Barriers Faced By Nurse Leaders Regarding Health Policy Making: A Content Analysis Aproach

Aziz ur Rehman[1], Barkat Ali[2], Dildar Muhammad[3], Amir Sultan[4]*

[1]Principal and Assistant professor, NCS University System, Peshawar
[2]Principal and Assistant Professor, Northwest College of Nursing, Peshawar
[3]Associate Professor, Institute of Nursing Sciences, Khyber Medical University, Peshawar
[4]*Head of department / Associate Professor, Department of Nursing, Times Institute, Multan, Pakistan

*Corresponding authors: Head of Department/Associate Professor, Department of Nursing, Times institute Multan, Pakistan. Email: amirsultan204@gmail.com & nursingwithamir@gmail.com

ABSTRACT
Background: Worldwide, nurses are the major workforce in health care settings, and their involvement is mandatory in health policy making for patients' better health outcomes as well as nurses empowerment and professional development. The role of nurse administrators has greater importance in making accurate and timely clinical decisions and devising and implementing strategic plans for improving the quality of care.
Objectives: To explore the barriers faced by nurse leaders in health policy-making.
Method: A qualitative case study design was used to determine the barriers faced by nurses in health policy, involving face-to-face semi-structured, in-depth interviews with 12 nurse's leaders who had key nursing positions in hospitals. Interviews were audio-taped, recorded, and transcribed. Content analysis was used for analyzing the descriptions of participants, and an inductive approach was utilized.
Results: After coding and categorizing the data, six main themes emerged: nurse leaders views regarding the involvement of nurses in health policy making, Factors hindering nurses' participation in health policy making, the impact of nurses' involvement in health policy making on patient health, The Impact of Non-Involvement of Nurses in Health Policy Making, Paving a Road Map for Enhancing Nurses' Participation in Health Policy, and Perceived Benefits of Involvement of Nurses in Health Policy Making.
Conclusion: The involvement of nurse leaders is very limited in health policy-making in Pakistan. Although many factors are hindering the nurse's participation in health policy-making, such as nurse-related factors and organizational factors, There are abundant opportunities that can open the windows of opportunity for nurses to participate in health policy-making.

Keywords: Health Policy, Policy making, Nurse' leaders, Participation, involvement,

Introduction

Health policy is a product of comprehensive and complex consultation that aims to ensure the provision of safe, cost-effective, quality health care and cures that are accessible to the general population. Simply put, health policies are the schemes, plans, and courses of action approved to sustain and advance health. According to the World Health Organization (WHO), "health policy" is the set of plans, decisions, and actions exercised by health care professionals, including doctors, nurses, and paramedical staff, to achieve specific health care goals [1]. Health policies refer to the plans, strategies, actions, and determinations that are essential to achieving specific healthcare goals within a nation. Sometimes the terms "health policy," "public health policy," and "medical care policy" are interchangeably used, but these are different terminologies, as "public health policy" (PHP) is a course of actions, plans, and strategies selected by the state government to guide and determine current and future decisions, while "health policy" is a subset of it or a variable under it [2]. Through straightforward and transparent health policies and strategies, we can achieve numerous objectives, give a nourishing picture for the country's future, and draw out the significances, ascendancies, and foreseeable role of varied social culture, through which we can build euphony, pact, and renovate the masses. It is a key part of good governance, and the main goal of national health policy (NHA) is to create environments that make everyone's health better [3].

Hospital policies are crucial, as they establish guidelines and protocols that benefit patients by preventing human error. It is pivotal and needs to strictly adhere to many policies from patient admission until discharge to ensure efficiency, reduce the risk of accidental injuries, and maintain a sound and well-working environment for employees, patients, and visitors [4].

The engagement of stakeholders in the development of policy is vital for understanding the needs of individuals, families, and communities, as they may have diverse needs and priorities, and to increase equity in policy [5]. Their engagement in all these phases can advance legitimacy through the provision of evidence to support and form policies and increase the accountability of the government to stakeholder groups, thus accomplishing better policy implementation. National health

programs and plans with extensive stakeholder engagement during the policy cycle tend to be more energetic and have more real execution of policy. Engagement of stakeholder groups is considered a crucial slice of democracy in developed and developing nations [6]. These three components of public communication—consultation and participation—are effective ways for stakeholder engagements, which are recognized. According to the World Health Organization, the consultation would facilitate a comprehensive dialogue with ambitions to build consensus on existing provisions and on the standards, values, goals, and entire policy course that will guide and lead health policy. However, the degree, commitment, and capability to deliver effective stakeholder engagement, including marginalized groups, greatly differ between countries and health policy zones [7].

