Texila International Journal of Nursing
ISSN: 2520-3126
DOI: 10.21522/TIJNR.2015.09.01.Art001

Participation of Nurses in National Politics and Health Policy Development at Meru Level 5 General Hospital

Obulemire Edriey Ronniey
Nursing Department, Kenya Methodist University, Nairobi, Kenya

Abstract

The nurses in Kenya have the numerical power because they form the highest population of the health care system in Kenya. Despite this, they have been unable to have a strong voice to champion their rights and influence health policy formulation at policy tables. In the hospital management and at national level, the nurses hold mostly subordinate roles compared to medical counterparts. No record exists for nurses who have made it to the Kenyan National Parliament and Senate. Literature on the participation of Nurses in national politics and health policy in Kenya is scanty. This makes the situation wanting because without nurses' participation at legislative arena the nursing profession will retrogress. The purpose of the study therefore aims at determining the participation of nurses in national politics and health care policy development. The specific focus was to find out the knowledge, perception and participation in health policy development and national politics and health policy development. The study adopted a descriptive cross- sectional study design. Self-administered questionnaires were used to collect data. The sample size was 49 registered nurses. Simple random sampling was used to select the respondents. Knowledge and perception were assessed using a set of questions that were scored on a Likert scale. Data was analyzed using Microsoft Excel 2007. The findings revealed that nurses at Meru Level 5 General Hospital had limited participation in national politics and healthcare policy development, with political participation majorly limited to voting in the general elections and health policy implementation respectively. Very few nurses were engaged in agenda setting, policy formulation and policy evaluation stages. 92% reported that politics was good for the profession, with 65% expressing that political discussions have a direct impact on their salaries and working conditions. All participants (100%) reported that nurses have a responsibility to engage in health policy development because they are knowledgeable and direct healthcare providers.

Keywords: *Advocacy, Health care policy, Health policy development process, Participation, Politics, Policy.*

Introduction

The World Health Organization (WHO) during the 49th World Health Assembly (WHA 49) [1] sitting recognized that nurses have an exponential capacity to make major contributions to the quality of health care services and effectiveness of health services. It made suggestions that nurses and midwives must participate at all levels of the health systems and urged member states to involve nurses in health care policy and reform [2] and [3].

WHO recognizes that up to 90% of the health labor force is composed of nurses. Midwives and nurses are major contributors to health – delivery systems both in acute care, primary care, and community care settings [1]. Despite this big contribution to health care system, they hardly participated in policy formulation [2]. The most worrying

Received: 10.04.2022 ***Accepted: 09.01.2023*** ***Published on: 31.05.2023***
Corresponding Author: ronnieyobulemire@gmail.com

phenomenon is, according to Anders 2021, nurses' " voice and representation at public level is negligible with substantial healthcare reforms, care coordination and regulatory framework changes happening without nurses' presence" [4]. WHO in the 74th World Health Assembly in 2021recognized the crucial role nurses play and hence has directed member states to strengthen nursing and midwifery leadership through the Global Strategic Directions for Nurses and Midwifery 2021 to 2025 [5]. The actualization of the Kenyan Vision 2030 on provision of efficient and high-quality care systems to reduce health care inequalities is anchored on fundamental public participation in governance [6]. This calls for nurses to step out of their routine practice, use their wide range of opportunities creatively, and with clarity of intent, venture into politics and policy development for health care reforms.

Nurse legends such as Florence Nightingale and Lillian Wald used their wide knowledge of elements of nursing care and their vast political influence to develop policies for the profession [7-9]. For instance, Florence Nightingale developed a system for training nurses that changed nursing from an ill-defined job with no consistent method of entry to a true profession with clear education foundation required for entry into the profession. She also advanced the science of public health through her work on sanitation, surveillance, and her dedication to social reform. Unlike them, contemporary nurses have not continuously sustained this interest. Currently, there is a great need of nurses to be proactive towards politics and policy development [10-11]. The International Council of Nurses (ICN) [8] in 2022 adopted the position that nurses need to be proactive politically, and that nurses have an important contribution to make in health services planning and decision-making and in development of appropriate and effective health policy. Nurses can and should contribute to public policy pertaining to the determinants of health [7].

