



Original Research

## Nurses' Involvement in Health Policy Development and Analysis: Examining the Perspectives of Nurse Managers

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### ABSTRACT

**Introduction:** Nurses make critical decisions that affect the lives of clients. This necessitates their involvement in health policy development to enhance the quality of care delivered to clients. However, only a handful of nurses get the opportunity to participate in developing policies that border on nursing. This study intended to discover nurse managers' knowledge of policy formation, their involvement in health policy formulation, and the challenges they encounter in their quest to participate in policy formulation.

**Method:** The study employed the qualitative approach with an exploratory descriptive design using individual interviews with 12 nurse managers purposively selected for the study.

**Results:** The findings from the study indicated that nurse managers play an essential role as significant stakeholders in policy development since they work with nurses and clients. Also, disunity among nurses was identified as a significant barrier to nurses' involvement in policy development.

**Conclusions:** The study reveals nurses' strong interest in policy involvement, hindered by perceived knowledge gaps, limited education access, and dominance of other professionals in policy roles. Addressing these challenges requires investing in education, political advocacy, and establishing a dedicated nursing unit for policy influence, supported by integrated policy education and interdisciplinary collaboration.

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## 1. INTRODUCTION

Health policies are strategies, decisions, and actions that are put in place to achieve specified objectives of the healthcare system ((WHO), 2011) . The health of an individual and the population is determined by several factors. Therefore, the formulation of policies regarding healthcare and the health system requires the collaborative efforts of all internal and external decision-makers involved in the provision of healthcare such as stakeholders, researchers,

civil society, and implementers of the policies in the clinical settings such as physicians, nurses, and other paramedics. This is to ensure that policies are developed with an accurate basis and are properly employed in the care of the patient ((WHO), 2012).

Nurses play a vital role in patient care, acting as advocates to ensure patients receive high-quality treatment and attention (Nsiah, C., Siakwa, M. & Ninnoni, 2019). This is because they are involved in the public health aspect of healthcare which encompasses health promotion and prevention in

hospital settings and communities. Nurses in the process of discharging their duties spend long hours caring for patients with both acute and chronic disease conditions; hence, they have an in-depth understanding of almost all the issues confronting healthcare delivery such as the provision of quality and affordable healthcare services, costing of healthcare services, and availability and accessibility of healthcare services by the populace (Barzegar Safari et al., 2020). When nurses are engaged in the formulation of policies regarding the healthcare system it results in the provision of efficient and effective healthcare services (Jivraj Shariff, 2015). Also, it is argued that when nurses add value to themselves by acquiring higher academic qualifications, they can make significant contributions to policy discussions (Gregg, 2017). A typical example is the fact that Iranian nurses who have higher academic qualifications make meaningful contributions to policy development (Cheraghi, M. A., Ghiyasvandian, S., & Aarabi, 2015).

However, nurses are often left out of the policy formulation process which entails the identification of the problem, policy formulation, adoption, implementation, and evaluation (Howlett, M., & Mukherjee, 2017). In addition, the duties and core functions of nurses, the structures and resources needed for nurses to deliver quality care to clients are always determined by some high-level policymakers who do not belong to the nursing fraternity and do not understand the needs of nurses and the difficulties surrounding the nursing profession (Ditlopo et al., 2014). Turale and Kunaviktikul (2019) maintained that nurses are in good standing to participate in policy development and analysis, but only a handful of nurses especially, those in the clinical area are involved in policy development on issues concerning healthcare delivery and nurses. Ressler and Glazer (2010) emphasized the need for nurses to get involved in policy analysis, because nurses have now advanced in knowledge and the majority have received specialized training, yet only a few nurses get the opportunity to participate in developing policies that border on nursing. It is also argued that the leadership capabilities of nurses must be built to enable them to inspire change and shape the policy development process (Jivraj Shariff, 2015).

Similarly, a study conducted in Iran by Barzegar Safari, Bahadori, and Alimohammadzadeh (2020) examined factors tied to nurses' involvement in delivering health services, along with perceived benefits and obstacles in participating in health policy-making. The study revealed that nurses exhibit an average level of engagement in health policy-making. The authors emphasized the need for nurses to play a pivotal role in policy formulation due to their substantial representation within the healthcare system. They proposed strategies such as bolstering nursing professional organizations, fostering partnerships

with nurses at higher health service management levels, and enhancing nurses' education on health policies to promote their increased participation in health policy-making.