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In Pakistan, different key actors locally and globally endeavor to facilitate the development of evidence-based, knowledge-based health policies. For effective engagement, it's important to know and understand the country's context. For example, it's important to know how policies are made in Pakistan. Gaining such information is one of the crucial steps to making interventions coherent [8].

Among healthcare professionals, the role of nurses in achieving the set goals remains pivotal, as they stay for longer periods of time to address the most immediate needs of patients, families, and communities. The International Council of Nurses and WHO have also recognized that nurses in health systems have a unique position among healthcare providers and can make a major contribution to the development of appropriate and effective health policies [9]. Therefore, the aim of the study was to explore the barriers faced by nurse leaders in health policy making.

2. Methodology
2.1 Study design, setting and sampling
A qualitative case study design was used in this research. This guarantees that the subject is investigated through a range of lenses, allowing numerous aspects of the phenomenon to be observed, revealed and understood [10].

A qualitative approach suits best to explore a phenomenon that requires in-depth explanation to get rich information the phenomenon of "barriers faced by nurse leaders regarding health policy making" could best be explored through a qualitative approach [11].

The study was conducted in six public teaching hospitals in Peshawar. Medical teaching institutes in Peshawar include MTI Hayatabad Medical Complex, MTI Khyber Teaching Hospital, MTI Lady Reading Hospital, MTI Peshawar Institute of Cardiology, MTI Institute of Kidney Disease, and MTI Burn and Trauma Center Peshawar.

The study duration was three months, from August to October 2022, after approval from the advance research studies board as per the institutional policy of Khyber Medical university. The study population included nursing directors and nursing managers working at top-level management in a hospital in Peshawar. In this research, 12 participants were interviewed to get in-depth information and no information was left behind as a result of data saturation The purposeful sampling technique was used for data collection.

2.2 Inclusion and Exclusion criteria
Nursing leaders who perform key administrative role at Medical Teaching Institute of Khyber Pakhtunkhwa for at least one year and/or are actively involved in devising policy as well as ensuring its implementation that are nursing directors and nursing managers were the inclusion criteria for the study. Those participants who are unwilling to participate in study, nursing Supervisor and Head Nurses were excluded from the study.

2.3 Data collection procedure
First of all, the participants were evaluated for eligibility criteria, and then they were contacted face-to-face, through phone and through email to make sure of their initial agreement to participate in this study. Face-to-face meetings were preferred to have verbal discussions with the participants to keep them informed about the different aspects of this study. Their participation agreement was confirmed through informed written consent prior to data collection. A semi-structured interview guide was used for data collection, and interview questions were developed in light of the reviewed literature,

keeping in view the objectives of this study. Open-ended questions were used to get in-depth information from the participants. Face-to-face individual, in-depth interviews were conducted with participants.

A pilot interview was conducted and feedback was taken from the participants regarding the language, sequence, and adequacy of the questions. The pilot interview was not included in the analysis. Participants were informed prior to the interview and the time feasible for both the primary investigator and the participants was decided on mutual consensus. The time and venue of interviews were communicated to the participants a day before the interview. The venue for the interview was noise free and the door of the room was kept locked subject to the approval of the participant to minimize interruption. Interviews were conducted in English, Urdu language. Appropriate time was given to each question to get enough information and probing questions were asked where ever required. Each interview lasted from 30 to 60 minutes. Field notes were taken by an expert to record the non-verbal gestures of the participants.

2.4 Data analysis procedure
Content analysis was used for analyzing the data and an inductive approach was utilized. Data analysis was performed by the primary investigator. First of all, the recorded interviews were transcribed and those interviews conducted in Urdu were then translated to English by a language expert with command of both English and Urdu language. The interviews translated from Urdu to English were re-translated from English to Urdu by another language expert to make sure that the meaning and essence of the participants descriptions had been preserved. The primary investigator read the transcribed descriptions several times to develop an in-depth understanding. Meaningful units within the descriptions of the participants were highlighted and were coded. Both latent and manifest coding were carried out to extract useful data from the participant descriptions. Codes were categorized based on similarities in meaning and context. Moreover, themes were developed based on the similarities between categories. To ensure trustworthiness, the Lincon and Guba criteria were followed [12]. After following the overall process of content analysis as mentioned above, 207 codes were identified, which were categorized into 18 categories and these categories were merged into 6 themes.

2.5 Ethical considerations
Permission was obtained from the Institutional Ethical Review Board of Khyber Medical University Peshawar prior to data collection.

The participants' recruitment was based on voluntary participation. Autonomy, confidentiality, beneficence, non-maleficence, and anonymity were maintained throughout the research process. A brief introduction was given to the respondent about the purpose of the research and explained that there is no risk involved in this study except your valuable time An informed consent form was taken from the participants in written form for participation, and the participants were given the liberty to quit at any point in the research process.

