Nursing and Health Policy

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Purpose: To describe ways nurses are and are not effective in the development of health policy in the United States today, and to provide useful information for those interested in making nursing a more vital part of the policy arena.

Design: Qualitative examination of the career experiences and observations of a purposive sample of 27 American nurses currently active in health policy at the national, state, local, or organizational level.

Method: Semi-structured interviews regarding career path, contributing resources improvement of resources available to nurses, and the strengths and weaknesses of currently available information for policy work.

Findings: For nurse participants, policy involvement meant speaking for patients in arenas where those need of care have limited voice. Participation occured after assessment, diagnosis, and planning revealed the need for change in the way resources were allocated. Strong belief in the capacity and importance of people caring for themselves distinguished nurses in their policy roles. Policy makers responded to the experiences and determinants of health and illness as presented by nurses.

Conclusion: Once engaged, nurses seldom turned their backs on the world of policy-making. However, they did not report significant use of nursing research or information in policy making. Further investigation and testing of systems to connect nurse policymakers with nurse scholars are recommended.

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"Nursing has something special to bring to policy. Health policy is nursing practice." (A nurse involved in health policy at a national level.)

"Doing health policy" does not appear as a component in any of the usual answers to the question "What is nursing?" The typical answer might be drawn from classic nursing literature: "Nursing is doing for patients what they might do for themselves if they were able" (Harmer & Henderson, 1960); or a description of the nursing process—nursing is assessing, planning, intervening, and evaluating (Lewis, 1974); or a description of the many settings in which nurses find themselves earning a living; nursing is providing physical and emotional care and support to people in hospitals, clinics, home health agencies, long term care facilities, and promoting the health of both individuals and communities. The answer often includes reference to honoring the basic value of every human.

Nursing literature, however, is sprinkled with articles about the importance of nurses' involvement in public policy and political processes. Some authors have noted the need for nurses to increase their participation to influence legislation that affects health care, nursing practice, or patients, and many have provided prescriptive statements regarding why policy activity is important and how it should be taught (Brown, 1996, Buerhaus, 1992; Martin, White, & Hansen, 1989; Stimpson & Hanley, 1991; Thomas & Shelton, 1994). Engaging students in policy content has been stated perhaps most strongly by Cohen and associates (1996) who indicated that "Every graduate of a doctoral program in nursing should be able to articulate the policy relevance of his or her research" (p. 265, 1996). Although some research has been conducted focusing on health policy content in nursing education programs (Andreoli, Musser, & Otto, 1987) and the identification of specific political competencies for specialty practice (Misener et al., 1997), few researchers query nurses who have provided leadership in the policy arena to better understand the nature of policy work and strategies that may facilitate increased participation.

One qualitative study (Winter & Lockhart, 1997) of 11 politically active nurses explored how nurses became involved in policy and the meaning that political participation had for them. Findings from the study included determining that political involvement provided nurses with opportunities to influence social policy and improve circumstances for both nurses and patients. Key catalysts for engaging in policy included family influences, especially in environments supportive of political and community action and the identification of parents as role models. Furthermore,

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participants identified contemporary nurses, including deans, as important policy mentors. Some participants noted the absence of formal course content in their nursing programs related to public policy and emphasized the importance of exposure to such information to help students understand political involvement as essential. The current study moves beyond this level to query a larger sample of nurse leaders.

This study revealed that for many nurses participation in policy development, that is, making decisions to accomplish a purpose on behalf of some target audience by a person or group in authority, is their nursing practice. Their target audience may be as large as the entire population of a community, as is the focus of elected officials. Policy decisions may be expressed in many ways, but are chiefly visible as the allocation of resources, for example, funds, staff, space, or attention (Brown, 1988). Policy making includes the policy activity of corporate and institutional boards and executives, as well as more traditional decisions made by elected public officials at the local, state, or national level.

Nurses' involvement in policy includes speaking for patients, their families, and community members in the areas where many of those in need of care have no voice or limited voice. Participation in policy development can be a logical intervention when assessment, diagnosis, and planning indicate a need for change in the type or allocation of resources. Policy involvement can be based in any type of nursing practice, may be one of many responsibilities, or may be a nurse's full-time occupation. Policy development may be carried out by a nurse who is an elected or appointed official in addition to professional employment. And issues of policy are of increasing interest to nurses generally, as indicated by the growing number of books (Mason & Leavitt, 1999; Milstead, 1999) and articles (Fagin, 1998; Williams, 1998) on policy and political interaction targeted specifically at a nursing audience.