In 2021, the ICN's viewpoint on the urgency of nurses' participation in policy formulation and politics was affirmed through the creation of a document entitled "Nurses: A voice to lead, a vision for the future" [12]. According to American Nurses Association and Benton 2018 the direction of health care provision and the health of the population are dependent on nurses" input in health policy and hence the latter must participate in the policy development process" [13-15].

Lima and Sampaio say that there was slight political movement in the 1940s, but it was not until the 1970s and 1980s when nurses started to engage in serious political activities that could influence health policy in the developed countries [16]. Though nurses from Western countries such as the UK and USA have made major progress in influencing and participating in health policy development and politics, they still face significant challenges, with intra- and inter-professional power dynamics, nurses' marginalization in policy making as some of the major challenges [17-18].

Several research studies reveal that nurses had limited ability to influence health policy, and when included in the policy development process, nurses are largely expected to be part of policy adoption and implementation process [18-21]. These findings concur with Kunaviktikul 2019 and Abualrub 2020 on the knowledge and involvement of national nurse leaders and hospital based clinical nurses in health policy [22-23]. The findings revealed many of the nurses had low involved in health policy development. Dollinger et al 2022 notes that the negative image and status accrued to nursing profession and the dominance of the medical profession in policy development are some of the barriers to nurses' participation in health policy development [24]. Phaladze investigated nurses' role in Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) health policy process in Botswana [21]. The findings

revealed only a small minority was involved in the policy development processes. The policy makers acknowledged the omission of nurses from the policy development process as a mistake, however, they ironically blamed the nurses for not being proactive towards issues related to HIV/ AIDS. In addition, the policy makers did not feel nurses possessed the competence to participate in policy decisions. Furthermore, they also blamed the Ministry of Health (MOH) for not including nurses in the process and acknowledged that doctors were dominant.

In Kenya, the role of nurse leaders in health policy formulation is very unclear. The literature on the extent of nurses' participation in politics and policy development is very limited. The strengthening of nurses' participation in policy development will go a long way in ensuring the vision 2030 and Sustainable development goals (SDGs) are attained [6]. This reinforcement can only be made possible if the various nursing education institutions inculcate the role of nurses in policy formulation and politics in their curriculum, and ensure these phenomena is well studied through evidence- based knowledge and information [25]. The main objective of the study was to determine the participation of nurses in national politics and health policy development. The specific objectives were to assess the knowledge of nurses on politics and policy development at Meru Level 5 General Hospital, to find out the perceptions of nurses towards politics and policy development at Meru Level 5 General Hospital and to find out if nurses participate in health policy development and national politics.

Methodology

The researcher utilized descriptive cross-sectional study design to gather data. The study location was at Meru Level 5 Teaching and Referral Hospital in Kenya. The facility is the largest public institution in Meru County, and houses some of the highly experienced nurses who should take the core responsibility of being politically astute and engaging more profoundly in health policy development. Sample size determination was done by use of Fisher et al formula as shown below:

The sample size for more than 10,000 was calculates as below:

$$n = \frac{Z^2 P(1-P)}{I^2}$$

Where:

n = desired sample when the population is more than 10,000.

N = Estimated population, which is 101.

z = is the normal standard deviation at 95% confidence interval, which is 1.96.

p = is the prevalence of the sample with desired characteristics in the study. The assumption is 50% have the desired characteristics (Mugenda & Mugenda 2003).

q = 1-p which is 0.5 (proportion of population without desired characteristics.

I2 = Degree of precision will be taken as 10%.

Therefore:

$$n = \frac{1.96^2 \times (0.5)(1-0.5)}{(0.1)(0.1)} = 96.$$

Therefore, since the sample is less than 10,000, the selection will be adjusted as follows:

$$nf = \frac{n}{1 + \left(\frac{n}{N}\right)}$$

Where:

nf = desired sample for a population less than 10,000.

N = Estimated population, which is 101.

n = the calculated sample size (96).

$$nf = \frac{96}{1+\left(\frac{96}{101}\right)} = 49$$

Therefore, the sample size was 49 nurse participants.

To enable adequate distribution of the nurse participants, the researcher clustered them as per their departments as shown in table 1

below. The researcher then used simple random sampling in each cluster to select the sample population. Simple random sampling method ensured that every individual of the population was given an equal chance of being included in the sample. The selection was without replacement and free from personal bias because the researcher did not exercise his discretion of preference of the choice of the sample.

