

## INVOLVEMENT OF NURSES IN HEALTH POLICY DEVELOPMENT IN PUBLIC TERTIARY HEALTH CARE SETTINGS PESHAWAR

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DOI: <https://doi.org/10.5281/zenodo.17432861>

### Keywords

Nurses, Health policy development, tertiary healthcare setting

### Article History

Received: 02 September 2025

Accepted: 12 October 2025

Published: 24 October 2025

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### Abstract

**Background:** Nurses are the largest group of healthcare providers. Health programs effects most nurses and midwives who play a significant part in the growth of the profession and are able of rehearsing in different surrounds. Pakistan is a less developing country; nurses are not so developed there is very limited such organization that in which nurses make polices. Nurses are most of the time busy in burden of patient they are mostly working at the bed side so there is extreme need of policy development and in Pakistan, the level of engagement of nurses in health policy is not well understood, and the perceived advantages and disadvantages of nurses in policy-making processes are also unknown.

**Aims:** To find out the level of involvement of nurses in health policy development in tertiary health care setting.

**Material & Method:** A descriptive cross sectional study was carried out among nurses in tertiary health care setting Peshawar. Data were collected from 327 nurses through questionnaires. Convenient sampling technique was used for participant's selection. Written informed consent was taken from all participants.

**Results;** There were 327 participants in this study, including 51.1% female and 48.9% male, 79.2% under 30 and 20.8% over 30, and educational backgrounds (41% BSN, 29.1% post-RN, 29.6% diploma in general nursing, and 0.3% MSCN). The ranges of nursing experience among the participants were 0–5 years (53.2%), 6–9 years (19%), and more than 10 years (27.8%). Out of the 327 participants only 108 (33.0%) participated in health policy making or they were being a part of policy team while the other 77% did not participated in health policy development.

**Conclusion:** Nurses play a important role in shaping health policy. This project found a low level of involvement among nurses in health policy formation, despite their crucial role. These findings serve as a baseline for nurse leaders and administrators seeking to improve nurses' participation in health policy. Nurses' participation in health policy activities may be increased by emphasizing the benefits of health policy participation, as well as health policy education and training.

### INTRODUCTION

Health policy is typically a course of action that dives into healthcare issues relating to service delivery, cost, quality of services, and the capability of people to pierce health care. Making quality and affordable health care available contributes to

advancing quality of life (1). A health strategy is typically developed to address concerns about healthcare costs, treatment levels, and accessibility. They are delivering affordable, high-quality medical care correspondence. Achieving and maintaining

favorable health outcomes depends on health policies that address these issues. Similar subjects make health programs consummate in achieving and maintaining the asked health results (2).

### Health policy

Health policy is also defined as the 'regulation and operation of healthcare programs that are made to foster the well-being of others' (3). According to the World Health Organization (WHO), health policy refers to the strategic plans, choices, and measures enforced to pursue specific health system objectives in a society. Health programs impact most nurses and midwives who play a significant part in the profession's growth and can rehearse in different surroundings (4).

### Importance of nursing involvement in health policy

Most health policies impact nurses or health care providers, who play a crucial responsibility in advancing their field and are capable of working in multidisciplinary settings.

According to the International Council of Nurses (ICN), nurses may play a significant role in creating appropriate and successful policies. Nurses hold a special place in healthcare takers with their expertise and can significantly impact healthcare policy through practical tactics (5).

In The foundation of the healthcare system, nurses play a vital role in healthcare delivery and give patients the critical care they need. But historically, especially in developing nations, their participation in the formulation of health policy has been minimal (6). Developing health policy development may be adversely affected by nurses' ignorance about and lack of participation in these efforts. Lack of political participation by nurses may also lead to self-serving policies being passed by influential policymakers and less-than-ideal health policies (7).

Involving nurses in creating health policies is essential to guaranteeing inclusive and efficient healthcare systems. Nurses are uniquely positioned to offer insightful opinions that can influence policy and enhance patient outcomes because of their proximity to patients and in-depth knowledge

of healthcare requirements (8). Numerous studies have demonstrated the importance of more nurses participating in policy processes since their input.

Nurses can play a more critical role in not only the application but also the making of general health decisions. However, evidence shows very little participation of nurses in health policy development in Pakistan (9). According to the ICN, nurses can eventually play a helpful part in creating effective programs.

Hence, with this expertise, nurses create a unique place among healthcare takers and have an essential tool that can shape healthcare programs by applying practical strategies nurses currently face that hinder the creation and expression of health programs. Participation in health policy conditioning encompasses being informed about issues, rules, and health policy (10/11).

The majority of healthcare professionals are nurses. Their proposals, if any, will serve as essential foundations for policy creation (12). Educational programs and electoral support for campaigners are some ways to support nurses' involvement in health policy (9).

Since nurses are the ones who work closest to patients and their families, the ICN and WHO argue that nurses should be involved in the development of health policies development, even if their participation in health program development is currently low in both developed and developing countries(12). Opinions formed in the domains of health policy and practice hold responsibility for the well-being of the public, and they must be responsive to and considerate of health concerns. (13)

There has been a growing desire for healthcare providers to be actively involved in national policy development due to the discussions around health policy reforms on a global scale (14/15). there are two key reasons why this involvement has been promoted. First, nurses interact directly with patients and their families in various settings, making up much of the healthcare workforce worldwide.

As a result, the experiences and perspectives of nurses may serve as a guide for raising the standard of healthcare services and improving health systems.

Second, many health sector policies affect nurses' working conditions and, in turn, their professional practice. Therefore, the opinions of nurses regarding health sector policies may contribute to ensuring that clinical practice-supportive work environments are considered throughout policy development.

Playing the critical role that nurses can play in the provision of healthcare, it has been said that nurses have a moral and professional duty to change systemic policies, in addition to a duty to the patients they care for (18, 16).

Nurse involvement in national policy development is particularly critical in lower-income contexts, where a lot of the health sector workforce comprises nurses and the majority of disease is experienced. In the past, nurses have not been heavily involved in political and national policy decisions that impact the provision of health services (17-18). The literature also identifies a number of factors that contribute to nurses' low involvement in policy, such as their ignorance of policy-related matters and procedures, lack of experience and expertise in policymaking, and lack of access to policymaking opportunities (19).

Gender discrimination has also been a factor in nurses' low involvement in policy development (20). Males normally or generally serve as being in positions of power and making policies, whereas females are primarily perceived as working in nursing as caregivers. Males are, therefore, more likely to be active than women and significantly impact public policy making. It has also been suggested that a lack of emphasis on policy in undergraduate and graduate nursing schools contributes to Pakistan nurses' low engagement.

Research offers several tactics that can be used to improve nurses' participation in policymaking processes. Numerous studies have highlighted how nurses can participate in policy processes directly—by taking on official leadership roles within the healthcare system—and indirectly—by advocating and lobbying legislators through professional associations.