Moreover, a systematic review conducted between 2000 and 2019 by Hajizadeh, Zamazadeh, Kakemam, Bahreini, and Khodayari-Zarnaq (2021) using online databases like PubMed, EMBASE, SCOPUS, and Science Direct, highlighted that nurses' limited engagement in policy development is linked to factors such as resource scarcity, inadequate knowledge and skills regarding health policy matters, demanding nursing workloads, negative perceptions surrounding the nursing profession, gender-related concerns, and insufficient support from healthcare system managers. This finding is echoed by Ditlopo et al. (2014), who identified that South African nurses, particularly frontline workers, lack awareness of existing health policies and struggle with self-confidence, impeding their involvement in policy formulation. Additionally, power dynamics within the healthcare system play a role in determining who participates in policy formulation and whether nurses' contributions are integrated and utilized in policy development.

Likewise, the situation in Ghana aligns with these findings. Acheampong et al. (2021) observed that nurses in Ghana are marginalized and overlooked in health development evaluations. They argued that recognizing nurses' contributions to policy development is crucial, given their central role within the healthcare team and extensive patient interactions.

Nonetheless, Turale and Kunaviktikul (2019) emphasize that nurses need to contribute to making decisions regarding policies and reforms on health. In their studies, Reed (2008) and Woodward, Smart, and Benavides-Vaello (2016) argue that the nursing profession will benefit from nurses' empowerment and engagement on policy formulation committees. Nurses can only achieve this goal when leaders in the nursing profession provide training on policy formulation through the introduction of courses on policy in all undergraduate curricula, in-service training and in continuing formal education programmes

In the Ghanaian context, despite several nurses achieving advanced academic credentials and professional designations, they often find themselves excluded from healthcare decision-making, both within local healthcare facilities and on a national scale. The low participation of nurses in health policymaking is an issue that needs attention. This study sought to solicit the views of nurse managers on their involvement in health policy formation and the challenges they encounter.

## 2. METHODS

### 2.1 Research Design

The study employed the qualitative research method with an exploratory descriptive design to obtain an

in-depth understanding of the phenomenon under study and also provide a comprehensive description of nurse managers' experiences with policy formulation (Bradshaw et al., 2017).

### 2.2 Target Population

Nurse managers working at all levels of healthcare facilities in Ghana.

### 2.3 Inclusion Criteria

Nurse managers with a basic academic qualification of BSc. Nursing and designation of nursing officer and above and have worked in leadership positions for more than five years in either tertiary, regional or district healthcare facilities.

### 2.4 Exclusion Criteria

Nurse managers with a diploma as their highest academic qualification work in health centres and clinics.

### 2.5 Sampling Approach and Technique

The maximum variation purposive sampling technique was used to select 12 nurse managers with different ranks and work at tertiary, regional and district healthcare facilities to understand the variations in their perspectives on nurses' involvement in policy formulation.

### 2.6 Data Collection Instrument

A semi-structured interview guide was created to conduct in-depth interviews, aiming to gather insights from participants about their understanding, engagement, and the difficulties they face in policy formulation. Semi-structured, in-depth interviews constitute a widely employed qualitative research technique. This approach enables researchers to collect open-ended information, explore participants' perspectives, emotions, and convictions related to a specific subject, and delve extensively into personal and potentially sensitive matters (Dejonckheere & Vaughn, 2019). To ensure the rigour of the interview guide, it was pre-tested to determine if it would elicit appropriate responses.

### 2.7 Rigour of The Study

In this study, the credibility of the data was established through member checking by asking participants if the transcribed data accurately reflected their ideas. The researchers also used an inquiry audit to determine the dependability of the data. The audio recordings, interpretations, and transcripts were returned to the participants to verify if they represented their perspectives. Again, the use of an audit trail technique confirmed the veracity of the data. The study's whole methodology, including data collection, analysis, and interpretation, has been fully described. Finally, to ensure that the data could be transferred, the researchers utilized thorough descriptions. The sample size, sampling method,

participant demographics, interview process, and extracts from actual interviews were provided.

