POLITICAL PARTICIPATION OF NURSES AS MEMBERS OF A VOLUNTARY ASSOCIATION

by

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CHAPTER I

INTRODUCTION

Nurses are the largest group of health care practitioners in this nation. There are over one million members in the nursing profession, yet nurses have had very little influence and status in the political forum. No nurse has been elected to Congress and in 1979 the first nurse was elected to the Oregon State Legislature. How is it that as a group, nurses have allowed health care decision-making to evolve without them? Lack of knowledge, interest, time and money may be factors that inhibit nursing's involvement in the political process. This study will explore and describe the political participation and attitudes of a nursing group in Oregon.

Politics as a profession began in systematic form in Plato's era and has progressed to the complex systems of the 20th century. The Greeks began systematic organization - developing language and action for politics (Curtis, 1971). A more specific definition of politics is a classical definition used by Lasswell in 1964 which states that politics is simply - who gets what, when and how in a social system. Political science is defined as the study of influence and the influential. In a society, there are finite resources; the political system facilitates the division of these resources. In America, the political system is based on the democratic process which guarantees that all people have

the right to communicate their needs, attitudes and values. The political system consists of all those social interactions which are directly or indirectly designed to and actually do obtain binding decisions about who shall have what, when and how in a social system (Devos, 1975).

Today, health care is a major political issue in the United States (Leininger, 1974). The magnitude of the issue is reflected in reviewing recent trends in policy making and resource allocation. A major trend setter in these health care policies is the Department of Health, and Human Services, the federal government's largest agency, whose responsibilities include planning, organizing and monitoring health care programs across the country.

One of the major health policy decisions that authors have described as significant, include government's commitment and involvement in two publically financed health insurance plans, namely Medicare and Medicaid. Medicare is aimed at assisting the elderly in paying for health care services, while Medicaid assists the indigent in a similar capacity. In 1978, health care costs paid for by public funds equalled 72.2 billion dollars of 38 percent of the total health care costs in the United States (Statistical abstract of the U.S., 1979). Both of these public commitments have taken millions dollars to plan, monitor and maintain and certainly by example reflect the importance of the political process in health care.

Another major decision in health care policy making today will be the outcome of President Reagan's proposed budget and block grant package. Block grants have been established by grouping various federal programs together with the idea that greater efficiency in managing funds, services and supplies will occur. For health, two block grant categories have emerged, Health Services Block and Preventive Health Block. Together, they equal nationally, 3.291 billion dollars for fiscal year 1981-83. In addition, other health money is noted in the Medicaid program equaling 33.588 billion nationally for fiscal year 1981-83 (Hegstrom, 1981).

Although block grants are likely to occur, there continues to be debate about the merits of the block grant package. Debate is focused on the funding that will accompany each block grant. The federal government is proposing to cut all block grants by 25% of the original funding levels. For Oregon, these cuts will mean a loss of 23.75 million dollars for 1981-83 in health funding. Decisions about block grants will affected the kinds of services and jobs for Oregonians.

These health care decisions exemplify what Curtis (1971) describes as the products of organized conflict. The determination about the cost and quality of health services; the types and amount of health research; the type and quality

of education for health care providers are all by-products of the political process. Health is an important political concern for this country.

Although politics has been foremost in shaping health care delivery, nursing has been absent in influencing these developments. Historically, nursing has identified politics as an undesirable, unwholesome activity (Anderson, 1974; Kalisch & Kalisch, 1976; Stanton, 1974). Participation in politics was often seen as being synonomous with power and authority, two concepts viewed as being unbecoming to a profession that viewed itself as the nurturing, care-giving health profession. In addition, being a women's profession further hampered nursings' ability to be comfortable with influence and the influential. Nursing subjugated its power and authority to others (Dumas, 1974; Heide, 1973; Roberts & Group, 1973) who were perceived as more deserving, knowledgeable and/or powerful. According to Ashley (1977), it is the social concepts about women that have maintained nursing in its dependent status and impinged on nursing's ability to effect change. Kalisch and Kalisch (1976, p. 30) summarized these ideas by stating:

> The way that nurses have been manipulated, historically, both from within and outside the profession, often reminds one of a hot knife cutting through butter.

Not only did groups outside of nursing manipulate and maintain nurses in their dependent status, but nurses themselves often struggled with supporting one another's ideals. According to Barbara Nichols, American Nurses' Association President, nurses have been debating about the educational requirements for entry into practice since 1903 (1979). This continued debate to identify the basic educational requirements for nurses is one example of the kind of internal struggle characteristic of the profession. Nurses have not been able to speak with one voice; hence confusing policy makers with regard to the validity of nursing's input into health policy decisions.

Although nursing leaders began organizing themselves as early as 1883 (Ashley, 1977), they perceived their position as one of powerlessness in comparison to the hospital and physician groups for whom they were indebted for jobs and training programs. Their organizing took the form of nurses' associations namely American Nurses' Association and the National League for Nursing. While this early political organization by a few nurses occurred, the majority of nurses did not perceive the value in such unity. Even today, less than one-fourth of all nurses belong to their nationally recognized professional organization,, American Nurses' Association.

Today, political participation of nurses can be characterized by examining several indicators like status, monetary contributions, and involvement in interest groups. Of the 18,324 licensed registered nurses in Oregon (1979 OSBN), less than one-fourth belong to the Oregon Nurses' Association. Oregon Nurses' Association is the only organization that specifically represents nursing through formal lobby efforts at the State Legislature. Yet nurses have not recognized, through membership, the significance of such a service. In 1975, a political action arm of ONA called N-PAC was formed by nurses committed to the political process. At present its membership is approximately 200, a small number considering the population of nurse in Oregon (Holgrieve, 1979). However, Oregon has demonstrated a political awareness keener than some states. The American Nurse (Brewer, 1977) revealed that less than half of State Nursing Associations have any political action arm similar to Oregon's N-PAC.

Amounts of money spend on campaigns is an indicator of political participation and influence. In Oregon's November 1980 general election, N-PAC's campaign expenditures reached $3,336.34 compared with the Oregon Medical Association's Political Action committee which expended $37,220.28, more than 10 times the amount donated by nurses as a group (Secretary of State of Oregon, 1980). In general, nurses have

less monetary resources from which to draw, therefore their contributions have been minimal compared to other health groups like the Medical Association, Hospital Association and private insurance carriers. Money is an important ingredient in the political process, it assists in influencing the outcomes of policy formation. For example, money can be used to gather and present information, organize people, as well as publicize issues. Nursing has been unable or unwilling to use money as a political tool to promote its values in health care research, service and education.

Another indicator of nursing's lack of influence in the political forum is nursing's status. Today nurses primarily receive payment for their services through agency/ institutional salaries. The status of an "employee" often maintains a person in a dependent role subject to the constraints of an employer. Nurses have promoted the dependent role by viewing their employers, hospitals and physicians as paternal figures who would take care of their needs (Ashley, 1977). The fact that nurses have been unable to receive third party payment for primary health services strongly suggests that nurses are not recognized as a legitimate health care provider; but rather as a "helper". The 1979 Oregon legislation changed the payment plan for some nurses by passing a bill giving nurse practitioners the

right to receive third party payment as independent practitioners. Even though this small group of nurses are eligible for third party payment, more than three-quarters of registered nurses in Oregon will remain in the traditional employee status.

Other contributions to one's image of status include educational preparation which may effect one's ability to influence government (Almond & Verba, 1966). With only 28.8% of registered nurses in Oregon having a B.S.N. or higher, the majority of nurses may be left without formal education and skills to be politically effective (Oregon State Board of Nursing, 1979). Skills in problem-solving, speaking, documenting and conceptualizing are vital in translating values into policy-making. Nursing is the only health professional group that does not require a baccalaureate degree for entry into practice.

In summary, the author has described indicators that suggest nursings' limited influence in the political process. With health care being a major political priority, nursing authors (Heide, 1973; Hott, 1976; Stanton, 1974) are clear that the absence of nursing in the political process is untimely. Minimal political participation by nurses either demonstrates a lack of understanding about how national, state and local decisions are made or naivete' about what

political action entails. It is evident that nurses as health care providers cannot remove themselves from the political process. Gebbie and Deloughery (1975) in Political Dynamics describe nursing and politics as mutually inclusive. Moreover, Anderson (1974) describes political involvement as an appropriate extension of one's professional life especially if one hopes to see ones values operationalized into the mainstream of health care decision making.

Statement of the Problem

What are the variables that effect nursing's involvement in politics? Does a nurse's educational level effect on the amount and type of political participation? Do nurse's have the resources in time, money and knowledge to participate in the political process? And, what types of political activities are characteristic of nurses as a group? This study will explore the amount and type of political participation and attitudes of nurses who belong to the Oregon Nurses' Association.

Definitions, Assumptions, Limitations

For the purpose of this study, the following definition of political participation will be utilized:

Political participation refers to the conscious

> act of participating in practices that are aimed at influencing public policy making (Verba & Nie, 1972).

The author recognizes that passive political participation also impacts on policy making, but this element will not be reviewed. There is no intent in this study to review how different methods of participation effect political outcomes.

Review of the Literature

This section includes the theoretical material and supportive research studies necessary to orient the reader to the area of political participation. The author offers the following outline with three subheadings in reviewing the literature:

1) Research related to political participation;
2) Research related to women in politics; and
3) Research related to politics in nursing and health care.

Political Participation

Current research in the area of political participation has been extensive with major works beginning in the early 1960's and extending through the mid 1970's. A number of the major contributors to accumulated research reflect some

common conclusions and theories about political behavior. This review will characterize those conclusions and findings.

A number of the major works describe socio-economic status as a function of political participation (Lipset, 1962; Milbrath, 1962; Verba & Nie, 1972). Their research supports the conclusion that citizens of higher socio-economic status participate at a higher rate than those citizens of lower socio-economic status. By socio-economic status, these authors mean level of education, income per capita, and white collar employment.

Studies by Butler (1966) and Almond and Verba (1966) describe and demonstrate a relationship between level of education and his/her participation in the political process. The more educated a person, the higher a person's rate or political participation. Knowledge about the political process and personal awareness that comes from exposure to a formal educational process were sighted as enhancing one's skills in political activity (Butler, 1966; Verba & Nie, 1972). Some authors believe that education reflects the obligation and sense of duty leading to participation (Almond & Verba, 1966).

Another indicator of political participation which is evident in several research studies includes age. Milbrath (1962), Verba and Nie (1972) and Creason (1978) describe the

relationship between age and political participation. Their findings suggest that political participation rates are low at the voting age of 18 to 20 years; rise in the middle years of 30's, 40's, and 50's; then decline in the senior years after 60. Creason's (1978) study of voting behavior in faculty groups speculated that lower voting and registration rates in nursing faculty were effected by the high number of faculty under 34 years of age.

In Butler's (1966), The Study of Political Behavior, factors affecting political participation included:

1) Available resources, i.e., money, knowledge, skills, and opportunity to practice skills; and
2) Motives, i.e., a sense of moral duty - "being a good citizen".

