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Stirring the Sleeping Giant? an Evaluation of a Planetary Health Political Action Sequential Simulation for Nursing Students

Lydia Mainey[1] | Ryan Essex[2] | Philip Gurnett[3] | Sarah Richardson[4]

[1]School of Nursing, Midwifery and Social Sciences, CQUniversity, Cairns, Australia | [2]Institute of Lifecourse Development, University of Greenwich, London, UK | [3]School of Health Sciences, University of Greenwich, London, UK | [4]School of Health and Social Care, University of Essex, Essex, UK

Correspondence: Lydia Mainey (l.mainey@cqu.edu.au)

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ABSTRACT

The need for nurses to be political is as great as ever, however, nursing has a complicated relationship with politics and political action. This paper examines the impact of a sequential simulation learning activity that sought to transform students' values and attitudes towards political action in addressing Planetary Health issues. Adult and adult mental health nursing students from two British universities participated in the Political Action Sequential Simulation which had three scenarios related to either water or air pollution. Scenario one was clinical, while scenarios two and three were community- and policy-based, respectively. We used a pre-post design to gauge attitudes and values both before and after the intervention. Outcomes measures included Nurse Professional Value Scale-3, Political Efficacy – Short Scale, Perceived Political Self-Efficacy Scale – Short Form, Social Justice Scale and Internal Environmental Locus of Control scale. Of the 256 students who undertook the activity, 75 completed both pre and post-measures. Significant shifts across all scales except the social justice scale were found, meaning that students' attitudes towards political action, their beliefs in their ability to take political action, and in particular, action related to the environment shifted significantly after the sequential simulation. We discuss these results in the context of the broader literature, reflect on some of the reasons why these shifts occurred and consider the implications for nursing education and practice.

1 | Introduction

The idiom 'sleeping giant' is used to describe something that has unrealised power or potential. Nursing, the largest professional body within healthcare, in political terms, has been labelled a 'sleeping giant' (Koff 2004, 3). In this paper, we employ this idiom to explore a simulated learning activity aimed at transforming nursing students' values and attitudes towards political action in addressing Planetary Health issues. In other words, can we stir the sleeping giant? For context, we first explain nursing and nursing education's uneasy relationship with power and politics. Next, we describe a novel political action sequential simulation followed by the study, its results and a scholarly discussion of our insights. While set in the UK, this article has international significance as we face global health challenges that would benefit from nursing solidarity and democratic solutions. This article also adds to the growing body of literature on teaching political action to nursing students.

As the world faces multiple crises, many of which have a clear and direct impact on health, there is an increasingly pressing need to consider nursing's relationship with politics

and power. Modern nursing has always been engaged in a game of power and though we play it at a 'cosmopolitan level' (Koff 2004, 2), in other words, across diverse settings, our political efforts have had mixed results. This is not to infer that we compete on even ground; anti-intellectual prejudice against women's work and moral disciplining have limited our access to political realms and undermined our power within them (Koff 2004; Rafferty 1996).

We also have a tendency of lionising individuals and overlooking the collective strength that made their actions possible (Thorne 2018). It is not surprising, therefore, that nursing students come to their studies with complex beliefs and attitudes towards the profession and its political potential (Bristol 1986). Negative nursing stereotypes, such as having low prestige and social status, being a 'subordinate' profession and having 'low academic requirements' (Teresa-Morales et al. 2022) cause some students to believe politics and political action do not align with nursing (Gandelman and Moran 2021). This belief has been reiterated by higher education institutions which have tended to overlook teaching nursing students about political action (Buck-McFadyen and MacDonnell 2017; Gandelman and Moran 2021), and through political ambivalence role-modelled by nursing faculty (Koff 2004). It is also compounded by declining civic participation more generally, such as voting and community problem-solving (Gehrke 2008).

