

KANSAS POLICY MAKERS' PERCEPTIONS
OF KANSAS NURSES' INFLUENCE
ON KANSAS HEALTH POLICY

by

Michele Hinds
B.S.N., Washburn University, 1981

Thesis
1984
H588
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Submitted to the School of Nursing
and the Faculty of the Graduate School
of the University of Kansas in
partial fulfillment of the requirements
for the degree of Master of Nursing.

Chairman, Associate Professor

Dean, School of Nursing

8/15/84
Date Thesis Accepted

R00136 10597

ABSTRACT

The purpose of this descriptive study was to determine Kansas policy makers' perceptions of the effectiveness of Kansas nurses on health policy in Kansas. Three research questions were asked: (1) How effective do Kansas policy makers perceive Kansas nurses to be in influencing state health policy? (2) In what ways do Kansas policy makers perceive that Kansas nurses could become more influential in health policy formation? (3) What methods are perceived by Kansas policy makers as the most influential on their decision making regarding Kansas health policy?

The 165 members of the Kansas Legislature were asked to complete a questionnaire designed by the investigator. Eighty-six of the legislators responded to the questionnaire, a return rate of 52%. The data obtained in this study were tabulated by the investigator. Descriptive statistics, Chi-square, and the Kendall Coefficient of Concordance: W were used in the data analysis.

The results of this study indicated that Kansas nurses do have an influence on health policy in Kansas. Most of the nurses who contact legislators are registered nurses who want to discuss specific nursing is-

sues. Legislators believed the information nurses provided was useful when deciding how to vote on health issues.

Participants believed that nurses could improve their influence on health policy by becoming more involved in the policy process. Nurses should become acquainted with their own legislators and be willing to provide information about all aspects of health issues. Nurses should also work with other health groups to promote health legislation.

ACKNOWLEDGEMENTS

Many people deserve recognition for their contribution to this thesis. A thank you note to all, especially to:

Representatives Jessie Branson, Judy Runnels, and Joan Wagnon for the learning opportunities they facilitated;

Marilyn Chard for her editorial comments;

Gail Harkness for her statistical patience; and

Rita Clifford for my mental health, my computer knowledge and my positive thesis experience.

A final comment to my Topeka support group, headed by my husband Michael. . ."thesis" is not the only word in my vocabulary! "Thank you" is there, too.

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CHAPTER I
INTRODUCTION

Health care legislation at the state level has ramifications for the nurse in the practice role or in the health care consumer role. State legislation provides specific guidelines for nursing practice and consumer protection within the state. If nurses are to have more control over their own practice, they should be aware of political strategies necessary to influence the decision making of legislators.

Many authors have written about the need for political activism of nurses. However, only three studies about nurses' involvement in the political process have been published. Mixon (1979) investigated how policy affecting nurses and nursing was determined in the state of Florida. Moore (1983) assessed the degree of political participation of registered nurses and the types of overall health system change sought by a local group of nurses. Lake (1984) described the Wisconsin state legislators' opinions on nursing and the methods those legislators use to obtain nursing's views on proposed health legislation.

Purpose of Study

The purpose of this study was threefold: (1) to

determine the perceptions of Kansas policy makers concerning the effectiveness of Kansas nurses' influence on Kansas health policy, (2) to determine what Kansas policy makers believe Kansas nurses could do to improve their influence on Kansas health policy, and (3) to determine what methods of influence Kansas policy makers perceive as most effective.

Research Questions

This study sought to answer the following research questions:

1. How do Kansas policy makers perceive the effectiveness of Kansas nurses in influencing state health policy?
2. In what ways do Kansas policy makers perceive that Kansas nurses could become more influential in health policy formation?
3. What methods are perceived by Kansas policy makers as the most influential on their decision making regarding Kansas health policy?

Conceptual Framework

In order to determine how Kansas policy makers perceive the influence of Kansas nurses on state health policy, two concepts must be considered, influence and

power. In political science literature, the concept of power is described as an interpersonal relationship that affects the political process. Influence is described as an inherent aspect of power and, while the two concepts are not identical, they are inseparable (Laswell, 1949, Verba, 1969, Wrong, 1979). These concepts were used throughout this research study. A detailed discussion of power and influence is presented in the review of literature.

Definition of Terms

The definitions of the terms in this study are as follows:

1. Kansas policy makers are the state representatives and state senators of the 1984 Kansas State Legislature.

2. Kansas nurses are registered nurses, licensed in the state of Kansas, and residents of Kansas.

3. State health policy is legislation passed into law during the 1984 Legislative Session that will alter health care in the state of Kansas.

4. Influence is the ability of an individual or a group to cause a policy maker to act in a manner that is beneficial to the individual or the group.

5. Power is the ability of one person or a group of people to affect the actions of another person or a group of people.

6. Perception is the interpretation one gives surrounding events or activities.

Assumptions

The following assumptions were made in this study:

1. Public policy is formed under the influence of groups who hope to benefit from the policy.

2. Policy makers have access to appropriate resources when considering policy issues.

3. Policy makers use the resources available to them when considering policy issues.

4. Policy makers are influenced by a number of variables.

5. Policy makers responding to this study answered the questions based on their perception of Kansas nurses' influence in general and not because this study was conducted in an election year.

6. Registered nurses have some influence on health policy in Kansas.

7. Perception is an important aspect in the determination of the amount of power or influence assigned to

any group.

Limitations

The limitations of this study were:

1. The investigation was limited to the study of Kansas legislators in office during the 1984 Kansas Legislative Session.

2. Some of the subjects may have been influenced by experiences they have had with nurses in settings other than the 1984 legislative arena.

3. The instrument used was developed by the investigator; therefore, testing for validity was limited.

Delimitations

The delimitations of this study were:

1. The time frame of data collection in this study may have affected the response because the questionnaires were distributed during the final tted during the final two weeks of the legislative session.

2. The health issues of the 1984 Legislative Session may not have been as significant as health issues of the past. Therefore, the level of nurses' involvement may not have been as high.

Background of Study

In the past several years, many health and nursing

issues have been considered by Kansas policy makers. The Kansas State Nurses' Association (KSNA) has lobbied for issues such as the legislation allowing advanced registered nurse practitioners to practice in Kansas, the reinstatement of the Kansas State Board of Nursing, and the establishment of a child passenger safety act (King, 1983; Woerman, 1981). KSNA, like other constituents of the American Nurses' Association (ANA), has kept nurses informed of legislative issues that might in any way alter nursing practice (Woerman, 1981; King, 1982; King, 1983).

Most of the written guidelines for political participation presented in the literature offer general suggestions that could be used at state or national levels. Attention has been given to specific state by state issues in articles written by members of the State Nurses' Associations. In Kansas, a legislative newsletter was written by the KSNA lobbyist weekly during the legislative session and monthly during the rest of the year. These newsletters identified issues that were of importance to Kansas nurses and suggested action that nurses could take related to the legislation.

While serving as an intern for a state representa-

tive, the investigator of this study became interested in how legislators perceive the political strategies of nurses. The investigator perceived a discrepancy in the way nurses believed that legislators viewed nurses' political strategies and the way legislators actually viewed such strategies. Therefore, this study was undertaken by the investigator to determine how legislators actually perceive nurses' influence on health policy, how legislators believe nurses' influence could be improved, and what strategies are most effective in influencing health policy formation.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents a review of literature pertinent to this study. The review covers (a) nursing and politics, (b) power and influence, (c) political process, and (d) the Kansas political process.

Nursing and Politics

Nurses are not new to the political scene. Historians have noted the influence of Florence Nightengale on English governmental policy in the 19th century. In the early 1900s state nurses' associations supported the passage of legislation controlling nursing practice. The American Nurses' Association (ANA) helped promote legislation affecting the Army Nurse corp in 1920. ANA's legislative committee has monitored federal and state legislation since the early 1920s. During the 1950s, the ANA opened a government relations office in Washington, D.C. to promote legislation that would benefit nurses as well as the public health (Flanagan, 1976). ANA has continued to monitor national health care legislation. Brown (1982) noted that, as the number of nurses became more significant, the need for nurses to influence national health policy became more important.

While nurses historically have been influencing public policy, little was written about this work until the mid-seventies. Since then, authors have described how nurses have worked with physicians, the public, and policy makers to improve health care and nursing standards (Archer, 1982, Kalisch, 1980, Mulvany, 1976). Leininger (1978), Mulvany (1976), and Rogers (1978) discussed the need for nurses to gain political knowledge. These authors also discussed different political strategies of nursing administrators in health care settings.

Rogers (1978) stated that "the four Ps of today's health care field--power, profit, politics and propaganda--have been on the scene for some time" (p. 71). She said that "nursing exists to serve people" (p.78) and that legislation and licensure should be directed toward the public good. Deloughery (1975) and Leininger (1978) also wrote about power as part of political influence.

