Nurses' Participation, Perceived Benefits And Barriers In Health Policy Making In Pakistan

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ABSTRACT

Background: Nurses globally have close contact with patients and are knowledgeable about their most intuitive conditions. Including them in the policy-making process will enhance the healthcare system and help in sustainable health development. This study aims to determine the factors affecting nurses' participation in health policy making. It also determine the perceived benefits, Perceived Barriers and its demographic association for nurses' participation in health policy making, in Pakistan

Methodology: A cross sectional analytical study was conducted among registered nurses at various hospitals from Punjab, Sindh, Khyber Pukhtoonkhwa, Balochistan and Islamabad. A probability simple random sample of n=341 participants was recruited. The data collection tools consisted of, nurses' participation questionnaire, barriers questionnaire and perceived benefits. A written consent was implied to every participant along with the close ended questionnaire. Introduction to every participant was done. After data collection it was entered and analyzed in SPSS version- 21.

Results: The study revealed that while nurses in Pakistan recognize the importance of participating in health policy-making, their actual involvement remains limited (71.0%) exhibit low participation. Key perceived benefits included participation builds self-confidence (86.8%), contributes to public health promotion (86.2%), impact on people health (85.3%) and high opportunity to communicate (83.3%). However, significant barriers such as lack of political knowledge (87.4%), an unclear path to gaining necessary information (80.1%), and uncertainty about the efficacy of political activity (85.9%), no any meaningful change (78.9%) and lack of external support (78.9%) and financial resources (61.3%) as significant obstacles. Moreover, age, experience and designation were found to have significant association with the nurses' role in healthcare decision-making. Conclusion: The study highlights that despite recognizing the benefits of health policy participation, most nurses exhibit low involvement due to barriers like limited political knowledge and lack of external support

Keyword: *Nurses' participation, Perceived benefits, Perceived barriers, health policy-making*

1. INTRODUCTION

Most healthcare workers who are primarily responsible for providing patients with high-quality care in rapidly changing and evolving health systems are nurses. The bulk of healthcare workers are nurses when it comes to delivering healthcare services (Lewinski & Simmons, 2018). Additionally, the more than 35 million nurses who labor worldwide make up the largest workforce in the health system. It is the duty of nurses to advance in tandem with the rapid evolution and change of healthcare systems. Nurses must participate in both the formulation and execution of health policy in order to accomplish this (Safari, Bahadori, & Alimohammadzadeh, 2020).

The financial, technical, environmental, and political limitations on healthcare systems affect all real-world situations. These changes may provide opportunities for all employees, but particularly nursing staff, to improve their standing and engagement in hospital administration and policy (Hajizadeh et al., 2021).

Nurses play a crucial role in health policy making at various levels, including local, national, and international arenas. Their unique perspective as frontline healthcare providers and their expertise in patient care make them valuable contributors to health policy discussions. Nurses often engage in advocacy and lobbying efforts to influence health policy. They work

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individually or collectively through professional organizations to promote policies that enhance patient safety, improve healthcare access, and advance the nursing profession. Through their grassroots efforts, nurses can influence policymakers and shape healthcare legislation (Wilson & Butters, 2020)

Nurses contribute to the development and analysis of health policies by providing their expertise on healthcare delivery, patient outcomes, and health system management. They bring their frontline experience to policy discussions, offering insights into the practical implications of proposed policies and potential areas for improvement (Chung et al., 2021).

Nurses generate and utilize research and evidence-based practice to inform health policy decisions. They conduct studies and participate in research initiatives that provide evidence on effective nursing interventions, patient outcomes, and healthcare cost-effectiveness. By incorporating research findings into policy discussions, nurses contribute to the development of evidence-based policies (Kalb & O'Conner-Von, 2019). Nurses have a broad spectrum of influence and decision-making ability in the global health care system (Waddell, 2021). Despite the strong cultural challenges that nurses have faced, including those related to gender, racism, and society, nurse leaders have been successful in promoting legal and social change (Groenwald & Eldridge, 2020). The International Council of Nurses (ICN, 2008) acknowledged nurses as active facilitators of their role in the development of health policies and health interventions, and the International Nursing Review encouraged nurses to get more involved in policy engagement (Marć et al., 2019).

