

Policy analysis: a framework for nurse managers

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The lack of involvement of nurses in the policy process is an issue of concern which has resulted in calls for nurses to become more active in this area of activity. However, what is often less clear is precisely how this can be done. This paper presents a template for policy analysis which can be used by nurse managers. The nature of policy and policy analysis is explored to provide a broad context for the discussion and the need for managers and nurse managers in particular to be 'policy competent' is established, as a prerequisite for effective management. There is also an examination of policy analysis in nursing which demonstrates why a range of approaches to the analysis of policy is needed. Based on this, a particular framework for policy analysis which can be used by nurse managers is presented. The overall purpose of the paper is to encourage debate in this area and contribute to the development of a specific tool for policy analysis that may help ensure a nursing management perspective informs policy formation and implementation.

Keywords: nurse management, nursing policy, policy, policy analysis

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Introduction

Calls for nurses to become more active in the policy process have been made in a range of publications (Hennessy 2000, International Council of Nurses, ICN 2001, Lee *et al.* 2002, Hughes 2005). They are based on a recognition that in the past a nursing voice has been absent in the formation of health policy, as Robinson (1992, p. 7) concluded: "Nurses are virtually never involved in concrete policy decision-making processes; what may pass for a nursing decision is in reality acquiescence to others' prior formulations". Similarly, nurses have been consistently unable to address the public policy agenda adequately (Maslin-Prothero & Masterson 1998). However, what is often lacking in these exhortations for nurses to get involved in policy formation and analysis is clear guidance on how this can be done.

The purpose of this paper is to suggest a way forward for nurse managers. The policy process is extremely complex, has many dimensions and so broad statements to 'get involved' can be misleading as involvement can mean different things to different people. To provide a rationale for the approach advocated here a number of areas need to be examined. First the nature of policy and policy analysis will be explored to provide a broad context for the discussion; next the need for managers and nurse managers in particular to be 'policy competent' will be established, as a prerequisite for effective management; this is followed by an examination of policy analysis in nursing which will demonstrate why a range of approaches to the analysis of policy is needed; finally, a particular framework for policy analysis which can be used by nurse managers will be presented as a means of addressing a number of the issues considered in the earlier sections of the paper. The intention is to

encourage debate in this area and contribute to the development of a specific tool for policy analysis that may help ensure a nursing management perspective informs policy formation and implementation.

The policy process and policy analysis

Policy does not just consist of national strategy documents but also how they get implemented by managers, and finally how they are put into practice on the ground by the health care professionals, patients and the wider community who are the object of the policy change (Green & Thorogood 1998, p. 11). The exact nature of social policy is very difficult to define. It usually involves some action or inaction on the part of central government or others, that results in a change in society. Particularly in its early days social policy contained both an implicit and an explicit commitment to the creation of a better society. It also refers to the social consequences, deliberate or otherwise, of actions and inactions of groups, other than central government such as local government, professional groups and the private and voluntary sectors (Masterson 1994, p. 12). In terms of health policy Walt (1994) suggests that for most people it is concerned with content, such as the best method for financing health services or improving health care delivery, whilst for others it is about process and power. It is a very complex area and as Masterson (1994, p. 9), observes: "it seems everyone who writes about social policy offers a definition and discussions concerning the exact nature of anything can often become pedantic and tedious". Rather than offering yet another definition here, the links between the policy process and analysis of it will be explored to clarify the issues involved.

Harrison (2001) offers some useful insights in this area. He suggests that:

- Policy is conceived of as a *process*, rather than simply as an output of a decision or an input to management.
- Action takes place within a *context* which both affects and may be affected by the policy process.
- It is concerned with the use and development of explicit *theory*, not just the assembly of data nor the attribution of causes without an understanding of the causal process (*Italics in the original*).

Consequently policy does not necessarily mean 'high policy' and policy analysis can be employed at the level of local health care organizations. It follows from this characterization of policy analysis, as a potentially multidisciplinary approach to a wide range of questions

about national and local policy and its implementation, that it is neither possible nor appropriate to present a step-by-step account of 'how to do it' (Harrison 2001). This is confirmed by Bond (1999) who also emphasizes the changing nature of policy. The analysis of policy, whether as a study in its own right or in terms of establishing the context for another research topic, is a complex activity not least because of its political nature and the fact that the researcher is faced with tracking what essentially is a moving target.

