

# Mandate from the pandemic: Nurses as policy leaders

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The call for nursing leadership in health care pre-dates the pandemic but has emerged as an ever-increasing priority in a world on fire. The SARS-CoV-2 pandemic has highlighted both the essential role of nurses and the challenges of being on the frontlines of caregiving during a seemingly unending crisis. Nurses are leaving practice and the profession, if only temporarily, because of moral distress, fatigue, under-resourcing of clinical care, and trauma from the unrelenting waves of deaths and serious illness. Nurses have borne witness to the despair of patients, families, and coworkers affected by COVID-19. The social instability exacerbated by the pandemic has contributed to the shift in public regard for nurses as heroes to demonic enforcers of science-based approaches to alleviating the pandemic. Nurses have asked the public to do whatever it takes to prevent further spread of the pandemic and for hospitals and other workplaces to think more carefully and creatively about how to not only support frontline health care workers but to meaningfully address systems-level resilience in health care (ICN, 2020).

It is within this context that the call has strengthened for nurses to not only participate in policy development and discussions but to lead them. When thinking about policy, nurses often gravitate toward policy that affects their bedside practice—those that direct nursing care in relation to individual patients. Although practice-level policy is crucial, our voices as nurses are limited if we do not think beyond the workplace. Public and private sector policies have determined who gets vaccines, where and how personal protective equipment is distributed, whether and under what conditions someone can work or attend a concert or travel internationally, how vaccines are distributed, and who gets what kind of health care, when and where. Global policies also shape whether nations and communities are able to heal and restore some

semblance of normality once the pandemic ends, including in health care systems and services. This includes rebuilding the nursing and midwifery workforce locally and globally.

As noted above, the call for nurses to be active in policy and governance has been longstanding and growing (Cohen et al., 1996; Salvage & White, 2021; Shamian, 2014). Justification for this call often relies on two arguments: (1) nurses are the largest group of health care providers in the world, so we should be involved by numbers alone and (2) we are so special and unique that our presence at policy tables is enough to change what happens at these tables. Though it is reasonable to argue from an equity perspective that numbers alone require nursing representation at policy tables, these arguments have not resulted in consistent inclusion of nurses where health policy decisions are being made. Strength in numbers and a caring orientation have not sufficiently demonstrated the value of nurses and nursing knowledge to policy makers and others at governance tables to the point where such presence and knowledge are seen as non-negotiable. We must expand our understanding of the value of nursing leadership in policy and explore and champion what we uniquely bring to the table. In short, nursing has work to do so that policy is recognized as a domain of nursing work and policy leadership as a role that is as valid and necessary as those in clinical care, administration, research, and education.

## EXPANDING POLICY KNOWLEDGE IN NURSING

Too often, nurses see “policy” as something imposed on us by governments. We think of policy as static documents—laws and regulations—to be accessed and managed. This conceptualization of policy is rarely inspiring. A more expansive



definition of policy is helpful in opening up the ways in which nurses can and must see themselves in policy work. Policy is aspirational, a record of evidence and complex thinking about deeply human problems. Policy requires us to understand what motivates individuals to behave in certain ways behind closed doors when no one is watching. In the end, policy is a way to communicate what we value, what we believe can solve problems, and the guidance that governs individuals in social groupings.

Public policy is policy made by governments (Mason et al., 2021). Private policy is policy made in the private sector, such as by businesses, nursing associations, or nongovernmental health care organizations. Social policy is policy focused on addressing socioeconomic issues in society. All of these can be health policy, or policy that impacts the health of individuals, families, and communities. "Health in all policies" is a mantra that reflects how almost anything in our society can affect health and it behooves us to pay attention to the impact of all policies on health, whether they are economic, environmental, labor, or other policies (CDC, 2016). The United Nations' (n.d.) sustainable development goals (SDGs) reflect this concept, noting that climate, life below water, quality education, gender equality, or other aspects of our world are key to the wellbeing of the planet and all life thereon. We must move beyond thinking of policy as merely a static tool that guides bedside practice or as a way to advance nursing's self-interests.

The International Council of Nurses' Global Nursing Leadership Institute (GNLI) has focused on the SDGs since their adoption (Mason & Salvage, 2021). GNLI prepares nurse leaders by providing and expanding foundational policy knowledge, enabling nurses to be more strategic in using policy as a tool for promoting population health, including by strengthening the nursing workforce in line with the new WHO (2021) Global Strategic Directions for Nursing and Midwifery (2021–2025). While this foundational focus is necessary for preparing a cadre of global nursing leaders who are engaged in shaping policies affecting nursing, an important next step is preparing nurse leaders to be experts not only in policy specific to nursing but in broader health and social policy.

## LEADING POLICY DEVELOPMENT

Some nurses become policy experts through running for public office and becoming legislators, such as US Congresswoman and nurse Lauren Underwood, or being appointed as ministers of health, as Dr. Sheila Tlou did in Botswana. These two smart and savvy nurses have been able to parlay their nursing, research, leadership, and activism into being respected and effective policy leaders. Getting a seat at the table is only half the battle. Nurses must be effective in influencing, directing, creating, and implementing policy to be effective leaders in these environments, as both Underwood and Thou have been.

There are few graduate nursing programs with a policy specialization that includes policy analysis, development, evaluation, governance, and leadership. Even foundational

content on policymaking, the influence of policy on nursing and health, and how to advance health-promoting policies is unavailable in many schools of nursing around the globe. Repeatedly, we hear that many nurse educators are not knowledgeable enough about policy to be able to teach it. Nursing has not prioritized inclusion of policy science (Dunn, 2019; Lasswell, 1956) or political science (Marsh & Furlong, 2010) into nursing curricula, and nursing schools have seldom recruited nurse faculty with policy expertise. A simple way to begin incorporating policy knowledge and building policy muscle in nursing is recruiting nurses who are policy experts for dual or joint appointments in nursing education.

One could debate whether nurses interested in policy should get graduate degrees in public health or law or attend one of the policy doctoral programs outside of nursing. However, such a position reifies the status quo by keeping policy out of nursing knowledge. Regardless of the outcome of such a debate, the full potential of nurses' participation in policy as a tool for shaping society is missed if we don't have nurses who are policy experts prepared not only to occupy a seat at the policy table but to meaningfully lead policy work.

COVID-19 has lit a fire among many nurses to transform health care. At the same time, we are relearning that public health is crucial for reducing the burden of illness and death in communities locally and globally. Nurses have had a front seat on why these issues matter. We believe that it is our social and professional responsibility to bring our voices and perspectives to policy debates, and even to lead these debates. All nurses must understand the connections between policy and the work they do every day. We need some of these professionals to deepen their knowledge and skills as policy experts to lead the transformation of our communities, nations, and world in ways that advance health for all people and living things, including our Earth.

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