Seven have run multiple campaigns and four have never lost a race.
Barriers to Nurses’ Pursuit of Elected Office

I wouldn’t call them barriers; it was more like things I had to negotiate to be successful. (NC-1)

This was a theme among all the nurse candidates. The barriers they experienced never stopped them in their pursuit of elected office, because they always found a way around the issue. Many credited their nursing practice with helping them develop the skill of creative problem solving. “We know as nurses, there’s not one way or the other way to solve a problem, there’s a third way, sometimes there’s a fourth way. (NC-1)”

Even when nurses experienced overt racism and threats of bodily harm or LGBTQ discrimination, it did not deter them from continuing their campaign.

There was a lot of racism.... I went to one town and there was a police barricade put up. There was a story in the newspaper that I was coming there to burn down their town. We got out of our cars and walked to the venue; we still did not turn back. (NC-8)

People would say hurtful things about who I was or what I represent. Most days I could say, “This is a reflection of who they are, not who I am.”, other days my skin wasn’t so thick. (NC-3)

Lack of resources: time. Barriers related to time were cited by every nurse candidate. In the literature, nurses cite the challenge of balancing professional, personal, and family responsibilities (Adcock, 2008; Hall-Long, 2004). These candidates were no different. Three themes emerged within this group: time as a personal challenge, a valuable campaign resource, and an opportunity cost.
My first campaign, the day of the primary, after the watch party, I made it to my house and my car was gone; my car had been repossessed. It was because I spent so much time and energy putting into the campaign and running all over the state and doing all of this stuff that I wasn't paying attention to my bills. Twice during the race, my electricity was cut off. One time I paid my gas bill twice thinking I was paying my electric bill and I didn't. Another time, I just completely just missed it. (NC-8)

I can remember going to my son’s hockey games on the weekends, reading materials for the next week’s meetings. I’ve sat in the hockey rink, reading and watching at the same time. You just make it work. (NC-13)

Many candidates cited time as an important campaign resource and talked about the demands on their time while campaigning. These nurses already had to balance busy careers and family commitments, now they were adding an additional time commitment, a political campaign.

About campaigning, the most valuable resource is time, right? The earlier you start, the more foundation you have. Knowing people; thinking about, who could help you raise money? What kind of channels will get your word out? Who could speak for you? All of that takes time. (NC-7)

It was exhausting. I remember sitting in my car on election day and I pulled into a church parking lot. It was a Tuesday, nobody was there, and I took a 20-minute nap in my car. I was so tired I did not think I could get out of the car. I don't think I've ever been so tired -- physically tired -- in my life. (NC-1)
Nurses also stressed weighing the opportunity cost of spending time campaigning against spending time with family or pursuing other interests. “I could have spent [time] with my step daughter, that didn't happen. Running two campaigns in a row, that's two summers in a row where you're just gone. (NC-7)”

**Lack of resources: financial.** Fundraising was a barrier for most of the nurse candidates but for many different reasons. For some it was, as the literature suggested, the challenge of asking for help; nurses are caregivers by nature and not used to asking others for help (Connor, 14; Hall-Long, 2004). “I think the hardest part is nurses, we are givers, we're not takers. It's not within our nursing personality to go ask others for something. (NC-11)” For others, running for office and fundraising was a cultural barrier that had to be overcome.

*I emigrated from [a country] where politics could be really scary and be very coercive and unfair. That’s probably a huge reason why they [parents] left, their home country...My parents came from a culture where you don’t ask for donations. It makes you look like you need something. Why would you want to do that? (NC-7)*

One candidate linked the barriers of time and fundraising. Fundraising was a hinderance because it drastically reduced the time the candidate could be in the district, in-person, meeting voters. Meeting voters and speaking with people is one of the things these nurse candidates liked best.

*I wish somebody would have told me that the vast majority of my time would have been spent fundraising...I was running in a district that had never had a credible Democratic
candidate before and had never been on the map. It was an R plus nine [Congressional district] and it was difficult to fundraise. It was in a cycle when there were so many other competitive races. (NC-6)

Interestingly, the candidates who had run multiple campaigns related a different perspective; fundraising became much easier with subsequent campaigns.

To run for town council, I only had to raise $20,000 and I probably raised that in five weeks. If I only had to raise $20,000 now, I could pick up the phone and make 10 calls and raise $20,000. Everything is relative, right? (NC-1)

Nurses who were involved in their communities had less difficulty fundraising and recruiting volunteers since their circles of friends and family were quite large.

The great thing was that I have always had a real grassroots campaign with lots of volunteers. We’ve always run a very low-cost campaign. I’ve never raised more than my opponents and part of it was because I didn’t really enjoy that aspect. You have to have money because you have to get the word out, you have to have marketing, you have to have people be able to see your face. (NC-13)

Fundraising honestly turned out to be not too hard...I had written a friends and family letter. I sat on our Hospital Auxiliary Board for almost 12 years. I was involved in our church. I was involved in our son’s school and P.E.O. - it’s a women’s organization that raises money for education. And then just supporting all of the other causes in town. (NC-18)
The level of office a candidate campaigned for affected their outlook on fundraising. A nurse running for mayor of a small town had to raise less than $5,000. In this sample the cost of a state offices ranged from $2,500 to $600,000. Statewide and federal candidates were required to raise millions of dollars to get their name and message out to the public.

*We raised about $3,000 or maybe five. It was fairly easy. I just made calls one day. I was on the National Student Nurses Association resolutions committee while I was in school and they donated a sum of money for my election. (NC-3)*

*Fortunately, in State #8, to win a [state] house seat you really only need a good pair of sneakers and about $2,500. You buy a few signs and -- but mostly, it's about getting out and meeting the people. (NC-11)*

*That [state house] race was an over $1,000,000 race; $1.1 million. I never thought I could raise $250,000 by myself. All I did was be on the phone. The first 150,000 wasn't that hard; that last 100,000, I mean, I was going back to people, it was hard…. (NC-1)*

In 2020, COVID-19 had a drastic effect on nurse candidates’ desire and ability to fundraise.

*Post-COVID, forget it. You can't possibly have a conscience during the months of March, and April, and early-May asking somebody then for money. I was really glad I was away and I couldn't because I would have never done it. I mean, that's just wrong. You don't do that to people who are struggling. (NC-11)*
Here we are in the middle of this COVID-19 disaster, and my colleagues [and I] were being pushed by the caucus to continue to raise money to give to the caucus to help these new people. My finance person sent me the email that she wrote; it was nothing but an appeal for money. I rewrote the whole thing, and here's what I said, "I'm on the front lines of this COVID-19 fight every day because I'm a nurse practitioner in primary care, and, hat's off to all the health care professionals and first responders doing this. This is not an appeal for a campaign contribution. I'll be able to raise the money in the fall that I'm going to need. What I want you to do right now is don't send me money, send it to --" and I gave them links to [local food banks. “We'll get through this together. Thank you." My finance team went ballistic. I said, "Send it." and they did. (NC-I)

Experienced candidates found that fundraising was a skill that could be developed. Many nurses mentioned learning the difference between a donor base and a voter base, sometimes the hard way. Both were important to their campaigns, and as many nurses learned, they are not the same thing. Large dollar donors might be out of district or even out of state. These people are important, because candidates need money to get their message out, however, they cannot vote for them.

I helped found the Friends of the Dog Park here and we built four big dog parks. I could ask for money for the dog parks day-in and day-out or the Girl Scouts or soccer or whatever, but I did not like fundraising for my campaign. I still don’t to this day. I learned to do it. (NC-13)
My first race I didn't ask for anything, I hoped people would donate. Every now and then I would ask for money. I didn’t even have a fund-raising operation set up. My second race we set up a system but I was like, “Thank you everybody, please donate $3 or $7. I appreciate you all, thank you so much.” and that was about it. This time around, seeing the numbers that came out of 2018, black women that ran for Congress brought in less in contributions than every single other person from every other race and background. I had to change this time and now I'm very direct. (NC-8)

To the point I made earlier about developing that donor base early just in preparation... you don’t know what’s going to come your way or what you’d want to end up doing. It’s necessary and I just didn’t get it right away; I didn’t understand it. But I developed a skill. (NC-4)

Party politics. The existing literature on nurse candidates addresses party politics only to the extent of partisan politics Connor, 2014; Herman, 2011, Szulecki, 2014). It details the moral distress that nurses experience when their views differ from the party’s platform and their belief that they represent all voters, not only their voters. Many of these nurses mentioned this as well. However, these nurses also discussed at great length the difficulties they faced with party politics related to candidate emergence as found in the political science literature linking gender to party politics (Bucchianeri, 2018; Fox & Lawless, 2014a, 2014b; Sanbonmatsu, 2006; Teele et al., 2018). Some described being overlooked by the party for other, better funded, or more popular, male candidates. In this group, two of the nurses’ campaigns for local office were non-partisan and they were able to avoid party politics, the other seven were involved in partisan races.
Additional themes about party politics were also identified throughout these candidate interviews. Three of the seven nurses were not involved in their political party at all before they decided to run for office. This affected their campaigns in important ways:

I didn't have a strong relationship with my local Democrats and I'm in a very Democratic district. When I wanted support from the local Democrats for the [state] senate, I didn't get it. (NC-7)

Prior to running, I really wasn't [involved in the party]. It was like building the plane while I was flying it. Since that time, I became an appointed precinct committee person and then an elected precinct committee person and then a representative to the state party from my legislative district. (NC-6)

I had to go through the political channels of going to my County Chair. He had never met me before because I wasn’t even involved in the county party. I never even went to the meetings before this. I know he didn’t have much faith in me then because here I was, someone he never met before, running for office. (NC-18)

For this sample of nurses, political party involvement, didn’t guarantee support either.

On the Republican side, there's a program called Young Guns. They don't want to talk to you until you've raised $100,000. Well, if you can raise $100,000 quickly, you probably don't need money from the party because you're raising money. (NC-11)

I had been a participant and a partisan; it didn’t give me any advantage. (NC-4)
Once they were in a general election, they experienced immense pressure to follow the political party’s campaign advice. Even recruited candidates experienced conflict when working with the party, especially the consultants the party provided and paid for.

“You've never done this before, we have. You haven't talked to all these consultants, but remember we have.” What I did find was, that in a much more major hardball way, I had professional people, people who do this for a living, telling me I was wrong and they were right about the stuff that should come out of my mouth. I never succumbed to that and I was known as The Bitch. (NC-1)

They [the national Democratic party] saw me as a viable candidate to win the general election. They also kept trying to throw 23-year-olds at me as campaign managers. They didn't send me anybody that I was comfortable with. I am a moderate candidate and a lot of the up-and-coming staff wanted to work for progressive women. I said, “That's great, but A: that isn't my district and B: it's not me... I'm a nurse, my job is to take care of everyone. I actually got attacked for that [by] progressive Democrats. (NC-6)

Most impactful of all, nurses reported being treated as an outsider or subjected to negative campaigning by their own party. Two of the candidates spoke in great detail about being targeted by their own party. This caused a great deal of distress.

The negative campaigning from within my own party is what really bothered me. When people from the other party were saying awful things about me, I kind of laughed it off as being other and maybe even funny. I could cope with that differently. In a way, it's similar to lateral violence in nursing. I really was shocked and I just didn't have a
mechanism to cope with it. I felt like I had just started going down a double black diamond run and I remembered just then, that I didn't know how to ski. (NC-6)

Being considered the outsider or the traitor, that was a huge deal. With that first race, I was considered a traitor because I wouldn’t drop out and allow the person who was the golden boy to run on his own so he could be ready to run against the Republican in the general election. Progressives take such a hit running for these seats... We're seen as trying to hurt Democrats and trying to open up the door for Republicans and all of that. There's no way that a Republican can win this seat because of how gerrymandered the district is. (NC-8)

Lack of political knowledge. The findings from this sample of nurses echoes what is known in the literature about nurse candidates: they must take responsibility for their own political education (Boyd, 2019; Sheran, 2017; Connor, 2014; Herman, 2011). The literature also links campaign training to increased political knowledge (Adcock, 2008; Connor, 2014; Herman, 2011).

These nurses did not receive policy or political information during their formal nursing education with one exception, candidates who pursued a graduate degree. Nurses who pursued graduate degrees in nursing, law, or public health gained information about the importance of politics and policy.

I got my JD and I felt like that that may be a way where I could work on effectuating change in law. I was working for a law firm and my boss happened to have a lobby practice as well. He used to send me over to the state house of representatives
periodically to monitor bills and that’s when I started learning about the legislative process. (NC-11)

I studied policy as a DNP student and I went to my state nurses’ association lobby day and realized that it was something I was interested in. (NC-6)

I wanted to be able to get an MPH and a nurse practitioner degree, so an MSN [dual degree]. While I was practicing at the bedside, I saw that a lot of what we’re doing could have been prevented. That was one of the first “aha moments”. Maybe not aha, but just [a] realization of there’s a bigger picture. I learned in my public health degree the concept of health in all policies and how every policy affects the health of the community. (NC-3)

What coincided with my precinct involvement was going to graduate school. When I went to graduate school, it was almost like I was taking speed. I was so excited about everything; it was like a period of enlightenment. (NC-1)

In this sample of nurses, a leadership training program during their undergraduate nursing education also introduced them to the concept of health in all policy. They later attended a campaign training program and ran for local office.

I applied for a week-long non-partisan residential training called New Leadership. Before that, I really had no idea why politics was so important and why policy was so important. I was 17 and I thought I’m never going to need these skills; I’m going to be a
nurse and I'll get a job and everything will be fine. When I later attended a state based New Leadership summer intensive program, I realized that everything we do is affected by policy. (NC-3)

Seven of the nine nurses attended campaign training programs of varying lengths and intensity. The programs ranged in length from one day seminars to a weekend a month for seven months. Four were partisan training programs and two were non-partisan. Four were gender specific and tailored to women. Every one of the nurse candidates who attended a program felt that they provided helpful information as they embarked on their campaign. The majority of nurse candidates cited networking with other candidates and forming a support system among attendees as the most beneficial part of each program regardless of length or format.

What was [most] helpful is actually networking. I met a judge that already had her seat and she was going for re-election. Going to one [a campaign training program] in itself is really helpful in networking. (NC-7)

I think what helped was the multiple times that we met [during the campaign training program] because we built those relationships. We got to know each other; we were invested in each other’s lives, right? I still stay connected with some people; these are people that I feel like, if I call them, they’d pick up and say, “Okay, how can I help you?” (NC-3)
Gender. Gender can be a barrier for nurse candidates within and outside of nursing (Connor, 2014; Hall-Long, 2004). Historically, society and nursing have viewed politics as outside of a nurse’s role (Connor, 2014; Dollinger, 2005; Hall-Long, 2004, Vandenhousten et al, 2011; Williams, 2018). Past nurse candidates talked about the perception of power in female legislators as aggression rather than leadership (Herman, 2011). These nurse candidates, for better or worse, experienced gender bias in their professional practice so bias from political party gatekeepers or campaign consultants came as little surprise. Yet, they remained hopeful that change is happening.

I went to a ribbon cutting and they saved a parking place for me because I’m usually running from one thing to the next. The parking lot had a lot of people in it. Someone else was driving, I jumped out and I said to this man, “Do you mind helping me move people so I can get to that parking spot?”. He said, “You can’t park there, that’s for the mayor. I am sure he would not like it if you parked in his place.” I said, “Well, guess what? The mayor is a woman, and it’s me.”. He just assumed the mayor was a man. Go figure. I thought it was pretty funny. (NC-13)

The GOP is primarily still a male-dominated organization. We’re getting better, but as a GOP candidate, I don't know what the inclination is. We had 100 women run for Congress on the GOP ticket in 2018 and most of them didn't get elected (NC-11)

I haven't paid much attention to gender in the last 30 years because I've worked in a male-dominated corporate world where most of the executives I deal with are men. (NC-1)
One of the candidates tells a story about a newer construct and more insidious form of gender discrimination that played a role in one of her campaigns, the argument about electability. 

My opponent ran on electability. The whole argument was, “Vote for me because I’m electable and the others are not”. If the standard is let’s vote for the person who’s electable, then you’re going to go to the safe place. In our state, it’s always been a white man. Always. There was both intention and strategy on the part of his campaign, to argue electability. They used that all the way through. People would come back to me and say, “I really believe in you. I love what you stand for, but I don’t know if you’re electable. I don’t know if I can vote for you or I don’t think I can give [money] to you”. It’s so hard to prove that I’m electable – unless I’m elected, right? Embedded in there was gender.

Politics and power are tangled within the same gender issue. Candidates discussed the power dynamic in nursing related to a historically patriarchal medical environment and how it might shape a nurse’s candidate emergence as well as their candidacy.

I think getting more nurses on local boards and councils is a priority for organizations like the American Nurses Association because we historically have not been well represented. We stay at the bedside doing the really important work and [we're] not at the decision-making table. That has historical ties into patriarchal values and that's in any industry; but particularly in nurses where most are women. (NC-3)

I think the challenges are that nurses often see ourselves as great implementors of other people's decisions because we're kind of raised that way. I’ve had to overcome this. As a
young nurse, and certainly as a nurse in my 30s and 40s, I never saw myself in a power position like that. I saw myself not as powerless but not as powerful. (NC-1)

Some of the nurses still dealt with news stories where the focus was on their clothes, hair style, or body type. The event that the media were covering often received only a passing mention. 

My appearance made national news. We went through this whole thing where I couldn’t wear dresses, I couldn’t wear skirts – it was too distracting. Then I was wearing pants and the press would say, “The speech was amazing but her pants were a tacky color”. It was just too much. Then I decided, forget it, I’m going to wear whatever I want to wear and I'm going to look however I want to look. I'm going to be me. (NC-8)

Negative campaigning. The nurses touched on multiple facets of negative campaigning. Most had experienced some of the same aspects of negative campaigning related to gender already mentioned in the literature, the focus on appearance, personal attributes, or personal lives rather than a candidate’s qualifications or policy positions (Connor, 2014; Hall-Long, 2001). Three of the nurses had not experienced negative campaign ads, six were not as fortunate. Three nurses revealed a new issue, the collateral damage of negative campaigning on friends, family, and innocent bystanders who are pulled into the ads.