In addition to improving patient conditions for medical services, health policy innovation promotes and strengthens the development of teams, their organizational structures, and their collaborative techniques (Annesley, 2019). Nurses make up the bulk of the medical staff because they interact closely with patients, are familiar with their most common ailments, and may advise patients on how to prevent unforeseen risks (Wichaikhum et al., 2020). It goes without saying that involving nurses in the policy-making process will improve the healthcare system and assist society in achieving its objectives for sustainable health development, as the public holds nurses in the greatest respect (Rasheed, Younas, & Mehdi, 2020).

In order to improve their future political leadership and involvement, nurses should concentrate on the following three areas in addition to the political objective of acquiring and maintaining power inside the organization: First, by creating policies that outline how nursing education and training impact practice. The second is management's interest in improving patient welfare. Third, planning a timetable for nursing-related practice, research, and instruction (West et al., 2020).

From an ethical and professional standpoint, nurses' commitment to policy change can be explained by their crucial role in healthcare delivery. In actuality, nurses are in a unique position to provide information on health policy because of their engagement in a number of important life events and recovery (Rasheed, Younas, & Mehdi, 2020). Because of their professional knowledge and experience, nurses hold a unique position in the health team, allowing them to support effective strategies and have an impact on health policy. Because of these characteristics, more nursing involvement is required (AbuAlRub & Abdulnabi, 2020). This study aims to determine the factors affecting nurses' participation in health policy making. It also determine the perceived benefits, Perceived Barriers and its demographic association for nurses' participation in health policy making, in Pakistan

MATERIAL AND METHODS

A cross sectional analytical study was conducted. The study was conducted at various hospitals from Punjab, Sindh, Khyber Pukhtoonkhwa, Balochistan and Islamabad. The Study population consisted of nurses working in these hospitals. A probability simple random sample of n=341 participants was recruited.

Inclusion Criteria

Nurses having BS Nursing MS Nursing and PhD Nursing were recruited

Nurses having minimum of two years of experience were recruited

Nurses involved in decisions participation in administrative activities

Exclusion criteria

Nurses Interns were not recruited (if any)

Nurses who were on long leaves (Education etc)

Nurses who refused to participate in the study

The rules and regulations set by the research ethical committee (REC) of the University of Lahore were followed while conducting the research and the rights of the research participants were respected. Permission was taken from participants. Written informed consent was taken from all the participants. All information and data collection was kept confidential. Participants were kept anonymous throughout the study.

Data was collected using a standard self-administered questionnaire that is developed in 2000 by Eden et al. (as citedin Juma,

Edwards, & Spitzer, 2014), modified by Salvador (Lewinski & Simmons, 2018) in 2010, and used by AbuAlRub in 2016 (AbuAlRub & Foudeh, 2017). This questionnaire comprised four sections, as follows

Part I: Demographic Information: These were developed by the Primary Investigator and were included age, gender, educational level, performance, experience and Designation etc.

Part II: Participation Questionnaire: Participation in health policies is defined as any activity whose goal or effect is related to government actions that have an impact on the creation or execution of public health policies or that have an indirect connection to those who make relevant policy decisions. A 17-item checklist with a 5-point Likert scale scoring system, with 1 denoting no participation and 5 strong participation, is included in this section;

Part III: Perceived Barriers Questionnaire: Nurses' perceived obstacles, encompassing personal obstacles to activities, are assessed based on five-point Likert scale responses to 19 items: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

Part IV: Perceived Benefits Questionnaire: Participants' perceived advantages, which address the favorable effects they believe activities have produced, are comprised of 17 items rated from 5 on a Likert scale of 1= strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree. Participants were recruited based on their willingness with the help of a written informed consent. The filled questionnaires were collected and processed for the data analysis

RESULTS

The findings concerning the demographic traits, and the dependent variables, which encompass the participation, barriers and benefits of nursing participation in policy development are presented here.