This is not to say nursing or nursing education eschews politics entirely. Our recent analysis found that advocacy and activism (two important political devices) permeate nursing regulatory documents (Mainey et al. 2024), which are intrinsically tied to nursing education. However, historically, as nursing education moved from hospital-based training to nursing science degrees, politics struggled to gain a foothold in the curriculum. The curriculum was dominated by a positivist scientific epistemology and politics was not valued or viewed as unduly influencing students (Bristol 1986). By the 1990s, activities, such as community clinical practicums, designed for students to identify, analyse and challenge health policy issues (Thomas and Shelton 1994) began emerging in the literature. Current approaches to teaching nursing students about political action include post-graduate political analysis seminars (Bérubé et al. 2013), facilitating student monitoring of news articles across political lines and biases (Mercadante and Rambur 2020), historical exploration and guided self-reflection (Walker 2019), educational presentations focussed on correcting misconceptions, increasing awareness, providing clarification of the roles relating to political action (Perry and Emory 2017), deliberative dialoguing with political stakeholders (Hamilton 2022) and public health policy simulations (Horton et al. 2019). But these isolated approaches might not be enough as, internationally, nursing education strives to prepare the emerging workforce to be changemakers in what Sharon Stein (2021) frames a volatile, uncertain, complex and ambiguous world.

For example, currently nursing schools are turning their attention to Planetary Health (Flaten et al. 2023; Levett-Jones et al. 2024; Potter 2019), a transdisciplinary field concerned with reversing and mitigating the human impact on the Earth's natural systems (Planetary Health Alliance n.d.) and the resulting indirect sequelae such as environmental racism (LeClair et al. 2022), conflict and forced migration (Kurth 2017). This paradigm shift moves healthcare from a human and society-focussed concern to one that is inseparable from the environment, which pursues justice, resilience and sustainability (LeClair et al. 2022; Potter 2019; Rosa and Upvall 2019).

Nurses, irrespective of seniority or specialisation can play an important role in Planetary Health, whether this be through the contribution to environmental disaster resilience plans (Kurth 2017; LeClair et al. 2022), prioritising and centring the experiences and expertise of communities most impacted by climate change (Evans-Agnew et al. 2024; LeClair et al. 2022), multilevel engagement in the political and policy process, practising environmental sustainability in the clinical setting (LeClair et al. 2022) or modification of nursing curricula (Vandenberg 2023) to equip the emerging workforce with the knowledge and skills to lead Planetary Health Initiatives (Potter 2019).

Nursing scholars such as Levett-Jones et al. (2024), Potter (2019) and Vandenberg (2023) have articulated the knowledge and skills that undergraduate nursing students need to provide Planetary Health, of which many are broadly political, requiring students to influence and advocate for organisational and social change. As we re-write our nursing curricula to incorporate Planetary Health and other 21st century health issues, we feel it is the perfect time to consider how we might stir this sleeping giant to offer meaningful solutions in this time of looming global health crisis and claim our stake in the industry that has largely dismissed us as a significant political actor (Koff 2004; Rafferty 1996).

To this end, the emerging nursing workforce requires the acumen to collectively organise with local and global communities to challenge and modernise laws, policies and regulatory frameworks at local, national and global levels (Gehrke 2008). This action is inherently political, and the challenge for educators is to create rich learning environments that frame health issues politically, support students as they transform their attitudes and values, develop political acumen and empower them towards appropriate political action. What may add value to and address gaps in this educational landscape are embodied learning activities that allow undergraduate nursing students to safely experience political interactions and follow political pathways.

Sequential simulation is a modality that 'recreates care pathway trajectories rather than single episodes of care' (Weldon 2018, 57). In the clinical setting, it has been used for many reasons, for example, to visualise and improve integrated care (Weldon et al. 2017), for end-of-life care training (Weil et al. 2018) and to assess the effects of interventions on the patient journey (Huddy et al. 2016). In nursing education, sequential simulation's scope is also broad. It has been used for many reasons, such as to help students understand healthcare systems and work interprofessionally (Tervajärvi et al. 2021), to improve time-to-task in the context of clinical deterioration (Shinnick 2021).

1.1 | Political Action Sequential Simulation

We used the sequential simulation modality to recreate a political action pathway to help students understand (a) the progression and impact of political actions over time, (b) different types of political action and (c) the relationship between their professional standards and political action. This involved leading students from a clinical scenario to deliberative dialoguing with communities and finally to healthcare governance. The political action sequential simulation (PASS) is a teaching resource designed to accompany the International Nursing Political Advocacy and Action Curriculum Tool (INPAACT) created by an international collaboration of nursing academics, a bioethicist, nursing clinicians, service users and simulation fellows. PASS was developed to increase students' awareness of the political nature of nursing, increase political self-efficacy and provide skills to address the social determinants of health; in this scenario, the social determinants were access to clean drinking water and air (see Supporting Information Set 1 for more details).

