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Guidelines on shaping effective health policy



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GUIDELINES ON SHAPING EFFECTIVE HEALTH POLICY

INTRODUCTION	4
POLICY DEVELOPMENT IN HEALTH	5
HOW HEALTH POLICY IS MADE	6
DIFFERENT COUNTRIES, DIFFERENT APPROACHES	9
HOW NURSES CAN BE EFFECTIVE	11
INFLUENCING POLICY THROUGH YOUR NATIONAL NURSES ASSOCIATION	13
PREPARING NURSES AND NURSING FOR A ROLE IN POLICY DEVELOPMENT	16
SUMMARY	19

■ INTRODUCTION

As we begin this century, many exciting opportunities await nurses. The nursing profession is changing, spurred on by advanced technologies and health care breakthroughs. However, we are all working within a climate of economic constraint and political change, presenting nursing with both possibilities and challenges. The current health environment in most parts of the world is characterised by the conflict between economic restraint and the increased need and demand for health services.

Countries are having to make decisions about how much and what quality of health care they can afford. To help meet these challenges, many health systems are undergoing rapid change within the broader economic reform being implemented by governments world-wide. It is essential that the health professions contribute to the decision-making and implementation of any health service reform.

Within such a climate the nursing profession must draw on its expert knowledge and experience to improve health care by helping shape effective health policy. This is an area where nurses in many countries have not traditionally played an active role. We can, however, develop the skills and confidence that will earn the status required to influence health policy.

All governments operate with differing objectives and requirements. Therefore, the guidelines outlined in this document must be considered as just that - possible strategies designed to help nurses and national nurses' associations work with decision makers in effective policy development.

POLICY DEVELOPMENT IN HEALTH

In an era of globalisation and health system reform many developing and industrialised countries are reforming their health care systems, so as to best use the limited resources available to improve the health status of populations¹. Governments are revising health policies and changing the structure and management of organisations and how they deliver services.

In this context, health policy has taken on new significance. Because of the complexity of health care systems, and the increasing challenge of meeting needs within available resources, governments are increasingly guiding health policy development. Health care has become political in many parts of the world. This reality is reinforced in the World Health Organization (WHO) publication *The Policy Process*, which emphasises that for governments to improve the health of their populations, they need to develop and/or reform existing policies².

Nursing can make a major contribution to shaping health policy. Nurses closely interact with health care consumers in a wide variety of settings. This gives nurses a broad appreciation of health needs, how factors in the environment affect the health situation for clients and their families, and how people respond to different strategies and services.

Nurses are a pivotal part of the health care team. We understand the interaction of patients/clients, and their families with the range of other providers involved in their care. Nurses work constantly with the cost-quality constraints of health service delivery. We are in an excellent position to advise on the impact of policies aimed at cost effectiveness in health care.

However, it is clear that this is not enough. For nurses to influence and shape decisions, it is essential that we clearly understand how policy is made and implemented, and its wider context. Without this understanding of policy development, nursing will not be included in the process.

■ HOW HEALTH POLICY IS MADE *

In most countries, the health sector is part of a broader policy environment. Changes in health sector policy are often driven by other policy changes, usually economic ones.

To more easily understand health policy development, it is useful to break it into its four major components:

- policy process
- policy reform
- policy environment
- policy makers

1. The **policy process** is the process by which a government or a society sets its activities and allocates resources; this is public policy. Sometimes this public health policy affects private sector policy development. For example, government policy on the financing of health care services can lead to the development of a private health insurance market.

This policy process should be viewed in three phases - formulation, implementation, and evaluation/feedback. In the formulation phase, there is input of data (including research data), ideas and opinions from key people, groups and organisations. Factors in the socio-political-economic environment are considered. Purpose and desired outcomes are clearly identified, and strategies selected that are considered the most appropriate to the purpose and the context. Resource implications are identified and planned for. The second phase – implementation – involves disseminating information about the policy, briefing and training key people, and putting the policy plan into

* The major reference used in this section is A. Foltz "The Policy Process" in *Health Policy and Systems Development: an Agenda for Research*, J. Janovsky editor, World Health Organization (WHO) Geneva 1995. However, ICN is responsible for the interpretation of this reference and its use within the context of these Guidelines.

action. The third phase monitors and reviews progress and outcomes from implementation. For example: Are the strategies effective? Do they need to be modified? Has the information and training been adequate and effective? Are the assigned resources adequate?