In general, people who have participated in the past tend to continue to participate. Politics in Butler's opinion is habit forming.

Rogers, Bultena, and Barb (1975) agree with the foregoing conclusions about socio-economic status as a function of political participation, but in addition, describe the relationship between a person's involvement in a voluntary association and political attitudes as a function of political participation. Their research suggests that individuals who belong to voluntary associations are more likely to be politically active.

In addition, their work was designed to separate political indicators into two groups. Those groups included factors affecting a person's socio-economic class and personal characteristics from factors affecting a person's involvement in a voluntary association. In correlating these factors with political participation, organizational involvement had a stronger correlation with participation than either socio-economic status or political attitudes of efficacy. Further conclusions support a significant relationship between types of organizations and political participation.

Organizations where the primary activity serves as a means to an end, i.e., unions, professional organizations, and women's groups correlate more highly with political participation than organizations whose primary activities are ends in themselves, i.e., sports, clubs or hobby groups (Rogers et al., 1975).

Results of studies support the notion that individuals who belong to associations are more likely to be politically active than non-members, irrespective of factors such as their socio-economic status or felt political assertiveness (Alford & Scobie, 1968; Lane, 1958; Olsen, 1972; Verba & Nie, 1972). Although Verba and Nie (1972) agree that persons who belong to voluntary associations participate more

frequently, in their opinion a casual relationship does not necessarily exist between joining such a group and political participation. They raise the question whether a person's political interest precedes joining an organization or whether one joins an organization then political action follows. The reason that people join organizations may be varied.

The foregoing research describes the relationship of certain variables as they relate to political participation. In addition, extensive research to describe political participation has been conducted by Verba and Nie (1972) in Participation in America and Verba, Nie, and Kim (1974).

Participation in America (1972) describes not only the variables that relate to political participation, but also identifies the types of participation in America. This 1967 study included interviews with 2,549 respondents around the United States. A stratified sample was based on geographic regions, size of towns, median family incomes, economic characteristics and in the south, race. One of the major contributions noted by this study was the identification of four modes of political behavior. Those participation modes include:

1) Voting;
2) Campaign activity, i.e., working for political candidate, petition drives, and/or fund raising

for political candidates or issues;

3) Citizen-initiated contacts, i.e., conducting legislator or government official about a problem or concern; and

4) Cooperative activity, i.e., participation in formal or informal groups to solve a community problem.

Through the use of factor analysis, the authors were able to establish validity for these identified political participation modes (Verba & Nie, 1972).

Elements within each mode included the a) amount of initiative required by a person, b) amount of conflict dimension in the activity, c) type of influence on political decisions, and d) scope of the outcome (what will it do for me).

Even though these authors were able to describe four modes of political behavior, they clearly state that political participation is a multi-dimensional process (Verba & Nie, 1972). Persons who participate in one activity may unpredictably participate in another. For example, even though voting is the most frequent political activity of Americans, it does not mean that most Americans vote and do nothing else. Voting may be done in combination with other modes of political participation.

Although a number of Americans participate in some form of political activity, Verba and Nie (1972) found that 22% of the citizenry were inactive. They state,

> A little over a fifth of the citizenry takes almost no part in political life. They are not active in campaigns; they do not become involved in the communal activities of their villages, towns, or cities; not do they initiate particularized contacts with governmental officials. Most don't vote; the rest vote only occasionally (p. 79).

This statement suggests that 78% of Americans participate in some form of political activity whether it is voting, campaigning or contacting legislators.

To further validate the work of Verba and Nie (1972), a comparative study was completed on a national population sample from four nations, Austria, Japan, Nigeria and the United States (Verba, Nie, & Kim, 1974). The methodology for this comparative study was similar to previous work of these authors. The results suggest that political participation is a multi-dimensional activity; that citizens differ not only in overall amounts of participation but types of acts; and that no single process leads citizens to participate. In addition, the four modes of political participation identified previously were supported.

This concludes the "political participation" portion of the literature review, however another variable not addressed previously is considered in the following section.

Women in Politics

This portion of the literature review will consider another important variable in describing political participation. This variable includes the sex-linked behaviors characteristic of a social structure.

Anderson's study (1975) suggests that political participation of women has been different than for men. In effect, the socially accepted political behavior of women seemed to revolve around voting, rather than activities that require more individual initiative. Anderson suggests that with the change in women's place in society, her political efficacy will increase and new political behaviors for women will be evidenced by political activity. Working women have opportunities to be involved in an environment outside the home which may motivate them to be aware of economic and social constraints as well as opportunities for increased independence. Anderson's theory is consistent with those of Butler (1966) and Verba and Nie (1972) who suggest that personal awareness that comes from education, knowledge and experience lead to political participation.

Other authors, Campbell, Converse, Miller and Stokes (1960) argued that "democratic values" have been equally transmitted to men as to women, yet there has been a persistent 10% gap in voter turnout between men and women, men being higher. A historical perspective further supports

the idea that expectations for political participation have been different for men than women, considering that women have had the right to vote since 1916 and that the right to vote came about only after much struggle by women to achieve equal rights with men. Voting was not a right granted to women as to men when the United States Constitution was written in 1789. In effect; in years past, women's political behavior began with voting and continued to revolve around voting rather than activities that required more individual initiative (Anderson, 1975). Horner's (1972) research describes and suggests that women's fear of success may have kept them in the dependent role - typical of a more passive political behavior like voting. Tresemer (1974) interprets Horner's findings as maybe a fear of "sex role inappropriateness". One may ask whether certain political behaviors are socially expected and/or acceptable. In summary, Anderson (1975) supports the proposal that the sex-linked differences are decreasing due to the increase in the number of working women, increased education of women, and changing cultural and social patterns.

A study by Hansen, Franz and Metemeyer-Mays (1976) analyzed women's political participation as it relates to opinions on issues to direct concern to women, i.e., ERA movement, abortion and others. The study was retrospective using data collected by Inter-University Consortium for

Political Research (1972). Although their literature review described a general consensus among social scientists that "women's political participation has had scant political impact on policy formation and outcomes" p. 576, their research suggests that women holding opinions supportive of the goals of the women's liberation movement participated more in politics even when education and employment status are controlled.

Verba and Nie (1972) argued that racial consciousness raising among black Americans tended to overcome the socio-economic factors which generally limit their participation. One can ask the question if women's consciousness raising could also increase political participation irrespective of socio-economic factors.

Other aspects of women's political participation may relate to attitudes concerning power. If politics relates to influence and the influential, then power is an integral part of political involvement. Several nursing articles relate to nursings' discomfort with power (Cleland, 1972; Rober et al., 1975). They describe the difficulties for nursing in being a women's group, hence leading to the dependent professional image. Horner's (1972) research suggests that women's fear of success maintains them in the passive dependent stance so typical of nursing.

Nursing and Health Care Politics

In reviewing nursing literature beginning with 1956, the first article that reflected a political awareness or concern was "Critical health legislation: A blue print for action", by Speno in June 1969. Then in the 1970's, additional articles relating to legislation appeared in increasing frequency. The review clearly indicates that the relationship of politics and nursing has been only formally addressed through publication within the last decade. Hence, politics is a relatively new process for nursing to address.

Many articles describe an emotional tone indicating "nursing's apathy","nursing's problems with power", "nursing's lack of knowledge about the political process", and lastly, "nursing as a women's profession" (Ashley, 1973; Cleland, 1971; Dumas, 1974; Heide, 1974; Hott, 1976; Lawrence, 1976; Roberts & Group, 1973; Yeaworth, 1976).

Recent nursing literature is beginning to address political action plans like "building a nursing network" (Bagwell, 1980). Objective research has begun to identify variables that can be used to describe the political participation of nurses as a group. For example, the first study that described nursing's actual participation as a group, compared registration and voting behavior of nursing faculty and the general population in 1972 and 1974 general elections (Creason, 1978). Voting being described as the most single

significant and measurable behavior was an appropriate selection. The results of this descriptive study indicate that the percent of nursing faculty registered to vote was slightly about that of the general population. In addition, voter participation of the nursing group was higher than that of the general population.

A study by Archer and Goehner (1979) surveyed nurses in leadership positions in an attempt to describe their political participation. The final results of this study are not yet available.

Goldman (1974) described physicians' medical and political attitudes. The focus of the study addressed specific attitudes about health policy formation i.e., feelings on National Health Insurance, etc. It however, did not describe actual political participation or attitudes.

Summary

The literature describes variables that effect political behaviors for the general population, such as age, income, and educational level. However, only Creason's study (1978) on voting behavior has begun to provide objective information about nurses' political participation. No study has been done to describe the variables effecting nurses' political participation, the kind and amount of participation, or the attitudes associated with political participation. Therefore,

this investigator has developed eight hypothesis to direct this study in answering questions pertinent to nurses' political participation and attitudes.

Variables selected from the literature for study include age, educational level, feminist attitudes, family income and attitudes of personal efficacy. Hypothesis three on gross family income, although discussed in the literature may present unclear results due to social changes in family status and women's contribution to family income. Variables selected in hypothesis six and eight related to "areas of nursing practice" (administrative nurses and community health nurses) and were developed from the researcher's experience and observations in the field.

Hypotheses

1. Nurses with more education will participate in politics more frequently than those with lesser education.
2. There will be a positive significant correlation between political participation and feminist attitudes.
3. Participants who report higher incomes will participate in politics more frequently.
4. Those nurses who have positive attitudes about political efficacy will participate in politics more than other nurses.

5. Nurses who identify Oregon Nurses' Association as a political voice for nursing will participate in politics at a higher frequency than nurses who do not identify Oregon Nurses' Association as a political influence.
6. Nurses in administrative positions will have significantly more knowledge about politics than other nurses.
7. Nurses who are less than 35 years of age will demonstrate significantly lower amounts of participation than nurses between 36-45 years of age.
8. Nurses in community health will participate in politics at a higher frequency than nurses in other areas of nursing practice.

CHAPTER II

METHODOLOGY

Participants

Nurses were randomly selected from the Oregon Nurses' Association (ONA) membership list of 4,332 members for the last quarter of 1979 to participate in the study. A sample size of 200 participants was selected using a random number table. The final sample size comprized five percent of the total ONA membership and one percent of the nurses who are registered by the State Board of Nursing (1979).

Instrument

As an exploratory study, a questionnaire was designed by the investigator to collect data regarding nurses' political participation, attitudes, and knowledge based on self-reporting (See Appendix A). The questionnaire was developed by using information gained through informal inquiry with experts in the field of politics and nursing, through the literature review, and personal experience. The instrument has face validity and the political behavior section has content validity. The questionnaire consists of two parts which will be described in the following section.

Part I

This portion of the questionnaire consists of 13 questions designed to collect demographic data about the participants. In addition to information regarding age, sex and marital status, the participant was asked to provide information regarding their area of nursing practice, level of education, primary type of nursing position, and the number of hours employed. In addition, participants were asked to identify their political party, current voter registration status, length of time in their community and gross family income.