Tables 1: Demographic Characteristics of Participants (n=341).

	Demographic Variables	Frequency (n)	Percentage (%)
1	**Age of participants**		
	20-25 Years	59	17.3
	26-30 Years	98	28.7
	31-35 years	154	45.2
	36-40 years	20	5.8
	> 40 years and above	10	2.9
2	**Education**		
	Post RN BSN	173	50.7
	Generic BSN	153	44.9
	MSN and above	15	4.4
3	**Experience**		
	$\leq$ 5 Years	45	13.2
	5-10 years	84	24.6
	11-15 years	177	51.9
	> 15 Years	35	10.3
4	**Marital Status**		
	Unmarried	116	34.0
	Married	225	66.0

5	Gender		
	Male	94	27.6
	Female	247	72.4
6	Designation		
	Charge Nurse	172	50.4
	Head Nurse	130	38.1
	Nurse Managers	39	11.4

Mentioned in the table above the demographic data of the participants indicate a diverse distribution across various age groups, educational backgrounds, experience levels, marital status, gender, and professional designations. The majority of respondents (45.2%) were aged between 31-35 years, followed by 26-30 years (28.7%), while only 8.8% were above 36 years. In terms of education, 50.7% had a Generic BSN, while 44.9% held a Post RN BSN, and a small proportion (4.4%) had an MSN or MSPH degree. Most participants (51.9%) had 11-15 years of work experience, with 24.6% having 5-10 years and only 10.3% having more than 15 years. The sample was predominantly married (66.0%) and female (72.4%). Regarding professional roles, half of the respondents (50.4%) were Charge Nurses, 38.1% were Head Nurses, and 11.4% were Nurse Managers. This distribution highlights the experience and qualifications of the nursing workforce, which could play a role in shaping their perceived professional identity.
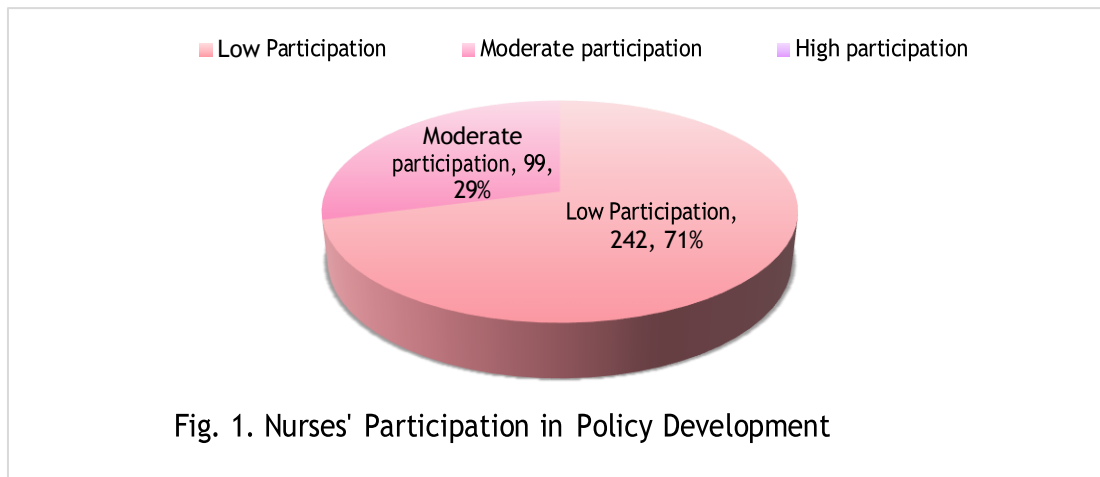
4.2: Descriptive Data Analysis

Fig. 1. Nurses' Participation in Policy Development

The findings in this figure indicated that the majority of nurses (71.0%) exhibit low participation in policy development, while 29.0% demonstrate moderate participation. Notably, no respondents reported high participation in policy-related activities. This suggests that while some nurses engage in policy development to a limited extent, overall involvement remains minimal. The absence of high participation highlights potential barriers such as lack of awareness, limited opportunities, or perceived constraints within the healthcare system. These results underscore the need for initiatives to enhance nurses' engagement in policy-making, empowering them to contribute more actively to shaping healthcare policies and decision-making processes.