Kalisch and Kalisch (1977) published a monograph to aid nurses and nursing students in understanding the process of health planning. These authors noted that "a knowledge of health planning and of the resources available for it will enable nurses to perceive the vital elements of their professional life and will reveal the

manner in which seemingly abstract ideas can assume concrete form as new legislation, health care delivery modes, reimbursement mechanisms, and professional practices" (p.vi). The monograph discussed the setting for health planning, costs of health care, distribution of health care resources, and the health planning process.

Most of the literature described how to become involved in the political process, or was anecdotal in nature. Few studies have been published about how legislators perceive nurses' influence on policy making endeavors. Mixon (1979) studied how public policy on legislative issues affecting nurses and nursing was determined in the state of Florida. She examined three issues considered by the 1978 Florida legislature that had varying degrees of effect on nurses and nursing as well as varying degrees of controversy.

The results of this study showed that policies affecting nurses and nursing were a result of a process in which various competing individuals try to obtain the decision benefits. Persuasion and bargaining were the methods used to influence participants in the process. Final decisions on policy were made as a result of an

entire process rather than an individual's input or activity. Major resources used to influence the process were wealth, knowledge, and experiences in how policy is made (Mixon, 1979). Because of the specificity of the issues to one state, the results of this study could not be generalized to other states. However, the recommendations Mixon made based on the conclusions of her study are applicable to all professional nurses.

Mixon (1979) recommended that professional nurses become aware of even subtle changes in society that might require statutory recognition and initiate legislative proposals that concern nursing and health care. She suggested that professional nurses be prepared to develop political strategies during legislative sessions. These strategies should not be defensive or reactionary. Professional nurses can expect opposition on policy issues that vary from the traditional view of nursing. Nurses should be prepared to deal with such opposition. Professional nurses should develop political awareness of public policy, basing the awareness on a process of bargaining to attain political objectives.

Mixon (1979) further recommended that nurses be aware that there are many access points in the policy making process. Nurses should maintain open communica-

tion with governmental staff in a state. Nurses should develop and maintain high political visibility. As constituents, nurses should develop rapport with their legislators. Nurses should also develop open communication with organizations and individuals who have similar goals and philosophies.

According to Moore (1983), not enough attention has been paid to the relationship between political participation and nurses' attitudes. She conducted a study to measure the degree of political participation, types of overall health system changes sought by a group of nurses, and the characteristics associated with varying degrees of support for change. Her findings did suggest the usefulness of studying the political participation and attitudes about particular legislative issues as nurses become more involved in politics.

In a pilot study, Lake (1984) sought the opinions of Wisconsin state legislators to determine the methods that legislators use to obtain nursing's views on proposed health legislation. Participants in this study were members of state legislative committees that deal with the majority of health legislation. The results of this study indicated that while the respondents believed

that nurses played a large and varied role in health care delivery to the citizens of Wisconsin, nearly all of the legislators interviewed perceived nursing as having little influence on health care legislation. Nursing impact was rated poor in comparison to the other health-related organizations. More than two-thirds of the respondents rated the nursing influence on proposed health care legislation as "none" or "limited." Most of the legislators obtained their information from nurses through letters, telephone conversations, and public meetings.

Recommendations from this study focused on the need to educate nurses in the legislative process. According to Lake (1984), nurses should be more involved in the grassroots work such as campaigning for candidates. Involvement in grassroots work creates an influential power base.

Lake (1984) suggested that nurses plan a strategy of information dispersal to counteract legislators' inaccurate assumptions about nursing. Nurses need to sharpen their political image for greater influence on health care legislation. Legislators should be educated about the multiplicity of nursing roles, which Lake believes is a task for organized nursing and constitu-

ency nursing groups in every state.

Harkness (1979) studied the impact of nurses' political action during the passage of the 1978 Nurse Practice Act in Kansas. Her unpublished study also examined the perceptions of legislators concerning the effectiveness of selected methodologies commonly used to influence the legislative process. Variables included were legislators personal beliefs, constituent beliefs, nurses' beliefs, physicians' beliefs, other legislators, lobbyists, and other health personnel. Public opinion, increased health service needs, and health associations also influenced the legislators.

Nursing leaders of the 1980s consider political activism of nurses not only a challenge but also a necessity for the survival of the profession (Aiken, 1981; Brown, 1981). Aiken (1981) suggested that nurses should demonstrate that important changes in health and well being of individuals can be made by nursing. She stated, "the challenge for nursing in the 1980s will be to demonstrate explicitly the outcomes of nursing practice and to formulate realistic strategies for reallocating existing resources to finance innovations in nursing and health care delivery," (p. 15).

Inouye (1982) wrote that nurses must become politically active. He noted that the rising costs of health care have caused the nation to search for alternative health care providers. Nurses are the professionals who could provide quality health care, but first appropriate regulatory flexibility must be provided for these practitioners. Nurses who care enough about their patients must become politically active to shape the future of the nation's health care system.

More nurses are realizing that political expertise is needed to change the image of nursing throughout the health care system according to Kalisch and Kalisch (1982). These authors suggested that nurses are just beginning to consider themselves political participants. A large number of nurses are women, and women have not been politically active until recently. Kalisch and Kalisch (1982) did offer guidelines for nurses' political participation from learning the process to running for office.

Political efforts of nurses have been enhanced by the ANA and by its constituent State Nurses' Associations (SNAs). The ANA is the only organization representing all professional nurses in the national political arena. In a like manner, the SNAs represent all

professional nurses in the respective state political arenas. SNAs have the responsibility to monitor state legislation that would affect health care and nursing practice within the state.

According to Aiken (1981), nurses represent 58% of the health professionals in the United States. Because of the number of nurses in America, Binder (1983) stated that nurses are an important source of expertise for American health care. Binder (1983) implied that all significant health policy issues are important to nurses. She said that while some of the policy issues more clearly identify nurses as their main focus, other issues are more tangentially affected by and affect nursing. Such associations of nursing and the potential influence on health policy are fairly new in the literature.

Nursing literature of the past spoke tentatively of nurses involvement in political arenas. Scranton (1974) noted that nursing had been conspicuously absent as a political force prior to the mid-seventies. In 1974, Scranton wrote that although the profession of nursing was at a critical point in its development, it had the opportunity to become a powerful force in sha-

ping the health care delivery system. She noted that no one group spoke for nursing and that legislators and organized groups were aware of that fact.

Deloughery (1975) asserted the need for nurses to become more politically involved. She stated that, since people are governed by how they think, then as the thoughts of people change government will also change. If changes in government are to be made, "it is more important to know what is going on in the minds of men than it is to gain physical control over their body," (p. 32).

Some nursing authors have written about ways to influence health care legislation. Rowell and Knauss (1981) described a legislative awareness task force formed at a university and how the results of that task force affected legislation. Other authors have focused on methods for increasing nurses' levels of political awareness (Underly, 1981; Ellis, 1980).

According to Leininger (1978b), power and politics have the potential to make a difference in nursing. She stated that nurses must project into the future so they will be ready to meet challenges before them and to make substantive contributions to health services. Leininger (1978a) defined political nursing as "know-

ledge and skills of nurses involved in identifying, assessing, taking action related to influencing the nature, directions, and outcomes in a variety of contexts with different individuals and groups involved in caring and health behaviors," (p. 7).

The importance of political knowledge was discussed by Leininger (1978a). She said that nurses should have a political knowledge and should use such knowledge to assure professional goals and interests. Since many nursing leaders use politics in their daily work, there is a need for research studies on political nursing problems. Nurses could use such findings to determine their actions and predict human behavior.

Kalisch and Kalisch have written widely about the need for nurses to become politically active. These authors have written guidelines for political involvement. According to these authors, nurses must develop the belief that they (nurses) have the ability to change the status quo. They define politics as the "authoritative allocation of scarce resources" (Kalisch and Kalisch, 1982, p.31).

Archer and Goehner (1982) also wrote about the importance of nurses in the political arena. Political

strategies such as assertiveness, role models and mentors, and networking were discussed. Networking, defined as "the process of linking people together for mutual support and to attain goals" (p. 123), is considered by these authors as crucial in the political arena. Nurses must seek to become more active and visible in politics at all levels. Networking could be a key step in this process.

Several nursing authors have stated that nurses need to become more politically visible. Brown (1981) said that nurses must develop a working knowledge of society's political logistics if the nursing profession is to determine its own future. Binder (1983) accused nurses of failing to develop tools to aid in the understanding of policy making and organizations that might bring about change. She stressed the need for nurses to understand the possible effects of public policy if nursing and its present and future roles in health care are to be valued.