2. **Policy reform** refers to changes in programmes and practices. Decisions for change usually reflect certain value choices. Examples of policy reform in health include:
 - a) reforming *priorities*, such as putting more money into mental health services, or reducing the level of hospital funding in order to put more money into primary health care.
 - b) reforming *institutions/organisations*, such as decentralising health management and decision making, or putting emphasis on the development of a performance and results-focused organisational culture.
 - c) reforming *financing*, such as introducing privatisation, or implementing cost recovery procedures.
 - d) reforming the *regulatory environment*, such as regulating the sale of drugs, or regulating/deregulating the health care professions.
3. The **policy environment** is the arena in which the policy process takes place. It can include government, interest groups, professional associations of health care providers, the media, public opinion, and others.
4. **Policy makers** are the major players, or key stakeholders, in the policy environment. These vary according to country, political system, or even the type of policy. For example, some systems and countries do not encourage wide consultation or public debate during the policy development process.

In each of these four areas, nurses in positions of influence, and organised nursing (such as national nurses' associations), have to consider how they might make a difference.

In the *policy process* this might be through occupying or influencing nursing positions at top level in government, such as in ministries or departments of health. Or it might be through nurses associations establishing regular dialogue with government, or by making well researched submissions particularly, if these are called for during the policy process.

In *policy reform* it means being alert to proposed changes in priorities, in the structure and operation of the health system, and to health care financing and the regulatory environment.

It means learning about these possible changes, carefully considering the potential implication, formulating a position and making that position known. Examples of making the nursing position known might be by seeking representation on policy making committees or boards. Lobbying, or making submissions, or seeking appointments to present the nursing position to people in positions of influence are also effective.

In the *policy environment*, it means being visible, being credible through performance and results, and seeking to influence opinion and action. This can be done through appropriate use of the media, publications, and involvement in "public good" community activities.

In the *area of policy makers*, nursing's aim should be simple – to be a part of this group, to be able to articulate and demonstrate the value of the contribution nursing can make, and to be seen as a credible and integral part of the process.

DIFFERENT COUNTRIES, DIFFERENT APPROACHES³

The four components of policy development described above are generally part of policy development in most countries. However, there can be considerable variation in approach. Countries may use either the **rationalist approach** or the **incrementalist approach**.

The **rationalist approach** was the basis for the scientific method common in the 1960s and 1970s. Examples include:

- PERT (Program Evaluation Review Technique)
- MBO (Management by Objectives)
- PPB (Program Planning and Budgeting)
- ZBB (Zero Based Budgeting)

The rationalist approach tends to assume that one can start with objectives and work out, without bias, how best to achieve these objectives. This is often the approach used when policy development is centralised. Policies are developed at the top and handed down, with little opportunity for input from people or organisations at different stages of the process.

This is quite effective where societies do not have highly developed infrastructures in education, communication, public opinion groups, organised labour (unions), active political and professional groups, etc.

However, as societies become more complex, with high levels of education and public expectation, and with active means of expressing opinion and influencing decision-making, other approaches to policy development have emerged, such as the **incrementalist approach**.

The *incrementalist approach* is being increasingly used and is less mechanical than the *rationalist approach*. It does not start with definitive objectives, but with what currently exists and where one can go from there. This allows for an interactive process between key actors and interests, with mutual adjustment of responses. It usually has a high level of consultation with key stakeholders, including the public and interest groups.

Regardless of the approach used, nurses should be involved. However, if nursing is to be an effective part of the health policy process, nurses must understand all components of it and select appropriate strategies for effective involvement.

HOW NURSES CAN BE EFFECTIVE

It is useful to make a distinction between health policy, and policy relating to health. Health policy usually refers to policy developed within the health sector, or generally under the control of the health sector, and relates to health and health services.

However, policy that impacts on health and health services can be initiated and controlled outside the health sector. Examples would include housing, social security, traffic control, the food and tobacco industries, or public water supplies. Here, private companies, other governmental departments or local and regional government can be major players.

Therefore, nurses need to have a good knowledge of the broader environment that impacts on health, and of the relevant key players and networks. There are many things individual nurses can do to play a part in the policy process:

- 1. Keep abreast of developments.** Know what is happening both in your community, and in the country generally. Keep up-to-date with public issues by attending public meetings and reading newspapers and journals. Develop a factual base for your opinions so as to ensure an informed dialogue with others.
- 2. Write and publish.** Well-placed articles can help influence opinion. Keep an eye on newsworthy issues that would benefit from a nursing perspective.
- 3. Join special interest organisations** that match your interests and share your positions. Your contribution might be more effective if channelled through a larger group with an established reputation and credibility.
- 4. Know who key players are,** such as politicians and officials in local, regional and national govern-

ment. Visit them with a group of colleagues, but prepare carefully. Develop an agenda and consider ahead of time what you will say and how you will respond to difficult questions. To be persuasive, you need to be clear and concise in meetings. In addition, support your views with hard data or factual evidence to increase your credibility.

