Week 1: Policy Making, Healthcare and Professional Nursing

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Introduction



Welcome to the first week of healthcare policy! During this first week, the focus is on types of policies and their relationship to healthcare policy. Next there will be a review of the relationship of values to politics and consideration of political action spheres applied to nursing. It also is important to examine the history of policy development and policy making in nursing. Finally, ethical principles will be considered in relationship to healthcare policy.

As you begin this course, notice that the conclusions of several chapters in the textbook contain special features, such as Vignettes, Policy Spotlights, and Taking Action. Some of these features are assigned as reading that serve to provide specific life examples of the topics discussed in the individual chapters. Take a look at the contents of these special features, whether assigned or not, and you may see that some apply directly to your chosen policy priority. The assigned journal articles further enhance the content of the readings and lesson. The many websites for various professional organizations found in the web resource section will help you with tracking various policy concerns, and they will list important contact information, as well as examples of position statements and briefs. Finally, the video links provide presentation examples and ideas, as well as the video clips that give you a broad understanding of healthcare policy concerns impacting the United States and the global community.

When you think about policy, and especially healthcare policy, what comes to mind? It is important to remember that healthcare is a multifaceted system that is highly convoluted with many interrelated elements. Changing a policy in one area may have intentional or unintentional impact upon other areas. For example, changing access to healthcare may result in the need for additional advanced practice nurses or could overwhelm already crowded emergency departments. Consider possible changes to our American healthcare policies with new leadership in Washington D. C. In addition, consider the impact of new policies upon nursing practice in your community, state, and country, as well as the global community.

Policy and Healthcare Policy



It is important to consider a basic definition of policy when embarking upon any discussion of policy in general and healthcare policy in particular. Policy is a defined course of action identified by individuals or groups in order to resolve a concern. Although this represents a fairly broad definition of policy, it is important to realize that policies can change, and in fact must change as situations or concerns change.

Consider for a minute an example of a positive and negative policy you have experienced and its consequences. Public policies are specific because they are identified and enforced by public or governmental officials. For example, requiring specific immunizations of school age children can come from local school district officials or state government or even both. Healthcare policies have far-reaching effects. Consider the ripples that emerge when a pebble is dropped into a pool of standing water. When the pebble is dropped into the water, small ripples begin developing around where the pebble was dropped, and a series of larger ripples follows with an increasingly wider radius. Consider the wide reaching impact if the minimum age for Medicare coverage was raised to 70 years of age! What if the policy was lowered to 60 years of age?

As noted earlier, healthcare is a complex, convoluted system that must adapt to changes. The crisis facing the healthcare system currently are very different from the 1960's. Take a minute and identify three current healthcare crisis or concerns and then compare to the list noted below.

**The Question**

Identify three healthcare crisis or concerns.

**Your Answer**

Compare Answers

Professional Nursing’s History of Healthcare Policy Making

As nurses, we have been consistently judged as one of the most trusted professions. Strong nurse leaders, such as Lillian Wald, Margaret Sanger, and Lavinia Dock, worked tirelessly to promote health and change the lives of millions of people in this country. Yet, their actions occurred in spite of being women at a time in our history when women's roles were those of homemaker and mother without the right to vote! Oftentimes, these women were persecuted and even risked jail in order to pursue their agendas of public health, social welfare, and community service.

Professional nursing as we know it today was started by Florence Nightingale in the mid-1800s. Her well known healthcare policy work in the Crimean War reduced the death rate at one hospital from 42% to 2%. The healthcare policies that she implemented focused on sanitation and environmental controls. She opened the nurse-training program in England with the intention to promote health, as well as the autonomy of nursing and women. When Nightingale's model was first applied to schools in the United States a few years later, the intent was the same. It is her work to change healthcare policy at the workplace/workforce level that resulted in her recognition.

Nurse leaders at this time fully realized that their mission of public health and professional autonomy needed the strength found only in organizing. If they remained isolated and alone in their work, they were essentially powerless against the forces of entrenched medical groups and hospital boards. The founding editor of the *American Journal of Nursing*, Sophia Palmer, specifically used the journal as a means of enlightening nurses (women) about the importance of policy and politics. Nurse leaders, such as Isabel Hampton Robb, organized nurses and began to take control of the training schools within hospitals so that students would receive the type of education Nightingale had intended, instead of the hard-labor model that had evolved.

Within the public-health sector in the early 1900s, nurse leaders in the United States worked to improve appalling sanitary conditions, especially in poor urban areas. Lillian Wald organized a group of nurses living within the community they served and focused on community health concerns. Today, it is difficult to imagine the social conditions of that time: Sanitation was nonexistent, overcrowding was rampant, and poverty was pervasive. Often, it was the women and children who bore the brunt of the lack of even the most basic healthcare. Margaret Sanger fought to promote access to birth control education, fully understanding and using political strategies in advocating for women's health. Lavinia Dock worked to organize nurses and involve them in the suffrage movement, realizing that this political action would significantly strengthen nursing's voice in all areas of healthcare policy. Appealing to nurses as women and citing the social plight of underfed school children in New York, Dock noted that this translated into the political power to change not only that situation but countless others that affect the health and social conditions of all individuals.

