



Nursing Practice in Rural and Remote Canada

HEALTH POLICY DEVELOPMENT:

CONNECTIONS TO NURSING

AN ANNOTATED BIBLIOGRAPHY

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INTRODUCTION

Nursing, as a profession, has long understood the significance of policy for its practice. However, individual nurses have not been prepared to participate knowledgably in its development. The last several years have seen a shift in this regard with increased attention paid to preparing registered nurses about policy issues so that they may articulate the interests of the nursing profession.

The purpose of this annotated bibliography is to present a collection of peer reviewed articles that address policy and its interrelationship with nursing. Annotations that address case studies and their implications to policy, creation of policy for the health sector, nurses' political involvement in policy development, policy formulation, research and policy implications and preparation of nurses as policy experts are all included. The 43 articles in these six themes provide the reader with unique examples but one overall common perspective about policy. That is, political socialization and participation are particularly important to the future of nursing and steps must be taken to address this gap.

These peer reviewed articles are largely American in scope and although their comments about legislative changes may not apply to the Canadian health scene, lessons can be learned about the process through which policy was developed. In addition, the articles address policy from an urban perspective, but as the complexity of rural and remote nursing is uncovered, it is expected that policy articles will be available that address the unique health issues of rural and remote areas of Canada.

Four recurring themes are evident in these annotations. First, the education of nurses for roles in policy development needs to begin at the baccalaureate level. Undergraduate nursing students will benefit from participation in activities such as attending municipal meetings and interviewing candidates for political office. Graduate nursing studies, at both the masters and doctoral level, can build on these experiences by providing students with opportunities to analyze provincial and federal legislation. The second theme is that there are differences between policy analysis and policy research with the latter focusing on the scientific investigation of policy. Both analysis and research functions are necessary; individual nurses need to be skilled at both of these. A third theme is that participation in policy development is enhanced when the individual has knowledge and information about policy in general and about the issue that is of particular concern. Hence, educational preparation is paramount. The final theme is that nursing leaders need to be politically aware and prepared to anticipate future needs of the profession while working with the system in creating appropriate policies. Thus, workshop opportunities and mentorship programs and networking with nurse leaders in policy positions all need to be pursued.

CASE STUDIES & THEIR IMPLICATIONS TO POLICY

Bellamy, G. (2001). Connecting the dots: Policy, partnerships, and public health. *Women's Health Issues, 11(1)*, 30-34.

Key Words: rural; community; research; education; advocacy; partnerships; health behaviours; disease prevention; health promotion; women's health funding

To portray the current health of women in rural America, the author has identified generalized characteristics of this population. Particularly, with implications for health status, issues of chronic illness, infant and maternal mortality rates, lack of preventive health steps, and inadequate numbers of local health care providers are multiple barriers to health faced by many rural women. With a futuristic vision of improving the health status of this population, four key areas are explored for potential solutions. Specifically, in the area of research, the author has highlighted the need for increased clinical and applied studies, demonstration projects, formal evaluations, and broad dissemination of results. Further, education of all health professionals, providers, consumers, community members and legislators is imperative to understanding the special needs of rural women. Communities must be aware of available resources, and women in general need information to increase self-efficacy in health determination. To address the barriers of health care costs and coverage, the author suggests it is a national responsibility to raise concerns to the authority figures of the political world. In the final key area of partnerships, the author has articulated successes in putting women's health on the national agenda and identified the need to partner with researchers, educators and institutions, health care providers, legislators, and project funders. As a conclusive message, with a vision for health for all rural women, partnerships must be developed across race, ethnicity, social status, rural-urban settings, and national boundaries.

Bliss, J., & While, A. (2001). The impact of contemporary policy upon district nursing 1974 to the late 1990s. *International History of Nursing Journal 6(1)*, 62-69.

Key Words: district nursing; public health

The authors examine district nursing in the United Kingdom in light of the impact of specific policies. Although district nursing was established in 1948, it was the 1970s before district nurses came under the auspices of the National Health Services. Despite the support for district nursing, there was no requirement for mandatory education in this specialty until 1988 after the publication of the Briggs Report. By 1998, new standards for education had come

into effect and hence all district nurses require degrees. The Royal Commission, published in 1979, supported the multi-disciplinary work of district nursing and the need for access and equity of services for clients. These themes were reinforced with the 1997 White Paper, Prevention and Health, which noted, for example, the significance of promoting the health of the elderly in the community. Other reports, the 1981 Green Report discussed the need for inter-agency collaboration. The authors point out that the contribution of district nurses was not well recognized and they were not seen as key players in the future of health services. Reports were written and accepted that supported this claim and nurses for specialist roles in the community were developed that further acknowledged this position. In response to these concerns, neighborhood nursing was proposed as a means to organize district nursing. The article illustrates that although the British government emphasizes inter-professional working relationships, different philosophies between district nurses and social workers prevent this from occurring. Finally, district nurses are also criticized for rarely being proactive, decreasing the recognition allotted this segment of the nursing profession.

Buerhaus, P.I., Staiger, D.O., & Auerbach, D.I. (2000). Policy responses to an aging registered nurse workforce. *Nursing Economics*, 18(6), 278-284.

Key words: policy response; aging RN workforce; recruitment and retention

This article discusses the policy responses aimed at strengthening the current and future American professional nursing workforce. Strategies are offered to deal with the expected large decrease in the supply of Registered Nurses (RNs) and continued aging of the RN workforce. Estimates given suggest 40% of working RNs will be over the age of 50 by 2010. Smaller RN student enrollments (decreasing 5% annually) will not replenish the profession and should be prepared for. This decrease in nurses will directly affect the nursing profession, the public, employers, physicians, educators, and policy makers. Ways need to be developed to better use scarce RNs by enhancing the application of labor-saving, ergonomic technology while improvements are made to the training and competence of unlicensed personnel. Regulations mandating hospital staffing levels need to be addressed. The focus should be shifted to monitor hospitals that cut nursing staff excessively while relaying this information to the public. Another strategy is to modify the curriculum in response to realistic learning needs of the fewer RN students and ongoing changes in workplace demands such as increasing supervisory skills. RNs need to be prepared for their future roles to satisfy the increasing health care needs of the population.

Gebbie, K.M. (1996). National health policy: Lessons from a hot seat. *Nursing Administration Quarterly*, 20(3), 9-18.

Key Words: AIDS; HIV infection; organizational development; policy

While serving as the nation's acquired immune deficiency syndrome (AIDS) policy coordinator, the author learned some valuable lessons about fulfilling this high-level position. From the beginning, difficulties arose with the lack of definition related to the function of the policy coordinator. In addition an organized introduction to Congress and a support office at the White House were not made available to the coordinator. This article identifies some of the expectations about the AIDS policy coordinator position, positive and negative experiences within the role, and lessons learned in the process. The author stressed there was a need for structural clarity as failure to clarify the purpose and organizational relationship of her role to other White House support offices meant key questions about staff relationships were not asked. Also, critical time lines should have been negotiated for the achievement of results such as the writing of a national plan, advice on budget, and potential policy development. The lessons learned from this author's experience are beneficial for others seeking positions in national policy efforts, or for anyone in a high-level policy assignment within an organization. Had there been a clearer understanding of the role, less ambiguous organizational relationships, and a common timeline for results, there would have been a better framework for response to criticism regarding the competent fulfillment of this role.