Fig. 2: Perceived Barriers Participating In Policy Development
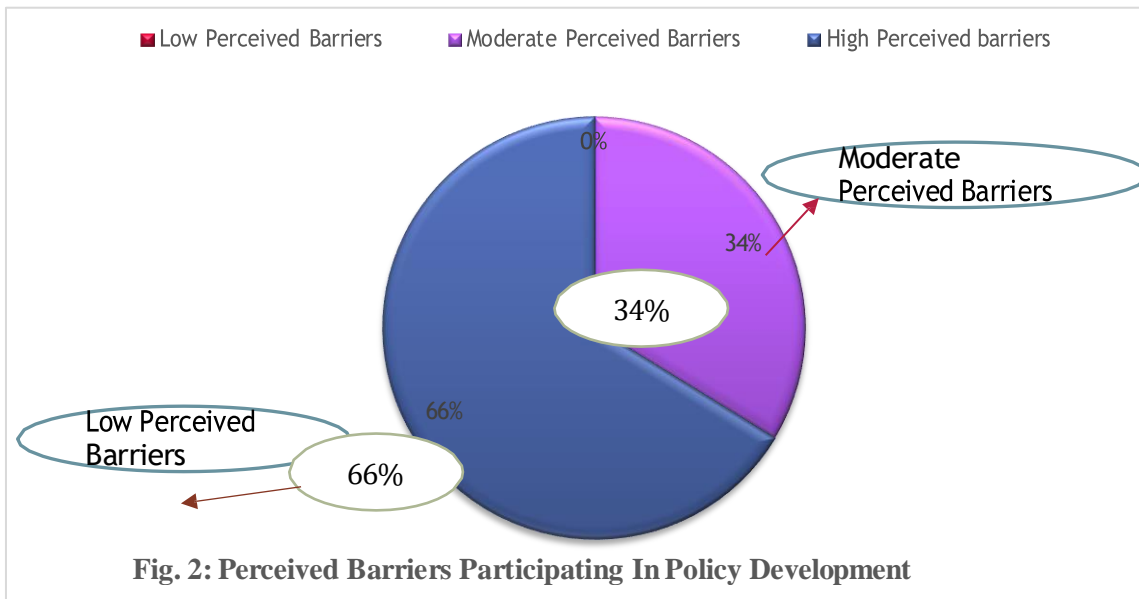
The results indicate that a significant majority of nurses (66%) perceive high barriers to participating in policy development, while 34% report moderate barriers. Notably, no respondents reported low perceived barriers, suggesting that all participants experience some level of difficulty in engaging with policy-making processes. The prevalence of high perceived barriers highlights systemic challenges such as limited political knowledge, lack of access to key figures, uncertainty about the effectiveness of political activity, and constraints like workload and financial limitations. These findings underscore the need for targeted interventions to reduce these barriers and empower nurses to actively contribute to health policy development.