5. **Know the key nursing positions and networks** that you (or your organisation) might work with to have input into policy. For example, nurses in top positions in health ministries are valuable contacts. They usually report to the chief executives or ministers of health.
6. **Identify nurses in influential positions outside nursing.** They may be in policy or senior management positions in departments of health or other health organisations. Sometimes nurses are elected representatives in government at all levels. Nurses are also found in public service organisations, voluntary organisations and non-governmental organisations (NGOs). These groups can be useful resources to help you achieve your health policy goals.
7. **Communicate your position** through:
 - ongoing representation on policy-making committees or boards
 - lobbying
 - making submissions
 - meeting with people in positions of influence.

INFLUENCING HEALTH POLICY THROUGH YOUR NATIONAL NURSES' ASSOCIATION

The national nurses' association, as the official voice of nursing, has a key role - indeed a responsibility - in influencing and contributing to health policy.

The recommendations made earlier for individual nurses are also relevant for nurses' associations. Therefore, the following points are re-emphasised in this section on strategies for national nurses' associations:

Make the distinction between health policy and policy relating to health.

Have a good knowledge of the broader environment. Keep abreast of developments in health care and public issues.

Write and publish strategically.

Establish relationships with key players.

Prepare well and support your case with hard data or factual evidence.

Identify and work with nurses in key nursing positions and networks.

Identify and work with other nurses who are in influential positions outside nursing.

The following tactics can help organised nursing effectively contribute to health policy development:

1. **Lobby government and policy-making bodies to ensure the inclusion of nursing**, particularly where it is clear that we have an important contribution to make.
2. **Position your organisation as an expert resource** on important health care issues by developing clear policy positions. Produce printed policy statements that are supported by data from relevant publications, research studies, and respected opin-

INFLUENCING HEALTH POLICY THROUGH YOUR NATIONAL NURSES' ASSOCIATION

ions. You can use the ICN position statements if helpful, or modify them to meet your needs.

3. **Be alert to health and public issues**, both locally and nationally. Keep track of new policies your government is proposing. Find out all you can about the issue, the policy development process and the approaches being considered.
4. **Decide on the most appropriate strategies for involvement in different policy processes.** For example, your association could seek formal representation on a policy board or committee, make submissions if called for as part of the policy process, publicise your association's position, or lobby key people.
5. **Form strategic alliances with other organisations** holding positions compatible to yours. Establishing ties is an effective way to add weight to submissions and opinions, without compromising the values underpinning your association.
6. **Ensure that public and written statements** from the association are clear and professionally presented.
7. **Develop unified positions with other nursing organisations.** Where important policy issues are involved, unity within the nursing profession is essential. Without it, your credibility is weakened. Nursing groups and organisations can agree to support each other and work together on important issues without losing their individual identities. If legislators and policy makers perceive divisions in the nursing community, they are unlikely to listen to a nursing 'voice' that does not reflect some unity within the profession.
8. **Educate members about policy issues**, and the association's position on them. Mobilise members to advocate the association's position, showing

strength through unity. Keep members informed and provide good feedback. Avoid rumours and speculation.

9. **Ensure that the individuals representing the association** on policy boards and committees are appropriately selected, articulate and well briefed. They must be perceived as co-operative, constructive and knowledgeable, and be prepared to take an active part in discussions. They must also be willing to take guidance from the association leadership and provide feedback on major points arising during the policy process.
10. **Prepare younger nurses** for leadership roles in influencing health policy. Take them to policy forums to expose them to the process, environment and key players. Give them experiences that can develop their abilities. Encourage them to take on additional responsibilities.
11. **Establish constructive relationships with influential people**, including key stakeholders for specific policy issues and/or important players in the policy environment. Although you may not always agree, if there is respect and a professional approach, the relationship can work. Benefits could include lowering barriers to policy involvement, establishing an "early warning system" for developments and issues, and ensuring a two-way flow of information.

PREPARING NURSES AND NURSING FOR A ROLE IN POLICY DEVELOPMENT

Effective preparation and guidance can provide nurses with the skills and confidence to speak in front of groups, participate in contentious or challenging discussions, defend positions publicly, or question the opinions and statements of others. In many countries these activities may run contrary to cultural or societal factors relating to the status of women and/or the nursing profession. However, to make a positive impact on policy development it is important for nurses to stand up and make their voices heard.