The PASS resource comprises of sensitising materials, three scenarios, with debriefs, and a short teaching session. Before the simulation, students were asked to view sensitising materials that provided information (such as news headlines, journal abstracts and YouTube videos) on climate change and health, health inequality, the social determinants of health and nursing activism. Scenario 1 was a clinically based simulated scenario where students acted as school nurses meeting with a 17-year-old 'patient' whose health was impacted by a Planetary Health issue (i.e. either water contamination or air pollution, depending upon the cohort). The objective was, as a group, to gather additional information to make a nursing diagnosis and select related nursing interventions in partnership with the patient. Following Scenario 1, the teaching team delivered a short (20-minute) teaching session on the spectrum of healthcare advocacy and political action.

Scenario 2 was a community-based scenario where students acted as registered nurses and community members attending a school meeting to discuss the Planetary Health issue impacting the community. Their objective was to debate and decide on a collective political action to re-establish access to a clean water supply or clean air. Scenario 2 and its associated teaching activity were adapted from Moulton (2024) simulation activity for undergraduate political science students.

Scenario 3 was a policy-based scenario where students acted as nursing union members who had been approached by a collective of registered nurses for advice. The nurse collective intended to peacefully protest alongside their community to draw attention to the Planetary Health issue in their community. The students' objectives were to use the nursing regulatory documents to debate and decide if this action was permitted within the role of the registered nurse and provide the nursing collective with recommendations.

The aim of this exploratory study was to explore the impact PASS had on students' political values and attitudes towards a Planetary Health issue.

2 | Methods

This teaching activity is part of a broader project to create an international advocacy, activism and resistance curriculum framework for nursing education. The University of Greenwich and the University of Essex Human Research Ethics Committees provided ethical clearance (HREC 23.4.5.25/ETH 2324-2040).

2.1 | Design

We employed a pre-post design to examine students' attitudes both before and after the PASS using the Nurse Professional Values Scale, the Political Efficacy-Short Scale, the Perceived Political Self-Efficacy Scale – Short Form, the Social Justice Scale and the Internal Environmental Locus of Control Scale.

2.1.1 | Nurses Professional Values Scale-3 (NPVS-3)

The Nurses Professional Values Scale-3 (NPVS-3) (Weis and Schank 2017) is a psychometric instrument derived from the American Nurses Associate Code of Ethics to measure the professional values of nurses. NPS-3 has been translated, adapted and applied in several countries, including Spain, Italy, India, Saudi Arabia, Indonesia, Turkey, China, Albania, Brazil and Austria (Podgorica et al. 2024). This scale consists of 28 items across three dimensions (caring, activism and professionalism). Each item is rated on a 5-point Likert scale ranging from 1 (not important) to 5 (most important). The total possible score ranges from 28 to 140, with higher scores indicating stronger professional values Weis and Schank (2017).

The reliability of the Nurses Professional Values Scale-3 (NPVS-3) has not been assessed in the United Kingdom. However, most recently, it has been assessed in Austria with the scale demonstrating good reliability across its subscales, with Cronbach's alpha values of 0.852 for Caring, 0.832 for Activism, and 0.676 for Professionalism (Podgorica et al. 2024).

2.1.2 | Political Efficacy – Short Scale

The Political Efficacy Short Scale (PESS) (Groskurth et al. 2021) is a scale developed to evaluate individuals' beliefs in their influence over political processes. PESS has been translated from German-language and validated in the UK. It has two subscales – internal political efficacy and external political efficacy-with two items each scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Internal political efficacy measures the belief in one's personal effectiveness in political engagement. External political efficacy assesses the belief in the responsiveness of the political system to citizens' concerns.

The reliability of PESS was notably high for both UK and Germany (UK: ωInternal = 0.88, ωExternal = 0.84; Germany: ωInternal = 0.86, ωExternal = 0.86), while test–retest stability over three to 4 weeks showed correlation coefficients ranging

between 0.68 to 0.88, suggesting both high internal consistency and acceptable temporal stability (Groskurth et al. 2021).