Aiken (1981) stated that nurses have developed strong political bases from which they can influence legislation and policy. She identified three major issues in public policy formation that concern nurses and health care: the magnitude of health expenditures,

inflation in the health sector, and the cost effectiveness of health expenditures. She suggested that these issues affect nurses because there will be less money available for innovative new programs and that most nursing innovations have not led to a decrease in real employment or overall costs.

In summary, nurses are being exhorted to become more politically involved. Many authors believe that the future of nursing and the future of health care depend on nurses' political involvement. There are only three published studies describing the involvement of nurses in the political arena or the effectiveness of such involvement.

Power and Influence

Sociologists and political scientists have discussed the concepts of power and influence since Aristotle. Most authors have written more about power and have given only slight attention to the notion of influence. This review shall focus on power and influence. Nursing authors who have written about these concepts will be considered at this time.

Laswell (1949) said that power is a relationship among people with choices, an interpersonal relation-

ship. He later wrote that the domain of power is the people affected by power. The scope of power is the degree to which values are influenced (Laswell, 1976).

Wrong (1979) stated that power is difficult to define because of its many uses in the English language. He called power a form of influence; intended and effective influence rather than unintended influence. The forms of power Wrong discussed were force, manipulation, persuasion, and authority.

Force, according to Wrong (1979), is the creation of obstacles that restricts action. Violence is the ultimate form of force. A threat to do bodily harm to someone would prevent an action rather than encourage the action.

Wrong (1979) described manipulation as the power holder's deliberate and successful effort to conceal intent from the power subject. It is a way to get one to act without completely communicating the reason for action. Manipulation is limited in the results it produces.

Persuasion is defined by Wrong (1979) as the ability to achieve an affect on one's behavior by appealing to that person. He stated that persuasion is not always considered a form of power because it lacks the

Power and influence were considered in view of health care by Claus and Bailey (1977). These authors stated that power is derived from control. Power exists when one is dependent on another allowing the stronger to exert control. Power is also the ability and the willingness to affect the behavior of others. The three elements of power are: "strength, energy, and action" (p.18). The ability of power is based on strength, the willingness of power is based on energy, and the results of the power are based on the action.

According to Claus and Bailey (1977) "power is the source of influence" (p. 21). The nature of influence is a result of power. These authors suggested that influence is the way of obtaining results and promoting interactions. In essence, influence stems from power. This notion differs from that of Wrong (1979) and from that of Laswell and Kaplan (1976) who said that power is a form of influence. Most authors seem to agree that influence and power are interrelated.

Only one research study could be found related to influence. In 1962, Verba conducted a study to determine how the public viewed their influence on public policy. The study, published in 1969, explored citizen participation in five countries and considered the citi-

zen's point of view about their influence on political decisions at the local, state, and national levels. The results indicated a difference in the perception of citizens in all five countries but did not indicate the reason for the differences.

Verba (1969) did define influence of a group as the degree to which governmental officials act to benefit that group, based on the officials belief that they will risk some deprivation if they act in an unbeneficial manner. Influence, therefore, involves the outcome and motives of decision makers. When officials act because of fear of consequences, the action is related to a more influential group. Sometimes officials act out of anticipation of deprivation. (Influence in this perspective could be considered as both a positive and a negative phenomenon; positive in the sense that it is a desired quality, and negative in the sense that it encourages action out of fear.)

In summary, several authors have written about the concepts of power and influence. While most authors have indicated that power and influence are interrelated, there is some difference in the views about which one stems from the other. Few studies could be found

about power or influence.

Political Process

The political process varies on the national and state levels. State by state, there are differences in the governmental institutions which account for the variation in the policy making process. Authors have discussed the similarities as well as the differences in state and national processes. The following discussion will deal only with the generalities of state policy making that might affect or could apply to this study.

Kalisch and Kalisch (1982) described the policy process as all the events and decisions that must take place for a policy to be proposed, considered, and either enacted or implemented or set aside. They identified four stages of the policy process: "problem formation, policy formation and adoption, policy implementation, and policy evaluation" (p. 64). There are several actors in the policy process. Policy makers are the people with the authority to "allocate scarce resources" (p.61). Other actors include constituents, lobbyists, special interest groups, legislative staff--professional and non-professional, the governor, and the media. All of these actors can affect the outcome of the policy process.

Goehner (1982) stated that, in order for nurses to become effective change agents, they must have a knowledge of the federal and state legislative process. She defined a legislature as an institution in which people decide matters of policy affecting the people they represent. All states but one have bicameral legislatures, that is, two coordinate legislative bodies which share power. Nebraska has a unicameral system with only one legislative body. All legislatures have committees to provide a division of labor and to specialize in policy areas. It is impossible for all legislators to be experts on all issues; therefore, the committees deliberate over assigned issues and make recommendations to the entire body.

Uslaner and Weber (1977) published their study on the patterns of decision making in state legislatures. This study focused on how the subjective orientations of state legislators affect the ways they go about making decisions, color their perceptions, and relate their opinions on a number of state policy matters. The instrument used was an opinionnaire in which the respondents ranked in order of importance issues affecting their state, people affecting the legislators'

decisions, and significant decisions made by the legislators. Other data were also collected.

The results of this study showed that, although there was not conclusive evidence, economics seemed to be a primary determinant of policy in most states. The dominant theme of this study was executive dominance, with legislative submission indicating the influence of the governor in policy making. Legislators indicated that they received cues on decision making from several sources. Personal friends in the legislature, legislative specialists, and committee chairmen/ranking minority member of the committee were the most frequently identified cue givers. Other cue givers included interest groups, legislators of the same party, legislators of adjacent or same district, legislative party leaders, policy specialists, party leaders outside the legislature, and the governor. Constituents were only briefly mentioned as cue givers (Uslaner and Weber, 1977).

Rosenthal (1981) discussed the schedule and the responsibilities of state legislators. Various examples of state legislators from different states were used to support the notion that legislators are busy people with grueling responsibility. The primary responsibilities discussed were sponsoring legislation and deciding on

legislation to be enacted. All state legislators must make decisions about legislation on more than 200 occasions. In busier states, the number of decisions increases greatly.

According to Rosenthal (1981), legislators have an overriding inclination to say yes to all legislation. Acquiescence is considered the safest rule for legislators, that is, to support everyone else's bills unless there is good reason not to support the bills. Orientation to groups such as political parties, interest groups, and other groups could provide the legislator with information or reason not to vote affirmatively.

Political parties lay the strongest claim to legislator loyalties. Legislators also acknowledge the legitimacy of interest groups and the useful functions lobbyists perform. Legislators are usually more sympathetic toward groups in which they are members. Other groups that may influence legislators include ethnic, racial, religious, and gender groups (Rosenthal, 1981).

When acquiescence and orientation to groups do not help legislators to make decisions, legislators need to look for cues. The most common cue givers include the senior legislators, individuals such as other legisla-

tors or lobbyists, the governor, constituents, and friends (Rosenthal, 1981).

Other intrusive factors in legislative decision-making are commitments, needed information, pressure, and deals. When legislators make commitments, they are bound. For this reason, many legislators try not to promise their vote in most situations. Commitments on some issues cannot be avoided (Rosenthal, 1981).

Legislators readily admit to some that they need information on policy issues. However, legislators rarely seek elaborate information, since too many facts can overload the legislators and lead to paralysis on the issue. Legislators will need to know whether a bill will affect their district. If the bill does affect their districts, the legislators will seek more information (Rosenthal, 1981).

Pressure on legislators to vote in a given direction may influence some. Pressure can come from constituents, special interest groups, the governor, or the press. Rosenthal (1981) suggested that pressure is in the eyes of the beholder.

On occasion, legislators will trade votes with their colleagues to have their own legislation passed. Once a legislator makes a deal, the legislator is com-

mitted. Because of these promises or trades, trust weighs heavily in the process (Rosenthal, 1981).

In summary, the policy process varies in states but the actors and the basic actions are similar. Several actors influence the ways in which policy-makers decide on legislation. Commitments and special needs of the legislators also influence the process.

Kansas Policy Process

Several authors have studied the Kansas legislature. Most of these studies described the legislators and the process in the mid-seventies. Only the literature applicable to this study will be reviewed.

Archer (1982) described the Kansas legislative institution. The official name of the legislative branch of government in Kansas is the Legislature. The Legislature consists of two houses: the Senate and the House of Representatives. The Senate has forty members who serve four year terms while the House has 125 members who serve two year terms. Legislative leaders are the President of the Senate and the Speaker of the House.

The regular legislative session convenes annually on the second Monday in January, meeting in two annual

sessions. Bills may carry over from the first session to the second. The sessions of the odd numbered years are not limited in length. Sessions of the even numbered years are limited to ninety calendar days.

