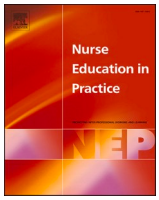
Nurse Education in Practice 87 (2025) 104497



Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/issn/14715953





Enhancing political competency among nurses and nursing students: A scoping review

Min Kyoung Han [a], Jeonghyun Kim [b], Minjae Lee [a,*], Sujin Shin [a]

[a] College of Nursing, Ewha Womans University, 52 Ewhayeodae-gil, Seodaemun-gu, Seoul 03760, Republic of Korea
[b] College of Nursing, Catholic University of Pusan, 57 Oryundae-ro, Geumjeong-gu, Busan 46252, Republic of Korea

ARTICLE INFO

Keywords:
Health policy
Nurses
Politics
Scoping review
Nusing students

ABSTRACT

Aims: To examine research trends on strengthening political competency among nurses and nursing students by mapping key concepts and exploring enhancement strategies.
Background: Political competency is essential for nurses to influence healthcare policies and advocate systemic change. However, research on nursing education and practice remains fragmented, highlighting the need for a more cohesive understanding.
Design: A scoping review methodology was used to map existing literature.
Methods: This scoping review followed the PRISMA-ScR checklist. Electronic databases were searched for peer-reviewed articles published between January 1, 2000 and December 10, 2024, focusing on political competency among nursing students and nurses.
Results: Among the 32 studies analyzed, political participation emerged as the most frequently examined concept, identified in 12 studies. In contrast, political interaction, including networking, negotiation and persuasion, was not addressed in any of the reviewed studies. Educational interventions such as lectures, policy analysis, advocacy training and experiential learning were commonly employed to enhance political competency. However, the literature revealed a lack of a unified conceptual framework and validated instruments.
Conclusion: To enhance nurses' long-term involvement in policymaking, nursing education should incorporate structured and comprehensive political competency training that includes policy literacy, political interaction skills and leadership development. Clearly defining political competency and establishing evaluation systems will support level-specific learning and strengthen nurses' policy engagement. These findings highlight the need for collaborative efforts between nursing education institutions, professional associations and policymakers to ensure accessibility, consistency and real-world applicability of political competency education in both academic and clinical settings.

1. Introduction

Nurses, who are both healthcare professionals and patient advocates, are increasingly recognized as essential participants in the formulation and implementation of healthcare and nursing policies (World Health Organization, 2021). This recognition underscores nurses' responsibility to engage actively in advocacy and policymaking. Political competency, including policy knowledge and advocacy skills, is essential for influencing healthcare reform (Han and Kim, 2024). To fulfill this role effectively, nurses must develop political competency, which encompasses the knowledge, skills and strategies necessary to influence healthcare and nursing policies (Benton et al., 2017). Political competency includes policy analysis, an understanding of legislative processes and active engagement in advocacy efforts (Benton et al., 2017; Han and Kim, 2020). Without these capabilities, nurses may struggle to contribute effectively to policy discussions and decisions that have a direct impact on patient care and the broader healthcare landscape.

Despite growing recognition, nurses' political engagement remains limited because of gaps in policy education and a lack of theoretical knowledge. Studies have indicated that nursing students and nurses often struggle to understand political processes, perceiving their roles in policymaking as distant or irrelevant (Benton et al., 2017; Jagger Kaeser

* Correspondence to: College of Nursing, Ewha Womans University, Address: #101, Helen Building, 52 Ewhayeodae-gil, Seodaemun-gu, Seoul 03760, Republic of Korea.
E-mail address: leemj1992@gmail.com (M. Lee).

https://doi.org/10.1016/j.nepr.2025.104497
Received 28 April 2025; Received in revised form 4 July 2025; Accepted 28 July 2025
Available online 31 July 2025
1471-5953/© 2025 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC license (http://creativecommons.org/licenses/by-nc/4.0/).

et al., 2024; Rasheed et al., 2020). However, research has also shown that targeted educational interventions, such as policy courses and experiential learning through legislative events, can significantly enhance nurses' political competency and willingness to engage in advocacy efforts (Garritano and Stec, 2019; Jagger Kaeser et al., 2024; Lee and Choi, 2022), highlighting the need for a structured, evidence-based approach to political competency education.

While many nurses recognize the importance of political advocacy, progressing beyond initial awareness requires structured education. Cohen et al.'s (1996) four-stage framework outlines the development of nurses' political competency, moving from political awareness (buy-in) to self-motivated engagement (self-interest), advanced involvement (political sophistication) and ultimately, policy leadership (leading the way). Without structured education, mentorship and direct policy engagement opportunities, nurses may face challenges in advancing to leadership roles in policymaking.

Political competency has been explored across disciplines, resulting in diverse definitions and measurement frameworks. In nursing, Warner (2003) emphasized engagement skills and values, Benton et al. (2017) included policy analysis and influence, while Fyffe (2009) highlighted leadership in policy formulation. Han and Kim (2020) viewed it as the ability to drive institutional change through advocacy, whereas Bernardino (2023) integrated knowledge, skills and networking into its key components. Similarly, political science and policy studies offer various perspectives, from Kuklinski and Quirk's (2001) analytical framework for citizen competence to Weissberg's (2001) emphasis on collective action. These inconsistencies across nursing, political science and policy studies highlight the need for a structured approach to examine research on political competency enhancement and explore its applicability in nursing education and practice.

Political competency is becoming increasingly vital for nurses, as healthcare policies have a direct impact on patient care and professional practice (Clarke et al., 2021; Fyffe, 2009). Nurses in leadership and policymaking roles have developed political skills that effectively influence healthcare policies (Clarke et al., 2021; Han, 2020). However, most nurses and students have limited opportunities to cultivate these competencies (Han and Kim, 2020; Thomas et al., 2020). This gap highlights the need for structured education and engagement strategies that support political development across all levels or nursing. The 2024 enactment of the Nursing Act in South Korea exemplifies the real-world significance of political competency across all levels of nursing—from leaders and policymakers to general nurses and students—achieved through sustained collective advocacy (Korean Nursing Association [KNA] News, 2024a, 2024b). This case illustrates how nurses can collectively mobilize to drive policy change, reinforcing the need to enhance political competency across the profession. However, this level of involvement requires political competency, which has not been systematically developed in nursing education and practice.

Given this context, it is essential to examine how political competency has been studied and what strategies have been proposed for its development in nursing. Despite the growing body of research on political competency, there remains a lack of comprehensive synthesis regarding its definitions, dimensions and development strategies in nursing. The aim of this study was to conduct a scoping review on political competency among nurses and nursing students. Specifically, we sought to analyze research trends in this area, examine key variables that characterize political competency and identify strategies to enhance nurses' political competency. In this study, political competency refers to nurses' and nursing students' capacity to understand and engage in policy processes through knowledge, confidence, advocacy and participation, drawing on Han and Kim's (2020) framework. By analyzing various studies on political competency, this review investigates its applicability in nursing education and practice and proposes future research directions for strengthening nurses' and nursing students' political competency.

2. Materials and methods

2.1. Study design

This study is a scoping review aimed at examining research trends related to the enhancement of political competency among nurses and nursing students in both domestic and international academic literature. This study was conducted according to the five-stage scoping review framework proposed by Arksey and O'Malley (2005). This scoping review was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018).

2.2. Study procedure

2.2.1. Stage 1. Identifying the research question

The study population included nurses and nursing students, while the concept was focused on political competency, with no restrictions. Based on this framework, the following research questions were formulated to analyze trends on political competency among nurses and nursing students in domestic and international academic literature:

- What are the research trends in political competency among nurses and nursing students?
- What are the key variables characterizing political competency among nurses and nursing students?
- What are the strategies for enhancing political competency among nurses and nursing students?

2.2.2. Stage 2. Identifying relevant studies

A literature search was conducted on December 10, 2024, with the publication period set from January 1, 2000, to December 10, 2024. To ensure a comprehensive retrieval of relevant studies, a systematic literature search service was requested through the authors' affiliated institutions and a librarian-assisted search was conducted. The search strategy involved both international and domestic academic journals. For international journal articles, the databases PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, Education Resources Information Center (ERIC) and Web of Science were searched. For domestic journal articles, the Korea Citation Index (KCI) was used. The search strategy was developed using keyword searches and categorized into three components: 1) population (nurses and nursing students), 2) concept (political competency) and 3) policy-related terms. 1) For population, the keywords included Nurs* OR Nursing student* OR Student nurse OR Nurse student* OR Pupil Nurse*. 2) For political competency, terms such as Polic* OR Politic* OR Civi* OR Governance OR Health Policy were used. 3) To identify studies on development, effectiveness, or influencing factors, additional terms included Advocacy OR Engagement OR Awareness OR Literacy OR Efficacy OR Development OR Competenc* OR Participat* OR Insight* OR Astuteness OR Influenc* OR Leadership OR Capacit*. The AND operator was applied to combine these components and detailed search strategies for international databases are provided in Supplemental material 1.