When somebody attacked my service and called it stolen valor and said I never was in combat, that mother called me, that Gold Star Mom, called me and said, "Are they suggesting my son, who earned a Bronze Star and died in your arms, did not die in combat?" They don't think of the collateral damage and what they do to other people when
they come after a candidate like me. It broke my heart for that mom to say that to me. I almost ended my campaign that day because I didn't want innocent people hurt. (NC-11)

All of the nurses who faced negative campaign ads talked about what the experience was like, the shock, the disappointment, the anger, as well as resilience and perseverance.

_Talking about context. During my first [state] house campaign, my brother was losing his fight with lymphoma and he was going to die. Most of the really awful stuff my opponent did, in terms of mail, happened while I was in New York nursing my dying brother. When the caucus called and told me about it, I said, "Let me just tell you something, do you think I care about this right now? My brother, my only sibling, is dying. Don't call me anymore." (NC-1)

When I first saw that commercial on television during the local news, I was sick. I said, "He couldn't have that much money." They were all day long; they were on different channels. It was hard. Towards the end, I saw them and I'm like, "Oh, here it is again."

_The shock value wore down quite a bit. (NC-18)_

Many of the nurses made a commitment to themselves that they would never run a negative ad or engage in negative campaigning. Two nurses talked about the reverse situation, how they handled being asked by their party to run a negative ad against their opponent – the same party operatives whom they relied on for funding and support for their campaigns.

_I said on day-one, "I will not do negative mail." And what they said to me was, "Well, you'll do it when the time comes." I said, "Well, we'll just wait and see." I've represented
35,000 of these 83,000 people already. They know what to expect from me. I know what I'm willing to say and not say. If I lose, I still have to go back and live in my community. Even if I said these horrible things. If I win, I have to live in my community. You're in Chicago. You don't live with these people. I'm sorry, I'm not doing it that way." (NC-1)

Towards the end of October, polling got really tight and my party, wanted a negative commercial. They had it all ready to go. They showed it to me, and I said, “I’ll talk to my husband”. We had a long talk and I said, “We have to live here and we go to church here. Our son grew up here. I don’t know this gal, but I’m sure she’s not a bad person. I’m not going to do that. If I can’t win on my own merits, I’m not going to tear someone else down.” (NC-18)

Facilitators of Nurses’ Pursuit of Elected Office

In the end, we [as legislators] get to do what we've been trained to do, which is advocate for people. Regardless of who they are or where they come from or what they look like or what they have. That is who nurses are. (NC-8)

While it may seem obvious, the biggest facilitator for these nine nurses was being a nurse. They each described the skills that they learned as a nurse and brought with them to the political arena; how their healthcare knowledge, expertise, and patient care experience informed their platforms. Many discussed how they utilized the most basic tenant of their nursing training – the nursing process. That is not to say, that the four facilitators identified in the literature: political socialization, membership in professional and community organizations, mentors and
role models, and critical events did not play a part in their pursuit of political office as well (Adcock, 2008, 2018; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011; Sheran, 2017; Szulecki, 2018). However, they were not cited as frequently by this group as the skills, expertise, and experience that come with being a nurse.

**Political socialization.** The literature describes political socialization largely in the context of candidate emergence, not its impact on a nurse’s candidacy (Barry, 1989; Connor, 2014, Herman, 2011). These nine nurses shared their experience regarding both candidate emergence and their candidacy. A deep exploration into nurses’ candidate emergence is beyond the scope of this project and, while it is linked to candidacy, it will be examined post-graduation.

The nine nurses interviewed for this project had different experiences. Some cited what has already been described in the literature: being introduced to politics from an early age during recurring political discussions at family gatherings or having a parent involved in politics. As previously mentioned, two of these nurses were introduced to politics during their undergraduate or graduate education and it piqued their interest enough to seek additional political experience or education.

*It started in the late ‘70s and I got more geared up in the ‘80s. Working in those campaigns let me see what grassroots was like and how much grunt work was involved because there was nothing sexy about it. In a Congressional campaign, I answered the phone, I swept the floors, I made phone calls, I put up signs, I mean, I did all that stuff.*

(NC-1)

*Several of the nurses I shadowed [in the state capital] told me about this program to learn how to run for office. I'm a registered Democrat and the program is for Democratic*
women, it's called Emerge. I thought, well, this is the way I'm going to drive change
because something I learned about in my public health degree was the concept of health
in all policies and how every policy affects the health of the community. (NC-3)

During our interview, one of the nurses recalled with surprise two formative political
experiences that she had during high school and college. She discussed how these experiences
combined with the policy education during her graduate degree, culminated in her love of policy
and, ultimately, her decision to run for office.

When I was 16 years old, I won a Congressional award. I didn't understand the whole of
it [at the time], but I remember going to the Capitol and sitting on the other side of the
desk and the Congressman asking me “What do you want me to know?” I distinctly
remember turning around to see who must be standing behind me that he was talking to. I
had that experience [of speaking with an elected official]. Then, my freshman summer in
college I was an intern in my U.S. senator's state office. It very much [helped me
develop] an interest in policy. What was important to me [at that time] was serving in
government, not getting elected to government, but serving in government. (NC-6)

Two candidates talked about how their jobs involved interacting with politically minded
people like lobbyists, legislators, and policy experts. It was through these relationships that they
learned how government worked, developed a desire to be at the table where decisions were
being made, and received the encouragement to do so.

When I was the Governmental Affairs Advisor for the state nurses’ association, I began
forming relationships with other lobbyists who represented health and human services,
women’s rights, collective bargaining, a number of issues. That same community tends to also be involved in electoral politics. They started saying, “you should really think about running for office”. It never occurred to me before that. (NC-7)

[After visiting the state legislature for work] I came storming back into my office and I told my boss what happened, and he said, "Well, go put your name on the ballot, there's an open seat in our district." I did and I won in a special election. It was the craziest thing you ever heard, but I won. I won by 17 votes. (NC-11)

One of the nurses described how most of her political socialization occurred after she decided to run for office.

I met with [party] leadership, and wanted to give them the first out. I said, “You know what, I’ve never been in politics. I’m not a lawyer. I really have no idea how any of this works.” They said, “Well if you can talk to people and you can knock on doors and you can raise money, you’ll probably be successful.” [My county chair and I] developed a good relationship since then. He actually helped me [know] what’s important; every time I prepped for a debate; he was there. (NC-18)

**Membership in professional and community organizations.** While this was an important facilitator in the literature (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Herman, 2011) only one of the nurses in this sample described extensive involvement as a member of their professional association. Another nurse became active in her state nurses’
organization once she began working on a graduate degree and developed an interest in advocacy.

Two nurses actually worked for their state nurses’ organizations. One was an active member, though never pursued a leadership role and the other was never a member, until she began to do policy work.

No, I wasn't actually [a member]. Isn't that funny? In the hospital, I didn't know there was an association. There was a union but we didn't have to join, so I didn't. In my primary care clinic, we didn’t have any ties either. It was only until I was in the policy world that I became aware that nursing was very organized in it, that I realized there was an association. (NC-7)

However, nursing organizations played a role in many of their campaigns, through endorsements, publicity, and political action committee donations.

National Nurses United, I will say, they really were trying to support. But I couldn't join their organization because I was in leadership. You can't be in leadership. They supported as much as they could. (NC-8)

The state nurses’ organization used their regular processes and screened the campaign and endorsed me in both my first race [for state house] and then my statewide race. They put all of the candidates through a real process because they didn’t want to show any favoritism. They were helpful for sure. You need an organization of some sort. You need [an] early marker that says, “She’s got this group, she’s viable.” The nurses provided that for me in my first race. (NC-4)
I was one of 10 non-incumbents that was endorsed by the American Nurses Association. That was a tremendous honor. The Executive Director of the state nurses’ association was a huge advocate with the ANA for me so that was really, really wonderful. (NC-6)

Community organization involvement played a larger role than professional organization involvement for these nurses. Political party involvement is categorized as community involvement in the literature and that was important to many of the nurses in this sample as well. (Adcock, 2008; Barry, 1989; Connor, 2014; Hall-Long, 2001; Herman, 2011) While only two candidates were involved before their first race, many others realized the importance of political party involvement after that first race. Whether they were successful in their bid or not, they became active members.

Two nurses were very involved in their communities and credited that involvement with helping them with name recognition during their campaign.

I had been a Girl Scout leader, a PTA president, a soccer coach. I was all in for volunteer work, so I knew a ton of people, and that was very helpful. The man I was running against in the general election said every house he knocked on the door [of] they’d say, “Are you running against NC - 13?” He’d say, “Yes,” and they would say, “I’m sorry, she was my daughter’s Girl Scout leader or I worked with her in PTA.” He said it was horrible. (NC-13)

We’d been in the community for 17 years [when I first ran for office]. I sat on our Hospital Auxiliary Board for almost 12 years. I was involved in our church. I was
involved in our son’s school. [I was involved in] P.E.O. - it’s a women’s organization that raises money for education; and supported [many] of the other causes in town. (NC-18)

Likewise, two candidates recognized that a lack of community involvement had posed a challenge to their candidacy.

I had been involved at the national level, not at the community level. I understand now that that engagement at the community level, even if you're running for national office, is actually what's important. I never have to introduce myself in a national room because people know me, but I always had to introduce myself in a local room because nobody knew me. (NC-6)

I sat down with my opponent [before I announced] and said, “I’m planning on running”, and he said, “well, you don’t know much about the community.” I hadn’t really been there in that area for very long before I ran. I said “That’s fair and that’s why I’m coming to you and that’s why I’d like your support.” (NC-3)

Public service is the most basic form community involvement. Two nurses specifically mentioned that their service in local government helped their subsequent campaigns with name recognition and fundraising. If they won, that experience helped them govern at the next level.

What I came to understand during my decision-making to go from that no to a yes was I just had to figure out a way to do it and I did. When you serve in local government, doing your job is campaigning. When you do your job, when you go to a ribbon cutting, when
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you speak at an event, you're not talking about your run, but people are looking at you going, "I believe you can do that next job."...I had grown my constituency so much bigger having served in local government. That's where I really made my connections that then gave me the business cred. Now I can pick up the phone and call anybody in the local Chambers of Commerce and they will give me money. They didn't even know who I was in 2007. (NC-1)

I thank goodness I've been a council member, it has really helped me a lot... In my county, we have about 325,000 people and [it] is 275 square miles. I had volunteers to cover every bit of it to deliver my pamphlets and my information at the door. That mitigated some of the need for as much TV Time as other people used. (NC-13)

Mentors and role models. The experience of this sample of nurses was very similar to that in the literature, especially as it pertained to candidate emergence (Barry, 1989; Connor, 2014; Hall-Long, 2001; Herman, 2011). These nurses also discussed the role models and mentors that they developed during and after their campaigns. Five of the candidates mentioned political contemporaries who they considered role models. One candidate’s husband was also involved in electoral politics. She had the benefit of his advice and insight into campaigning and political party work. Another nurse had many friends who were elected officials and she decided to run as a result of their casual conversations about health policy at social events over a period of months. Two nurses recognized the importance of the role and now serve as mentors to other aspiring nurse legislators.

While political mentors and role models were most common, not everyone had that experience, especially the nurses who have been in elected office for the longest period of time.
Two nurses mentioned that they did not have a mentor nor role model until after they were elected.

_Because of when I started, 30 years ago or more, I actually didn't have any mentors. I had leadership role models and I think that's just a little step away, actually. My three biggest leadership role models, took me from a neophyte want-to-be-a-leader to someone who believed she was a leader because they modeled that great behavior._ (NC-1)

_I have many nurse mentors now who are in leadership positions in hospitals and the dean of the college of nursing. I sit on the dean’s advisory board and I’ve developed a lot of folks along the way who are willing for me to bounce things off of them. That’s been really good. I didn’t have that in the very beginning, but I quickly started developing it._ (NC-13)

While one nurse had the opportunity to interact with multiple nurse legislators at the state capital, they never developed a mentor-mentee relationship. The fact that they didn’t see someone like themselves in elected office, a young, queer nurse, caused them to “carve their own path”.

_One of the reasons why I was running is because I didn’t see anybody on the Council that represented my background or really anything close to a young person’s background. I think representation matters and I think that the community saw that too…. When I was doing my MPH, I went to a career center at the university and I remember the career counselor saying to me, “You’re going to make this up as you go, because there [aren’t] many other people with your experience. You’re carving the path.” I think that was true [in] a lot of ways in my campaign._ (NC-3)
**Critical events.** Critical events as described in the literature are the events that occur suddenly or develop over time that make a nurse ultimately decide to run for office (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001; Herman, 2011; Szulecki, 2018). These nurses were no different, each had their own story. However, another theme emerged: the importance of timing to a campaign. Some of the nurses went into great detail about why the time was right (or not) to act on that critical event. Others discussed the importance of timing considerations for future nurse candidates. Timing can collide with the barrier of incumbency, the right time to run might be when the incumbent decides to retire.

*Are you there at the right time? It's different if an office is empty, somebody retired. It's different if somebody is in a position where people want them out of office... Sometimes you can get ahead of the game if you know the right people who can say what the landscape might be when you run.* (NC-7)

*You scale it to where you are in your life and you do things when it makes sense for you, and there's just not much [of a] template. Make it up as you go along because that's what's right for you. Find the right time; there's no wrong time to run. If you start earlier, you have a longer road and you can take different paths.* (NC-1)

They were also very forthcoming when they miscalculated the timing of a campaign or could have improved the timing. One nurse spoke about how her critical event, resulted in a “gut decision” that was not the best time to run.

*By the time I had gotten into the race, people had already chosen their candidate. So, that's a timing issue.* (NC-7)
“I filed for office weeks after my mom’s funeral. It was way more a gut decision than it was a head decision. Then I had to figure out how to do it myself after I announced that I was going to run, which turned out to work out okay. But there’s a better way to do that than what I did. (NC-4)

I jumped into being a candidate in the same way that I jumped into being a nurse practitioner, which is to say that I didn't even know what I didn't know. I think if I had any experience working on campaigns, I would have understood content qualifications are rarely the compelling point of a candidate, unfortunately. I don't think I ever would have run for office if I knew what it meant- to do a campaign. (NC-6)

Yale Candidate School for Nurses and Midwives Webinar

The purpose of the Webinar was to engage, inspire, and motivate nurses to run for political office. Two-hours of continuing education credit was awarded to attendees through Yale University School of Nursing as an approved provider of continuing nursing education by the Connecticut Nurses’ Association, an accredited approver by the American Nurses Credentialing Center’s Accreditation Program (Appendix M).

Forty-seven nurses attended the two-hour educational Webinar on February 6, 2021. Thirty-two were applicants who had been accepted into the inaugural class of the Yale Candidate School for Nurses and Midwives. The average time participants spent in the Webinar was 121 minutes. Participants appeared engaged and enthusiastic, as demonstrated by lively use of the chat function to interact with one another, share positive feedback, and ask questions of the
Webinar faculty. While there were additional questions from the attendees, the Webinar was ended at 135 minutes to respect the time of the volunteer faculty members.

**Program Evaluations of the Webinar**

A total of 47 participants responded to the program evaluation (Appendix I) for a response rate of 100%. Each faculty member was evaluated in four areas: knowledge of the subject, organization in presentation, effectiveness of content delivery, and appropriateness and effectiveness of teaching methods/aids. The evaluations used a 5-point Likert scale with a range from 1 = low/disagree to 5 = high/agree; 0 = not applicable. Each speaker received an average score of five. A similar 5-point Likert scale was used to evaluate whether attendees believed the Webinar achieved the six stated educational objectives. All objectives received a score above 4. The objectives and average scores follow: to what extent were you able to achieve the following objectives: discuss the nursing skills transferable to public office (5); discuss the importance of nurses serving in public office (5); discuss other avenues for service for nurses other than political office (4.6); discuss the 10 things you should ask yourself before running for political office (4.9); discuss potential paths to achieving elected political office (4.6); and discuss the resources available if seeking to run for political office (4.3)

Forty-one (87%) attendees responded to the open-ended question, “What would you say was most useful to you about the Webinar for Nurses and Midwives?” Attendees stated that the Webinar left them feeling (in order of frequency) “inspired”, “energized”, “excited”, “motivated”, and “empowered”. They described the Webinar as “helpful”, “informative”, and “interesting”. Attendees found the nurse legislator’s personal stories of their path to elected office the most useful. This was closely followed by the opportunity to connect with nurses who have successfully run for office and networking with other nurses who are interested in running
for office. Nathan Babcock’s presentation about the 10 Questions to Ask Yourself Before Running for Office was also cited as one of the most useful portions of the Webinar. Additional themes included learning that nurses already have the skills they need to run for office and the importance of having nurses serve in elected office. Attendees also valued hearing the variety of ways that nurses could serve in office and how to find your personal “why” for running for office.

Thirty-eight (81%) attendees answered the question, “What was least useful? What would you change or eliminate?” The most popular response was, “it was all useful”, from 13 (34%) of the attendees who answered this question followed by “too short” (13%) and holding the event “in-person” (8%) once it was safe to do so. Seven attendees said they would not eliminate anything but wanted to add additional topics like fundraising, assembling a campaign team, how to file for office, establish a website, and campaign finance.

The final question about the Webinar, “Is there anything else you care to share about our Webinar for Nurses and Midwives?” had 22 responses. The most common reply was, “I want to know more” from seven (32%) of the attendees who answered the question. Comments were all positive and included additional suggestions for future programs, especially more opportunities for networking among attendees. One attendee commented on the personal impact of the webinar, “I had been contemplating running for an open commission seat, but doubted myself. This would have given me the push I needed. I’m excited now.”

The final section of the program evaluation included two multiple-choice questions about the Candidate School. Choices for these two questions were: yes, no, maybe, and included a fourth option; a free-text box for comments. The question, “When the Candidate School for Nurses and Midwives can be held in person, will you attend if you can?”, was answered by 45
Is There a Nurse in the House

(96%) attendees. Thirty-nine (87%) attendees replied, “Yes”, five (11%) responded “Maybe”, and one replied commenting that they would attend for the networking benefits and if it fit into their schedule. When asked, “When the Candidate School for Nurses and Midwives can be held in-person, would you recommend it to your colleagues?”, of the 46 (98%) attendees that answered, 44 (96%) said, “Yes”. One respondent replied in a comment that they already had recommended the Candidate School to a colleague, and one asked a question about the group’s closed Facebook page.