Nurses have written about the need for more policy content in both education and research. For example, Jones and colleagues (1997) asserted that nurse scientists are needed "who can translate their research findings into policy-relevant recommendations" (p. 266) and recommended that policy questions should be included in research proposals. Others have said that nurses "Need to develop our level of sophistication in conducting policy analysis, policy research, and nursing research with policy implications" (Cohen et al, 1996, p. 265). However, little investigation has been done to describe the real experiences of nurses who have followed this advice.

The purpose of this study was to describe ways nurses are and are not effectively involved in the development of health policy in the United States, to provide information useful to those seeking to make nursing a more vital part of the policy arena. Although the literature on what nurses might do, or could do, in the policy arena has been growing steadily, little research on the topic has been done. The authors have all been involved in health policy making at institutional, local, state, national, and international levels, with interests spanning acute care, prevention and public health, finance and organization of care, and macro-level policies.

Methods

The investigators began the study with a 1-day exploration of their perceptions of ways nurses were and were not involved in the development of health policy in the United States at the time of the study. The discussion included the investigators, two additional nurses, and two other professionals interested in health policy and nursing. This study was then designed as a way of expanding the knowledge base for nurses' policy roles.

To accomplish the purpose, a qualitative examination of the career experiences and observations of nurses currently active in health policy at the national, state, local, or organizational level was designed. The population of interest was nurses engaged in state and national policy from positions including elected officials or their staff, office in or staff to national associations, representatives of foundations, health agencies, and academic and health system leaders. Selection of informants began with a list of nurses known through personal contact, public records, or published literature to have been in one of the positions of interest in the last 5 years. In addition, interviewees were asked to suggest names of potential participants.

The final sample of 27 was established on the basis of range of level and branch of government, elected, and appointed positions, nongovernmental policy participants, and geographic and demographic distribution. Twenty-four of the respondents were women, 20 were over 50 years of age, and 24 were White. The highest degree held was a master's degree for 10 respondents and a doctorate in nursing or another field for 16. Three respondents were retired; those working were distributed among practice (n = 4), academia (n = 9) and other organizations (n = 11). Respondents came from 13 states and the District of Columbia; the District of Columbia was home to 5 respondents. In the initial contact, each participant was informed about the intent and method of the study, and was assured that no individual identification would be made in the final report, and that draft materials would be reviewed with interviewees for accuracy. Willingness to continue the telephone interview was deemed to be consent. The sample size was determined by the investigators to be large enough to encompass the range of policy activities of nurses and sufficient to identify the information needed to answer the research question.

The investigators identified the content areas to be probed in semistructured interviews as the policy experiences of the informants; the resources, human or otherwise, that contributed to involvement in the policy-making process; any suggestions on how to improve policy resources available to nurses; and the strengths and weaknesses of currently available information for policy work. Following answers to the initial request to "Tell me about …" in each of the above areas, participants were encouraged to share specific anecdotes and examples related to these areas as much as possible. Each interview was conducted by one of the investigators following interview guidelines developed collaboratively. Potential follow-up questions and cues to

elicit more specific information were shared in advance of conducting any interviews. Interviewers were matched to respondents solely on the basis of schedule, with the exception that no one interviewed a respondent with whom she had current contact that might limit frank responses.

Documentation of interviews was by notes taken during the telephone interviews, which averaged 40 minutes, with a range 20 minutes to 3 hours. These notes were transcribed and shared among all investigators before content analysis was undertaken. After each investigator had read all of the transcripts, they pooled their reactions and worked as a group to cluster the content of the responses into themes. A draft of findings was shared with all interviewees, who were invited to make comments on specific examples and on proposed findings. The comments received were generally supportive of the conclusions, with numerous suggestions to improve clarity.

Findings

The findings are organized according to the most dominant themes identified in three areas:

1. What is it that nursing as a discipline brings to the policy arena? This content area illustrated world views that could be described and taught to other nurses.

2. What have been the career paths of nurses who have become recognized as participants in the policy process? The responses of all participants pointed to the importance of career decisions in moving them into policy roles.

3. Based on the experiences of these nurses, what could be done to strengthen the effectiveness of nurses in policy-making and political activity? Participants offered suggestions about possible actions to strengthen and increase nurses' roles in policy.

What do nurses bring to policy?