Part II

This portion of the data collection instrument consists of 32 questions related to the participants a) political attitudes of efficacy and politics in nursing, b) political behaviors, and c) knowledge regarding the political process. Fourteen of the questions required a response on a Likert Scale of strongly agree, agree, disagree, and strongly disagree; seventeen of the questions required a yes/no response; and nine of the questions required a true/false response.

Although reliability studies have not been completed on this particular instrument, most of the questions related to political participation were similar to those used by

Verba and Nie (1972). As a result of factor analysis, these authors identified four modes of political participation:

1) Voting;
2) Citizen-initiated contact;
3) Campaign activity; and
4) Group cooperative activity.

These modes of participation were used in discussion of the findings in the present study. The attitude questions were developed from review of the literature and in consultation with McNeil from ONA. No other comparative instruments, or literature was available to develop the Knowledge portion of the questionnaire. Hence, those questions were developed in consultation with McNeil of ONA and from the researchers background in nursing politics.

Data Collection

As a pilot study, the questionnaire was administered to 17 registered nurses, each members of ONA from Oregon State Hospital. Each question was reviewed for clarity and completeness. Revisions in the instrument were made based upon this pilot sample in an effort to increase validity of the questionnaire.

Then a questionnaire was mailed to each participant in the sample, accompanied with a letter that described the study, outlined the framework for participation and included

a consent form (See Appendix D). The mailing consisted of two self-addressed, stamped envelopes for easy return of both the questionnaire and the consent form. Participants were assured that their responses were confidential and that the study would not jeopardize their membership or services in ONA.

Limitations of the methodology described included lack of control over administration of the tool, inflexibility of the tool, and the possibility of non-returns. Also, selecting a population size from an organization such as ONA may limit the generalizability of the study to nurses who are non-members.

Data Analysis

In analyzing the data, Part I of the questionnaire on demographic information, percentages and frequencies of responses were compiled. In addition, questions in this section were coded for analysis. Where appropriate and available, demographic information from ONA membership and the Oregon State Board of Nursing were used as a comparison.

Data from Part IIA of the questionnaire on political attitudes, were compiled by percentages of responses to each question. In addition, analysis included a scoring method designed to allow the attitude responses to be grouped and

compared to political participation. The attitude categories included specific questions from the questionnaire as follows:

A. Support for Feminist Issues:

3) The women in the field of nursing are known for their devotion to caring for patients. We should stay out of public involvement in politics...leave that up to men in other fields.

7) Nurses in states which have not endorsed the ERA amendment should organize boycots of public facilities used by nursing groups.

8) Women have every right to seek equal employment status with men.

9) Working together as women, nursing will increase its impact on health care.

10) It is great to have men in nursing, because they will move nursing ahead.

11) I put first priority on voting, realizing that women don't have time to be active in other aspects of the political system.

B. ONA as a Political Voice:

1) I belong to ONA because I want to see nursing in Oregon speak with a more unified voice on public issues.

4) I belong to ONA because I want to see nursing in Oregon become more of a recognized profession.

5) Nursing, as a profession mostly devoted to caring for the welfare of patients, should not be publicly involved as a professional group in political issues.

6) ONA has no business funding a lobbying activity and being involved as a political activist group.

12) ONA should not donate money to political campaigns or candidates.

C. Strength of Political Efficacy:

2) No matter how much an individual may be concerned about political issues, voting does little good.

13) I think that my involvement in politics has the potential to influence change in public policy making.

14) Since being a good citizen means that I always get out to vote, I can classify myself as a "good" citizen.

An accumulated attitude score was calculated based on each participants response to each question in the group. The scoring ranged from one point for the least supportive response to five points for the most supportive response. For questions 1, 4, 7, 8, 10, 13 and 14, scoring equalled SA = 5 points; A = 4 points; No Answer = 3 points; d = 2 points; and SD = 1 point.

Questions 2, 3, 5, 6, 9, 11 and 12 were negatively stated so that a "strongly agree" response response indicated non-support for a particular attitude. Therefore, the scoring for the negatively stated questions was reversed so that SA = 1 point; A = 2 points; No Answer = 3 points; D = 4 points; SD = 5 points.

Data from Part IIB of the questionnaire, political participation, were arranged in frequency and percentages of "yes" responses. One point was given for each political activity reported by the respondents and the total represented the political participation of each participant. This political participation score was used to analyze the hypotheses.

The data from Part IIC, political knowledge, were compiled by frequency and percentages of correct answers. In addition, two points were given for each correct response and used to analyze hypothesis six.

In analyzing the hypotheses, the dependent variable was political participation. The independent variables included education level, family income, age, feminist attitudes, political efficacy, ONA as a political voice, area of nursing practice, and political knowledge. Regression analysis was used to test for significance in hypotheses 1, 2, 3, 4, 5 and 7. A *t*-test for significance was used with hypothesis six and eight.

CHAPTER III

RESULTS AND DISCUSSION

Two hundred questionnaires were sent to a randomly selected group of Oregon Nurses' Association (ONA) members in May 1980. The return rate was 40 percent or 79 usable questionnaires. The results and discussion of the present study are organized as follows: demographic characteristics of participants, political attitudes, political participation, and political knowledge.

Demographic Characteristics of Participants

The following discussion is a demographic overview of the respondents. When possible, the characteristics of the participants are compared to those of the over-all membership of the Oregon Nurses' Association and of all registered nurses in Oregon as well. As will be recalled, Part I of the questionnaire included 12 questions about various aspects of the participants type of nursing practice, level of education, family income, age and political party preference. The following discussion about the demographic results are organized by individual question.

Type of Nursing Position and Area of Nursing Practice

As can be seen in Table 1, the type of nursing position held most frequently by the respondents was "staff nursing",

63 percent. Although the categories of "type of nursing position" held by the sample group, ONA membership and State Board of Nursing are not identical, all three describe "staff nursing" as the most frequent position held by nurses. The second most frequent position held by the study sample included "clinical specialist". The 10 percent of the sample who reported practicing as clinical specialists were nine percent higher than ONA's membership. The reason for the difference in the sample group and ONA is not clear, but may be related to a larger number of "clinical specialists" who were interested in responding to the questionnaire.

Table 1

Comparison of the Type of Nursing Position in Sample, ONA, OSBN

Nursing Position	Sample[a] (n=79)	%	ONA[b] (n=4332)	%	OSBN[c] (n=13,656)	%
Staff	(50)	63.3	(2548)	69.9	(8133)	59.0
Clinical Specialist	(8)	10.1	(35)	1.0	(57)	4.2
Administration	(6)	7.6	(113)	3.1	(418)	3.1
Teaching	(5)	6.3	(153)	4.2	(521)	3.8
Other	(5)	6.3	(177)	4.8	(632)	0.4
Office	(3)	3.8	------	---	------	---
School Health	(1)	1.3	------	---	------	---
No Response	(1)	1.3	(685)	15.8	(399)	2.0

a = Total Respondents in Study
b = Total ONA Membership
c = Total Oregon State Board of Nursing

As noted in Table 1, "Administration" is the third most frequently reported type of nursing position held by the group. The study sample had five percent more nurses practicing in administration than did either the ONA or State Board of Nursing group. There were no retrievable statistics available about the original sample group prior to the study, therefore, one can only speculate that either more nurses in administration returned the questionnaires or that the study sample included a higher percentage of nurses in administration than the general ONA membership.

As far as nursing practice area is concerned, 32 of the respondents worked in medical/surgical nursing, 11 in maternal/child nursing, nine in community health, six in geriatric nursing and three in psychiatric nursing. Again, statistics about the sample group were not available prior to the study, therefore, no comparisons can be made between those who were asked to respond and those who actually responded to the questionnaire. Figure 1 illustrates the distribution of nursing practice in the sample group.

Comparing the study sample with that of ONA membership, the largest nursing practice area for both groups was medical/surgical nursing, 41 percent for the sample and 43 percent for the ONA group. These results suggest that on this variable, the study sample compares closely to the ONA group.

Other similarities in the two groups are noted in psychiatric/ mental health and geriatric nursing. Both categories are the smallest practice areas reported. Due to the differences in category breakdowns, all nursing practice areas could not be compared for the study sample and the ONA group.

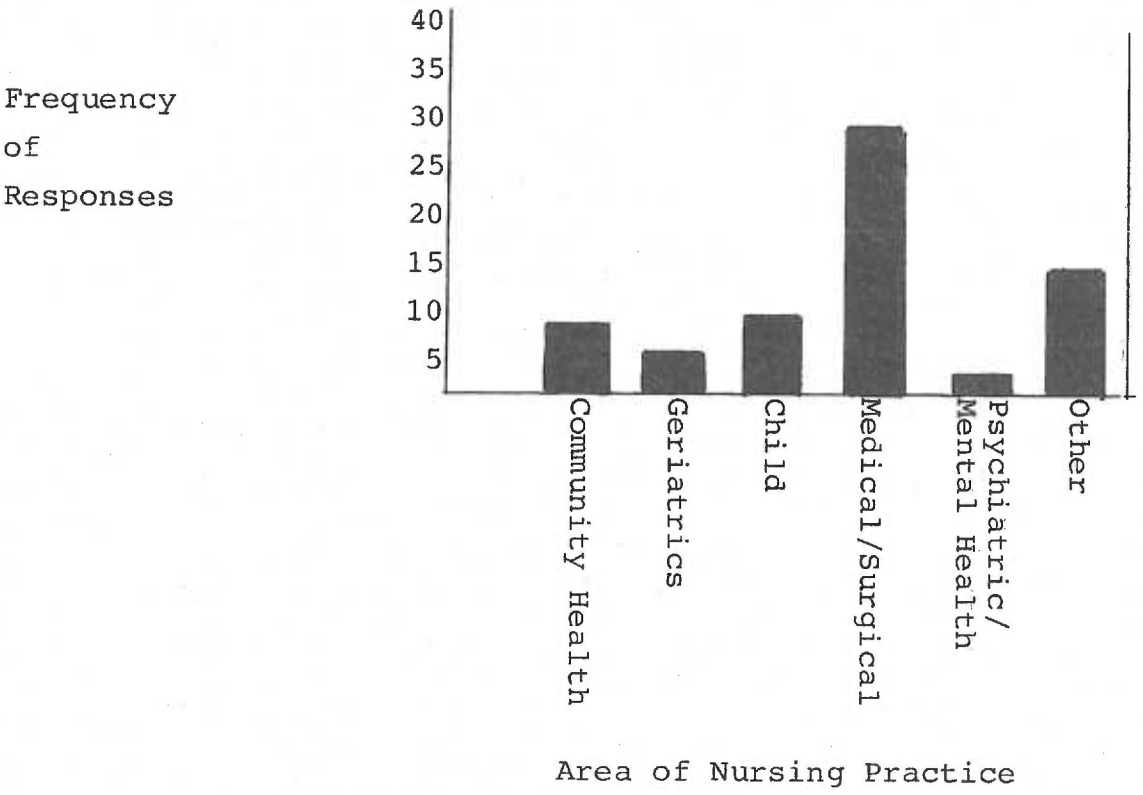

Figure 1. Area of Nursing Practice by Frequency of Response in June, 1980.