Out of the efforts of these women came health and social policies that transformed the quality and quantity of life in this country, and the ripple effect impacted the global community, as well. Consider each of these and other nurse leaders from history in terms of the four spheres of political action and political development. These women understood the critical importance of politics and policy making and the impact of policy on their advocacy agendas. Their focus was on the political process, and their goal was to impact health promotion and wellness in order to prevent illness, rather than simply treating what already existed. In this way, they understood that they could help far more people and promote the health of generations to come.

Throughout the intervening decades, nurse leaders in all areas of nursing followed in the footsteps of early activists and learned from their strategies. Ponder the fact that nurses have a significant way to go in terms of nursing leadership in the government sphere. What do you think needs to change or improve in order for nurses to get more politically active in the government sphere? Will you be an active participant at this level? How can you move in this general direction?

**Ethics and Healthcare Policy**



One cannot possibly discuss politics and policy making without first reviewing the basics of ethics. Healthcare policy ethics is one of the most hotly debated and hard-fought concerns in politics, especially here in the United States. With the rising costs and limited resources involved in healthcare services in this country, ethical problems and dilemmas appear on every horizon. When discussing ethics and healthcare policy, it is good to review basic ethical principles

Review the ethical principles and see a description of each.

Drag the words into the correct boxes

Beneficence

 is the obligation of healthcare providers to provide assistance to those individuals who are in need.,

Nonmaleficence

 is the duty of healthcare workers to do no harm to the individuals for whom they provide assistance.,

Autonomy

 is the right of the individual to choose and follow one's own plan of life, action, and health.,

Justice

 is the responsibility of the healthcare worker to treat each individual in a fair manner.

You got 4 out of 4 points

**4/4**

## Who are the decision makers?

## **In some organizations, nurses do not sit on the committees or belong to the groups that have formal decision-making power. If this is a characteristic of the organization, the nurse leader should ensure that nurses are represented in all major decision-making bodies. One strategy that can be successful is for the nurse leader to participate in revisions of the mission statement of the organization to ensure inclusion of values important to nurses and quality patient care.**

## Does the structure support EBP?

## **The nurse leader can create structures focusing on efficient internal communication in the organization. In general, a decentralized administrative structure and shared governance, including unit-level committees that share responsibility for research, create better opportunities within the organization for support of EBP. A basic need related to structure within the organization is provision of adequate resources and personnel so that nurses can participate. EBP can be very time-consuming. The nurse leader sets the agenda and priorities for the department of nursing and can influence these for the entire organization**

## Is EBP a performance expectation?

## Participation in EBP activities can be included in responsibilities of nursing staff, in annual performance appraisals, and as criteria for raises. Another motivator that can be implemented at the organizational and department level is that participation in EBP activities becomes a method for advancing on a career ladder. Nurse leaders can also develop a budget line that includes monetary grants for EBP projects and for pilot studies, research studies, and development of setting-specific protocols.

## Is there resistance to change?

## In addition to this human tendency, some nurses do not have the skills to implement evidence-based practice, especially in reading, understanding, and critiquing research evidence. Another issue is that nurses who want to adopt innovations may feel isolated and may not know how to implement change in their settings. These issues should suggest to the nurse leader that methods to support and educate nurses in all aspects of evidence-based practice are important. Strategies include starting journal clubs and research committees that are multi-disciplinary in membership to develop skills in reading research and implementing evidence-based practice innovations. Nurses can be sent to research or other relevant conferences, and experts can be brought into the organizations for consultation. These last two strategies improve the external communication of the organization. The nurse leader can support individual nurses and groups of nurses as adopters of EBP by creating a climate that supports EBP by giving permission to ask clinical questions.

## What is the organizational culture?

## Some barriers related to the innovation parallel the characteristics identified by Rogers in her diffusion of innovation theory. The nurse leader should ensure that potential innovations are high on the organizational culture, as found in the characteristics suggested by Rogers above. An additional barrier, related to research evidence, is that there may not be credible research with consistent findings available to support the development and adoption of an innovation. The nurse leader can support EBP by ensuring that the strongest available evidence is used as the basis for all policies and procedures used in the care of patients. This will demonstrate the value placed on EBP and will demonstrate the relevance of evidence in day-to-day practice, assisting in cultural adaptation.

## Is the staff research savvy?

Communication barriers include the difficulty in reading research evidence, especially quantitative analyses. The leader will need to identify a group of nurses who can understand and interpret research findings to all of the staff to ensure that EBP is fostered.

## Philosophical and Theoretical Perspectives

Philosophical and theoretical perspectives for advanced practice nursing require an additional perspective that suggests it is insufficient to expect that advanced practice competencies are limited to advanced skills, knowledge, and integrative abilities. The need for statistical skills in order to evaluate the level and quality of evidence is foundational for application of evidence to the point of care. The need for a strong philosophical and theoretical foundation for evidence-based practice cannot be understated, which we will learn as we progress through this course