2.1.3 | Perceived Political Self-Efficacy Scale – Short Form

The Perceived Political Self-Efficacy Scale (PPSE-S) (Vecchione et al. 2014) measures confidence to take part in representative democracy, where participation occurs through the control they exert on their elected representatives. Specifically, the scale assesses the capacity to promote opinions about people and programs, to monitor political representatives and to mobilise resources in support of a party or movement. PPSE-S has been validated in Italy, Spain and Greece. The scale has four items that are scored on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). Scores range from 4 to 20, with higher scores indicating higher perceived political self-efficacy. The internal consistency of PPSE-S typically exceeds 0.80, while test-retest stability over several weeks shows correlation coefficients above 0.70, suggesting high internal consistency and acceptable temporal stability (Vecchione et al. 2014).

2.1.4 | Social Justice Scale

The Social Justice Scale (Torres-Harding et al. 2012) was developed to measure attitudes and intentions related to social justice. It was developed and validated on psychology students at the University of Rochester in the USA. It consists of 24 items across four subscales: attitudes toward social justice (12 items), perceived behavioural control (7 items), subjective norms (3 items) and intentions to engage in social justice behaviours (4 items). Attitudes toward social justice refers to individuals' endorsement of social justice values, perceived behavioural control evaluates a person's confidence in their ability to contribute to social justice efforts, subjective norms measures the extent to which social influences support engagement in social justice actions, and behavioural intentions reflect a person's commitment to future social justice behaviours. Each subscale is scored individually on a 1–7 Likert scale.

A Cronbach's alpha was computed for the entire 44-item scale for sample 1, $\alpha = 0.93$. In addition, separate alphas for each proposed factor in this first sample were computed: (a) *attitudes* $\alpha = 0.89$, (b) *subjective norms* $= 0.85$, (c) *perceived behavioural control* $= 0.77$ and (d) *intentions* $= 0.86$. The individual subscales were moderately correlated, from 0.29 (*behavioural intentions* and *subjective norms*) to 0.56 (*attitudes* and *perceived behavioural control*). The corrected item-total correlations ranged from 0.18 to 0.6 (Torres-Harding et al. 2012).

2.1.5 | Internal Environmental Locus of Control

The Internal Environmental Locus of Control (INELOC) (Cleveland et al. 2012) is a scale designed to examine the degree to which individuals believe they have control over environmental outcomes. It has 16 items, with each rated on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). In addition to an overall score, the INELOC has four sub-scales, Green Consumer (3 items), Activist (5 items), Advocate (4 items) and Recycler (4 items). The green consumer subscale measures environmentally conscious purchasing behaviours, the activist subscale assesses participation in environmental activism, the advocate subscale evaluates efforts to persuade others about environmental issues and the recycler subscale focuses on behaviours related to recycling. These items can also be summed to create an overall INELOC score.

A Cronbach's alpha was computed for each 16 items of the INLOC scale with ranges between 0.64 and 0.92. In addition, separate alphas for each proposed factor were computed: (a) green consumer $\alpha = 0.78$, (b) activist $\alpha = 0.89$, (c) advocate $\alpha = 0.87$ and (c) recycler $\alpha = 0.78$ (Cleveland et al. 2012).

2.2 | Participants

Participants were recruited using convenience sampling. Participants were second- and third-year mental health and adult nursing students at two UK Universities. Participants from the University of Greenwich completed PASS as part of their mandatory simulation hours. Participants from the University of Essex completed PASS as part of the module Advocacy, Activism and Resistance. Their attendance was not mandatory.

Participants were recruited from June to September 2024 and have been categorised into three cohorts, dependent on the intervention they received. There were no exclusion criteria applied to recruitment.

2.3 | Intervention

Cohort 1 consisted of mental health nursing students at the University of Greenwich. Their Planetary Health concern was climate anxiety precipitated by a water contamination issue. Cohort 2 combined mental health and adult health nursing students at the University of Essex. Their Planetary Health concern was also climate anxiety. Due to timetabling constraints, these students undertook the intervention over 2 days, with scenario one delivered 1 week before scenarios two and three. Cohort 3 consisted of adult nursing students at the University of Greenwich. Their Planetary Health concern was an exacerbation of respiratory issues caused by air pollution (see Table 1 in Supporting Information Set 3).

2.4 | Procedure

One week before the simulation day, students received sensitising materials as well as information explaining the research, the anonymous survey (see Supporting Information Set 2) and their voluntary participation. This information was reiterated throughout the simulation day. Those students who consented then undertook the pre-intervention survey. At the conclusion of the day, students who consented undertook the post-intervention survey.