Webinar Pre-Event and Post-Event Surveys

Figure 2. Response Rate of Pre, Post, & Matched Event Surveys

Pre-event and post-event surveys were sent to all 47 registered attendees. The pre-event survey return rate was 81% (38) and decreased to 49% (23) for the post-event surveys. Matching the pre-event and post-event surveys proved to be challenging due to the anonymous codes that attendees created before completing the pre-event surveys. A number of pre-event survey codes that attendees created were unable to be matched with a those entered when they completed the post-event surveys and vice versa. This indicated that attendees either did not remember the code they created when completing the pre-event surveys or completed either a pre-event survey or post-event survey, but not both. In the end, 47% (18) of the pre-event and post-event surveys could be matched for data analysis (Figure 2).
The project team believed that, although many pre- and post-event surveys could not be matched, the pre- and post-event surveys contained valuable stand-alone data. As a result, data is reported as follows: demographic data will be reported first, followed by relevant stand-alone data from the pre- and post-event surveys and, finally, relevant data from the matched pre-and post-event survey data.

**Demographics.** Demographic data was only collected on the pre-event surveys to ensure respondents’ anonymity and is reported here based on these 38 completed surveys. Ninety-two percent of Webinar attendees were female, 74% White, 21% Black/African American, 3% Asian/Pacific Islander, and 3% Hispanic/Latino. The average attendee age was 49 years old with a range of 29 to 68 years. These numbers mirror the data available about the entire population of nurses in the United States who are 90% female, 73% White, 8% Black/African American, 10% Hispanic/Latino, 6% Asian/Pacific Islander, with an average age of 50 (United States Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, 2019). Sixty-five percent of attendees were married, 16% divorced, and 19% have never married.

Webinar attendees appeared to be more educated and wealthier than nurses nationally. Fifty-one percent of Webinar attendees earned a masters degree and 43% were doctorally prepared compared to 17.5% and 1.9% of U.S. nurses respectively (United States Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, 2019). Education is a factor in activism; higher levels of education correlate with higher levels of political participation (Perry & Emory, 2017; Primomo & Björling, 2013; Vandenbouten et al., 2011). Attendees’ annual household incomes ranged from $19,000 to over
$150,000 categorized as follows: $19,000 - $ 29,000 = 3%; $70,000 - $89,000 = 6%; $90,000 - $119,000 = 28%; $120,000 - $149,000 = 3%; >$150,000 = 61%

Ninety-five percent of respondents reported that they currently practice nursing. Areas of practice included anesthesia, midwifery, nursing leadership or administration, home care, ambulatory care, mental health, and bariatric care. One nurse reported being a state government employee. Two respondents reported that they do not currently practice nursing. One is a stay-at-home mom and the other is self-employed but did not identify an occupation. Sixteen participants (42%) identified as advanced practice nurses.

Politically, 42% percent of attendees identified as Democrats, 33% as Republicans, 17% as unaffiliated, and 8% as other. McBroom (2019) found that nurses were more evenly divided among political parties. Her small sample of registered nurses, nurse practitioners, nurse anesthetists, nurse midwives, and licensed practical/vocational nurses identified as 39% independent or other party, 33% Democrat, and 28% Republican.

Pre-event survey results. Thirty-eight pre-event surveys were completed. Thirty-four (88%) nurses attended the Webinar because they were interested in running for office. Four (12%) were interested in managing a nurse’s campaign and one had already done so in the past.

Of the four attendees who indicated they were interested in campaign management, three indicated they were very interested and one reported being a little interested but wanted to learn more. One did not feel prepared at all, and three knew a little about campaign management and still needed to learn about the specifics. The group was split down the middle with regard to feeling qualified to manage a campaign; 50% felt qualified, while the other 50% did not feel qualified at all. Only one nurse planned to manage a campaign, and three responded, “Maybe.”
Only two of the nurses responded to the question about time frame for managing a campaign and both reported three to five years.

Of the 34 respondents who were interested in running for political office, five had previously done so. Offices included: city council (1), state House of Representatives (2), library board (1), and county coroner (1). Seventy-four percent were either very interested or 100% interested in running for office (Figure 3). However, only 14% felt they knew a great deal or were completely prepared to start a campaign (Figure 4). Interestingly, one participant who had run for office before did not feel prepared at all. When questioned whether they felt qualified to run for office, 26% felt they were very qualified, 32% felt qualified, 26% felt somewhat qualified, and 15% did not feel qualified at all (Figure 5). Seventy-one percent indicated they plan to run for office in the future, while 29% answered “Maybe”. When questioned about their time frame to run for political office, 6% (2) said less than a year, 41% (14) said within one to two years, 41% (14) said three to five years, 12% (4) said between six to 10 years. The political offices this group identified they wanted to run for in the future included state senator or representative, county commissioner, and city council.
Figure 3. How Interested Are You in Running for Political Office?

Figure 4. How Prepared Are You to Start a Campaign for Political Office?
Next, the potential candidates were asked to assess their campaign skillset including speaking in public, communicating their core values, working long hours on a project, asking others for help, and making quick decisions (Figure 6). Respondents rated their ability to work long hours on a project as their best skill, 74% percent rated themselves as above average. This was followed by describing their core values (67%) and public speaking skills (56%). Nurses have been repeatedly recognized by the public for their honesty and integrity as the most trusted profession (Gallup, 2021b). Therefore, it may come as no surprise that they are able to easily communicate their value system. Additionally, nurse legislators frequently cite their communication skills as valuable assets that are transferable from the clinical to the political role. (Hall-Long, 2009; Herman, 2011; Woodward et al., 2016). These skills were followed by making quick decisions where 53% rated themselves as above average. As clinicians, nurses make quick decisions and deal with unexpected events every day at the bedside (Lyttle, 2011).
At the other end of the spectrum, over 53% of attendees considered themselves either average or below average in their ability to ask other people for help. As caretakers themselves, nurses frequently have difficulty asking for assistance; a trait that follows them into a campaign especially when it comes time to ask for money or volunteer time (Connor, 2014; Hall-Long, 2004).

Figure 6. Self-Assessment: Skills Needed to Run for Political Office

Respondents were asked about the barriers they believe they will face when running for political office. The multiple-choice list included lack of resources, lack of support, lack of skills, lack of time, and “Other”; this included a free text option. A lack of resources was identified most frequently (30%), followed by lack of support (18%), lack of skills (16%), lack of time (14%), and other (22%). Obstacles identified in free text were: being a federal or state employee, residing in a “very political” state, lack of support from nursing association, pushback from the
medical community, fundraising, social media, not understanding the campaign process, and choosing what office to run for. One respondent expressed concern about their background but did not specify whether the concern was personal or professional. The financial strain of a campaign and loss of income if elected, juggling work and family responsibilities, and lack of name recognition were cited as a barrier by multiple attendees. Political campaigns cost money, and this is a frequently cited barrier in the available literature about nurse candidates (Connor, 2014; Hall-Long, 2004). Many politically active nurses already struggle with juggling work, family and professional activities, (Adcock, 2008; Connor, 2014; Hall-Long, 2004). Adding “legislator” to their list of roles can be an additional and expensive challenge (Herman, 2011).

The third section of the pre-event survey asked all attendees (potential candidates and campaign managers) about their current and past levels of political participation, community organization involvement, and professional nursing association involvement.

This group was very politically active: 97% vote regularly; 76% regularly contact their elected officials and donate money to political campaigns or causes; and 66% have volunteered for a political campaign. Unsurprisingly, they were less involved in paid political work. Less than 1% of respondents: work(ed) for a business that works closely with government (2) or work(ed) in a paid position for a political organization (1). No one work(ed) for a sitting politician.

Community involvement was popular and relatively frequent among this group as well: 82% volunteer(ed) with a community group; 61% attend(ed) a neighborhood meeting; 34% volunteer(ed) with a religious group; 29% volunteer(ed) for a civic group; 24% attend(ed) a school board meeting. Forty-two percent reported participating in community activities monthly,
31% yearly, 19% weekly, and 8% less than once a year. Two respondents did not answer this question.

This is a group of very professionally active nurses at the local, state level and national levels: 92% are a member of one or more professional nursing associations; 68% have advocated for the nursing profession at the state level and 47% at the national level; 50% have participated in hospital-wide/organizational committees; 40% have held a leadership position in their state professional nursing organizations; 21% at the national level; and 34% have held a leadership position on their unit or in their workplace. Forty-four percent participate weekly, 33% monthly, 17% yearly; and 6% less than once a year. Two respondents did not answer this question. These results are not surprising as professional and community organization involvement has been shown to be a facilitator of nurses’ political involvement (Hewlett, 2008; Vandenbouten, 2011; Winter & Lockhart, 1997) and in nurses’ pursuit of elected office (Adcock, 2008; Barry, 1989; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011).

The final section of the pre-event survey contained two general political knowledge questions adapted from the survey of candidate school participants that Dr. Carnes’ shared with the project team (personal communication, June 12, 2019). The first in this series of questions, “How long in advance do people typically start thinking about running for elected office?”, has no right or wrong answers. Of the 37 respondents who answered the question, about one-third (32%) weren’t sure. Almost a majority (49%) responded “Two Years”, and the remaining 19% said “One Year”. The second question in the series asked, “What is the fastest-growing category for voter registration?”. Thirty-five percent responded, “Unaffiliated”, followed closely by “Democratic Party” at 32%. Only 1 (3%) person responded, “Republican Party and the
remaining nurses (30%) responded “I’m not really sure”. One person did not answer this question. The correct answer is unaffiliated (Gallup, 2021a).

**Post-event survey results.** Twenty-three of the 47 Webinar attendees completed the post-event survey for a response rate of 49%. While all of the post-event surveys could not be matched with a pre-event survey, there were still notable findings.

Two (9%) of the 23 respondents were interested in running a nurse’s campaign and both reported that they were more interested in managing a nurse’s campaign after the Webinar. They also agreed that they needed to learn more before they decided to do so. One respondent felt more qualified to run a nurse’s campaign after attending the Webinar; the other felt about as qualified as they did before. Both responded “Maybe”, when asked if they planned to manage a campaign in the future, but their timelines differed. One respondent planned to manage a campaign within one to two years and the other within three to five.

Twenty-one (91%) post-survey respondents attended the Webinar because they were interested in running for office. After the Webinar, 67% of the attendees were more interested in running for office, compared to 33% who were about as interested as they were before. Sixteen (81%) respondents now rated their level of interest in running for office as very interested or 100% interested. Four (19%) were not quite as sure and reported that they remained a little interested but needed to learn more. Thirteen (62%) respondents felt more qualified to run for political office after the Webinar, seven (33%) felt about as qualified as they did before, while one (5%) felt less qualified.

After the Webinar, 81% of attendees planned to run for office in the future, 14% replied “Maybe”, and only one nurse decided against it after the Webinar. Eighty-six percent are planning to run within five years, 10% plan to run within six to ten years, and one nurse plans to
run within the next year. Interestingly, all respondents answered the timeline question, although one reported in the previous question that they no longer planned to run. According to Hennings (2011), candidate training programs encourage participants to run for office but also influence the decision not to run. Forty-five percent of attendees felt more prepared to run after the webinar, 25% felt about the same as they did before, and 5% (1) felt less qualified. Twenty five percent did not rate their preparedness but felt that they were more aware of resources available to them to learn how to run for office.

**Matched pre-event and post-event surveys.** A total of 18 pre- and post-event surveys were matched by the anonymous codes that the attendees created. Six percent (1) of the 18 nurses were interested in running a nurse’s campaign. The remaining 94% (17) attended the Webinar because they were interested in running for political office. One of the 17 had run for political office previously.

The one matched respondent who expressed interest in managing a nurse’s campaign moved from being “very interested” before the Webinar to “a little interested, but I’d like to learn more” after the Webinar. The respondent recognized they needed to learn the specifics about campaign management prior attending the Webinar and this remained the same afterwards. The nurse felt somewhat qualified prior to attending the Webinar but felt more qualified to manage a campaign afterwards. They remained a “Maybe” when asked if they planned to manage a campaign in the future. However, after the Webinar the nurse chose a time frame to run a campaign of three to five years whereas prior to the Webinar, they did not respond to the question. Overall, the respondent reported being more interested and feeling more qualified to manage a campaign then they were before the Webinar.
The Webinar piqued attendees’ interest in running for political office. Before the Webinar, two (12%) attendees reported not being very interested in running for political office. Afterwards, no one rated themselves in this category. Four (24%) attendees rated themselves a little interested before the Webinar and the category remained unchanged afterwards. However, the top two categories, each grew by one attendee after the Webinar from 61% to 72% (Figure 7). Overall, 71% (12) of the attendees reported being more interested than they were before the training, compared to 29% (5) who were about as interested as they were before.

Figure 7. How Interested Are You in Running for Political Office?

Attendees’ preparedness to run a campaign for elected office shifted dramatically. Before the Webinar, five (27%) attendees rated themselves completely unprepared, the number dropped to zero afterwards. Likewise, the number of attendees who rated themselves as still having a lot to learn deceased by one (6%). The number of attendees who moved to the midpoint, “I know a little about campaigning, but I still need to learn a lot about the specifics”, quadrupled increasing from two (11%) respondents to eight (44%). The number who claimed to be “almost” ready to
start a campaign doubled. The number of attendees who felt completely prepared to start a campaign remained unchanged at one (Figure 8).

Figure 8. How Prepared Are You to Start a Campaign for Political Office?

![Graph showing preparedness levels](image)

The number of respondents who felt they were somewhat or not at all qualified to run for political office fell from seven (39%) to two (11%) after the attending the Webinar. The number of nurses who felt qualified after the Webinar increased dramatically from four (22%) to 11 (61%). Interestingly, the number feeling “Very qualified” decreased from six (33%) to four (22%) (Figure 9). Overall, nine (53%) attendees felt more qualified to run for political office after attending the webinar, compared to seven (41%) who felt about the same and one (6%) who felt less qualified.
Overall, the majority of attendees continued to rate their campaign skillset as above average after the Webinar. More nurses rated the following skills as above average after attending the Webinar: public speaking (59% vs. 65%), the ability to work long hours on a project (71% vs. 88%), and making quick decisions (65% vs. 71%). Most interestingly, the same majority (58%) of nurses continued to rate themselves as average or below average pre-and post-Webinar when it comes to asking other people for help.

Remarkably, 88% (15) of attendees planned to run for political office after the Webinar. This was an increase of 17% from before the Webinar when 71% (12) of attendees planned to run for political office. Two (12%) nurses answered “Maybe” to the same question after the Webinar, an improvement from the five (29%) that did so before the Webinar. The only change in time frame for running for political office was a single nurse who pre-webinar reported they would run in three to five years. Post-webinar that time frame decreased to one to two years. However, the overall number of nurses running within one to five years remained the same at 14. All other categories remained unchanged; two nurses planned to run in six to ten years and one in less than a year. Before the Webinar, 12 (71%) nurses had not identified which office to run for in the future. After the Webinar, the number increased to 13 (76%). The number of nurses
who identified an office to run for decreased from five (29%) to four (23%). The list of offices was similar as well. Before the Webinar the list included: U.S. Congress, city council, local college board and state senator. Afterward, two nurses identified city council, local college board and state senate remained on the list, U.S. Congress was no longer included. No nurse reported being appointed to a political office before the Webinar or since attending the Webinar.

Figure 10. Do You Plan to Run for Office in the Future?

Attendees identified fewer obstacles to elected office after the Webinar (38 vs. 28). When asked about the obstacles they would face when running for office, the same number of nurses (12) identified a “Lack of resources” on the pre- and post-event surveys. Though the resource here is not explicitly defined as money, Carnes (2016) has consistently shown that working class people do not run for office in part because they are not wealthy and cannot withstand the economic burden of campaigning. The responses regarding lack of time were virtually unchanged (5 vs. 4) on the pre- and post-event surveys. Two other obstacles, lack of skills (7 vs. 3) and lack of support (6 vs. 3) changed significantly, each decreasing by at least 50% (Figure 10). A few additional obstacles were identified after the Webinar, these included: a lack of belief
in the political system, ensuring that the office chosen was a good fit, and the challenge of having different political beliefs than the constituents in the district.

Figure 11. Perceived Obstacles to Running for Office

The pre-event surveys revealed that the Webinar attendees were currently active political participants as well as frequently active in community, civic, and professional nursing organizations. This subset of 18 nurses is representative of the larger group. The post-event surveys examined what the attendees planned to do in the future, and surprisingly, there were some notable changes.

The group was very politically active at baseline and planned to be even more so after the Webinar. Almost twice as many nurses (7 vs. 12) planned to volunteer for a political campaign in the future. While none engaged in paid political work in the past, they planned to seek out this work in the future. Five were interested in working in a paid position for a political organization and three planned to look for work with a sitting politician. An 83% increase was found in the intention to volunteer for civic groups and an 18% increase in planning on volunteering with a community group.
The Webinar increased their desire to be more involved in their communities and their profession. The attendees planned to triple their involvement in civic organizations (4 vs. 12). One hundred percent plan to volunteer with a community organization in the future and do so more frequently, either weekly or monthly. While this group already held membership in one or more professional nursing organizations, they planned to increase their advocacy efforts on the state and national levels. Attendees also planned to look for more leadership opportunities within their hospitals and organizations. They also planned to increase the frequency of professional involvement with 72% planning weekly engagement.

**Private Facebook Group**

While investigating existing campaign schools, the value of having an ongoing forum to connect with others in the cohort became apparent. One campaign school organizer with decades of experience shared her perspective that a closed social media network provided participants with a network that is lasting and supportive.

The project team established a closed Facebook group and initially invited 75 nurses who were accepted to or expressed interest in the Candidate School and the three Webinar nurse legislator faculty members to join. The 75 nurses represented the same population that was invited to attend the Webinar; nurses who were accepted to, applied to or expressed interest in the Candidate School. After the Webinar, the project team opened membership up to all nurses who were interested in running for elected office. The original 75 nurses were asked to invite nurses from their network who were interested in running for elected office. The project team invited additional nurses from their personal and professional networks as well.

As of April, 2021 the group had 60 members including two of the nurses who served as faculty for the Webinar and one additional nurse legislator. One of the faculty has been actively
engaged on the site. The project team posts information to the site every other week and interacts regularly with the members.

This chapter presents the findings of two separate pieces of this DNP project. First, the findings from nine nurse candidate interviews that were conducted to learn more about the barriers to and facilitators nurse candidates experience in their pursuit of elected office. The presentation of findings was based on what was previously written in the literature about nurse candidates. Barriers included a lack of resources, party politics, a lack of political knowledge, gender bias, and negative campaigning. Facilitators included political socialization, membership in professional and community organizations, mentors and role models, and critical events. While the barriers revealed in this subset of interviews tracked closely with what was found in the literature review, the facilitators did not.