The statement that "doing policy" is nursing practice for many nurses is based on the stories of nurses interviewed for this study. In their reports these nurses revealed the special skills nurses bring to policy making and ways nursing process skills can be applied at all levels from institutional to national. For some respondents, participation in policy was a conscious choice, made after exposure to a key mentor or role model, or because of passion for a particular cause. For others, participation was a gradual evolution influenced by experience, as they assumed positions of more responsibility or awareness of opportunity through policy involvement. This section indicates the reported experiences that illustrate the effects of nursing education, practice, or perspective on participation in policy activities.

The starting point for many participants was their enthusiastic commitment to making a difference in the lives of those around them. Study participants perceived that activism is inextricably linked to health care and care is what nursing is all about. As described by one nurse who has served on a national health policy board and whose advice is sought on major health issues, nursing makes a big difference in patient outcomes at many levels, starting with attention to the needs of individual patients. Nursing involvement is felt, according to her, from the individual institution all the way to national economic policy. Another expressed "a passion for care" that drove her beyond clinical practice to reach out to policy and decision-makers, eventually becoming one herself. One study participant was pushed into a first policy confrontation after observing house staff practicing intubation on dead patients before removal to the mortuary, an institutional policy she found deeply offensive. Another asserted that the passionate writings of nurses who have observed the failures or omissions of policy had perhaps a greater influence on policy outcomes than did more reasoned research reports. That is not to say that research is not important: at least one of those interviewed became involved in health policy specifically to assure that her research findings would become known and used for policy formation.

Nurses bring to the policy arena knowledge and skill gained in basic nursing education and in practice. For example, some participants described the application of clinical observation skills to policy work as emanating from nurses' extensive study of interpersonal communications. This capacity is expressed by nurses in policy positions in pragmatic terms: "If you know how to get kids to take their medicine, you can work with a lot of people;" and "If you know how to assess and intervene with a hyperventilating patient, you can identify when a meeting participant is hyperventilating" because of a strong reaction to the process. In the policy arena, often characterized by differences of opinion rooted in contrasting ideologies, nurses can take steps to reduce tension before a confrontation or argument disrupts a process. Some participants said nurses' strong beliefs in the capacity and importance of people to care for themselves distinguishes nurses from other health professions that share many of the same skills. This belief becomes an orientation toward policy action to enable people to help themselves. Many respondents organized groups on a specific issue, and helped others speak out on critical issues such as access to maternity services.

On another level, nursing practice requires that quantitative information must be accumulated and used accurately and often very rapidly. Many professionals have quantitative skills and work with data of the types that illustrate or undergird health policy decisions. However, participants saw themselves as having an advantage over those who have no experience with how numbers relate to the real lives of people. The importance of a perspective on real people's experiences that moves beyond balance sheets was expressed both by those who make policy decisions in hospitals and health care systems and by those who work with legislative bodies at state and national levels.

Nurses effective in policy described their mastery of many people skills. High on the list are skills related to communicating with multiple people representing different interests, while keeping ongoing priorities clear. As one participant described it, the ability to juggle competing demands in a political situation is similar to, perhaps easier

than juggling competing patient demands in an intensive care unit. The ability to balance competing priorities also requires the ability to respond effectively to the unpredictable, compared by one participant to her experiences in labor and delivery room practice. These nurses also showed consensus-building skills. Colleagues told one participant, "Your nursing background is coming through" when she succeeded in helping them work together on a difficult problem. Mobilizing and communicating with diverse groups also emanates from the expectation that nurses have the ability to work with others, regardless of differences.

Put another way, a basic process of nursing is the problem-solving process. This process was seen by nurses engaged in policy efforts as similar to the basic process of democratic government: gathering information from people as they present themselves, identifying possible actions or solutions to the challenges presented, and marshaling support for action from a wide range of perspectives. One participant who served on a very contentious presidential commission described this similarity in processes as a central reality of political and policy involvement. Intense feelings often accompany work on sensitive policy issues. Another interviewee described her experiences as transferring bedside nurses' "thick-skinned awareness" to the policy arena. Although being aware of others and sensitive to the dynamics of individual or group situations, effective nursing requires some insulation from being drawn too personally into the experiences of another person, thereby effectively using analytic skills and, if necessary, taking painful actions.

For many of those interviewed, grounding in nursing practice served as a reality check on both policy-related problems and proposed solutions. In selecting areas of concentration, or in becoming aroused to act by events, this balance point has proven effective. For one participant it was the need to clarify legislators' understanding of funding for nursing education that led her from being a behind-the-scenes information source to being an active strategist and spokesperson when others did not respond. Her experience as a nurse and nurse educator breathed life into what might otherwise have been only an exercise in balancing agency budgets. Another was able to advance the use of nurse practitioners as a commonsense solution to the critical issue of access to care. The perspective of nursing practice has been a source of energy for nurses successfully working on issues as varied as entry to practice and insurance reform.