### 2.8 Data Collection Procedure

Participants who were willing and consented to participate in the study were selected for the study. A favourable day and time were booked with each participant and an interview guide was used in collecting data from study participants. Each interview section lasted between 30 and 45 minutes. The data generated from the interviews were tape-recorded, transcribed, and analyzed.

### 2.9 Data Analysis

First, the audio tapes were repeatedly played to ensure familiarization with the issues the participants raised. Thereafter, the data were transcribed and the transcripts were read several times to group the most important points. Content analysis was employed in analyzing the data. The data were screened to extract repeated ideas that appeared regularly in the transcripts. These repeated ideas were developed and coded into themes (Kyngäs, 2020).

### 2.10 Ethical Considerations

The study initiation followed the approval from the University of Ghana's Institutional Review Board (IRB) (NMIMR-IRBCPN 023/16-17). Prior to data collection, all participants provided informed consent, with a guarantee of privacy and confidentiality protection. Participation was entirely voluntary, allowing participants to withdraw without any repercussions. Adequate measures were implemented to safeguard data and prevent confidentiality breaches.

## 3. RESULTS

### 3.1 Demographic Characteristics of Participants

Table 1. Demographic characteristics of 12 Participants: Age, gender, educational background, position/rank, and years of experience

		Number
<b>Gender</b>	Females	7
	Males	5
<b>Age</b>	20-29	2
	30-39	5
	40-49	3
	50-59	2
		60-69
<b>Rank in the Nursing Profession</b>	Nursing officer	2
	Midwifery Officer	2
	Senior Nursing Officer	2
	Principal Nursing Officer	3
	Deputy Director of Nursing Service	2
<b>Years of Working Experience</b>	Deputy Chief Nursing Officer	1
	1-3years	2
	3-5years	2
	5-10years	2
	More than 10 years	6

Table one shows that out of the twelve participants, seven were females and five males, the age range for participants is between twenty-four and fifty-six

years. Two participants were at the rank of nursing officers, two midwifery officers, three principal nursing officers, two deputy director of nursing services and one deputy chief nursing officer. Participants had between one and more than ten years working experience in the nursing profession.

### 3.2 Themes

In answering research question one, what is policy development and analysis? The main theme of policy development and analysis emerged. The study revealed that the majority of the participants have adequate knowledge of policy development and analysis. Participants believed that policies are developed by either private or public institutions to guide the work they do. Participants maintained that policies provide clear indications as to how members of an organization should carry out their work. Three sub-themes emerged from this theme and they include; decisions and plans to achieve organizational goals, implementation of a developed policy and guidelines and involvement of stakeholders.

#### 1) Decisions and Plans to Achieve Organizational Goals

Participants believed that policy development and analysis entail decisions and plans that a facility develops to achieve the goals set up by an organization.

*"Policy development and analysis can be defined as decisions or plans that a facility takes to help achieve certain goals". (P2)*

*"I think policy development and analysis is solely about decision making". (P4)*

#### 2) Implementation of a developed policy

Participants maintained that policy development and analysis are also about the implementation of policies after they have been developed.

*"After developing a policy, whoever developed it would have to follow up to see if it is being implemented". (P1)*

#### 3) Involvement of Stakeholders

A participant conceded that policy development and analysis require involving the appropriate stakeholders who would make the necessary inputs into whatever policy is to be developed.

*"In policy development and analysis, you sort of gather data on the problem you have identified. When you do your need analysis, it is reviewed by relevant stakeholders and the necessary inputs are made then you go and then you go ahead to form a policy". (P2)*

In answering research question 2, what are the motives for developing policy development, the main theme motives for policy development emerged. Participants believed that policy

development and analysis is very essential for the growth and survival of every institution. Participants maintained that an organization's policy ensures that every member works directly according to the standards set by the organization in attaining its ultimate goal and the fact that policies are developed to solve organizational problems. Two sub-themes emerged from the study. These are enhancing good quality care and standardization of organizational activities.

#### 4) Enhancing good quality care

Participants maintained that the motives for developing policies that are related to health are to ensure that nurses provide quality care to the clients they care for.