To influence them, nurse leaders can strategically identify challenges, collaborate with decision-makers, and ascertain who is in charge of healthcare organizations' resources and who exercises power there (18).

Including relevant courses in nursing school and fellowship programs is another tactic to increase nurses' knowledge of and proficiency in politics and policy (9).

A number of writers have stressed how important it is for nurses to use research as reliable data when making policy decisions. Studies have revealed, however, that nurses have not received enough assistance in producing data to guide health policy. Moreover, there is a lack of funding for research as well as inadequate training and mentoring for nurses from low- and middle-income countries (LMICs).

The amount of nurses' involvement in the policy-development process in developing nations has not been extensively studied in empirical research. The study found that nurses were underrepresented in policy processes that national policy communication was inadequate, and that nurses lacked the resources necessary to put national policy into practice.

The majority of published research is descriptive reviews; they do not examine nurses' contributions to policy processes through the lens of critical theory. Moreover, research on nurses' involvement in the formulation and execution of policies has seldom ever examined the viewpoints of nurses and other decision-makers. Therefore, in order to improve LMIC nurses' comprehension, production, and application of research knowledge that is helpful for policy change, it is necessary to fortify their research capacities (9).

In order to investigate how nurses participated in Pakistani national health policy processes, this study used a critical theory approach. It did this by gathering the opinions of nurses and decision-makers from a range of healthcare system levels. Thus, nurses should advance with these changes as a component of this system.

Nurses need to influence both the creation and application of health policies in order to accomplish this. Then, they have to actively participate in the formulation of health policies in order to have greater control over their field. (21).

### **Role of leaders in nursing**

The role of leaders in nursing is essential to this process. They need to understand how to create rules if they are to handle issues in the workplace (22). Nurse leaders' experiences, values, professional ethics, and advocacy skills enable them to offer unique and valuable viewpoints on health matters (21).

Over the past few decades, there has been an increase in awareness of nurses' involvement, role, and influence in

health legislation. Nurses must actively identify issues and work with other decision-makers to change healthcare policies.

They must understand who controls the resources for health services and the different power structures that exist within their organizations. Consequently, it is reasonable to say that nurses need to be involved in choices that affect patients, families, the nursing profession, and the healthcare system as a whole (23).

The influence of nurses on health policies promotes high-quality healthcare, increases patient safety, enhances the quality of care, and facilitates patients' access to essential resources (24). As such, the idea of policy impact in nursing is new and vital, but its ideal meaning is not fully established. According to their survey, the majority of PCC primary care groups conferred with nearby nurses regarding the main areas of care services, and they thought this process was effective. On the other hand, compared to other health fields,

According to a study's findings, nurses and health leaders have a prominent point interval and are in the sixth grade. Nurses are the frontline change agents at every level of the health system, providing care to patients and their families in both hospital and community settings and acting as managers and leaders in interdisciplinary healthcare teams (23). It is crucial to comprehend the true significance of nurses' engagement in policy formation as well as the alleged advantages of doing so while working in different public hospitals for two reasons:

(a) to educate nurses on their participation in policymaking

(b) To find out the perceived benefits of the nurse's involvement in policy making. Therefore, this project was conducted to find out the level of nurses' involvement in a tertiary healthcare setting in Peshawar.

### 1.2 Rationale of The Study

Pakistan is a less developing country; nurses are not so developed there are very few such organizations that in which nurses make polices. Nurses are most of the time busy in burden of patient they are mostly working at the bed side so there is extreme need of policy development and the perceived advantages of nurse's involvement in health policy development are also unknown. Lack of knowledge of these factors may lead to poor health and slow formulation of sound health policies. In Pakistan there is very limited study on this topic.

### 1.3 Objective of The Study

To examine the level of involvement of nurses in health policy development.

To find out perceived benefits of nurses involvement in health policy development

### Literature Review

We searched the literature using Google Scholar, Pub Med, NCBI, online libraries, and the Wiley Online Library. To find relevant research on nurse involvement in health policy formation, with an emphasis on studies released between 2015 and 2024, this review of the literature sought to summarize the body of knowledge regarding nurses' participation in the creation of health policies. Among the most important search phrases were "health policy," "nurse involvement," "Peshawar," "Pakistan," and "low- and middle-income countries." The benefits of participation, obstacles to nurse involvement, and empowerment tactics were among the recurrent themes identified by thematic analysis.

### 2.1 Involvement of Nurses in Health Policy:

A review of the literature encourages the researcher to decide whether it is worthwhile to investigate a certain issue and helps to focus the investigation. It allows the researcher to get as knowledgeable as possible about the selected issue, establishing the basis for the necessity of a new study. There isn't much research available on nurses' involvement worldwide, particularly in Pakistan. According to a study conducted in Pakistan by Subia Praveen, nurses' participation in policymaking has not increased over time. Nurses should be prepared to work as policymakers by nursing institutions and regulatory

agencies. This study also demonstrates the obstacles, which include power imbalances within and between professions and nurses' lack of knowledge in the creation of policies. The involvement was not enough, and nurses mainly worked as policy implementers rather than as policymakers. (10).

Another study conducted in Pakistan by Aziz Ur Rehman demonstrates very low Pakistani nurse leaders' participation in the formulation of health policy. Additionally, there are lots of chances for nurses to get involved in the creation of health policy. (26). A descriptive cross-sectional study conducted in Thailand demonstrates how important it is for nurses to be active in developing health policies; nevertheless, it has been noted that not many nurses have done so across national boundaries. In the USA, for instance, 59.6% of nurse leaders reported having only three or fewer policymaking participations.

Furthermore, just 44% of hospital nursing managers in Thailand had experience with tertiary-level human resource planning and policy formulation. Factors contributing to this low involvement include the participation process's intricacy, excessive workload, and level of awareness (24).

A descriptive cross-sectional study on Kenyan nurses' participation in national policy development processes found that certificate nurses made up the majority of decision-makers at the national, provincial, and district levels (53%), followed by diploma nurses (46%), and a very small percentage of degree-level nurses (1%). Since they were particularly selected for the study due to their involvement in the formulation or implementation of policies, they were entitled to participate (1).

A number of papers and databases were examined by the authors of a concept analysis study on the "Policy Influence of Nurses" in Iran.

The results show that nurses' political awareness, competence, and ability to collaborate and communicate effectively all have an impact on policy (23).

According to a survey on nurse leaders' involvement in East African health policymaking, 92% of nurses do not take the lead in establishing the agenda for health policy development, 51% do not participate in the development of health

policies related to nursing, and 59% do not participate in issues pertaining to the development of health policies more broadly (27).