Many respondents described nurses as a large interest group that can be rallied to support the public's health, though the profession may have been slow to capitalize on this fact. Nurses engaged in public policy can be meaningful to others involved in elective politics and interested in votes. In addition, nurses are regarded positively in communities, making them good resources for those in policy positions and credible speakers on contentious issues. Nurses can be excellent expert witnesses in legislative and regulatory settings, and have made a difference in the passage of laws. Nurses' vivid anecdotes from first-hand involvement in health care were reported as being extremely powerful, not only in debates directly relating to nurses, such as entry to practice, but also in general health issues such as access to substance abuse treatment.

Participants reported that nurses bring negative as well as positive aspects to policy. As reported by participants, the limitations are two-fold: nurses are perceived as being on a lesser intellectual plane than are other professions, so that nursing input is discounted; and some nurses do not individually value their political involvement, or that of their colleagues, thus weakening their collective power. Illustrations of these negatives were articulated by many participants. Several expressed concern that many nurses active in policy roles do not identify themselves as nurses for fear of the discounting that they believe would follow. For example, some nurses interviewed rarely, if ever, used "RN" in communications, did not keep a current nursing license, were not generally known as nurses to those with whom they worked, and may not be identified by the nursing community as fellow professionals. This distance may have resulted from the experiences of not being supported by other nurses because they did not "carry the nursing banner" as a first priority in all policy interactions. One nurse, a recent candidate for a state office, was sufficiently distanced from nursing by this phenomenon that nurses are never the first group she thinks of when planning her campaign strategy. A perceived demand for over-identification with nursing on the part of nurses in policy positions may be the result of the absolute adherence to discipline traditionally a part of nurses' socialization. As expressed by one, the "Mother, may I?" syndrome is as destructive to the profession in this arena as it has been in many others.

Few participants reported formal course work on policy and politics in their nursing education; relatively few were encouraged to seek mentoring or other less formal sources of training. One suggestion made by a participant was that the female dominance of nursing, with all that implies about disrupted career paths and secondary wage-earner roles, has made it difficult for the profession to adopt developmental activities more common in other fields.

The perceived insularity of the profession was identified as keeping many nurses from seeing the profession as part of a larger picture, leading nurses to overrate the importance of nursing while not effectively contributing to solutions. These views and experiences combine to limit the effectiveness of nurses when they do become stimulated to action or cause nurses to miss opportunities that become available. For example, one participant expressed amazement that she had been the only member of a young nursing faculty who saw the positive side of serving as a driver to a senior nursing leader who regularly needed a ride to attend strategy and planning meetings in a large city. The young volunteer driver understood this opportunity to receive tutoring about nursing's future and how she could help make change happen. An additional result of early exposure to policy involvement became clear in several stories of nurses who found themselves less than satisfied by practice in clinical nursing positions. Through policy and political activity, they found challenging

ways to bring nursing knowledge and perspectives to bear on making change at a system level.

What are the career paths of nurses in policy positions?

Interviews revealed both great commonalties and wide diversity in the backgrounds of participants who have been active in health policy. The overriding commonality is serendipity. None of the individuals interviewed had planned a career in policy. Rather, opportunities presented themselves, and these nurses took advantage of situations to make a difference in people's lives through policy. For example, some became involved through jobs that required working in areas of health policy. Others came to policy careers by incidental contacts with people who saw their potential and recruited them. One nurse serving as an association executive noted three "hooks" that pull nurses into health policy: personal experience, mentors, and dramatic interventions. The following description of the career paths begins with family influences, and chronicles the major catalysts that spurred them toward careers in health policy.

Personal Experience. Parents who were active in policy and politics, but also those who created an environment that encouraged such involvement, served as role models for many of the nurses active in policy. Fathers were most often mentioned as role models. For example, as a child one interviewee watched her small-town-physician father make change happen by working with leaders in the community. Another grew up watching a politically astute father organize community leaders to fluoridate the water system. Another identified the importance of having a businessman father who always conducted his affairs in an ethical manner. Although mothers were not mentioned as often, they clearly played a role. One mother discussed her many political efforts with her daughter from an early age. That daughter grew up believing political activism was essential. Parents involved in social services provided a strong community orientation for another participant. Another respondent, whose parents set examples through involvement in socially conscious activities, was herself involved with services for the homeless and other similar projects before entering nursing.