Fig. 3 Perceived Benefits in Policy development (n=341)
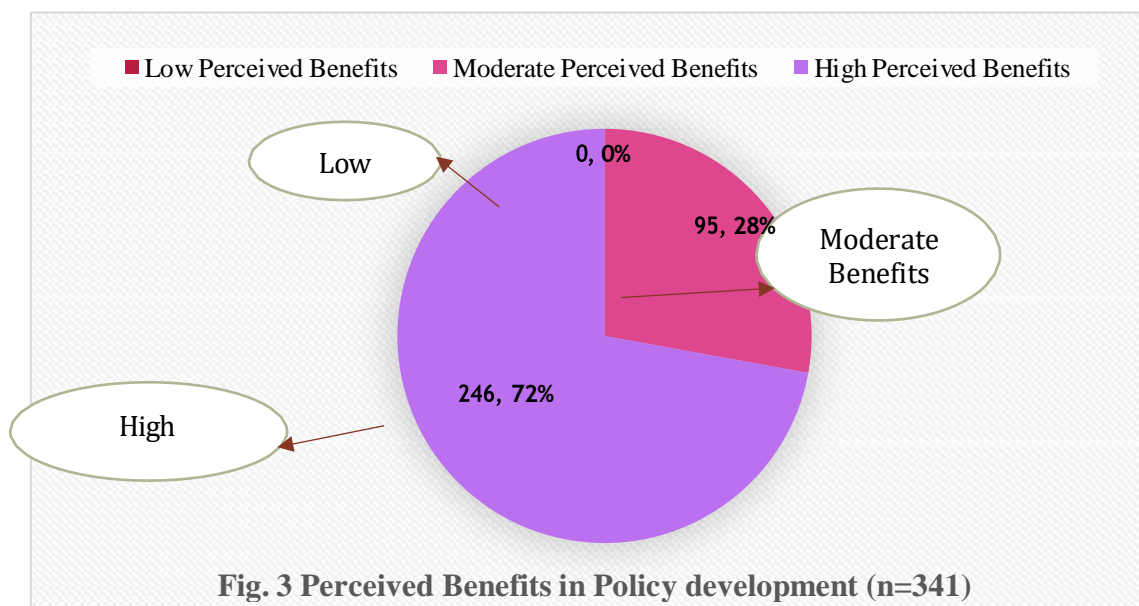
The results indicate that the majority of nurses (72.1%) perceived high benefits from participating in policy development, while 27.9% reported moderate perceived benefits. Notably, none of the participants reported low perceived benefits. This suggests that most nurses recognize the significance of their involvement in policy-making, viewing it as beneficial for their professional growth, nursing practice, and healthcare system improvements. The strong inclination toward high perceived benefits highlights the potential motivation among nurses to engage in policy-related activities if given appropriate opportunities and support.

4.3: Association of Factors with Nurses Participation, Barriers and Benefits while participating in Policy development

Table. 2. Factors Association with Nurses' Participation in Policy Development

Factors	Variable Status	Low Participation	High Participation	Pearson Chi Square	P. Value
Age	30 years or Less	142	15	53.578[a]	<0.001
	>30 Years	100	84		
Experience	< 10 Years	119	10	45.606[a]	<0.001
	≥ 10 years	123	89		
Gender	Male	79	15	10.767[a]	<0.001
	Female	163	84		
Designation	Charge Nurse	152	20	51.023[a]	<0.001
	Head Nurse and above	90	79		

P value <0.05 is considered as significant

The results indicate significant associations between various factors and nurses' participation in policy development. Age was a key factor, with nurses over 30 years more likely to have high participation (84) compared to those aged 30 or younger (15), a difference that was statistically significant (p = <0.001). Similarly, experience played a crucial role, as nurses with more than 10 years of experience had higher participation (89) compared to those with less experience (10), also showing a significant association (p =<0.001). Gender differences were observed, with female nurses demonstrating higher participation (84) compared to male nurses (15), with a statistically significant difference (p = 0.001). Designation also influenced participation, as nurses in higher positions (head nurses and above) were more actively engaged (79) compared to charge nurses (20), with a strong association (p = <0.001). Overall, these findings suggest that older, more experienced, female nurses, and those in leadership roles are more likely to participate in policy development.

Table. 3. Factors association with nurses' perceived barriers participating in policy development

Factors	Variable Status	Moderate Perceived Barriers	High Perceived Barriers	Pearson Chi Square	P. Value
Age	30 years or Less	105	52	142.096[a]	<0.001
	>30 Years	10	174		
Experience	< 10 Years	100	29	178.058[a]	<0.001
	≥ 10 years	15	197		
Gender	Male	30	64	.190[a]	.702
	Female	85	162		
Designation	Charge Nurse	105	67	115.912[a]	<0.001
	Head Nurse and above	10	159		