The findings from the Yale Candidate School for Nurses and Midwives attendees provided information about what is and is not possible to do with a limited amount of time on a virtual platform. This group of highly motivated and professionally active nurses had a shift in mindset after this two-hour webinar. Whether interested in running for elected office or running a nurse’s campaign, they felt more interested, more prepared, and more qualified than they did before spending time with nurse legislator role models and each other.
Chapter 5

Discussion

This project sought to identify the barriers to and facilitators of nurses’ pursuit of elected office and to use this information to develop methods to recruit, train, motivate, and support registered nurses to run for elected office at the local, state, or federal level. The original plan was to develop and pilot a 3-day, in person candidate training program for nurses. The COVID-19 pandemic necessitated revising the original project plan. The revised project included planning and conducting a two-hour educational webinar to engage, inspire, and motivate registered nurses to run for elected office at all levels.

Key Findings

The findings of this project support and build upon the results of the small body of research about nurses who run for elected office. The nurse candidate interviews revealed information that supports the barriers and facilitators found in the literature. In addition, new themes emerged from the interviews: the impact of advanced education on nurses’ candidate emergence; nurses’ lack of participation in party politics; how gender and power differentials affect nurses’ campaigns; and negative campaigning and its collateral damage on those people the nurse candidate cares about most. However, most surprising may be where the findings differed from the literature. The facilitator that nurses identified most often was not their personal relationships, but the impact of their experiences as a nurse on their campaigns.

The rich data from the candidate interviews revealed emerging new themes about the barriers and facilitators that nurse candidates face when pursuing elected office. The nurses in this group who obtained advanced degrees received more information surrounding policy and politics in their formal education. It was this education that spurred some of them on to political
participation and, ultimately, to run for elected office. Likewise, eight of the nine nurses specifically mentioned the lack of policy and political education from their pre-licensure nursing programs. This was an interesting finding considering that policy and political knowledge is a curriculum requirement for all levels of nursing education (AACN, 2006, 2008, 2011). This indicates that there is an additional role for politically active, knowledgeable nurses not only in advocacy, but also mentoring and educating pre-licensure and masters-level nursing students. Similar to an old maxim of healthcare education, “see one, do one, teach one”.

Many of these nurses were not involved in their political parties before they decided to pursue elected office. This was an additional barrier to those already cited in the literature: partisan politics, association with a gendered occupation, and political party gatekeepers (Buchianeri, 2018; Connor, 2014; Crowder-Meyer, 2018; Fox & Lawless, 2014a; Hall-Long, 2004; Pyeatt & Yanus, 2016; Szulecki, 2018). They could not be overlooked by party officials during candidate recruitment, because many were not present to be overlooked! When nurses did declare their candidacy, this positioned them as insurgents or outsiders and affected the support they received from the party and, in at least one instance, made their candidacy a target of their party. This indicates a need for political knowledge and education for nurses interested in pursuing elected office.

Gender played a complicated role in these nurses’ campaign experiences. Nursing is considered a female profession and, while that is slowly changing, the profession’s current demographic data back that up (Smiley et al., 2018). Some of the nine nurses discussed the role of power differentials that are embedded in nursing due to its gendered role in a patriarchal, medically-centered health system (Des Jardin, 2001; Dollinger, 2005; Gebbie et al., 2000; Small, 1989; Vandenhouten et al., 2011; Williams, 2018). One of the nurses described the culture of the
current system as: the doctor is in charge and the nurse follows doctor’s orders. She stressed that this follows the profession from education into practice. It was this mindset of powerlessness that nurses described overcoming when deciding to run for elected office. Once they began campaigning, they needed that confidence to stand up to party leaders and campaign consultants.

Nurses also described how the accepted norm of the patriarchal medical model of health care played a part in how voters and their own consultants perceived them. While nurses are the most trusted profession, these nurse candidates quickly learned that voters did not understand the expertise, intelligence, and grit that nursing requires. Others described the frustration of trying to communicate what being a nurse is actually like to campaign consultants who suggested portraying the image of a “traditional” nurse, holding a patient’s hand in campaign ads.

The literature also describes gender as a positive attribute in the political development of nurses (Connor, 2014), and one of the nurses described how gender was very helpful during their political socialization. Like society in general, many state and local governments and political parties have recognized the need for diversity on state boards, committees and government workgroups, leading to designated numbers of men and women to be elected or appointed to these positions. This situation helped one nurse as she became interested in running for state delegate positions within her party. She credits this with the move into leadership positions within the political party and ultimately her successful run for local elected office.

Negative campaigning is a known barrier to women’s campaigns in general and nurses specifically (Connor, 2014; Hall-Long, 2001). An emerging theme developed from the nurse candidate interviews: the collateral damage of negative campaigning. While many of the nurses admitted to being shaken by seeing a negative campaign ad for the first time, they described a great deal of moral distress when friends, acquaintances or innocent bystanders were included in
or affected by the content of the negative ads run against them. This was unsurprising given the unique care-taking role that nurses assume in their practice as well as the skill of non-judgmental empathy that results in nurses meeting patients where they are and intervening accordingly. Regardless, now that this issue has been identified, it can be included in a comprehensive candidate training program for nurses to help prepare them for this reality.

Every nurse mentioned a facilitator not identified in the literature: the value of the experience of being a nurse. They cited an array of unique and valuable skills that nurses bring with them to politics. First and foremost was communication. Every nurse discussed how they became expert verbal and written communicators, but the ability to understand non-verbal cues and to communicate with anyone at any level from the CEO to the patient that is unable to read or write, helped them when writing speeches, knocking on doors, or speaking to community groups. Additionally, skills like negotiation, creative problem solving, quickly synthesizing large amounts of data to make a decision, and de-escalation techniques were frequently mentioned as helpful to campaigning. Many nurses credited their patient care experiences with helping them develop their campaign platforms and their plans for addressing issues such as the environment, public transportation, education, and housing. They all embraced the idea of viewing any public policy through their nursing lens.

Perhaps it is understanding this last point, the value of the experience of being a nurse that helps partially explain the key findings from the educational webinar. The webinar findings also confirmed what is in the literature, a two-hour educational webinar is not enough time to teach nurses to run for office. However, findings also confirmed that nurses respond positively to nurse legislator role models and the importance of developing a network of nurses with the common interest of pursuing elected office (Hennings, 2011). Surprisingly, the matched pre-
event and post-event surveys revealed that, for this group of highly engaged and motivated nurses, two hours was enough time to impact their decision on whether or not to pursue elected office as well as to improve how they viewed their preparedness and qualifications to do so.

The 47 program evaluations offer the most comprehensive overview of the attendees’ attitudes towards the Webinar, due to the 100% return rate and the three open-ended questions included. The Webinar met its goal to engage, inspire, and motivate registered nurses to run for elected office at the local, state and federal level. The attendees used exactly those words along with a cadre of other positive phrases to describe the Webinar. Their comments also indicated that they needed more information on campaign and campaign management basics before they could launch or manage a campaign successfully, and that a training program required much more time than the two hours allotted for the Webinar.

Attendees’ comments indicated what Hennings (2011) found, that being able to interact with nurse legislators and hear their stories made the difference when they assessed if they could pursue elected office. In other words, “You have to see it to be it.” Further, their responses confirmed what the nurse candidates revealed, one of the major advantages of attending a campaign training program is the network of like-minded people that develops. The private Facebook group continues to build on this concept.

The full group of post-event survey results and the 18 matched pre-event post-event survey results do not markedly differ from one another with regard to overall interest and preparedness in running for elected office. Both groups felt more interested and more prepared in equal numbers. Interestingly, of the 18 attendees whose surveys were matched, 53% felt more qualified to run for elected office than they did before attending the Webinar. This is different from the full group where 67% felt more qualified. In short, while the Webinar was successful in
making attendees feel more interested, more qualified, and more prepared to run for elected office, the larger group of 21 post-event surveys showed more improvement than the 18 attendees with matched pre-and post-event surveys. This may indicate that the 18 matched surveys are a conservative estimate of the Webinar’s true impact.

The number one obstacle to running for elected office identified by the webinar attendees was a lack of resources and a lack of time. In the literature, this is the barrier cited most frequently by nurse candidates (Adcock, 2008; Connor, 2014; Hall-Long 2001, 2004; Herman, 2011; Szulecki, 2018). The attendees free text responses to this question reveal another frequently cited barrier in the literature: party politics (Connor, 2014; Herman, 2011; Szulecki, 2018). Additional attendee responses included a concern about their political beliefs running counter to those of their constituents. They did not mention a concern about how their belief system matched up with their chosen political party. The remaining obstacles attendees identified in free-text reflect inexperience with the process of running for office: a lack of belief in the political system and concerns about choosing the right office to run for. Not unexpectedly, many attendees commented on the program evaluations that they hoped future events would contain more information about the “nuts and bolts” and the process of running for elected office.

In aggregate, the Webinar can be viewed as a success. The results of the program evaluations, pre-event surveys, and post-event surveys indicated that the educational objectives were achieved by an effective faculty and the revised aim of the DNP project was accomplished. The team was able to engage, inspire and motivate 47 nurses to pursue elected office, manage a nurse’s campaign, or increase their political involvement by developing and conducting a two-hour educational webinar.
Implications

Developing a Candidate School for nurses was an innovative approach to address the dearth of nurses in elected office. While the profession desires to increase nurses’ political participation, including holding elected office, there has not been a structured, comprehensive program to recruit, train, motivate, and support nurses to pursue elected office at the local, state or federal level (Connor, 2014; Herman, 2011). Nursing scholars have studied nurses’ political participation but there are no studies that focus on nurses’ experience in campaigning for local, state, or federal office (Connor, 2014; Herman, 2011). The DNP project that was planned would have provided valuable information to be used as a basis for future research and to create a sustainable Candidate School for Nurses and Midwives.

The preliminary analysis of the nine nurse candidate interviews in combination with the Webinar evaluation tools have wide ranging implications for practice, education, policy and research. In practice, we learned that a two-hour educational webinar cannot replace a three-and-a-half-day candidate training program. Hennings (2011) found that short-term programs for women are why they first begin considering running for office. While a two-hour educational webinar could not teach campaign methods and strategy it could, as Hennings (2011) predicted, engage, inspire, and motivate the attendees. The Webinar attendees already had an interest in seeking elected office. Therefore, it also served as a foundation on which to build a supportive network of nurses who share their interest.

The nurse candidate interviews provided detailed, valuable insight into the barriers and facilitators nurses face when they pursue elected office. The interviews also uncovered a need for nurses to receive more political and policy information during their formal nursing education and a way for practicing nurses to obtain that political education if they did not receive it. First,
providing basic political and policy education beginning in prelicensure programs will instill the importance of policy and politics into nursing practice and the profession from its very foundation. In our current healthcare environment nurses manage the consequences of policy decisions made at the local, state, or federal level every day at the bedside. Political and policy education is no longer a luxury, it is a necessity.

The literature demonstrates that raising nursing’s political awareness increases nurses’ political involvement. Based on the findings from this project, it appears that graduate programs are currently increasing nursing’s political participation through political education. However, only 19% of U.S. nurses hold a graduate degree, suggesting that the vast majority of nurses might not have this foundation. By providing short, educational programs like the Webinar, we can increase practicing nurses’ awareness of how political knowledge can positively impact their practice and their patients.

A comprehensive politics and health policy educational plan for the profession is akin to a three-legged stool. The first leg is pre-licensure nurses, the second is graduate degree seeking nurses and practicing nurses, and, the third and final leg, those nurses who are interested in pursuing elected office. An intensive candidate training program like the Candidate School for nurses will prepare this last group of nurses to run for elected office at the local, state or federal level. Most importantly, by educating the first two groups, we can create a culture change within the profession. Nurses in all three groups may never decide to pursue elected office, but will be educated, ready, and understand the importance of supporting the nurses who do.

This DNP project has broader policy implications. By providing intensive candidate training programs that are tailored to the needs of nurses, the profession can build a pipeline of nurses to pursue elected office and, ultimately, through their matriculation into elected office, the
opportunity to develop public policy. Nurses will advocate for the health and welfare of communities on a much larger scale, returning the profession to its roots. From the profession’s earliest days, nurses have had a history of connecting with their communities. Since the mid-twentieth century nurses have drifted away from those communities as their professional focus shifted working in hospitals. As a result, the profession is no longer seen by the community as an independent profession with its own body of knowledge.

**Limitations**

**Sample**

The sample of the nine nurses interviewed for this DNP project was unique in three important ways. First, it contained no male nurse legislators, though male nurses make up almost 10% of the nursing population (Smiley et al., 2018). When the sample of nurse interviewees was chosen from the nurse candidate database, no male nurse candidates had been identified. Second, this sample of nurses was more educated than the general nursing population, 67% a graduate degree compared to 19% nationally (United States Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, 2019). This is not unusual for politically involved nurses and nurse candidates (Barry, 1989; Boyd, 2019; Connor, 201; Herman, 2011; Hewlett, 2008; Vandenhouwen, et al., 2011; Winter & Lockhart, 1997). Finally, the nine nurses were slightly older at 53 years of age than the average nurse, who is 50 (United States Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, 2019).

Like the nurse candidate interviewees, the nurses who attended the Webinar were more educated and wealthier than the average nurse. These nurses were also very involved in their professional organizations and communities, another characteristic of politically active nurses
and nurses who pursue elected office. (Adcock, 2008; Barry, 1989; Boyd, 2019; Connor, 2014; Hall-Long, 2001, 2004; Herman, 2011). The Webinar attendees were the nurses who applied to or inquired about the Candidate School. Therefore, the groups characteristics are not that surprising considering that the marketing campaign targeted professional nursing organizations and consisted of outreach to the highly engaged nurses of the project team’s personal networks.

**Time**

Timing was the major limitation of this DNP project. Timing of the 2020 general election, the subsequent holiday season and the start of a new legislative session delayed the implementation of the Webinar. The general election also delayed the scheduling of many nurse candidate interviews which adversely affected the analysis plan. Ultimately, this only left time for a preliminary analysis of nine interviews. All 22 will be analyzed and submitted for publication post-graduation.

**Qualtrics Survey Software**

The team’s unfamiliarity with this software application made administering the evaluation tools and analyzing the resulting data a challenge. Ultimately, it hindered the team’s ability to match the pre-event and post-event surveys due to confusion regarding the creation of anonymizing codes. While 38 pre-event surveys, (81% return rate) and 23 post-event surveys (49% return rate) were completed, in the end, we could only match 18 (38% return rate) of them.
Future Plans and Research

The 22 nurse candidate interviews will be analyzed for themes to learn more about the barriers to and facilitators of nurses’ pursuit of elected office. This information will be used to tailor the Candidate School curriculum to the needs of nurses. Once it is safe to do so the team plans to hold an in-person candidate school for nurses and midwives. Dr. Carnes has agreed to continue collaborating on a long-term analysis of the candidate school’s impact on the number of nurses who go on to pursue elected office, run campaigns, or increase their political engagement.

There is little in the literature about nurses who pursue elected office and even less about the impact that nurse legislators have on the development of public policy. By expanding the occupational experience of elected officials, public policy in America will be richer and more representative of society at large. Political scientists have been able to measure women’s impact on the creation of public policy; future research focusing on nurses may be able to document the impact of nurses. The team hopes that our work contributes to future research on the impact that nurses can have on developing public policy.

Conclusion

If the COVID-19 pandemic has exposed anything it is that underserved populations need access to high quality health care that and nurses, the closest provider to the patient, can and do provide that expert care, in every community. Nurses see their communities through the eyes of their patients, who better to be their community’s voice in the public policy debate?

Nurses, because of their skills, knowledge, experience, and expertise have much to contribute to the creation of public policy. Nurses must better understand the power they have to create change at the local, state, and national level; a candidate school for nurses and midwives
will help them do that. Until then, one by one, nurse candidates will continue to carve their own paths to elected office in an effort to fill the void they see in our elected representatives.
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Appendix A

The Yale Candidate School for Nurses and Midwives Flyer

APPLICATIONS ARE NOW OPEN

THE YALE SCHOOL OF NURSING
CANDIDATE SCHOOL FOR NURSES AND MIDWIVES

MAY 27 - 30, 2020

FOR MORE INFORMATION:

EMAIL
YSN.CANIDESCHOOL@YALE.EDU

VISIT
HTTPS://NURSING.YALE.EDU/YALE-SCHOOL-NURSING-CANDIDATE-SCHOOL-NURSES-MIDWIVES
Appendix B

Interview Guide for Nurse Candidates

Basic Interview Information

Time:
Date:
Place:
Interviewer:
Interviewee:
Interviewee’s Elected Office(s) Held or Sought:
Interview mode:

Introduction

My name is Kimberly Gordon, I am a doctor of nursing practice student in the class of 2021 at Yale School of Nursing. As part of this program, I am seeking information on the experiences of nurses who have run for elected office. The purpose of this interview is to learn more about your experiences of deciding to run for office, barriers and facilitators you encountered while campaigning, and your thoughts about campaign/candidate schools. By learning more about nurses’ experiences we can develop methods to encourage, motivate, and support nurses to run for office. If we increase the pool of nurses interested in running for office, we can elect more nurses and ensure that the nursing profession has a voice in the development of public policy that promotes the health of communities on the local, state, and federal level.

Your participation in the interview is completely voluntary, and you can stop this interview at any time. You may also decline to answer any questions. The interview will be recorded, and I
will be taking notes as we talk. Afterward, the interview will be transcribed. Your information will be kept confidential and all identifying information will be removed from the interview transcript. Do you have any questions?

**Interview Content Questions**

First, I will ask you some questions about how you first got involved in politics and your decision to run for office.

1) Tell me about how you first became interested in politics?
   a. Growing up, how was your family involved with politics or the political process?
   b. How did friends or colleagues affect your willingness to become politically involved?

2) Tell me about your decision to run for office.
   a. Was there a particular event or moment that influenced your decision (catalyst for entry)? Tell me about that.
   b. Was it a gradual process over time? Tell me about that.

Now I would like to ask you to reflect on the experience of running for office.

3) What aspects of campaigning did you find most challenging?
   a. How were friends, family, and colleagues involved in your campaign?
   b. Tell me about fundraising to finance your campaign.
   c. What role did your colleagues or other nurses play in your campaign?

4) How did being a nurse impact your campaign?
   a. When you think back on running for office as a nurse, are there challenges or opportunities that are unique to nurses?
b. Were there specific experiences or skills that you brought with you from your nursing practice to campaigning for elected office?