Several of the interviewees reported that they were raised to be independent and to believe firmly in their capacity to accomplish virtually anything. An interviewee whose father was the principal at her school sought independence by changing to a school where no one knew her father. Another nurse, whose father died when she was a high school senior, had already learned from him that she could do anything, would be a leader, and would be the best there was.

Other family members have played important roles. A grandmother who continually enforced the golden rule was recognized for a push toward activity in altruistic groups such as Boy Scouts. Another identified the influence of her husband who had extensive experience in the political process and encouraged her participation. Yet another was motivated to change policy when she was denied the opportunity to stay with her hospitalized child.

Education. High school provided strong socialization for several nurses active in health policy. One mentioned parochial school education as particularly motivating, observing that after being educated by nuns she felt she could do anything. Another who was selected to attend Girls' State described herself as a frustrated high-school politician. Without financial means to support her interest in politics, however, she chose nursing and developed political interests from that base. Activity as a change agent in high school carried over into nursing school for one participant. For another, the confidence-building experiences of attending 17 schools by seventh grade taught her to be comfortable in uncomfortable situations.

Experiences in nursing school made a clear difference to several people. Going to a school with an activist orientation was mentioned by several nurses. A university school of nursing with a strong focus on teaching patients and community members provided this orientation, as did courses on public policy. Exposure to sociology, economics, and political science increased political awareness. University attendance during a period of student activism led to later political and social activism. An interviewee's nursing school dean maintained that you did not have to tell people what your credentials were; your credibility was evident in how you presented yourself, an invaluable part of nursing socialization.

Several people viewed their choices of clinical specialty as very influential. One interviewee valued an association with nurse midwives whom she described as a "pioneering, scrappy group full of risk takers." Majoring in public health provided a multidisciplinary focus for another, a perspective she believes other areas of clinical education lack. The multidisciplinary classes and small-group field work in communities were powerful influences on her, for working effectively with others and doing something significant in the community.

Education was also seen as important because of the exposure to great leaders. One participant said that at the school she attended the dean and provost were accessible, and undergraduate students were comfortable talking with them. Both Johns Hopkins University and Teachers College, Columbia University, were specifically mentioned because of faculty leadership. Exposure to people such as Eleanor Lambertson had long-lasting effects. Participants identified these faculty as influential throughout later life. Also deemed important was the network of affiliations with people associated with the schools.

Although some participants began their public efforts in high school or during undergraduate education, graduate work was the start for many. Law school gave one person the stature and knowledge to engage in health policy, because people assumed an attorney would know about legislation and policy. As a doctoral student, another worked on reimbursement for nurse practitioners and continued involvement in health policy and health services research. Eventually this nurse worked closely with a senator to rewrite the Nurse Training Act. A degree in sociology provided

another with the opportunity to see how politics shape what happens to people and resulted in a policy-relevant dissertation on childhood psychiatric treatment. Another person with a doctorate in sociology noted that this education helped her understand why hospitals were the way they were and provided the foundation for involvement in policy-related research. For another, doctoral work in higher education and law that included an internship in a major association's governmental affairs department facilitated a subsequent policy-active career.

The Robert Wood Johnson Health Policy Fellowship was noted by many participants to have been very significant to their career development. Associated with enormous growth during the fellowship year, it was viewed as a career turning point. One interviewee cited the fact that people took an interest in her because she was a fellow and taught her how to frame research questions significant to policy makers. This task required learning how to put together different data sets and to identify how policy solutions can differ locally and nationally. Another described the fellowship experience as a "mini PhD" and more than one noted the opportunity to meet "everyone in Washington, DC." One former fellow also commented on the benefit to her career of working with a key Senate committee on topics such as infant mortality and nurse practitioners.

Employment. Work experiences that influenced interest in health policy were varied. Clinical practice experiences motivated several participants to pursue course work in health policy. One interviewee became a clinical nurse specialist to influence change. Later, viewing hospitals as rigid and not facilitating science-based practice, she was motivated to pursue doctoral education. A similar experience with limited autonomy as a nurse practitioner caused another to seek additional education. More than one participant said that clinical nursing was not personally fulfilling, believing that caring could also be expressed elsewhere. Health policy became a route to use talents to influence health care on a broader scale. The lack of reimbursement for nurse practitioners was a motivating force to become more active in health policy, as were clinical issues such as defining patient outcomes and planning care for people with HIV.