Gebbie, K.M. (1998). Steps to changing state public health structures. *Journal of Public Health Management Practice*, 4(5), 33-41.

Key words: public health agencies; reorganization; state health systems

Controlling costs of healthcare and improving systems of health systems motivates state governments to consider reorganizing units of government responsible for American health. Case study concepts from the 1989 establishment of the Washington State Department of Health provide links from political science and organizational theory into a process model useful in planning and supporting reorganization of executive branch agencies. The author suggests that public health professionals can use this model to work more effectively to ensure that the paradigm on which a reorganization is based fits desired public health goals, and can make lobbying more effective.

Gebbie, K.M. (1997). Using the vision of healthy people to build healthier communities. *Nursing Administration Quarterly*, 21(4), 83-90.

Key words: advanced practice nursing; community health; health outcomes

The author of this American-based article emphasizes the need for community based health programs as indicated by *Healthy People 2000*. By understanding the role of public health as a system builder, and through the use of established objectives and vision to work towards outcomes of improved health, advanced practice nurses contribute to the health of the communities in which they work. Although the American public health infrastructure could play an important role, the allocation of just 2 percent of health care spending to this area limits the potential impact of public health. Core functions of public health such as water supply, waste disposal, nutrition, housing and so forth, contribute to longer life of citizens (up to 25 years longer in this century), such as water supply, waste disposal, nutrition, housing and so forth, whereas individual preventative or therapeutic care only contributes to an additional 5 years of life. The day-to-day management of a major personal care practice can dilute attention to broader, population-wide health goals even though public health contributes to the health of the community, wherein nurses have the opportunity to target weaknesses in their communities to affect change.

Keepnews, D., & Marullo, G. (1996). Policy imperatives for nursing in an era of health care restructuring. *Nursing Administration Quarterly*, 20(3), 19-31.

Key Words: American Nurses Association; health policy; policy; restructuring

The defeat of comprehensive health care reform in the 103rd Congress has resulted in a greatly changed political environment that requires refocused policy priorities for nursing. These priorities are centred mainly on the issues of Registered Nurse utilization and its effects on safety and quality of patient care in an era when a restructuring health care system stresses cost and revenue as its central priorities. In an effort to address the issues of safety and quality in patient care, the American Nurses Association (ANA) has developed a broad initiative. Important policy imperatives identified include: recognizing the need to establish clear, objective measures of quality in nursing care; the goal of public accountability for health care delivery; education of consumers and establishment of working ties with consumer organizations; reasserting nurses' role as patient advocate; and, breaking down barriers to full utilization of nurses. With the overriding goal of serving and protecting health care consumers, it is imperative that the professional unity of nurses remains intact to face growing challenges of an ever-changing health care environment.

CREATION OF POLICY FOR THE HEALTH CARE SECTOR

Keating, S., & Sechrist, K. (2001). The nursing shortage in California: The public policy role of the California strategic planning committee for nursing. *Online Journal of Issues in Nursing*, 6(1). Retrieved March 11, 2002, from <http://horus.lib.ucalgary.ca/ovid/bin/ovidweb.cgi>

Key Words: recruitment; retention; strategic planning; education; competency-based practice; public policy; work force forecasting

The purpose of this article is twofold; 1) to summarize nursing shortage issues in California and 2) to present the initiatives undertaken by the California Strategic Planning Committee for Nursing (CSPCN) in addressing the issues from a public policy position. The authors identify key issues influencing the development of CSPCN to shortages of nursing personnel, the need for baccalaureate preparation, and the shortfall of nursing faculty. Goals, objectives, and phases of work are presented. Specifically, the CSPCN has as its goal the development of reliable data for public policy and resource allocation decisions to meet California's need for nurses. Phases of work to accomplish goals and objectives focused on the development of a dynamic work force forecasting model to measure the need for nurses, creation of a master plan for nursing education and practice based on the findings of the work force survey, synthesis and continued collection and analyses of data.

Selected findings from CSPCN's 1999 synthesis of data on the demand for and supply of nurses and recommendations are highlighted. Based on data resulting from two surveys, CSPCN developed a competency-based role differentiation model. Its purpose is to identify differences between experience and educational level in various nursing roles. The CSPCN has chosen three sites across California to test the utility of the framework in clinical and educational settings. The strategic planning model presented in this article has shown to be successful in evaluating the future need for nurses. Further, its success has provided the incentive for CSPCN and its colleagues to continue the necessary political action to recruit nurses, increase workforce diversity, support state schools, increase scholarships, and develop plans for continuing education--all of which are imperative in providing the people of California with the best nursing care from an adequate and well-prepared work force.

Milio, N. (1992). Stirring the social pot: Community effects of program and policy research. *Journal of Nursing Administration*, 22(2), 24-29.

Key words: policy; community effects; healthcare

The author suggests how American administrative decisions regarding community programs might be influenced by collaborative research in which both administrators and researchers are sensitive to unexpected community impacts of the studies they conduct. She states that healthcare must be supported by the public, the payers and other collaborating organizations. Decision makers may choose to build community-organization alliances and promote public education to create supportive and informed consumers and a responsive health care system. Research is more often used when it is perceived as 'credible' instead of 'scientifically accurate,' Furthermore, its spin-offs include the unintentional impacts of findings and its processes that affect community relations. The research process can affect community and organizational action through changes in the healthcare decision making framework. The data-gathering processes become a mirror where respondents see themselves differently and may observe disparities between what they had assumed about their efforts and what may actually be the case. This awareness facilitates more effective strategic planning and elicits cooperation from nurse administrators and community groups that further support the accomplishment of actions and goals.

Williams, D.M. (1991). Policy at the grassroots: Community-based participation in health care policy. *Journal of Professional Nursing*, 7(5), 271-276.

Key words: grassroots, community-based participation; health care policy

American Health Decision (AHD) is a social movement aimed at empowering citizens to be involved in health care policy decisions. One example is the Oregon Health Department's goals which include clarifying the health-related values of the public and promoting communication of these values to public and private health policymakers. Nurses are presented with new opportunities by the AHD movement to empower people as a community to become involved in decisions about their health and thus enhance the profession's positive image. Persons of low income may be influenced to participate more fully by nurses in their community. Nurses play an effective role in promoting the enactment of legislation and linking the grassroots constituencies with the state lawmakers when coordinated with similar activities by others in various organizations.

NURSES' POLITICAL INVOLVEMENT IN POLICY DEVELOPMENT

Ballou, K.A. (2000). A historical-philosophical analysis of the professional nurse obligation to participate in socio-political activities. *Policy, Politics, & Nursing Practice*, 1(3), 172-184.