2.2.3. Stage 3. Study selection

The study selection process followed the PRISMA guidelines (Page et al., 2021) and is presented in Fig. 1. Thirty-two studies were retrieved from PubMed, CINAHL, PsycINFO, ERIC, Web of Science and KCI databases. The inclusion criteria were as follows: (1) studies on political competency among nurses and nursing students; (2) primary research published in peer-reviewed journals; (3) studies published on or after 1 January 2000; and (4) articles written in English or Korean. The exclusion criteria were: (1) studies including non-nursing participants; (2) studies on individuals in political or educational institutions rather than clinical settings; (3) literature reviews or methodological studies; (4) grey literature (e.g., dissertations, theses); and (5) inaccessible

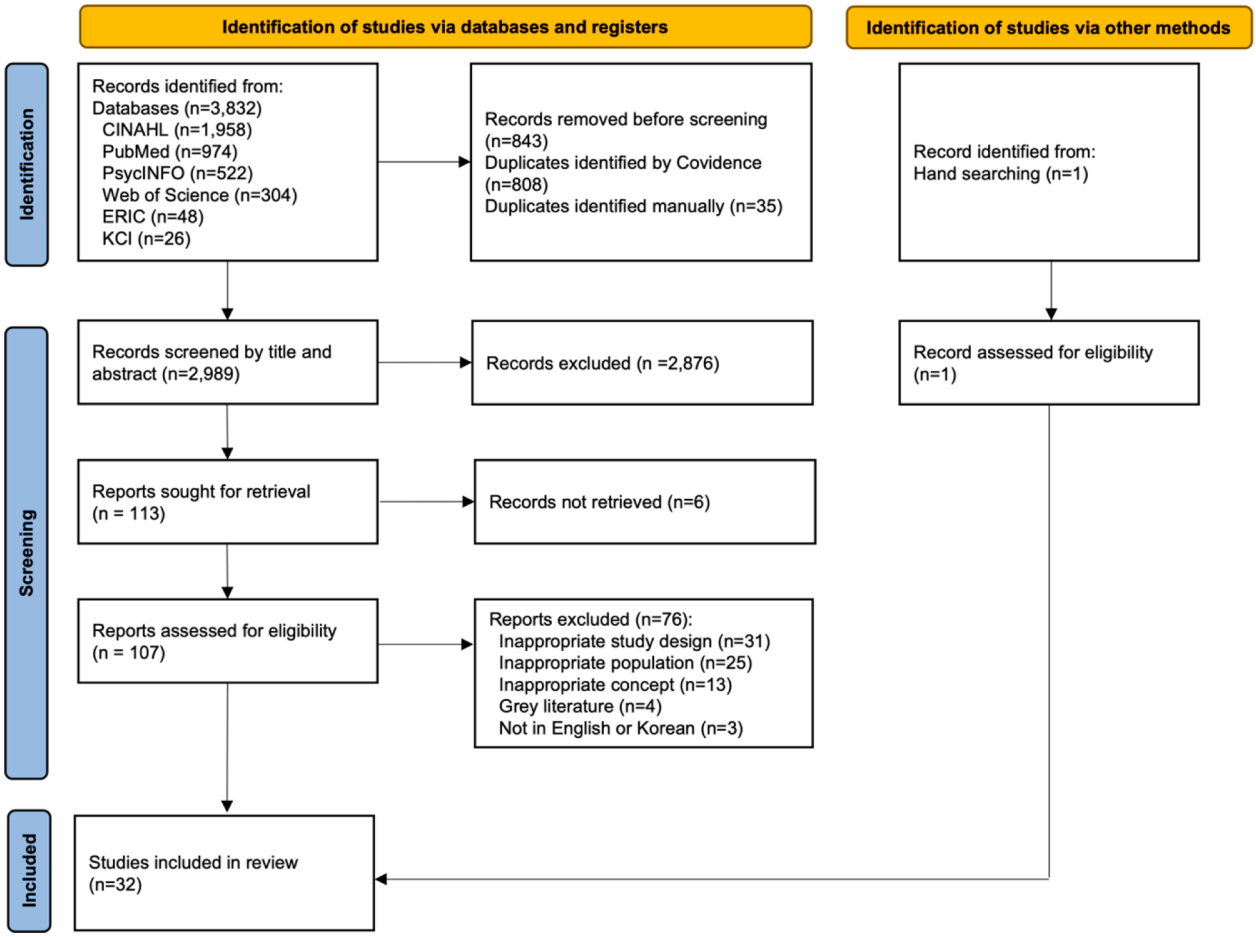


Fig. 1. PRISMA flow diagram of study screening. Note. CINAHL=Cumulative Index to Nursing and Allied Health Literature; ERIC=Education Resources Information Center; KCI=Korea Citation Index.

full-text articles.

The bibliographic data of the selected studies were entered into Covidence Systematic Review Software (Veritas Health Innovation, Melbourne, Australia. Available at www.covidence.org), a web-based platform designed to streamline systematic and other literature reviews. The software automatically removed duplicate records and researchers manually removed the remaining duplicates during the title and abstract screening process. Studies that did not meet the inclusion criteria were excluded and the full texts of the remaining studies were reviewed for final selection. The study selection process was conducted independently by two researchers. Any disagreements were resolved through a joint review of the original articles, with a third researcher making the final decision when consensus could not be reached.

In total, 3832 studies were identified. After removing 843 duplicates, 2989 studies remained for screening, of which 2876 were excluded based on title and abstract review. Among the remaining 113 studies, six could not be retrieved and full-text reviews led to the exclusion of 76 studies. Additionally, one study was identified through manual searching, resulting in 32 studies being included in the final review (Supplemental material 2).

2.2.4. Stage 4. Charting the data

Data from the 32 selected studies were extracted for analysis using Microsoft Excel. Two researchers independently extracted key study information, including author, year, country of publication, research purpose, study design, study population, main variables for quantitative studies, key themes for qualitative studies, interventions and educational programs and main findings. A third researcher reviewed the extracted data, and any discrepancies were resolved by discussion to finalize the data.

2.2.5. Stage 5. Collating, summarizing and reporting the results

The research team collectively analyzed the extracted data and reached consensus on the findings. A detailed examination was conducted to identify key variables related to political competency and assess the specific variables investigated in the selected studies. Additionally, the characteristics of educational interventions implemented in the studies were analyzed to derive strategic approaches for enhancing political competency.

2.3. Ethical consideration

The Institutional Review Board (IRB) of the author's affiliated university determined that this study was exempt from ethical review (No. ****-****-****).

3. Results

3.1. Study characteristics

Table 1 presents a summarized overview of the included 32 studies. The publication years ranged from 2000 to 2024, distributed as follows: four studies (12.5 %) from 2000 to 2009 [A3, A5, A18, A20], sixteen studies (50.0 %) from 2010 to 2019 [A1, A6, A9, A10, A12–17, A22, A25, A28, A30–32] and twelve studies (37.5 %) from 2020 to 2024 [A2, A4, A7, A8, A11, A19, A21, A23, A24, A26, A27, A29]. The studies were

Table 1
General characteristics of included studies.