JumaP, Edward showed that many leaders in health policy are hindered by a number of issues, including knowledge, skills, support, enabling structures, finances, and lack of involvement (1). Research from Thailand and the United States shows that nurses are not very involved in health policy. (13). This lack of interest in and learning about health programs could slow down development and result in programs that are designed to benefit the opinion leaders in the hierarchies of power (16). According to a review of the literature, nurses are still having much involvement in health policy, and there are some initial hurdles. The literature outlined several barriers to nurses' participation in health policy, such as a lack of political awareness, time, resources, and nursing organization involvement (9). Nearly 85% of people believe that nurses are the most trustworthy, ethical, and truthful professionals. Healthcare organizations want nurses' input on policy panels because they offer evidence-based information to guide policy formulation. Therefore, nurses' involvement in policymaking benefits not just the healthcare system but also the individuals, communities, and groups impacted by various healthcare reforms and policies.

A Gallup study of 1,504 American executives and politicians found that 23 percent of these leaders said nurses should have a bigger say in how the healthcare system is shaped and how policies are made. These leaders gave the subsequent justifications: In addition to helping patients navigate the healthcare system and reducing costs, nurses also significantly improve patient health and promote preventive healthcare (38%), increase patient access to care outside of primary care settings (18%) and improve patient health (40%).

Political and societal issues, as well as inadequate educational preparation, have all contributed to this deficient involvement in the policymaking process. These contextual elements are also impacted by the political infidels among nurses at the individual and organizational levels (24).

The development and implementation of general and health policy can greatly benefit from the contributions of nurses. Evidence, however, indicates that structural, interpersonal, and personal barriers limit nurses' ability to participate in politics and the creation of general health policy (28). According to another study, nurses make up the majority of healthcare workers worldwide; nonetheless, the evidence currently available indicates that they are not well-represented in healthcare policymaking (30). Although there are many challenges to overcome, it is imperative that nurses be involved in health policy. According to research, nurses and nurse leaders don't have a big role in developing health policies (31). Another study that supports our study shows that In Jordan, nurses are not very involved in decision-making and their engagement varies depending on management styles and organizational culture. Staff nurses are encouraged to participate in decision-making when it aligns with the organization's culture.

To make wise clinical and management judgments, one must have both clinical experience and education. Jordanian undergraduate nursing students study teaching, delegation, and critical decision-making (32).

Another study shows that the involvement of nurses in research and policy creation has been inadequate. The results showed that both personal and organizational obstacles prevented nurses from participating in the process of research and policymaking. Hence, our results imply that nurses should be better equipped to engage in health policy and to support nursing research (29). According to another study, nurses' participation in health policymaking could enhance healthcare systems and patient outcomes while also having an effect on the nursing profession and healthcare delivery. This study shows that both in developed and developing nations, nurses continue to play a very small role in the formulation of health policies (9).

#### **Summary of Literature review**

A review of the literature shows that nurses have a comparatively small say in how health policy is developed. There are challenges when nurses are involved early in the creation of health policy.

Despite a number of worldwide suggestions for their participation in policy formation, nurses do not fully contribute to decisions about health policy.

Unfortunately, little study has been done on nurses' contributions to global health policy development (24).

Therefore, the purpose of this study was to explore the extent to which Pakistani nurses participate in health policy development.

#### **Methodology**

This study utilized a quantitative approach to investigate nurse involvement in health policy development in Peshawar, Pakistan. self-administered questionnaire was distributed to collect data from nurses working in public healthcare facilities.

#### **3.1 Study Design**

Descriptive cross sectional design was used in this study to investigate the involvement of nurses in health policies development in Peshawar, Pakistan. We choose this style in order to give a thorough overview of the involvement or take a snapshot of the study. Data was gathered at one particular moment using self-administered questionnaires from registered nurses working in public healthcare facilities.

#### **3.2 Study Setting**

Pakistan is one of the developing nations in South Asia. The Ministry of Health, University Teaching Hospitals, and the private sector make up Peshawar, Pakistan's healthcare system. In Peshawar there is to three public tertiary hospitals that serve as medical teaching institutions. Three tertiary hospitals were the study's target hospitals; they were chosen for ease of access and huge bed capacities, as well as their affiliation with universities. The hospitals are LRH, KTH, and HMC.

#### **3.3 Sampling Techniques**

A convenient sampling technique is used in this project. *Convenient sampling* is a qualitative or quantitative research strategy that involves selecting those participants who are readily accessible to the researcher.

### 3.4 Sampling Size

A sample size of 327 is collected from a population size of 2500 with confidence level of 95% and Margin of errors 5% including response distribution of 50%. Sample size is calculated via Rao-Soft online calculator. The participants were conveniently selected based on their availability at the hospitals. Nurses worked in the targeted hospitals received 345 questionnaires. Each targeted hospital received 115 questions. On the questionnaires, 339 nurses answered the questions. Due to their incompleteness, eleven questionnaires were excluded from the data analysis. There were 327 useable completed questionnaires.

### 3.5 Inclusion criteria

The participant will be a

- PNC licensed Register Nurses (RN)
- Having experience more than 2 years in health care setting.

### 3.6 Exclusion criteria

Who don't want to participate in the study or don't to give or sign consent form.

### 3.7 DATA COLLECTION TOOL

After taking informed written consent, data collected by the researcher with the help of attached data collection tool (questionnaire). (Appendix 1)

The following tools are used in this study which is provided by the pervious researcher through email.

Data are collected according to the variables of the questionnaire which are as follows:

#### Section 1: Demographics information

In demographics section there is questions related to age, gender, experience and qualification.

#### Result

This section presents the findings of the study 'involvement of the nurses in health policy development in tertiary health care settings in Peshawar', highlighting the experiences, and level of involvement of nurses in health policy development in Peshawar, Pakistan. The results are based on the analysis of data collected from the self-

#### Section 2: Participation in Health Policy Activities

In section there is questions related to involvement of nurses in health policy making or in development.

#### Section 3: Perceived Benefits of Involvement in Health Policy

In the last section of questionnaire there are questions in which there discussions or questions related to benefits of involvement.

### 3.8 Data Collection Procedure

The current study's authors received official Institutional Research Committee (IRC) (#NCS/BSN/1710/24) approval from Ncs us Peshawar. Before the study started, the targeted hospitals' clearances were also given, permission from HODs and Directors Of the targeted hospitals are also received. The study instrument was used with signed consent. The period of data collection in 2024 was September through November.

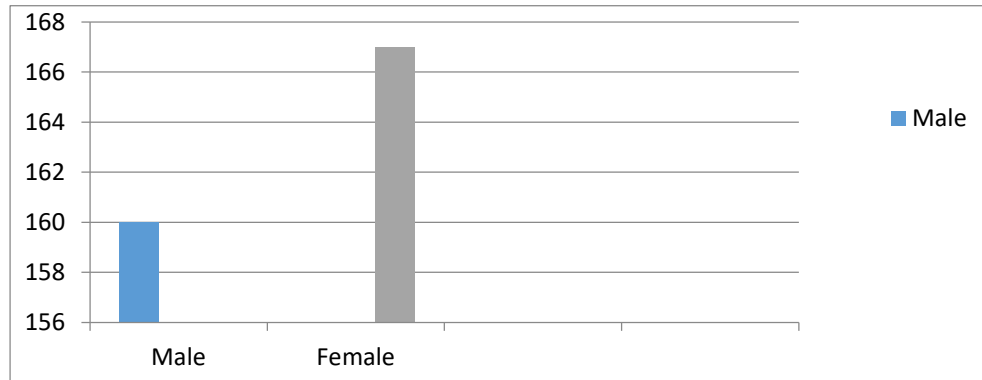
The researcher extended an invitation to participate in the study to all nurses who satisfied the inclusion criteria, regardless of department or shift. A consent form with questions was attached. By not disclosing their identities, participants' anonymity and the privacy of their answers were protected.