2.6 Trustworthiness in qualitative research
To assure the rigor of the investigation, each study technique applies various assessment criteria. Dependability, credibility, transferability, and conformability are considered trustworthiness criteria by qualitative researchers [12].

3: Results
Face to face in-depth interview were conducted with total of 12 participants in which 8 were males and 4 were females. Among them 4 were nursing directors and 8 were nursing managers. Age of all participants was between 30 to 45 years.

Table 1: Demographic data of the participants

	Frequency	Percentage
Gender		
Male	8	66.66
Female	4	33.33
Qualification		
BSN	2	16.66
Post-Rn	3	25
MSN	3	25
MPH / MPHM	4	33.33
Experience		
5 years and less	4	33.33
6 to 10 years	8	66.66

The total themes of the study was 6, divided in 18 categorizes and 207 codes (see figure 1).

Figure: 1: Themes
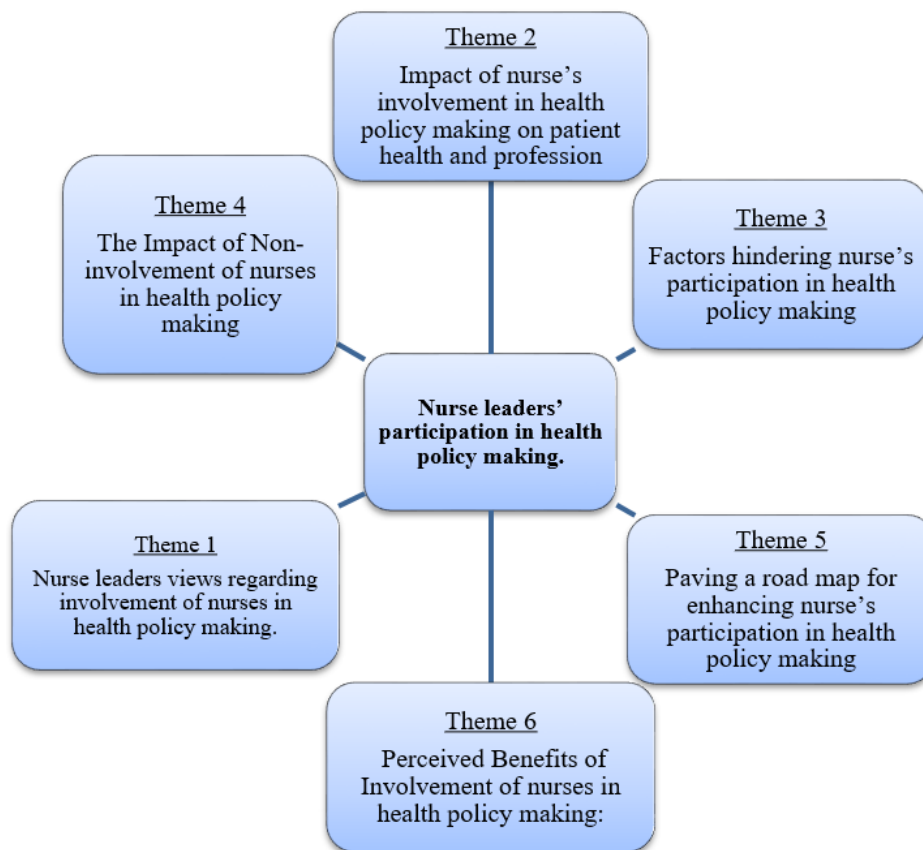
3.1: Theme 1: Nurse Leader's Views Regarding Involvement of Nurses in Health Policy Making

This theme highlights the views of nurse leader regarding nurse's involvement in health policy making. The participants' views are categorized into the extent of nurse's involvement in health policy making as well as emphasis on the involvement of nurses in health policy making.

3.1.1: Extent Of Nurse's Involvement in Health Policy making

This category describes the views of participants about the extent of nurse's involvement in health policy making. The participants expressed their views about the current status of nurses in health policy making and have highlighted that nurses have very limited involvement in health policy making. Participant (p1) stated that:

"We are not involved in policies making and the involvement of nursing representative is very limited despite of our needs in it and knowing the needs of patients, we are just confined to sit in interview for hiring staff or recruitment process and to develop dress code related policies." (P1)

Moreover, most of the participants mentioned that nurses are involved in the implementation of some of the selected policies however; their role in developing health policy is not considered. Participant (p2) stated that;

"We are just limited to hiring processes as an interviewer ……..but are not involved in overall process of policy making such as formulating policy regarding hospitals administrations, infection control or other internal policy if needed"(P3)

3.1.2: Nurse Leader's Emphasis on the Involvement of Nurses in Health Policy Making