5) Can you tell me what you learned from campaigning that you wished you would have known before embarking on the campaign?

6) Were there any campaign consultants or experts that you worked with and found helpful during your campaign that you would recommend to other candidates?

Next, less discuss barriers and facilitators you encountered while campaigning for office.

7) What barriers did you experience while campaigning for office?

   a. Tell me about your experience with juggling work and time commitments in your personal life.
   b. Did you find fundraising a challenge? Tell me about that.
   c. How did party politics affect your campaign?
   d. How did policy courses and/or political socialization opportunities during your formal nursing education affect your ability to run a campaign?
   e. How did gender play a role in your campaign?
   f. How did you deal with negative campaigning?

8) What experiences were helpful to you while campaigning for office?

   a. Were you introduced to politics and advocacy from membership in a professional organization? Community organization?
   b. What role did political role models or mentors play in your campaign?
   c. How did your nursing colleagues and loved ones assist you during your campaign? What resources did they offer? (child care/elder care, errands, fundraising, canvassing, phone banking)
9) Is there anything else regarding your campaign that you would like to tell me about?

Next, I would like to ask you about campaign/candidate schools.

10) Did you attend a campaign or candidate school?

   a. If yes:
      
      i. What school did you attend? Tell me about the format.

      ii. What did you find helpful about the program?

      iii. What was not helpful about the program?

      iv. Is there anything that you believed should have been included but was not?

   b. If no:
      
      i. Why did you choose not to attend?

      ii. In retrospect, do you believe attending a campaign/candidate school would have been helpful? Why or why not?

11) Would a campaign/candidate school developed specifically for nurses be helpful?

   a. What do you think would make a school helpful?

   b. Why do you think it would not be helpful?

12) Do you have any feedback for me about the interview process?

Thank you for taking the time to speak with me and to share your campaign experiences. Your experience will be helpful to future nurse candidates.
Appendix C

Recruitment Email for Nurse Candidate Interviews

Dear Ms./Mr. XXXX,

My name is Kimberly Gordon and I am a Doctor of Nursing practice (DNP) student at Yale School of Nursing. I am contacting you because you are a registered nurse who has run for elected office at the local, state, or federal level. As part of my doctoral program, I am working on a project to develop methods to encourage, motivate, and support nurses to pursue elected office.

As part of this project, I will be conducting interviews to learn about the experiences of nurses who have run for elected office and I would like to schedule a time to interview you. The interview will take approximately 30 minutes and we can schedule a time video or audio conference call – whichever is most convenient for you. The interview will include questions regarding your decision to run for office, any barriers and facilitators you encountered while campaigning, and your thoughts about campaign/candidate schools. Please find a consent document that contains detailed information about this project attached to this email.

Your decision to pursue elected office places you in a special, and rare, subset of nurses in our profession. I hope that you will agree to participate in this project by consenting to an interview. Please contact me via email (kimberly.gordon@yale.edu) or cell phone (336) 202-3600 at your earliest convenience to schedule an interview or obtain additional information.

Thank you for what you do every day to ensure that nurses and our patients have a voice in public policy development. I look forward to speaking with you.

Kind Regards,

Kimberly Gordon, MSN, CRNA
Doctor of Nursing Practice Student
Yale School of Nursing
Appendix D

Consent Form for Nurse Candidate Interviews

CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

YALE UNIVERSITY

Study Title: Is There a Nurse in the House? Or the Senate

Principal Investigator (the person who is responsible for this research):
Kimberly Gordon; Kimberly.Gordon@yale.edu

Why is this study being offered to me?
We are asking you to take part in this project because you are a nurse who has run for elected office at the local, state, or federal level.

Who is paying for the study?
The project is wholly funded by the principal investigator; there is no outside funding associated with this project.

What is the study about?
The purpose of this study is to develop methods to encourage, motivate, and support nurses to pursue elected office. If we increase the pool of nurses interested in running for elected office, we can elect more nurses and ensure that the nursing profession has a voice in the development of public policy that promotes the health of communities on the local, state, and federal level.

What are you asking me to do and how long will it take?
If you agree to take part, your participation in this project will involve scheduling an interview in person when possible or, based on your preference, via audio or video conference call. The questions involve your decision to pursue elected office, your experiences as a nurse candidate, barriers and facilitators you encountered while running for office, and your thoughts on campaign/candidate schools. The interview will be recorded, and I will be taking notes as we talk. Afterward, the interview will be transcribed. Your information will be kept confidential and all identifying information will be removed from the interview transcript.

The interview will take approximately 30 minutes of your time.

Are there any risks from participating in this research?
We do not expect any risks from taking part in this project.

How can the study possibly benefit me or others?
While you may not directly benefit from taking part in this project, we hope that information obtained during our interview will add to the knowledge about nurses’ experiences in the pursuit of elected office.

Are there any costs to participation?
The only cost associated with participation in this project is your time, approximately 30 minutes, for the interview.

Will I be paid for participation?
You will not be paid for taking part in this project.

How will you keep my data safe and private?
All of your responses will be held in confidence and any identifying information will be removed from the interview transcript. Your name will not be used, and a code will be assigned to each participant (for example, Nurse Interviewee-1/NI-1). A master interviewee list will be kept on the principle investigator’s computer and will be password protected. Only the researchers involved in this project and those responsible for research oversight (such as representatives of the Yale University Human Research Protection Program, the Yale University Institutional Review Boards, and others) will have access to any information that could identify you. We will share it with others only if you agree to it or if required by federal or state law.

When we publish a paper about the project or talk about it at professional conferences, we will not use your name or any identifying information. We will not share information about you (identifiable or deidentified) with other researchers for future research.

What if I want to refuse or end participation before the study is over?
Your participation in the project and the interview is completely voluntary and you can stop the interview at any time. You may also decline to answer any question(s).

Who should I contact if I have questions?
Please feel free to ask about anything you don't understand.

If you have questions later or if you have a project-related concern, please contact the Principal Investigator at (336) 202-3600 or kimberly.gordon@yale.edu.

If you have questions about your rights as a project participant, or you have complaints about this project, call the Yale Institutional Review Boards at (203) 785-4688 or email hrpp@yale.edu.

Documentation of Informed Consent
With your permission, this interview will be recorded. Do you agree to the recording of our interview?

We will give you a copy of this consent form.
Appendix E

Yale Candidate School for Nurses and Midwives

Application

Applicants must be able to attend the entire campaign school, beginning Thursday morning at 7am and ending at 5:30pm on Saturday. We encourage attendees to arrive for a welcome and networking reception with fellow attendees on Wednesday at 7pm. There will be an optional celebratory dinner Saturday evening.

1. Attach resume

2. Demographic/contact information:
   - Name
   - Professional credentials (ex: RN, JD, APRN, NP)
   - Address (residence or where you will run)
   - Phone
   - Email

The Yale Candidate School for Nurses and Midwives is non-partisan. We are most interested in your experience and passion to run for office. We ask the following questions in an effort to build a diverse cohort. You can decline to answer any of the questions below.

3. Racial ethnic background (choose all that apply)
   - [ ] Black or African American
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Native Hawaiian or Other Pacific Islander
□ White
□ Other Race (Please specify): _______________________
□ Prefer not to answer

4. Ethnic Background
□ Hispanic/Latino/Spanish origin
□ Non-Hispanic/Latino/Spanish origin
□ Prefer not to answer

5. Age ______

6. What is your gender?
□ Female
□ Male
□ Non-binary/ third gender
□ Prefer to self-describe _____________
□ Prefer not to answer

7. Have you attended a candidate/campaign school before? Yes/No
   • If Yes, what school did you attend? ____________________________
   • What year did you attend the candidate/campaign school? ____________

8. Are you applying as a candidate or are you interested in managing a nurse’s campaign?
   [Set up form to automatically skip to candidate questions or campaign manager questions depending on applicant’s response]

Candidate Questions:

9. Have you ever run for office? Yes/No (If Yes, allow applicant to list more than one office/year)
10. Why do you want to run? (Free text; 200 words or less)

11. What time frame do you have in mind to run for office?
   - Currently declared
   - Less than a year
   - Within 5 years
   - Greater than 5 years

12. What issues are important to you? This will help us tailor the topics covered at the school. (Free text; 200 words or less)

13. What office are you interested in or currently running for?

14. Describe your experience in policy and/or advocacy (i.e. working on political campaigns, issue-related advocacy). (Free text)

15. What community and/or nursing organizations do you belong to? Briefly describe your involvement. (Free text)

Campaign Manager questions:

16. Have you managed a campaign before? Yes/No (If Yes, allow applicant to list more than one candidate/office/year)
   - Candidate name: _____________________________
   - What office did the candidate run for?
   - What year?

17. Are you interested in managing a particular nurse’s campaign?
   - Candidate name/nursing credentials
• What office is the candidate pursuing

• What is the candidate’s time frame to run for office?
   □ Currently declared
   □ Less than a year
   □ Within 5 years
   □ Greater than 5 years

18. Describe your experience in policy and/or advocacy (ex: working on political campaigns, issue-related advocacy). (Free text)

19. What community and/or nursing organizations do you belong to? Briefly describe your involvement. (Free text)
Appendix F

Yale Candidate School for Nurses and Midwives

Pre-Event Survey/Post-Event Survey for Attendees

Pre-Event Survey

1. When are you attending The Yale Candidate School for Nurses and Midwives?
   May 2020

2. How did you hear about The Yale Candidate School for Nurses and Midwives?
   Choose all that apply
   - Email
   - Word of mouth
   - Professional organization
   - Actively recruited
   - Other (please specify):

3. Below is a list of factors that may have been important in your decision to participate in The Yale Candidate School for Nurses and Midwives. Which of the factors listed was the MOST important in your decision to participate in the Candidate School? Please choose **only one** of the following:
   - □ Want campaigning skills
   - □ Want campaign management skills
   - □ Want networking skills
   - □ Want more confidence in the ability to win a campaign
   - □ Other (Please specify): ________________________________.

4. Below is a list of topics that may be covered in The Yale Candidate School for Nurses and Midwives. For each topic, indicate if it is a topic you would like to learn about in this Candidate School.
   Please choose the appropriate response for each item:
   
<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campaign strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voter contact</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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4 The pre-event and post-event surveys and long-term impact evaluation were adapted from an evaluation tool provided by Dr. Nicholas Carnes (personal communication, June 12, 2019) with additional questions from Hennings (2011) dissertation about candidate training programs (p.254-290). Permission granted from Dr. Hennings February, 20, 2020.
Volunteer management □ □
Media relations □ □
Policy issues □ □
Governmental structure (i.e. how government works) □ □
Public speaking □ □

5. Are there other topics that you would like to be covered in the Candidate School sessions?

Please choose **only one** of the following:

Yes
- If **Yes**, what other topics would you like to be covered in the Candidate School sessions? ____________________________________________

No

6. How would you rate yourself on the following skills?

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking in public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describing your core values</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working long hours on a project</td>
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<tr>
<td>Asking other people for help</td>
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<td></td>
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<tr>
<td>Making quick decisions</td>
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<td></td>
<td></td>
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</tbody>
</table>

7. The following is a list of skills that you may learn as a participant. Which of the following skills would you like to learn as a participant of the Candidate School?

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to network</td>
<td></td>
<td></td>
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<tr>
<td>How to strategize</td>
<td></td>
<td></td>
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<tr>
<td>How to present yourself</td>
<td></td>
<td></td>
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<tr>
<td>How to target voters</td>
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<tr>
<td>How to frame an issue</td>
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</tr>
<tr>
<td>How to choose your advisors (or &quot;kitchen cabinet&quot;)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Are there other skills that you would like to learn as a participant of the Candidate School?

Please choose only one of the following:

Yes
  • If Yes, what other skills would you like to learn?

No

9. Which resources did you use to pay for the Candidate School?

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal payment</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Scholarship</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Professional association sponsorship</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other- please specify __________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next series of questions asks about your community, nursing, and political activities.

10. Which of the following community activities are you or have you been involved in?

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended a neighborhood meeting</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Attended a school board meeting</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Volunteered with a community group</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Volunteered with a religious group</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

11. Are you, or have you ever been, involved in any other community activities?

Please choose only one of the following:

Yes
  • If Yes, what other community activities are you, or have you been involved in?
No

12. How often do you participate in community activities?
   Weekly
   Monthly
   Yearly
   Less than once a year

13. Which of the following professional nursing activities are you or have you been involved in?

   Please choose the appropriate response for each item:
   Yes    No

   A member of one or more professional organizations
   • Which organization(s) are you a member of?
   Held a state office in a professional nursing organization
   Held a national office in a professional nursing organization
   Advocate for the nursing profession on the state level
   Advocate for the nursing profession on the federal level
   Held a leadership position on your nursing unit or in your workplace
   • What position(s) have you held?
   Participated in hospital-wide/organizational committees

14. Are you, or have you ever been, involved in any other professional nursing activities?

   Please choose only one of the following:
   Yes
   • If Yes, what other nursing activities are you, or have you been involved in? ____________________________

   No

15. How often do you participate in professional nursing activities?
   Weekly
   Monthly
   Yearly
   Less than once a year

16. Which of the following political activities have you been involved in?

   Please choose the appropriate response for each item:
Attended a political rally or meeting
Regularly Vote
Regularly contact your elected officials to express your views
Donate money to political causes or campaigns
Gave a political speech
Volunteered for a political campaign
Volunteered for a political party
Hired to work for a political campaign
Hired to work for a political party
Work for a sitting politician in an official capacity
(ex: chief of staff, legislative assistant)

17. Are you, or have you ever been, involved in any other political activities?
Please choose only one of the following:
Yes
• If Yes, what other political activities are you, or have you been involved in?

No

18. How often do you participate in political activities?
Weekly
Monthly
Yearly
Less than once a year

Questions 19-28 pertain to nurses who are interested in running for political office:

19. Have you ever been APPOINTED to a political office?
Yes
• If Yes, what was the title of the appointed position(s)?
• If Yes, what level of office was the appointed position(s)?
  Please choose all that apply:
  □ Town or city
  □ School district
  □ County
  □ State
  □ Federal
  □ Other (Please specify): _____________________
No

20. Have you ever RUN for political office?
   Yes
   • If Yes, what was the title of the position(s) you sought
   • If Yes, what level of office was the position? Please choose all that apply
     □ Town or city
     □ School district
     □ County
     □ State
     □ Federal
     □ Other (Please specify): _________________________

No

21. Have you ever been ELECTED to political office?
   Yes
   • If Yes, what was the title of the elected position(s)
   • If Yes, what level of office was the position?
     Please choose all that apply
     □ Town or city
     □ School district
     □ County
     □ State
     □ Federal
     □ Other (Please specify): _________________________

No

22. As of today, how interested would you say you in running for political office?
   Please choose only one of the following:
   I’m not interested in at all
   I wouldn’t rule it out, but I am not very interested
   I’m a little interested, but I’d like to learn more
   I’m very interested
   I’m 100% interested, and I hope to run soon

23. Do you plan to run for political office in the future?
   Please choose **only one** of the following:
Yes
- If Yes, when do you plan to run for political office? Please choose only one of the following:
  - In less than 1 year
  - In less than 5 years
  - In less than 7 years
  - After 7 years

No

24. If you do plan to run for political office, have you identified what office to run for in the future?
   Yes
   - If Yes, what is the title of the position? __________________________

   No

25. If you do plan to run for political office, what obstacles do you face in running for political office?

26. As of today, do you feel like you know enough to start a campaign for political office?
   - I don’t really feel prepared at all
   - I know the basics about government, but I still have a lot to learn about running a campaign
   - I know a little about campaigning, but I still need to learn a lot about the specifics
   - I know a great deal about campaigning and I am almost ready to start a campaign.
   - I am completely prepared to start a campaign.

27. As of today, how qualified do you feel you are to run for political office?
   - Very qualified
   - Qualified
   - Somewhat qualified
   - Not at all qualified

28. Have you ever participated in any political leadership or candidate/campaign training program other than The Yale Candidate School for Nurses and Midwives?
   Please choose only one of the following:
   Yes
   - If Yes, please list the other political leadership/candidate training programs in which you have participated including the years you participated.
No

Questions 29 - 37 pertain to nurses who are interested in managing a nurse’s campaign for political office:

29. Have you ever MANAGED a campaign? Answer this question for every campaign you have managed.
   Yes
   • If Yes, what was the title of the office(s) the candidate(s) was running for?
   • If Yes, what level of office was the position?
     □ Town or city
     □ School district
     □ County
     □ State
     □ Federal
     □ Other (Please specify: _________________________)
   No

30. Has a candidate whose campaign you MANAGED, ever been ELECTED to political office? Answer this question for every candidate whose campaign you have managed that won their election.
   Yes
   • If Yes, what was the title of position(s) the candidate was elected to?
   • If Yes, what level of office was the position?
     □ Town or city
     □ School district
     □ County
     □ State
     □ Federal
     □ Other (Please specify: _________________________)
   No

31. As of today, how interested would you say you are in managing a nurse’s campaign for political office?
   Please choose only one of the following:
   I’m not interested in at all
I wouldn’t rule it out, but I am not very interested
I’m a little interested, but I’d like to learn more
I’m very interested
I’m 100% interested, and I hope to manage a campaign soon

32. Do you plan to manage a nurse’s campaign for political office in the future?
   Please choose only one of the following:
   **Yes**
   - If Yes, when do you plan to manage a nurse’s campaign for political office? Please choose only one of the following:
     - In less than 1 year
     - In less than 5 years
     - In less than 7 years
     - After 7 years
   **No**

33. If you do plan to manage a nurse’s campaign for political office, what position is the candidate planning to run for?
   **Yes**
   - If Yes, what is the title of the candidate’s position?
   **No**

34. If you do plan to run a nurse’s campaign for political office, what obstacles do you face in managing a campaign?

35. As of today, do you feel like you know enough to manage a nurse’s campaign for political office?
   - I don’t feel prepared at all
   - I know the basics about government, but I still have a lot to learn about managing a campaign
   - I know a little about campaign management, but I still need to learn a lot about the specifics.
   - I know a great deal about campaign management, and I am almost ready to manage a campaign
   - I’m completely prepared to manage a campaign.