Policy analysis is a subfield of political science that seeks to understand and build up knowledge of the whole process of public policy beginning from the big picture of the global economy through the complex issues of which policies are chosen for inclusion on the political agenda (and which are excluded) (Hudson & Lowe 2004, p. 3). Hudson and Lowe go on to identify a number of key themes in policy analysis:

- It is not a social science discipline in its own right but is inherently interdisciplinary.
- It has a problem-centred orientation.
- It aims to improve the rationality of decision making.

They suggest that it can be conducted on three levels:

- The macro-level (macro being derived from a Greek word *macros*, meaning long, extensive) encompasses the broad parameters that shape policy, e.g. globalization, the global market place.
- The meso-level concerns the practice of the policy making process itself and the institutions engaged in designing and seeing policy through to its delivery. They argue that it is crucially embedded in what they identify as policy networks. Agencies that initiate, filter and shape policy outcomes.
- The micro-level focuses down onto two themes, engagement between consumers and agencies, individuals and personalities.

This broad framework provides a useful starting point for thinking about policy and its analysis; however, it needs further refinement if its practical applications are to be realized. This will be explored further in the section on policy analysis in nursing; however, first it is necessary to establish why policy analysis is regarded as an appropriate concern for nurse managers.

Policy competence

Longest (2004) has suggested that in view of the substantial impact that government policies have on health service organizations, successful management of these organizations increasingly requires managers to

understand policy aspects of the external environments of their organizations. Specifically, they must understand the policies that affect the organization, the process through which such policies are made, and all the forces that can affect the process and its outcomes. Knowledge of the policy environment of an organization comprises an important component of what he terms 'policy competence' (p. 72).

This encompasses three areas:

- understanding policy environments;
- responding to an organization's policy environment;
- shaping an organization's policy environment.

If managers are to be 'policy competent' they require knowledge of policies and the processes through which they are made, they need to lead their organization's response to the challenges and opportunities emanating from the policy environment and they need to be able to persuade policy makers to take decisions that favour their organizations. This is similar to the notion of 'policy acumen' argued for by Gough *et al.* (1994). Policy acumen is distilled from a policy analysis concerned with the nature of nursing itself and helping nurses grasp the nettle of power within the health arena. Nurse managers can be regarded as occupying a Hybrid Role, a term used by several authors to convey the complex issues associated with health professionals taking on management roles (Causar & Exworthy 1999, Hewison 2004, Savage & Scott 2004), consequently it is important that they develop policy competence/acumen to fulfil their dual role.

This is reinforced by statements from the ICN such as: Nurses must understand how health policy is made, to determine where and how to best make a difference (p. 19). The council recommends that nurses can contribute effectively to health policy by:

- keeping abreast of developments and issues;
- writing and publishing;
- joining special-interest associations;
- making well-prepared representations to key players;
- knowing and using key positions and nursing networks;
- identifying and working with nurses in influential positions outside nursing;
- communicating your position through appropriate strategies.

Yet the ways in which nurses are governed, directly and indirectly, by national regulations and directives and locally by health board policies and guidelines means they seem to have negligible influence on the

content of policies either at a national or a local level (Chavasse 1998). In a similar vein Maslin-Prothero and Masterson (1998) argue that public policy has persistently neglected nursing issues and that nursing practice has historically been shaped by other dominant groups in the health care arena, for example by doctors and managers. This indicates that nurse managers need to have tools at their disposal that make engagement with the policy process more likely. Indeed the ICN (2001) concedes more needs to be done in this respect. For nurses to influence and shape decisions, it is essential that they clearly understand how policy is made and implemented, and its wider context. Without this understanding of policy development, nursing will not be included in the process (p. 5).