No	Author (year)	Country	Research purpose	Research design	Population	Key variable/ topic	Measurement	Key results
A1	Perry and Emory (2017)	USA	To determine the effectiveness of focused educational presentations to improving political advocacy of nurses	Experimental (Pre-post & group comparison)	Total 133 - G1: Nursing students (n=67) - G2: RN and APRN (n=66)	- Political advocacy	Questionnaire developed by research team	- Confidence in advocacy skills↑ - Attitude about personal advocacy activities ↑, G1<G2 - Intention to advocate for health policy issues ↑, G1<G2 - Knowledge of "Future of Nursing's Recommendation"↑, G1<G2
A2	Alhassan et al. (2020)	Ghana	To identify factors that either enhance or hinder nurses' political participation in Ghana	Non-experimental	Nurses (n=225)	- Political participation	Questionnaire developed by research team	- Barriers: having little free time, lack of trust in politicians, fear of conflict/confrontation, lack of educational preparation, and lack of access to the right connections - Facilitators: free time and money, civic skills, personal interest in politics, self-belief and confidence, and a strong party affiliation.
A3	Primomo (2007)	USA	To evaluate graduate students' political astuteness and its changes after a 10-week course on health systems and policy	Experimental (Pre-post)	MSN students (n=40)	- Political astuteness	Political Astuteness Inventory (Clark, 1999)	- Political astuteness levels ↑
A4	Figueira et al. (2022)	Brazil	To analyze the level of nurses' engagement in political advocacy by performing a cluster analysis	Non-experimental	Nurses (n=184)	- Political advocacy	Brazilian version of the Policy Advocacy Scale	- Higher level of patient advocacy: Tertiary care cluster, comprising care delivery nurses with 140 months of work experience
A5	Cramer (2002)	USA	To identify factors influencing nurses' organized political participation using the Civic Voluntarism Model	Non-experimental	Nurses (n=118)	- Political participation	Modified Civic Voluntarism Model (CVM) questionnaire (Verba et al., 1995)	- Resources (free time), engagement (personal efficacy) (+) - Networks of recruitment (NS)
A6	de Cordova et al. (2019)	USA	To evaluate health policy education delivery and political involvement levels in graduate nursing programs	Non-experimental	Graduate nursing students (n=251)	- Political engagement - Political advocacy - Political astuteness	Questionnaire developed based on Faculty Policy Intensive cohort with AACN guidance (Staebler et al., 2017)	- Type of program & health policy course requirement (NS) - Type of program & political astuteness evaluation (NS) - Health policy engagement and advocacy levels: Master's > DNP or PhD
A7	Thomas et al. (2020)	USA	To assess nursing students' competencies, experiences, interests, and learning preferences in health policy	Non-experimental	Undergraduate and graduate nursing students (n=89)	- Political competency (participation, advocacy) - Policy experiences - Political interest - Values related to health policy	Questionnaire developed by research team	- Moderate level of competency in health policy - Previous health policy experiences: MSN, DNP > BSN - Most frequent activities: voting in elections, belonging to organizations, regularly following issues - Level of interest in health policy course content (NS) - Values related to health policy: BSN > MSN > DNP
A8	Al Faouri et al. (2021)	Jordan	To explore head nurses' health policy involvement,	Non-experimental	Head nurses and senior nurses (n=250)	- Political involvement	Revised version of Registered Nurses Involvement in	- Moderate level of head nurses involvement in health policy development (barrier:

(*continued on next page*)

Table 1 (*continued*)

No	Author (year)	Country	Research purpose	Research design	Population	Key variable/ topic	Measurement	Key results
			benefits, barriers, and related factors				Health Policy (Salvador, 2010)	lack of time, benefits: improving the health of the public) - Level of knowledge/skills, efficacy expectation, outcome expectation & involvement in health policy development (+) - Level of knowledge/skills, efficacy expectation, outcome expectation & number of political activities (NS)
A9	AbuAlRub and Foudeh (2017)	Jordan	To explore hospital nurses' involvement in health policy, its barriers, benefits, and impact on health outcomes	Non-experimental	Nurses (n=231)	- Political involvement	Revised version of Registered Nurses Involvement in Health Policy (Salvador, 2010)	- Low level of involvement in health policy (benefit: improving the health of the public, barrier: lack of time, impact: using mass media or public events to address a health policy issue) - Predictors of nurse's Involvement in health policy: Involvement to influence health policy as a citizen, interest, hospital position, unit type
A10	Garritano and Stec (2019)	USA	To evaluate the impact of a redesigned health policy course for DNP students using experiential and technology-based learning	Non-experimental	DNP students (n=102)	- Interest and readiness to participate in health policy	Questionnaire developed by research team	- Involvement, interest, knowledge in health policy ↑
A11	Cervera-Gasch et al. (2022)	Spain	To explore nursing students' perceptions about their political competence	Non-experimental	Nursing students (n=98)	- Political competency (knowledge, skills, attitudes)	Questionnaire developed by research team	- Political knowledge: differences observed by academic year - Political attitudes and Skills: no differences by academic year (NS) - Political skills: Greater in those with active roles in an organization
A12	Lewinski and Simmons (2018)	USA	To assess practicing nurses' knowledge and engagement in health policy advocacy	Non-experimental	Nurses (n=84)	- Political advocacy	Questionnaire developed by research team	- 52% were engaged in health policy advocacy activities (barriers: lack of knowledge and time) - High interest in health policy advocacy education programs (nursing policy impact and advocacy strategies)
A13	Alhassan et al. (2019)	Ghana	To examine levels and practices of registered nurses' political participation	Non-experimental	Nurses (n=225)	- Political participation	Political Astuteness Inventory (PAI) (Clark, 2008)	- Level of political participation : Slightly aware of political activity for nursing (64.4%) : Male > female : Practice area, age, academic qualification (NS) - Political participation activities: voting and registering as an organization member
A14	Kung and Rudner Lugo (2015)	USA	To identify barriers to political advocacy and the factors influencing activism among APRNs	Non-experimental	APRNs (n=884)	- Perceived barriers to practice - Political involvement - Willingness to engage with the media	Questionnaire developed by research team	- 59% experienced regulatory barriers - Political activism: higher with over age 50, doctorate, organization members, experienced nurses - Media engagement: higher with males,

(*continued on next page*)

Table 1 (*continued*)

No	Author (year)	Country	Research purpose	Research design	Population	Key variable/ topic	Measurement	Key results
								organization members, NPs, highly educated APRNs
A15	Byrd et al. (2012)	USA	To measure changes in political astuteness among baccalaureate nursing students after active learning in health policy	Experimental (Pre-post)	Nursing students (n=300)	- Political astuteness	Political Astuteness Inventory (PAI) (Clark, 2008)	- Political astuteness ↑ - Predictors in Political Involvement: participation in professional organizations, knowledge of the legislative and policy processes
A16	O'Rourke et al. (2017)	USA	To describe the political efficacy and participation of nurse practitioners and factors influencing engagement	Non-experimental	Nurse practitioners (n=632)	- Political efficacy - Engagement in political activity	Efficacy Index (Sharoni, 2012) Trust in Government Index (Sharoni, 2012)	- Internal efficacy: higher with older age, graduate education, health policy education, and mentor support - External efficacy: not significant - Political activity engagement: influenced by internal efficacy, not external efficacy
A17	Vandenhouten et al. (2011)	USA	To measure political participation levels and identify factors contributing to engagement	Non-experimental	Nurses (n=468)	- Political participation	Questionnaire developed by research team	- Predictors of Political Participation: psychological engagement, resources, recruitment networks
A18	Oden et al. (2000)	USA	To investigate public policy involvement, barriers, and benefits among nurse practitioners	Non-experimental	Certified nurse practitioners (n=440)	- Political involvement	Modified health policy research survey (Maddux, 1986)	- Public policy involvement : Avarage 3.6 acitivities : Barriers - lack of time, money and other resources : Benefits - improving the health of the public, improving a situation or issue to participation in public policy - Self-efficacy, Knowledge and interest of public policy change & public policy involvement (+) - Predictors of Public Policy Involvement : efficacy Expectations, number of education/ information sources, age
A19	Cropley et al. (2025)	USA	To explore the impact of an innovative intervention to integrate leadership competencies with population health policy advocacy in an undergraduate nursing curriculum	Qualitative	Nursing students (n=71)	- Political advocacy	Questionnaire developed by research team	- Positive impact of program : Improved understanding of policy processes post-intervention : Recognized the importance of systems-level thinking : Identified policy solutions for population health as attainable for nurses
A20	Rains and Carroll (2000)	USA	To investigate the effect of a graduate-level health policy course on the self-perceived political competence of MSN students	Experimental (Pre-post)	MSN students (n=27)	- Political competency (political skills, knowledge, interest)	Questionnaire developed by research team	- Political skill and knowledge, understanding of political context, political motivation/interest ↑
A21	Barzegar Safari et al. (2020)	Iran	To examine factors influencing nurse participation and perceived benefits/ barriers in health policy making	Non-experimental	Nurses (n=220)	- Political participation	Revised version of Registered Nurses Involvement in Health Policy (Salvador, 2010)	- Most participation: Providing written reports or consulting related officials - Least participation: Verifying or studying legal affairs related to health policies

(*continued on next page*)

Table 1 (*continued*)