Education

Education level in the study sample varied from post-masters to associate degree in nursing. Nearly half of the participants (49 percent or 39) reported having a bachelors degree or higher in nursing, representing the largest category. The second largest category for the study sample was diploma graduates with 29 percent or 23 respondents. Comparisons of the education levels between the three groups is presented in Table 2. As can be seen, the educational level of nurses statewide, ONA membership, and the study sample was different. Analysis of the study sample indicates that 12 percent more nurses have bachelors degrees in nursing or higher than ONA's membership; and in the sample group, 19 percent of the nurses had a higher level of education than nurses registered by the State Board of Nursing.

The greater percentage of higher educated nurses in the study sample suggests that the more educated participants in the original 200 random sample returned the questionnaire more frequently. Furthermore, returning the questionnaire could be viewed as a political act in itself, thus supporting the literature contending that the higher the education, the higher the political activity.

In addition, comparisons between ONA membership and

the Oregon State Board of Nursing group indicate that ONA's membership has seven percent more nurses with bachelor's degrees in nursing or higher than nurses registered by the State Board of Nursing. Therefore, the more highly educated nurses joined their professional association. As will be recalled, the literature contends that political activity is higher in persons who join voluntary associations. This conclusion suggests that persons in ONA membership would be expected to participate in politics more than non-members.

Table 2

Comparison of Education Levels in Sample, ONA, OSBN

Type	Sample Percent[a]	ONA Percent[b]	OSBN Percent[c]
Nursing Bacc	36.7	29.2	26.2
Diploma	29.1	34.5	44.5
Assoc. Degree	17.7	23.8	20.2
Nursing Masters	8.9	5.5	2.5
Other Bacc	3.8	4.4	4.1
Other Masters	2.5	2.3	1.3
Post Masters	1.3	0.3	0.2
No Response	----	----	1.0

a = Total Respondents = 79
b = Total ONA Membership = 4332
c = Total RN's Licensed in Oregon = 13,656

Sex and Age

The study sample included 99 percent women. One male responded to the questionnaire. Only three percent of ONA's membership and five percent of the nurses registered by the State Board of Nursing were male. Hence, the study sample was typical when compared to both groups. The profession of nursing remains a female dominated career.

As can be seen in Figure 2, the oldest participant was 66 years of age and the youngest was 21 years of age. The mean age of the respondent group was 38 years. There was nearly an even split between the number of persons who were 34 years and younger and those 35 years and older. The largest single age in the study sample was 26 years.

In the study sample, 49 percent of the participants were 34 years and younger while in the ONA membership, 48 percent were 34 years and younger. The two age groups are similar. Individual ages for the ONA membership were not available for comparison, hence, no mean age could be calculated.

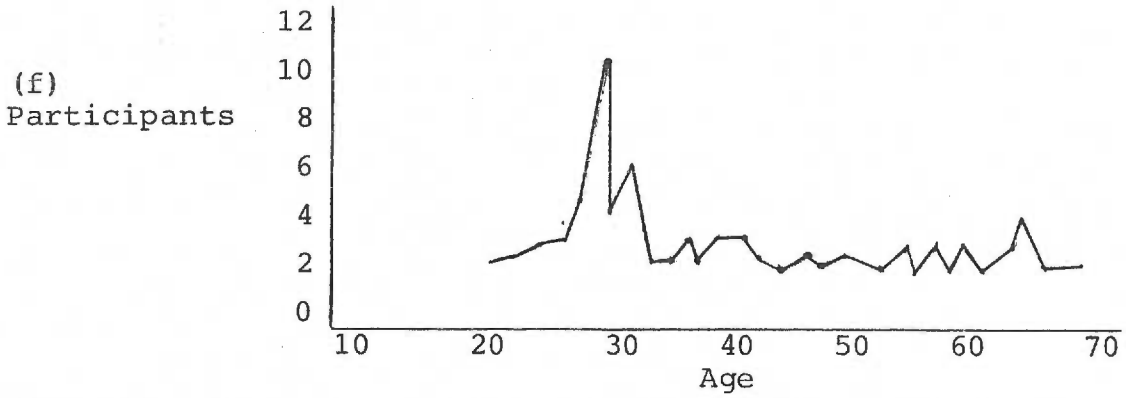

Figure 2. Frequency of Age Distribution by Participants.

Income and Marital Status

The participants' reported incomes ranged from eight percent with less than $10,000 per year to eight percent more than $40,001 per year. More than half of the participants reported a gross family income of $20,001 per year or more (See Table 3). The gross family income figures included 18 percent of nurses who worked either part time or 72 percent who worked full time. In addition, the income figure included nurses who were either married or single. Since 68 percent of the respondents were married, their income included spouse incomes as well. Because the income information included both married and single women's income, the results are unclear and findings equivocal. Further discussion of the income variable will be pursued in the political participation section.

Table 3

Gross Family Income Per Year

Amount of Income	n[a]	Percent
$10,000 - under	6	7.6
$10,001 - 20,000	30	38.0
$20,001 - 30,000	26	32.9
$30,001 - 40,000	10	12.7
$40,001 - above	6	7.6
No Response	1	1.3

a = Total number of respondents = 79

Further comparisons of the marital status of the study sample can be seen in Table 4. The largest category included married participants. The second largest category included single participants. The largest marital status category for ONA membership was married as well.

Table 4

Comparison of Marital Status by Respondents and ONA Membership

	Respondents[a]		ONA[b]	
Status	(n^a=79)	Percent	(n^b=4332)	Percent
Married	(54)	68.4	(2453)	56.8
Single	(18)	22.8	(945)	21.8
Divorced	(5)	6.3	(398)	9.2
Widowed	(2)	2.5	(138)	3.2
No Response			(398)	9.2

a = Total number of respondents = 79

b = Total ONA membership = 4332

Community Placement and County of Residence

Seventy-six percent of the participants reported that they have lived in their community four years or more, while 87 percent indicated that Oregon in general, has been their home for at least four years or more. Fifty-two percent stated that Oregon has been their home for ten years or more and 14 percent or 11 respondents reported living in Oregon all their lives, totaling 66 percent who have lived

in Oregon 10 years or more. Only six respondents reported living in their community or in Oregon less than one year. The data suggests that the study sample was a stable population. Stability in a community may effect one's involvement with political/community affairs.

The sample includes representation from 22 (out of a possible 36) counties around the state. The largest group of respondents lived in the Willamette Valley counties, i.e., Multnomah, Washington, Clackamas, Lane, Linn and Jackson.

Voting Categories and Political Party Preference

The community placement responses indicated that a large portion of the respondents have resided in Oregon for more than one year, therefore were eligible to register to vote in Oregon, but also have had an opportunity to participate in community affairs. In the sample group, 87 percent reported that they registered to vote. Statistics from the Secretary of State's Office (1980) indicated 79 percent of Oregon's eligible voters were registered to vote in the 1980 primary election. Nine percent more of the study sample group were registered to vote in May 1980 than Oregon's general population. The higher voter registration for the study sample is consistent with the results that Creason (1978) reported about nurses.

Political party preferences are well divided among the respondents. Fifty-one percent are democrats; 30 percent are republicans; 14 percent are independents; and four percent reported "other" as their party preference. In Table 5, political party preference of the participants are compared to Oregon's registered voters. The largest preference in both groups was the Democratic party with the Republican party as second. In the Republican category, the study sample was seven percent lower than Oregon's general population. When the "independent" and "other" categories are grouped together, the study sample was higher by seven percent than Oregon's population for "other" party preferences.

Table 5

Comparison of Political and Party Preferences by Respondents and Oregon

Political Party	Respondents[a] Percent	Oregon[b] Percent
Democrat	50.6	52.0
Republican	30.4	37.0
Independent		
Other	17.7	11.0
No Response	1.3	

a = Total number of respondents = 79

b = Total number of Oregonians registered, 1980 = 1,376,573

These results may suggest that nurses in the study sample tend to identify with the liberal views of the Democratic party. In discussion with Paula McNeil, Executive Director for ONA (1981), these results appear to be consistent with her knowledge about nurses as a "humanistic" profession. Democrats represent the "working" class, blue collar employees. Nurses in the study sample identified more strongly with Democratic values than with Republican values. The higher percent of respondents in the "independent" and "other" categories may suggest that a larger number of nurses choose an "individualistic" or atypical party preference.

In summary, the demographic characteristic profile of the study sample included many variables like age, income, educational level and area of nursing practice. Using the highest ranked characteristics from the data, the study sample can be described as: working full time at a staff nursing job in medical/surgical nursing. The majority of the sample had a bachelor's degree in nursing or higher, and 99 percent were women. The mean age of the sample group was 38 years old. Most participants were married and reported incomes between $10,001-20,000 per year. Largely, they lived in Western Oregon with 66 percent living in Oregon 10 years or more. The majority were registered to vote and 50 percent choose to be Democrats.

When possible, demographic profiles of the study sample were compared with those of ONA membership, R.N.'s in Oregon and voter registration in Oregon.

The population groups for the study sample, ONA membership and R.N.'s in Oregon were similar in type of nursing position, area of nursing practice, sex, age and marital status. However, the educational level varied between the three groups. The sample has 12 percent more nurses with higher educational levels than the ONA membership and 19 percent more than nurses in Oregon.

From the demographic profile, similarities and differences described between the three groups, the investigator believes that the results of the study can be generalized to all ONA membership. Due to two variables, educational level and membership in ONA, the investigator will not generalize the results to all nurses in Oregon.

The foregoing participant characteristics, age, education, income, and area of nursing practice will be used as independent variables and correlated with political participation. Discussion regarding these results will follow in the section on political participation.

Political Attitudes

The following section is a discussion about the participants' political attitudes. As will be recalled, Part IIA of the questionnaire included 14 questions which inquired about the participant's opinions on certain political statements and behaviors. Discussion in this section is organized first by individual responses to each question and second by a grouped attitude scoring method.

The results by individual responses to the attitude questions are compiled by percentages. As will be recalled, each question included a choice for the participant between "strongly agree" (SA), "agree" (A), "disagree" (D), and "strongly disagree" (SD). Results can be seen in Table 6. In addition, note that the questions were organized by attitude categories into (A) support for feminist issues, (B) support for ONA as a political voice, and (C) strength of political efficacy.

Highlighting the questions in category (A), one notes a number of participant responses which were supportive of feminist issues. Question three asked whether nurses "should stay out of politics and leave politics up to men". One-hundred percent of the respondents disagreed or strongly disagreed with that statement. Their responses suggest that nurses believe in participating in politics and/or that politics should <u>not</u> be left up to men.

Participants were not as united on question seven, which asked whether "boycotts should be organized in states where the ERA has not been ratified". Responses indicated that 42 percent were in agreement and strong agreement and that 52 percent were in disagreement and strong disagreement.