Key words: professional nursing; socio-political; moral obligation

A historical-philosophical analysis was completed to address the question of whether or not the scope of professional nursing practice includes the obligation to participate in socio-political activities. The term professional nurse was defined along with assumptions regarding what constitutes socio-political activity. Scholarly literature reflecting the scope and nature of nursing practice was critically examined. Evidence of moral obligation to socio-political participation was found in three prevailing ideologies: professional nursing practice as a moral endeavour, caring, and advocacy. Professional documents such as the Code for Nurses With Interpretative Statements (1985), the Social Policy Statement (1995a), and the Standards of Clinical Nursing Practice (1991b), and ANA position statements were examined for evidence of nursing's obligation to be politically active; all documents revealed clearly visible statements separating an obligation. According to the authors, the analysis demonstrated there are the inconsistencies evident between nursing's proposed ideology of socio-political activism and the lack of socio-political activity in practice. The author offers several recommendations including adequate educational preparation of RNs to engage in socio-political activity and development of critical thinking and rationality in the interest of social change. Nursing cannot hope to accomplish socio-political change for others until the discontinuity is eliminated between practice and ideological paradigms.

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

Key words: political activism; political development; political awareness; nursing

Based on information gathered from a literature review of political activism in nursing and analyses of political involvement, a four-stage framework that conceptualizes the political development of the nursing profession has been presented. The first stage of political activism, the "buy-in" stage, is characterized by activities that encourage and promote the political awareness of nurses and the identification of ways that nurses can become politically involved. Stage two, the "self-interest" stage, moves nursing beyond a heightened political awareness to activities that enhance the nursing profession's identity in the

political arena such as developing nursing coalitions that react to proposed or established policies. In stage three, "political sophistication," nursing moves beyond its own language and nurses are recognized as experts beyond the nursing profession in a broader health policy context. This stage of development includes the appointment of nurses to federal panels and agencies. Stage four is described as the agenda setting stage, into which nursing has only just begun to enter. Nurses initiate important health policy ideas and are often appointed to high-level political positions. The authors suggest ways to move into the final stage of development which include: building coalitions and constituencies, leadership development, mobilizing nurses for campaigns, new integration of health policy into curricula, developing public media expertise, and increased sophistication in policy analysis and related research. It is concluded that this framework can be used by nurses to work collectively, and individually, to promote the expertise and knowledge that nursing has to offer in political arenas.

Des Jardin, K.E. (2001). Political involvement in nursing-education and empowerment. *The Association of periOperative Nurses*, 74(4), 468-475.

Key Words: policy; political involvement; empowerment; education; patient advocate

The purpose of this paper, the first of a two-part series, is to examine the lack of knowledge of the political process and feelings of powerlessness in the nursing profession, along with their effects on the political involvement of nurses. The author addresses the general political apathy of the nursing profession by exploring oppressive forces such as fear of conflict and collegial retaliation, and a shift in image and responsibility that result from assuming a role of power and influence.

Despite the many factors that have served to deter nurses from taking a more active political role, the author offers some viable recommendations. The first being political involvement through empowerment, which is only possible through education; students must be given the tools to understand the many facets and levels of politics. Secondly, professional organizations such as the American Nurses Association (ANA) can play an important role in empowering nurses by providing information, inspirational leaders, and encouraging collective action. Along with increased professional awareness, nurses will be able to educate the public on the role they play in politics and the importance of community involvement in health care. Finally, the author has identified valuable resources nurses can draw on to educate themselves on nursing's position in relation to public policy issues including: professional and political organizations, federal, state, and local government agencies, web-based political information organizations, and government representatives. Until nurses begin

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to support public health and social issues at the institutional, community, and national levels, the public will not recognize their role in patient advocacy. The time has come for nursing leaders to take a position at the forefront of health care policy development--a position that will affect nurses, public health, and the entire health care delivery system.

Gebbie, K.M., Wakefield, M., & Karlene, K. (2000). Nursing and health policy. *Journal of Nursing Scholarship, 32*(3), 307-315.

Key words: nursing; health policy; politics

The importance of the involvement of nurses in public policy and the political process can be found throughout the nursing literature. Few researchers have questioned nurse leaders in the political arena to gain a better understanding of nurses' involvement and strategies that may increase political participation. A qualitative study design was used to examine career experiences and observations of a sample of 27 American nurses currently active in health policy at the national, state, local or organizational level. Using semi-structured interviews, investigators probed various experiences in policy work of these nurses. One of the main findings was the participant's perceptions that political activism is inextricably linked to health care. Another finding was that the problem-solving process is basic to nursing and is visible by all nurses engaged in policy efforts. The participant's career paths highlighted the influence of role models, education, choice of clinical speciality, exposure to diverse fields and political campaign involvement as influential in moving into policy roles. Nurses identified recommendations for individual, organizational, and educational activity to increase political involvement. The authors concluded that once nurses are strongly involved in the policy process, disengagement is unlikely. They recommend that nurses should communicate about policy, generate policy-relevant research, and have knowledge of health issues and understand what motivates people to be effective students in health policy. Faculty in nursing schools have a vital role in educating students about the political process but the challenge remains in creating effective mechanisms to draw a wider circle of nurses into the process.

Helms, L.B., Anderson, M.A., & Hanson, K. (1996). "Doin' politics": Linking policy and politics in nursing. *Nursing Administration Quarterly, 20*(3), 32-41.

Key Words: health policy; nursing; policy environment; politics

The authors contend that without understanding the dynamics of the policy environment, the efforts of nursing leaders and advocates to effectively articulate

nursing interests will be compromised. Policy environment and its impact on policy outcomes is described, followed by the application of these concepts to the field of health in an effort to understand the environment in which nursing policy is established. The policy environment--described in terms of space, timing, size and response of organizations generating and implementing policy -- shape substantive policy decisions and decision-making processes. The authors examine the setting of policy from the perspectives of space available in the sectors of public policy in terms of the number of programs or policies, timing, and size with their resulting impacts on the scope and form of solutions proposed. The process of goal displacement of policy objectives is discussed using common forms of standardization or proceduralization. The authors propose that knowledge and understanding of the dynamics of the health policy sector must be incorporated into planning the tactics developed for political action. Another key point is that nursing leadership must learn to formulate policy options with greater potential for adoption and effectiveness when delivered. Because policies affecting nursing are set within the larger environment of the health policy sector, a thorough understanding of the sector characteristics such as size, complexity, and goal displacement will assist nurses in effectively formulating and representing nursing interests in the political arena.

Jennings, C.P. (2001). The evolution of U.S. health policy and the impact of future trends on nursing practice, research, and education. *Policy, Politics, & Nursing Practice*, 2(3), 218-227.

Key Words: health policy; nursing practice; education; research; Medicare; Medicaid; private sector; public sector; managed care; cost-containment

The author presents a historical overview of the U.S. health care system with a background of key policy events as context for viewing how the system has evolved to meet population needs and fiscal realities. Specifically, the discussion focuses on the influences of Medicare and Medicaid in private and public health care policy deliberations, while emphasizing two population characteristics that dominate health policy discussions today - the aging of U.S. society and growing ethnic diversity.