This category highlights the views of nurse leaders with regards to the importance of nurse's role in health policy making. Most of the leaders were of the opinion that keeping the door of participation open to nurses in policy making process is important for considering the needs of patients at time of developing policy. As the participant (p3) stated that;

"Our participation is mandatory in health policy for improvement of patient as well as for our profession and for enhancement of capabilities as nurse. Nurse Leader must to be involved in health policy as they know the needs of patients and should to be a member of different committees especially in policy committee to represent the nurse's issues well"(P4)

In addition, leaders also rationalized the involvement of nurse in policy making based on the maximum duration of time nurses spent with patients compared to any other healthcare professionals. The maximum stay of nurses with patients enabled them to prioritize the most immediate need and their presence in policy making will ensure to efficiently plan for addressing patient needs. (p10) added that;

From my point of view, it is mandatory that nurses must be involved in policy making, because nurses are involved in the patient care 24 by 7. So, nurses are aware ~~about~~ of each and every aspect of the patient needs, patient diagnosis, patient care and policies ….. Implemented in the patient care, so nurse leader and nurses are must be involved ~~with~~ in the health care policy making. (P9).

Needs of nurse's involvement in health policy making and emphasized that the nurse leader must to be involved in health policy making and should to be a member of health policy making committee.

3.2 Theme 2: Impact of Nurse's Involvement in Health Policy Making on Patient Health and Profession
This theme describes the views of nurse leaders about the impact of nurse's involvement in health policy-making on patient health as well as its impact on profession. The participants have highlighted the importance of nurse's role in policy making with regards to its impact on patient outcome as well as enhancement of professional autonomy. The sub-categories includes
a) Highlighting the importance of nurse's role in health care setting.
b) Impact on nurse's role

3.2.1 Highlighting the Importance of Nurse's Role in Health Care Setting
This category highlights the views of participants regarding the importance of nurse's role in health policy making on patient health in health care setting. The involvement of nurses in health policy making improves the patient health outcomes because they spent most of the time with patient and are aware of patients' health needs and can plan timely intervention to meet patients' health needs. As participant number second stated that:
"As *we all know that nurses spends most of the time with patients in ward and they are aware of patient needs and their health prognosis and know better how to meet the needs of patients with available resources and available staff so if we know so much of patient every aspect, it is quite beneficial for patient health to involves us in policy making for the betterment of patient health outcome*" (P2).

Moreover, keeping the broad range of nurses' role in patients' health care management, the lack of nurses involvement in health policy making will not only effects the immediate needs of patient health but will also effects goals of health policy. As mentioned by participant number third that:
"Actually *nurses and their leader know better about patient needs, if you will not involve nurses in health policy making, the formulated policy will be very poor and it will not focus on patient need. It will affect the health of patient and the goals of policy will not be achieved in better way."(3)*

3.2.2 Impact on Nurse's Role
In this category the view of participants narrate the role of nurses in health policy making and its impact on the autonomy of nurse's leader. If nurses are involved in health policy making their role as a member of health care team will be encouraged this will not only make them confident on their job but will also make them more autonomous in their role. (P12) stated that:
"Involvement of nurses in health policy making will enhance the autonomy of nurse's leader which will have a big impact on the role of nurses and professional development of nursing."(P12)
Furthermore, the moral of nurses will be enhanced being acknowledged for their role in health care delivery system which will further inculcate the art of participating authority in right direction for the overall growth of nursing profession. As mentioned by participant number forth that:
"The participation of nurses in health policy will have good result and the profession will grow if nurse leader have the authority to bring positive changes that is pre-requisites for any profession' development"(P4).

3.3 Theme: 3 Factors Hindering Nurse's Participation in Health Policy Making
This theme explains the barriers faced by nurse' leaders regarding nurse's involvement in health policy making. The factors mentioned by participants are categorized into Nurses related factors, Healthcare Organization related factors, and academic' institutional related factors.

3.3.1 Nurses Related Factors
This category highlights the nurse's related barriers that hinder the participation of nurses in health policy making which includes the lack of knowledge, understanding and experience related to health policy, lack of interpersonal competencies, and lack of visionary leaders. Leaders expressed that nurses have lack of knowledge related to health policy making process which limit their involvement on health policy making. As Participant (P1) expressed that:
"The most projecting and strongest weapon is your concert knowledge. But we(Nurse) don't have enough knowledge related to the health policy making process required for leadership and managements that how policy can be formed, how policy can be implemented and how to evaluate the policy which benefit nurses, patient and nursing profession. Moreover, we have no experience in policy making "(P1)