36. As of today, how qualified do you feel you are to manage a campaign?
   - Very qualified
   - Qualified
   - Somewhat qualified
   - Not at all qualified
37. Have you ever participated in any political leadership or candidate/campaign training program other than The Yale Candidate School for Nurses and Midwives? Please choose only one of the following:
   Yes
   o If Yes, please list the other political leadership/candidate training programs in which you have participated including the years you participated.

   No

The following questions ask about some of your personal characteristics.

38. What is your gender?
   □ Female
   □ Male
   □ Non-binary/third gender
   □ Prefer to self-describe

39. In what year were you born?

40. Are you of Spanish, Hispanic, or Latino origin? Please choose only one of the following:
   Yes
   No

41. What is your race? Please choose all that apply:
   Black or African American
   American Indian or Alaska Native
   Asian
   Native Hawaiian or Other Pacific Islander
   White
   Other (please specify): _________________________

42. What is the highest degree you received in school?
   Associate degree
   Bachelor’s degree
   Master’s degree
   Doctorate degree
   Other professional degree (Please specify):
43. What is the highest degree you received in nursing?
   - Associate degree
   - Bachelor’s degree
   - Master’s degree
   - Doctorate degree

44. Are you a practicing nurse? Yes/No
   - Yes
     - If Yes, what is your current area of nursing practice?
   - No
     - If No, what is your current occupation?

45. Below is a list of income categories. Please choose the category that represents the approximate income from employment and all other sources for all members of your household, before taxes, last year.
   Please choose only one of the following:
   - Less than 10,000
   - 10,000 to 29,999
   - 30,000 to 49,999
   - 50,000 to 69,999
   - 70,000 to 89,999
   - 90,000 to 119,999
   - 120,000 to 149,999
   - 150,000 and over

46. Generally speaking, do you usually think of yourself as a Democrat, a Republican, an Independent, or something else?
   Please choose only one of the following:
   - Democrat
   - Republican
   - Independent
   - Other (Please specify):

   If Democrat, would you call yourself a strong Democrat, or a not very strong Democrat?
   Please choose only one of the following:
   - Strong
   - Not very strong
If Republican, would you call yourself a strong Republican, or a not very strong Republican?
Please choose **only one** of the following:

- Strong
- Not very strong

If Independent, do you think of yourself as closer to the Democratic Party or the Republican Party?
Please choose **only one** of the following:

- Closer to the Democratic Party
- Closer to the Republican Party

47. What is your marital status?
Please choose **only one** of the following:

- Married
- Widowed
- Divorced
- Separated
- Never married
- Other (Please specify):
Post-Event Survey

1. When did you participate in The Yale Candidate School for Nurses and Midwives? May 2020

2. Of the topics listed below, which received the MOST attention in your training sessions? Please choose only one of the following:
   - Campaign strategy
   - Fundraising
   - Voter contact
   - Volunteer management
   - Media
   - Government structure (i.e. how government works)
   - Policy issues
   - Public speaking
   - Other (please specify)

3. Of the topics listed below, which received the LEAST attention in your training sessions? Please choose only one of the following:
   - Campaign strategy
   - Fundraising
   - Voter contact
   - Volunteer management
   - Media
   - Government structure (i.e. how government works)
   - Policy issues
   - Public speaking
   - Other (please specify)

4. How satisfied were you with the training session topics? Please choose only one of the following:
   - Not at all satisfied
   - A little satisfied
   - Somewhat satisfied
   - Quite satisfied
   - Very satisfied
   - Extremely satisfied

5. The following is a list of skills that you may have learned as a participant. Which of the following skills did you learn as a participant of the Candidate School?

   Please choose the appropriate response for each item:
6. Did you learn any other skills as a participant of the Candidate School? Please choose only one of the following:

- □ Yes
  - If Yes, what other skills did you learn?

- □ No

7. How useful were the materials?

<table>
<thead>
<tr>
<th></th>
<th>Not at all useful</th>
<th>A little useful</th>
<th>Somewhat useful</th>
<th>Quite useful</th>
<th>Very useful</th>
<th>Extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamphlets</td>
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<tr>
<td>Training manual</td>
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<tr>
<td>Handouts</td>
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<tr>
<td>Policy issue summaries</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
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</tr>
</tbody>
</table>

8. How effective was the instruction provided by the training session leaders? Please choose only one of the following:

- Not at all effective
- A little effective
- Somewhat effective
- Quite effective
- Very effective
- Extremely effective

9. How satisfied were you with the scheduling of the Candidate School?
Please choose only one of the following:
  - Not at all satisfied
  - A little satisfied
  - Somewhat satisfied
  - Quite satisfied
  - Very satisfied
  - Extremely satisfied

Comments:

10. Was the length of the Candidate School:
    Please choose only one of the following:
    - Too long
    - Not long enough
    - Just right

    Comments:

11. Was the fee associated with The Yale Candidate School for Nurses and Midwives:
    - Too much
    - Too little
    - Just right

16. How satisfied were you with the Candidate School as a whole?
    Please choose only one of the following:
    - Not at all satisfied
    - A little satisfied
    - Somewhat satisfied
    - Quite satisfied
    - Very satisfied
    - Extremely satisfied

17. Would you recommend the Candidate School to a nurse interested in running for political office?
    - Yes
    - No
18. Would you recommend the Candidate School to a nurse interested in managing a nurse’s campaign for political office?

Yes
No

Nurse Candidates: Now that you’ve completed the Yale Candidate School for Nurses & Midwives

19. How would you rate yourself on the following skills?

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking in public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describing your core values</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working long hours on a project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asking other people for help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making quick decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Do you think you’re more interested in running for political office, less interested, or about the same?

I’m more interested in running for office than I was before the training.
I’m less interested in running for office than I was before the training.
I’m about as interested as I was before the training.

21. If you are more interested in running for office, has the Candidate School changed your time frame for doing so?

I will run sooner than I planned
I will need more time than expected
It has not changed my timeframe

22. Do you feel more prepared to start a campaign, less prepared, or about the same?

☐ More prepared
☐ Less prepared
☐ About the same

23. Do you feel more qualified to run for political office, less qualified, or about the same?
☐ More qualified
☐ Less qualified
☐ About the same

24. Have you identified what office to run for in the future?
   ☐ Yes
      • If Yes, what is the title of the position?
   ☐ No

25. What obstacles do you believe that you will face in running for political office?

Campaign Managers: Now that you’ve completed the Yale Candidate School for Nurses & Midwives:

26. How would you rate yourself on the following skills?

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking in public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Working long hours on a project</td>
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<tr>
<td>Asking other people for help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making quick decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Do you think you’re more interested in managing a nurse’s campaign for political office, less interested, or about the same?

   I’m more interested in managing a nurse’s campaign than I was before the training.
   I’m less interested in managing a nurse’s campaign than I was before the training.
   I’m about as interested as I was before the training.

28. If you are more interested in managing a nurse’s campaign for political office, has the Candidate School changed your time frame for doing so?

   I will manage a campaign sooner than I planned
   I will need more time than expected
It has not changed my timeframe

29. If you do plan to run a nurse’s campaign for political office, what obstacles do you face in managing a campaign?

30. Do you feel more prepared to manage a nurse’s campaign for political office, less prepared, or about the same?

☐ More prepared
☐ Less prepared
☐ About the same

31. Do you feel more qualified to manage a nurse’s campaign for political office, less qualified, or about the same?

☐ More qualified
☐ Less qualified
☐ About the same

Thinking about the Yale Candidate School for Nurses & Midwives:

32. What would you say was most useful to you about the program?

33. What was least useful?

34. What would you change or eliminate?

35. Is there anything else you care to share about your experience at the Yale Candidate School for Nurses & Midwives?
The next series of questions asks about your community, nursing, and political activities AFTER attending the Candidate School

36. AFTER attending the Candidate School, are you more interested, less interested or about as interested in participating in the following community activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less interested</th>
<th>About the same</th>
<th>More interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending a neighborhood meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending a school board meeting</td>
<td></td>
<td></td>
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<tr>
<td>Volunteering with a community group</td>
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<tr>
<td>Volunteering with a religious group</td>
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<tr>
<td>Other:</td>
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<td></td>
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<tr>
<td>Other:</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

37. AFTER attending the Candidate School, are you more interested, less interested or about as interested in participating in professional nursing activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less interested</th>
<th>About the same</th>
<th>More interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joining a professional organization</td>
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<tr>
<td>Holding a state office in a professional organization</td>
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<tr>
<td>Holding a national office in a professional organization</td>
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</tr>
<tr>
<td>Volunteering to serve on a committee in a professional organization</td>
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<tr>
<td>Advocating for the nursing profession on the state level</td>
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<tr>
<td>Advocating for the nursing profession on the federal level</td>
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<tr>
<td>Holding a leadership position in your nursing unit or workplace</td>
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<tr>
<td>Participating in a hospital wide committee</td>
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<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>
38. AFTER attending the Candidate School, are you more interested, less interested or about as interested in participating in political activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less interested</th>
<th>About the same</th>
<th>More interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending a political rally or meeting</td>
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<tr>
<td>Voting</td>
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<tr>
<td>Contacting my elected official to express my views</td>
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<tr>
<td>Donating money to political causes or a campaign</td>
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<tr>
<td>Giving a political speech</td>
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<tr>
<td>Volunteering for a political campaign</td>
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<tr>
<td>Volunteering for a political party</td>
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<tr>
<td>Applying for a job on a political campaign</td>
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<tr>
<td>Applying for a job with a political party</td>
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<tr>
<td>Working for a sitting politician in an official capacity (ex: legislative assistant)</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

The following questions ask about some of your personal characteristics?

39. What is your gender? What is your gender?

   Female
   Male
   Non-binary/third gender
   Prefer to self-describe: ________________________

40. In what year were you born? ________________________

41. Are you of Spanish, Hispanic, or Latino origin? Please choose only one of the following:

   Yes
   No

42. What is your race? Please choose all that apply:

   Black or African American
   American Indian or Alaska Native
   Asian
   Native Hawaiian or Other Pacific Islander
   White
Other (please specify): _________________________

43. What is the highest degree you received in school?
   Associate degree
   Bachelor’s degree
   Master’s degree
   Doctorate degree
   Other professional degree (please specify): _________________________

44. What is the highest degree you received in nursing?
   Associate degree
   Bachelor’s degree
   Master’s degree
   Doctorate degree

45. Are you a practicing nurse? Yes/No
   • Yes
     • If Yes, what is your current area of nursing practice?
   • No
     • If No, what is your current occupation?

46. Below is a list of income categories. Please choose the category that represents the approximate income from employment and all other sources for all members of your household, before taxes, last year.
   Please choose only one of the following:
   Less than 10,000
   10,000 to 29,999
   30,000 to 49,999
   50,000 to 69,999
   70,000 to 89,999
   90,000 to 119,999
   120,000 to 149,999
   150,000 and over

47. Generally speaking, do you usually think of yourself as a Democrat, a Republican, an Independent, or something else?
   Please choose only one of the following:
   Democrat
   Republican
   Independent
   Other (please specify) ____________
If Democrat, would you call yourself a strong Democrat, or a not very strong Democrat?
Please choose only one of the following:
- Strong
- Not very strong

If Republican, would you call yourself a strong Republican, or a not very strong Republican?
Please choose only one of the following:
- Strong
- Not very strong

If Independent, do you think of yourself as closer to the Democratic Party or the Republican Party?
Please choose only one of the following:
- Closer to the Democratic Party
- Closer to the Republican Party

If other (please specify) _____________________________

48. What is your marital status?
Please choose only one of the following:
- Married
- Widowed
- Divorced
- Separated
- Never married
- Other (please specify): ________________
Appendix G

Yale Candidate School for Nurses and Midwives

Long-Term Impact Evaluation Survey

Has your participation in the YSN Candidate School for Nurses and Midwives been influential in your PERSONAL life?

Please choose only one of the following:

Yes

- If Yes, in what ways has your participation in the Candidate School been influential in your PERSONAL life?

- If Yes, how influential has this program been in your PERSONAL life?

Please choose only one of the following:

1. Not at all influential
2. A little influential
3. Somewhat influential
4. Quite influential
5. Very influential
6. Extremely influential

No

Has your participation in the YSN Candidate School for Nurses and Midwives been influential in your PROFESSIONAL life?

Please choose only one of the following:

Yes

- If Yes, in what ways has your participation in the Candidate School been influential in your PROFESSIONAL life?

- If Yes, how influential has this program been in your PROFESSIONAL life?

Please choose only one of the following:

Not at all influential
A little influential
Somewhat influential
Quite influential
Very influential
Extremely influential

No

How likely are you to recommend the Candidate School to anyone?

Please choose **only one** of the following:

- Not at all likely
- A little likely
- Somewhat likely
- Quite likely
- Very likely
- Extremely likely

The next series of questions asks about your community, nursing, and political activities BEFORE attending the Candidate School.

BEFORE attending the Candidate School which of the following community activities were you involved in?

Please choose the appropriate response for each item:

- Attended a neighborhood meeting □ □
- Attended a school board meeting □ □
- Volunteered with a community group □ □
- Volunteered with a religious group □ □

BEFORE attending the Candidate School, were you ever involved in any other community activities?

Please choose **only one** of the following:

Yes
- If Yes, what other community activities were you involved in BEFORE attending the Candidate School?

No
BEFORE attending the Candidate School, which of the following professional nursing activities were you involved in?

Please choose the appropriate response for each item:

Yes  No

A member of one or more professional organizations
  • If Yes, which organization(s) were you a member of?

Held a state office in a professional nursing organization
Held a national office in a professional nursing organization
Advocated for the nursing profession on the state level
Advocated for the nursing profession on the federal level
Held a leadership position on your nursing unit or in your workplace
  • If Yes, what position(s) did you hold?

Participated in hospital-wide/organizational committees

BEFORE attending the Candidate School, were you ever involved in any other professional nursing activities?

Please choose only one of the following:

Yes
  • If Yes, what other professional nursing activities were you involved in BEFORE attending the Candidate School?

No

BEFORE attending the Candidate School, which of the following political activities have you been involved in?

Please choose the appropriate response for each item:

Yes  No

Attended a political rally or meeting
Regularly voted
Regularly contacted your elected officials to express your views
Donated money to political causes or campaigns
Gave a political speech
Volunteered for a political campaign
Volunteered for a political party
Hired to work for a political campaign
Hired to work for a political party
Worked for a sitting politician in an official capacity
  (ex: chief of staff, legislative assistant)
BEFORE attending the Candidate School, were you ever involved in any other political activities?

Please choose **only one** of the following:

Yes
- If Yes, what other political activities were you involved in BEFORE attending the Candidate School?

No

**Questions XX-XX pertain to nurses who are interested in running for political office:**

BEFORE attending the Candidate School, were you ever APPOINTED to a political office?

Yes
- If Yes, what was the title of the appointed position(s)?
- If Yes, what level of office was the appointed position(s)?
  Please choose all that apply
  - Town or city
  - School district
  - County
  - State
  - Federal
  - Other (Please specify): ______________________

No

BEFORE attending the Candidate School, did you ever RUN for political office?

- Yes
  - If Yes, what was the title of the position(s) you sought?
  - If Yes, what level of office was the position(s) you sought?
    Please choose all that apply
    - Town or city
    - School district
    - County
    - State
    - Federal
    - Other (Please specify): ______________________
Is There a Nurse in the House

BEFORE attending the Candidate School, were you ever ELECTED to political office?

☐ Yes
  • If Yes, what was the title of the elected position(s)?
  • If Yes, what level of office was the position(s)?
    Please choose all that apply
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify): ______________________

☐ No

Questions XX & XX pertain to nurses who are interested in managing a nurse’s campaign for political office:

BEFORE attending the Candidate School, had you ever MANAGED a campaign? Answer this question for every campaign you have managed.

☐ Yes
  • If Yes, what was the title of the office(s) the candidate(s) was running for?
  • If Yes, what level of office was this position?
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify: ______________________

☐ No

BEFORE attending the Candidate School, had a candidate whose campaign you MANAGED, ever been ELECTED to political office? Answer this question for every candidate whose campaign you managed won their election.

☐ Yes
• If Yes, what was the title of the position(s) the candidate was elected to?
• If Yes, what level of office was the position?
  □ Town or city
  □ School district
  □ County
  □ State
  □ Federal
  □ Other (Please specify: ________________________

□ No

The next series of questions asks about your community, nursing, and political activities AFTER attending the Candidate School

AFTER attending the Candidate School, which of the following community activities have you been involved in?

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended a neighborhood meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended a school board meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteered with a community group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteered with a religious group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AFTER attending the Candidate School, were you involved in any other community activities?

Please choose only one of the following:

• Yes
  • If, Yes, what other community activities have you been involved in AFTER attending the Candidate School?

• No

AFTER attending the Candidate School, has the amount of time you spend participating in community activities decreased, increased, or stayed the same?
Decreased a great deal
Decreased somewhat
Decreased a little
Stayed the same (GO TO ____)
Increased a little
Increased someway
Increased a great deal

Is this change in time spent on community activities a result of attending the Candidate School?

Please choose only one of the following:

- Yes
  - If, Yes, in what ways did attending the Candidate School influence the amount of time you spend on community activities?

- No

AFTER attending the Candidate School, which of the following professional nursing activities have you been involved in?

Yes  No

A member of one or more professional organizations
  - If Yes, which organization(s) were you a member of?
Held a state office in a professional nursing organization
Held a national office in a professional nursing organization
Advocated for the nursing profession on the state level
Advocated for the nursing profession on the federal level
Held a leadership position on your nursing unit or in your workplace
  - If Yes, what position(s) did you hold?
Participated in hospital-wide/organizational committees

AFTER attending the Candidate School, have you been involved in any other professional nursing activities?

Please choose only one of the following:

- Yes
  - If, Yes, what other professional nursing activities have you been involved in AFTER attending the Candidate School?

- No
AFTER attending the Candidate School, has the amount of time you spend participating in professional nursing activities decreased, increased, or stayed the same?

- Decreased a great deal
- Decreased somewhat
- Decreased a little
- Stayed the same (GO TO ____)
- Increased a little
- Increased someway
- Increased a great deal

Is this change in time spent on professional nursing activities a result of attending the Candidate School?

Please choose only one of the following:

- Yes
  - If, Yes, in what ways did attending the Candidate School influence the amount of time you spend on professional nursing activities?

- No

AFTER attending the Candidate School, which of the following political activities have you been involved in?