*"Policies are developed for the promotion of health and also to ensure that we deliver quality care to clients". (P7)*

*"Policies are developed to ensure that nurses render quality care to their clients, in this era things are developed in a modern way, I think policy development helps us to build on our skills in the care we give to our clients". (P4)*

#### 5) Standardization of organizational activities

The study showed that a motive for developing policies for a particular organization is to ensure that the employees are working accordingly to promote the standards of the organization.

*"I think policies are developed for unison or standardization, I mean we all have a goal and we work together to achieve it". (P8)*

In answering research question 3, How do you think policy development can be used in standardizing nursing care? The main theme of the utilization of policies to standardize nursing care emerged. Under this theme, participants were of the view that policies are developed to centralize the goals and aims of the nursing profession so that all nurses work in harmony in achieving the goals of nursing. Some participants opined that in standardizing nursing care, policy development should be introduced into the nursing curriculum and all developed nursing policies should bridge the differences between what is taught in our nursing education institutions and the clinical area.

#### 6) Uniformity in Nursing Practice

Participants were of the view that if nurses can come up with policies to guide nursing practice it will bring about uniformity in the work of nurses.

*"If nurses come out with clear policies regarding care, they would end up with one aim and the same type of nursing care would be provided across all healthcare facilities. There would not be instances whereby the nursing care provided by one facility is different from that of another*

*healthcare facility and this I believe would help all nurses in achieving universal health coverage". (P12)*

7) Policies to guide nursing education and practice

In the study, participants emphasized that one way of using policies to standardize nursing care is nurses' ability to develop policies that would synchronize what students are taught in the classroom and what they learn on the ward. *"I am currently in the clinical area. When students come in for clinical for us to guide them, you realize that the students come from different schools with different ideas. I just experienced one. Just last week, a student explained that in school, they were taught to chart the vital signs within the box of the temperature chart. But I also know that we are to chart on the line. What is happening in the classrooms? Now what tutors and lecturers are teaching the students in the schools are entirely different from what is being practised on the ward?" (P3)*

8) Introduction of policy development analysis into the nursing curriculum

The majority of the participants affirmed that if policies can be used in standardizing nursing care, then policy development and analysis should be introduced into the nursing curriculum so that before nurses graduate from their pre-registration programmes they are knowledgeable about policies and their impact on the nursing profession.

*"I believe our educational system should also introduce policy development and analysis as a course so that right from the beginning of the training of nurses, they are being taught policy development and analysis, and after graduation, they become fully prepared to make their contributions to policy development. This they can do at all levels of nursing training, and then we can penetrate to the national and international levels". (P10)*

In answering research question four, what are the roles of nurse managers in policy development? The main theme: roles of nurse managers in policy development emerged. This theme revealed that nurses have a role to play as major stakeholders in policy development since they are in the clinical area and work with clients and nurses, hence they become better advocates for nurses' and patients' problems. Participants confirmed the need for nurse managers to identify problems that demand policy formation and draw authority's attention to them. Some participants conceded that nurse managers should be able to function at all stages of policy formation. Other participants stressed the need for nurse managers to ensure that the developed policies are duly implemented and nurses work per the developed policies. Some participants

maintained that nurses should possess the ability to lobby and establish rapport with the authorities at the Ministry of Health to get the opportunity to participate in policy development and analysis concerning nurses and the care they render to their clients.

The four sub-themes that emerged from the data include nurse managers' involvement at all stages of policy development, investing in higher education, development of skills required for policy development, marketing nurses' abilities for policy development, and lobbying and advocating for opportunities in policy development and analysis.

9) Nurse Managers' involvement at all stages of policy development

Participants opined that the role of nurse managers in policy development is to be actively involved in all the stages of policy development such as problem identification, implementation and evaluation, and monitoring.

*"I think at every stage of the policy development process, nurse leaders can make meaningful contributions. E.g., when it comes to identifying the problem, nurses spend long hours with patients, even in hard-to-reach areas where there are no doctors, nurses are always with the patient. I think when it comes to the identification of problems nurses would be able to pinpoint the problems of the patient and how care is to be delivered. When we get to gathering information, we can also contribute significantly, because we have all the patients' information at our disposal". (P12)*

Contrastingly, participant one (P1) asserted that currently, nurse managers do not play a role in policy development; they are only implementers of the developed policies.