In addressing the politics of health care change, the issues of cost containment and growing consumer dissatisfaction with a fragmented insurance coverage system are highlighted. Finally, the author reflects upon future trends in health care and the impact on the nursing profession. As health care becomes centred on managed care models, is more consolidated, and more accountable for cost and quality, nurses will need to maintain a competitive edge in an integrated system where capitation contracts will be great. As the number of uninsured and

underinsured health care consumers continues to grow, community nursing organizations (CNOs), which are staffed mainly by advanced practice nurses, will serve to produce outcomes such as access to health services, culturally appropriate care, and the changing of health and illness demographics for vulnerable communities. In conclusion, the author maintains that the future of nursing will remain uncertain unless nurse educators and researchers can readily adapt their roles to the practice realities in today's changing health care system.

Jennings, C.P., Griffith, H.M., Donley, R., Woods, N.F., Beyers, M., Conway-Welch, C., Langston, N.F., Valentine, N.M., Mason, D.J., & Heller, B.R. (2001). Nursing futures. *Policy, Politics, & Nursing Practice*, 2(1), 70-82.

Key Words: nursing curricula; education; research; policy; information technology; global marketplace; economics; health promotion

As insight to the future of professional nursing education, practice, and research over the next 25 years, nine nursing leaders were asked to draw upon their expertise and experience in these areas. Each nurse contributor offered reflective thoughts to the following questions: (a) What will be the greatest change in nursing curriculum, practice settings, and entry to practice requirements? (b) What types of research will need to be funded and conducted to offer validation of the nursing profession's contribution to health care? (c) What important policy issues will shape practice and education? (d) What will health care consumers expect from nurses? (e) What effect will the explosion of information technology have on nursing practice, education of nurses, and the health status of society? And finally, (f) How will nursing be changed worldwide by the global health care market?

Common themes to emerge from this collective discussion included the need for qualified faculty, a shift in education to internet, self-directed learning courses rather than traditional University lectures, case management approaches to care, differentiated nurse licensure for associate-degree, bachelor degree, and advanced practice nurses, a need for nursing leadership in shaping health care policy as well as state and national health care agendas, preparation of nurses to use the media as a strategic health promotion strategy, outcome-focused research methods, and policy agendas dominated by issues of aging and community based health care delivery.

Leavitt, J.K., Barry, F., & Barry, C.T. (1998). Learning the ropes. *Imprint*, 45(2), 32-39.

Key words: political sensitization; political action; policy-making; nursing

Political expertise is described as a learned skill and many factors are involved in enabling nurses to develop effective political and policy-making skills. Factors the authors identify include: a) becoming sensitized to the political world; b) early childhood socialization effects on political involvement; c) communication as a basic political skill; d) a critical mentor relationship for support; e) learning through education; f) the lack of political sensitization in many undergraduate programs; g) the need for graduate programs that require courses with content in political action; h) continuing education through workshops and conferences; and, i) learning through internships or fellowships to gain an intensive experience in public policy.

Six nurse leaders, all of whom differed in their socialization, educational, and professional backgrounds, were interviewed to discover how they learned about political involvement. Despite the different experiences of these nurses, one common theme emerged, that is, each had found a mentor to guide their learning and support their achievement in leadership positions. Imperative to acquiring skills in the political process and becoming politically active, nurses must draw on their basic abilities acquired through education and work experience, have excellent communication skills, a commitment to improving the health care system, mentors to provide support and a familiarity with the structure and people of the political environments that they hope to influence.

Milio, N. (1984). The realities of policymaking: Can nurses have an impact? *The Journal of Nursing Administration*, 14(3), 18-23.

Key words: policy-making; political process; nurses

Nurses can take an active role in influencing health policy makers and participating in the policymaking process. Using a real-life case example of policy issues faced by an Australian community health program, the author illustrates how nurses can become strong participants in policymaking. In addition, guidelines for influencing public policy are outlined to present step-by-step recommendations to maximize nurses' political efforts. A question of concern is often what new policies should be advocated for and which ones should be changed. The author addresses this issue using another real-life example in Michigan and outlines an additional set of guidelines for choosing policy alternatives. Included among the guidelines are consideration of policy efficacy, effectiveness, cost, time periods, and policy feasibility. To be effective in the policymaking process, nurse leaders must focus on the "how to" of changing policy as well as the need to take an existing policy in a new direction. The basic guidelines presented by this author offer an invaluable tool for nurse leaders to use organizational resources to influence policy.

Milio, N. (1989). Developing nursing leadership in health policy. *Journal of Professional Nursing*, 5(6), 315-321.

Key Words: health policy; political involvement; nursing; policy-making

The author describes the need to view health within an ecological perspective, where health is a balance between people and their environments. With the origins of health and illness being so widespread and interrelated, the scope of health policy must be broad enough to understand how public policy influences the health of an entire population. A second recommendation is for nurse leaders to place less faith in science as essential to health policy, but rather, to seek the information that will optimize the feasibility and effectiveness of the policy proposal.

Although in recent years nurses have displayed increased interest in political involvement, concerns have been focused on issues affecting the nursing profession while paying little attention to important population health issues. Another downfall is that policy implications of nursing research are rarely drawn out. The time has come for nursing leaders to assist the profession in moving beyond its nursing agenda into broader public issues. Understanding policy-making and the influence of social and political processes that shape it, is essential for those who wish to be involved. Case study and qualitative research are proposed methods to gain understanding for proponents of health-promoting policy. The readiness of the nursing profession for policy work in research, teaching, and the public arena has emerged, and for nursing, this necessitates increased capacity building for action by learning to think, teach, research, and act in policy-relevant ways. Only a collective will and organizational supports can make these goals a reality.

Scott, C., & West, E. (2001). Nursing in the public sphere: Health policy research in a changing world. *Journal of Advanced Nursing*, 33(3), 387-395.

Key Words: critical policy analysis; National Health Service (NHS) research strategy; nurse researchers; health policy; public policy; policy evaluation

The purpose of this paper is to highlight recent trends in the academic field of health policy within the context of broad socio-political and research environment changes. The authors begin with a consideration of some fundamental changes in the policy context for health-related research since the 1980s; the most notable change being government retreat from its established role in the health and welfare domains to local health authorities taking

responsibility for collaborative health improvement plans. Identified trends in academic health policy include the progression of studies dominated by normative ideals and ideological debates to the comprehensive analysis of health policy, with an increased understanding of political processes and power. Radical perspectives such as critical social theory, feminism, and postmodernism are emphasized regarding contributions to transforming approaches to policy evaluation, and putting issues such as social justice, social exclusion and marginalization on the political agenda. As a result of the Department of Health's new Research & Development strategy, the authors have alluded to important implications for nurses as health policy research moves away from the traditional, university-based model of knowledge production toward contextualized research approaches involving employers, practitioners, and patients. With movement away from top-down, medically dominated research agendas of the past, the authors speculate that this shift presents an opportunity for health care professionals – and nurses in particular--to increase participation as researchers in the critical evaluation of health policy. In addition to optimistic speculations for nursing opportunity in the political arena, the authors present some practical difficulties to be overcome before nurses can participate fully in National Health Service research and development programmes.