Drury (1980) discussed the powers and procedures of the Kansas legislature. The Kansas constitution outlines the power of the people. It is through the legislature that the people act. Therefore, the powers of the legislature are to implement the powers of the state by enacting laws that protect the people of Kansas.

Harder (1979) presented data he gathered about the 1977 Kansas Legislature. To identify participants for his descriptive study, he examined the payroll of the state. Key participants were senators, representatives, administrators, professional staff members, and secretaries and clerks. Professional staff members were identified as the revisors of statutes staff and the legislative research staff. Since these people provided policy information to legislators, Harder considered these staff members as influential in the policy process.

In summary, several authors have written about the political process in Kansas. Those reviewed wrote about how the legislative branch of government in Kansas fun-

ctions and who the key participants are.

CHAPTER III

METHODOLOGY

The purposes of this descriptive study were to determine how Kansas policy makers perceive the influence of Kansas nurses on Kansas health policy, to determine what Kansas legislators believe Kansas nurses could do to improve their influence on Kansas health policy, and to determine what methods of influence Kansas policy makers perceive as most effective. This chapter addresses the population, setting, data collection procedures, instrument, and data analysis which were used in this study.

Population

The population for this study was the legislators holding office during the 1984 Kansas Legislative Session: 40 senators and 125 representatives. Any legislator who resigned from office prior to the end of the 1984 session was excluded from the study. Legislators appointed to vacancies during the 1984 session were considered only if they served at least 60 calendar days.

Setting

This study was conducted at the state capitol

during the 1984 Kansas State Legislative Session. Since this study focused on elected officials in a public setting, no agency permission was needed.

Instrument

No instrument has been published that would achieve the specific goals of this study. The investigator therefore developed a questionnaire based on a review of the literature, the investigator's experiences as a legislative intern, and informal discussions with legislators. The questionnaire was a partially closed-ended survey with some of the items asking respondents to rank responses, some items asking respondents to check all applicable answers, and some items asking for the respondents' opinion on an "agree to disagree" continuum.

Items one to four on the questionnaire set the stage for the study by asking respondents to rank in order of importance some of the health related issues of the 1984 Legislative Session. Research question one, "How effective do Kansas policy makers perceive Kansas nurses to be in influencing state health policy?" was addressed by items six, seven, 10, and 13 through 17. Items 11 and 18 considered research question two, "In

what ways do Kansas policy makers' perceive that Kansas nurses could become more influential in health policy formation?" Items five, eight, nine, and 12 concerned research question three, "What methods are perceived by Kansas policy makers as the most influential on their decision making regarding Kansas health policy. Items 19 through 23 sought biographical data. To establish face validity, an early draft of the questionnaire was reviewed by three people with a background in political science, three nurses who have been involved in the Kansas legislative process, and three former legislators. As a result of this review, some changes were made on the final draft.

Data Collection Procedure

The investigator identified the legislators to be contacted by obtaining a Legislative Directory from Legislative Services at the state capitol. An introductory letter (see Appendix A) and the questionnaire (see Appendix B) were hand-delivered by the investigator to the offices of each legislator. A self-addressed envelope was included for the return of the questionnaire to the investigator. Completed questionnaires were collected by the investigator at least five days after distribution.

It was assumed that the return of the questionnaire indicated the respondent's consent to be included in the study. Anonymity was maintained. Only the investigator had access to the raw data. There was no physiological or psychological risk associated with participation in this study.

Data Analysis

Data from this study were tabulated by the investigator. Data analysis was done using descriptive statistics, specifically, frequencies, percentages, and ranking. Nonparametrical statistics, Chi-square, and the Kendall Coefficient of Concordance: W were also used. All of the statistics were computed using the Statistical Program for the Social Sciences (SPSS-X) (Nie, 1983).

Descriptive statistics provide techniques for describing features of data that are of interest the Chi-square statistic may be used to test hypotheses about entire frequency distributions (Minium, 1978). The Kendall Coefficient of Concordance: W statistic is used to measure the relation among several rankings of items. W expresses the degree of association among several ranked variables (Siegel, 1956).

Chi-square tests were computed to determine whether there was a significant difference in responses related to democratic and republican membership, chamber of service, gender, or having a nurse in the family. The Kendall Coefficient of Concordance: W was computed for items in which all possible responses were ranked. The .05 level of significance was used to analyze these data.

Items one, two, three, and four of the questionnaire were analyzed by ranking of mean scores. The Kendall Coefficient of Concordance: W was computed on these items. These items set the stage for the study.

Research question number one, "How effective do Kansas policy makers perceive Kansas nurses to be in influencing state health policy?" was addressed by items six, seven, 10, and 13 to 17. Ranking by means and the Kendall Coefficient of Concordance: W test were computed for item seven. Frequencies, percentages, and the Chi-square test were computed for all other items.

The second research question, "In what ways do Kansas policy makers perceive that Kansas nurses could become more influential in health policy formation?" was queried by items 11 and 18. Item 11 was analyzed using frequencies, percentages, and the Chi-square test. The

results of item 18 underwent a content analysis. Content analysis is used to describe communications and documentary evidence in an objective, systematic, and quantitative manner (Polit & Hungler, 1983).

The third research question of this study, "What methods are perceived by Kansas policy makers as the most influential on their decision making regarding Kansas health policy?" was addressed by items five, eight, nine, and 12. The responses to item nine were ranked using mean scores and tested for significance by the Kendall Coefficient of Concordance: W. Frequencies, percentages, and Chi-square were performed on all other items.

CHAPTER IV

PRESENTATION OF FINDINGS

The purposes of this descriptive study were to determine the perceptions of Kansas policy makers concerning the effectiveness of Kansas nurses' influence on Kansas health policy, to determine what Kansas legislators believe Kansas nurses could do to improve their influence on Kansas health policy, and to determine what methods of influence Kansas policy makers perceive as most effective. This chapter presents the findings in four parts. Part one discusses the demographic and response rate data. Part two presents the data analysis of the findings related to the three research questions. The related findings are presented in part three. Results are discussed in constitute part four.

Part One

Demographic and Response Rate Data

The questionnaire was returned by 86 legislators. Nineteen senators participated, 47.5% of the total senators, 22.1% of the total participants. Sixty-four representatives participated, 51.2% of the total representatives, 74.4% of the total participants. Three participants did not identify the chamber in which they

serve.

The population of this study was the 165 members of the 1984 Kansas Legislature. Forty members were senators, 125 members were representatives. Table one compares the characteristics of the population and the sample (see Table 1.)

TABLE 1

Comparison of specific characteristics of the Population and Sample

| | Population | | Sample* | |
|-----------------|------------|------------|---------|------------|
| | Number | Percentage | Number | Percentage |
| SENATE | 40 | 100.0 | 19 | 100.0 |
| Female | 3 | 7.5 | 2 | 10.5 |
| Male | 37 | 92.5 | 17 | 89.5 |
| Democrat | 16 | 40.0 | 8 | 42.1 |
| Republican | 24 | 60.0 | 11 | 57.9 |
| Nurse in Family | -unknown- | | 3 | 15.8 |
| ----- | | | | |
| HOUSE | 125 | 100.0 | 64 | 100.0 |
| Female | 22 | 17.6 | 19 | 29.7 |
| Male | 103 | 82.4 | 45 | 70.3 |
| Democrat | 54 | 43.2 | 39 | 60.9 |
| Republican | 71 | 56.8 | 25 | 39.1 |
| Nurse in Family | -unknown- | | 17 | 26.9 |

* 3 participants did not identify their chamber

Part Two

Data AnalysisResearch question one

Research question one asked: How effective do Kansas policy makers perceive Kansas nurses to be in influencing state health policy? Items six, seven, 10, and 13 through 17 provided the data for this question. The analysis of each item is as follows.

Item six. Item six asked participants how often they consider the opinions of registered nurses in deciding how to vote on health issues. Table 2 illustrates the frequencies and percentages of the responses.

As indicated in Table 2, approximately 50% of the respondents almost always or always considered the opinions of registered nurses when deciding how to vote on health issues. Approximately 50% of the respondents said that they considered these opinions only sometimes. The Chi-square test did not reveal a significant difference in the answers based on party, chamber, gender, or nurse family member.

TABLE 2

Frequency participants consider R.N.'s opinions when voting on health issues.

| Response | Number | Percentage |
|---------------|-----------|--------------|
| Never | 0 | 0 |
| Almost Never | 2 | 2.3 |
| Sometimes | 42 | 48.8 |
| Almost Always | 30 | 34.9 |
| Always | 12 | 14.0 |
| Total | <u>86</u> | <u>100.0</u> |

Item seven. Item seven asked participants to rank in order of influence six lobbying groups. Table 3 depicts the ranking by means of the selected lobbying groups.