The sample population was randomly selected from the duty roster in the various departments by use of raffles which half were numbered YES and half NO. Only the nurses who got the YES participated in the study.

Table 1. Sample Size Determination

Number of Department	Names of Department	Total Population after Random Selection
1	Amenity, Psychiatry & Youth centre	9
2	Maternity	8
3	Medical and paediatrics wards	10
4	Outpatient department and MCH	12
5	Surgical, CCSS, Theatre & Eye ward	10
Total	**49**	

Inclusion and Exclusion Criteria

The inclusion criteria included all registered and qualified nurses on duty in the outpatient and inpatient departments at the time of the study and had consented to participate in the study. Exclusion criteria entailed all nurses who were on leave and not present at the time of the study.

Research Validity

Validity was established through pre-testing the questionnaires at Maua Subcounty Hospital in Meru. The questionnaires were then restructured to be able to elicit the required information without ambiguity.

Data Analysis and Presentation

Data was analysed using Microsoft Office Excel version 2007 and presented in form of tables, percentages, pie charts and graphs. In addition, texts identifying major themes from open ended questions will be used.

Ethical Considerations

Confidentiality of the respondents was maintained by not revealing their identity and proper storage of the questionnaires. Ethical clearance was obtained from the Nursing Department at Kenya Methodist University, Meru District Level 5 General Hospital management and the nurses to conduct the research. Informed consent was obtained through explanation of benefits, rights and risks involved in the research. Consent was assumed by return of questionnaires. The right to autonomy was respected.

Results

Sociodemographic Findings

Majority of the respondents were aged between 41 to 50 years of age representing 36.7% of the total sampled population. Most of the respondents at 73.5% were of the female gender while the male counterparts represented 26.5%. Most of the respondents at 79.5 % were married while the remaining percentage were widowed and single at 14.2% and 6.3% respectively. Regarding professional years of practice, above average number of the respondents at 51.5% had working experience of above 15 years. All the respondents under study were Christians. Slightly above average

number of the respondents 51.5% were diploma holders.

Political Participation Findings

The respondents were asked if they had ever been committee members of any political party. 98% reported to have never been part of any political party committee. With regards to funding activities of their political party, 45.5% disagreed, 39.4 % strongly disagreed while 12.1 % agreed and 3% strongly agreed to contribute money towards political party activities. All the respondents (100%) reported to have ever voted in the general elections. The major areas of participation in politics were government at 27.3%, followed by community at 24.2%, workplace politics at 18.2% and in professional organization at 15.2%. A significant number reported none of the above at 15.2%.

The respondents were asked the various ways they had participated in politics. 100% reported they had registered to vote and voted in an election, 12.2% had spoken out when services or working conditions were inadequate, 6% had funded an aspirant or political campaign, 6% had engaged in rallies, talks and writing letters, 2.0% had run for an elected office, 2.0% had been appointed to a position, 2.0% had sought endorsement and appointment and 2.0% had lobbied decision makers by providing pertinent statistical information as shown in Table 2.

Table 2. Ways of Participating in Politics

Ways of Participation	Frequency	Percentage
Registered to vote	49	100
Voted in an election	49	100
Run for an elected office	1	2.0
Appointed to a position	1	2.0
Sought endorsement and appointment	1	2.0
Funded an aspirant or political campaign	3	6
Engaged in rallies, talks, writing letters	3	6
Spoke out when services or working conditions were inadequate	6	12.2
Campaigner	3	6
Lobbied decision makers by providing pertinent statistical information	1	2

Most of the respondents at 92% reported that politics was good for the profession with only 6% reporting it as bad to the profession. 65% of the respondents felt that political discussions affect them and through participation, it will enable them to express grievances to the government. This is evidenced by statements such as:

"Politics affect nurses in terms of peace in the country, policy on salaries and working conditions and employment. So, it is important for nurses to participate in productive politics" and "Failure to participate in politics results in poor quality in nursing services and maintenance of status quo".

Majority of the respondents 69.7% reported they liked politics with 18.2% reporting they disliked politics. Despite this, 36% of the respondents disagreed to participate in politics if they were requested to. There were several factors that acted as facilitators of nurses towards participation in politics. These factors include advancing the nursing profession, to gain power and recognition as listed in Table 3.