POLICY FORMULATION

Atal, Y. (1983) Using the social sciences for policy formulation. *Interaction Social Sciences Journal*, 3(2), 367-377.

Key words: social science; policy formulation; India; bureaucratic and academic

The author presents experiences from the South Asian perspective on formulating policy from the social sciences. The process of creation, diffusion and utilization of research is discussed. Many challenges are presented including: ambivalence toward interdisciplinary interaction in lieu of multi-disciplinary focus; ambivalence towards indigenous Indian scholarship; information gaps in the order of years making curriculum framing so tedious and tardy that it stifles all initiative; supply-demand mismatches where those who are not researching are performing in an advisory role and those who are researching are not generally consulted; inadequacies of social science research with micro versus macro-studies with generalizability problems; lack of consensus on orientation especially with value-laden and ideological aspects; conflict of bureaucratic and academic cultures in terms of individual prestige; and policy as politics where they are obliged “to keep their political masters in good humor.” The acknowledged utility of social science education into other domains like agriculture, engineering and medicine are discussed.

Ferguson, S.L. (2001). An activist looks at nursing's role in health policy development. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 30(5), 546-551.

Key Words: health policy development; nursing; political process; political activism

The purpose of this article is to explore the need for nurses to develop leadership and policy skills to meet the challenge of ensuring safe and quality patient care delivery in a rapidly evolving health care system. The author presents examples of nurse leaders to illustrate the role nurses have and continue to play on high visibility boards and commissions that develop health policy. To further understand the role of nursing in health care policy development, health policy is defined along with three key components of the political process- formulation, implementation, and modification phases. Each phase is discussed using parallel dimensions to the nursing process. As strategies to promote nurses' access and acceptance in health policy arenas, the author outlines viable options such as participation in fellowship and internship programs and mentorship within nursing organizations to develop advocacy and leadership skills. From an activist view, the author offers an account of personal experiences to describe lessons learned and opportunities for professional enhancement with internship and fellowship. In addition, other practical strategies to increase one's influence in the health care policy-making arena include identifying the decision makers and determining where the organizational power lies. In summary, this paper presents health policy work as an exciting and stimulating role for today's nurse; it is a role that must be effectively fulfilled if nursing is to remain a strong and credible profession.

Weller, G.R. (1980). The determinants of Canadian health policy. *Journal of Health Politics, Policy and Law*, 5(3), 405-418.

Key words: Canadian Health Policy; determinants; politics

This historical article illustrates the determinants of Canadian health policy from 1867 to 1980. The identified ideological and institutional forces that have bearing on programs and initiatives are the increasing politicization of health, the increasing conflict within the health care system, and the provincial shifting in the arena of health policy determination. Specific examples of urban/rural disparities are presented in terms of health facilities, money and manpower flowing into urban areas. Saskatchewan's Medicare history is given. Policy makers are warned to think in terms of preventative versus curative care for the predicted aging population. Nurses are presented as a source of conflict in the

health care system with regards to unions and the use of more political tactics. Physicians have also increased their frequency of strikes and “escaping” to the United States. Unique to Canada are the complicated provincial political cultures and policy processes that must be understood as a whole for health policy analysts. Health policy analysts are required to have a broad understanding of the complexity of the different cultures and processes between provinces. The dynamics in health policy formulation has resulted in much internal conflict as well as politicization and provincialization.

RESEARCH & POLICY IMPLICATIONS

Albrecht, G.L., & Jackson, D.J. (1985). The social context of policy research. *Sociological Methods & Research*, 13(3), 275-287.

Key Words: social policy; policy-oriented research; political forces; social science

The relationship between the research process and the process of policy formation is described as interactive. The authors provide an introductory discussion as a framework for a following series of five articles. In particular, there is a focus on how knowledge is generated in order to advance the creation and assessment of social policy. The articles that follow from this introduction present separate but complementary perspectives on an array of methodological issues in policy research. The authors emphasize important concepts from each article that assist in our understanding and management of the social context of policy research.

The discussion begins with an analysis of scientific investigation as a social activity, influenced by history and environmental forces. The interrelationship of research methods and policies is the central theme of the first article. Related topics from the four other articles include the myth of value-free science, the effects of situated investigation on policy formation, managing situational forces in research, and lastly, strategies for improving situated policy research. This comprehensive overview places a special emphasis on the necessity of integrating and coordinating multiple research methods to effectively address policy issues. Because researchers are increasingly being funded to conduct theory-based policy analysis, conceptual and methodological advances have been evident in the field of policy research. The articles that follow from this introductory discussion represent a comprehensive collection of these advances.

Blanchfield, K.C., & Biordi, D.L. (1996). Power in practice: A study of nursing authority and autonomy. *Nursing Administration Quarterly*, 20(3), 42-49.

Key Words: authority; autonomy; empowerment; power; restructure

The authors describe a research study that offers insight to staff nurse empowerment as expressed through authority and autonomy. The purpose was to measure and compare how staff nurses and nurse leaders perceive staff nurses' authority and autonomy to deliver patient care. The Nursing Authority and Autonomy Scale not only measured nurses' perceptions of staff nurses' authority and autonomy, but also perceptions of the importance of staff nurses' authority and autonomy. Findings revealed that significant differences existed between the perceptions that staff nurses' and nurse leaders' held about both elements. Staff nurses had significantly higher perceptions than nurse leaders, a finding that indicates potential for conflict and power struggles. Notably, type of position and shift worked, type of unit, and hospital size all influenced perceptions of authority and autonomy. Study findings have implications for nurse administrators who are involved in redesigning management structures and patient care delivery systems. Recommendations include the need for collaboration between leaders and staff nurses to structure staff nurse authority through use of registered nurses titles to symbolize status and development of nursing practice standards, accountability, reporting relationships, job expectations and descriptions. Inefficient patient care will result if nurse leaders fail to ensure authority and autonomy in staff nurses. Without authority, autonomy is lacking a vital element of empowerment; a critical component in increasing nursing's power bases and improving quality and cost of health care.

Buerhaus, P.I., & Needleman, J. (2000). Policy implications of research on nurse staffing and quality of patient care. *Policy, Politics & Nursing Practice*, 1(1), 5-15.

Key words: policy; hospital nurse staffing; patient outcomes; American

This American-based article provides a comprehensive and clearly written account of nursing workforce studies. The authors examine the current efforts to investigate the relationship between hospital nursing staffing, and patient outcomes that are sensitive to nursing. They discuss the implications for public and private policy making. Significant changes in public policy have not been made despite the well known impact of hospital restructuring on nurses in the areas of employment, earnings, and personal health status. The key point is the lack of credible empirical evidence linking changes in hospital nurse staffing to potentially adverse effects on patient outcomes. Although there is a growing body of research, readers are cautioned in using these findings to support the need for mandated hospital nurse staffing levels. The level of sophistication that would allow precise estimates of minimal acceptable staffing levels has not been achieved. The authors suggest the following future research needs: a clearer

definition of the level of expected quality; relationship of outcomes to different staffing levels; and, measures of patient acuity or need for nursing interventions. Information from the current studies of adverse nurse-sensitive events will have their greatest value to public policy if used to educate and inform interested parties on how quality of care is changing, including the linkage to, and contributions of, nurses.