No	Author (year)	Country	Research purpose	Research design	Population	Key variable/ topic	Measurement	Key results
								- Main barrier: Disappointment with work procedures - Main benefit: Resolution of nursing challenges by nurses - Association with participation (NS)
A22	Jun et al. (2015)	South Korea	To identify the influencing actors of motivation of social networking service usage and networking, political interest and efficacy on political participation	Non-experimental	Nursing students (n=397)	- Political participation	Questionnaire on political participation modified by Shin (2012)	- Political participation: higher with political discussions, lectures, and social media use - Predictors of political participant: interest, intrinsic efficacy, network, attendance at policy discussions/ lectures
A23	Lee (2020)	South Korea	To understand the impact of political efficacy, political interest, and global citizenship on political participation	Non-experimental	Nursing students (n=155)	- Political participation	Questionnaire on political participation modified by Shin (2012)	- Predictors of political participant: political efficacy, interest, global citizenship
A24	Woo and Ha (2023)	South Korea	To assess the factors influencing the political participation of nursing students	Non-experimental	Nursing students (n=157)	- Political participation	Questionnaire on political participation modified by Shin (2012)	- Political participation: higher with female - Predictors of political participant: political efficacy, gender
A25	Jun et al. (2014)	South Korea	To identify how political interest, political efficacy, and media use affect political participation in hospital nurses	Non-experimental	Nurses (n=286)	- Political participation	Questionnaire on political participation modified by Shin (2012)	- Political participation: higher with graduate degrees, over 15 years of work experiences, head nurse positions, voting intention - Predictors of political participation: Political interest, political efficacy, and media usage
A26	Kim and Kim (2023)	South Korea	To examine the effects of health care nursing policy education on nursing students' political efficacy, political participation, and political interest	Experimental (group comparison)	Total 89 nursing students - Experimental (n=44) - Control (n=45)	- Political Efficacy - Political participation - Political interest	Questionnaire on political participation modified by Shin (2012)	- Political efficacy, intrinsic efficacy, passive participation ↑
A27	Kim (2023)	South Korea	To evaluate the effect of health law education on ethical values, social responsibility, and political efficacy in nursing students	Experimental (Pre-post)	Nursing students (n=59)	- Ethical values - Social responsibility - Political efficacy	Ethics Perception Questionnaire modified by Park (2000) Questionnaire on social responsibility developed by Jung and Ahn (2015) Questionnaire on political efficacy modified by Ko and Lee (2020)	- Ethical values, social responsibility, political efficacy ↑
A28	Kim (2018)	South Korea	To investigate the effect of political interest, political efficacy, and media usage on political participation of nursing students	Non-experimental	Nursing students (n=336)	- Political participation	Questionnaire on political participation modified by Shin (2012)	- Political participation: higher with participation in circle activities - Predictors of political participation: Political interest, political efficacy, media usage, participation in circle activities
A29	Park and Lee (2023)	South Korea	To investigate job characteristics and professionalism affecting the political competency of	Non-experimental	APN (n=118)	- Political competency (political knowledge, political efficacy,	Political Competence Scale (Han, 2019)	- Political competency: higher among those over 40, hospital settings (compared to tertiary), nurse managers, APN

(*continued on next page*)

Table 1 (*continued*)

No	Author (year)	Country	Research purpose	Research design	Population	Key variable/ topic	Measurement	Key results
			advanced practice nurses (APNs)			political interaction, political act)		experience, education, and political party participation - Predictors of political competency: skill variety, workplace, education, political party participation, nursing professionalism
A30	Mueller (2014)	USA	To assess political astuteness among nursing students and evaluate course efficacy of health policy course	Non-experimental	RN to BSN students (n=101)	- Political astuteness	Political Astuteness Inventory (Clark, 2008)	- Political astuteness levels ↑
A31	Primomo and Björling (2013)	USA	To evaluate changes in political astuteness after participants attended an organized legislative day	Non-experimental	Total 84 nurses and nursing students - Pre-post (n=84) - Pre-post-follow up (n=34)	- Political astuteness	Political Astuteness Inventory (Clark, 2008)	- Political astuteness levels: ↑ (post and follow-up tests)
A32	Kunaviktikul et al. (2010)	Thailand	To assess Thai nurses' knowledge and involvement in national health policy and suggest strategies for improvement	Non-experimental	Nurses (n=2,121)	- Political knowledge - Political involvement	Questionnaire developed by research team	- 78.9% of nurses demonstrated high or very high knowledge levels - 72.8% of nurses reported no involvement in policy

Note. AACN=American Association of Colleges of Nursing; APN=Advanced Practice Nurse; APRN=Advanced Practice Registered Nurse; BSN=Bachelor of Science in Nursing; DNP=Doctor of Nursing Practice; MSN=Master of Science in Nursing; NS=non-significant; RN=Registered Nurse

conducted in various countries: sixteen (50.0 %) in the United States [A1, A3, A5–A7, A10, A12, A14–A20, A30, A31], eight (25.0 %) in South Korea [A22–A29], two (6.3 %) in Ghana [A2, A13] and Jordan [A8, A9] and one (3.1 %) in each of the following countries: Brazil [A4], Iran [A21], Spain [A11] and Thailand [A32].

Of the 32 studies included in this review, six (18.8 %) were experimental [A1, A3, A15, A20, A26, A27], one (3.1 %) was qualitative [A19] and remaining 25 (78.1 %) were nonexperimental. Twelve studies (37.5 %) targeted undergraduate nursing students [A1, A7, A11, A15, A19, A22–A24, A26–A28, A31]; six (18.8 %) focused on graduate nursing students, including Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) students [A3, A6, A7, A10, A20, A31]; and one study (8.3 %) targeted RN to BSN students [A30]. Additionally, thirteen studies (40.6 %) included nurses as participants [A1, A2, A4, A5, A8, A9, A12, A13, A17, A21, A25, A31, A32], with five studies (15.6 %) specifically targeting Advanced Practice Nurses (APNs), including Advanced Practice Registered Nurses (APRNs) and certified nurse practitioners [A1, A14, A16, A18, A29]. The total number of participants across the 32 studies ranged from 27 to 2121, with a cumulative total of 8975 participants.

Political competency research was measured using various instruments, with researcher-developed questionnaires being the most used in 11 studies [A1, A2, A4, A7, A10-A12, A14, A17, A20, A32]. The Political Astuteness Inventory (PAI; Clark, 1999, 2008) and the questionnaire on political participation modified by Shin (2012) each appeared in five studies [A3, A13, A15, A30, A31; A22-A25, A28], whereas the revised version of nurses' involvement in health policy (Salvador, 2010) was used in two studies [A8, A9].

3.2. Key variables characterizing political competency

As there is no theoretical model for nurses' political competency, we

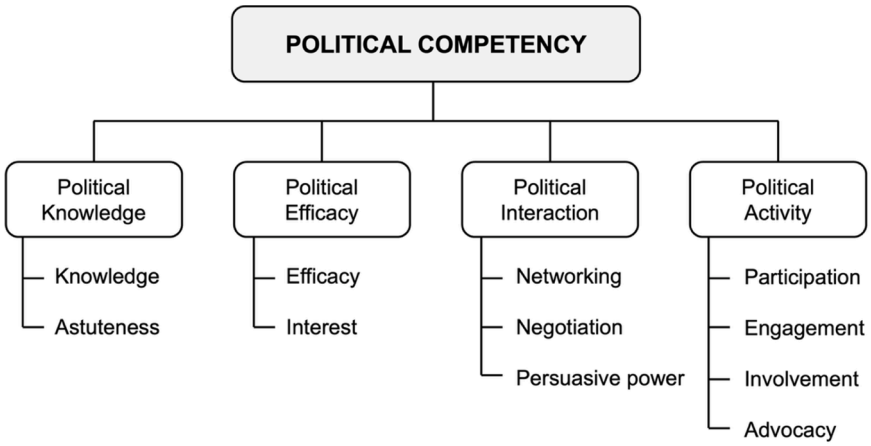


Fig. 2. Four dimensions of political competency and their associated keywords.

Table 2
Key political competency keywords addressed in included studies.

Dimension	Political knowledge		Political efficacy		Political activity			
Keyword	Political knowledge	Political astuteness	Political efficacy	Political interest	Political participation	Political advocacy	Political Involvement	Political engagement
A1						X		
A2					X			
A3		X						
A4						X		
A5					X			
A6		X				X		X
A7				X	X	X		
A8							X	
A9							X	
A10				X				
A11	X							
A12						X		
A13					X			
A14							X	
A15		X						
A16			X					X
A17					X			
A18							X	
A19						X		
A20	X			X				
A21					X			
A22					X			
A23					X			
A24					X			
A25					X			
A26			X	X	X			
A27			X					
A28					X			
A29	X		X					
A30		X						
A31		X						
A32	X						X	

categorized relevant keywords using the conceptual framework proposed by Han and Kim (2020) in their concept analysis. These dimensions and associated keywords are visually summarized (Fig. 2) and mapped to the included studies (Table 2).

The first dimension, political knowledge, includes *political knowledge*, which was addressed in four studies [A11, A20, A29, A32] and *political astuteness*, which was discussed in five studies [A3, A6, A15, A30, A31]. The second dimension, political efficacy, includes *political efficacy*, which was covered in four studies [A16, A26, A27, A29] and *political interest*, which was explored in four studies [A7, A10, A20, A26]. The third dimension, political interaction, includes characteristics such as networking, negotiation and persuasive power. However, none of the selected studies addressed these keywords. The fourth dimension, political activity, includes the keywords *political participation*, *political engagement*, *political involvement* and *political advocacy*. *Political participation* was the most frequently studied concept, addressed in 12 studies [A2, A5, A7, A13, A17, A21, A22, A23, A24, A25, A26, A28]. Additionally, *political engagement* was examined in two studies [A6, A16], *political involvement* in five studies [A8, A9, A14, A18, A32] and *political advocacy* was identified as a key variable in six studies [A1, A4, A6, A7, A12, A19].