Hennessy (2000) feels this is particularly urgent because of the emergence of new societal values, a wider perspective of health care and different decision-making processes at government level and society. She goes on to advocate a number of activities which she feels would increase involvement of nurses in the policy process. These include:

- focussing on the right issues in nursing policy;
- agenda setting;
- mapping the environment and process of policy development and implementation;
- getting the message heard.

However, this is still a somewhat wide ranging series of activities which nurse managers may find difficult to address in a meaningful way. It would seem that one step towards policy competence/acumen could arise from a sound approach to policy analysis that can be readily applied, although this is by no means a straightforward process.

Policy analysis of and for nursing

Although the varied approaches to policy analysis and the wide range of literature and techniques on which its practitioners draw, make it impractical to offer either a stipulative definition or a consensual account (Harrison 2001, p. 90) it is possible to draw out some broad areas of agreement in respect of policy analysis. Analysis 'for' the policy process encompasses the use of analytical techniques and research to inform the various stages of the policy process, whereas analysis 'of' the policy process considers how policy problems are defined, agendas set, policy formulated, decisions made and policy is implemented and evaluated (Nutley & Webb 2000). West and Scott recognize this distinction and identify the implications for nursing:

We have emphasized the distinction between research 'of' and 'for' health policy, which points to an important gap in the nursing literature. The process of policy making in the UK is not fully understood; it is still largely a 'black box', from which important groups perceive themselves to be excluded (West & Scott 2000, p. 822).

Not only that they point to problems in the relationship between nursing and policy which results in two outcomes:

First there is inadequate attention to the nursing profession in the content of policy at the local and national level, so that policies often do not get to the heart of problems that disrupt the process of delivering high-quality nursing care. Secondly, there is inadequate evidence that nurses play a role in policy making that is commensurate with the size of the profession, the combined expertise of members and the responsibilities they are expected to assume for implementation (p. 823). This further emphasizes the need for nurse managers to develop their policy competence to redress this situation. Signposts to how this may occur can be found in the relatively small amount of work that has examined nursing and its relationship to policy.

Some of the earliest work in this area includes the series of texts edited by White (1985, 1986, 1988) which examined a number of policy issues that were relevant at the time. Clay (1987) also contributed with what amounted to a call to arms for nurses to 'become a powerhouse for change' in the area of health politics and policy. Robinson *et al.* (1992) built on this tradition and considered the key policy issues in the early 1990s. Later examples in this category include Fatchett (1994), Antrobus (1997) and Hewison (1999) which analysed various aspects of policy related to nursing in the wake of the health reforms arising from the introduction of the internal market in UK health care. More recent work has focused on specific issues such as policy analyses of the expert patient initiative (Wilson 2001) and continuing care (Maslin-Prothero & Masterson 1998).

Gough *et al.* (1994) concluded that although it is useful to develop and discuss a policy 'of' nursing there is also a pressing need for nurses to develop their own analysis 'for' policy to derive a wider perspective of nursing's place in and as part of the public, voluntary and private services. They contend that this policy for nursing is the only way of enabling the profession to reach its fullest potential and that nurses need to start to use and influence policy to their own ends, that is in terms of professional direction and delivery of care. Drawing on the work of Fawcett (1989) they suggest

Table 1
Meta-paradigms for policy analysis in nursing

Paradigm	Domain
Person	Focus on the person from a humanist perspective is the route to autonomous action for nurses
Health	Professional knowledge about health can provide nurses with the vision and power to develop policy from an alternative world view of nursing. This must be maximized in terms of practice
Environment	A wider view on environmental factors affecting health and health care is needed. Currently it is too limited in focussing on the individual client
Nursing	The requirement is for unity. This arises from the need to speak out with one voice about nursing's shared aims

Fawcett (1989) and Gough *et al.* (1994).

the use of what they term four meta-paradigms as a framework for shaping policy analysis. This is based on the premise that these are the legitimate domain of nursing and they provide a useful tool for exploring all aspects of policy. They are outlined in Table 1.