*"Frankly, I do not know the role nurse managers are to play when it comes to policy development. Because you will be there, and the policies are being developed by different entities for nurses to implement them". (P1)*

10) Investing in higher education

A participant argued that nurses can actively play a role in policy development and analysis by investing in themselves to acquire higher education.

*"I believe that as nurses if we want to get to the decision-making table, we need to pay the high price for it, by educating ourselves to the highest level". (P6)*

11) Acquisition of skills required for policy development

The majority of participants affirmed the need for nurse managers to acquire certain skills such as good communication skills; critical

thinking skills and good writing skills that would enable them to make meaningful contributions at the policy tables.

*"I think at each stage we need critical thinking skills and good writing skills. I believe by acquiring these skills, nurse managers can make significant contributions to policy development and analysis". (P8)*

12) Marketing Nurses' Abilities for Policy Development

Some participants were of the view that for nurses to be able to play a role in policy development and analysis, it is time for nurse managers to market their abilities in policy development to the world.

*"Nurse Managers' should be able to demonstrate their worth. For instance, if there is a problem in a particular ward, such as poor healing of wounds in the surgical ward, as nurses we can conduct research to find the causes of such problems and also present our findings during the hospital's mortality and morbidity meetings so that all healthcare workers be it doctors or pharmacist would also see our worth. Because as nurses we collect the data for the doctors, is it the analysis that we cannot do?" (P4).*

13) Lobbying and advocating for opportunities in policy development and analysis

The study showed that nurses can make it to the policy table by lobbying and advocating for opportunities to contribute to policies concerning nurses and their work.

*"Nurses can lobby to be invited into leadership groups, committees, and boards. This is because as nurses, we advocate for patients and also spend much time with the clients. Secondly, as nurse leaders, we understand our nurses better than the leaders who draw the policies for us to implement". (P10)*

In answering research question five: what are the barriers to nurses' involvement in policy development and analysis? The main theme of barriers to nurses' involvement in policy development and analysis emerged from the study. Under this theme, participants affirmed that a major barrier to nurses' involvement in policy development and analysis is the disunity among nurses. Participants maintained that the disunity among nurses is a major setback to their involvement in policy development. Some participants also stressed that nurses who are assertive and could agitate for things to be done in favour of nurses were labelled as disrespectful as a result majority of these nurses no longer comment on happenings within their facilities. Some participants talked about the fact that nurses at higher levels of their institutions most

often face intimidation. Other participants also questioned the fact that the low entry requirement of an aggregate of thirty-six or better into our nursing training institutions has contributed to nurses being considered less knowledgeable; hence they cannot be invited to the policy table. The four sub-themes that emerged from the study include nurses being considered less knowledgeable, intra-professional and inter-professional power balance, inadequate knowledge of policy development and analysis, and the feminine aspect of the nursing profession.

14) Nurses are considered less knowledgeable

The study revealed that a barrier to nurses' non-involvement in policy development is the perception that nurses are less known to participate in policy development. Some nurses believe that this assertion could be due to the Ministry of Health's aggregate 36 entry requirement into the country's nursing training institutions.

*"I think some of these things even contribute to why nurses are not invited onto the policy table because the policymakers perceive nurses to be less knowledgeable; they believe that our educational level is basic. For me, this is very disheartening, because comparing the aggregate 36 entry requirement to that of the allied health sciences, which of them would accept a grade that is as low as aggregate 36? For me, I think the diploma and nurse assistant clinical programs should be scrapped, which I believe would uplift the image of the nursing profession". (P7)*

15) Intra-professional and inter-professional power balance

Participants conceded that a barrier to nurses' involvement in policy development and analysis is the issue of other healthcare workers such as doctors occupying higher positions on the policy table.

*"A major problem is intra-professional and inter-professional power balance. The fact that medical doctors and other healthcare professionals would consider themselves to be superior and occupy all the higher positions. If opportunities are created for all healthcare professionals to be on the policy table, it is obvious that doctors would not give nurses that chance. But we should know that the contributions that doctors would make towards a health policy will be entirely different from that of nurses". (P6)*

16) Inadequate knowledge of policy development and analysis

This section of the study revealed that all the participants admitted that nurse managers and nurses do not have adequate knowledge about policy development and this accounts for the reasons why the few nurses who are invited to

the policy table are unable to make significant contributions when invited to the policy table.