Several school of nursing deans were pushed into health policy by job requirements, regardless of prior interest. For some, university politics provided an introduction to the world of politics and eventually health policy. One dean was asked to write about the content of policy and politics in the curriculum, an effort that served as a catalyst for subsequent policy work. Working on reimbursement for faculty nurse practitioners was one dean's introduction to health policy. Another combined public health experience with her position as dean to engage in health policy. Yet another was introduced to health policy when as a dean she was faced with the loss of state capitation funds and was involved in organizing people across campus to avoid the loss of funds.

One participant said she always approached research with an eye toward policy and used national contacts to facilitate moving research into the policy arena. Some became interested in policy-related research when they witnessed decision-making processes such as those that were evident when nurse practitioners were impeded by pediatricians for reasons unrelated to nurse practitioners' capability. Another participant noted that her research on health policy and health services was a result of helping assure reimbursement for nurse practitioners.

Other positions held by interviewees and mentioned as part of their career paths to policy were positions in organizations as diverse as the American Nurses Association Cabinet on Research, the National Institute of Nursing Research, American Association of Colleges of Nursing, and other nursing organizations, foundations, and state health departments.

People, community, boards, and politics. Contact with a variety of influential people from diverse fields was mentioned as important by a majority of the participants. This influence occurred from youth through mid-career. One nurse held a position in which she reported to people involved in the American Hospital Association; through this exposure she became active and influential. She learned political involvement and was mentored in health policy. Her contacts and knowledge positioned her for an appointment to a national accrediting body. Contacting a state director of maternal and child health for information served as a catalyst for a public policy career for another. Several people described their work with community and professional boards as springboards into public policy. Several mentioned the American Heart Association and the American Lung Association as well as other special interest groups. Association activity gave people experience as well as affiliations with others interested in health policy.

Involvement in political campaigns opened doors for several people. In return for helping in elections, positions were offered in public service and within political parties. Significant efforts to organize nurses around political candidates, build a political action committee (PAC), and work on major campaigns pulled a number of interviewees further into policy efforts. For more than one, local political activity led to national activity with health care reform. Experience with the political process within nursing organizations, both as students and as practicing nurses, pushed many into health policy. Activity at the district level, such as with the district legislative committee, expanded to state organization activity, including committee work and elected office. Lobbying on behalf of nurse practitioners opened career doors for one and employment by state and national organizations for another. With these varied beginnings and activities, all participants focused on the need to take advantage of opportunities for exposure to leaders, to speak up on issues of concern, and to take risks to pursue issues when clinical practice and patients' well-being were threatened.

What could improve the policy contributions of nurses?

All interviewees were asked for recommendations regarding how to enhance nurses' policy and political involvement.

Recommended approaches to increase effectiveness included: (a) individual activity, (b) organizational activity, (c) involvement of educational institutions, and d) initiatives specific to nurse researchers.

Individual Activity. Many of the recommendations for individual activity were applicable to nurses regardless of their practice environment or educational background. Recommended individual actions ranged from requiring some investment of time and acquisition of policy and political expertise to building this participation as a major component of a nurse's professional role. Every participant noted the need for markedly increased involvement of nurses in the policy arena. Likewise, many of those interviewed commented on the unique perspective that nurses bring to health policy. Drawing on experience ranging from patient care to planning community health activities provides nurses with a realistic foundation on which to engage in building sound health policy. Nurses who are active in policy should think about how to help create policy opportunities for practicing nurses, students, and faculty. Other steps noted included:

• Cultivating and maintaining relationships with knowledgeable and influential people;

• Using the Web to link nurses with various policy interests and to provide up-to-date policy-relevant information;

• Joining professional nursing organizations because membership puts nurses in contact with other motivated people and provides an opportunity to learn effective political strategies;

• Developing network strategies for nurses to mentor political neophytes and "claim" nurses who have moved from traditional career paths;

• Sharing the "how-to" success stories of individual nurses and nursing organizations in the policy arena;

• Linking nursing research to political and policy-related activity;

• Becoming knowledgeable on policy-relevant issues and being familiar with current developments among a broad range of policy discussions, drawing on multiple information sources;

• Capitalizing on the positive views that communities have of the nursing profession by being visible at forums and other community meetings, volunteering for internships, or working in community government, in state capitals or the nation's capital;

• Developing clear, well-informed, jargon-free communication when interacting with policymakers; and

• Helping to educate and inform other nurses, producing information regarding emerging policy issues.