### 3.9 Data Analysis

IBM SPSS version 27 Software was used for this study. Descriptive Statistics are used to get frequencies and percentages for categorical variables. Charts and graphs were created and then they were interpreted through a descriptive statistician's analysis.

administered questionnaires completed by registered nurses working in public and private healthcare facilities. Findings of project "involvement of nurses in health policy development in tertiary health care setting Peshawar" which was descriptive cross sectional study and non -probability convenient sampling technique was used to conduct this study.

**Figure 4.1: Gender** Results of the current study revealed that among total of 327 participants there were total 167(51.1%) females while 160(48.9%) participants were males.



**Table 4.2: Gender Wise Distribution**

In our study there were majority of females following by males as shown in the table below.

Gender	Frequency	Percent
Female	167	51.1
Male	160	48.9
Total	327	100.0

**Table 4.3: Age of participants**

In total 327 respondents 259 (79.2%) were under 30, the remaining 68(20.8%) were above 30 years as shown in the table.

Age Group of Participants		
Age in years	Frequency	Percent
Under 30 years	259	79.2
Above 30 years	68	20.8
Total	327	100.0

**Figure 4.4: Marital Status of Participants**

Out of 327 participants 172(52.6%) were married and 155(47.4%) were unmarried as shown.

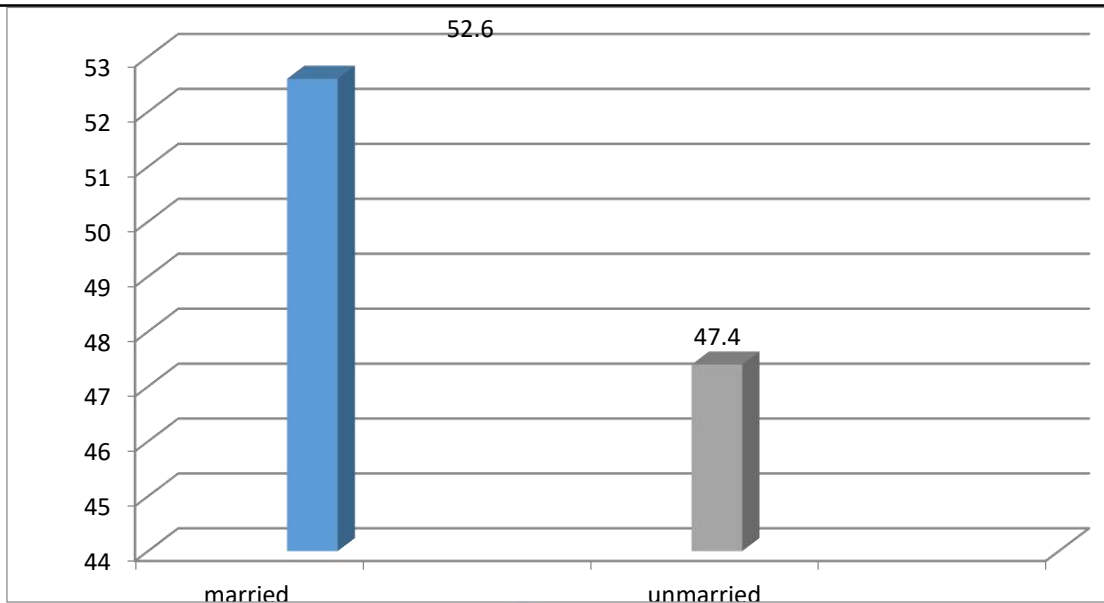


Figure 4.5: Experience of participants as nurse

Out of 327 participants, experience of 174(53.2) participant were 0-5 years, 64 (19%) were from 6-9 years, 89(27.8%) were experience of above 10 years as shown

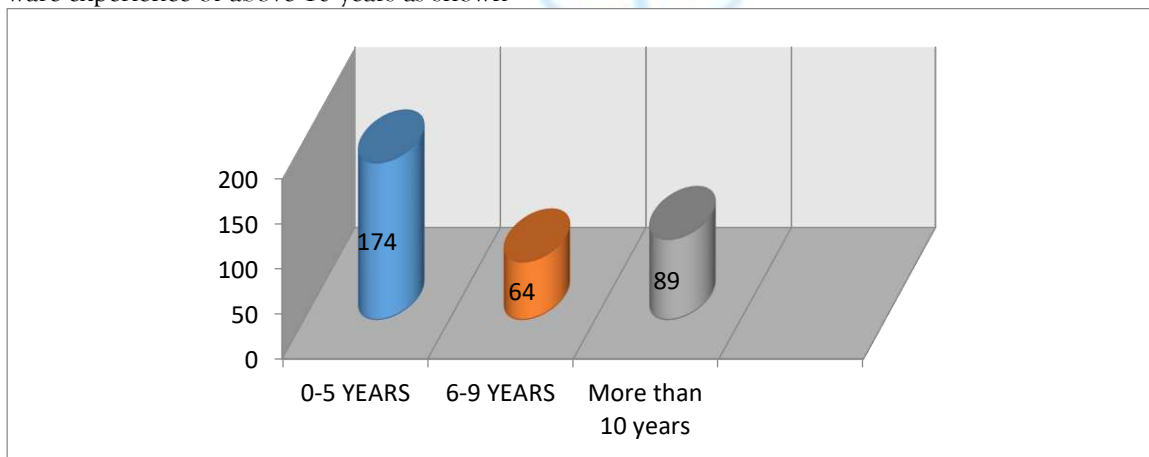
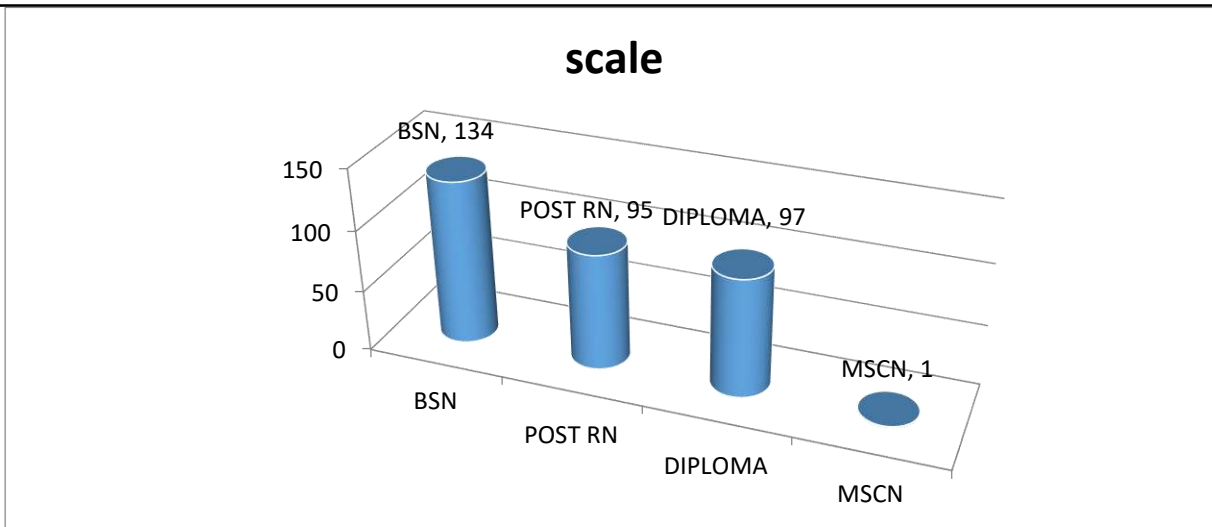