As Gough *et al.* state:

'This collective self-actualization is dependent on a re-conceptualization of the very nature and aims of nursing itself. It requires a shift in thinking only possible through the adoption of a new world view. Unless the profession can define itself nursing will remain merely a reactive force shaped by other dominant groups and therefore unable to reach its full promise. A comprehensive definition of nursing and a clear articulation of its policy perspective, universally accepted by the profession, would give us clear guidance with regard to our legitimate goals, focus and parameters of work (Gough *et al.* 1994, p. 276)'.

Gough *et al.* (1994) proffered this framework as the first small step in what they hoped would be a paradigm shift in nursing because policy for nursing is as yet uncharted terrain. Yet it seems that it has not been widely adopted because 4 years later Maslin-Prothero and Masterson (1998, p. 548) observed that existing models of policy analysis do not offer a helpful or useful route to explore nursing's contribution (to the continuing care of older people). Also Maslin-Prothero (1999) identified one of the factors which may have militated against the adoption of the framework. Nurses are not a homogenous group, there are a multitude of differing types and levels of nurses and a variety of disciplines. Each of these groups has its own set of values and priorities and it is important to consider these differences in any analysis. Also there needs to be an acceptance that such a large and diverse profession

has difficulty in achieving a single voice on many political and professional issues. This is at odds with the earlier call for a form of collective 'self-actualization' and is a more accurate reflection of the complex and fragmented nature of the policy process and its analysis. This signals the need for a range of analyses which can contribute in different ways, which access the diverse elements of policy and its enactment, and which may cumulatively provide a greater understanding of the process and thereby enable nurse managers to exert more influence on it. An approach which has the potential to contribute to this end is suggested below.

Policy analysis for nurse managers

In trying to understand how and why policy is formed for the provision of health services, it is often necessary to go to original sources of information such as transcripts of parliamentary speeches and debates, minutes of official meetings, official reports and government papers (Palfrey 2000). This is at the heart of the approach presented here. If nurse managers engage with policy documents in a critical way it can be a first step in understanding and shaping policy. It is by no means a complete answer, nor is this recommendation intended to imply that such analysis does not already occur, rather it is suggested that conducting such work within a clearly defined framework may be more fruitful than seeking an all-inclusive overarching approach arising from exhortations to 'get involved in policy'.

This is based in part on the work of Humphrey *et al.* (2002), Giacomini *et al.* (2004) and Neil (2005). All of these analysts base their work on accessing primary policy documents. Giacomini *et al.* (2004) conducted a qualitative interpretive analysis of 36 Canadian health reform documents published during the period of 1990–1999 to uncover the role of values in shaping policy. They found that it was problematic because: A vague definition of values allows stakeholders and policy analysts to argue at cross purposes about vastly different things without realizing it (p. 23), which hampers the policy process. They concluded that what is required is agreement on and clearer definition of the values underpinning different health care systems. Humphrey *et al.* (2002) undertook an analysis of policy documents as part of a wider study examining the effect of Human Resource Policies in the UK National Health Service (NHS) on continuity of patient care. Twenty policy documents were subjected to thematic analysis, the themes being grounded in what was found in the documents, and the policies were grouped around these themes. This enabled the research team to trace the

emphasis given to continuity of care in the documents. They found that continuity of care did not generally stand out as a clear goal or priority (p. 67). In a much smaller scale piece of work Neil (2005) used deconstruction to interrogate a single DoH Document (Copying letters to Patients: Good Practice Guidelines, Department of Health, DoH 2003). Through this process Neil (2005) reveals inconsistencies and areas of potential conflict in the policy. She concludes that deconstruction is not the only way to analyse documents but it has a role because it prevents simple acceptance of what can be flawed policy prescriptions.