Table 3. Factors that Facilitate Nurses towards Participation in Politics

Facilitators	Frequency	Percentage
Politics is well paying	11	22.5
To advance the nursing profession	24	48.98
To have power and recognition	15	30.3
Pressure from relatives and colleagues to participate	12	24.5
Nursing values and ethics	13	26.5
Individual values and skills such as self-motivation	16	32.6

The major barriers towards nurses' participation in politics were lack of time at 42.9%, lack of civic information at 32.7%, inadequate financial resources 30.6%, political dominance of males and elites at 26.5%, volatile security situation at 24.5%, lack of courage and the personality at 24.5%, greater family responsibilities at 18.4% and 30.6% reported traditional and patriarchal values as shown in Table 4.

Table 4. Barriers towards Nurses Participation in Politics

Barriers	Frequency	Percentage
Volatile security situation	12	24.5
Political dominance of males and the elites	13	26.5
Stigmatization and discrimination of women	9	18.4
Traditional and patriarchal values	15	30.6
Inadequate financial resources	15	30.6
Great family responsibilities	9	18.4
Lack of time	21	42.9
Lack of civic information	16	32.7
Advanced age	0	0
Lack of courage and the personality	12	24.5

The reasons advanced by nurses as the major reason why they would agree to participate in politics was to improve the profession at 55%, with majority feeling that there were areas in nursing that needed addressed, and that their participation in politics will provide them an opportunity to champion for the recognition of nursing profession so that nurses get the kind of respect they deserve. 35% of the respondents believed that participating in elections is their responsibility and it would enable them vote in good leaders who will lead the country towards betterment.

40% of the respondents disagreed to participate in politics because they thought it was a dirty game. Some of the responses given were "I do not like politics because it is a dirty game". In addition, 42.9% of the respondents felt lack of time as the main reason of disagreeing to participate in politics "Patients need a lot of time from nurses and therefore I think there is no time for politics". Around 24.5% of the said a volatile security situation as the main cause of disagreeing. An example of the response given was "I fear about my security because Kenya is unsafe, and I don't want to be killed".

Healthcare Policy Development Participation

All the respondents agreed that nurses have a responsibility in engaging in health policy development with the majority reporting that nurses are well knowledgeable and direct providers. Some of the responses elicited were

"They are people on the ground who are in better position to know what happens in the health sector" and "Nurses are the key workers in the health sector and any policies made affect their practice and therefore it is only prudent that they participate in policy development"?

The respondents were asked if they had ever engaged in health policy development. 54.5% reported that they had never been involved in health policy development. Their participation in health policy development was mainly limited at workplace (60%), community level (33.3%) and at professional organization (6.7%). Out of the 45.5 % respondents who had participated in health policy development, 66.7% reported to have been involved in policy implementation, The level of involvement in health policy development was majorly at policy implementation (66.7%) with a paltry few being involved in problem identification, agenda setting, policy formulation and policy evaluation as shown in Figure 1.