3.3. Strategies for enhancing political competency

Ten educational programs designed to enhance political competency among nurses and nursing students were analyzed in this study (Table 3). Among them, six studies were focused solely on education-based interventions [A1, A10, A20, A26, A27, A30], which primarily included lectures [A1, A10, A20, A26, A27, A30], panel and group discussions [A3, A10, A26, A27], policy analyses [A3, A10, A15, A26], policy case studies [A20, A27] and policy advocacy and engagement activities [A20, A26]. These structured learning approaches aimed to improve policy awareness, advocacy skills and legislative process engagement. Additionally, one study [A10] incorporated digital and hybrid learning methods such as flipped classrooms and online policy analysis exercises. Another study [A31] was entirely experiential, immersing participants in policy advocacy through legislative visits, public hearings and discussions with policymakers. Three studies [A3, A15, A19] combined education with experiential learning, incorporating policy analysis [A3, A15, A19], legislative visits [A3, A15], policy proposal writing [A19] and leadership-policy integration [A19]. The blended approach allowed participants to apply theoretical knowledge to real-world policymaking scenarios.

Regarding program duration, five studies implemented semester-long courses [A10, A15, A19, A26, A27], one study followed a quarter course (10-weeks format) [A3] and another was conducted during a summer session [A20]. Two studies featured short-term programs, such as participation in a one-day event or workshop [A1, A31]. Universities led all 10 programs [A1, A3, A10, A15, A19, A20, A26, A27, A30, A31], with two involving collaborations with nursing associations or policy organizations [A1, A31]. While the cost of most programs was included in tuition, those that collaborated with associations or policy organizations received additional funding support from these entities.

Regarding study population, undergraduate nursing students were the primary participants in six studies [A1, A15, A19, A26, A27, A31], MSN students in two studies [A3, A20] and DNP students in one study [A10]. One study targeted RN to BSN students [A30] and two studies focused on registered nurses [A3, A31]. Programs for undergraduate nursing students [A1, A15, A19, A26, A27, A31] primarily implemented semester-long courses with lecture-based and discussion-oriented teaching methods, emphasizing foundational policy concepts and advocacy skills. Graduate nursing programs (MSN, DNP) [A3, A10, A20] also predominantly adopted semester-long courses but placed greater emphasis on policy analysis and development while incorporating

Table 3
Strategies to enhance political competency in nurses and nursing students.

No.	Authors (Year)	Population	Intervention Type	Instructional Design Model or Curriculum Development Framework	Teaching Method	Contents	Duration	Organizing Institution
A1	Perry and Emory (2017)	Undergraduate nursing students, RNs	- Education (policy focused)	NI	- Lectures - Panel discussions	- Correcting misconceptions - Increasing awareness - APRN roles - Political advocacy skills	Short-term	University & Arkansas Action Coalition, ANPA, NAPNAP-AR, ARNA
A3	Primomo (2007)	MSN students	- Education - Experiential learning (legislative visits & policy briefing)	NI	- Lectures - Policy analysis - Legislative visits - Policy advocacy activities	- Health systems financing - Policy development - Legislative process - Stakeholder roles - Advocacy strategies	One Quarter (10 weeks)	University
A10	Garritano and Stec (2019)	DNP students	- Education (policy focused) -	- Technological Pedagogical and Content Knowledge (TPACK) Model - Sessler Branden Advocacy Matrix	- Hybrid learning - Flipped classroom - Distance learning - Group discussions - Policy analysis	- Cultural competence - Health equity - Social awareness - Policy development through digital platforms	One semester	University
A15	Byrd et al. (2012)	Undergraduate nursing students	- Education - Experiential learning (active learning & legislative assignments)	NI	- Legislative visits - Policy projects - Experiential learning	- Statehouse visits - Policy analysis - Advocacy strategies - Stakeholder engagement	One Semester	College
A19	Cropley et al. (2025)	Undergraduate nursing Students	- Education - Experiential learning (leadership & policy integration)	Integrated policy advocacy curricular strategy - Leadership/ Management - Community/ Population Health Nursing	- Integrated leadership and policy education - Team-based learning - Case analysis - Policy process participation	- Environmental scan - Root cause analysis - Policy solution proposal - Policy pitch (one-pager) - Verbal policy pitch presentation	One Semester	University
A20	Rains and Carroll (2000)	MSN students	- Education (policy focused)	NI	- Lectures - Case studies - Policy debates - Policy advocacy exercises	- Health policy analysis - Policy development - Political engagement skills	Summer session	University
A26	Kim and Kim (2023)	Undergraduate nursing students	- Education (policy focused)	Analysis, Design, Development, Implementation, Evaluation (ADDIE) Model	- Lectures - Group discussions - Policy analysis - Policy engagement activities	- Healthcare policy analysis - Nursing policy issues - Legislative processes - Advocacy strategies	One Semester	University
A27	Kim (2023)	Undergraduate nursing students	- Education (law focused)	NI	- Lectures - Hands-on training - Policy case studies - Discussions	- Healthcare law - Nursing ethics - Social responsibility - Political efficacy	One Semester	University
A30	Mueller (2014)	RN to BSN Students	- Education (policy focused)	NI	- Proposal & educational experiment for policy advocacy and political efficacy - Case studies	- Health policy analysis - Political engagement - Nursing advocacy strategies	NI	University

(*continued on next page*)

Table 3 (*continued*)

No.	Authors (Year)	Population	Intervention Type	Instructional Design Model or Curriculum Development Framework	Teaching Method	Contents	Duration	Organizing Institution
A31	Primomo and Björling (2013)	Undergraduate nursing students, RNs	- Experiential learning (participation focused)	NI	- Participation in Legislative Day - Policy process experience - Meetings with legislators - Attending public hearings	- Policy process - Legislative procedures - Policy advocacy skills	1 day	University + WSNA

Note. ANPA=Arkansas Nurse Practitioner Association; ARNA= Arkansas Nurses Association; DNP=Doctor of Nursing Practice; MSN=Master of Science in Nursing; NAPNAP-AR=State chapter of the National Association of Pediatric Nurse Practitioners-Arkansas; NI=No Information; RN=Registered Nurse; WSNA=Washington State Nurses Association

experiential learning elements, such as legislative visits and direct engagement with policymakers. Programs for registered nurses [A3, A31] were structured as short-term programs, introducing fundamental policy concepts and providing training in policy advocacy skills to enhance participants' engagement in health policy initiatives.

4. Discussion

This scoping review contributes to the field by offering a comprehensive overview of existing research, identifying key components of political competency and providing insights into effective educational strategies for its enhancement.

Analysis of the selected studies indicates a significant increase in research on nurses' political competency since 2010, compared with the early 2000s. However, despite this growing interest, most studies are cross-sectional, making it difficult to assess the long-term impact of political competency education. The lack of longitudinal research limits the understanding of how political competency evolves throughout a nurse's career and its broader influence on healthcare policies. Benton et al. (2017) and Lee and Choi (2022) highlighted this gap, emphasizing the need for longitudinal studies to track the sustained impact of political competency education beyond short-term interventions. To address this, cohort studies and repeated-measures methodologies are necessary to examine whether nurses maintain political engagement over time and develop leadership in health policies. Structured longitudinal research can provide deeper insights into the transition from political education to professional practice and policy influence.

The concentration of studies in the U.S. and South Korea reflects structural differences in healthcare systems and professional governance. In the U.S., it is embedded in formal nursing education and leadership pipelines, supported by institutions like the American Association of Colleges of Nursing (AACN) and the American Nurses Association (ANA) (AACN, 2021; Catallo et al., 2014, Fyffe, 2009). Structured fellowships–offered by the American Academy of Nursing (AAN) and national policy organizations–immerse nurses in federal policymaking and contribute to sustained policy leadership (AAN, 2024; National Academies of Sciences, 2025). Meanwhile, South Korea demonstrates a model of sustained legislative mobilization. Over several years, nurses and nursing students have actively engaged in KNA-led efforts for the 2024 enactment of the Nursing Act, including sustained advocacy, weekly demonstrations, one-person protests, public forums and coalition-building across unions and civil society (KNA News, 2023, 2024a, 2024b). These actions demonstrate how collective activism can build political competency and shape policy outcomes. In contrast, countries like the UK, Canada and Australia tend to emphasize political astuteness—negotiation, networking and system-level leadership—rather than direct political participation, which may account for limited empirical studies (Fyffe, 2009; Hartley et al., 2013). In regions such as Latin America, Africa and parts of Asia, political engagement remains underexplored, constrained by systemic inequities, gender stratification and limited access to policymaking (Melo et al., 2017; Alhassan et al., 2020; Asuquo, 2019; Inayat et al., 2023). These variations call for context-sensitive strategies and international collaboration to strengthen institutional support, leadership development and politically engaged nursing education across diverse settings.