3 | Results

3.1 | Sample Characteristics

A total of 256 students participated in PASS (see Table 1 in Supporting Information Set 3). After survey responses were matched and responses with missing values removed, we were left with 75 responses. This included 35 participants in cohort one, 18 in cohort two and 22 in cohort three. Of those who reported gender, 20 were male, 51 were female. The majority of the sample identified as Black ($n = 43$). The mean age of the participants was 38.18 years, based on the midpoints of the reported age ranges and their respective frequencies; over a third of students were more than 44 years old (see Table 2 in Supporting Information Set 3). These characteristics are illustrative of the international drive to increase nursing student numbers by widening participation, particularly for mature and black or ethnic minority groups (Simpson et al. 2024).

3.2 | Outcome Measures

Paired t-tests were conducted to compare pre- and post-intervention scores across various subscales. As some scales violated assumptions for normality, we also ran Wilcoxon signed-rank tests for each scale. The results of which are reported below in Tables 3 and 4 (see Supporting Information Set 3). A visual summary or pre-post scores is presented in the Supporting material (Figure 1, Supporting Information Set 3).

Across all cohorts, all scales except the SJS sub-scales – intentions, perceived control and attitudes – yielded significant results, suggesting that there was a meaningful change in participants responses related to the NVS, political self-efficacy, environmental locus of control (overall and all sub-scales) and social justice subscale – norms. There were notable variations between each cohort. Cohort 1 showed significant differences across all subscales except for social justice items, where no substantial change was observed. Cohort 2 showed significant results in most subscales except the NVS caring items, environmental locus of control (overall and sub-scales) and social justice attitudes, perceived control and norms. Cohort 3 displayed fewer significant differences, with only NVS overall score and activism and professionalism sub-scales showing significant differences. See Supporting Information Table 4 (Supporting Information Set 2). Overall, the results suggest significant shifts in students' responses as they related to nursing values, their beliefs in their ability take political action and ability to address environmental issues. While there were some shifts in relation to more general attitudes toward social justice and beliefs about taking action in relation to social justice issues, results were more mixed.

4 | Discussion

In this study, we used four scales to explore what impact PASS had on nursing students' political attitudes and values regarding a Planetary Health issue. While there were differences between cohorts, when combined, we found meaningful changes in students' pre- and post-intervention scores across most scales, suggesting that PASS may enhance students' political attitudes, values and, in turn, intentions regarding a Planetary Health issue. For us, the most encouraging revelations were that students' attitudes towards political action, their beliefs in their ability to take political action and, in particular, action related to the environment shifted significantly after the sequential simulation.

The most meaningful combined change was across the NVPS-3 (across the domains of caring, activism and professionalism). Nursing professional values are the core beliefs guiding nurses' actions and decisions (Weis and Schank 2017). They are developed during formative nurse education and are implicated in the development of professional identity and strengthening the profession (Fitzgerald 2020). The results indicate that PASS changed the values students held towards caring, activism and professionalism. We speculate on why these shifts occurred below.

On NVPS-3, 'caring' relates to the commitment to individuals, groups, communities and populations and includes items related to advocacy and human rights (Weis and Schank 2017). One reason that changes were observed may have been because PASS provided the opportunity for students to reconceptualise an individual health complaint as a broader community health issue and facilitated their transition from clinical to community meeting. Consequently, they then had to re-evaluate what it meant to provide care or empower a community to overcome a pressing Planetary Health issue. Also, we selected current UK health issues, water contamination and air pollution, that overlapped with equity and human rights and impacted the health of a community, including the nurses themselves. This was a strategy to compel discussions around solidarity and professional boundaries and to provide an opportunity for students to see themselves as both a nurse and a community member affected by a Planetary Health issue.

On the NPVS-3, 'activism' relates to influencing health policy, promoting health diplomacy, maintaining professional integrity and advancing global health and mutual peer support (Weis and Schank 2017). We pre-empted that students might hold more negative attitudes towards activism before the learning activity because activism's approach is often seen as confrontational, disruptive and subversive (Saunders 2013) and taking more radical action to challenge ideas and working outside of the system to enact change (McKeever et al. 2023). This runs counter to the normative expectations of nursing and its sometimes uncritical preoccupation with civility (Essex and Mainey 2023). The teaching activity in PASS sought to unpack the spectrum of political action nurses could undertake and explore what activism could be. For example, in the simulation it could be working with the community and health service to press for better water treatment or reduced air pollution.