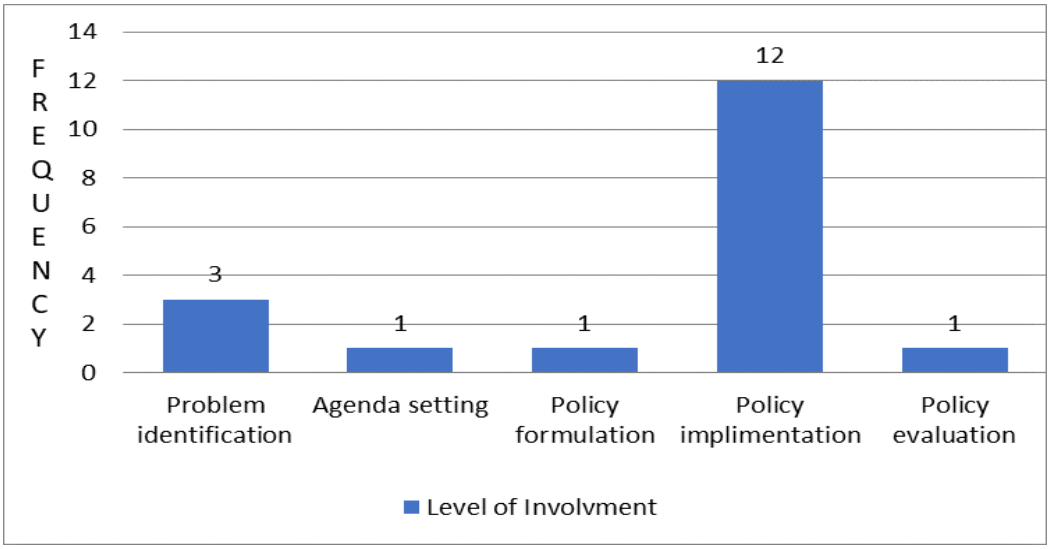

Figure 1. Levels of involvement in healthcare policy development

The perception towards involvement in health policy development was positive with 84.9% revealing a positive attitude towards health policy development. 15.1% of the responses had a negative perception with regards to participation in health policy development. 72.7% of the respondents reported nursing professional growth as the major factor that will facilitate their participation in health policy development. Other factors that were acting as facilitators included to gain fame, influence, and respect at 21.2% and need to get money at 9.1%.

Lack of supportive structures and bureaucratic organization where policies, power, and decisions are vested at the top managerial level, skills inadequacy in policy development at 27.2%, greater family responsibilities (24.2%), poor nursing image (12.1%), nursing curriculum that lacks information on health policy development (12.1%) and advanced age (9.1%) were some of the barriers nurses encountered when participating in Health Policy Development. The nurses were asked to name any heath policy they were familiar with, majority of the respondents (51.5%) were unable to name any health policy.

Discussion

Social Demographic Data

In the study majority of the respondents at 72.7% were female. This concurs with [7, 19, 20] documentation that nursing has been closely aligned to women's work and as a result of such perceptions nursing suffers from

'nursism' which has been defined as a form of sexism that specifically maligns the caring role in society to women [21].

Nurses' Participation in Politics

The findings of the study indicate that 97% of the respondents have never been committee members of any political party with 45.5% having never attended any political parties' talks, campaigns, and rallies. These findings agree with World Health Organization and Shariff et al 2019 that for too many nurses in Africa, politics and policy have continued to be remote, ethereal topics [3, 26]. Also, the findings concur with US Ad Hoc Committee to defend Healthcare that the world of politics has historically presented a challenge to women and nurses and has been perceived by many women and nurses as corrupt, masculine, and coercive arena best left to the machinations of male politicians and other professions [27]. Further, nurses and women have been characterized as oppressed victims who lack self-esteem, cohesiveness, and political savvy to improve their situation.

Majority of the respondents 45.5% disagreed to contribute money to political parties of their choice, with a minority at 6% having funded a political aspirant and engaged in political campaign, rallies, and talks and writing letters. Only 3% had lobbied decision makers by providing pertinent statistical information. These findings reveal the activities of nursing activism such as contributing money to political campaign, writing letters to public officials and lobbying decision makers by providing pertinent statistical information are poorly undertaken [8, 18, 19, 26, 28-30]. The findings also differ with Steward et al 2021 and Purdy et al 2015 that reveal nurses have done lobbying for several health policies amongst them being the Health Security Act in 1991 [31-33]. The American Nurses Association's Political Action Committee (ANA-PAC) was the first health professional organization to endorse William Jefferson Clinton for President of the United States of America [14] and [28]. President Clinton health platform was consistent with nursing agenda for health care reform thus reflecting the centrality of nursing perspective to quality care. Nurses participated in campaign rallies, gave speeches, press and policy statements across the country for the Election of Clinton. According to the findings of this research, 2.0% had run for an elected office and received an appointment in the political office an indication that respondent's participation as politicians was poor. These findings concur with the studies done by [18, 19, 29] that nurses have minimal participation in elective politics. The findings also concur with recommendations of several studies that indicate that in forging the nursing profession in this modern period, nurses have to enter the political arena to gain legitimate authority over education and practice [9, 27, 30, 34].

The findings of this research reveal that majority of the respondents at 100% had registered to vote and had voted in an election, with a minority at 12.2% speaking out when services or working conditions were inadequate. These findings agree with American Nurses Association who found that 98% of nurses in the United State had participated as citizens through registering and voting in an election [13]. In this study, 15.2% of the respondents reported they had never participated in politics at workplace, government, professional organization, and community. These findings reveal that there is a knowledge gap in politics by the respondents since 100% of the respondents had earlier indicated that they had voted in the general election hence showing that they did not know that they had participated at the government level.