The results of the rankings as shown in Table 3 indicate that the Kansas State Nurses' Association is considered by participants as the second most influential lobbying group. The Kansas Medical Society was perceived as the most influential. The Kendall Coefficient of Concordance: W calculated on 63 cases, indicated a moderately strong degree of association among the rankings ($W=.3996$). This result was sig-

nificant at the .0000 level.

TABLE 3

Participants' ranking of influence of selected lobbying groups

| Rank | Mean | Group |
|------|------|--|
| 1 | 2.12 | Kansas Medical Society |
| 2 | 2.56 | Kansas State Nurses' Association |
| 3 | 2.88 | Kansas Hospital Association |
| 4 | 4.03 | Kansas Health Care Association |
| 5 | 4.25 | Kansans for the Improvement of Nursing Homes |
| 6 | 5.16 | Kansas Dental Association |

Note a. 1=most influential

Note b. Kendall Coefficient of Concordance performed on 63 cases indicated $W=.3990$ ($p=.0000$)

Item ten. Item ten asked how effective nurses have been in influencing participants' decisions on health policy. Table 4 presents the frequencies and percentages of the responses.

The results presented in Table 4 indicate that over 50% of the participants perceived nurses as effective to very effective in their influence on health policy decisions. Chi-square tests revealed no significant difference in response according to party, chamber,

gender, or nurse family member.

TABLE 4

Effectiveness of nurses' influence on participants' health policy decisions.

| Level | Number | Percentage |
|--------------------|--------|------------|
| Very ineffective | 2 | 2.3 |
| Ineffective | 3 | 3.5 |
| Somewhat effective | 35 | 40.7 |
| Effective | 37 | 43.0 |
| Very effective | 9 | 10.5 |
| Total | 86 | 100.0 |

Item 13. Item 13 asked participants if they personally knew any registered nurse constituents in their districts. Eighty-four participants (97.7%) said they did know some of their registered nurse constituents personally. Two participants (2.3%) denied knowing any registered nurse constituents. It may be concluded from this response that most of the participants personally knew registered nurse constituents. Chi-square tests revealed no significant difference in

responses based on party, chamber, gender, or nurse family member.

Item 14. Item 14 asked for classification of the nurses who contacted participants about issues. Table 5 presents the frequencies and percentages for this item.

As indicated in Table 5, 69% of the nurses who contacted participants were registered nurses. Chi-square tests revealed no significant difference in the responses based on party, chamber, gender or nurse family member.

TABLE 5

Policy Makers' beliefs about the type of nurse who contacted them.

| Preparatory Background | Number | Percent |
|--------------------------|------------|--------------|
| Registered Nurse | 78 | 69.1 |
| Licensed Practical Nurse | 21 | 19.1 |
| Nurses' Aide | 5 | 4.5 |
| Uncertain of background | 8 | 7.3 |
| Total | <u>110</u> | <u>100.0</u> |

Note. Participants could mark more than one response.

Item 15. Item 15 asked participants if they had

been contacted by any nurses, constituent or non-constituent, during the 1984 Legislative Session. Seventy-nine percent of the respondents said they had been contacted by nurse constituents, 17.4% said they were not contacted by nurse constituents, and 3.5% did not answer. Participants were asked whether non-constituent nurses also contacted them; 74.4% said non-constituent nurses did contact them, 18.6% said they were not contacted by non-constituent nurses, and 7% did not respond. These responses indicated a trend that nurses contact not only their own legislators but also those legislators representing other districts. Chi-square tests indicated no significance in responses based on party, chamber, gender, or nurse family member.

Item 16. Item 16 asked participants what issues the nurses wanted to discuss. Results indicated that 22.1% of the participants were contacted by nurses about general health issues, 80.2% were contacted about specific nursing issues, and 2.3% were contacted about other issues. Since participants could respond to more than one answer, total percentages are more than 100%. This response indicates that nurses contacted participants mostly about specific nursing issues. Chi-square tests indicated no significant difference in responses

based on party, chamber, gender, or nurse family member.

Item 17. Item 17 asked if the information nurses provided was useful to the legislators in making their decision on the issue. Most of the participants (83.7%) said "yes," 3.5% said "no," and 12.8% did not respond. According to these results, nurses did provide useful information to the participants. Chi-square tests indicated no significant difference in responses based on party, chamber, gender, or nurse family member.

Summary of results of research question one.

Participants of this study believed that nurses do influence health policy in Kansas. Approximately 50% of the participants stated they almost always to always considered the opinions of registered nurses when deciding how to vote on health issues. Kansas nurses were perceived as effective to very effective in influencing health policy by 53.5% of the participants. Kansas State Nurses' Association was ranked by respondents as the second most influential interest group concerned with health issues. Policy makers believed that most of the nurses who made contacts about health issues were registered nurses. However, most of the issues nurses wanted to discuss with policy makers were specific nur-

sing issues, according to 83.7% of the participants. Policy makers believed that the information nurses provided was useful in decision making.

Research question two.

Research question two asked: In what ways do Kansas policy makers perceive that Kansas nurses could become more influential in health policy formation? Items 11 and 18 provided information for this question. Item 11 was analyzed by frequencies, percentages, and Chi-square. A content analysis was done on the responses to item 18.

Item 11. Item 11 asked participants in what ways they thought nurses would improve their influence on health policy. Table 6 depicts the results of the responses to this item. Chi-square tests indicated no significant difference in responses based on party, chamber, gender, or nurse family member.

According to the Table 6 data, 45% of the responses stated that nurses could improve their influence on health policy by more personal involvement in the issues by supplying data, providing testimony before a committee, and personally discussing issues with legislators. Attending group meetings and encouraging health care consumers to write letters constituted 22%

of the responses. Twenty-three percent of the responses suggested that nurses could improve their influence if they contacted only their own legislator or discussed the issues away from the statehouse with legislators (see Table 6).

TABLE 6

Actions which would improve nurses' influence on health policy.

| Action | N | % |
|--|-----|-----|
| Personally discussing issues with legislators | 71 | 23 |
| Providing testimony before committee | 53 | 17 |
| Supplying data pro or con | 48 | 15 |
| Encouraging health care consumers to write letters | 37 | 12 |
| Contacting only own legislators | 37 | 12 |
| Informally discussing issues away from statehouse | 35 | 11 |
| Attending group meetings with other constituents | 32 | 10 |
| Total | 313 | 100 |

Note a. %= percentage of total number of responses.

Note b. Respondents could check more than one response.

Item 18. Item 18 asked participants how they

believed nurses could be more effective in influencing policy making. This item was open-ended, allowing participants to create their own responses. Fifty-nine responses were tabulated.

The content analysis performed on the 59 responses to this question indicated eight categories in which participants believed that nurses could be more effective in influencing policy making. These categories with the percentage of the total responses were: increasing contact with legislators (40.67%), changing lobbying techniques (18.64%), increasing political involvement (15%), addressing the issues (10%), working with other groups (5%), improving image (5%), increasing involvement in political campaigns (3.39%), and providing general information (1.69%). These responses were generally consistent with the responses of item 11.

Summary of research question two.

Kansas policy makers believe that Kansas nurses could become more influential in health policy formation by increasing their political activity. Forty-five percent of the participants believe that nurses should personally discuss issues with their legislators, provide testimony before committees, and supply pro or con data.

Over 40% of the respondents thought nurses should increase their contact with legislators while 15% said nurses should increase overall political involvement. Policy makers also believed that nurses should change some of their lobbying techniques, address the issues, and work with other health related interest groups.

Research question three.

Research question three asked: What methods are perceived by Kansas policy makers as the most influential on their decision making regarding Kansas health policy? Items five, eight, nine, and 12 sought responses for this question. Ranking by mean scores and the Kendall Coefficient of Concordance: W were computed for items five and nine. Frequencies, percentages, and Chi-square tests were computed on all other items.

Item five. Item five asked participants to indicate from a list of options where they look for cues when voting on health issues. Table 7 illustrates the ranking by means of responses of this item. The Kendall Coefficient of Concordance: W computed for this item on 60 cases indicated a moderately strong association among the response variables ($W=.4711$). This result was significant at the $p=.0000$ level.

As shown in Table 7, participants sought voting cues on health issues first from their constituents, then from other legislators, and then from legislative staff. Participants indicated that they consulted lobbyists on health related issues after they consulted constituents, other legislators, and legislative staff. The governor was ranked seventh out of eight possibilities and senate president/house speaker was ranked eighth.

