Nurses and health policy

Swaleh Toofany asks how nurses can influence health policy in the new political environment following the election

THE VALUE of nurses in the formulation, as well as implementation, of health policy has long been understood, yet few nurses practising in clinical settings engage in policy debates or perceive health policy even to be a ‘nursing issue’.

Bridgman and Davis (2000) define policy as a course of action by government designed to achieve certain results. Hennessy and Spurgeon (2000) meanwhile define it as the strategies and courses of actions adopted to maintain and improve health and, according to Stacey (1991), it includes the care and treatment policies developed by consultant clinicians, nurses, midwives and their teams.

It also includes the policies put into effect by general managers, health authorities and those in charge of private health care.

Broadly speaking though, health policy can be described as those decisions made by government that arise usually as a result of emerging problems. In the field of health care, policy is often defined or explained by those wishing to study it but, for many nurses, it is merely comprises a set of documents and proposals published by governments.

Health policy should be understood however in terms of how health service managers, who are charged with implementing particular policies, and individuals such as nurses actually put policy into practice.

The policy process

It can be argued that an understanding of the policy process itself encourages nurses to take a more active role in the policy arena.

The policy process can be described as a simple sequence: thought, action and solution. The complexity of the process is however recognised by Solesbury (1976), who states that it can be best explained by the agenda metaphor, in which issues on the agenda can make way for new or emerging issues, making the original agenda redundant.

Kingdon (1995) expands this notion to say that agenda are forged through the interaction of problems, politics and participants, and that policy development occurs when the three are linked.

He also suggests that policy agenda determine those issues to be addressed by governments and policy makers.

Thus, while the policy agenda are relatively fluid according to the needs of government, participants in the policy agenda, such as nurses, can make salient the issues that affect them most.

In health care, there are invariably opportunities to influence policy, which politicians often take to push through changes previously ruled off the agenda (Kingdon 1995). These opportunities can also be taken by nurses, who should not be deterred from doing so because the agenda for discussion are defined according to the needs of politicians.

Policy involvement

Nurses have been traditionally regarded as patients’ advocates, whereby they act on patients’ behalf and safeguard their interests. But this is the most basic role of nurses, and so the simplest form in which they are involved in policy, and one that few nurses would recognise as describing their role in full.

In contrast, as Gebbie et al (2000) say, health policy is nursing practice. The more that nurses regard their practice as policy, the more they will increase and enhance their involvement in the policy arena.

Policy involvement depends on political awareness, something that nurses reputedly lack despite the recognition that the effect of health policy on nursing is an issue of concern for nurses (Hewison 1999).
Many authors comment on the invisibility of nursing in policy development, implementation and analysis (Maslin-Prothero and Masterson 1998), and the powerlessness of nurses in health and social care in the UK (Gough et al. 1994, Robinson 1991, Robinson et al. 1992). Rafferty (1992) highlights the poor representation of nurses in the policy arena and Robinson (1991) points out that health policy is often formulated with little input from nurses.

There are many reasons why nurses fail to become involved in policy making.

Strong and Robinson (1990) for example suggest that there is a lack of government interest in the concerns of the nursing workforce, while White (1985) states that nurses perceive a distinction between policy and practice, in which policy is the domain of managers and practice the domain of nurses.

Antrobus (1997) suggests that effective leadership is a vehicle through which both nursing practice and health policy can be influenced and shaped, while Ferguson (2001) points out that more nurses need to work actively as leaders in the health policy arena to ensure that patients receive good care.

Clearly, leadership is an influencing factor in the policy process and is on the government’s modernising agenda for the NHS.

Yet, while programmes such as Leading an Empowered Organisation (LEO) help ward sisters and charge nurses develop managerial skills, they may not result in them becoming effective clinical leaders because they do not have the opportunity to practise and so cannot demonstrate clinical leadership competence (Jasper 2002).

Perhaps the time has now come to re-examine nursing leadership and see how the role of nurses can be developed so that clinical leaders can become more proactive in shaping and influencing health policy.

The role of nurses

The largest group of healthcare providers in the UK is undoubtedly nurses, yet few nurses are in positions to make or even influence policy. Given the large number of nurses in the NHS, they should have a major impact on policy administration, implementation and outcome.