Moreover, there is an intense need of visionary leaders in every profession who have a vision and mission to lead organization and their profession. However, in nursing profession we have scarcity of such leaders which possess the ability to advocate for the profession and have interest to lead the profession toward professional development. Participant (P2) mentioned that:
" Nurse leader often come and goes just completing their duty hour, they don't have any vision and not taking part in such activities that can boost up the profession neither they have any interest to advocate the profession in a way that is essential for any leader and to further enhance the scope of the professional " (P2)

3.3.2 Healthcare Organization Related Factors
This category highlights the factors at organizational level that hinder the involvement of nurses in health policy making and mainly focus on the lack of proper enabling structure specifically the chain of commands in hospital. The participant described that the lack of hierarchy for nurses and the lack of acceptance of nurses at top level management effects the participation of nurses in health policy making. As participant (P6) narrated that:

"There is still no define hierarchy for nurses and no clear chain of command in our hospital due to which we (Nurses) are ambiguous and our acceptance in policy making is still in doubt"(P6)

Moreover, the perceptions of upper level management about the image of nurses also minimize nurse leaders' participation in health policy making process. As participant (P4) narrated that:

"We are living in a society where people and organization have no acceptance of nurses which is deteriorating the self-esteem of nurses that ultimately develop resistance from others for nurse leaders to be part of policy making."(P4)

Participants also highlighted that higher positions in hospitals for examples the position of managers and nursing directors are not independent to practice their authority with autonomy which is also a major factor of hindrance in participation of policy making.

"All the designated positions are just by name and the position of acting manager and directors are just filled by personals that are not authorized and are influenced by hospital administration. The policy just comes from top level management other than nursing." (P5)

The next barriers that were mostly verbalized by the participants were the lack of transparency in hiring process and personal priorities of top level management and highlighted that top level management often recruited such directors or managers who are lenient to compromise on the decisions taken by the authorities even if they are against the policy or rules regulation. Furthermore, the participants described that they are influenced through political forces to favor their benevolent for hiring which deprive the nursing profession from vocal and visionary leader who have capabilities to participate in health policy making. As participant (P3) narrated that:

"There are a lot of flaws in our system for example if they (administration) hire a person for high position in nursing like director, they are not on merit, they hire those who are either on political approach or those who are bound to them and have zipped their mouth not oppose any action of others at top level management such as MD, HD". (P3)

3.3.3 Academic' Institutional Related Factors
In this category the participants highlighted institutional related factors which deprive students to seek the art of policy making process. The most frequently mentioned institutional related factors are the fragile academic structure of nursing colleges, and poor control of regulatory bodies (PNC and universities) on the quality of nursing education. The participants added that quality in education is based on the availability of qualified teachers and rigorous check and balance on educational processes. As participant (P12) stated that:

"Our nursing education system is very poor and we have either no expert faculty members or have inadequate staffs. Moreover, specialized education, lack of check and balance from Pakistan Nursing Council, weaken the quality of education. The owners just run organization for business purposes which create only graduates in quantity not quality." (P12)

Moreover, in nursing curriculum there is no content related to policy development, policy analysis or policy implantation. Participant (P2) narrated that:

"Beside lack of quality faculty members our course curriculum has no content related to the leadership, management and policy making. 2)

3.4 Theme: 4 the Impact of Non-Involvement of Nurses in Health Policy Making
This theme describes the negative consequences of non-involvement of nurses in health policy making. The negative consequences are categorized as impact on policy, impact on patient health outcome, impact on nurses and nursing profession, and impact on health care delivery system.

3.4.1 Impact on Policy Itself Due to Lack of Nurse's Participation in Health Policy
This category expressed the effects or problems that linked with policy itself due to lack of involvement of nurses in health policy making. Most of the participants mentioned that developed policies without nurses involvement will faced hurdle in implementation as well as there will be lack of sustainability of that policy. As participant number nine stated:

"the main problem that arises when nurses are not involved in policymaking, is the policy will not run for long time and will be failed and the goals of policy will not be achieved properly because ignoring nurses in policymaking will indirectly effect the over-all policy and its goals.."(P9)

Furthermore, not involving nurses in health policy making the policy will not achieved the set goals of developed policy as a result the policy will be flopped in sense of patient health outcome, as participant number forth mentioned that:

"If nurse leader don't participate in the health policy making, it becomes difficult for nurse to achieve the set goals of health policy for which it is basically developed."(P4)

3.4.2 Impact on Patient Health
This category explained the effect of policy on patient's health needs and health outcome due non-involvement for nurses in health policy making process. The participants highlighted that the formulated policies without the involvement of nurses in health policy making will not guide patient health needs due to which the health of patients and their outcomes will be affected. As participant number three verbalized that:

" nurses knows needs of patient better than other health care provider so not involving them in policy , the policy will not be formulated as desirable and will not guide the patient's health needs" (P3).