We must therefore take every step possible to ensure that nurses receive the preparation that will enable them to be articulate and effective leaders. A number of strategies and approaches need to be considered and adapted for different country situations.

1. **Incorporate leadership development in basic and post basic nursing curricula and continuing education programmes.** Ensure all programmes focus on practical activities that help to develop leadership behaviours. Theory is not enough.

Continuing education programmes may be run by employers or by national nurses' associations. These programmes can be tailored to help members in key positions develop skills in areas such as:

- public speaking
- negotiation
- data analysis
- strategic thinking and planning
- policy process

2. **Identify young nurses with potential for leadership** early and provide opportunities for them to attend

leadership development programmes. Such programmes will help them master the skills and confidence they need to be successful for a role in policy development.

- 3. Include the topic of organisational development in management education programmes.** This approach focuses on the characteristics and development of a positive organisational culture, where staff learn to try out new ideas, to question ways of doing things and offer alternative solutions, to speak up, to focus on performance and results, and to be accountable for their actions.

People from organisations employing these methods are less concerned about preserving the status quo. They are more interested in trying new ways of doing things to achieve quality results for their clients. People from such an organisational culture are often more confident, more analytical, more thoughtful, and better team players than those who work in heavily bureaucratic situations.

- 4. Prepare nurse educators in new teaching methods that develop leadership qualities** in students, making it less likely that they will be passive participants in their future professional activities including involvement in policy development. Students need to develop independent thinking, self-confidence, oral and written communication skills, analysis, teamwork, vision and strategic thinking. Therefore a variety of teaching and learning methods should be used, including role playing, debates, presentations and discussions.
- 5. Promote a positive image of the contribution of nursing.** Nurses' associations should develop clear strategies to promote and market nursing as a valued profession and agent for social change. The way others perceive nursing, as well as the way the

profession itself behaves, may well determine success or failure in being a part of the health policy process.

It is essential to communicate the importance of maintaining quality in everything nurses do personally and professionally. We are all ambassadors for our profession and must continuously be seen to be striving for excellence. We must serve as role models, fostering health and well being.

Individuals and society as a whole benefit from nursing's contribution. But we can do more. We need to instil social awareness among nurses through education and mentoring. Enhancing our commitment to social causes will provide personal and professional fulfilment and further elevate public attitudes toward the nursing profession. This in turn makes others more receptive to the positive contribution we can make to health policy.



SUMMARY

1. Nurses must understand how health policy is made, in order to determine where and how to best make a difference.
2. The four major components of health policy are:
 - the policy process
 - policy reform
 - the policy environment
 - policy makers.
3. It is useful to make a distinction between two approaches to policy development: the rationalist approach, and the incrementalist approach.
4. Nurses can contribute effectively to health policy. Individual nurses can:
 - Keep up-to-date with health, social and public issues and develop informed positions;
 - Participate in research and utilize research to influence health policy and communicate positions;
 - Write and publish to influence public and political opinion;
 - Join special interest organisations and channel opinions through them;
 - Know who the key players are and influence them;
 - Work with nurses in key nursing positions and networks;
 - Identify and influence nurses in key positions outside of nursing.

5. Nurses' associations can:

- Use some of the same strategies outlined above;
- Lobby to include nurses on key policy boards and committees;
- Lobby government and policy making bodies;
- Position the association as an expert resource through clear, written policy position statements;
- Be alert to health and public issues, proposals and developments;
- Develop appropriate strategies for different policy issues and processes;
- Form strategic alliances with other organisations;
- Ensure clarity in all public and written statements;
- Develop unified positions with other nursing organisations;
- Educate and involving the membership in policy issues and strategies;
- Ensure nurses representing the association are well prepared and articulate;
- Prepare younger nurses with potential for leadership in policy development;
- Maintain constructive relationships with influential people.

6. Prepare nurses and nursing for a role in health policy development by:

- Incorporating leadership development in basic and post-basic education curricula, and in continuing education programmes;
- Identifying and developing young nurses with potential for leadership;
- Sponsoring continuing education programmes tailored to help nurses develop skills in areas such as:
 - Public speaking

- Negotiation
 - Data analysis
 - Strategic thinking and planning
 - Policy process
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- Including “organisation culture and development” in management education, and promote the development of positive cultures in organisations;
 - Preparing nurse educators in new teaching methods;
 - Promoting a positive image of the contribution of nursing.

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3. Op. cit.