Figure 4.6: Qualification of participant



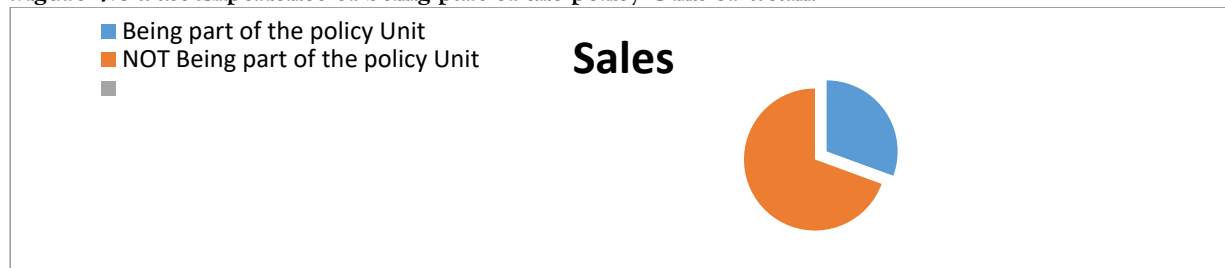
Out of 327 respondents 134(41%) were having BSN degree, 95 (29.1%) were having post RN degree, 97 participant (29.6%) having the diploma in general nursing and 1 respondent (0.3%) have the degree of MSCN as shown.

**Table 4.7: Total experience in policy making or administration**

Out of 327 respondents 72 (22%) having 2-3 years, 84 respondents (25.7%) having 4-8 years, 2(0.6%) having experience more than 8 years and 169 participant (51.7%) have no experience in administration or in policy making.

Total Experience		
	Frequency	Percent
2-3 years	72	22
4-8 years	84	25.7
More than 8 years	2	0.6
No experience	169	51.7
<b>Total</b>	<b>327</b>	<b>100.0</b>

**Figure 4.8 Past Experience of being part of the policy Unit or Team**



Out of 327 participants 108 (33.0 %) were being part of the team while 219 (67.0%) were not being part of the team as shown.\

**Level of involvement in health policy**

Out of the 327 participants only 108 (33.0%) participated in health policy making or they were being a part of policy team, shown in figure 3.8 The most frequent health policy activities indicated by participants were voting for a candidate or a health

policy proposal (61.1%), followed by taking a part in a protest or demonstration regarding a health policy issue (52.3%) and done research for a health-related legal action (48.9%).

52.3% of the participant were provided written reports, consultation and research to a public

official on health issue, while 42.8 % were those who provided money for campaign or for health policy.

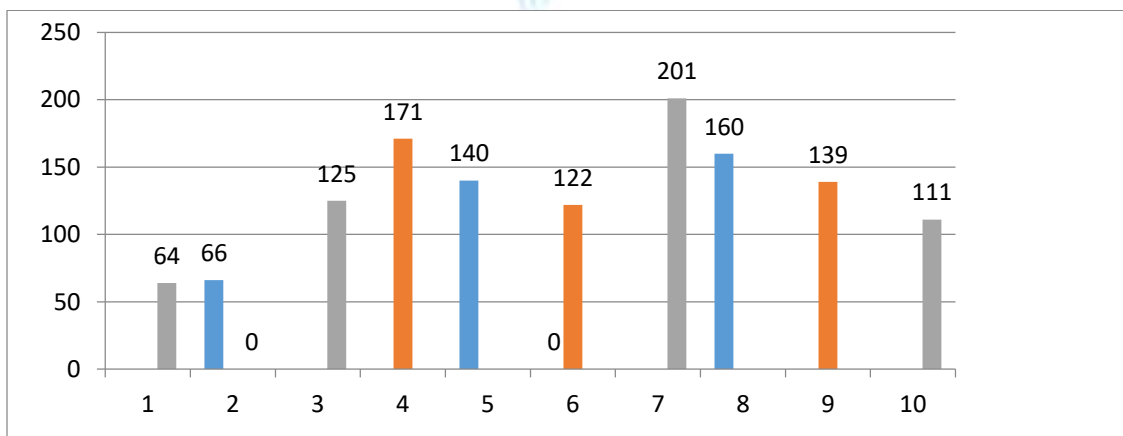
Out of 327 participants 122 were those who used mass media or public event to address a health policy issue,

while 201 participants realized health policies or made recommendation about them to a public official.

48.9% participants testified or done research for a health related legal actions, 42.5% worked for health policy proposal and 39.9% were engaged in another health policies related actions.

**Table 4.9** Presents the frequencies and percentage of nurses' participation in health policy activities. The score for involvement of participants in health policy making was 3 on a scale from 1 to 10, which indicates a low level of involvement in the health policy as nurses.