There are various reasons why nurses are reluctant to become involved in policy. While the importance of policy as an issue for nursing is identified by many (Antrobus 1997, Cheek and Gibson 1997), it is also suggested that nurses are generally naïve in matters outside their local wards or health centres (Antrobus and Brown 1997).

Some nurses believe that they need to be ‘politically minded’ to influence policy but, as Hugh McKenna, dean of the faculty of life and health sciences at Ulster University, said at the RCN Northern Ireland board’s annual conference in 2003, nurses today tend to see politics as something to be avoided.

Instead, he said, they must have the courage to take on parties or institutions and confront key issues affecting health.

Greipp (2002) agrees, and states that nurses at all levels of practice should create and develop strategies that promote and increase the participation of nurses in the political process and in healthcare policy decision making.

It may be that nurses just do not recognise the relevance and importance of health policy. Robinson (1991) for example suggests that nurses rarely see their own work in a broader policy context.

Scott and West (2001) cite five reasons why health policy is relevant and important for nurses:

- Their is a need for critical evaluation of the impact of health policies on people’s lives
- The NHS research and development strategy offers opportunities for nurses to undertake policy relevant research
- There is a close relationship between nursing policy and health policy
- Nurses can contribute to health policy development and implementation
- The contribution of nursing to the policy process is inadequately documented and understood.

Organisational structure

The NHS has undergone many major changes since its creation, yet until the publication of Making a Difference (DH 1999), nursing or nurses were rarely mentioned in these reforms.

Making a Difference states that NHS employers who involve staff in decisions, planning and policy making will deliver better services. This clearly highlights the importance of healthcare professionals such as nurses in the successful delivery of health care.

To achieve this however, nurses should be involved in decision making and policy formulation.

Speaking at the chief nursing officer for England’s conference in Brighton in 2002, for example, former health secretary John Reid shared his vision of the NHS as a service led by entrepreneurial nurses. But would such a shift in policy toward a market driven
approach to healthcare provision enable nurses to formulate health policy as well as implement it?

Education and policy
Thomas and Shelton (1994) suggest that nurse education can provide the answer to nurses’ attitude to policy.

Nurses who have experienced higher education are more likely to participate in policy debates because higher education tends to broaden their outlook. Yet, while nurse education and social sciences now form part of the curricula of higher education establishments, nurses’ attitude to policy does not appear to have changed.

Nurses still seem to have difficulty articulating what it is they bring to healthcare decision and policy making, and making others aware of their contributions.

For a change to take place in the nurses’ role, nurses need the kind of skills that education can best provide.

Geese (1991) suggests that, by attaining a high level of education and belonging to professional nursing organisations, nurses will increase their political involvement, and that nurses with master’s degrees are more likely to be politically active than those without.

Winter and Lockhart’s study (1997) into why nurses are politically inactive shows that nurse education should help nursing students perceive political involvement as essential to the nursing role.

Examination shows that political skills do not form part of nursing curricula at either pre- or post registration level (Antrobus 1997). It is clear therefore that, for nurses to be politically involved, pre- and post-registration nursing programmes should be changed fundamentally.

Maynard (1999) suggests that education programmes for clinical nurse specialists, for example, should help to develop nurses’ skills at influencing the political process, a view supported by Reutter and Duncan (2002), who state that the inclusion of courses on public health policy as a requirement for preparation in advanced nursing practice would help students to understand the policy process.

Influencing health policy
Nurses are in an ideal position to influence policy making and policy development, yet few of them have the knowledge or hold positions that allow them to do so (Sohier 1992).

The ability to influence the course of events depends on leadership skills and decision making skills, yet nurses have been shown to be lacking in these (Antrobus and Kitsdon 1999, Jasper 2002), even though there are many good nurse leaders. Many nurses regard the organisational structure of the NHS as the main obstacle to them being able to influence health policy (West and Scott 2000).

Lange and Cheek (1997) investigated nurses’ apparent apathy toward health policy and concluded that policy makers do not value nurses’ knowledge and expertise regarding health policy, and that nurses find the organisation of the health care delivery system, and doctors, oppressive.

Gebbie et al (2000) state that support, education, motivation and research are the main factors determining the effectiveness of nurses in health policy development.

Research and health policy
Health policy in the UK is now a well established field of academic study and, as a result of the research and development strategy of the NHS, the UK government is now a major sponsor in such research.