*"Inadequate knowledge is a key factor. I think that as nurses we do not know that we can get involved in policy development to change the system. There is the need for nurses to be educated on what they can do and what they cannot do with regards to policy development and analysis". (P1)*

#### 17) The feminine aspect of the nursing profession

According to participants, the traditional notion that men are solely responsible for decision-making, the feminine aspect of the nursing profession is viewed as a barrier to nurses' involvement in policy and decision-making.

*"I also think our feminist aspect is also a limitation that is why as nurses we are not involved in policy and decision-making because traditionally females are not to partake in decision-making. As a result, once you are vocal, they think you are disrespectful". (P3)*

## 4. DISCUSSION

The study found that although nurses are interested in policy development and analysis yet they do not have in-depth knowledge concerning policy development. Hence the majority of the participants were advocating periodic in-service training for new and old staff members on policy development and analysis. This finding is supported by Barzegar Safari et al. (2020) whose studies concluded that there is a need for nurses to be given more information regarding health policies through retraining programmes such as workshops.

Another finding from the study is that if nurses are allowed to serve on policy tables, they will be in a better position to solve the challenges confronted by nurses and clients since they are in regular contact with patients, hence they are privy to all the problems of patients and their clients. Similarly, Acheampong et al. (2021) also stressed nurse managers' ability to make outstanding contributions at the policy table since they constitute a large section of all healthcare workers who spend a lot of time with the clients than any member of the healthcare team.

The study revealed that only a few nurses are involved in policy development and even with the few, the contributions they make during policy development are not acknowledged. This finding is worrisome and there is a need for solutions to be put in place to avert the situation. This is because the few nurses who can make it to the top will be less motivated to press on to get to the policy table and as a result, they cannot train young nurses who want to contribute to policy development and analysis. Studies confirm that the reverse is the same for nurses in high-income countries, for instance, Gregg

(2017) found that in high-income countries, nurses are allowed to participate in decision-making.

In addition, participants maintained that nurses can make meaningful contributions to the policy table when they invest in their education to acquire higher academic qualifications. This finding is supported by Cheraghi et al, (2015) study which sought to find out the status of Iranian nurses in policy development. The authors highlighted the need for nurses to achieve higher academic laurels such as a Doctor of Philosophy to contribute to policy development and analysis in their countries. When it comes to the acquisition of higher qualifications, the situation is different for the Ghanaian nurse since it will take a long time for many nurses in Ghana to climb the academic ladder; this is because, in the Ghanaian setting, only a few nurses can obtain study leave from the government to pursue continuing formal education. Hence, the way forward is for the Nurses' mother association; Ghana Registered Nurses and Midwives Association, and our various nursing education institutions to institute scholarship policies to support brilliant nurses who want to pursue higher education.

Furthermore, although nurses need to obtain a higher academic qualification to be called to the policy table, a section of the participants were of the view that these nurses when they make it to the policy table are not able to make any substantive contributions, hence the study participants stressed the need for nurses to acquire good communication and writing skills, and the need for nurses' to be assertive and make cogent contributions at meetings. Jivraj Shariff (2015) corroborated this finding by stating that nurses in the 21st century should be able to demonstrate leadership qualities which include self-empowerment, good interpersonal communication skills, assertiveness, and critical thinking abilities to contribute to policy development in nursing.

A very significant finding from the study is nurses' ability to demonstrate their capabilities and worth to the world and policymakers. Participants opined that nurses on their own can market themselves to the policy makers through their actions and their work such as identifying problems and conducting research to find out the causes of problems and disseminating their research findings to the world through the writing of manuscripts. Secondly, when nurse clinicians possess the right skills and competence to deliver high-quality care to the populace, their efforts will be acknowledged and appreciated by policymakers and governments.