Organizational Activity. To strengthen the policy-oriented ranks of the profession, many nurses recommended that nursing organizations design programs to assist nurses interested in policy-related fellowships. Some fellowships should be organized by state associations and focus on state-level policy experience. At both state and national levels, organizations should develop plans that facilitate the selection and promotion of nurses exhibiting strong potential. One participant suggested that financial support be provided through nursing organizations to help nurses participate in policy fellowships. Another suggested that specialty nursing organizations support their members' attendance at policy-related conferences. Organizational efforts should be made specifically to encourage collaboration between basic researchers and nurses who are influencing policy. Practical policy experience accompanied by a broad worldview should make the policy-related research conducted by nurses more pertinent and useable. Additionally, participants said that representatives from organizations could:

• Develop an annual national institute for policy and leadership, working through coalitions of organizations from inside and outside of the discipline to bring nurses' best research, often practice-based, into the policy arena;

• Capitalize on nursing expertise and positive public sentiment by acting in the public's interest, articulating broad policy consistent with the public's priorities, such as teenage smoking or juvenile violence, and explicitly linking that content to policy making activities, such as congressional hearings;

• Set aside time at national meetings to allow nurses to converse about health policy strategies and activities and include planned discussions of about how nurses can effectively influence health policy at individual and organizational levels; and

• Become experts in interacting with the media and positioning their work to draw media attention.

Involvement of educational institutions. Respondents mentioned the need for all nursing schools to offer health policy courses and to encourage internships that can provide an experiential base for students and simultaneously enhance policy makers' understanding of the contributions of nurses. One participant strongly recommended including the nuances of the policy-making process, such as negotiation and compromise necessary to enacting policy, in the curriculum. Information provided in educational institutions and nursing organizations should include a focus on communication, coalition building, constituency building, and civics. Policy issues should be incorporated throughout nursing course work. A formal national network of people teaching law, ethics, and policy courses in schools of nursing could link existing policy experts within the profession. The American Association of Colleges of Nursing was mentioned as the organization that could develop this network of faculty across the country. Furthermore, these teachers should be connected to nurse leaders active in policy and politics. Other steps identified included:

• Expecting that all students would become members of the American Nurses' Association, thus exposing them to nurse leaders who can served as role models; and

• Emphasizing interdisciplinary work to help nurses negotiate in the policy arena with people of different backgrounds, breaking out of the "silo" that nursing often occupies on campuses.

Initiatives specific to nurse researchers. Many participants noted a paucity of nurses conducting research on policy-relevant questions. One nurse stated that every clinical study should include a discussion of policy ramifications and that although not every nurse needs to be a policy analyst, making

these linkages can help shape policy that ultimately changes practice. Relevant research findings should be written in a style that can help policymakers draw conclusions. One nurse said, "Policymakers, especially at the state level, know the information they need to have to make good policy decisions." One nurse noted that scholars from many policy-relevant disciplines on university campuses are interested in conducting research in a real-world laboratory such as nursing. Nurses often sell themselves and their research products short by not pursuing first-rate statisticians and other expert consultants. Many strategies designed to enhance the linkage of research and policy were identified:

- Anticipate future research needs based on tracking of anticipated health legislation;
- Amass and conduct analyses of large data sets to influence policy rather than using only anecdotal information;
- Speak with one voice using data rather than expressing multiple views anchored in personal opinion;
- Move beyond research that is relevant only to nursing;
- Frame research to pertain to issues broader than just nursing interests (e. g., Medicare reimbursement);
- Publish and disseminate results beyond nursing literature; and
- Engage policymakers in dialogue when developing research questions and focus.

When nurses have articles published in the nursing literature, they should reiterate views about the relevance of policy to practice because old literature often goes unreviewed. As one participant said, "We can learn as much from an analysis of political and policy failures as we can from success stories." Although entire articles might be focused on health policy, even articles with a different orientation should indicate policy implications. One participant noted that, too frequently, nursing articles end without stating relevant policy recommendations. These recommendations should be consistently included because many nurses might not be able to analyze the content of the article from a policy perspective.

Conclusions

The analysis of findings about nurses engaged in policy leads to the following conclusions:

- Any efforts to increase the roles of nurses in policy-making should take into account the need to have support readily available when a nurse is first motivated to consider the policy process. Support could include a more widely available network of mentors, a process of seeking nurses just venturing into the policy arena, or inclusion of a wide range of engaging materials in media accessed by nurses.
- A nurse's knowledge of health issues and unmet needs, coupled with an understanding of what motivates people to get involved, is a potent combination in health policy. For example, a nurse can help policymakers understand the difference between regulations for physicians' decisions about home care and nurses' decisions in patients' homes.
- Faculty in schools of nursing have an important role. Few nurses have been educated formally or informally about the political process and should learn about the potential for positive change inherent in the democratic political and policy-making process. Faculty have the additional role of assisting other faculty and students to identify policy implications of their research.
- Nurses should communicate about policy as well as generate policy-relevant research. Nurses should bring to the attention of policymakers stories from their own practices and research findings from studies such as those supported by the Agency for Healthcare Research and Quality or other sources.