Question 10 considered whether it is great to have men in nursing because the (men) will move nursing ahead. This question was posed as an anti-feminist question. Therefore, those who supported such a statement would be considered as non-supporters of feminist attitudes. From Table 6, one can see that there were a variety of responses to this question, however 60.8% of the respondents agreed somewhat that having men in nursing would move nursing ahead. The results suggest that these nurses see men as being more powerful to influence change in the political process than women in nursing. The response to this question would relate attitudes described in the nursing literature about nursing's lack of power or uncomfortableness with power and influence (Cleland, 1971, Rogers, 1975).

Questions in category (B) asked participants' opinions about their views of the Oregon Nurses' Association as a political voice. That is, does speaking as one voice through a professional association make a difference and do the members view ONA as a political voice?

Table 6

Political Attitudes by Grouped Categories

Attitude Groups and Questions	Response by Percent				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
A. Support for Feminist Issues					
3. The women in the field of nursing are known for their devotion to caring for patients. We should stay out of public involvement in politics..... leave that up to men in other fields.	---	---	29.1	70.9	
7. Nurses in states which have not endorsed the ERA amendment should organize boycots to public facilities used by nursing groups.	22.8	19.0	36.7	15.2	6.3
8. Women have every right to seek equal employment status with men.	74.7	24.1	1.3		
9. Working together as women, nursing will increase its impact on health care.	46.8	44.3	7.6		1.3
10. It is great to have men in nursing, because they will move nursing ahead.	11.4	49.4	24.1	8.9	6.3

Table 6 (continued)

Attitude Groups and Questions	Response by Percent				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
11. I put first priority on voting, realizing that women don't have time to be active in other aspects of the political system.	2.5	13.9	60.8	17.7	5.1
B. Support for ONA as a Political Voice					
1. I belong to ONA because I want to see nursing in Oregon speak with a more unified voice on public issues.	39.2	46.8	10.1	1.3	2.5
4. I belong to ONA because I want to see nursing in Oregon become more of a recognized profession.	54.4	36.7	3.8	1.3	3.8
5. Nursing, as a profession mostly devoted to caring for the welfare of patients, should not be publicaly involved as a professional group in political issues.	---	2.5	45.6	51.9	---
6. ONA has no business funding a lobbying activity and being involved as a political activist group.	2.5	1.3	45.6	52.6	1.3
12. ONA should not donate money to political campaigns or candidates.	19.0	48.1	20.3	3.8	8.9

Table 6 (continued)

Attitude Groups and Questions	Response by Percent				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
C. Strength of Political Efficacy					
2. No matter how much an individual may be concerned about political issues, voting does little good.	---	5.1	[57.0]	[38.0]	---
13. I think that my involvement in politics has the potential to influence change in public policy making.	[15.2]	[62.0]	13.9	---	8.9
14. Since being a good citizen means that I always get out to vote, I can classify myself as a "good" citizen.	[12.7]	[43.0]	32.9	1.3	10.1

[Blocked] Scores Indicate Supportive Response.

On question 4, 91 percent of the study sample supported belonging to ONA for the collective recognition that it can provide. Only four respondents disagreed with the question. Rogers, Bultena, and Barb (1975) describe the relationship between association membership and political activity. It is difficult to know whether a person joins associations in order to get collective recognition or joins for other reasons, but the study's participants believe that one of the reasons that they belong to ONA is to get a collective recognition and power that is associated with group membership.

A majority of participants support ONA's funding of lobbying activities. As a group, 44 percent and 53 percent, a total of 97 percent agreed and strongly agreed with question six. Responses suggest that participants' see value in "formally" lobbying for nursing views in the legislature. In discussion with McNeil (1981), she suggests that lobbying activity usually has measurable results and that nurses support result oriented activities. Also, it is easy to support an activity which is "done" for the membership by a paid professional staff and that does not require individual initiative. With the study sample, supporting this ONA activity indicates that participants were aware that the service existed.

When asked about whether ONA should donate money to political campaigns or candidates, 67 percent disagreed and strongly disagreed. Only four percent of the respondents believed that donating money was an acceptable activity. The large negative response suggests that 1) nurses may not see the importance money can have in the overall process of political decision-making, 2) nurses may consider that donating money is an unethical activity, 3) nurses may lack experience in using money as a political tool, or 4) nurses may lack monetary resources.

The last category (C) asked questions about the individuals sense of personal power in influencing political outcomes. Butler (1966) believes that one's personal awareness and sense of power, influence whether a person becomes politically active.

Ninety-five percent of the participants believed voting does some good in influencing political outcomes. Participants' opinions suggest that they feel as though a simple political activity such as voting can make a difference in political outcomes. Verba and Nie (1972) describe voting as a highly influential political activity, therefore, it can make a difference.

Question 13 asked participants directly about how they viewed their own potential to influence change in public

policy-making. The question was designed to assess the individual participants sense of personal power in relation to politics. The majority of respondents, 77 percent have positive attitudes about their own ability to change public policy. A small number, 14 percent, did not feel that their own involvement could influence the political process. Those who felt that they could not influence policy-making, may reflect the apathy, lack of political experience, and confidence talked about in the nursing literature.

The second part of this attitude discussion includes review of the attitude scores. As will be recalled, each response in the attitude section was scored from one to five points. Five points were given for the most supportive response to the attitude in question and one point for the least supportive response. These scores were correlated with political participation scores and the results will be discussed in the following section.

Political Participation

This section includes discussion about the participants' political participation. As can be recalled, Part IIB of the questionnaire included 16 questions about the participants' political behavior. For discussion purposes, the questions were organized into four modes of political behavior, that is, voting, citizen-initiated contact,

campaign activity, and cooperative activity. Discussion about political behaviors are addressed first, followed by a discussion of participation as it relates to the independent variables noted in the hypotheses.

As can be seen in Table 7, a comparison between the frequency of "yes" "no" responses are listed. The results were rank ordered by frequency of "yes" responses. Questions 15 and 23h dealing with voting behavior were the highest reported behavior of the study sample. The lowest behaviors of the sample included holding office, working for a candidate and being a member of a precinct committee. Table 7 identifies which questions are included in each of the four behavior modes.

In order for the reader to better understand which behavior mode was most frequently exercised by the study sample, rank ordering of the four participation modes was accomplished by calculating a mean score for each mode. The mean scores was calculated by adding all the yes responses for all the questions in each mode and then dividing by the number of questions in the mode. Table 8 shows a comparison of the mean scores by mode. Voting is the most frequent activity; citizen-initiated contact is the second activity mode; group/cooperative is the third activity mode; and campaign activity is the least frequent behavior mode.

Table 7

Political Participation Frequency Rank Ordered by Yes/No Response and Percent

Mode*	Question		Yes	No	Unsure	No Response	Percent Yes
V[a]	15.	Vote	64	12	2	1	81.0
V	23h.	Vote	59	19		1	74.7
Ci[c]	17.	Contact legislator	34	42	2	1	43.0
G	20.	Belong to voluntary association	32	46	1		40.5
G	23b.	Join a group	31	46		2	39.2
Ci	23c.	Contact leader	28	51			35.4
Ci	23f.	Observe in Salem	25	54			31.6
C[b]	16.	Donate money	21	55	2	1	26.6
G[d]	18.	Attend ONA meetings	18	58	2	1	22.8
C	23g.	Donate for health issues	18	60		1	22.8
G	21.	Belong to recreational association	17	60	2		21.5
C	23d.	Carry petitions	15	64			19.0
G	23a.	Organize group	9	70			11.4
G	19.	Hold office	4	74	1		5.1
C	22.	Work for candidate	4	74	1		5.1
C	23e.	Member precinct committee	4	75			4.0

*Mode = Grouping of political participation
V[a] = Voting mode
C[b] = Campaign mode
Ci[c] = Citizen initiated mode
G[d] = Cooperative, group mode

Table 8

Comparison of the Frequency Means of Participation Mode

Mode:	Voting	Citizen Contact	Group/ Cooperative	Campaign
Frequency Mean:	61.5	29.1	18.8	12.4

First, voting behavior is the most common activity reported by the study sample and the literature, as well (Anderson, 1974; Verba & Nie, 1972). Voting requires the least amount of initiative and is the easiest to accomplish. Furthermore, voting is the most influential activity. Eighty-one percent of the study sample reporting voting in the 1978 general election. For Oregonians in general, 63 percent voted in the 1978 general election (Secretary of State, 1978). Therefore, 18 percent more of the study sample voted in this election than did Oregonians in general. Creason (1978) also reported that voter participation was higher for nurses than the general population.

The second most frequent political participation mode reported by the sample group was citizen-initiated contact. According to Verba and Nie (1972), this activity requires less initiative than voting and is performed by persons who want to see results that specifically benefit themselves. This activity includes a minimal amount of conflict and may

be one of the reasons the study sample reported this behavior as second. Verba and Nie (1972) concluded the citizen-initiated contact was the least behavior mode reported by their sample. Again, from discussion with McNeil (1981), she sees nurses as specifically result oriented. Citizen-initiated is a result oriented activity.

The third most frequent behavior mode reported by the sample is group/cooperative activity. It included activities like organizing a community group to solve a community problem. This activity was reported as the third most frequent activity by the general population (Verba & Nie, 1972). This activity requires more initiative than the two previous activities. It is an activity taken on by persons who are interested in community outcomes, but also tend to stay out of the conflictual realm of other activities.

Lastly, the least frequent political activity reported by the study sample included campaign behaviors. This activity is highly conflictual in nature and may suggest that nurses choose to avoid these activities. The results of this activity are different than for the general population. In Verba and Nie (1972), campaign activity was the second most frequent participation mode. If nurses have been uncomfortable with power and influence as suggested by the nursing literature, then campaign activity may be avoided.

In summary, the study sample is typical with regard to the frequency of voting behavior, and group cooperative activities. However, the sample is different with respect to campaign activity and citizen-initiated activities.

The following section will include data analysis and discussion about seven hypotheses related to political participation. As will be recalled, demographic information and attitude results were independent variables which have been correlated with political participation, the dependent variable. Again, a t-test was used in hypothesis three and eight. Regression analysis was used as a measure of significance in hypothesis one, two, four, five and seven. Discussion about the results of the hypothesis are organized by variables of age, socio-economic status, feminist attitudes, area of nursing practice, ONA as a political voice, and strength of political efficacy.

Participation as a Function of Age

Hypothesis seven stated "Nurses who are less than 35 years of age will demonstrate significantly lower amounts of participation than nurses between 36 and 45 years of age". When a t-test was done, no significant relationship was found between those participants 35 years of age and younger and those 36 years of age and older. However, when regression analysis was applied, taking into account each person's age,

there was a positive correlation between age and participation (significance = 0.017). For the study sample, as age increased, participation also increased. Participants over 60 years of age participated at higher rates, a result which was different from conclusions reported by Milbrath (1962) and Verba and Nie (1972), which saw a decline in participation over 60 years of age. With the increased political awareness of older citizens, studies prior to them may not be true today. Anderson (1974) suggested that age made a difference because political participation was a developmental process and that as one grew older, then political participation became more acceptable and interesting and consequencial.