Political competency is a crucial factor in linking nursing practice to health policy. However, previous research has struggled to define political competency clearly, which has hindered the systematic development of educational programs and policy-related competency-building strategies (Benton et al., 2017). Political competency in nursing includes policy knowledge, legal understanding, networking, advocacy and ability to influence decision making at institutional, national and global levels (Benton et al., 2017; Bernardino, 2023; Han and Kim, 2020; Warner, 2003; Zalon et al., 2024). Despite this broad definition, existing research has predominantly focused on certain aspects of political competency, such as policy engagement and advocacy, whereas other key components, including legal literacy and global-level influence, remain underexplored.

In the present study, political competency was categorized based on Han and Kim (2020) and included political knowledge, political efficacy, political interaction and political activity. Although political interaction–including networking, negotiation and persuasion–is recognized as essential to political competency (Clarke et al., 2021; Warner, 2003), our review found that it was entirely absent in the 32 studies analyzed, while political participation was the most frequently examined. This gap suggests that, while research has widely explored nurses' involvement in political activities, little is known about how they develop and apply political influence in real-world policy settings. Political interaction is inherently relational and context-dependent (Clarke et al., 2021), making it difficult to teach through didactic methods and often excluded in formal curricula. Most existing instruments emphasize individual behaviors or attitudes and lack psychometric validation, offering limited insight into the interpersonal and interactive dimensions–such as persuasion and negotiation–that are central to political competency (Han et al., 2025). Warner (2003) emphasized that sustained relationships with policymakers and stakeholders are key to effective policy engagement, a perspective reinforced by Han and Kim (2024) and Clarke et al. (2021), who highlighted the role of networking and collaboration in strengthening nurses' policy influence. Future research should prioritize both the development of validated, theory-based instruments and the integration of experiential learning strategies–such as simulations, role-play and mentoring–that systematic cultivate interactional competencies essential for political competency.

This study analyzed educational programs implemented in 10 studies aimed at enhancing political competency and found that nursing students and nurses have different learning needs, requiring tailored educational strategies. Most programs targeted undergraduate students,

focusing on policy concepts and advocacy skills, while graduate programs focused more on policy analysis and development (Ellenbecker et al., 2017). However, structured support for direct policy participation and political leadership training remains insufficient (Lee and Choi, 2022). Nursing students demonstrate strong advocacy readiness but face challenges in direct policy engagement (Thomas et al., 2020). A stepwise approach should be adopted, where undergraduate programs focus on foundational policy education and practicing nurses engage in policy practicums, case analyses and networking activities (Ellenbecker et al., 2017). Educational strategies should be aligned with core dimensions of political competency—political knowledge, efficacy, interaction and activity—to support comprehensive skill development. Lectures and coursework should be structured to build foundational knowledge; simulations and advocacy exercises can enhance efficacy; mentorship and networking should support interactional skill development; and practicums or real-world policy engagement should foster active participation.

Political competency education for nurses has traditionally been limited to short-term workshops, which often provide only foundational policy knowledge without cultivating the confidence or practical skills necessary for active participation in policymaking processes (Benton et al., 2017; Rasheed et al., 2020; Thomas et al., 2020). In the absence of structured and longitudinal educational pathways, nurses may face challenges in translating political knowledge into practice. To bridge this gap, a comprehensive, multilevel curriculum is warranted—one that integrates policy simulations, policy analysis projects, advocacy training and career development initiatives to foster both initial competence and sustained engagement. Institutional mechanisms such as mentorship and leadership development programs further support nurses in navigating complex policy environments and maintaining long-term involvement in political activities (Turale and Kunaviktikul, 2019). The U.S. model, characterized by structured fellowships, internships and dedicated policy coursework, offers a compelling example of how formal education can facilitate enduring political participation among nurses (Fyffe, 2009). Therefore, expanding these structured career pathways and institutionalizing long-term policy training and mentorship are essential steps toward establishing political competency as an integral and sustained component of professional nursing practice.

These findings indicate that political competency education for nurses and nursing students primarily focuses on individual skill development through workshops or university-based programs, with limited opportunities for sustained policy engagement. Moreover, these programs are not available at all universities or hospitals, leaving many nurses and students without access to structured political training. Additionally, continuing education programs for nurses remain centered on clinical practice, with little emphasis on policy engagement or advocacy (Shin et al., 2020). To address existing gaps, national nursing associations and educational institutions should take the lead in developing standardized political competency programs that offer structured training for both nursing students and practicing nurses. Strengthening partnerships between professional organizations and academic institutions will further promote consistency and accessibility in political competency education. Such coordinated efforts can more effectively prepare nurses to engage in healthcare policymaking with the necessary knowledge, skills and confidence.

4.1. Implications for nursing education and health policy

This study emphasizes the need to clearly define political competency and establish a structured evaluation system. Although semester-based programs are available to students, short-term courses for nurses lack continuity. Thus, undergraduate education should build policy literacy and foundational skills, whereas graduate programs should focus on policy development and leadership. Additionally, continuing education for nurses is essential for expanding political competency at the organizational level.

According to Kuklinski and Quirk (2001), political competency evaluations should distinguish between competency levels among undergraduate, master's and doctoral students for targeted training. Expanding collaboration with nurse politicians, national nursing associations and global organizations will further support nurses in actively contributing to policymaking. Strengthening institutional mechanisms will enable nurses to move beyond policy implementation to policy leadership, ensuring greater influence in healthcare decision making.

4.2. Limitations

This study has some limitations. It was limited to studies published in English and Korean, with most of the reviewed studies conducted in the United States and South Korea. This highlights the need for further research considering diverse cultural and policy contexts. Future studies should include research from a broader range of countries and healthcare systems to gain a more comprehensive understanding of the development and application of political competency in different settings.

5. Conclusions

We examined political competency among nurses and nursing students by analyzing research trends, key components of political competency and educational approaches. Our findings indicate that political participation has been the most frequently studied component of political competency, while political interaction skills, such as networking, negotiation and persuasion remain significantly underexplored. Additionally, despite the increasing recognition of political competency, our analysis revealed that most educational programs focus on short-term interventions, with limited structured curricula designed to support nurses' long-term engagement in policymaking. Furthermore, political competency training has primarily been offered at undergraduate and graduate levels, leaving nurses with fewer opportunities for continuous education in this area.

To address these gaps, future research should explore political interaction skills such as policy networking, negotiation and advocacy and include longitudinal studies to evaluate the long-term impact of political competency education on sustained policy engagement and leadership development. Curriculum design should incorporate clearly defined learning outcomes, level specific competencies and experiential learning opportunities to support progressive skill acquisition. In addition, validated instruments are needed to ensure consistent assessment of political competency across educational and practice settings. Strengthening collaboration between nursing organizations and policy institutions will further enable nurses to transition from policy implementers to policy influencers, actively contributing to healthcare reform and a more equitable health system.

CRediT authorship contribution statement

Sujin Shin: Writing – review & editing, Supervision, Project administration, Methodology, Funding acquisition, Conceptualization. **Minjae Lee:** Writing – review & editing, Writing – original draft, Visualization, Software, Investigation, Formal analysis, Data curation. **Jeonghyun Kim:** Writing – review & editing, Investigation, Formal analysis, Data curation, Conceptualization. **Min Kyoung Han:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Funding information

This work was supported by the National Research Foundation of Korea (NRF) grant funded by the Korean government (MSIT) [grant number 2023R1A2C2006838].

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We gratefully acknowledge Mr. Boram Lim, librarian at Ewha Womans University, for his support in conducting the systematic literature search.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2025.104497.

Data availability

Not applicable (scoping review)

References

AbuAlRub, R., Foudeh, F., 2017. Jordanian nurses' involvement in health policy: perceived benefits and barriers. Int. Nurs. Rev. 64 (1), 13–21. https://doi.org/10.1111/inr.12249.

Al Faouri, I., Elfaqieh, K., AbuAlRub, R., 2021. Involvement of Jordanian head nurses' in health policy development: a cross-sectional study. Policy Polit. Nurs. Pract. 22 (3), 230–238. https://doi.org/10.1177/15271544211020999.

Alhassan, A., Kumi-Kyereme, A., Wombeogo, M., Fuseini, A., 2019. Nurse participation in political activities: level and practices of registered nurses in Tamale, Ghana. Online J. Issues Nurs. 24 (2). https://doi.org/10.3912/OJIN.Vol24No02PPT63.

Alhassan, A., Siakwa, M., Kumi-Kyereme, A., Wombeogo, M., 2020. Barriers to and facilitators of nurses' political participation in Ghana. Policy Polit. Nurs. Pract. 21 (1), 29–42. https://doi.org/10.1177/1527154419899602.