P value <0.05 is considered as significant

The results show significant associations between various factors and perceived barriers to nurses' participation in policy development. Age was a strong determinant, with younger nurses (30 years or less) more likely to perceive moderate barriers (105) than high barriers (52), whereas those older than 30 predominantly perceived high barriers (174), a statistically significant association (p = <0.001). Similarly, experience played a crucial role, as nurses with over 10 years of experience were more likely to perceive high barriers (197), while those with less experience mostly reported moderate barriers (100),

also showing a strong association (p = <.001). Designation influenced perceptions, with head nurses and above predominantly experiencing high barriers (159), whereas charge nurses had a more balanced distribution (105 moderate, 67 high), a significant difference (p = <0.001). However, gender did not show a statistically significant association with perceived barriers (p = 0.702). Overall, older, more experienced nurses and those in higher positions reported facing greater barriers in policy development, while younger and less experienced nurses were more likely to perceive moderate barriers.

Table. 4. Factors association with nurses' perceived benefits participating in policy development

Factors	Variable Status	Moderate Perceived Benefits	High Perceived Benefits	Pearson Square	Chi	P. Value
Age	30 years or Less	90	67	125.695[a]		<0.001
	>30 Years	6	178			
Experience	< 10 Years	85	44	149.335[a]		<0.001
	≥ 10 years	10	202			
Gender	Male	30	64	1.062[a]		.344
	Female	65	182			
Designation	Charge Nurse	90	82	103.388[a]		<0.001
	Head Nurse and above	6	163			

P value <0.05 is considered as significant

The results indicate significant associations between various factors and perceived benefits to nurses' participation in policy development. Age was a major factor, with nurses over 30 years predominantly perceiving high benefits (178), while younger nurses (30 years or less) were more evenly split between moderate (90) and high benefits (67), a statistically significant difference (p = <0.001). Experience also played a crucial role, as nurses with more than 10 years of experience were more likely to perceive high benefits (202), whereas those with less experience mostly reported moderate benefits (85), a significant association (p = <0.001). Designation influenced perceptions, with head nurses and above primarily reporting high benefits (163), while charge nurses had a more balanced distribution (90 moderate, 82 high), a significant difference (p = <0.001). However, gender was not significantly associated with perceived benefits (p = 0.344). Overall, older, more experienced nurses and those in leadership roles reported greater benefits in policy development, while younger and less experienced nurses were more likely to perceive moderate barriers.

2. DISUSSION

In this chapter, a comprehensive analysis was carried out to assess the extent to which the outcomes of the current study coincide with or deviate from the results of earlier research investigations. This chapter systematically juxtaposed the research findings against those of previous studies, offering distinct paragraphs to outline these comparisons for each individual research study.

This study looked at demographic variables such age, experience, gender, and designation in order to investigate the advantages and barriers of nurses' involvement in policy formation. The findings shed important light on nurses' attitudes and involvement in health policy, emphasizing both the barriers and benefits of their participation.

According to the demographic data, 45.2% of the participants were between the ages of 31 and 35, which may be indicative of the average age at which many nurses gain a significant amount of experience and look to advance in their careers. Age and experience are important factors in determining a nurse's professional identity and career advancement, which affects their propensity to participate in policy formation, per a study (Wei et al., 2024). Additionally, the results showed that nurses under the age of thirty were much less likely than their older colleagues to take part in policy-making activities. This is in line with results from a previous study that showed more experienced nurses are more inclined to participate in health policy discussions and development because they are more confident and knowledgeable about the healthcare system (Safari, Bahadori, & Alimohammadzadeh, 2020). It was also discovered that nurses with over ten years of experience were more involved in the creation of policies, indicating that extended exposure to the healthcare setting gives one the expertise necessary to understand the significance of policy influence. This result is consistent with earlier research, like that conducted by Hajizadeh et al. (2021), which found that seasoned nurses are better equipped to comprehend the intricacies of healthcare

policy and are more inclined to support reforms that advance patient care and the nursing profession (Hajizadeh et al., 2021).