Please choose the appropriate response for each item:

- Attended a political rally or meeting
- Regularly voted
- Regularly contacted your elected officials to express your views
- Donated money to political causes or campaigns
- Gave a political speech
- Volunteered for a political campaign
- Volunteered for a political party
- Hired to work for a political campaign
- Hired to work for a political party
- Worked for a sitting politician in an official capacity
  (ex: chief of staff, legislative assistant)

AFTER attending the Candidate School, have you been involved in any other political activities?

Please choose only one of the following:

- Yes
• If Yes, what other political activities were you involved in?

☐ No

AFTER attending the Candidate School, has the amount of time you spend participating in political activities decreased, increased, or stayed the same?

☐ Decreased a great deal
☐ Decreased somewhat
☐ Decreased a little
☐ Stayed the same (GO TO ____)
☐ Increased a little
☐ Increased someway
☐ Increased a great deal

Is this change in time spent on political activities a result of attending the Candidate School?

Please choose only one of the following:

☐ Yes
  • If Yes, in what ways did attending the Candidate School influence the amount of time you spend on political activities?

☐ No

Questions 43–52 pertain to nurses who are interested in running for political office:

AFTER attending the Candidate School were you APPOINTED to political office?

Yes
  • If Yes, what was the title of the appointed position(s)?
  • If Yes, what level of office was the appointed position(s)?
    Please choose all that apply:
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify): ______________________

No
AFTER attending the Candidate School did you RUN for political office?

☐ Yes
  • If Yes, what was the title of the elected position(s)?
  • If Yes, what level of office was the position?
    Please choose all that apply
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify): ________________________

☐ No

AFTER attending the Candidate School, were you ELECTED to political office?

☐ Yes
  • If Yes, what was the title of the elected position?
  • If Yes, what level of office was the elected position?
    Please choose all that apply
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify): ________________________

☐ No

AFTER attending the Candidate School, do you plan to run for political office in the future?

Please choose only one of the following:

☐ Yes
  • If Yes, when do you plan to run for political office?
    Please choose only one of the following:
    In less than 1 year
    In less than 5 years
    In less than 7 years
After 7 years

No

If you do plan to run for political office, have you identified what office to run for in the future?

☐ Yes
  • If Yes, what is the title of the position?

☐ No

If you do plan to run for political office, what obstacles do you face in running for political office?

As of today, how interested would you say you are in running for political office?

Please choose only one of the following:
  I’m not interested in at all
  I wouldn’t rule it out, but I am not very interested
  I’m a little interested, but I’d like to learn more
  I’m very interested
  I’m 100% interested, and I hope to run soon

As of today, do you feel like you know enough to start a campaign for political office?

☐ I don’t really feel prepared at all
☐ I know the basics about government, but I still have a lot to learn about running a campaign
☐ I know a little about campaigning, but I still need to learn a lot about the specifics
☐ I know a great deal about campaigning and I am almost ready to start a campaign.
☐ I am completely prepared to start a campaign.

As of today, how qualified do you feel you are to run for political office?

☐ Very qualified
☐ Qualified
☐ Somewhat qualified
☐ Not at all qualified

AFTER attending the Candidate School, have you participated in any other political leadership or candidate/campaign training program(s)?

Please choose only one of the following:

☐ Yes
• If Yes, please list the other political leadership/candidate training programs in which you have participated; include the date you attended:

☐ No

Questions XX–XX pertain to nurses who are interested in managing a nurse’s campaign for political office:

AFTER attending the Candidate School, have you MANAGED a campaign? Answer this question for every campaign you have managed.

☐ Yes
  • If Yes, what was the title of the office(s) the candidate(s) was running for?

  • If Yes, what level of office was this position?
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify: __________________________)

☐ No

AFTER attending the Candidate School, has a candidate whose campaign you MANAGED, ever been Elected to political office? Answer this question for every candidate whose campaign you managed won their election.

☐ Yes
  • If Yes, what was the title of the position(s) the candidate was elected to?

  • If Yes, what level of office was the position?
    ☐ Town or city
    ☐ School district
    ☐ County
    ☐ State
    ☐ Federal
    ☐ Other (Please specify: __________________________)
□ Yes

As of today, how interested would you say you are in managing a nurse’s campaign for political office?

Please choose only one of the following:
- I’m not interested in at all
- I wouldn’t rule it out, but I am not very interested
- I’m a little interested, but I’d like to learn more
- I’m very interested
- I’m 100% interested, and I hope to manage a campaign soon

AFTER attending the Candidate School, do you plan to manage a nurse’s campaign for political office in the future?

Please choose only one of the following:
- Yes
- No

If you do plan to manage a nurse’s campaign for political office, what position is the candidate planning to run for?

Please choose only one of the following:
- Yes
  - If Yes, what is the title of the candidate’s position?
- No

If you do plan to run a nurse’s campaign for political office, what obstacles do you face in managing a campaign?

As of today, do you feel like you know enough to manage a nurse’s campaign for political office?

- I don’t feel prepared at all
- I know the basics about government, but I still have a lot to learn about managing a campaign
□ I know a little about **campaign management**, but I still need to learn a lot about the specifics.
□ I know a great deal about campaign management, and I am almost ready to manage a campaign
□ I’m completely prepared to manage a campaign.

As of today, how qualified do you feel you are to manage a campaign?
□ Very qualified
□ Qualified
□ Somewhat qualified
□ Not at all qualified

AFTER attending the Candidate School, have you participated in any other political leadership or candidate/campaign training program(s)?

Please choose **only one** of the following:
□ Yes
  • If Yes, please list the other political leadership/candidate training programs in which you have participated; include the **date** you attended:

□ No

The following questions ask about some of your personal characteristics?

What is your gender?

Female
Male
Non-binary/third gender
Prefer to self-describe: ________________

In what year were you born? ____________

Are you of Spanish, Hispanic, or Latino origin? Please choose **only one** of the following:

Yes
No

What is your race? Please choose **all** that apply:
Is There a Nurse in the House

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify): __________________________

What is the highest degree you received in school?
- Associate degree
- Bachelor’s degree
- Master’s degree
- Doctorate degree
- Other professional degree (please specify): __________________________

What is the highest degree you received in nursing?
- Associate degree
- Bachelor’s degree
- Master’s degree
- Doctorate degree

Are you a practicing nurse? Yes/No
- ☐ Yes
  - If Yes, what is your current area of nursing practice?
- ☐ No
  - If No, what is your current occupation?

Below is a list of income categories. Please choose the category that represents the approximate income from employment and all other sources for all members of your household, before taxes, last year.

Please choose only one of the following:
- Less than 10,000
- 10,000 to 29,999
- 30,000 to 49,999
- 50,000 to 69,999
- 70,000 to 89,999
- 90,000 to 119,999
- 120,000 to 149,999
- 150,000 and over

Generally speaking, do you usually think of yourself as a Democrat, a Republican, an Independent, or something else?
Please choose **only one** of the following:

- Democrat
- Republican
- Independent
- Other (please specify) __________

If Democrat, would you call yourself a strong Democrat, or a not very strong Democrat?

Please choose **only one** of the following:

- Strong
- Not very strong

If Republican, would you call yourself a strong Republican, or a not very strong Republican?

Please choose **only one** of the following:

- Strong
- Not very strong

If Independent, do you think of yourself as closer to the Democratic Party or the Republican Party?

Please choose **only one** of the following:

- Closer to the Democratic Party
- Closer to the Republican Party

If other (please specify) _____________________________

What is your marital status?

Please choose **only one** of the following:

- Married
- Widowed
- Divorced
- Separated
- Never married
- Other (Please specify):
Appendix H

The Yale Candidate School for Nurses and Midwives Webinar

Agenda

The Candidate School for Nurses and Midwives Webinar
February 6, 2021
12-2 pm EST

Although the first-ever Candidate School for Nurses and Midwives scheduled for May 26-30, 2020, at Yale School of Nursing had to be canceled due to COVID-19, we are thrilled that 47 nurses from 26 states applied and were accepted to the Candidate School. While we were unable to hold the Candidate School, we are pleased to offer an educational webinar on the basics of running for office. The faculty include three influential nurses who currently serve in political seats along with a brilliant campaign consultant.

Welcome to that webinar!

When nurses come to a wall, they go around it, under it, or over it!

-Bethany Hall-Long, RN
Lieutenant Governor of Delaware
Is There a Nurse in the House

Bethany Hall Long
Lt. Governor, Delaware

Rep. Gale Adcock
North Carolina

Sen. Erin Murphy
Minnesota

Nathan Babcock
Atlas Political Consulting
I don’t care if you’re right wing, left wing, centrist – just run for something locally and get engaged in policy making.

-Dean Ann Kurth

Yale School of Nursing
Agenda
The Candidate School for Nurses and Midwives Webinar

12:00 pm EST | Welcome

Ann Kurth, PhD, CNM, MPH, FAAN
Dean and the Linda Koch Lorimer Professor of Nursing at Yale

Lisa Summers, MSN, DrPH, FACNM
Lecturer, Yale School of Nursing

Sharon Pearce, MSN, CRNA & Kimberly Gordon, MSN, CRNA
Yale School of Nursing DNP Candidates Class of ’21

12:10 pm EST | Introduction of Webinar Faculty

Gale Adcock, RN, MSN, FNP
North Carolina House of Representatives

Erin Murphy, RN, BSN, MA
Minnesota Senate

Bethany Hall-Long, RN, PhD, MSN, BSN
Lieutenant Governor of Delaware

Nathan Babcock
Atlas Political Consulting

12:15 pm EST | Detours to Success Gale Adcock

12:30 pm EST | Know Why You Are Running Erin Murphy

12:45 pm EST | Rising to the Top - Being the First Bethany Hall-Long

1:00 pm EST | 10 Questions Every Candidate Should Answer Before Running Nathan Babcock

1:20 pm EST | Q&A

1:55 pm EST | Closing Remarks and Adjourn
Sharon Pearce & Kimberly Gordon
Webinar Faculty Bios

Gale Adcock, RN, MSN, FNP
North Carolina House of Representatives

Describing herself as “a nurse by grace, a North Carolinian by choice and a politician by necessity”, Gale Adcock’s professional career spans 45 years and includes clinical practice as an RN and family nurse practitioner, founding and leading a ‘first in class’ primary health care practice for a global software company for almost 3 decades, and 13 years as an elected official at the local and state level.

Adcock received a diploma in nursing followed by a BSN from East Carolina University and an MSN from the University of North Carolina at Chapel Hill. She is the author of Under the Dome, a regular column in the Journal for Nurse Practitioners since 2018. She speaks at state and national conferences on the critical need for nurses to engage in policy advocacy and the characteristics and skills that make nurses effective in elected office.

Adcock is adjunct faculty at Duke University, East Carolina University, UNC-Chapel Hill and Case Western University. She is a Fellow of the American Academy of Nurse Practitioners and a Fellow of the American Academy of Nursing.

Before winning the state’s most competitive House race in 2014, Adcock served on the Cary, NC Town Council for 7 years, including 3 years as Mayor Pro-Tem. She is the first (and so far, only) APRN elected to the North Carolina General Assembly and is currently running for her 4th term. Although in the minority party since being elected, she has been a primary sponsor of more than a dozen bills that have become law.

Adcock has been recognized by the NC League of Conservation Voters for her pro-environment record, by Democracy North Carolina for transparency in campaign finance reporting, as a ‘Champion for Health’ by the NC Alliance for Health, as a ‘Capitol Caregiver’ by AARP, and as the 2017 ‘Legislator of the Year’ by the NC Nurses Association.

Adcock is a centrist, known for her no-nonsense, common sense approach to policymaking and politics.
**Erin Murphy, RN, BSN, MA**

**Minnesota Senate**

Erin Murphy is a registered nurse, a mother and a Minnesotan. She teaches at St Kate’s. She practiced surgical nursing in rural Wisconsin and at the University of Minnesota Hospital where she was part of the transplant team. She served as an organizer, lobbyist, and eventually as the executive director for the Minnesota Nurses Association.

Erin was elected to the Minnesota House of Representatives in 2006 where she served for 12 years. She was the House Majority Leader in 2013 and 14. She ran for Governor in 2018 and built a people centered movement, a vision for our future, and the politics of joy. This past year, Erin founded Our Stories. Our Health, a narrative campaign to put people at the center of our health debate. She ran successfully for a seat in the Minnesota Senate and is excited to represent and return to work for the people of Minnesota.

Erin is married to Joe. They have twin daughters. She loves her work.

**Bethany Hall-Long, RN, PhD, MSN, BSN**

**Lieutenant Governor of Delaware**

Bethany Hall-Long was sworn in as Delaware’s 26th Lt. Governor on January 17th, 2017.

Born and raised on her family’s farm in Sussex County with her two older brothers, Bethany graduated from Indian River High School where she met her high school sweetheart, Dana. After graduation, she went on to pursue her childhood dream of becoming a nurse at Thomas Jefferson University in Philadelphia.

Upon graduation, she and her husband, Dana, moved to Charleston, South Carolina, where she pursued her MSN in community health nursing from the Medical University of South Carolina, while Dana was stationed there as a member of the United States Navy. During Dana’s last tour at the Pentagon, Bethany completed her PhD in health policy and nursing administration from George Mason University, and served as a fellow for the U.S. Senate as well as the U.S. Department of Health and Human Services.

Their love of Delaware, and desire to be close to their families caused Bethany and Dana to move back and make their home in Middletown with their son, Brock.
Bethany has been a member of the UD Nursing Faculty now for nearly twenty years. She also holds a distinguished record at the University of Delaware (UD). She was the first nursing faculty at UD to receive the University-wide excellence in teaching award and is currently a Professor of Nursing and Joint Faculty in Urban Affairs. Her research and community service record with at-risk groups such as pregnant teens, diabetics, homeless and the mentally ill, makes her a nationally recognized health scientist.

From 2002-2017, Bethany served as a member of Delaware’s legislature, first as a Representative and then as a Senator. She served as the chair of the Health and Social Services committee where her efforts were aimed at ensuring a stronger, healthier Delaware by combating addiction, focusing on a stronger mental health system, fighting cancer, and health inequities in our state. She also served as a member of the capital budget Bond Committee where Bethany focused on building Delaware’s infrastructure, modernizing our schools, repairing highways, and protecting environment and open space.

Nathan Babcock
Atlas Political Consulting

Nathan has a decade of experience advising local and state candidates and independent expenditure (IE) campaigns. To date, he has directed over $10 million in campaign expenditures in 88 races – winning over 80 percent of those races. Nathan began his career in politics helping state legislative candidates. In his first election cycle, he worked for North Carolina State Senate Republicans, winning 11 out of 11 target races and flipping the chamber from Democrat to Republican for the first time in 140 years. Nathan moved on to the North Carolina Chamber to help launch its independent expenditure operation as the Political Director. He lobbied for various associations, businesses, and nonprofits for eight years and was named one of the “Most Influential Lobbyists” by the North Carolina Center for Public Policy Research. In 2020, Nathan returned to the candidate side of political campaigns as a consultant for local and state candidates. His business, Atlas Political Consulting, is based in Raleigh.

Nathan and his wife, Amber, have four children ages 14, 13, 13, and 11.

Questions? Contact us at:
ysn.candidateschool@yale.edu
Yale Candidate School for Nurses and Midwives Webinar Evaluation February 6, 2021

Q1 Please evaluate the speakers using the numerical scale below.

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Agree</td>
<td>Low/Disagree</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledgeable of the subject (1)</th>
<th>Organized in presenting (2)</th>
<th>Effective in Content Delivery (3)</th>
<th>Teaching methods/aids appropriate used effectively (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gale Adcock (1)</td>
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<tr>
<td>Erin Murphy (2)</td>
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<tr>
<td>Bethany Hall-Long (3)</td>
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<tr>
<td>Nathan Babcock (4)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Q2 To what extent were you able to achieve the following objectives? Use the scale above to respond,

<table>
<thead>
<tr>
<th>Objective</th>
<th>Scale Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss nursing skills that are transferrable to public office</td>
<td>1</td>
</tr>
<tr>
<td>Discuss the importance of nurses serving in political office</td>
<td>2</td>
</tr>
<tr>
<td>Discuss other avenues of service for nurses other than political office</td>
<td>3</td>
</tr>
<tr>
<td>Discuss the 10 things you should ask yourself before running for political office</td>
<td>4</td>
</tr>
<tr>
<td>Discuss potential paths to achieving elected political office</td>
<td>5</td>
</tr>
<tr>
<td>Discuss resources available if seeing to run for political office</td>
<td>6</td>
</tr>
</tbody>
</table>

Click to write Scale Point (1)

Q3 What would you say was the most useful to you about the Webinar for Nurses and Midwives?

Q4 What was least useful? What would you change or eliminate?

Q5 Is there anything else you care to share about our Webinar for Nurses and Midwives?
Q6 When the Candidate School for Nurses and Midwives can be held in person, will you attend if you can?

- Yes (1)
- No (2)
- Maybe (3)
- Comments (4) __________________________________________________________

Q7 When the Candidate School for Nurses and Midwives can be held in person, would you recommend it to your colleagues?

- Yes (1)
- No (2)
- Maybe (3)
- Comments (4) __________________________________________________________
Appendix J

Yale Candidate School for Nurses and Midwives Webinar

Pre-Event Survey/Post-Event Survey for Participants

Pre-Event Survey

Your primary reason in attending the Webinar is:

☐ To run for political office
☐ To manage a nurse’s campaign

If respondent answers to run for political office, answer questions 1-10
If respondent answers to manage a campaign, answer questions 11-16
All respondents answer 17-31

1. Have you ever run for political office?
   ☐ Yes
   ☐ No
   Describe level and title of office:
   ___________________________________________________________

2. Have you ever been appointed to a political office?
   ☐ Yes
   ☐ No
   Describe level and title of office:
   ___________________________________________________________

3. As of today, how interested would you say you are in running for political office?
   ☐ I’m not interested at all
   ☐ I wouldn’t rule it out, but I’m not very interested
   ☐ I’m a little interested, but I’d like to learn more
   ☐ I’m very interested
   ☐ I’m 100% interested, and I hope to run soon

4. As of today, do you feel like you know enough to start a campaign for political office?
   ☐ I don’t really feel prepared at all.
   ☐ I know the basics about government, but I still have a lot to learn about running a campaign.
   ☐ I know a little about campaigning, but I still need to learn a lot about the specifics.
   ☐ I know a great deal about campaigning, and I’m almost ready to start a campaign.
   ☐ I’m completely prepared to start a campaign.