Some of the participant expressed that the care of patients will be compromised and the set goals for patient' health will be difficult to achieve. As participant number eight mentioned that:

"if nurses are not involved in policy making , the policy will not directed on patient needs so as a result the patient care must be compromise as well as the set goals of patient will be effect"(P8)

3.4.3 Impact on Nurses
This category highlights the effect link with nurses due to lack of nurses participation in health policy making. Most the participants mentioned that the non-involvement of nurses in health policy making caused the difficulties in policy implementation through nurses. As participant (P10) narrated that:
"Nurses will not feel comfortable with top down passion of policy when come it from top level management when no nursing representative input is included in It and will be challenging to practice it practically in hospital by nurses."(P10).

Moreover, if nurses are not comfortable with policy, the policy will definitely to be imposed on nurses. The imposed policy will be burdened on nurses and grounds of job dissatisfaction and low self-esteem among nurses as well as it will affect the mental health of nurses. Participant (P3) stated that:

"If we (Nurses) are not involving in policy making it not only affects the mental capabilities of nurses and leads to low self-esteem and low job satisfaction but also forcefully implanted on nurses."(P3)

3.4.4 Impact on System
This category highlights the effect of policy on hospital environment which is developed without the participation of nurses. And highlighted that without nurses the policy will a have major impact on hospital environment as most of the participants verbalized that without involvement of nurses in health policy making, the hospital environment will be effects and conflicts will be arises among healthcare settings which will leads to organization instability as mentioned participant (P12) that:
"First thing is our environment of hospital will be effected and conflicts will arises if nurses representative is lack in policy so Conflicts will arise among health care provider leads towards instability of organization."(P12)
Furthermore, the health care system will be unsatisfactory in term of addressing the health needs of patient, and nurses as well as well as it will not achieve the set goals of health care system. Participant (P5) narrated that:

"Lack of nurses leader participation in policy making will not address the actual needs of patient not only the patient but also the needs of nurses which will lead towards failing of policy as well as the overall health care system will not be satisfactory for patients, nurses and organization".(p5)

3.5: Theme: 5 paving a Road Map for Enhancing Nurse's Participation in Health Policy Making
This theme described the factors that create opportunities to facilitate the participation of nurse leaders in health policy making and covers three categories comprises on facilitating factors related to nurse leaders, facilitating factors related to organization, and Facilitating factors at school level.

3.5.1 Facilitating Factors related to Nurse Leaders
This category highlights the factors related to nurses through which nurses can create opportunities and can enhance their participation in health policy making Most of the participant responded that advance education in nursing, and advancement in research studies of nurses related to health policy , are factors which can enhance the participation of nurses in health policy making. As participant (P2) stated that:

"If we talk about education, in past there were only nursing diploma and some specialties. There were no degree programs, no master degree and no Ph.D. opportunity. Currently there are a lot of opportunities of master MSN and then Ph.D. after BSN. So such opportunities can enhance our participation if we get advance education in nursing field." (P2)

Another participant (P6) stated that:
"Currently the undergraduate and graduates nursing students are getting exposure in research studies that open opportunities for nurses. So if we focus more on research, they will not have difficulty in policy making and research bases policy will be formulated." (P6)
Furthermore, formal training in policy making and politics and politically activeness of nurse's leader are the factors that open the window of opportunities for nurse leader to involve themself in health policy making.as verbalized by participant(P11) that:
"Nurses have an opportunity to active them self politically and play active role in politics and leadership role by engaging in different committee and become member of various committee to represent nurses and their views."(P11)

3.5.2 Facilitating Factors Related to Organization
This category highlighted the facilitating factors for nurses that can enhance participation in health policy making at organizational level by strengthening the enabling structure and to form legal service structure for nurses. Besides this on top level management positions needed such nursing directors and managers who have knowledge, skills and experience with regard to leadership and management positions as well as authority and power who have autonomous in their decisions .As verbalized by the participant (P4) that:

"There is new amendment in the form of MTI which has a proper hierarchy. Certain things are functional, certain needs to be made functional as director nursing and manger post are exist but vacant or acting personal working on it if we fill these vacancies as a designated one who is autonomous and skillful in policy making as well as knowledgeable and experienced can enhance participation in health policy making"(P4)

Furthermore awareness session through seminar and workshop regarding health policy making and the role of nurses leader in it may have positive impact on the involvement of nurses' leader in health policy making. As participant (P9) verbalized that:

"Every hospital management needs to conduct open seminars, workshops and conducting training on policy related matters to explore the role of nurses and policy maker in health policy making."(P9)