Participation as a Function of Socio-economic Status

Hypothesis one stated "Nurses with more education will participate in politics at a higher frequency than those with less education". The results of the present study support level of education as a significant variable in determining political participation. The more formally educated a person was, the higher their political participation level (significance at the 0.005 level). The literature supports this conclusion also (Butler, 1966; Rogers, Bultena, & Barb, 1975; Verba & Nie, 1972).

Another component of socio-economic status included income. Hypothesis three states "Nurses who report higher incomes will participate more in politics". The results of this study did not support a significant correlation between level of income and participation. Regression analysis was used to compare participation with income for married participants only, then participation with income for single participants. Because the level of significance was 0.151, the hypothesis was rejected. These results are different than for other studies (Rogers, Bultena, & Barb, 1975; Verba & Nie, 1972), where participation increased as income increased.

The difference in the present study may be related to an income figure which did not consider several other variables like number of members in the family; participants control over decisions regarding family income; the degree of monetary contribution to the family income made by the participant. These variables could have confounded the results, making conclusions unclear and misleading.

Social consciousness raising for women may also have influenced the income variable. Verba and Nie (1972) found that the social consciousness raising for the black community overcame socio-economic barriers like income and education. Anderson (1975) believes that as womens' support for feminist attitudes and social consciousness raising increases, political behaviors will increase as well.

Further speculation may be that since nurses in the study sample did not support donating money to campaigns or candidates as an acceptable activity, money, therefore, has little bearing on whether the participants choose to participate in politics.

Participation as a Function of Feminist Attitudes

Hypothesis two stated "There will be a positive significant correlation between political participation and nurses who describe feminist attitudes". The results of this study support the conclusion that participation is higher for those nurses who describe attitudes that are feminist. Regression analysis was used to determine significance (significance = 0.0004). Hansen, Franz and Metemeyer-May (1976) concluded that women who supported feminist issues such as the Equal Rights Amendment and abortion participated in politics more often than women who did not support such attitudes. One could speculate that the feminist movement has increased womens' awareness about socio-economic issues in general, and therefore increased their political participation. Anderson (1975) believes that as women increase their personal awareness through work and education, they will become more politically active.

Area of Nursing Practice as a Function of Participation

Hypothesis eight stated "Nurses in community health will participate in politics at a higher frequency than nurses in other areas of nursing practice". The results of the present study indicate that nurses in community health do participate more frequently in politics. A *t*-test ($t = 2.03$) is significant. Although there is no other research to compare with the findings of the present study, one may speculate that community health nursing encourages nurses to assess, develop and utilize community resources. And in doing so, nurses' become aware of the outcome of health care decision making on their practice. Also, community health nursing is a practice area which encourages independent nursing practice and the attitudes of independence may tend to translate into political action.

ONA as a Political Voice for Nursing as a Function of Participation

Hypothesis five stated "Nurses who identify ONA as a political voice for nursing will participate in politics at a higher frequency than nurses who do not identify ONA as a political influence". Because the results of this study were not significant, this hypothesis was rejected. Although the literature points out that increased political participation is related to the number of voluntary

associations to which a person belongs, the "collective" sense that one gets from joining did not influence whether respondents participated more frequently. It is difficult to speculate what influenced this outcome. Possibly the question was worded unclearly.

Perhaps participants join associations for reasons other than meeting political needs. Another reason why this hypothesis was rejected may have been that participants view their own political involvement as separate from that of the organization. Therefore, support or non-support of the organizations political activity does not necessarily relate to the political activity of the individual.

Personal Efficacy as a Function of Political Participation

Hypothesis four stated "Those nurses who have positive attitudes about political efficacy will participate in politics at a higher frequency than other nurses". This hypothesis was supported. In the present study, feelings about one's personal ability to influence political outcome is more highly significant than other independent variables correlated with political participation. Research by Butler (1966) and Robers, Bultena and Barb (1975) also describe the importance of one's attitudes about influencing the outcomes of the political process. When a person feels powerful, generally they have confidence in their ability to control certain acts that influence their life.

Political Knowledge

This section discusses the results of the participants' political knowledge. As will be recalled, nine questions asked about the participants' knowledge of certain political events. This section is organized first by individual responses the the nine questions and secondly by review of hypothesis six. The correct answers to the questions are listed in Appendix A.

Table nine outlines the percent and frequency of response to each question. The question which received the highest number of correct responses by the study sample was whether ONA had a full-time lobbyist. Eighty-two percent of the participants had knowledge of this ONA service and suggests that ONA has made the lobby activity visible.

Table 9

Percent and Frequency of Correct Responses

Question		(n=79)	Percent
29.	ONA full-time lobbyist	(65)	82.3
26.	Third-party reimbursement	(58)	73.4
24.	Oregon endorsed ERA	(56)	70.9
27.	Two representatives in Congress	(55)	69.6
32.	Medicare, a state program	(55)	69.0
30.	Emergency Board	(52)	65.0
31.	Legislature meets every two years	(47)	59.5
28.	First nurse in House of Representatives	(43)	54.4
25.	Appointment to Board of Nursing	(40)	50.6

The second question which received the second most frequent correct answer was whether certain nurses could receive third-party reimbursement. It does not seem surprising that 73 percent of the participants knew about third-party reimbursement, since legislation was just passed in 1979 and well publicized.

The question which received the least number of correct answers was how members are appointed to the State Board of Nursing. It seems interesting that 50 percent of the participants did not know about how appointment of members were made to the board which governs the standards of practice for nursing in Oregon. It may suggest that the process for appointments are not open and well publicized.

Since there are no other political knowledge scores or tests that could be used as a comparison for the results of the present study, interpretation of the results are more for interest. The distributions of correct responses among the participants included three persons with no correct answers to six persons with all nine questions correct. The distribution of correct responses were skewed to the correct end of the spectrum.

For the knowledge section, hypothesis six asked whether nurses in administrative positions had more political knowledge. Results of the present study were analyzed using a

t-test. The *t*-test was less than 2.0 and not significant, therefore, hypothesis six was rejected. The reasons that no correlation existed between these variables is unclear. Since the knowledge section of the questionnaire lacked validity and reliability, the results are not conclusive.

In summary, the knowledge portion of the questionnaire did not provide the investigator with results that could lead to firm conclusions. The results are exclusively descriptive.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to describe the variables that effect political participation of nurses who belong to the Oregon Nurses' Association. In addition, the study attempted to answer whether certain demographic and attitudinal characteristics effect the level of one's political participation, i.e., education level, attitudes of efficacy, age, income and knowledge. In answering the research question, 79 questionnaires were analyzed and eight hypotheses were explored by the investigator.

The study sample participated in a variety of political behaviors, i.e., voting, contacting legislators, and donating money. Verba and Nie (1972) describe political participation as a multi-dimensional process. meaning that in general, people will participate in a variety of political activities. Hence, the study sample is typical for types of political activity when compared to the general population.

For the study sample, the most frequent political behavior was voting with 81 percent reporting that they voted in the 1978 general election. When the sample was compared to Oregon's general population for voter registration and voting activity, the participants were more active

(Secretary of State of Oregon, 1978). Voter registration for the study sample was nine percent higher than for Oregonians and voting behavior was 16 percent higher. Creason (1978) also found that nursing faculty voted more frequently than the general population. The high level of voting activity suggests that the sample group was committed to being "good citizens". Fifty-five percent of the participants on the attitude portion of the questionnaire agreed that voting meant being a "good citizen". Also, since voting behavior has been described by Anderson (1975) as the most frequent and socially acceptable political activity for women, it is not surprising that the study sample of 99 percent women reported a high level of voting activity.

The least frequent political behavior reported by the study sample included campaign activities like working for candidates and carrying petitions. For the general population, Verba and Nie (1972) found that campaign activity was the second most frequent political behavior, hence, the study sample is different. Campaign activity is described by Verba and Nie (1972) as the most conflictual of the four political behavior modes. The results of the present study in which nurses reported low levels of such activities suggests that the sample tended to avoid political activity that was conflictual in nature. Instead of reporting

campaign activity as the second most frequent behavior, the sample reported citizen-initiated behavior. Citizen-initiated behavior is result-oriented and not as conflictual as campaign activity. One can speculate that nurses are more comfortable with individual-contact with legislators or government officials and less comfortable with campaign activity due to its conflictual elements. Also, Paula McNeil (1971) speculates that nurses expect certain results to occur when certain input is provided, thereby supporting the idea that result-oriented behavior is similar to her views of nurses.

The political attitudes of the study sample varied. However, one theme seemed consistent throughout the study. That theme included opinions and behaviors about money. When participants were asked whether "ONA should donate money to political candidates or campaigns", 67 percent of the participants disagreed. When asked whether they donated money to candidates or health issues, only 23 percent and 27 percent respectively stated that they did so. In addition, hypothesis three attempted to explore the relationship between a person's family income and political participation levels. Even though the hypothesis was rejected, the results remain inconclusive. The literature describes a definite relationship between family income and political activity, i.e., as income rises, so does

political participation (Rogers, Bultena, & Barb, 1975; Verba & Nie, 1972). However, the results of this study cannot support that conclusion. With the changing cultural and social values for women, one could speculate that the old attitudes and behaviors related to income and participation are no longer valid.

The investigator was unable to answer whether political knowledge as a variable made a difference in amounts and types of political behavior. However, the responses to the knowledge section were of interest. The most surprising result included 49 percent of the participants who did not know how appointments were made to the State Board of Nursing. Since the State Board of Nursing governs the practice of nursing in Oregon, one would think that nurses would be interested and informed. The results may suggest that the State Board of Nursing has not publicized the process of board selection.

In analyzing and summarizing the hypotheses explored in this research, variables such as formal education, age, attitudes of political efficacy and feminist attitudes were positively correlated with political participation. The literature supported these relationships as well.

For example, level of education was described by Rogers, Bultena and Barb (1975), Almond and Verba (1966), and Lipset (1963) as enhancing one's skills and awareness about

politics, thereby leading one to higher levels of participation.

Age was another variable which several author's describe as being a significant variable in political participation. As one gets older, political activity increases until the age of 60, at which time there is a decline in political activity. However, for the study sample, the over 60 respondents participated even more than the younger participants. One may speculate that the cultural norms for older persons are changing. Political organizations such as the Gray Panthers have developed in the last few years and have served to increase the social consciousness of the senior citizen population.

Attitudes of political efficacy is another variable that correlated with political participation in the present study. This relationship was described in the literature as well. The sense of "moral duty" and personal power to influence change are variables that correlate with how much a person participates in political activity. One could speculate that if a person does not have confidence in their own abilities to create change, then its unlikely that positive results will occur.

Lastly, feminist attitudes correlated with political participation in the present study and in the literature (Anderson, 1975; Hansen, Franz & Metemeyer-Mays, 1976).

Changing roles for women in the past 10 years have increased awareness through education and employment. One could speculate that these changes have effected the types and amounts of political activity for women.