Besides, the admonishment to nurses to market their strengths and capabilities, participants emphasized the need for nurse managers to employ lobbying and advocacy skills to enable them to get to the policy tables and also involve themselves in politics. Reed (2008) in his study emphasized the need for nurses to be empowered to serve as advocates for their clients and their professional

organizations. Similarly, Woodward, Smart, and Benavides-Vaello (2016) stressed the need for nurses to be interested and participate in local politics within their committees and liaise with the Ministry of Health in their countries to contribute to issues regarding health. Nurses' ability to engage in these activities will positively influence the nursing profession.

Also, the study highlighted the need for nurses who make it to the policy table to be knowledgeable on the issues to be discussed to make worthwhile contributions. Similar to the above finding, Acheampong et al. (2021) highlighted the need for nurses to be knowledgeable about governmental policies and how they translate into health policies and policies concerning nurses if they can make meaningful contributions toward policy development and analysis. Moreover, participants emphasized the need for nurses to develop policies that would homogenize nursing education and practice. This is because currently there are differences in what nurses are taught in nursing school and what students learn in the clinical area. Participants also argued for policies to be developed concerning the entry requirements for individuals who would like to teach in nursing education institutions. For example, the entry requirement for tutors could be at least a master's degree and a minimum of seven years of working experience on the ward. These measures are to ensure that there are qualified and well-trained lecturers and tutors to teach in nursing educational institutions.

## 5. CONCLUSION

The study reveals that nurses are eager to contribute to policy development but face barriers such as perceived lack of knowledge and limited education opportunities. Overcoming these hurdles requires nurses to invest in education, engage in politics, and advocate for their interests. Integrating policy education in nursing curricula, establishing a dedicated nursing unit for policy development, and uniting nurses across sectors can enhance their involvement in shaping healthcare policies at various levels.

## 6. IMPLICATIONS

### 6.1 Implications for Nursing Education

- 1) The findings of the study call for an introduction of the course health policy development and analysis into the nursing curriculum for nursing schools. This introduction should commence from the undergraduate levels including diploma nursing training institutions, so that right from the onset of the training of student nurses they are exposed to policy development and analysis, and its importance to the nursing profession and practice.
- 2) The study also indicates the need for nurses to pay the price to attain higher education so that

they can be invited to the policy tables. This also calls for scholarship opportunities to assist all nurses interested in acquiring higher educational qualifications. Secondly, the Ministry of Health should make study leave policies flexible for nurse clinicians who want to pursue a Master of Philosophy in nursing to go into academia. The majority of nurse clinicians with the aspiration to become lecturers are denied this opportunity as a result, they end up combining schooling and their clinical work and this automatically affects the care they render to clients. No doubt, currently governments and the citizenry have raised questions about a decline in the competencies of nurses.

- 3) The study also calls for the introduction of policies to be developed by nurses to standardize nursing education and practice. In recent times, questions have been raised about the differences existing in what students are being taught in the classroom and in the clinical area, which is affecting the quality of care delivered by nurses.
- 4) Policies should be developed on who qualifies to teach in the nursing schools, especially the nursing training institutions since the majority of the tutors are still teaching with a Bachelor of Science in nursing and a Bachelor of education in nursing.
- 5) Nurses need to institute policies on the uniformity of one entry-level nursing practice. The study revealed that disunity exists among nurses with a Bachelor of Science in nursing and nurses with a diploma certificate which in the long run affects the quality of nursing care.

### 6.2 Implication for Nursing Practice

- 1) The study showed that it's time for all nurses' both academics and clinicians to be proactive and actively agitate to be involved in all policies needed for best nursing practices at the local and national levels.
- 2) The disunity among nurses is hampering their progress to the policy table; hence all nurses need to rally behind the hospital matrons to get things done in their favour.
- 3) Nurses should agitate to get on board all policy committees within the hospital, especially the procurement committee to make their contributions to what items and equipment should be purchased to enable them to carry out their activities successfully.
- 4) There is a need for nurses who get the opportunity to pursue further studies to translate the knowledge acquired from school into practice such as conducting research that guides clinical practice and disseminating their findings through publications to demonstrate their worth to the public and policymakers. Moreover, nurses should demonstrate their



strength in health promotion and prevention of diseases among the citizenry.

- 5) There is a need for periodic in-service training for both new and old staff members on policy development and analysis.

## 7. CONFLICT OF INTEREST

The authors have declared that no competing interests exist.

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