Carey, A.H. (2000). Data driven policy: The case for certification research. *Policy, Politics & Nursing Practice*, 1(3), 165-171.

Key words: policy research; nursing certification; Canadian & American

The author describes the program of research being implemented to investigate the outcomes of nursing certification in the U.S. and Canada and its relevance to the goal of providing policy makers with pragmatic, action-oriented recommendations. These recommendations include policy issues of workforce production, regulation, distribution, financing, and the oversight of credentialing organizations. Policy makers, consumers and nurses are disadvantaged by the lack of studies to substantiate the association between certification credentialing and practice outcomes when trying to protect the public through the credentialing process. The Nursing Credentialing Research Coalition (NCRC) has started a 5 stage research program that will reveal the relationship between certification and its influence on a nurse's personal, professional, and practice characteristics as well as those judged by consumers and employers. Selected findings and implications for policy are described. The author maintains that certified nurses' reports of early interventions for complications are important quality measures for policy.

Fawcett, J., & Russell, G. (2001). A conceptual model of nursing and health policy. *Policy, Politics and Nursing Practice*, 2(2), 108-116.

Key Words: conceptual model; policy analysis

A new conceptual model of nursing and health policy is discussed in this article written by two nursing professors who teach in the doctoral nursing program of health policy in Boston. They incorporate six philosophic assumptions for the model that include nurses as active participants in the formulation, implementation and evaluation of public policy and that conceptual models of nursing practice guide nursing practice processes. The conceptual model is divided into five levels—ranging from Level I to Level 5—and then five conceptual sections that are based on the nursing metaparadigm concepts. These are: (a) unit of analysis (individuals to humankind), (b) environment (significant

others to the global community), (c) health (wellness and illness states of individuals to global health state), (d) nursing and health policy focus (nursing practice processes to world health administration policies) and (e) nursing health policy outcomes (effectiveness of nursing practice processes to social justice). The authors further explain that each level interacts with both existing and new health policies. The authors define key terms such as policy, health policy, public policy and social policy. The two sources of policy derive from two areas: geopolitical or governmental bodies and institutions such as, hospitals or home care agencies. According to the authors, regardless of the source of policy, each contains the three following components: health care services, health care personnel and health care expenditures. Finally, guidelines for policy analysis, or inquiry that focuses on developing a proposal for a specific health policy, and guidelines for policy and program evaluation are presented. Each set of guidelines includes questions that relate to the problem, the solutions, the recipients, and the implementation plan..

Milio, N. (1984). Nursing research and the study of health policy. *Annual Review of Nursing Research*, 2, 291-306.

Key words: nursing research; health policy; policy analysis

The author reviews and assesses the contribution of nursing research to the field of policy studies. Terms of reference are defined, with particular distinctions made between policy analysis (broad and complex, explicit, government commissioned), policy research (focused, program evaluating) and disciplinary research (distant and theoretical, experimental with possible policy implications). Using these terms, the author presents the research and description of results from nursing literature from 1971 to 1982. The field of policy studies and a summary of what might make health policy studies more useful for the creation of policy are discussed. The ways in which nurse researchers might use their special competence to strengthen policy studies and make them more useable to policymakers are suggested.

Raudonis, B.M., & Griffith, H. (1991). Model for integrating health services research and health care policy formation. *Nursing & Health Care*, 12(1), 32-36.

Key words: health services research; health policy; doctoral nursing

As a means for policymakers to anticipate future needs and timely issues, they need to have up to date and relevant research. Nursing research that has affected public policy includes public policy studies conducted by nurse-midwives. A

nursing model for the integration of health services research (HSR) into the American policy process is presented. The model is based from a pool of 45 nursing doctoral programs divided into 4 geographical regions, from which 13 elected representatives will sit on the board of directors. Doctoral students in nursing have the opportunity to apply for a Health Policy Fellowship. The policy fellows are integral in the feedback mechanism that facilitates the development of relevant policy research by nursing. The authors maintain that the Nursing Model for the Integration of HSR into the Policy Process will provide a stable, systematic linkage of research and policy-making functions and thus empower nurses to affect change in the country's health policy.

Rist, R.C. (1994). Influencing the policy process with qualitative research. In *Handbook of Qualitative Research*. N. Denzin and Y. Lincoln (Eds.) SAGE.

Key Words: policy cycle; qualitative research; policy formulation; policy implementation; policy accountability; policy tools

The author uses the framework of the policy cycle to facilitate the understanding of the contributions of policy research, and qualitative research in particular, in influencing the policy process. The opportunities for qualitative research within the policy cycle are defined and differentiated by the information requirements at each of three phases that includes: 1) policy formulation; 2) policy implementation; and, 3) policy accountability. The author uses the policy cycle to detail the active and positive role that qualitative research can play in answering the information needs of policy makers and program managers at each phase. Further, there is a focused discussion regarding the understanding of policy tools and their utilization in achieving policy objectives at all three stages of the policy cycle. To frame the qualitative study of policy tools, the author describes four areas amenable to qualitative study including: resource intensiveness; targeting; institutional constraints; and, political risks. In reviewing the contributions of qualitative work to the policy process, the author concludes that the key issue rests in linking researchers who are knowledgeable in conducting qualitative research to those in the policy arena who can commission such work and utilize the findings.

PREPARATION OF NURSES AS POLICY EXPERTS

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

Key Words: health policy; nursing education

Beginning with a condensed literature review, the authors highlight the important health policy and health policy skills in the formal education process of nurses. The authors identify the lack of literature that provides a clear picture of how nursing education in the United States has integrated health policy into the curriculum at both the undergraduate and graduate levels. In order to determine how many baccalaureate and higher degree programs include health policy in their curriculum, the authors present the findings of a study conducted among 210 schools of nursing. The study placed particular emphasis on specific types of coursework, level of faculty preparation and qualifications, and various teaching strategies. Findings indicate that although health policy is often included in the nursing curriculum, it is most likely to be integrated into existing courses rather than being taught as a separate course. Health policy teaching was not found to be uniform in content and requirements of educators teaching the subject were diverse across schools. Based upon the study findings, a review of the literature, and the combined experiences of the authors, recommendations are presented for faculty, students, and in the development of the curriculum.

Batra, C. (1992). Empowering for professional, political, and health policy involvement. *Nursing Outlook*, 40(2), 170-176.