A variable that was not correlated with political participation included attitudes about ONA as a political voice. The literature only described that persons who belong to voluntary associations participate more in politics (Olsen, 1972; Rogers et al., 1975; Verba & Nie, 1972). Personal attitudes about membership and political participation was not described in the literature. Therefore, the results of the present study cannot be compared to other studies. The results of the present study did not support a relationship between a persons commitment to unity in an organization and personal political participation. McNeil (1981) of ONA speculates that individuals may view their own political participation as totally separate from that of the organization. Members of an association may assume that political participation will be done for them. Hence, no relationship would exist between a persons attitudes of belonging to the association and political activity.

Conclusions

The present research provided objective information about what types of political attitudes and behaviors were

present in nurses who belonged to ONA. Because of the similarities in the study sample and ONA membership, the investigator believes that the results can be generalized to all ONA members, as well. Limitations in the study sample prevent generalizing the results to all nurses in Oregon.

In general, the results of the study can be useful in ONA's political program planning and implementation. Objective information about the characteristics of nurses who participate in politics can be helpful in developing strategies to obtain more successful nurse participation. For example, if Nurses for Political Action Committee (N-PAC) were seeking political contributions, mailout questionnaires requesting such contributions would have a greater potential for return if sent to nurses with higher educational levels. Since the results of the present study and the literature (Butler, 1966; Verba & Nie, 1972) concluded that persons with higher educational levels participate more in political activities, then it would follow that political contributions would be greater. A program strategy that targets groups of nurses for political action would be more cost effective, as well. By focusing ONA's finite resources on a target group, the potential for positive results increases. Other participant characteristics which positively correlated with political behavior included area of nurseing practice

(community health nurses participated more than other nurses). In addition, the participants over 60 years of age participated more than younger respondents. Hence, seeking political action volunteers from this nurse group could be more productive than from younger nurse members.

The present study concludes that nurses participate in voting and voter registration more than the general population (Secretary of State of Oregon, 1978). Political candidates could capitalize on this information by again targeting nurse's with campaign literature to seek nurses support. If nurses could view themselves as desirable citizens who are sought after - it may serve to enhance nurses impressions about their own ability to influence political outcomes. Nurses need to know that their voter participation is higher than for the general population. Reinforcement of such behaviors will likely encourage nurses to continue to participate. As Butler (1966) believed, those who participate in politics will continue to do so because political behavior is habit forming. ONA may want to keep a log of those nurses who participate in various political activities so that those nurses can be called on in the future.

Positive information about nurses political participation can serve to increase confidence and decrease the negative image described in the nursing literature about "nursing's

apathy", "nursing's lack of influence". Information about the present study could be published in the Oregon Nurse so that all members of the association have objective information about their political behaviors. In addition, discussions at workshops and/or nursing classes could publicize what nurses are doing in the political process.

In the past, political action workshops have been presented by ONA. As a past member of several planning groups, the investigator is aware that planning and organizing of these workshops has occurred primarily around geographic considerations. The attendance and participation at these workshops has been minimal. The results of the present study could provide a basis around which to target nursing groups for political action workshops and assist in increasing the success of such workshops. For example, the results of this study and other studies in the literature conclude that education and age are variables effecting political participation; a workshop targeted for nurses over 30 years old with master's degrees could expect more participants than a group including all levels of nursing education and a variety of ages.

Recommendations

Limitations of the study included the data collection instrument. Refinement of the tool is necessary prior to further use. The investigator recommends exclusion of the Knowledge section of the questionnaire in subsequent studies. Also, the use of the mailed questionnaire lacks the depth and flexibility in securing all pertinent information about political participation, therefore, an interview technique is recommended in collecting such data in the future.

At present, ONA does not have retreivable data about individual members, i.e., age, practice area, and education. However, according to McNeil (1981), ONA will be instituting a multi-purpose computer system shortly. The investigator recommends that individual members' names, education level, age and practice area be included as part of a critical data base for the organization, planning and implementation of a successful political action program.

Other research questions which were not answered by this study and deserve further exploration include:

1) A comparative study of political behaviors and attitudes between nurses who are members of ONA versus those who are not.
2) A study correlating income variables (i.e., family size, control over money, contribution to family

income etc.) with political participation.

3) An experimental study comparing political participation and attitudes of two similar populations, one being the control group and one being the experimental group. Both groups would be given a pretest on political attitudes and political participation. Following the pretest, the experimental group would be given a "political awareness" class. After a period of time, both groups would be retested for political attitudes and behaviors in an attempt to determine whether the independent variable (class) made a difference in the experimental group's political participation.

The knowledge gained from this study has the potential for increasing nurses' knowledge and awareness about themselves. With objective information, one can evaluate whether new political attitudes or behaviors are required in order that nurses can more strongly effect the political health system in which they practice.

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APPENDIX A

Questionnaire

Part I

Please check or fill in the appropriate information.

1. AREA OF NURSING PRACTICE:

   Community Health _____
   Geriatrics _____
   Maternal/Child _____
   Medical/Surgical _____
   Psychiatric/Mental _____
   Other _____

2. WORK:

   40 hours per week _____
   20 hours or less _____
   None _____
   Student _____

3. LEVEL OF EDUCATION:

   Diploma _____
   Associate Degree _____
   Baccalaureate in Nursing _____
   Baccalaureate Other than Nursing _____
   Master in Nursing _____
   Master other than Nursing _____
   Post Master _____

4. MARITAL STATUS:

   Single _____
   Divorced _____
   Widowed _____
   Married _____

5. PRIMARY TYPE OF NURSING POSITION:

   Teaching _____
   Administrative _____
   Staff _____
   Office _____
   School Health _____
   Clinical Specialist _____
   Other _____

6. POLITICAL PARTY PREFERENCE:

   Democrat _____
   Republican _____
   Independent _____
   Other _____

7. HOW LONG HAVE YOU LIVED HERE IN YOUR COMMUNITY?

   Less than 1 year _____
   1-3 years _____
   4-10 years _____
   Greater than 10 years, but not all life _____

8. ARE YOU CURRENTLY REGISTERED TO VOTE IN OREGON?

   Yes _____
   No _____

9. HOW LONG HAVE YOU LIVED IN THE STATE?

Less than 1 year _____
1-3 years _____
4-10 years _____
Greater than 10 years, but not all life _____

10. SEX:

Female _____
Male _____

11. AGE: _____

12. COUNTY: _____

13. GROSS FAMILY INCOME PER YEAR:

10,000 and under _____
10,001-20,000 _____
20,001-30,000 _____
30,001-40,000 _____
40,001 and above _____

Part II

A. Circle the response that best describes your opinions.

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree

1. I belong to ONA because I want to see nursing in Oregon speak with a more unified voice on public issues.

SA A D SD

2. No matter how much an individual may be concerned about political issues, voting does little good.

SA A D SD

3. The women in the field of nursing are known for their devotion to caring for patients. We should stay out of public involvement in politics...leave that up to men in other fields.

SA A D SD

4. I belong to ONA becaluse I want to see nursing in Oregon become more of a recognized profession.

SA A D SD

5. Nursing, as a profession mostly devoted to caring for the welfare of patients, should not be publicly involved as a professional group in political issues.

SA A D SD

6. ONA has no business funding a lobbying activity and being involved as a political activist group.

SA A D SD

7. Nurses in states which have not endorsed the ERA amendment should organize boycots of public facilities used by nursing groups.

SA A D SD

8. Women have every right to seek equal employment status with men.

SA A D SD

9. Working together as women, nursing will increase its impact on health care.

SA A D SD

10. It is great to have men in nursing, because they will move nursing ahead.

SA A D SD

11. I put first priority on voting, realizing that women don't have time to be active in other aspects of the political system.

SA A D SD

12. ONA should not donate money to political campaigns or candidates.

SA A D SD

13. I think that my involvement in politics has the potential to influence change in public policy making.

SA A D SD

14. Since being a good citizen means that I always get out to vote, I can classify myself as a "good" citizen.

SA A D SD

B. Please check the following either yes or no and fill-in the blanks where appropriate.

15. The last Oregon State election was held in November, 1978, did you vote in that election?

_____Yes
_____No
_____Unsure

16. For the last federal or state elections, did you donate money to political candidates or for ballot measures?

_____Yes
_____No
_____Unsure

How much?

_____None
_____$1 to $5
_____$6 to $10
_____$11 to $25
_____$26 to $50
_____$51 to $100
_____$101 or more

17. Have you contacted by phone, in person, or by letter, a member of the State Legislature or Congress in the last two years regarding an issue you felt strongly about?

_____Yes
_____No
_____Unsure

18. Do you regularly attend ONA meetings and/or participate in planning, organizing or directing committees or programs?

_____Yes
_____No
_____Unsure

19. Do you hold a political office in your community, i.e., city council, land use planning commission, health board, or PTA?

_____Yes
_____No
_____Unsure

Please List: _____

20. Do you belong to any voluntary clubs, civic groups or organizations (other than ONA) whose primary purpose is community betterment, influencing lawmakers or civic duty?

_____Yes
_____No
_____Unsure

Please List: _____

21. Do you belong to any organizations who's primary purpose is entertainment and/or recreation?

_____Yes
_____No
_____Unsure

Please List: _____

22. For the last federal or state elections, did you work for a political party or candidate because of their positions on health issues?

_____Yes
_____No
_____Unsure

If yes, how much?

_____None
_____1-5 hours
_____6-10 hours
_____11-20 hours
_____More than 21 hours

23. Check all that describes your political behavior within the last two years:

Yes_____ No_____ a) I have helped to organize a new group or a new organization to try to solve some community problem related to health.

Yes_____ No_____ b) I have joined and participated in a group (organized by others) which was trying to solve some community problem.

Yes_____ No_____ c) I have personally written to, gone to see, or spoken to a local community leader or group about some need or community problem related to health.

Yes_____ No_____ d) I have helped circulate petitions for signatures or registered voters to get an issue on a ballot.

Yes_____ No_____ e) I have served as a member of a precinct committee to help to get out the vote.

Yes_____ No_____ f) I have been to the State Capitol in Oregon to observe or participate in the legislative process.

Yes_____ No_____ g) I have donated money to political candidates or social causes primarily when health issues are at stake.

Yes_____ No_____ h) I have voted on school bond issues in my local district.

Yes_____ No_____ i) Others: Please describe:_____
_____
_____

C. Please mark the following <u>true</u> or <u>false</u> without consulting with other persons or reference material.

24. The Oregon Legislature has endorsed the ERA constitutional amendment.

_____True
_____False

25. The State Board of Nursing members are selected from names submitted by State Representatives and/or State Senators to the Governor.

_____True
_____False

26. Some specialized nurses can now receive 3rd party (i.e., insurance, medicare, medicaid) reimbursement for their services.

_____True
_____False

27. Every state has two representatives in Congress.

_____True
_____False

28. Oregon elected the first nurse to the Oregon House of Representatives November, 1978.

_____True
_____False

29. ONA has a full-time lobbyist that is working to influence health care from the nursing perspective.

_____True
_____False

30. The Emergency Board is a select group of legislators who meet between legislative sessions to assist in conducting the business of the State.