3.5.3 Facilitating Factors at School Level

This category highlighted the factors that enhance the participation of nurses in health policy making at school level when they are enrolled in educational organization. The participant described that improvement in quality of education as well as building students' leadership role can create visionary leaders in future. Furthermore The participant verbalized that preparedness at school level through training session regarding health policy making, Specific courses related to policy as well as development of policy related content in curriculum may have a positive impact on nurses involvement in health policy making. As participant (P12) verbalized that:

"Improvement in quality education will produced quality leader and it is possible when we prepared students at school level through training, education , and to taught them policy related subject as well as to hold policy related courses for them for better development for future leadership role. P12)

3.6: Theme 6 Perceived Benefits of Nurses' Involvement in Health Policy Making

This theme highlights the perceived benefits of nurses' involvement in health policy making with regards on patient health, on policy itself, and on nurses as well as on organization. This category cover four sub-category which includes perceived benefits on patient health, perceived benefits to nurses , perceived benefits on policy itself, and perceived benefits to an organization.

3.6.1 Perceived Benefits on Patient Health

This category highlights the importance of nurse's involvement in heath policy making with regards to patient health and their health outcome. As most of the participant verbalized that if nurses involved in health policy making the developed policy will be focused on patient' health needs, due to which the formulated policy will guide the patient health needs correctly. As participant (P5) stated that:

"There is lot of benefits of involving nurses in health policy making such as the patient health needs will be identify and the formulated policy will be according to patient needs."(P5)

Furthermore, the health policy will ultimately improve patient health outcome by improving patients 'safety and satisfactions level in health care setting.

"They encourage good patient care and enhance patient outcome and satisfaction level of patient as well as it lead to an organized medical departmental care with fever errors." (P9)

3.6.2 Perceived Benefits on Policy Itself

This category highlights the perceived benefits of nurses' involvement in health policy making on policy itself. The participants stated that those policies developed in the existence of nurses have a greater impact on policy itself as such policy will be runs in smooth fashion in an organization and will be sustained for long time as well as will be easily implementable practically in health care organization. As participant (P1) stated that:

"If the policy will come from a team work and through participation of nurse's representative, it will be applicable and sustainable for long time and will run smoothly in health care settings."(P1)

Moreover, most of the participants explored that such policy will be productive, goal achievable, and will be acceptable to nurses. As participant (P2) narrated that:

"Every policy has its goals so the goal of health policy will be achieved very well and very good manners if we involved nurses in health policy and such policy will be ease and acceptable to nurses."
(P2)

3.6.3 Perceived Benefits to Nurses

This category highlights the perceived benefits of nurse's leader participation in health policy making with regards to the role of nurses empowerment, professional development, and high self-esteem. Most of the participants stated that Involving nurses in policy will directly linked to nurses' Authority, autonomy, power, and enhancement of nurse's image which may have a positive impact on nurse' self-esteem and nursing profession. As participant (P4) stated that:

"Nurse Leader participation is much more significance in policy making. They would be independent and no forceful implementation can take place and nurses will gain autonomy in their decisions as well as authority which will enhance their self-identity."(P4)

Another participant verbalized that:
"Involving nurses in policy making have great impact on Nurse's leader self-esteem enhancement and job satisfaction as they will represent the nurses issues which in response will improved nurse's job satisfactions with high moral."(P6)

3.6.4 Perceived Benefits to Organization

This category highlights the perceived benefits of nurses' involvement in health policy with regard to impact on organization. The participant mention that involving nurses in policy making is important to build team work for set goals, and for enhancement of collaborative working environment which will be free of any conflicts among health care provider. Participant (P4) stated that:

"Nurse Leader involvement in policy have good outcome in sense of professional growth which not only be beneficial for the nurses but also for the organization as well as for patient. So a team work can be exercised for achieving the set goals with collaborations to each other."(P4.

Discussion

The first theme of this research finding highlights the views of nurse directors and nurse mangers regarding the importance of their role in health policy making as well as the extent of their of involvement in health policy making. The finding indicates that the nurse's participation is very limited in health policy making or even zero rather they are only involves in implementation of the developed policy which comes in top down fashion. These finding is similar to a qualitative study using Delphi survey conducted in East Africa [13]. The finding emphasis on the involvement of nurses in health policy making because of knowing the patient health' needs at time of developing policy as well as to prioritize the most immediate need and their presence in policy making will ensure to efficiently plan for addressing patient needs supported by a qualitative phenomenological study conducted in Thailand [14].