The activity also allowed space for students to study their regulatory documents and do their own online searches to determine if nurses were allowed to undertake activist actions in the UK. We postulate that students' attitudes towards activism (and political action in general) started shifting when weighing up the normative expectations of nurses against the human right to

clean drinking water or air; students may have conceptualised the futility of softer approaches. Attitudes may have also shifted when they realised the nursing regulatory documents were broadly supportive of political action on behalf of vulnerable communities. This observation is broadly supported by the significant shift in SJS subscale 'subjective norms' which measured attitudes toward the extent to which social influences support engagement in social justice actions (i.e. political action; Torres-Harding et al. 2012).

On the NPVS-3, 'professionalism' pertains to professional development and workplace, personal and responsibilities including personal boundaries and initiating actions to improve practice environments (Weis and Schank 2017). Again, we postulate that through examining the regulatory documents, debating the acceptability of nurses undertaking political action (at times vociferously) and using their own initiative to, for example, sourcing the Royal College of Nursing's position statement on activism, students had a more solid understanding of their ability to undertake political activities as nurses.

We also observed meaningful changes in political self-efficacy across both the PESS and PPSE-S. These scales measure internal (belief in one's own effectiveness), external (belief in the political system's responsiveness) political efficacy (Groskurth et al. 2021) and the control individuals believe they have over their elected representatives (Vecchione et al. 2014). It was not a revelation that students had lower scores on these scales before the learning activity. While there have been individual exceptions, nursing as a profession and in the context of patriarchy has had great difficulty in leveraging its huge numbers and workforce position for political effect (Koff 2004). For this reason, we moved students from a clinical scenario to a community forum and then to a nursing union scenario to normalise nurses' involvement in spheres outside of the confines of their physical workplace. Perhaps reconceptualising this pathway as 'political' or unpacking how nurses could have agency in these spaces instilled a sense of empowerment and a belief that systems may respond to their concerns. However, we did not observe any meaningful changes in corresponding areas of the SJS (i.e. perceived behaviour control or intention to undertake social justice activities). More research is needed to explore this finding in more depth.

Finally, we observed meaningful changes on INELOC scale. Research has identified that internal locus of control is an important requirement for environmentally sustainable consumption and is predictive of a broad range of pro-environmental behaviour (Cleveland et al. 2005; Yang and Weber 2019). During PASS students spent time deliberating over actions they could take to 'solve' a water or air pollution issue in their community. Perhaps it was the realisation of solidarity within the group, or that they could follow political channels to influence change, that shifted their intrinsic beliefs about the agency they had over environmental outcomes. This is an exciting lead, especially as we turn to Planetary Health. However, Cleveland et al. (2020) cautions that environmental locus of control is mediated by situational factors. In other words, even if students have high environmental locus of control, it can be thwarted by the perception that they have no power to enact change as nurses. This highlights the important role that nursing educators have, collectively, in role-modelling and instilling political acumen in students and embedding activities such as these across the nursing curriculum.

While we did not perform between-group comparisons, the marked differences between the cohorts' post-test scores in the PESS, PPSE-S and INELOC (see Supporting Information, Table 3) are worth exploring. Cohort 1 and 3 undertook this activity as part of their mandated simulation hours. The students were well-accustomed simulation, including sequential simulation. For Cohort 1 the sequential simulation was resourced with two advocacy and activism educators (one of whom was a nurse, albeit from Australian) and two UK registered nurses who were also experienced simulation fellows. For Cohort 3, only one advocacy and activism educator and nursing simulation fellow were available, though another nursing educator supported the activity. This lack of advocacy and activism experience may affect the effectiveness of the intervention.

For Cohort 2, the simulation was delivered across 2 days, a week apart. Students were not required to stay for the entire sequential simulation, and consequently, many students left after the first activity. They were also less familiar with this type of simulation activity, and we did not have the support of the simulation fellows for this activity, though arguably, there was more expertise with advocacy and activism scholars and a service user facilitating the day. More research is needed; however, the findings suggest that PASS is best suited to mandatory simulation situations where students are well prepared for the simulation environment and the classroom is resourced with both simulation experts and advocacy and activism experts.