Key Words: health policy; professional nursing; political awareness; empowerment

The author presents a literature review contending that nurse educators have the responsibility for ensuring that their students become politically aware about health issues. An overview of past and existing health policy formulation opportunities for nurses is provided along with educational approaches to teaching health policy and becoming involved in professional nursing associations. The author describes an approach taken by the D'Youville College that is aimed at fostering political and professional involvement of graduate nursing students to prepare them for future leadership roles in health policy development. Using an integrated approach throughout the graduate program, students actively participate in activities planned to develop skills and appreciation of their professional association, political action, and health policy development. The impact of experience as a member in a professional nursing organization is emphasized along with student reactions to professional meetings. Activities and course requirements during various stages of participation on a community board related to health care are presented and summarized in table format. Common difficulties encountered by the students are briefly explored with regards to the community board experience. As an outcome of this graduate program, students are expected to gain increased confidence in, and commitment to, contributing to health policy development at the board and legislative levels.

Brown, G.S. (1996). Incorporating political socialization theory into baccalaureate nursing education. *Nursing Outlook*, 44(3), 120-123.

Key Words: political socialization; baccalaureate education; nursing

Political socialization is defined as the process of acquiring the norms, attitudes, values, and beliefs of politics and of one's own political system. The author describes political socialization theory and examines constructs that influence political socialization including: age, gender, socio-economic status, education, environmental factors, and the attitudes and beliefs of the individual. Imperative to the political socialization process of nurses, the author contends that faculty must incorporate political content into the curriculum of baccalaureate nursing programs and view political socialization as an essential component of nursing education. A political thread must be woven through the nursing curriculum and enable the new generation of nurses to incorporate a political element into their professional role identity. Political socialization theory can guide nursing faculty

as knowledge of the political system and related skills are tied into nursing curriculum. Various methods for faculty to include a political component in their teaching are presented with a special emphasis on empowering nursing students with the belief that they are the future of nursing from the very first day of their educational process. Of key importance is the need for faculty to instill in nursing students the belief they have the ability to influence policy decisions, and ultimately, to improve health care.

Buerhaus, P.I. (1992). Teaching health care public policy. *Nursing & Health Care*, 13(6), 304-309.

Key Words: health policy; public policy; health care; policy process; nursing; education

The purpose of this article is to describe the content of a health policy course designed for nurses, and identify methods to make the material meaningful for students. The author contends that a course solely devoted to the subject of health care public policy should be organized around three interrelated content areas. Descriptions are provided for the content areas: (1) fundamental knowledge on the public policy process, political systems, and theories describing public policy-making; (2) identifying and analyzing health care issues particularly related to the nursing profession; and, (3) examining how health care public policy has been influenced by nursing. The descriptions in these areas can be viewed as suggestions for faculty that may be considering the development of a course focusing specifically on nursing and health policy. Various examples for bringing about student interaction with policymakers to complement conceptual and theoretical learning are offered. The author concludes that the core content of such a course should familiarize students with basic policy-making concepts and theories, allow for analysis of policy issues important to nursing, and evaluate the adequacy of the policy-related research base in nursing.

Cohen, S.S., & Milone-Nuzzo, P. (2001). Advancing health policy in nursing education through service learning. *Advanced Nursing Science*, 23(3), 28-40.

Key Words: community service; education; health policy; leadership; service learning; theory-practice relationship

The authors present a model for educating nurses for advanced practice roles in health policy that connects service learning with a political development framework. The importance of health policy education for nurses is addressed, followed by a review of essential components of service learning. In particular, service learning extends students' learning beyond classroom walls while

enhancing partnerships between community agencies and academic institutions. The authors explore stages of political development as a useful framework for teaching graduate nursing students about health policy. Using the service-learning model, health policy is examined in the context of the community, with the student taking on the role of consultant. The authors describe a three-semester graduate program in health policy service learning at the Yale University School of Nursing with a focus on clinical and classroom components of individual and group practicum. The relationship of these components to the stages of political development is emphasized. Course objectives are outlined in addition to a description of the process for site selection for the practicum experience, examples of outcomes, and evaluative measures. The authors present an evaluation framework for projects completed, the impact on service providers and recipients, and the return on investment in terms of student and faculty development. The authors conclude with a discussion of evaluation considerations and the implications of this learning approach for nursing theory, practice, research, and education.

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

Key Words: health policy; nursing curriculum; public policy

The authors present the current need to incorporate health policy into nursing curriculum with a review of various studies focusing on health policy components of nursing education. A telephone poll of accredited nursing programs highlights the appropriate placement of public policy in various levels of nursing curriculum including: baccalaureate level; master's level; and, doctoral level. Review of the literature suggests that mastery of skills in policy analysis is essential if nurses are to attain a leadership role in the public policy arena. The authors outline a specific doctoral-level course addressing nursing leadership and public policy that is part of the University of Pittsburgh nursing curriculum. Various course objectives are discussed in detail along with course outcomes that includes students: a) developing the skills they will need to provide future leadership in the area of health policy development; b) learning to review federal legislation; c) analyzing existing health policy; and, d) projecting the development of future health policy. The course content is divided into three units that proceed from faculty-taught classes in Unit I to student-managed presentation in Unit III. A detailed table format provides an overview of course content organization. The authors use the course as an example of incorporating health policy into nursing curriculum to enable nursing knowledge and beliefs about health care to affect the formulation of health policy.

Milstead, J.A. (1997). Using advanced practice to shape public policy: Agenda setting. *Nursing Administration Quarterly*, 21(4), 12-18.

Key Words: advanced practice; policy; agenda

The author maintains that the scope of practice for the advanced practice nurse (APN) must include a vital political role to ensure professional nursing practice does not dissolve. Although APNs have redefined and expanded modern nursing practice, the role of political activist has been largely overlooked and not seen as central to their practice. The author provides an overview that examines the definitions of 'specialist', while highlighting the political role of APN in terms of subspecialty development. Using Kingdon's model of agenda-setting as a framework, the author illustrates how APNs can use nursing practice to direct the agenda component of public policy towards higher standards of patient-client well-being. Finally, the author presents useful information regarding where and how to begin a political endeavour prior to becoming involved in legislative activity at state or national levels.

Schutzenhofer, K.K., & Cannon, S.B. (1986). Moving nurses into the political process. *Nurse Educator*, 11(2), 26-28.

Key Words: politics; nursing; political process

The authors describe the creation and implementation of an elective course on politics and nursing that offered an excellent opportunity for a group of registered nurses to develop their political knowledge and skills. Course objectives are listed and focus primarily on legislative politics. The course was offered over a 12-week period, and during this time, students had opportunities to participate in a variety of political activities which included working campaign telephone banks, interviewing candidates, attending municipal meetings, and working in a voter registration drive. A point-value system used to evaluate the various political activities and the process of formulating a student-teacher contract to meet required objectives is discussed in detail. As an outcome, the students expressed a new awareness of the impact of the political process on health care and nursing, particularly the importance of lobbying. The authors report that the course was highly significant as students recognized the importance of political activity for nurses and, in the process, became well-informed voters. The course stimulated a group of politically unengaged nurses to take on a challenging new role as active participants in the political process.

Sharp, N., Biggs, S., & Wakefield, M. (1991). Public policy: New opportunities for nurses. *Nursing and Health Care*, 12(1), 16-22.