Yet, even though the government has suggested that decision making in the NHS has to be based on reliable, research based information, this research and development strategy is not at the top of nurses’ agenda.

After all, if health policy is about decision making, where is the research based information? Nurses have complained for years of limited access to research training and contracts of employment that do not allow time for research (DH 1998).

The current nursing shortage further reduces the opportunities for nurses to engage in health policy research yet ironically, the shortage is blamed on current health policy initiatives (Lange and Cheek 1997).

Once confined to discreet university departments, research is now moving into practice settings (Scott and West 2001); after all, this is where the patients are, and this is where most nurses practise.

West and Scott (2000) argue the case for nurses being concerned and involved with policy making at all levels to improve patient care.

Research is one way that nurses can influence political decision making, and the nursing contribution to research should not be overlooked.

Nurses should engage actively in research, focusing particularly on the critical evaluation of
health policy; if they do, research will become an increasingly important tool for nurses to use to influence the formulation and implementation of health policy.

**Health policy and primary care**

Primary care policy scarcely existed during the first 20 years of the NHS, yet much of current health policy is concerned with it (Peckham and Exworthy 2003), a shift in emphasis attributed to changes in the delivery of healthcare services, the role of general practice, and patient and professional expectations.

Notable policy developments in primary care include GP fundholding, a primary care led NHS and the establishment of primary care organisations. *The New NHS: Modern, dependable* (DH 1997) introduced a major reorganisation of the funding and organisation of primary care services.

General practitioner fundholding was abolished, to be replaced by primary care groups (PCGs), whose main task was to develop community and primary care services.

Because each PCG board had to have two nurse members, their establishment gave nurses working in primary care and community settings a voice in health policy issues.

Dowswell *et al* (2002a) investigated the experiences and perceived influence of nurses serving on PCG boards.

Their study revealed that, while PCGs paid some attention to nursing issues, it was less than to issues such as information technology and commissioning hospital services. It also showed that nurse members’ influence on decision making was limited.

This was an area that needed to be addressed if nurses on PCG boards were to influence policy decision making, even though doctors outnumbered nurses on PCG boards.

This was a new venture for nursing. As Dowswell *et al* (2002a) pointed out, if nurses occupied such roles within PCGs, their influence and contributions to local health policy should have increased.

Dowswell *et al* (2002b) went on to examine the role of PCGs, and the primary care trusts (PCTs) into which they evolved, in the work of general practice and community health service nurses. Their study showed that most PCGs and PCTs consulted local nurses about key areas of policy and service development, with their chairs reporting that consultation with nurses had been effective.

This is encouraging because it offers nurses a mechanism by which they can contribute to policy formulation in primary and community health care. But employers must make sure that the nurses they elect to PCT boards have sufficient knowledge and skills to influence the decision making process.

In this regard, the DH publication, *Making a Difference* (1999), acknowledges the importance of enhancing the leadership skills of community clinicians, while stressing that clinical staff must be better involved in the decision making process.

**Conclusion**

Nurses need to be active in the development of health policy to increase their autonomy and enable them to control their practices, and to raise their professional status to the same level as other healthcare professionals such as doctors.

The challenge for nurses now is to influence health policy at the formulation rather than the implementation stage.

To do so, all nurses must participate in the debates that influence health policy and engage with the policy process, which means they need the skills to analyse health policy and translate it into nursing practice.

Nurses have ideas about how care can be improved, but they need to understand that policy drivers are required to put these ideas into practice; only when ideas are linked to policy are they likely to work.

Clearly, the nursing profession requires ‘politically competent nurses’, and one way of achieving this is to apply the concept of ‘fellowship’, in which nurses who wish to engage in the policy process could work alongside civil servants.

Such a system works well in the US, through the Robert Wood Johnson Health Policy Fellowship Scheme, for example. Gebbie *et al* (2000) cite the example of a nurse who commented on the benefit to her career of working with a key US Senate committee on topics such as infant mortality and nurse practitioners.

This fellowship concept could be implemented in the UK. A fellowship year at the Department of Health or similar government agency as part of a degree programme in health care, for example, could help nurses understand complex policy processes, and lay the foundations for their involvement in policy related research and evaluation.
REFERENCES


Winter MK, Lockhart JS (1997) From motivation to action: understanding nurses political involvement. *Nursing and Health Care Perspectives*. 18, 5, 244-250.