Health Care Policy Development

In this study, majority of the respondents 78.8% strongly agreed that nurses have a

responsibility to participate in health policy development. These concurs with several research studies that nurses have expert and informational power because they have task relevant knowledge and skill which should be utilized to come up with best policies that can reform the health sector [5, 9, 14, 15, 28, 32, 36]. These also concurs with ICN policy statement that states that nurses can make important contribution in shaping health care policy because they closely interact with consumers, gaining appreciation of the health needs of the population and factors that influence these needs [37].

The majority of the respondents, 54.5% reported that they had never engaged in health policy development. This concurs with studies done that reveal nurses' involvement in policy arena is limited, and that their participation decreases at regional 43%, global 30% and provincial 30% levels of health policy development [3, 18, 19 ,24, 30]. The findings also agree with studies done that show a small minority are involved in national policy development, and that their omission from policy development is blamed on them for not being proactive on policy issues [21, 22, 38].

Majority of the respondents 54.5% had never been engaged in health policy development revealing that may have lacked knowledge in policy development. These findings differ with a study done on the knowledge and involvement of nurses regarding health policy development in Thailand on 2121 nurses in various parts of the country that revealed almost two thirds of the sample had high level of knowledge about national policy development [21].

In the study, (0%) of the respondents had been involved in policy formulation at the government level and 3.0% at the professional level. These findings support the ICN's viewpoint on the urgency of nurses' participation in policy formulation and politics [37]. The findings also concur with WHO [1] [2], that despite nurses' big contribution to health care system, they hardly participated in policy formulation and that according to WHO [2, 5], nurses' input into health care policy development process appears to be diminishing.

Out of the 18 respondents who participated in the various stages of healthcare policy development, most of the respondents 12 (66.7%) had been involved in policy implementation, 3 (16.7%) were involved in problem identification, 1 (5.6%) were involved in agenda setting, 1 (5.6%) were involved in policy formulation and 1 (5.6%) were involved in policy evaluation. These findings are like studies done that reveal that nurses are majorly and largely expected to be involved in policy implementation [9, 18, 21, 23, 24, 29]. However, their participation decreases at other stages of the process, for instance, in problem identification, policy formulation, and evaluation.

27.2% of the respondents said lack of supportive structures such as bureaucratic organization where policies, power and decisions are vested at the top-level managers, 24.2% lack of skills in policy development and 12.1% image of nursing as the barriers to participation in health policy development, lack of time and great family responsibilities just mention a few were some of the barriers to participation in policy. These findings agree with studies done that reveal nurses face numerous barriers while seeking to participate in policy development process [18-21, 29]. Phaladze further indicates that policy makes do not feel nurses possess the competence to participate in policy decisions [21].

An average number of respondents at 51.5% were unable to name any health policy they were familiar with. These findings differed with a study done on the knowledge and involvement of nurses regarding health policy development in Thailand on 2121 nurses in various parts of the country that revealed almost two thirds of the sample had high level of

knowledge about national policy development [22].

Limitations of the Study

The study was carried out in one level 5 general hospital and therefore the findings may not be generalizable to other nurses working at level 5 general hospitals, provincial hospitals, and national hospitals.

Conclusions

Nurses' political participation is limited with most of the respondents participating in the voting process. Very few nurses run for elective seats, seek endorsement or appointment, lobby to be part of pertinent decision makers and join in campaign process.

Nurses at Meru District Level 5 General Hospital have limited knowledge and participation in health policy development despite most of them strongly agreeing that they have a responsibility to participate in health policy development.

Most of the nurses participated only in the policy implementation stage, and their participation diminished at problem identification, agenda setting, policy formulation and policy evaluation.

Several barriers exist that hinder nurses' participation in health care policy and politics. Some of the identified barriers include lack of supportive structures such as bureaucratic organization where policies, power and decisions are vested in top management, lack of skills in policy development and greater family responsibilities.

Conflict of Interest

No conflict of interest to declare.

Acknowledgements

I am sincerely and heartily grateful to my supervisor, Professor Ruth Gatere and the nursing department for their unwavering support and guidance throughout my proposal writing and studies. I extend special thanks to Mr. Thomas Odhiambo and my mother, Mrs. Annah Mwanza Apindi Owange for the many sacrifices you made for me.