5. As of today, how qualified do you feel you are to run for public office?
   ☐ Very qualified
6. How would you rate yourself on the following skills?

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<td></td>
</tr>
<tr>
<td>Making quick decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Do you plan to run for office in the future?
   - No
   - Yes
   - Maybe

8. If yes, when do you plan to run for political office? Please choose one of the following:
   - Less than 1 year
   - In 1 to 2 years
   - In 3 to 5 years
   - In 6 to 10 years
   - After 10 years

9. If you do plan to run for political office, have you identified what office to run for in the future?
   - No
   - Yes
   If yes, what is the position? ____________________________________________

10. If you do plan to run for political office, what obstacles do you face in running for office? (check all that apply)
   - Lack of time
   - Lack of resources
   - Lack of support
   - Lack of skills
   - Other
   Describe ____________________________________________________________

11. Have you ever managed a campaign?
    - No
Yes
Describe level and title of office:

12. As of today, how interested would you say you are in managing a nurse’s campaign for political office?
   □ I’m not interested at all
   □ I wouldn’t rule it out, but I’m not very interested
   □ I’m a little interested, but I’d like to learn more
   □ I’m very interested
   □ I’m 100% interested, and I hope to manage a campaign soon

13. As of today, do you feel like you know enough to manage a nurse’s campaign for political office?
   □ I don’t really feel prepared at all.
   □ I know the basics about government, but I still have a lot to learn about managing a campaign.
   □ I know a little about campaigning management, but I still need to learn a lot about the specifics.
   □ I know a great deal about campaign management, and I’m almost ready to start managing a campaign.
   □ I’m completely prepared to start managing a campaign.

14. As of today, how qualified do you feel you are to manage a nurse’s campaign for office?
    □ Very qualified
    □ Qualified
    □ Somewhat qualified
    □ Not at all qualified

15. Do you plan to manage a nurse’s campaign for political office in the future?
    □ No
    □ Yes
    □ Maybe

16. If yes, when do you plan to manage a nurse’s campaign for political office? Please choose one of the following:
    □ Less than 1 year
    □ In 1 to 2 years
    □ In 3 to 5 years
    □ In 6 to 10 years
    □ After 10 years
17. In the last few years, have you done any of the following? (check all that apply)
   □ Regularly vote
   □ Regularly contact elected officials to express your views
   □ Volunteer for a campaign organization, like your party or a candidate's campaign
   □ Volunteer for a civic group (e.g., the Chamber of Commerce, a union, or the Sierra Club)
   □ Volunteer for other community organizations like churches or community service organizations
   □ Donate money to political causes or campaigns
   □ Work for a business that closely works with government (e.g., an election law firm)
   □ Work (paid or full time) for a campaign organization like your party or a candidate's campaign
   □ Work for a sitting politician in an official capacity (e.g., Chief of staff for a state legislator)
   □ None of the above

18. Which of the following community activities are you or have you been involved in?
   (check all that apply)
   □ Attended a neighborhood meeting
   □ Attended a school board meeting
   □ Volunteered with a community group
   □ Volunteered with a religious group

19. If yes, how often do you participate in community activities?
   □ Weekly
   □ Monthly
   □ Yearly
   □ Less than once a year

20. Which of the following professional nursing activities are you or have you been involved in?
   (check all that apply)
   □ A member of one or more professional organizations
     Which organization(s) are you a member of?
     ____________________________________________
   □ Held a state office in a professional nursing organization
   □ Held a national office in a professional nursing organization
   □ Advocate for the nursing profession on the state level
   □ Advocate for the nursing profession on the federal level
   □ Held a position on your nursing unit or in your workplace
   □ Participated in hospital-wide/organizational committees
     What position(s) have you held?
     ____________________________________________
21. If **yes**, how often do you participate in professional nursing activities?
- [ ] Weekly
- [ ] Monthly
- [ ] Yearly
- [ ] Less than once a year

We’re interested in what people have heard about campaigns and politics. What would your answer be to the following questions? (If you don’t know, please don’t guess or spend time looking up the answer—we’re just curious whether you’ve heard about these topics before.)

22. How long in advance do people typically start thinking about running for elected office?
- [ ] I’m not really sure
- [ ] One year
- [ ] One month
- [ ] Two years
- [ ] During the filing period

23. What is the fastest survey growing category for voter registration?
- [ ] I’m not really sure
- [ ] Democratic Party
- [ ] Republican Party
- [ ] Unaffiliated

Please answer the following demographic questions:

24. What is your sex?
- [ ] Male
- [ ] Female
- [ ] Non-binary/third gender
- [ ] Prefer to self-describe

25. What is your race and ethnicity (check all that apply)?
- [ ] White/Caucasian
- [ ] Black/African American
- [ ] Asian/Pacific Islander
- [ ] Hispanic/Latino
- [ ] American Indian/Native American
- [ ] Other ____

26. What is the highest degree you have completed?
- [ ] High school
- [ ] Associate’s degree
27. In politics today, do you consider yourself a Republican, Democrat, Independent, or something else?
   □ Republican
   □ Democrat
   □ Independent
   □ Other ____________________________________________________

28. What is your marital status?
   □ Married
   □ Widowed
   □ Divorced
   □ Separated
   □ Never married
   □ Other ____________________________________________________

29. In what year were you born? ____________________________________________

30. Below is a list of income categories. Please choose the category that represents the approximate income from employment and all other sources for all members of your household, before taxes, last year. Please choose only one of the following:
   □ Less than 10,000
   □ 10,000-29,999
   □ 30,000-39,999
   □ 40,000-49,999
   □ 50,000-69,999
   □ 70,000-89,999
   □ 90,000-119,999
   □ 120,000-149,999
   □ 150,000 and over

31. Do you still practice nursing?
   □ Yes
   □ No
   If yes, what is your practice area?
   ____________________________________________________
   If no, what is your current occupation?
   ____________________________________________________
Post-Event Survey

Your primary reason in attending the Webinar was:
☐ To run for political office
☐ To manage a nurse’s campaign
If respondent answers to run for political office, answer questions 1-13
If respondent answers to manage a campaign, answer questions 14-19
All respondents answer 20-29

1. Since completing the Webinar for Nurses & Midwives, how interested would you say you are in running for political office?
   ☐ I’m not interested at all
   ☐ I wouldn’t rule it out, but I’m not very interested
   ☐ I’m a little interested, but I’d like to learn more
   ☐ I’m very interested
   ☐ I’m 100% interested, and I hope to run soon

2. Since completing the Webinar for Nurses & Midwives, do you feel like you know enough to start a campaign for political office?
   ☐ I don’t really feel prepared at all.
   ☐ I know the basics about government, but I still have a lot to learn about running a campaign.
   ☐ I know a little about campaigning, but I still need to learn a lot about the specifics.
   ☐ I know a great deal about campaigning, and I’m almost ready to start a campaign.
   ☐ I’m completely prepared to start a campaign.

3. Since completing the Webinar for Nurses & Midwives, how qualified do you feel you are to run for public office?
   ☐ Very qualified
   ☐ Qualified
   ☐ Somewhat qualified
   ☐ Not at all qualified

4. How would you rate yourself on the following skills?

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</tr>
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</table>

5. Now that you’ve completed our Webinar for Nurses & Midwives, do you think you’re more interested in running for office, less interested, or about the same?
6. Now that you’ve completed our Webinar for Nurses & Midwives, do you feel like you know enough to start a campaign for political office?

- I don’t really feel prepared at all.
- I know the basics about government, but I still have a lot to learn about running a campaign.
- I know a little about campaigning, but I still need to learn a lot about the specifics.
- I know a great deal about campaigning, and I’m almost ready to start a campaign.
- I’m completely prepared to start a campaign.

7. Now that you’ve completed our Webinar for Nurses & Midwives, do you feel more qualified to run for public office, less qualified, or about the same?

- More qualified
- Less qualified
- About the same

8. Since completing the Webinar for Nurses & Midwives, do you plan to run for office in the future?

- No
- Yes
- Maybe

9. If yes, when do you plan to run for political office? Please choose one of the following:

- Less than 1 year
- In 1 to 2 years
- In 3 to 5 years
- In 6 to 10 years
- After 10 years

10. If you do plan to run for political office, have you identified what office to run for in the future?

- No
- Yes

- If yes, what is the position? __________________________________________

11. Since completing the Webinar for Nurses & Midwives, if you do plan to run for political office, what obstacles do you face in running for office? (check all that
apply

- Lack of time
- Lack of resources
- Lack of support
- Lack of skills
- Other

Describe ___________________________________________________________

12. Now that you’ve completed our **Webinar for Nurses & Midwives**, do you feel more prepared to start a campaign, less prepared, about the same, or more aware of available resources?

- More prepared
- Less prepared
- About the same
- I am more aware of available resources

13. Since completing the **Webinar for Nurses & Midwives**, have you been appointed to a political office?

- Yes
- No

Describe level and title of office: _______________________________________

14. Since completing the **Webinar for Nurses & Midwives**, how interested would you say you are in managing a nurse’s campaign for political office?

- I’m not interested at all
- I wouldn’t rule it out, but I’m not very interested
- I’m a little interested, but I’d like to learn more
- I’m very interested
- I’m 100% interested, and I hope to manage a campaign soon

15. Now that you’ve completed our **Webinar for Nurses & Midwives**, do you think you’re more interested in managing a nurse’s campaign, less interested, or about the same?

- I’m more interested in managing a nurse’s campaign than I was before the training
- I’m less interested in managing a nurse’s campaign than I was before the training
- I’m about as interested as I was before the training

16. Since completing the **Webinar for Nurses & Midwives**, do you feel like you know enough to start managing a nurse’s campaign for political office?

- I don’t really feel prepared at all.
I know the basics about government, but I still have a lot to learn about managing a campaign.

I know a little about campaigning management, but I still need to learn a lot about the specifics.

I know a great deal about campaign management, and I’m almost ready to start managing a campaign.

I’m completely prepared to start managing a campaign.

17. Now that you’ve completed our Webinar for Nurses & Midwives, do you feel more qualified to manage a nurse’s campaign, less qualified, or about the same?

- More qualified
- Less qualified
- About the same

18. Since completing the Webinar for Nurses & Midwives, do you plan to manage a nurse’s campaign for political office in the future?

- No
- Yes
- Maybe

19. If yes, when do you plan to manage a nurse’s campaign for political office? Please choose one of the following:

- Less than 1 year
- In 1 to 2 years
- In 3 to 5 years
- In 6 to 10 years
- After 10 years

20. Since completing the Webinar for Nurses & Midwives, do you plan on doing any of the following? (check all that apply)

- Regularly vote
- Regularly contact elected officials to express your views
- Volunteer for a campaign organization, like your party or a candidate's campaign
- Volunteer for a civic group (e.g., the Chamber of Commerce, a union, or the Sierra Club)
- Volunteer for other community organizations like churches or community service organizations
- Donate money to political causes or campaigns
- Work for a business that closely works with government (e.g., an election law firm)
- Work (paid or full time) for a campaign organization like your party or a candidate's campaign
- Work for a sitting politician in an official capacity (e.g., Chief of staff for a state
21. Since completing the **Webinar for Nurses & Midwives**, which of the following community activities do you plan to be involved in? (Check all that apply)
   - [ ] Attend a neighborhood meeting
   - [ ] Attend a school board meeting
   - [ ] Volunteer with a community group
   - [ ] Volunteer with a religious group

22. Since completing the **Webinar for Nurses & Midwives**, how often do you plan to participate in community activities?
   - [ ] Weekly
   - [ ] Monthly
   - [ ] Yearly
   - [ ] Less than once a year

23. Since completing the **Webinar for Nurses & Midwives**, which of the following professional nursing activities do you plan to be involved in? (check all that apply)
   - [ ] A member of one or more professional organizations
     Which organization(s) are you a member of or plan on joining?
     ________________________________________________________________
   - [ ] Hold a state office in a professional nursing organization
   - [ ] Hold a national office in a professional nursing organization
   - [ ] Advocate for the nursing profession on the state level
   - [ ] Advocate for the nursing profession on the federal level
   - [ ] Hold a position on your nursing unit or in your workplace
   - [ ] Participate in hospital-wide/organizational committees

24. Since completing the **Webinar for Nurses & Midwives**, if you plan to, how often do you plan to participate in professional nursing activities?
   - [ ] Weekly
   - [ ] Monthly
   - [ ] Yearly
   - [ ] Less than once a year

We’re interested in what people have heard about campaigns and politics. What would your answer be to the following questions? (If you don’t know, please don’t guess or spend time looking up the answer—we’re just curious whether you’ve heard about these topics before.)
25. How long in advance do people typically start thinking about running for elected office?
  □ I’m not really sure
  □ One year
  □ One month
  □ Two years
  □ During the filing period

26. What is the fastest survey growing category for voter registration?
  □ I’m not really sure
  □ Democratic Party
  □ Republican Party
  □ Unaffiliated

27. Thinking about our recent Webinar for Nurses & Midwives, what would you say was most useful to you about the program?
_____________________________________________________________________

28. What was least useful? What would you change or eliminate?
_____________________________________________________________________ 

29. Is there anything else you care to share about our Webinar for Nurses & Midwives?
_____________________________________________________________________
Appendix K

Recruitment Email for Webinar Attendees

Dear Ms./Mr. XXXX,

Thank you for your interest in the Yale Candidate School for Nurses and Midwives (YCSNM)!

As part of our Doctor of Nursing practice (DNP) project at Yale School of Nursing, we are working on a project to engage, inspire, and motivate registered nurses to run for elected office at the local, state, or federal level. As part of this project, we will be presenting an educational webinar for nurses who are interested in running for elected office or nurses who are interested in managing a nurse’s campaign for elected office.

Because of your interest in the YCSNM, we invite you to attend the YCSNM Webinar on February 6, 2021 from 12p to 2p.

An additional part of the project is to survey our participants before and after the webinar to learn about the impact an educational webinar can have on a nurse’s desire and preparedness to run for elected office or manage a nurse’s campaign for elected office. Each survey will take approximately 30 minutes. The survey will include questions regarding your desire to run for elected office/manage a campaign, your involvement in community and professional nursing activities, and baseline political knowledge. A consent document that contains detailed information about this project is attached to this email.

Participation in the survey(s) is voluntary. Please contact me via email (kimberly.gordon@yale.edu) or cell phone (336) 202-3600 if you have any questions.

Thank you for participating in the YCSNM Webinar and in this DNP project!

Kind Regards,

Kimberly Gordon, MSN, CRNA
Doctor of Nursing Practice Student
Yale School of Nursing
Appendix L

Consent Form for Webinar

CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

YALE UNIVERSITY

**Study Title:** Yale Candidate School for Nurses & Midwives (YCSNM) Webinar

**Principal Investigator (the person who is responsible for this research):**
Kimberly Gordon; Kimberly.Gordon@yale.edu

**Why is this study being offered to me?**
We are asking you to take part in this project because you applied to the Yale Candidate School for Nurses and Midwives and are a nurse who is interested in running for elected office at the local, state, or federal level or you are a nurse who is interested in running a nurse’s campaign for local, state or federal elected office.

**Who is paying for the study?**
The project is wholly funded by the doctor of nursing practice (DNP) project team; there is no outside funding associated with this project.

**What is the study about?**
The purpose of this study is to develop methods to encourage, motivate, and support nurses to pursue elected office. If we increase the pool of nurses interested in running for elected office, we can elect more nurses and ensure that the nursing profession has a voice in the development of public policy that promotes the health of communities on the local, state, and federal levels.

**What are you asking me to do and how long will it take?**
If you agree to take part, your participation in this project will involve completing a pre-webinar survey, attending the YCSNM Webinar on February 6, 2021, and completing a post-webinar survey. Your information will be kept confidential and all identifying information will be removed from the data.

Each survey will take approximately 20 minutes to complete. The webinar is 2 hours.

**Are there any risks from participating in this research?**
We do not expect any risks from taking part in this project.

**How can the study possibly benefit me or others?**
While you may not directly benefit from taking part in this project, we hope that information obtained from the surveys will add to the knowledge about nurses’ interest in the pursuit of elected office or nurses’ interest in running a nurses’ campaign for elected office.

**Are there any costs for participation?**
The only cost associated with participation in this project is your time, approximately 20 minutes to complete each survey and 2 hours to attend the webinar.
**Will I be paid for participation?**

You will not be paid for taking part in this project.

**How will you keep my data safe and private?**

All of your responses will be held in confidence. Qualtrics, the survey platform, will assign you a random number that will be used each time you fill out the survey. This number, while unique to you, will not be matched with any identifying information. Only the researchers involved in this project and those responsible for research oversight (such as representatives of the Yale University Human Research Protection Program, the Yale University Institutional Review Boards, and others) will have access to any information that could identify you. For example, the list of invited participants. We will share it with others only if you agree to it or if required by federal or state law.

When we publish a paper about the project or talk about it at professional conferences, we will not use your name or any identifying information. If data is shared with other researchers for future research, only deidentified information will be shared.

**What if I want to refuse or end participation before the study is over?**

Your participation in the project and the interview is completely voluntary and you can exit the survey at any time. You may also decline to answer any question(s). A decision not to participate or to withdraw from the study will have no negative consequences or benefit to the individual's position in any Yale program.

**Who should I contact if I have questions?**

Please feel free to ask about anything you don't understand.

If you have questions later or if you have a project-related concern, please contact the Principal Investigator at (336) 202-3600 or kimberly.gordon@yale.edu.

If you have questions about your rights as a project participant, or you have complaints about this project, call the Yale Institutional Review Boards at (203) 785-4688 or email hrpp@yale.edu.

**Documentation of Informed Consent**

Your participation in the survey will serve as consent. We will give you a copy of this consent form.
Yale SCHOOL OF NURSING

Yale University’s Graduate Nursing Programs

CERTIFICATE OF VERIFICATION OF ATTENDANCE

Yale University School of Nursing
Yale University West Campus
400 West Campus Drive
Orange, CT 06477

has successfully completed

Candidate School for Nurses and Midwives Webinar

Code #: PO52 Date: February 6, 2021
Activity #: 21-01
Contact Hours Awarded: 1.6

Martha K. Swartz, PhD, RN, CPNP, FAAN
Administrator – Continuing Education
Professor and Chair, Primary Care Division

Yale University School of Nursing is an Approved Provider of Nursing Continuing Professional Development by the Connecticut Nurses’ Association, an Accredited Approver by the American Nurses Credentialing Center’s Commission on Accreditation.