American Academy of Nursing, 2024. Policy programs & initiatives. American Academy of Nursing. ⟨https://aannet.org/page/policy-programs-initiatives⟩ (Available from).

American Association of Colleges of Nursing, 2021. The essentials: core competencies for professional nursing education. American Association of Colleges of Nursing. ⟨https://www.aacnnursing.org/essentials/download-order⟩ (Available from).

Arksey, H., O'Malley, L., 2005. Scoping studies: towards a methodological framework. Int. J. Soc. Res. Method. 8 (1), 19–32. https://doi.org/10.1080/1364557032000119616.

Asuquo, E.F., 2019. Nurses leadership in research and policy in Nigeria: a myth or reality? J. Nurs. Manag. 27 (6), 1116–1122. https://doi.org/10.1111/jonm.12780.

Barzegar Safari, M., Bahadori, M., Alimohammadzadeh, K., 2020. The related factors of nurses' participation and perceived benefits and barriers in health policy making. J. Nurs. Res. 28 (4), e103. https://doi.org/10.1097/jnr.0000000000000385.

Benton, D., Al Maaitah, R., Gharaibeh, M., 2017. An integrative review of pursing policy and political competence. Int. Nurs. Rev. 64 (1), 135–145. https://doi.org/10.1111/inr.12275.

Bernardino, G., 2023. Beyond positivism and interpretivism: an invitation to political competency in nursing. Nurs. Inq. 30 (4), e12560. https://doi.org/10.1111/nin.12560.

Byrd, M., Costello, J., Gremel, K., Schwager, J., Blanchette, L., Malloy, T., 2012. Political astuteness of baccalaureate nursing students following an active learning experience in health policy. Public Health Nurs. 29 (5), 433–443. https://doi.org/10.1111/j.1525-1446.2012.01032.x.

Catallo, C., Spalding, K., Haghiri-Vijeh, R., 2014. Nursing professional organizations: what are they doing to engage nurses in health policy? SAGE Open 4 (4). https://doi.org/10.1177/2158244014560534.

Cervera-Gasch, Á., Mena-Tudela, D., Castro-Sánchez, E., Santillan-Garcia, A., Andreu-Pejó, L., González-Chordá, V., 2022. Necessary political competences for nurses from the perception of the student body: cross-sectional study in Spain. Nurse Educ. Today. 109, 105229. https://doi.org/10.1016/j.nedt.2021.105229.

Clark, M., 1999. Nursing in the community: dimensions of community health nursing. Appleton & Lange.

Clark, P., 2008. Political astuteness inventory. In: Clark, M.J. (Ed.), Community assessment reference guide for community health nursing: advocacy for population health. Upper Saddle River, Reston, Virginia.

Clarke, J., Waring, J., Bishop, S., Hartley, J., Exworthy, M., Fulop, N.J., Ramsay, A., Roe, B., 2021. The contribution of political skill to the implementation of health services change: a systematic review and narrative synthesis. BMC Health Serv. Res. 21 (1), 260. https://doi.org/10.1186/s12913-021-06272-z.

Cohen, S., Mason, D., Kovner, C., Leavitt, J., Pulcini, J., Sochalski, J., 1996. Stages of nursing's political development: where we've been and where we ought to go. Nurs. Outlook 44 (6), 259–266. https://doi.org/10.1016/s0029-6554(96)80081-9.

Cramer, M., 2002. Factors influencing organized political participation in nursing. Policy Polit. Nurs. Pract. 3 (2), 97–107. https://doi.org/10.1177/152715440200300203.

Cropley, S., Hughes, M., Belcik, K., 2025. Qualitative analysis of an integrated curricular strategy to develop health policy advocacy. Nurse Educ. 50 (1), 46–50. https://doi.org/10.1097/NNE.0000000000001715.

de Cordova, P., Vermeesch, A., Rankin, A., Lawrence, S., 2019. Health policy engagement among graduate nursing students in the United States. Nurs. Forum. 54 (1), 38–44. https://doi.org/10.1111/nuf.12295.

Ellenbecker, C., Fawcett, J., Jones, E., Mahoney, D., Rowlands, B., Waddell, A., 2017. A staged approach to educating nurses in health policy. Policy Polit. Nurs. Pract. 18 (1), 44–56. https://doi.org/10.1177/1527154417709254.

Figueira, A., Barlem, E., Brum, A., Mattos, L., Barlem, J., Toescher, A., 2022. Clustering the engagement of Brazilian nurses in political advocacy. Rev. Bras. Enferm. 75 (1), e20210105. https://doi.org/10.1590/0034-7167-2021-0105.

Fyffe, T., 2009. Nursing shaping and influencing health and social care policy. J. Nurs. Manag. 17 (6), 698–706. https://doi.org/10.1111/j.1365-2834.2008.00946.x.

Garritano, N., Stec, M., 2019. Leveraging technology to enhance doctor of nursing practice student health policy engagement. Nurse Educ. 44 (4), 192–196. https://doi.org/10.1097/NNE.0000000000000619.

Han, N.K., 2019. Development of political competence scale for nurses (Doctoral dissertation). Yonsei University.

Han, N., 2020. Korean nurses' participation in health care policy reform: a phenomenological study. J. Nurs. Manag. 28 (6), 1347–1355. https://doi.org/10.1111/jonm.13088.

Han, N., Kim, G., 2020. Concept development of political competence for nurses. J. Korean Acad. Nurs. 50 (1), 81–100. https://doi.org/10.4040/jkan.2020.50.1.81.

Han, N., Kim, G., 2024. The barriers and facilitators influencing nurses' political participation or healthcare policy intervention: a systematic review and qualitative meta-synthesis. J. Nurs. Manag. 2024 (1), 2606855. https://doi.org/10.1155/2024/2606855.

Han, N.K., Kim, G.S., Kim, S., Lee, T.W., Chung, W., 2025. The political competence scale for nurses (PCS-N): instrument development and psychometric evaluation. J. Nurs. Manag. 2025 (1), 4683994. https://doi.org/10.1155/jonm/4683994.

Hartley, J., Alford, J., Hughes, O., Yates, S., 2013. Leading with political astuteness: a study of public managers in Australia, New Zealand and the United Kingdom. The Open University. ⟨https://oro.open.ac.uk/38473/⟩. Available from).

Inayat, S., Younas, A., andleeb, S., Rasheed, S.P., Ali, P., 2023. Enhancing nurses' involvement in policy making: a qualitative study of nurse leaders. Int. Nurs. Rev. 70 (3), 297–306. https://doi.org/10.1111/inr.12828.

Jagger Kaeser, J., Farley, C., Bradford, M., Heitzler, E., McDevitt, K., Gutterman, Z., 2024. Legislative advocacy on capitol hill: experiential learning for nursing and midwifery students. Nurse Educ. 49 (1), 47. https://doi.org/10.1097/NNE.0000000000001484.

Jun, S., Go, I., Lee, J., 2015. Influencing factors of SNS usage, political interest and political efficacy on political participation in nursing students of university. Health Soc. Sci. 38, 69–93.

Jun, S., Ko, I., Bae, K., 2014. Political interest, political efficacy, and media usage as factors influencing political participation in hospital nurses. J. Korean Acad. Nurs. Adm. 20 (3), 342–352. https://doi.org/10.11111/jkana.2014.20.3.342.

Jung, C.A., Ahn, D.H., 2015. Reliability and development and validations of the social responsibility scale for adolescents. J. Learn.-Cent. Curric. Instr. 15 (8), 615–638.

Kim, J., 2018. An analysis of the factors affecting nursing students' political participation in a college of nursing: political interest, political efficacy and media use. J. Korean Nurs. Res. 2 (4), 37–45.

Kim, Y., 2023. Effect of health and medical law education on ethical values, social responsibility and political efficacy in senior year nursing student. J. Health Care Life Sci. 11 (2), 245–252. https://doi.org/10.22961/JHCLS.2023.11.2.245.

Kim, M., Kim, K., 2023. Effects of health care nursing policy education on nursing students' political efficacy, political participation, and political interest. J. Ind. Converg. 21 (11), 125–134. https://doi.org/10.22678/JIC.2023.21.11.125.

Ko, M.C., Lee, A.R., 2020. The effects of government trust and political efficacy on the citizen participation: focused on the moderating role. Korean Public Manag. Rev. 34 (4), 99–122. https://doi.org/10.24210/kapm.2020.34.4.005.

Korean Nurses Association News, 2023. Weekly rallies and solo protests calling for the enactment of the nursing act continued in 2022. Korean Nurses Association News.

Korean Nursing Association News, 2024b. Legislative progress of the 22nd national assembly: 2024 nursing act review. Korean Nursing Association News. ⟨http://www.nursenews.co.kr/main/ArticleDetailView.asp?sSection=129&idx=35334&intPage=1⟩ (Available from).