From all parts of the country and all parts of the profession, nurses whose careers have involved significant contributions to health policy affirm that health policy is a part of nursing, and vice versa. The experience of observing acts that adversely affect care or that violate human worth is a powerful motivator of policy involvement. Further, nursing work is goal directed, as is policy work, requiring ability to stay focused on long-term objectives, engage in incremental activities that build toward achievement of those objectives while avoiding day-to-day distractions. Once a nurse is motivated to try to change or develop policy, and becomes engaged in the process, many of the basic approaches to work and problem solving developed in nursing education and practice prove useful.

The specific stories told, however, illustrate that awareness of the connection is not an automatic one. Neophyte nurses need exposure to policy-making and the power of nursing experience to understand ways to improve how we shape the organization and financing of care. And policy makers need exposure to perspectives on the experience of health and illness acquired by nurses in the course of their day-to-day work. This interaction can influence the course of policies now under consideration but also can stimulate a rich array of efforts that address important policy questions. Few nurses who have become involved in the policy process turn their backs on the world of policy-making. The challenge is converting the lessons learned by nurses engaged in policy into effective mechanisms that successfully draw a wider circle of nurses into the process. JNS

References

Andreoli, K., Musser, L.A., & Otto, D.A. (1987). Health policy in nursing curriculum. **Journal of Nursing Education, 26(6)**, 239-243.

Buerhaus, P.I. (1992). Teaching health care public policy. **Nursing & Health Care, 3(6)**, 304-309.

Brown, L.D. (1988). **Health policy in the United States: Issues and options**. New York: Ford Foundation.

Brown, S.G. (1996). Incorporating political socialization theory into baccalaureate nursing education. **Nursing Outlook, 44(1)**, 20-23.

Cohen, S., Mason, D., Kovner, C., Leavitt, J., Pulcini, J., & Sochalski, J. (1996). Stages of nursing's political development: Where we've been and where we ought to go. **Nursing Outlook, 44(6)**, 259-266.

Fagin, C. (1998). Nursing research and the erosion of care. **Nursing Outlook, 46(6)**, 259-261.

Harmer, B., & Henderson, V. (1960). **Textbook of the principles and practice of nursing** (5th ed.). New York: Macmillan.

Jones, K., Jennings. B., Moritz, P., & Moss, M. (1997). Policy issues associated with analyzing outcomes of care. **Image: Journal of Nursing Scholarship, 29**, 261-268.

Lewis, L. (1974). This I believe about the nursing process. In M.H. Browning & P.L. Minehan (Eds.), **The nursing process in practice**. New York: American Journal of Nursing Company.

Martin, E.J., White, J.E., & Hansen, M.M. (1989). Preparing students to shape health policy. **Nursing Outlook, 37(2)**, 89-93.

Mason, D., & Leavitt, J. (1999). **Policy and politics in nursing and health care** (3rd ed.). Philadelphia: WB Saunders.

Misener, T.R., Alexander, J.W., Blaha, A.J., Clarke, P.N., Cover, C.M., Felton, G.M., Fuller, S.G., Herman, J., Rodes, M.M., & Sharp, H.F. (1997). National delphi study to determine competencies for nursing leadership in public health. **Image: Journal of Nursing Scholarship, 29**, 47-50.

Milstead, J.A. (1999). **Health policy & politics: A nurse's guide**. Gaithersburg, MD: Aspen.

Stimpson, M., & Hanley, B. (1991). Nurse policy analyst. **Nursing & Health Care, 12(1)**, 10-15.

Thomas, P.A., & Shelton, C.R. (1994). Teaching students to become active in public policy. **Public Health Nursing, 11(2)**, 75-77.

Williams, R.P. (1998). Nursing leaders' perceptions of quality nursing: An analysis from academe. **Nursing Outlook, 46(6)**, 262-267.

Winter, M.K., & Lockhart, J.S. (1997). From motivation to action: Understanding nurses' political involvement. **Nursing and Health Care Perspectives, 18(5)**, 244-250.