Health policy activities			
No.	Health policy activities	Frequency (Yes)	Percent %
1	Ever voted for a candidate or health policy proposal?	64	19.6
2	Ever taken part in a protest or demonstration regarding a health policy issue?	66	20.2
3	Ever served as an elected or appointed public official?	125	38.2
4	You provided written reports, consultations, or research to a public official on a health issue?	171	52.3
5	You given money to a campaign or for a health policy?	140	42.8
6	You used mass media or public events to address a health policy issue?	122	37.3
7	You analyzed health policies and/or made recommendations about them to a public official?	201	61.5
8	You testified or done research for a health-related legal action?	160	48.9
9	You worked on a campaign for a candidate or health policy proposal?	139	42.5
10	You engaged in other health policy-related activities? (e.g., discussing health issues during morning reports, sending emails to the Ministry of Health, discussing health policies in the Nursing Council)	111	39.9

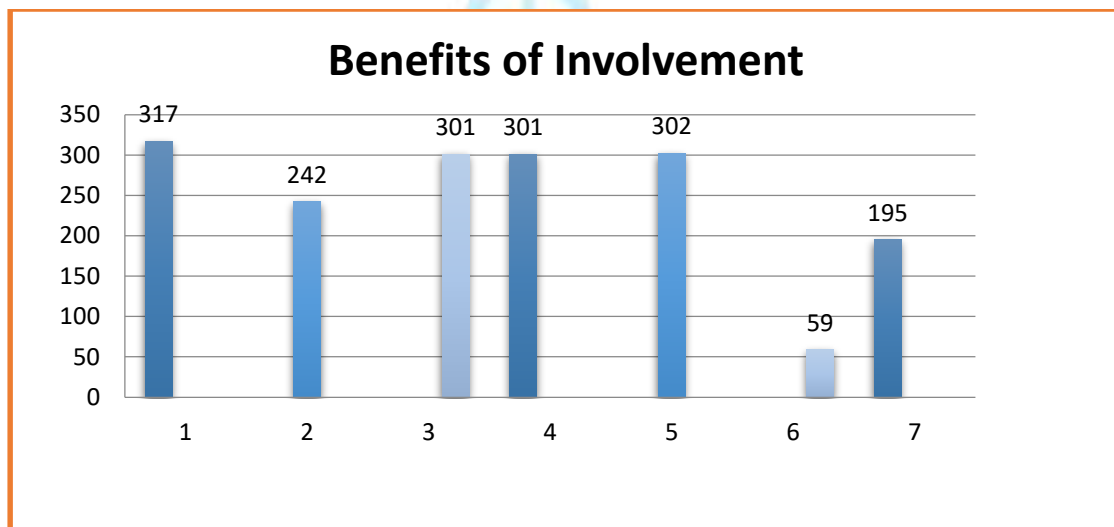


**Figure 4.10:** Nurses' Participation in Health Policy Making Perceived benefits of participation in health policy

The most three common perceived benefits of involvement in health policy were improving the health of the public (96.9.3%) followed by You see the potential to get resources as a benefit of being involved in health policy (92.0%) and involvement in health policy can help improve a situation or issue (74.0%).

**Table 4.11: benefits of participation in health policy (n=327).**

No.	Benefits	Frequency (Yes)	Percent %
1	You believe that being involved in health policy improves the health public	317	96.9
2	You think involvement in health policy can help improve a situation or issue?	242	74
3	You believe that involvement in health policy can help who could not create change by themselves?	301	92
4	You see the potential to get resources as a benefit of being involved in health policy?	301	92
5	You consider professional duty as a benefit of being involved in health policy?	302	92.4
6	You find no benefits in being involved in health policy?	59	18
7	You feel that involvement in health policy helps you fulfill your personal agenda?	195	59.6



**Figure 4.12: Perceived benefits of participation in health policy (n=327).**

**DISCUSSION**

The present study found that members' most frequent health policy activities were "voting for a candidate or a health policy proposal" (61.1%), "participating in a protest or demonstration regarding a health policy issue" (52.3%), and "doing research for a health-related legal action" (48.9%).

These results are consistent with those of R.F. AbuAlRub, who also found that voting was the most frequently used health policy action by US nurses. Additionally, the results of this study demonstrated that nurses had a low level of professional involvement in health policy, which is in line with Salvador's findings that US nurses

thought they had a low level of professional and citizen involvement in health policy. (9)

The current study's findings are supported by another study conducted in Thailand, which found that almost three-quarters of nurses were not involved in national health policy (24)

Another study carried out in Thailand indicated that nearly three-quarters of nurses were not active in national health policy, which supports the findings of the current study(24) . According to the results of the current project, the three commonly mentioned advantages of participating in health policy were: enhancing public health (96.9.3%), seeing the possibility of obtaining resources as a benefit (92.0%), and being able to improve a situation or issue (74.0%). These results are

consistent with those of Salvador (2019) and Oden, who found that

participants most frequently indicated increasing public health as a benefit. According to the study, Pakistani nurses saw the "opportunity to develop new skills" as beneficial because they lacked the political and knowledge skills necessary to participate in the creation of health policy. The additional advantages of "improving the public's health" and "making a difference in others' lives" may result from the nursing profession's altruistic ethos and code of ethics, which demand activities for the benefit of society as a whole. (13–19). Strength of the current study is to find an understudied ' level of participation in health policy making and perceived benefits. There were a few limitations,

### 5.1 Weaknesses of the study

The convenient sampling technique approach may result in higher sample errors and impact the results' generalizability and (2) the subjectivity and self-rating of the questions may lead to bias.

### 5.2 Nursing Management Implications Key

Administrators should set an example, enhance and give confidence to nurses to participate in health process and foster a positive work environment in order to do so. In order to help nurses comprehend their position in the formation of health policies and the influencing tactics used in policy decision-process. Additionally, through

conferences, seminars, and continuing education initiatives, nurse administrators should assist nurses in recognizing the advantages and overcoming obstacles to participation in the creation of health policies.

A relatively recent study was conducted in June 2024 by a team of academics led by Aziz Ur Rehman. et al. show that nurses must participate in health policy in order to improve patient outcomes, advance our profession, and develop our nursing skills. Because they understand the requirements of patients, nurse leaders should be involved in health policy.

They should also serve on various committees, particularly the policy committee, to effectively express nurses' concerns. Leaders further justified nurses' participation in policymaking by pointing to the longest nurses have ever spent with patients in comparison to other medical professionals.

The needs, diagnosis, care, and policies of patients are all things that nurses are knowledgeable about. By allowing nurses to spend as much time as possible with patients, they were able to give priority to the most urgent needs, and their involvement in policymaking will guarantee that patient needs are planned for effectively. The need for nurses' participation in health policymaking was underlined, as was the necessity for the nurse leader to participate in and serve on the committee that creates health policies. (26)

By learning more about the national policymaking process, nurses can enhance their level of participation in the formulation of health policies. To engage in policy advocacy during the policy creation process, they need to develop their advocacy and leadership abilities.. They should create alliances that increase the pressure on policymakers and adopt methods and avenues for presenting the evidence to them, such as drafting position statements and policy briefs that are grounded in research findings. Nursing institutions should also play an important role in shaping the policy development process and encouraging nurses to participate in health policy programs.

## 6.0 Conclusions

In developing health policy, nurses have a distinctive role. Despite their critical functioning, this study indicated that nurses were not very involved in the creation of health policies. Increasing participation in health policy initiatives could improve the nation's health by elevating the nursing profession and its political standing.

## 6.1 Limitations

The study's limitation is that participants were only selected from public-sector hospitals in Peshawar. We excluded private hospitals from our study, as this study was conducted on the nurses of public-sector hospitals in Peshawar. So, the result could not be generalized. Secondly, the variables could be compared, which can further give us more specific and clear results, but this study does not use statistics.