References

[1] World Health Organization (WHO) Forty ninth World Health Assembly: *Strengthening nursing and midwifery, resolution* 49.1. http://www.wpro.who.int/NR/rdonlyres/2B17B927-98F9-478B-A447-AD3792DFICBF/O/WHA 491.pdf.

[2] World Health Organization (WHO): Fifty sixth World Health Assembly; *Strengthening nursing and midwifery*, Report by Secretsariat: A56/19: Provisional agenda item. http://apps.who.int/gd/archive/pdf files/WHA 56/ea 5619.pdf.

[3] Shariff N, Potgieter E 2012. Extent of East-African nurse leaders' participation in health policy development. *Nurs Res Pract.* 2012; 2012:504697. doi: 10.1155/2012/504697. Epub 2012 Oct 4. PMID: 23091715; PMCID: PMC3471435. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3471435/.

[4] Anders RL. Engaging nurses in health policy in the era of COVID-19. Nurse Forum. 2021 Jan;56(1):89-94. doi: 10.1111/nuf.12514. Epub 2020 Oct 6. PMID: 33022755; PMCID: PMC7675349.

[5] World Health Organization: Seventy Fourth World Health Assembly; Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, resolution 74.15. https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=77 and https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery.

[6] Kenya Vision 2030: The Social, Economic and Political Pillars. Retrieved at Endeavour.co.ke.

[7] Jeri A. (2019): A nurses' guide on health policy and politics. Mary land - *An Aspen Publication*.

[8] Gil Wayne 2021: A guide to Nursing Theories. Accessed on https://nurseslabs.com/nursing-theories/.

[9] Liliana Barroso de Sousa 2022: Is Nursing a political thing? A brief theoretical reflection. *Nursology Journal*. https://nursology.net/2022/04/12/is-nursing-a-political-thing-a-brief-theoretical-reflection/.

[10] Carnegie M. (2001): The Path we Tread; Blacks in *Nursing. Philadelphia* – Lippincott.

[11] Chalich T. (2007): Nursing at the grassroots; Nursing health care. Pg 13, 242-244. *New York-Saunders publishers.*

[12] Steward & Howard 2021: Nurses: A voice to lead, a vision for the future. https://www.icn.ch/system/files/documents/2021-05/ICN%20Toolkit_2021_ENG_Final.pdf.

[13] American Nurses Association (2020): American Nurses Association Political Action Committee (ANA-PAC). Legislative branch (online) Available at http://www.nursing world.org/gova/federal/anapac/gpacfaq.htm.

[14] American Nurses Association: Links to American Nurses Association legislative branch and to state nursing association; http://www.nursing world.org.

[15] Benton D. (January 31, 2018): *The Online Journal Issues in Nursing (OJIN)*; Advocating Globally to shape policy and strengthen Nursing Influence. Vol. 17, No. 1, Manuscripts 5. DOI: 10.3912/OJIN. Vol17No01Man05.

[16] Kunaviktikul W. & Nantsupawat (2010): Knowledge and involvement of nurses regarding health policy in Thailand. Vol.12, no 2, page 221-227. Retrieved at Google scholar and Scopus.com.

[17] Canadian Nurses Association (2006): Nursing is a political act, the bigger picture: Nursing now; *Issues and Trends in Canadian Nursing.* Issue 8, Pp 1-5.

[18] Subia & Yousnas (2021): Challenges, extend of involvement, and the Impact of Nursing Involvement in Politics and Policy Making in the Last Two Decades: *An Integrative Review. Journal of Nursing Scholarship*, Vol 53, Issue 5, pg 653-653. https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/jnu.12567.

[19] Ahoya, Abhichartibuttra & Wichaikhum 2016. Political Efficacy and Political Participation among nurses in Tertiary Hospitals, the Republic of Kenya. *Journal of Community & Public Health Nursing*, 2, 42. https://doi.org/10.4172/2471-9846.1000142.

[20] Hajizadeh, A., Zamanzadeh, V., Kakemam, E. *et al 2021*. Factors influencing nurses' participation in the health policy-making process: a systematic review. *BMC Nurse* 20, 128. https://doi.org/10.1186/s12912-021-00648-6.