Key Words: policy; public policy; health policy; internships; fellowships

The authors contend that given their knowledge and expertise, more nurses should be working in the front lines of the health policy agenda-setting arena. To facilitate this expectation, the authors present fellowships and internships as a strategy for increasing nurses' understanding and participation in federal level public policy. Detailed personal reflections of several nurses who have participated in fellowships and internships are presented to highlight the value of such experiences. The authors place a special emphasis on the value of nursing experience in influencing health policy development and provide a detailed table to outline information on a range of fellowships appropriate for nurses. Specifically, descriptions are provided regarding the name and type of program, purpose, eligibility requirements, financial data, duration, and information for application requests. The authors outline various strategies that nurses may employ in the pursuit of an internship on Capitol Hill as well as numerous nursing organizations that accommodate nurses in unpaid internships. The article concludes with reference to women in health care leadership and the tremendous opportunity internships offer to recognizing and achieving this potential.

Shortell, S.M., & Solomon, M.A. (1982). Improving health care policy research. *Journal of Health Politics, Policy and Law*, 6(4), 684-703.

Key Words: policy research; policy analysis; health care policy

The authors make several suggestions for improving the quality of health care policy research and its influence on policymaking. In an effort to bring attention to the importance of research and analysis issues that may potentially inform policy choices in health care. A distinction is drawn between health care policy research and health care policy analysis, while highlighting interrelatedness and important differences. Suggestions for policy research improvement are offered in the areas of: 1) problem and policy definitions; 2) quality of research; 3) quality and availability of data for analysis; 4) integration of qualitative and quantitative methodological approaches; 5) testing policy alternatives; 6) increasing multidisciplinary and interdisciplinary research; 7) dissemination and utilization; 8) changing the reward system for policy researchers and analysts; and, 9) developing a standby research capability. Each area for suggested improvement is developed using specific examples. In addition, throughout the discussion the importance of facilitating greater interaction among researchers, analysts, policymakers and practitioners is articulated using illustrative examples.

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

Key Words: policy; politics; health policy; policy analysis; power; decision-making

The authors describe the need to increase the visibility of the nurse policy analyst as a viable advanced-practice role. The deficits in the education of nurses in politics and public policy-making are identified, with negative consequences being limited participation that allows non-nurses to maintain control over current practice and allocation of health resources. To address this concern, the authors have proposed that developing and promoting the health policy nursing role as a specialty is a major step to including health expertise in policy decision-making. To articulate the curriculum content that would be essential to this specialty role, policy decision-making processes are described with reference to decision-making theory. Major functions of the nurse policy analyst role are presented along with necessary role components of leadership, research, and change agent positions. Nurse policy analysts have many roles to assume in a variety of policy-making practice settings including legislature, executive branches, and the judicial setting. Nurses are ideally qualified to take on the roles of analyst because of their analytic and communication skills, and health expertise. However, nursing education must address policy-making concepts and reflect their importance for nursing practice. These actions would increase political participation of nurses, and ultimately, enhance nursing's image by establishing a solid power base in health care delivery.

Thomas, P.A., & Shelton, C.R. (1994). Teaching students to become active in public policy. *Public Health Nursing, 11*(2), 75-79.

Key Words: health policy; nursing education; political competence; action research; public policy arena

Because nurses are affected by health policy both as professionals and as individual consumers, they have a growing responsibility for participating in the health policy arena. The author maintains that nursing education at all levels should be prepared to equip students with the skills needed to analyze health policy and act as valuable health policy contributors. The authors describe the critical skill of developing political competence and present their revised community health nursing curriculum as a facilitating process for students to acquire this skill. They outline beginning theoretical content in the senior student course along with an action research method that enables achievement of course outcomes. Students, in their research groups, must identify a problem in the clinical setting and then describe existing policy. To facilitate student learning,

related learning activities such as attending senate or house sessions are presented. The final product of this activity is twofold: students write a paper describing the process with an analysis of group process that took place; and, secondly, an oral presentation is required. An example guideline for the written policy paper is provided. Finally, practicum evaluation is discussed along with plans for program revision. This curriculum approach enables students to evaluate and comment on current policy and to propose new policies--skills that will be crucial as future professional nurses in the workforce. As a result of participation in this program, students are expected to graduate with an understanding of the complexity of the forces that influence the health care environment and a beginning experience in the public policy arena.

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

Key Words: political action; nursing; political involvement; socialization

Despite an increased emphasis on the need for nurses to use political action to increase power and influence public policy, the authors recognize that little is known about what motivates nurses to become politically involved. A literature review offers insights and concerns that have surfaced as a result of the female socialization process and the process of professional socialization in nursing. To better understand why nurses choose to be politically involved, the authors report on one qualitative, phenomenological study that sought to describe the meaning of the lived experiences of 11 nurses. The nurses' personal accounts regarding their political involvement were broken down into three categories: the meaning of political involvement; factors that facilitated involvement; and, hindrances encountered during this process. In general, participants discussed the importance of family influences, role models, and previous political exposure as facilitating factors. Hindering factors included a lack of resources, role issues, poor social support, and negative experiences. As a result of the study, several pragmatic strategies for facilitating political involvement of nurses emerged along with useful suggestions from the participants. Particularly, the importance of education, role models, and participation in a professional nursing organization are highlighted. The authors suggest that this study offers insight regarding the importance of educators and nurse administrators in considering how they can act as role models, decrease barriers to political involvement, and provide crucial educational experiences for future nurses.

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APPENDIX A

The Nature of Nursing Practice in Rural and Remote Canada

Funding provided by:

The Canadian Health Services Research Foundation – Nursing Fund
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British Columbia Rural and Remote Health Research Institute – University of
Northern British Columbia
Provincial and Territorial Nursing Associations (in kind)

The aim of this three-year project is to examine and define registered nursing practice in different settings including primary and acute care, community health, home and long- term care settings in rural and remote Canada. The study will examine what nursing is really like in rural and remote communities, and explore how nurses can best be educated and supported in their work.

The specific objectives are to:

- Articulate the roles and functions of registered nurses in rural and remote Canada;
- Develop a definition of rural and remote nursing;
- Compare the roles and functions of nurses practicing in various work environments;
- Examine how different work circumstances and situations contribute to nurses developing professional expertise;
- Identify areas of rural and remote nursing that should be priorities for organizational support, policy support and basic and ongoing education; and,
- Contribute to policy and management discussions on nurses' practice, recruitment, retention, and education in rural and remote Canada.

To accomplish this, several methods are being employed:

- Analysis of the Canadian Institutes of Health Information (CIHI) Registered Nurses Database (RNDB) to provide statistical and demographic profiles of rural and remote nurses;

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- An analysis of documents, such as those describing standards and policies of nursing practice;
- A survey of 6500 nurses in provinces and territories regarding their rural and/or remote nursing practice; and,
- Analysis of narratives from nurses who describe their rural and remote nursing practice.

The study commenced May, 2001 and will be completed by February, 2004. The research team consists of four principal investigators, 13 co-investigators and 20 advisory team members from all provinces and territories.

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