## 6.2 Recommendation:

According to the majority of nursing staff in this study, there are benefits of participation of nurses in health policy process. The findings of this study can give policymakers and leaders in the nursing field the proof they need to suggest more initiatives, policies, and actions aimed at fostering nurses' involvement in health policymaking in public sector tertiary health care settings in Peshawar. The administration of the health organization needs the proper administrative support in order to handle this participation responsibly.

## 6.3 Recommendations for Policymakers

Policymakers should create and implement policies that encourage nurse participation in health policy formulation, such as mandating nurse representation on

healthcare decision-making boards. Infrastructure and resources, such as money, education, and training, should be made available by governments and healthcare institutions to encourage nurse participation. To promote nurse participation, policy measures should address structural impediments including workload and workload management.

## 6.4 Recommendations for Clinical Practice

Clinical settings should set up procedures for nurses to participate in policy choices in order to increase their involvement in health policy. Committees, regular forums, or appointed nurse representatives can do this. It is recommended that healthcare administrators offer training programs, mentorship, and protected time for policy-related activities to enable nurses to engage in policy development. In order to promote an inclusive and cooperative culture, nurse leaders should also empower and encourage staff nurses to take charge of policy initiatives.

## 6.5 Recommendations for Future Research

Future research should look into how nurses' participation in health policy affects patient outcomes, the standard of healthcare, and the efficiency of organizations. Inadequate training and budget limitations are two obstacles to nurse participation that researchers should investigate. The longevity of nurse-led policy initiatives and their impact on healthcare systems can be investigated through longitudinal studies. Comparative studies can also look into how different healthcare systems and geographical areas differ in how nurses participate in health policy.

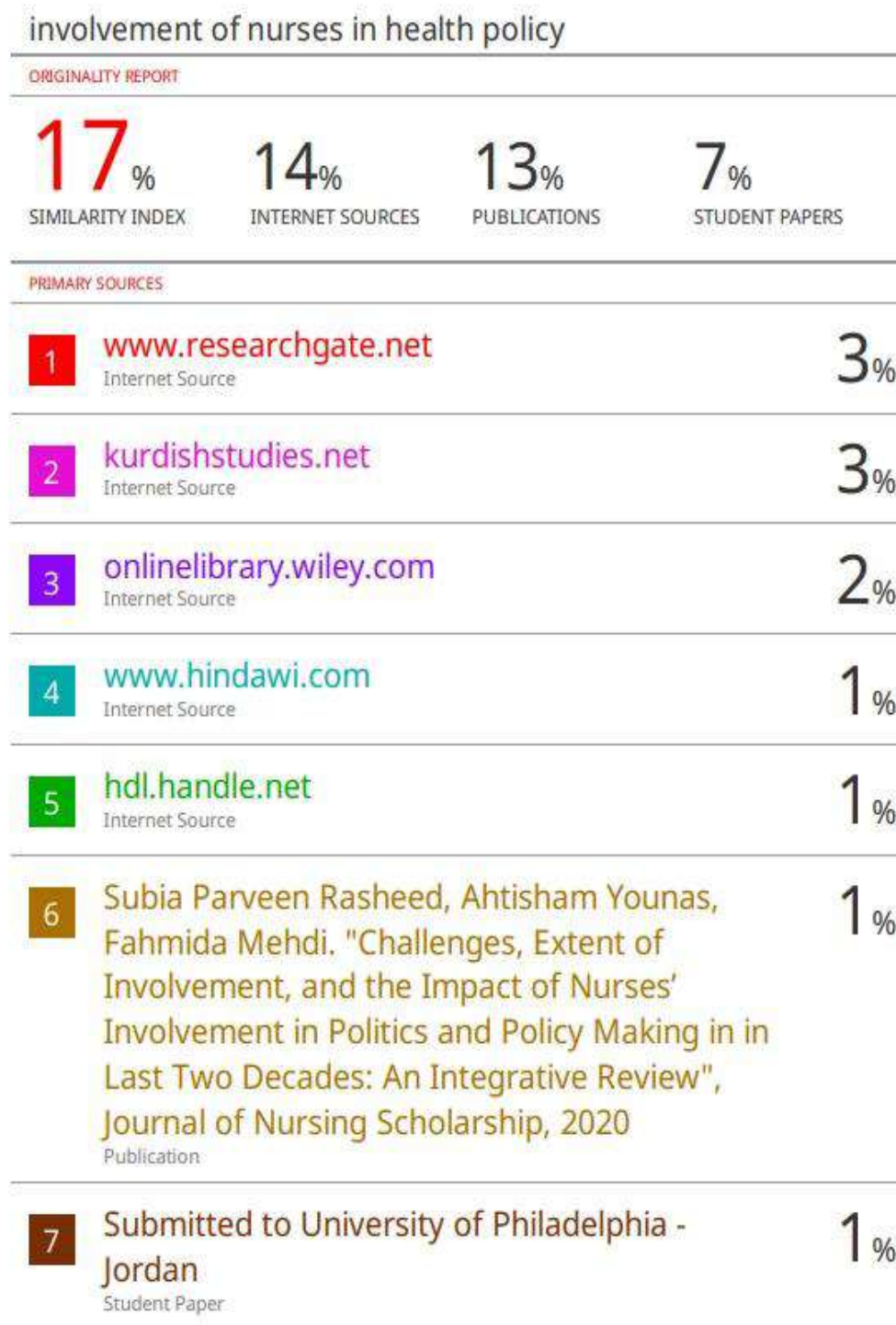
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## ANNEXURE I: PLAGIARISMS REPORT



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## ANNEXURE III: ETHICAL APPROVAL



**NCS University System**  
DEPARTMENT OF HEALTH SCIENCES  
A PROJECT OF NCS EDUCATION SYSTEM


Educating The Nation

Date 18/9/2024

The Institutional Research Committee has granted approval for the project titled "**Involvement of Nurses in Health Policy Development in Tertiary Health Care setting Peshawar A cross sectional Study**". This Research project was submitted by Mr. Hazrat Ammar, Mr. Asif Hussain, Mr. Sameer Abbas, Mr. Ameer Muaweya, Mr. Tanveer Ahmad students of *BSN Nursing* at NCS University System, under the supervision of Mr. Ahsan Nazar Lecturer, Nursing department NCS US.

The study was reviewed and discussed during the IRC meeting, and no major ethical concerns were identified. Approval has been granted for a period of one year, effective from *09th September 2024*. Any changes to the protocol or requests for an extension of the study period must be communicated to the IRC Committee for prior approval.

All informed consent documents should be retained for future reference.