[21] Phaladze N. A (2003): The role of nurses in the human immunodeficiency deficiency virus/ acquired immunodeficiency syndrome policy process in *Botswana. Review*, Vol 50, no.1, pp 22-33. Retrieved at publisher Google scholar and Scopus.

[22] Kunaviktikul W. & Nantsupawat (2019): Knowledge and involvement of nurses regarding health policy in Thailand. Vol.12, no 2, page 221-227. Retrieved at Google scholar and Scopus.com.

[23] Abualrub, R.F. & Abdulnabi, A. (2020) Involvement in health policy and political efficacy among hospital nurses in Jordan: A descriptive survey. *Journal of Nursing Management*, 28, 433–440. https://doi.org/10.1111/jonm.12946.

[24] Dollinger M.L (2006): A grounded theory study of nurses Advocacy in health policy. Doctoral dissertation. https://sigma.nursingrepository.org/bitstream/handle/10755/22267/Dissertation.pdf?sequence=1.

[25] Hajizadeh, A., Zamanzadeh, V., Kakemam, E. *et al 2021*. Factors influencing nurses' participation in the health policy-making process: a systematic review. *BMC Nurse* 20, 128. https://doi.org/10.1186/s12912-021-00648-Hayes & Fritsch [1998]: An untapped resource; The political potential of nurses. Quarterly, Vol 13, no 1, pp 33-39. Retrieved at Scopus.

[26] World Health Organization: Seventy Fourth World Health Assembly; Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, resolution 74.15. https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=77 and

https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery.

[27] Ad Hoc Committee to Defend Health Care (1997): A call to Action. *Journal of the American Medical Association*, pg 28, 1733-1738.

[28] Subia & Yousnas (2021): Challenges, Extend of involvement, and the Impact of Nursing Involvement in Politics and Policy Making in the Last Two Decades: *An Integrative Review. Journal of Nursing Scholarship*, Vol 53, Issue 5, pg 653-653. https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/jnu.12567.

[29] Bobbie, Denise, Sandra 2016: Modifiable factors that Support Political Participation by Nurses. *Journal of Professional Nursing*, Volume 31, Issue 1, pg 54 -61. https://www.sciencedirect.com/science/article/pii/S8755722315000782.

[30] Gil Wayne 2021: A guide to Nursing Theories. Accessed on https://nurseslabs.com/nursing-theories/.

[31] Purdy, Elizabeth R. 2015. "American Nurses Association". *Encyclopaedia Britannica*, 21 Aug. 2015, https://www.britannica.com/topic/American-Nurses-Association. Accessed 11 July 2022.

[32] Historic overview of American Nurses Association 2019. Accessed on https://www.nursingworld.org/~4ab5e0/globalassets/docs/ana/ana-expandedhistoricalreview.pdf.

[33] Steward & Howard 2021: Nurses: A voice to lead, a vision for the future. https://www.icn.ch/system/files/documents/2021-05/ICN%20Toolkit_2021_ENG_Final.pdf.

[34] Suzanne Michele Begeny (2009): Lobbying Strategies for Federal Appropriation; Nursing versus Medical Education. A Doctoral Dissertation in Doctor of Philosophy Nursing in the University of Michigan.

[35] Arlene, Christine, Erickson, Lewenson 2022: Taking Charge: Nursing, Suffrage, and Feminism in America, 1873–1920. Vol 10, *Official Journal of the American Association for the History of Nursing.* Vol 10. https://connect.springerpub.com/content/sgrnhr/5/1/228 and file:///C:/Users/ICU/Downloads/9781315057781_previewpdf.pdf.

[36] International Council of Nurses [2022]: Participation of Nurses in health services decision making and policy development. Position statement. Retrieved at http://www.icn.ch/pspolicydevoo.htm , and *http://www.icn.ch/images/stores/documentaries.* and https://www.icn.ch/what-we-do/projects/nursing-policy-leadership-programme and https://www.icn.ch/nursing-policy.

[37] Alhassan A, Siakwa M, Kumi-Kyereme A, Wombeogo M 2020. Barriers to and Facilitators of Nurses' Political Participation in Ghana. *Policy, Politics, & Nursing Practice*. 2020;21(1):29-42. doi:10.1177/1527154419899602.

[38] Mugenda & Mugenda (2003): Quantitative and Qualitative Approaches. pg 116. Nairobi- African Centre of Technology Studies press.