TABLE 7

Ranking of individuals/groups as cue-givers for
legislators voting on health issues

| Cue location | Mean | Rank |
|--|------|------|
| Constituents | 2.34 | 1 |
| Other legislators | 2.68 | 2 |
| Legislative staff | 3.82 | 3 |
| Lobbyists | 4.16 | 4 |
| Committee chair/ ranking minority member | 4.45 | 5 |
| Friends | 4.82 | 6 |
| Governor | 6.77 | 7 |
| Senate President/ House Speaker | 6.95 | 8 |

Note a. 1=most frequently selected individual/group
Note b. Kendall Coefficient of Concordance performed on
60 cases indicated $W=.4711$ ($p=.0000$)

Item eight. Item eight asked participants to indicate from a list what qualities they thought make an interest group powerful. Table 8 depicts the responses of this item. Chi-square tests revealed no significant difference in the responses based on party, chamber, gender, or nurse family member.

According to the results illustrated in Table 8,

90% of the participants believed that the concerns of a group were important in the perception of a group's power. Lobbying effectiveness of the group was considered an important quality of power by 83.7% of the participants. The number of members the group represents was a factor considered by 65% of the respondents, while only 51% indicated that the group's ability to contribute to a campaign was as important to the group's power image.

TABLE 8

Qualities participants thought made interest groups powerful

| Quality | N | % |
|--|----|------|
| Ability of group to contribute to campaign | 44 | 51 |
| Number of members group represents | 56 | 65 |
| Concerns of group | 78 | 90 |
| Lobbying effectiveness of group | 72 | 83.7 |

Note. % indicates percent of the respondents who selected the quality.

Item nine. Item nine asked participants to rank in order of effectiveness selected methods of influencing legislators. Table 9 presents the ranking by mean

scores of the responses. The Kendall Coefficient of Concordance: W was computed on 70 cases and suggested a strong relationship among the ranking of responses among participants ($W=.5721$). This result was significant at the .0000 level.

TABLE 9

Ranking of effective methods of influencing legislators

| Method | Mean | Rank |
|------------------------------------|------|------|
| Personal contact from constituents | 1.71 | 1 |
| Letters from constituents | 2.31 | 2 |
| Testimony before committees | 2.86 | 3 |
| Group meetings with constituents | 3.00 | 4 |
| Contacts from non-constituents | 4.83 | 5 |

Note a. 1=most effective

Note b. Kendall Coefficient of Concordance performed on 70 cases indicated $W=.5721$ ($p=.0000$)

Personal contact from constituents was the most effective method of influencing legislators. Letters from constituents were ranked second most influential. Contacts from non-constituents were considered least influential.

Item 12. Item 12 asked participants to select

from a list of options stages of the legislative process in which attempts to influence legislators are most effective. Table 10 illustrates the frequencies and percentages of each response to this item. Chi-square tests were computed on this item and did not show a significant difference in responses based on party, chamber, gender, or nurse family member.

TABLE 10

Stages of legislative process in which attempts to influence legislators are most effective

| Stage | N | % |
|---|----|----|
| Interim | 44 | 51 |
| Before bill introduction | 38 | 44 |
| Committee hearings | 67 | 78 |
| Just before committee action | 42 | 49 |
| Just before bill goes on General Orders | 36 | 42 |
| Just before final vote | 28 | 33 |

Note. % represents percentage of respondents who selected this stage

As indicated in Table 10, the most effective stage for influence in the legislative process, committee hearings, was selected by 78% of the participants. In-

terim, the time between legislative sessions, was considered an influential stage of the process by 51%. Attempts to influence legislators just before final vote on an issue were considered effective by only 33% of the participants.

Summary of research question three.

Kansas policy makers believed that contacts from constituents are the most effective methods of influence in the decision making on health policy. The committee hearings stage was chosen by 78% of the participants as the time during the legislative process in which attempts to influence legislators are most effective. Ninety percent of the participants identified the concerns of interest groups as a powerful quality, while 83.7% found that the lobbying effectiveness of such groups contribute to their power effect. However, lobbyists were ranked behind constituents, other legislators, and legislative staff in the participants' voting cue location.

Part Three

Related findings

Although it was not a purpose of this study, it was

possible to determine the participants' perceptions about the importance of selected health related issues of the 1984 Legislative Session. Items one through four asked the participants to rank in order of importance certain health issues. All four items were analyzed by the mean rankings and computation of the Kendall Coefficient of Concordance: W .

Item one. Item one asked participants to rank three general health issues. Health programs/services issues were ranked number one ($\bar{X}=1.52$), health institution issues were ranked number two ($\bar{X}=2.09$), and health personnel issues were ranked number three ($\bar{X}=2.29$). The Kendall Coefficient of Concordance: W was computed on 70 cases and indicated a very weak association in the ranking among participants ($W=.1550$). This result was significant at the .0000 level.

Item two. Item two asked participants to rank in order of importance selected health institution issues. Table 11 depicts the ranking by mean score of the selected issues. The Kendall Coefficient of Concordance: W was computed on 77 cases. A moderate degree of association among rankings was shown ($W=.3054$). This result was significant at the .0000 level.

Hospital cost containment was considered the most

important health institution issue. Twenty-four hour nursing coverage in adult care homes was ranked as the second most important issue, and family day care centers was ranked third. Participants considered the certificate of need for health facilities fourth in importance and the licensure of home health agencies as least important (see Table 11).

TABLE 11

Ranking of health institution issues by perceived importance

| Issues | Mean | Rank |
|--|------|------|
| Hospital cost containment | 1.48 | 1 |
| 24 hour nursing coverage in adult care homes | 3.18 | 2 |
| Family day care centers | 3.33 | 3 |
| Certificate of need for health facilities | 3.42 | 4 |
| Licensure of home health agencies | 3.59 | 5 |

Note. Kendall Coefficient of Concordance performed on 77 cases indicated $W=.3054$ ($p=.0000$)

Item three. Item three asked participants to rank in order of importance selected health personnel issues. Table 12 illustrates the response of the participants.

The Kendall Coefficient of Concordance: W was computed on 64 cases. A moderately weak degree of association among ranking was shown ($W=.2416$). This finding was significant at the .0000 level.

As indicated in Table 12, participants believed that the disciplinary action for health care professionals was the most important health personnel issue. Provisions for medication aides to give insulin was ranked fifth of six, leaving dental practice as least important.

TABLE 12

Ranking of health personnel issues by perceived importance

| Issue | Mean | Rank |
|--|------|------|
| Disciplinary action for health care professionals | 2.46 | 1 |
| Advanced Registered Nurse Practitioner regulations | 2.76 | 2 |
| Reinstatement of the State Board of Healing Arts | 3.31 | 3 |
| Registration of Medication Aides | 3.46 | 4 |
| Provisions for Medication Aides to give insulin | 3.98 | 5 |
| Dental Practice | 5.02 | 6 |

Note a. 1=most important

Note b. Kendall Coefficient of Concordance performed on 64 cases indicated $W=.2416$ ($p=.0000$)

Item four. Item four asked respondents to rank in order of importance selected health program/services issues. Table 13 demonstrates the rankings by mean scores of the selected programs. The Kendall Coefficient of Concordance: W was computed on 76 cases. A very weak association was suggested ($W=.1324$). This result was significant at the .0000 level.

TABLE 13

Ranking of health programs/services issues by perceived importance

| Issue | Mean | Rank |
|--|------|------|
| Health planning | 1.89 | 1 |
| Services for specific groups of people | 2.39 | 2 |
| Health care benefits for state employees | 2.73 | 3 |
| Duty to disclose information for specific diseases | 2.97 | 4 |

Note a. 1= most important

Note b. Kendall Coefficient of Concordance performed on 76 cases indicated $W=.1324$ ($p=.0000$)

Participants ranked health planning as the most important of the health programs/services issues. The services for specific groups of people issue was ranked second while the health care benefits for state employees issue was considered third most important. Participants believed that the duty to disclose information for specific diseases issue was least important.

Summary of related findings.

The related findings of this study revealed that participants considered health programs/services issues most important during the 1984 Legislative Session. Ranked second in terms of importance were issues related

to health institutions and health personnel issues were considered less important. Hospital cost containment, health planning, and disciplinary action for health professionals were considered the most important specific issues.

Part Four

Discussion of Results

Analysis of the first research question of this study, "How effective do Kansas policy makers perceive Kansas nurses to be in influencing state health policy?" indicated that 48.9% of the respondents do consider the opinions of registered nurses almost always to always. The Kendall Coefficient of Concordance indicated a moderately strong association among the rankings of participants at the .0000 level of significance. Nearly 54% of the participants considered nurses effective to very effective at influencing health policy decisions. Sixty-nine percent of the participants believed that the nurses who made contact about issues were registered nurses. A majority of the participants (80.2%) were contacted about specific nursing issues. Approximately 84% of the participants found the information provided by the nurses useful.