While there is more work to be done investigating this educational resource, if indeed it is as successful as we think it is, we suggest the 'secret sauce' was that it was a simulation. Simulation uses experience with facilitated reflection to allow nursing students to practice approaches in a scenario that they may encounter in their professional lives, in a protected environment (Koukourikos et al. 2021). Simulation can engage students cognitively, emotionally and behaviourally, in a way that theory alone cannot, and which may be beneficial to the learning process (LeBlanc and Posner 2022). In our activities, it was an embodied experience that gave space for students to experience and reflect on the discomfort of (i) working towards common goals in high- stakes environments in the face of incomplete shared interests and (ii) taking action that bucked the normative expectations of nurses. Indeed, participatory experiences seem to increase people's perceived political effectiveness (Šerek et al. 2017 in Groskurth et al. 2021).

Scenarios with well-structured pre-briefing, including the sensitising material, allow students to suspend their disbelief and immerse themselves in the scenario (Muckler 2017). Our experience was that students allowed themselves to become immersed, acting their roles and using their previous and new knowledge to advocate for their community. In participating in the debrief, the participants were able to analyse both their own and their peers' actions and behaviours, reflecting on their practice and the impact of that on each other and, potentially on the wider communities that they were representing.

Returning to the idiom of the sleeping giant, our study indicates that the untapped political potential of the nursing workforce can indeed be stirred. This has implications for nursing education and practice. First, it contributes to the growing body of evidence supporting the application of simulation to transformative learning experience on social justice topics such as displaced people (Carrick-Hagenbarth and Maton 2023) and racism (Vora et al. 2021). These approaches appear to support students as they cultivate more critical understanding of their involvement in inequitable power structures, which shape their own lives as well as the lives of service users. In terms of practice, however, we must wait and see. Will this simulation have a lasting impact on students? Without systemic changes to curricula, which reinforce the advocacy and activism role of nurses, probably not. Until then, we must continue to do our own internal advocacy and activism within nursing schools to embed these concepts in the curriculum.

5 | Limitations

This study has several limitations. First, while all instruments we utilised had been validated, not all had been used with nursing students and/or validated in the UK. Other tools such as Schenk et al.'s Nurses' Environmental Awareness Tool (2016) may have been more appropriate and future researchers should consider utilising these tools. Second, we did not explore how demographic differences influenced scores. Notably, cohort two was markedly different from the other cohorts. This cohort was generally younger and had more white participants. Future studies should examine the impact of factors like gender and ethnicity and their influence on this activity. On this point, we speculate that having a different scenario (i.e. one focused on racism as opposed to environmentalism for example) may also shift beliefs differentially in different groups. For this reason, some caution should be exercised when considering the generalisability of these findings. Finally, we only collected data pre and post, so we cannot account for whether these changes were sustained over the longer term, future studies should address this by including a longer follow up period for data collection.

While we have speculated why above, we can only demonstrate with certainty that this learning activity shifted students' political attitudes and values. Future research is needed. Part of the success of the learning activity could have been the relatively small class size (up to 20); student involvement and teacher interaction plays an important role in student success and satisfaction (Wang and Calvano 2022), this may be easier to accomplish in smaller classes.

One final issue that we cannot explain and is not so much a limitation but something that deserves future scrutiny, is why some cohorts did not exhibit as great a shift in values and attitudes as others. While it is possible, we do not think this was solely due to each cohort receiving a slightly different intervention. Future studies if replicating this study or adopting a similar intervention should consider the differential impact of this intervention on different students who may have different backgrounds, beliefs and values when it comes to the environment and political action.

6 | Conclusion

Our study contributes to the growing field of political action nursing education, using the sleeping giant as a metaphor to describe the profession's unmet political potential. We set out to explore what impact our novel learning activity, PASS, had on nursing students' political attitudes and values regarding a Planetary Health issue. Our main contribution was demonstrating the PASS had a meaningful effect on students' political attitudes, values and in turn, intentions regarding an Planetary Health issue. While it appears we may have found an educational strategy to wake the sleeping giant, more research is needed to understand its potential success and to gauge the long-term impact on political action. At a time when nursing schools are turning their attention to Planetary Health, it is imperative that they do not miss the opportunity centre political action within the nursing curriculum. Transformational learning experiences such as PASS may be an effective way of helping students hold more positive attitudes and values towards political action.

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Ethics Statement

This study was approved by the University of Greenwich and the University of Essex Human Research Ethics Committees provided (HREC 23.4.5.25/ETH 2324-2040).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.