Korean Nursing Association News, 2024a. Legislative progress of the 21st national assembly: 2024 nursing act review. Korean Nursing Association News. ⟨http://www.nursenews.co.kr/main/ArticleDetailView.asp?sSection=129&idx=35333&intPage=1⟩ (Available from).

Kuklinski, J., Quirk, P., 2001. Conceptual foundations of citizen competence. Polit. Behav. 23 (3), 285–311. https://doi.org/10.1023/A:1015063108221.

Kunaviktikul, W., Nantsupawat, R., Sngounsiritham, U., Akkadechanunt, T., Chitpakdee, B., Wichaikhum, O., Wonglieukirati, R., Chontawan, R., Keitlertnapha, P., Thungaraenkul, P., Abhicharttibutra, K., Sanluang, C., Lirtmunlikaporn, S., Chaowalaksakun, P., 2010. Knowledge and involvement of nurses regarding health policy development in Thailand. Nurs Health Sci. 12 (2), 221–227. https://doi.org/10.1111/j.1442-2018.2010.00523.

Kung, Y., Rudner Lugo, N., 2015. Political advocacy and practice barriers: a survey of Florida APRNs. J. Am. Assoc. Nurse Pract. 27 (3), 145–151. https://doi.org/10.1002/2327-6924.12142.

Lee, J., 2020. A convergence study on political efficacy, political interest, and global citizenship as influencing on political participation of nursing students. J. Korea Converg. Soc. 11 (12), 391–400. https://doi.org/10.15207/JKCS.2020.11.12.391.

Lee, W., Choi, S., 2022. Educational strategies to encourage participation in health policy for nurses: a systematic review. Nurse Educ. Today 111, 105310. https://doi.org/10.1016/j.nedt.2022.105310.
Lewinski, A., Simmons, L., 2018. Nurse knowledge and engagement in health policy making: findings from a pilot study. J. Contin. Educ. Nurs. 49 (9), 407–415. https://doi.org/10.3928/00220124-20180813-06.
Maddux, J.E., Norton, L., Stoltenberg, C.D., 1986. Self-efficacy expectancy, outcome expectancy, and outcome value: relative effects on behavioral intentions. J. Personality Soc. Psychol. 51 (4), 783–789. https://doi.org/10.1037/0022-3514.51.4.783.
Melo, W.S., de Oliveira, P.J.F., de Monteiro, F.P.M., Santos, dos. A, F.C., Silva, M.J., Calderon, N. da, Fonseca, C.J., Simão, L.N.A. da, A. A. C, 2017. Guide of attributes of the nurses political competence: a methodological study. Rev. Bras. Enferm. 70 (3), 526–534. https://doi.org/10.1590/0034-7167-2016-0483.
Mueller, D., 2014. Political astuteness: informing education for advocacy and efficacy. J. Nurs. Health Care. 1 (2), 32–36. https://doi.org/10.5176/2345-718X_1.2.32.
National Academies of Sciences, Engineering and Medicine, 2025. Health policy fellowships and leadership programs. National Academies of Sciences, Engineering and Medicine. ⟨https://nam.edu/programs/health-policy-educational-programs-and-fellowships/⟩. Available from.
Oden, L., Price, J., Alteneder, R., Boardley, D., Ubokudom, S., 2000. Public policy involvement by nurse practitioners. J. Community Health. 25, 139–155. https://doi.org/10.1023/A:1005181724388.
O'Rourke, N., Crawford, S., Morris, N., Pulcini, J., 2017. Political efficacy and participation of nurse practitioners. Policy Polit. Nurs. Pract. 18 (3), 135–148. https://doi.org/10.1177/1527154417728514.
Page, M., McKenzie, J., Bossuyt, P., Boutron, I., Hoffmann, T., Mulrow, C., Shamseer, L., Tetzlaff, J., Akl, E., Brennan, S., Chou, R., Glanville, J., Grimshaw, J., Hróbjartsson, A., Lalu, M., Li, T., Loder, E., Mayo-Wilson, E., McDonald, S., Moher, D., 2021. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 372 (71). https://doi.org/10.1136/bmj.n71.
Park, H.S., 2000. Evaluating the ethics of controversial advertising issues and moderating effects of ethical ideologies. Korean J. Advert. 11 (3), 147–163.
Park, W., Lee, T., 2023. Factors affecting political competency of advanced practice nurses. J. Korean Acad. Nurs. Adm. 29 (3), 246–257. https://doi.org/10.11111/jkana.2023.29.3.246.
Perry, C., Emory, J., 2017. Advocacy through education. Policy Polit. Nurs. Pract. 18 (3), 158–165. https://doi.org/10.1177/1527154417734382.
Primomo, J., 2007. Changes in political astuteness after a health systems and policy course. Nurse Educ. 32 (6), 260–264. https://doi.org/10.1097/01.NNE.0000299480.54506.44.
Primomo, J., Björling, E., 2013. Changes in political astuteness following nurse legislative day. Policy Polit. Nurs. Pract. 14 (2), 97–108. https://doi.org/10.1177/1527154413485901.
Rains, J.W., Carroll, K.L., 2000. The effect of health policy education on self-perceived political competence of graduate nursing students. J. Nurs. Educ. 39 (1), 37–40.
Rasheed, S., Younas, A., Mehdi, F., 2020. Challenges, extent of involvement and the impact of nurses' involvement in politics and policy making in in last two decades: an integrative review. J. Nurs. Scholarsh. 52 (4), 446–455. https://doi.org/10.1111/jnu.12567.
Salvador, D., 2010. Registered nurses perceptions and practices related to health policy (Doctoral dissertation). The University of Teledo.
Sharoni, S., 2012. E-Citizenship: trust in government, political efficacy, and political participation in the internet era. Electron. Media Polit. 1 (8), 119–135.
Shin, J., 2012. A study on the effect of media use among college students on their political efficacy and participation. Kyungpook National University, Daegu, South Korea (Master's thesis).
Shin, S., Hwang, E., Kang, Y., Oh, H., 2020. Analysis of participation status in clinical nursing education and needs for continuing education among clinical nurses according to hospital type. J. East-West Nurs. Res. 26 (2), 196–204. https://doi.org/10.14370/jewnr.2020.26.2.196.
Staebler, S., Campbell, J., Cornelius, P., Fallin-Bennett, A., Fry-Bowers, E., Kung, M.Y., LaFevers, D., Miller, J., 2017. Policy and political advocacy: comparison study of nursing faculty to determine current practices, perceptions and barriers to teaching health policy. J. Prof. Nurs. 33 (5), 350–355. https://doi.org/10.1016/j.profnurs.2017.04.001.
Thomas, T., Martsolf, G., Puskar, K., 2020. How to engage nursing students in health policy: results of a survey assessing students' competencies, experiences, interests and values. Policy Polit. Nurs. Pract. 21 (1), 12–20. https://doi.org/10.1177/1527154419891129.
Tricco, A., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Levac, D., Moher, D., Peters, M., Horsley, T., Weeks, L., Hempel, S., Akl, E., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M.G., Garritty, C., Straus, S., 2018. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann. Intern. Med. 169 (7), 467–473. https://doi.org/10.7326/M18-0850.
Turale, S., Kunaviktikul, W., 2019. The contribution of nurses to health policy and advocacy requires leaders to provide training and mentorship. Int. Nurs. Rev. 66 (3), 302–304. https://doi.org/10.1111/inr.12550.
Vandenhouten, C., Malakar, C., Kubsch, S., Block, D., Gallagher-Lepak, S., 2011. Political participation of registered nurses. Policy Polit. Nurs. Pract. 12 (3), 159–167. https://doi.org/10.1177/1527154411425189.
Verba, S., Schlozman, K., Brady, H., 1995. Voice and equality: civic voluntarism in American politics. Harvard University Press.
Warner, J., 2003. A phenomenological approach to political competence: stories of nurse activists. Policy Polit. Nurs. Pract. 4 (2). https://doi.org/10.1177/1527154403004002007.
Weissberg, R., 2001. Democratic political competence: clearing the underbrush and a controversial proposal. Polit. Behav. 23 (3), 257–284. https://doi.org/10.1023/A:1015011124151.
Woo, C., Ha, J., 2023. The effects of political efficacy and nursing professionalism on political participation in nursing students. J. Korean Acad. Soc. Nurs. Educ. 29 (3), 263–271. https://doi.org/10.5977/jkasne.2023.29.3.263.
World Health Organization, 2021. The WHO global strategic directions for nursing and midwifery (2021–2025). ⟨https://www.who.int/publications/i/item/9789240033863⟩. Available from.
Zalon, M., Ludwick, R., Patton, R., 2024. Strengthening nurses' influence in health policy. Am. J. Nurs. 124 (9), 28. https://doi.org/10.1097/01.NAJ.0001028316.80475.

Glossary

PAI: Political Astuteness Inventory