Current research the second theme finding indicates those factors that hindering participation of nurse leaders' participation in policy making. One of them is the individual characteristics of nurses' leaders which include the lack of knowledge, understanding and experience related to health policy as well as lack of interpersonal competencies such as, poor communication skills, poor coordination and lack of confidence, and lack of visionary leaders. This finding is similar to a qualitative study (n=16) conducted in Iran [15]. Furthermore the poor academic of nurses is one of the major factors which minimize the nurse's participation in health policy making. This finding of the study is similar to the finding of another study qualitative (n=20) study conducted in Iran [16]. Moreover, other findings of current study indicate organizational or system related factors that weaken the nurse 'leader participation in health policy making and highlights the flaw in system. The major factor at organizational level that hinders the involvement of nurses in health policy making is the lack of proper enabling structure specifically the chain of commands in hospital. The lack of hierarchy for nurses and the lack of acceptance of nurses at top level management effect the participation of nurses in health policy making. These finding is aligned to a mixed study (both quantitative, quantitative) conducted in Kenya on nurses and the involvement of nurses in health policy making indicted the same result [17].

Third theme of current study highlight factors that enhance the participation of nurses in health policy making which indicates that a nurse 'leader individual characteristics if build up professionally will enhance the participation such as advancement in education and research areas are the way forward to enhance involvement of nurses in health policy making. Furthermore, building rapport, collaboration and coordination with top level management and act as advocate for profession can maximize the participation of nurses in health policy making. These finding is aligned to study conducted in Jordon [18].

Moreover, the study highlighted the facilitating factors at organizational level by strengthening the enabling structure and to form legal service structure for nurses. Besides this on top level management positions needed such nursing directors and managers who have knowledge, skills and experience with regard to leadership and management positions as well as authority and power who have autonomous in their decisions can enhance nurse leader participation in health policy making [19]. Furthermore, findings shows factors that enhance the participation of nurses in health policy making is that improvement in quality of education as well as building students' leadership role can create visionary leaders in future. Furthermore, at school level through training session regarding health policy making, Specific courses related to policy as well as development of policy related content in curriculum may have a positive impact on nurses involvement in health policy making this finding is supported by s action participatory research conducted in Canada [7] .

This study indicates several benefits of nurse leader's participation in health policy making. Involving nurses in policymaking have a good impact on patient health as most of the time patients are under the observations of nurses and they know and have the understanding about the needs of patient. During formulation of policies keeping patients' health needs helped them to formulate policy which guide patients' health needs, improve patients' health outcome well as patient safety this finding is similar to a qualitative study conducted in Jordon [18].

The study finding also indicated the negative consequences of non-involvement of nurses in health policy making. These have negative impact on policy, patient health outcome, and on nurses and nursing profession, as well as on health care delivery system. Due to lack of nurse leaders' participation in health policy making the developed policy will not only difficult to implement but also unsustainable for long time as well as the set goals of the policy will not be achieved. Furthermore, not involving nurses in health policy making the policy will not achieved the set goals of developed policy as a result the policy will be flopped in sense of patient health outcome. These finding is similar to a qualitative study conducted in Hong Kong [20].

The formulated policies without the involvement of nurses in health policy making will not guide patient health needs due which the health of patients and their outcomes will be affected. The care of patients will be compromised and the set goals for patient' health will be difficult to achieved. This finding is supported by another international study conducted in Kenya [17].

Moreover, the study further explored that without involvement of nurses in health policy making, the hospital environment will be effects and conflicts will be arises among healthcare settings which will leads to organization instability. Furthermore, the health care system will be unsatisfactory in term of addressing the health needs of patient, nurses as well as well as it will not achieve the set goals of health care system [20].

There were certain limitations of the study
● The study was limited to only government hospital Peshawar Khyber Pukhtankhwa specially Peshawar. Private hospital was not included in this study.
● The study is limited to nurse leaders who were working in hospital, other nurse' leaders such as at provincial level and who is working as director level at universities and colleges were not included.
● Government official at provincial level who is mainly involved in policy development such as directors nursing , deputy director nursing views were not captured because they mostly influence purely government hospital other than medical teaching institution (MTI) tertiary hospitals.

CONCLUSION:
It has been identified from the results of this research that the nurse's involvement in health policy making in Pakistan is very limited or having no involvement in policy making. Although it is an established fact the among all health care workers, nurses spent maximum time with patient and the involvement of nurses in health policy making will not only enhance patients health outcome but will also enhance the acknowledgement of nurses role in a healthcare delivery system. However, certain barrier have been identified through this research including the limited knowledge and practices of nurses regarding policy making, resistance to nurses participation in policy making at administrative level and the poor quality of nursing education system. It is further highlighted from the results that nurses involvement in policy making may be improved through enhancing the knowledge and skills of nurse leader related to health policy making, inculcating effective communication attributed among nurses and nurse leaders, as well as adding the content of policy development in the curriculum to develop better understanding at gross root level.

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