**Mr. Ihsan Ullah**  
**Chairperson**  
**Institutional Research committee**  
**NCS University system, Peshawar.**

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# NCS University System

Department of Health Sciences, Peshawar

Ref No: NCS/BSN/1710/24

Dated: 02-10-2024

To Nursing director  
LRH Peshawat

The following are the bonafide students of Department of BS Nursing, NCS University System Peshawar enrolled in BSN 8<sup>th</sup> semester.

- |  |                             |
|--|-----------------------------|
| 1) Mr. Hazrat Ammar S/O Hazrat Ghulam          | REG NO: 2020/KMU/NCS/BSN/16 |
| 2) Mr. Asif Hussain S/O Ahmad Hussain          | REG NO: 2020/KMU/NCS/BSN/39 |
| 3) Mr. Sameer Abbas S/O Amin Ali               | REG NO: 2020/KMU/NCS/BSN/21 |
| 4) Mr. Ameer Muaweya S/O Ibrahim Jan           | REG NO: 2020/KMU/NCS/BSN/38 |
| 5) Mr. Tanveer Ahmad Nawab S/O Muhammad Yousaf | REG NO: 2020/KMU/NCS/BSN/29 |

NCS University System Peshawar, an affiliated Institute of Khyber Medical University is offering four years degree program in BSN (BS Nursing). Research project is a module offered in final year of mentioned program that needs access to the proposed relevant settings.

They have chosen the topic of "INVOLVEMENT OF NURSES IN HEALTH POLICY DEVELOPMENT IN TERTIARY HEALTH CARE SETTING PESHAWAR: A CROSS SECTIONAL STUDY." This study was approved by internal graduate research committee, NCS University System. The study will ensure confidentiality of information related to the associated individuals and its results will be purely used for academic purposes.

It is requested to kindly facilitate the above mentioned students for the mentioned purpose and allow them to access relevant information.

Looking forward to hearing from you.

Director  
NCS University System

Canal Road, Abdara, University Town, Peshawar.  
091-9331105, 9331205, 9331305  
www.ncs.edu.pk





# NCS University System

Department of Health Sciences, Peshawar

Ref No: NCS/BSN/1710/24

Dated: 02-10-2024

To Nursing director,  
HMC Peshawar.

The following are the bonafide students of Department of BS Nursing, NCS University System Peshawar enrolled in BSN 8<sup>th</sup> semester.


- |  |                             |
|--|-----------------------------|
| 1) Mr. Hazrat Ammar S/O Hazrat Ghulam          | REG NO: 2020/KMU/NCS/BSN/16 |
| 2) Mr. Asif Hussain S/O Ahmad Hussain          | REG NO: 2020/KMU/NCS/BSN/39 |
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Looking forward to hearing from you.

  
\_\_\_\_\_  
Director  
NCS University System

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www.ncs.edu.pk





# NCS University System

Department of Health Sciences, Peshawar

Ref No: NCS/BSN/1710/24

Dated: 02-10-2024

To

Nursing director KTH  
Hospital Peshawar

*Allowed to  
collect data*

The following are the bonafide students of Department of BS Nursing, NCS University System Peshawar enrolled in BSN 8<sup>th</sup> semester.


- |  |                             |
|--|-----------------------------|
| 1) Mr. Hazrat Ammar S/O Hazrat Ghulam          | REG NO: 2020/KMU/NCS/BSN/16 |
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Looking forward to hearing from you.

  
Director  
NCS University System

Canal Road, Abdara, University Town, Peshawar.  
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#### Annexure IV: Consent Form

##### Involvement of Nurses in Health Policy Development.

NAME\_\_\_\_\_

This study is being conducted by a group of

Hazrat Ammar

Asif Hussain

Sameer Abbas

Ameer Muaweya

Tanveer Ahmad Nawab

Students of the NCS university system Peshawar, Department of Nursing, under the supervision of **Sir Ahsan Nazar**, to find out nurses involvement in health policy development in health care setting. Participation will take 5-10 minutes. There is no direct benefit to you but filling in the questionnaire may provide us with information about in the future which will be used to improve patient care. The risks from participation are very minimal. Your all information will be confidential, you will be anonymous. Your participation is completely willingly and you may this participation at any time without penalty, prejudice, or loss of benefits to which you would otherwise be entitled. I have been informed of the purpose, benefits, and risks of participating in this study. I have been given the opportunity to be asked questions and have them answered to my satisfaction. I agree to participate in this study. Select one answer for every question. **Sign of participant** ~~~~~

#### Annexure V: Questionnaire

##### Demographic Variables of the study Participants

Variables	Groups	Frequency	Percentages
Gender	Male		
	Female		
Age in years	20 - 25		
	26-30		
	31-35		
	36 and above		
Professional Qualification	Diploma in general Nursing		

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	Bachelor in Nursing BscN		
	Post- Rn		
	MSCN		
	Primary education		
<b>Marital Status</b>	Single		
	Married		
	Widowed		
	Divorced		
	Widow		
<b>Total Experience (in years) as a Nurse</b>	2-3 year		
	4-5 years		
	6-8 years		
	09 and above years		
<b>Total Experience (in years) In Health Policy making or administration position</b>	2-3 years		
	4-5 years		
	5-8 years		
	09 and above years		
<b>Past Experience of being part of the policy Unit or Team</b>	Yes		

**Section 2: Participation in Health Policy Activities**

1. Have you ever voted for a candidate or health policy proposal?



- 
- Yes
  - No
2. Have you ever taken part in a protest or demonstration regarding a health policy issue?
- Yes
  - No
3. Have you ever served as an elected or appointed public official?
- Yes
  - No
4. Have you provided written reports, consultations, or research to a public official on a health issue?
- Yes
  - No
5. Have you given money to a campaign or for a health policy?
- Yes
  - No
6. Have you used mass media or public events to address a health policy issue?
- Yes
  - No
7. Have you analyzed health policies and/or made recommendations about them to a public official?
- Yes
  - No
8. Have you testified or done research for a health-related legal action?
- Yes
  - No
9. Have you worked on a campaign for a candidate or health policy proposal?
- Yes
  - No
10. Have you engaged in other health policy-related activities? (e.g., discussing health issues during morning reports, sending emails to the Ministry of Health, discussing health policies in the Nursing Council)
- Yes
  - No

### **Section 3: Perceived Benefits of Involvement in Health Policy**

*Instructions:* Please indicate whether you perceive the following as benefits of being involved in health policy activities. (Select Yes or No)

1. Do you believe that being involved in health policy improves the health of the public?
- Yes
  - No
2. Do you think involvement in health policy can help improve a situation or issue?
- Yes
  - No
3. Do you believe that involvement in health policy can help small groups of people who could not create change by themselves?
- Yes
-

- 
- No
4. Do you see the potential to get resources as a benefit of being involved in health policy?
- Yes
  - No
5. Do you consider professional duty as a benefit of being involved in health policy?
- Yes
  - No
6. Do you find no benefits in being involved in health policy?
- Yes
  - No
7. Do you feel that involvement in health policy helps you fulfill your personal agenda?
- Yes\
-