This work indicates that accessing the primary policy documents can be a useful way of analysing policy and engaging with the policy process. Each of the studies summarized used a different approach to orientate the analysis to focus on particular aspects of policy. This can also be done in relation to the key areas of interest and concern of nurse managers. A framework is proposed below which is intended to provide a template which can be used to conduct analysis of policy documents which is informed by a nursing management perspective. It has not been possible to arrive at a universally agreed definition of management, despite many years of research and theoretical development (Willmott 1984, 1987, Hales 1986, 1993, Carroll & Gillen 1987, Whitley 1989). Similarly it is not helpful to present a single definition of nurse management, as it does not exist. The basis of the framework presented here is the original guidance for the introduction of the Modern Matron Role (DoH 2001). It identifies key areas of nurse management practice which have been incorporated into the framework to ensure it directs attention to areas of concern nurse managers are likely to have about any proposed policy, and circumscribes their areas of expertise. If this is combined with some of the elements of the work of Humphrey *et al.* (2002) a practical 'toolkit' such as that advocated by Masterson *et al.* (2004) can be produced. The framework includes process and content guidelines as follows:

Process

Each policy document should be analysed to:

- generate a summary description of its main policy aims;
- establish its status (e.g. consultation document, white paper, parliamentary bill);
- establish its links with other earlier and more recent policy initiatives;
- identify which policy themes it addresses;

Table 2

Framework for the analysis of nursing management content and implications of policy documents

Document analysis: content guidelines

Sufficient authority	Do ward sisters and charge nurses have sufficient authority to carry through the policy proposal? If not does such authority rest elsewhere? Is this likely to cause any difficulties with teamwork and accountability? Are any changes in organizational structure advocated or required? Implications?
Adequate support	Do ward sisters and charge nurses have adequate support to carry the policy through? What type of support is needed from and for the nursing team? Is the function of executive management clearly identified and how this relates to the ward sister/charge nurse role?
Staff establishment and skill mix	Are staffing levels appropriate to support the introduction of the policy? Does the policy have any implications for staffing and skill mix that are not made explicit? Is it consistent with overall workforce development policy?
Clinical governance	This can also be taken as a rubric for other existing areas of concern for nurse managers such as Essence of Care Requirements and National Service Framework standards. Essentially is the policy consistent with and complementary to existing management and organizational requirements and targets
Leadership development	Has the necessary leadership development that ward sisters/charge nurses will need to deliver the policy been addressed?
Management education and training	Have the appropriate education and training issues that relate to the policy been identified? Have they been adequately addressed?

Adapted from DoH (2001).

- consider which elements of nursing management it might affect (adapted from Humphrey *et al.* 2002).

This process can be informed by specific consideration of the areas itemized in Table 2. The policy documents should be analysed in terms of the identified areas of nurse management.

This framework is by no means comprehensive and is not intended to themise all areas of concern and interest nurse managers may have when considering policy documents. Rather it is intended to serve as a template which can be adapted to the meet the needs of a range of nurse managers. However, if there can be some agreement on a common format and approach, there is the potential to develop a body of work which will help ensure a more consistent policy analysis informed by a nursing managerial perspective. The challenge now is to use and develop this framework as a means of

increasing the engagement of nurse managers with the policy process. Toofany (2005, p. 26) maintains that few nurses practising in clinical settings engage in policy debates or perceive health policy to be a 'nursing issue', whilst Antrobus *et al.* (2004) note that nurses have minimal exposure to the study of health policy in their training. This framework offers a practical way to begin to redress this imbalance.

Conclusion

The main theme of the argument presented in this paper is that simple exhortations for nurses to 'get involved' in the policy process are somewhat self-limiting. Precisely what is meant by getting involved is not always clear and it could be argued that all practitioners are involved in that they can shape and mediate policy as it is enacted (Lipsky 1980). The example of nursing management has been explored and a framework for analysis proposed as a key focus for policy analysis, a similar approach could be used by different groups within nursing. This is a practical way forward as nursing and health care become ever more complex. The homogeneity and unified voice that are sometimes called for are difficult if not impossible to achieve in such a diverse group as nurses and so a variety of approaches to policy analysis is required. If the framework employed is made explicit then the findings can be used to draw out the implications, deficits and potential conflicts associated with different policies. This then could serve as a basis for the other forms of policy analysis noted earlier. The analysis of primary documents is only one part of the overall process but it is one which can be done more effectively and the aggregation of a range of analyses using clearly articulated frameworks represents a realistic response to the invitation to 'get involved' for nurse managers and other groups within nursing.

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