These findings contrast with the findings of Lake (1984), who stated that Wisconsin legislators perceived nursing as having little influence on health care legislation. According to the Lake study, nursing impact was poor compared to the impact of other health-related organizations. While this notion seems to be in contrast with the present study, the fact that Kansas policy makers did not rank nurses as the most influential of the selected health groups suggests that at least one other health-related organization in Kansas has a greater impact on health care legislation than nurses do. The Kendall Coefficient of Concordance: W indicated a moderately strong association among the rankings at the .0000 level of significance.

Analysis of the data for research question one also supports what authors have written about nurses influencing public policy. Flanagan (1976) wrote about the ANA involvement in public policy while Archer (1982), Kalich (1980), and Mulvany (1976) described the work of nurses with others including policy makers to improve health care standards. According to this study, Kansas policy makers perceive that Kansas nurses are working to influence Kansas health policy.

The data for the second research question of this study, "In what ways do Kansas policy makers perceive that Kansas nurses could become more influential in health policy formation?" indicated that legislators thought that Kansas nurses could become more effective at influencing policy making in several areas. In open ended replies to this question, legislators noted that nurses should make frequent contact with their own legislators. Fifteen percent of the respondents believed that nurses should increase their overall political involvement. Thirty-two percent of the participants thought that nurses should provide testimony before committees or supply data pro or con on issues. Some participants indicated that the lobbying techniques of nurses should be changed. Isolated comments were made about the need for nurses to be less concerned about "turf battles" and to be more concerned about working with other health oriented groups. A few participants believed that nurses should work on improving their image.

These findings support the recommendations of Mixon (1979) and Lake (1984). Mixon suggested that nurses maintain high political visibility and develop open communication with organizations and individuals

with similar goals and philosophies. Lake noted that nurses need to sharpen their political image and continue to educate legislators.

Data analysis of the third research question of this study, "What methods are perceived by Kansas policy makers as the most influential on their decision-making regarding Kansas health policy?" indicated that personal contacts from constituents were the most effective method of influencing Kansas policy makers. The Kendall Coefficient of Concordance: W indicated a strong association among rankings at the .0000 level of significance. Participants ranked constituents as the number one group of cue-givers on health issues. Other legislators were ranked second in location of cue-givers and legislative staff members were ranked third. Participants sought out lobbyists only after the first three groups. The governor was ranked as the seventh out of eight possible cue-givers. Legislative party leaders ranked eighth in this study. The Kendall Coefficient of Concordance: W indicated a moderately strong association among rankings at the .0000 level of significance.

Timing of contacts made with legislators was con-

sidered important. Contact during committee hearings was most effective. Contact before final vote on an issue was considered least effective.

The concerns of an interest group and the lobbying effectiveness of the group were related to the group's power according to legislators. Ninety percent of the participants believed that the concerns of the group increased the group's power. Lobbying effectiveness of a group influenced the group's perceived power according to 83.7% of the participants. The number of members the group represents was an important factor to 65% of the respondents while the ability of a group to contribute to a campaign was important to only 51%.

These findings support those of Harkness (1979). In her study, Harkness identified variables that influenced the legislative process. Constituent beliefs were perceived as influential in the process, as were beliefs of legislators, health professionals and lobbyists. Nurses were specifically identified by Harkness as an influential variable.

The findings of the present study were not consistent with those of Uslander and Weber (1977). These researchers found that constituents were mentioned only briefly by legislators as cue givers. The most

frequently identified cue givers were legislative friends, legislative specialists, legislative party leaders, and committee chairmen or ranking minority leaders. This study also indicated that the governor had a strong influence in policy formation.

Rosenthal (1981) identified cue givers as other legislators, lobbyists, constituents, friends, and the governor. Rosenthal's results are consistent with the findings of this study. Rosenthal stated that legislators readily need information on policy issues which was also supported by this study.

The related findings of this study indicated that Kansas policy makers are concerned with the rising cost of health care. Hospital cost containment was ranked as the number one health institution issue. The Kendall Coefficient of Concordance: W indicated a moderately strong association among rankings of this item at the .0000 level of significance. This finding is consistent with the number one ranking of health planning in the health program/services issues. Participants ranked the certificate of need for health facilities number four in importance of health institution issues, and licensure of home health agencies as number five. These results

support Aiken's (1981) identification of major public policy issues: the magnitude of health expenditures, inflation in the health sector, and the cost effectiveness of health expenditures.

CHAPTER V
CONCLUSIONS, IMPLICATIONS FOR NURSING,
AND RECOMMENDATIONS

This study was designed to determine Kansas policy makers' perceptions of the influence of Kansas nurses on health policy in Kansas. A review of the literature indicated only three published studies with similar purposes. Mixon (1979) studied how legislation affecting nurses and nursing was determined in the state of Florida. Moore (1983) investigated the degree of political participation of registered nurses and the types of health system changes sought by a specific group of nurses. Lake (1984) described Wisconsin legislators' opinions on nursing and the methods used by the legislators to obtain nurses' views on proposed health legislation. Other nursing authors have stated there is a need for nurses to work for the improvement of health care and nursing.

Three research questions were posed by this study:

1. How effective do Kansas policy makers perceive Kansas nurses to be in influencing state health policy?
2. In what ways do Kansas policy makers perceive that Kansas nurses could become more influential in health

policy formation?

3. What methods are perceived by Kansas policy makers as the most influential on their decision making regarding Kansas health policy?

Legislators of the 1984 Kansas State Legislature were invited to participate in this descriptive study. A questionnaire was designed by the investigator, based on a review of the literature, the investigator's experiences as a legislative intern, and informal discussion with legislators. The questionnaire was reviewed by nine people with experience in various aspects of the Kansas policy process. Changes were made in the final draft of the questionnaire based on the recommendations of those who reviewed it.

This study was conducted during the 1984 Kansas Legislative Session. Eighty-six of the 165 legislators responded to the questionnaire, a return rate of 52%. The data were tabulated by the investigator. Descriptive statistics, Chi-square, and the Kendall Coefficient of Concordance: W were computed in the statistical analysis.

Results of research question one indicated that Kansas policy makers believe Kansas nurses are effective

to very effective in their efforts at influencing state health policy. Sixty-nine percent of the participants believed that the nurses who contacted legislators about issues were registered nurses. Eighty percent of the participants said that the nurses wanted to discuss specific nursing issues. Nearly 84% of the respondents said the information nurses provided was helpful.

Research question two results suggested that participants thought nurses could increase their effectiveness in influencing health policy by becoming more involved in the policy process. Thirty-two percent of the participants thought that nurses should provide testimony before committees or supply legislators with pro or con data on issues. A change in nurses' lobbying techniques was suggested by 18.6% of the respondents. Participants also believed that nurses should be more willing to work with other health related groups for legislation rather than becoming involved in "turf" battles.

The findings of research question three demonstrated that constituents were the most influential factors in participants' decision making. Participants said that they first consulted constituents, then other legislators, and then legislative staff before consulting looking to lobbyists for voting cues on health

issues. Participants ranked the governor seventh of eight voting cue choices. The senate president/house speaker was ranked eighth.

When considering the power of interest groups, 90% of the participants believed that the concerns of the group attributed to the power of the group. The lobbying effectiveness of the group was considered by 83.7% as a power indicator. Sixty-five percent of the participants also thought that the number of members the group represents related to the group's power. Only 51% of the participants stated that the group's ability to contribute to campaigns increased the group's power.

Participants identified the stages of the legislative process in which they believed attempts to influence legislators were most effective. Seventy-eight percent of the participants identified committee hearings as the most effective time to influence legislators. The least effective time to influence legislators was just before final vote on the issue.

Related findings of this study indicated that participants believed that the most important general health issues were health programs/services issues. Health planning was ranked as the number one health

programs/services issue. Hospital cost containment was considered the most important health institution issue. Disciplinary action for health care professionals was considered the most important health personnel issue.

Conclusions

Based on the findings of this study, the following conclusions about Kansas nurses and policy makers have been made:

1. Policy makers believe that Kansas nurses have some influence on the formation of health policy in Kansas.
2. Legislators believe that nurses could increase their influence on health policy by encouraging more nurses to become politically involved. More nurses should make an effort to contact their legislators on issues in general.
3. Policy makers suggest that nurses should change some of their lobbying techniques. Testimony on health related issues should be provided by nurses other than the lobbyist.
4. Legislators suggest that the nurses should develop better rapport with other health related interest groups and should work together with these groups on legislative issues.
5. Kansas legislators consider the opinions of their

constituents when voting on health issues.

6. Rising health care costs are a concern to Kansas legislators.

Implications for Nursing

The results of this study provide Kansas nurses with information that can be used to plan future political strategies. Kansas policy makers believe that Kansas nurses should become more involved in the policy making process. If nurses made frequent contacts with their legislators and provided the legislators with data about issues, nurses could enhance their influence on the policy process.