_____True
_____False

31. The legislature meets every two years - the next legislative assembly will meet in 1982.

_____True
_____False

32. Medicare is an insurance program financed by the State Government for the elderly population.

_____True
_____False

Answers to Part IIC - Political Knowledge

24. T
25. F
26. T
27. T
28. T
29. T
30. T
31. F
32. F

APPENDIX B

Raw Data

Distribution of Frequencies and Percentages in Sample Group

Part 1A

Selected Demographic Characteristics

Characteristic N = Total Possible Responses	Study Sample (N = 79)	Percent
Area of Nursing Practice	(77)[a]	
Community Health	9	11.4
Geriatrics	6	7.6
Maternal/Child	11	13.9
Medical/Surgical	32	40.5
Psychiatric	3	3.8
Others	16	20.3
None	2	2.5
Work	(74)	
40 hours/week	57	72.7
20 hours/week	18	22.8
None	3	4.0
Level of Education	(79)	
Post Master	1	1.3
Nursing Master	7	8.9
Other Masters	2	2.5
Nursing Baccalaureate	29	36.7
Other Baccaluareate	3	3.8
Diploma	23	29.1
Associate Degree	14	17.7

[a]The number in parentheses represents the number of responses in each characteristic group.

Characteristic N = Total Possible Responses	Study Sample (N = 79)	Percent
Marital Status	(79)	
Single	18	22.8
Divorced	5	6.3
Widowed	2	2.5
Married	54	68.4
Type of Nursing Position	(78)	
Teaching	5	6.3
Administrative	6	7.6
Staff	50	63.3
Office	3	3.8
School Health	1	1.3
Clinical Specialist	8	10.1
Other	5	6.3
None	1	1.3
Political Party Preference	(78)	
Democratic	40	50.6
Republican	24	30.4
Independent	11	13.9
Other	3	3.8
None	1	1.3
Living in Community	(78)	
Less than 1 year	5	6.3
1-3 years	12	15.2
4-10 years	23	29.1
More than 10 years	37	46.8
Whole Life	1	1.3
None	1	1.3
Registered to Vote	(79)	
Yes	69	87.3
No	10	12.7

Characteristics N = Total Possible Responses	Study Sample (N - 79)	Percent
Living in State	(76)	
Less than 1 year	1	1.3
1-3 years	9	11.3
4-10 years	14	17.7
More than 10 years	41	51.9
Whole Life	11	31.9
None	3	3.8
Gross Family Income	(79)	
$10,000 and under	6	
$10,001-20,000	30	
$20,001-30,000	26	
$30,001-40,000	10	
$40,001 and above	6	
None	1	
Sex	(79)	
Female	78	
Male	1	

Demographic Characteristics by Individual Categories

Age	(N)	Age	(N)	Age	(N)
21	1	34	3	51	1
22	1	36	2	52	1
23	2	37	4	53	3
24	2	38	3	54	1
25	4	40	3	55	3
26	10	41	2	56	1
27	3	42	1	57	2
29	6	44	2	60	1
31	3	45	1	62	3
32	1	46	1	64	2
33	2	47	2	66	1

County

Baker	1	Douglas	2	Lincoln	1
Benton	3	Harney	1	Multnomah	22
Clackamas	5	Jackson	7	Marion	4
Coos	1	Lake	1	Polk	1
Curry	1	Lane	7	Tillamook	2
Deschuttes	2	Linn	5	Wasco	1
		Washington	7		
		Umatilla	1		
		Union	1		
		Yamhill	1		

Distribution of Frequency by Question

Part IIA

Political Attitude Responses

Question No.	Attitude Response[a] SA	A	D	SD	No Response
1	31	37	8	1	2
2	--	4	45	30	-
3	--	--	23	56	-
4	43	29	3	1	3
5	--	2	36	41	-
6	2	1	34	41	1
7	18	15	29	12	5
8	59	19	1	--	-
9	37	35	6	--	1
10	9	39	19	7	5
11	2	11	48	14	4
12	3	16	38	15	7
13	12	49	11	--	7
14	10	34	26	1	8

[a]Attitude response includes choice between:

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree

Raw Data

Political Attitudes Scores by Groups

A. Support for Feminist Attitudes			B. ONA as Political Voice			C. Strength of Political Efficacy		
Score	(n=79)	Percent	Score	(n=79)	Percent	Score	(n=79)	Percent
13	(1)	1.3	12	(1)	1.3	8	(9)	11.4
15	(6)	7.6	14	(1)	1.3	9	(2)	2.5
16	(5)	6.3	15	(3)	3.8	10	(14)	17.7
17	(5)	6.3	16	(3)	3.8	11	(11)	13.9
18	(10)	12.7	17	(3)	3.8	12	(20)	25.3
19	(10)	12.7	18	(2)	2.5	13	(15)	19.0
20	(14)	17.7	19	(3)	3.8	14	(6)	7.6
21	(11)	13.9	20	(13)	16.5	15	(2)	2.5
22	(6)	7.6	21	(12)	15.2			
23	(7)	8.9	22	(11)	13.9			
24	(3)	3.8	23	(14)	7.7			
25	(1)	1.3	24	(7)	8.9			
			25	(6)	7.6			

Part IIB

Political Participation in Sample Group by Yes/No Response

Question No. N = Total Number of Possible Responses	Yes	No	Unsure	No Answer
15. Voting	64	12	2	1
16. Donating money	21	55	2	1
How much donated?				
$1-5 = 9				
$6-10 = 2				
$11-25 = 4				
$26-50 = 4				
$51-100 = 1				
$101-more = 2				
17. Contact Legislator	34	42	2	1
18. Attend ONA Meetings	18	58	2	1
19. Hold Political Office	4	74	1	-
20. Belong to Civic Groups	32	46	1	-
21. Belong to Other Groups	17	60	2	-
22. Work for Political Party of Candidate	4	74	1	-
23a. Organize New Group	9	79	-	-
23b. Participate in Group to Solve Community Problem	31	46		2
23c. Contacted Local Leader	28	51	-	-
23d. Circulate Petitions	15	64	-	-
23e. Member Precinct Committee	4	75	-	-
23f. Observed State Capitol	25	54	-	-
23g. Donated money	18	60	-	1
23h. Voted School Bond	59	19	-	1
23i. None	--	--	-	-

Part IIC

Political Knowledge in Sample Group by Yes/No Response[a]

Question No.	Correct	Incorrect	No Answer
24	56	12	11
25	40	30	9
26	58	10	11
27	55	17	7
28	43	14	22
29	65	7	7
30	52	12	15
31	47	21	11
32	55	20	4

[a]N = Total number of respondents is 79.

APPENDIX C

Correspondence

oregon nurses association, inc.

six twenty southwest fifth avenue, portland, oregon 97204
503/228-2114

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December 11, 1978

Ms. Donna Clark, R.N.
Route 4, Box 274
Hillsboro, Oregon 97123

Dear Donna:

I have reviewed the tool that you have developed to describe nursing's political behavior and activity in relation to your research in the area of political science and nursing. Your questions are most intriguing and should provide some interesting information for ONA and other groups to utilize in assisting nurses to be more politically effective. From your letter you will apparently contact me and we could then discuss the content.

Secondly, based on the copy of the instrument you have forwarded to us this letter will grant you permission to use 200 randomly selected ONA members as your population sample. Perhaps when you call we could discuss the content of the comment regarding ONA's support for your research project.

Very sincerely,

[redacted]

Paula A. McNeil, R.N.
Executive Director

PAM:ja

APPENDIX D

Letter and Consent Form

Dear Participant:

I need your help! As a graduate student in the Psychiatric-Mental Health Nursing Program at the University of Oregon Health Sciences Center, I am in the process of completing the requirements for a Master's Degree in Nursing. By completing the enclosed questionnaire on nursing and politics, you can assist me in fulfilling these requirements.

The Study: This research study will explore and describe political participation and attitudes of nurses who belong to the Oregon Nurses' Association. The following questionnaire asks specific questions about your political activity and attitudes. There are five pages which will take approximately 20-30 minutes to answer. Please read the instructions carefully. You may answer all or part of the questions in this study. Any comments are encouraged. Participation in this research is voluntary. When you have completed all the answers, please return the questionnaire and the signed consent form in the self-addressed stamped envelopes no later than June 5, 1980.

Thank you for your time.

Sincerely,

Donna L. Clark, R.N.,B.S.N.
Graduate Student
University of Oregon Health
Sciences Center
School of Nursing

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

Consent Form

I, _____, herewith agree to serve as a subject in the investigation named "Political Participation of Nurses as Members of a Voluntary Association" by Donna Clark under the supervision of Florence Hardesty, R.N., Ph.D. The purpose of the investigation is to explore and describe the political participation and attitudes of nurses who belong to Oregon Nurses' Association.

Your participation in this study requires that you complete a questionnaire about your political attitudes and participation. By participating in this study, you will assist nursing in collecting data about its political profile. The questionnaire as well may assist you in evaluating your own political behaviors and attitudes.

The risks are related to confidentiality.

The information obtained will be kept confidential. My answers will in no way jeopardize membership or services received from the Oregon Nurses' Association. I understand that I am free to refuse to participate.

I have ready the foregoing.

_____
Subject's Signature

_____
Date

AN ABSTRACT OF THE THESIS OF

Donna L. Clark

For the MASTER OF NURSING

Date of Receiving this Degree: June 12, 1981

Title: POLITICAL PARTICIPATION OF NURSES AS MEMBERS OF A VOLUNTARY ASSOCIATION

Approved: _____
Florence Hardesty, R.N.,Ph.D., Thesis Advisor

Social indicators and nursing literature suggest that nurses have been absent in the political decision-making of the health care system. Therefore, the purpose of this study was to explore and describe the variables that effect the political participation of nurses who are members of the Oregon Nurses' Association. In addition, the study was to describe types and amounts of participation.

A questionnaire developed by the investigator was mailed to 200 randomly selected participants from the ONA membership list. The questionnaire asked questions about the participants' demographic profile, political attitudes and political participation. Eight hypotheses were developed which sought to explore relationships between independent variables (i.e., age, income, education level, feminist attitudes and attitudes of political efficacy) and the dependent variable political participation.

The results were analyzed by compiling frequencies and percentages. Analysis of the hypotheses included the use of a t-test and regression analysis.

Conclusions are that the sample participated in a variety of political behaviors, i.e., contacting legislators, voting, and/or working on a community problem. The most

frequent political behavior was voting. The participants voted more than the general population. The least frequent behavior mode was campaign activity.

Political attitudes of the study sample included various responses. However, one attitude seemed rather clear - the study sample did not support donation of money by ONA or themselves to candidates or campaigns.

Positive statistical correlation was found between variables (such as formal education, age, attitudes of political efficacy, and feminist attitudes) and political participation. These relationships were supported by the literature as well. No significant correlation could be found between the participant's family income and political participation. The results dealing with family income are not conclusive and need further study. Another variable that did not correlate with participation was the attitude of ONA as a political voice. Due to design of the questionnaire, no firm results can be drawn from the knowledge section of the study.