Nurses should become aware that the most frequently suggested time to influence effectively the decision making of legislators is during committee hearings. Nurses should be willing to attend committee hearings and to provide testimony at that time. Nurses could also improve their influence on health legislation by working with other constituents to keep legislators informed of their constituents' health care legislation needs.

Health care could be improved as a result of this study since nurses are involved in influencing

legislative decisions on state health policy. Nurses must become aware of the importance of working with other health groups for the improvement of health legislation. This study has documented the fact that legislators believe that nurses provide useful information about health issues. If nurses would combine their efforts with other groups, greater strides in health legislation could be made.

The legislators' concern about the rising cost of health care in Kansas as documented by this study must be addressed by the nursing profession. Nurses are in key positions to keep the cost of health care at a minimum through health teaching and promotion. Nurses must document their efforts in cost containment in order to illustrate their viability in the process.

Recommendations

Based on the findings of this study, suggestions for future research include:

1. Replication of this study during an "off" election year.
2. Replication of this study to include the opinions of other personnel involved in policy making; legislative staff, the governor, and lobbyists.
3. Investigation of nurses' perceptions of their own

influence on health policy.

4. Development of an instrument to measure influence on legislators.

5. Repetition of the study during the legislative interim to determine whether the time of data collection influences the outcome.

6. Conduction of a similar study on the local and national levels.

7. Documentation of the role nurses play in health care cost containment.

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APPENDIX A
COVER LETTER OF REQUEST

Cover Letter of Request

Dear

During the 1982 and 1983 Legislative sessions, I had the privilege of serving as an intern for two legislators. I was amazed at the number of issues on which legislators must make decisions. The experiences I had stimulated my interest in how legislators make their decisions.

As a graduate student in the Master's of Nursing program at the University of Kansas, I am especially interested in how legislators make decisions on health care issues. I am also curious about how legislators perceive the influence of registered nurses on health care issues. Therefore, as part of my program, I am writing my thesis on how Kansas legislators perceive the influence of Kansas nurses on Kansas health policy.

I am hopeful that you will be able to assist in the development of this study by completing the enclosed questionnaire. It should not take longer than 30 minutes to complete. Upon completion, please place the questionnaire in the envelope provided. I will collect the completed questionnaires on April 5, 1984. Completion of the questionnaire implies consent to be included in the study.

To assure anonymity, there is no method of identifying any respondent. The respondent is not requested to sign the questionnaire, identifying data are not sought, and envelopes containing completed questionnaires will not be opened until all have been collected.

If you would like to have a summary of the results of this study, please complete the enclosed card. I will collect these cards and the questionnaires separately.

Thank you for your consideration and time.

Sincerely,

Michele Hinds R.N.

APPENDIX B
LEGISLATIVE SURVEY OF NURSING INFLUENCE

LEGISLATIVE SURVEY OF NURSING INFLUENCE

INSTRUCTIONS: Please answer these questions as accurately as possible. Most of the questions ask you to rank the items in numerical order of importance to you in your legislative role. Some of the questions ask that you check the most appropriate response.

1. In what order would you rank the following general health issues? (Rank in numerical order of importance; 1 is most important).

_____ HEALTH INSTITUTION ISSUES
 _____ HEALTH PERSONNEL ISSUES
 _____ HEALTH PROGRAMS/SERVICES ISSUES

2. In what order of importance would you rank the following HEALTH INSTITUTION issues? (Rank in numerical order of importance; 1 is most important).

_____ 24 HOUR NURSING COVERAGE IN ADULT CARE HOMES
 _____ CERTIFICATION OF NEED FOR HEALTH FACILITIES
 _____ HOSPITAL COST CONTAINMENT
 _____ FAMILY DAY CARE CENTERS
 _____ LICENSURE OF HOME HEALTH AGENCIES
 _____ OTHER

3. In what order of importance would you rank the following HEALTH PERSONNEL issues? (Rank in numerical order of importance; 1 is most important).

_____ REINSTATEMENT OF THE STATE BOARD OF HEALING ARTS
 _____ ADVANCED REGISTERED NURSE PRACTITIONER REGULATIONS
 _____ REGISTRATION OF MEDICATION AIDES
 _____ DISCIPLINARY ACTION FOR HEALTH CARE PROFESSIONALS
 _____ PROVISIONS FOR MEDICATION AIDES TO GIVE INSULIN
 _____ DENTAL PRACTICE
 _____ OTHER

4. In what order of importance would you rank the following HEALTH PROGRAMS/SERVICES issues? (Rank in numerical order of importance; 1 is most important).

SERVICES FOR SPECIFIC GROUPS OF PEOPLE
 DUTY TO DISCLOSE INFORMATION FOR SPECIFIC DISEASES
 HEALTH CARE BENEFITS FOR STATE EMPLOYEES
 HEALTH PLANNING
 OTHER

5. Where do you look for cues when voting on health issues? (Rank in order of use; 1 is most often).

COMMITTEE CHAIRPERSON/RANKING MINORITY MEMBER
 SENATE PRESIDENT/SPEAKER OF THE HOUSE
 GOVERNOR
 OTHER

6. How often do you consider the opinions of registered nurses in deciding how to vote on health issues?

NEVER
 ALMOST NEVER
 SOMETIMES
 ALMOST ALWAYS
 ALWAYS

7. Of the following lobbying groups, which would you say were the most influential? (Rank in numerical order; 1 is the most influential).

KANSAS FOR IMPROVEMENT OF NURSING HOMES
 KANSAS DENTAL ASSOCIATION
 KANSAS HEALTH CARE ASSOCIATION
 KANSAS HOSPITAL ASSOCIATION
 KANSAS MEDICAL SOCIETY
 KANSAS STATE NURSES' ASSOCIATION

8. What qualities do you think make an interest group powerful? (Check all that apply).

ABILITY OF THE GROUP TO CONTRIBUTE TO CAMPAIGNS
 NUMBER OF MEMBERS THE GROUP REPRESENTS
 CONCERNS OF THE GROUP
 LOBBYING EFFECTIVENESS OF THE GROUP
 OTHER (please specify)

9. What are the most effective methods of influencing legislators? (Rank in order; 1 is most effective).

TESTIMONY BEFORE COMMITTEES
 LETTERS FROM CONSTITUENTS
 PERSONAL CONTACTS FROM CONSTITUENTS
 GROUP MEETINGS WITH CONSTITUENTS
 CONTACTS FROM NON-CONSTITUENTS
 OTHER (Please specify).

10. How effective do you think nurses have been in influencing your decisions on health policy?

VERY INEFFECTIVE
 INEFFECTIVE
 SOMEWHAT EFFECTIVE
 EFFECTIVE
 VERY EFFECTIVE

11. In what ways do you believe nurses would improve their influence on health policy?

BY PERSONALLY DISCUSSING ISSUES WITH LEGISLATORS
 BY PROVIDING TESTIMONY BEFORE COMMITTEES
 BY SUPPLYING DATA PRO OR CON
 BY ENCOURAGING HEALTH CARE CONSUMERS TO WRITE LETTERS
 BY CONTACTING ONLY OWN LEGISLATORS
 BY ATTENDING GROUP MEETINGS WITH OTHER CONSTITUENTS
 BY INFORMALLY DISCUSING ISSUES AWAY FROM STATEHOUSE
 OTHER (Please specify)

12. In what stages of the legislative process are attempts to influence legislators most effective?

DURING INTERIM
 BEFORE BILL INTRODUCTION
 DURING COMMITTEE HEARINGS
 JUST BEFORE A COMMITTEE TAKES ACTION
 JUST BEFORE THE BILL GOES ON GENERAL ORDERS
 JUST BEFORE FINAL VOTE

13. Do you personally know any of the registered nurse constituents in your district?

YES
 NO

14. Most of the nurses who contact you about issues are:

REGISTERED NURSES
 LICENSED PRACTICAL NURSES
 NURSES' AIDES
 UNCERTAIN OF PREPARATORY BACKGROUND

15. Have you been contacted by any nurses during this session in either of the following categories? (Excluding the investigator of this study).

| CONSTITUENTS | NON-CONSTITUENTS |
|------------------------------|------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |

16. What issues did the nurses want to discuss?

GENERAL HEALTH ISSUES
 SPECIFIC NURSING ISSUES
 OTHER (Please specify).

17. Did the nurses who contacted you provide you with information useful to you in making your decision about the issues?

YES
 NO

18. How do you believe nurses could be more effective in influencing policy-making?

19. How many terms have you served?

20. Are you planning to seek re-election?

YES
 NO
 UNCERTAIN

21. a. With which party are you affiliated?

DEMOCRATIC
 REPUBLICAN

b. In which chamber do you serve?

SENATE
 HOUSE OF REPRESENTATIVES

22. Your sex.

FEMALE
 MALE

23. Are you, or is any member of your family a nurse?

YES
 NO