There were notable gender disparities in participation as well, with female nurses participating more in the creation of policies. This result is consistent with research by Hakvoort et al. (2022), which discovered that although there have historically been gender differences in leadership positions, more female nurses are assuming leadership roles and pushing for legislative changes (Hakvoort et al., 2022). Even though female nurses were more involved, institutional constraints that must be addressed to encourage greater involvement in policy-making processes are highlighted by the low total participation rate for all genders. Future studies should look more extensively at gender dynamics in healthcare, as evidenced by the underrepresentation of males in nursing and their therefore lesser involvement in policy formation.

The findings of this current study reveal a significant underrepresentation of nurses in policy development, with 71.0% exhibiting low participation and 29.0% demonstrating moderate involvement; notably, none reported high engagement. This trend is consistent with existing literature, which identifies several barriers to active nurse participation in policy-making. These findings are consistent with those of earlier research, which showed that nurses in all hospital settings reported just a low amount of involvement in career progression. Notably, the scores attained by the four healthcare settings surveyed did not differ much (Alahiane et al., 2023). With a mean score of 2.11±0.84 (on a scale of 1–6), nurses' involvement in promoting the nursing profession was likewise comparatively low in another previous study. This indicates that, perhaps once a year, nurses have been actively promoting the nursing profession to the general public, other healthcare professionals, and the nursing community for the last two years (Rozani & Kagan, 2023). Furthermore, the results of this study were found inconsistent with a previous study in which the Iranian nurses were moderately involved in health policy making (Rezaee & Razzaghi-Abyaneh, 2022).

Barriers to Participation in Policy Development

A major finding of this study is the identification of several perceived barriers that limit nurses' participation in policy development. The most significant barriers reported were a lack of political knowledge (87.4%), uncertainty about the effectiveness of political activity (85.9%), and an unclear path to obtaining necessary information (80.1%). These findings align with research by Windle & Arciuli (2023), who found that nurses are unable to actively participate in policy creation due to a lack of formal political engagement education and limited access to important policy-making tools (Windle & Arciuli, 2023). Because nursing is a patient-centered profession, clinical skills are frequently given more weight in nursing education than political or policy education, which leaves nurses ill-equipped to participate in advocacy or policy-making processes (Ruru & Xiaoxuan, 2022).

Additionally, a reported deficiency of resources (61.3%) and outside assistance (78.9%) were regarded as major obstacles. Given that healthcare organizations might not be provide the required infrastructure or motivation for nurses to participate in policy formulation, this shows that there is a lack of institutional support for nurses in policy involvement. These results are consistent with the work of Han & Kim (2024), who emphasized that institutional hurdles that prevent nurses from participating in policy-related activities include a lack of money, mentorship, and access to policy-making networks (Han & Kim, 2024).

Moreover, nurses' sense of disempowerment is probably exacerbated by their perception that their involvement would not produce noticeable results and their lack of perceived change as a result of participation (78.9%). In order to ensure that nurses' contributions to policy formation are acknowledged and result in significant advances in healthcare systems, it is imperative that policymakers and nurses communicate more effectively. Similarly, nurses' incapacity to participate in policy-related activities was made worse by workload and nursing shortages, which were mentioned by 91.8% of respondents. This result is consistent with studies that demonstrated that nurses frequently lack the time to engage in more extensive organizational or policy discussions due to the heavy demands of clinical practice (Hajizadeh et al., 2021).

Perceived Benefits of Participation in Policy Development

Despite the reported barriers, many nurses thought that taking part in the creation of policies had numerous important benefits also. The benefits that were most frequently mentioned were the promotion of public health (86.2%), the capacity to influence the health of many people (85.3%), and personal satisfaction (86.8%). These results demonstrate the increasing awareness among nurses that their participation in policy formation can result in improvements for society's health and well-being in addition to their own professional development. Active nurse participation in policy issues boosts the profession's reputation and clout, which improves patient outcomes and healthcare delivery (Han & Kim, 2024). Additionally, taking part in the development of policies gives nurses the chance to improve their abilities, especially in areas like leadership, communication, and strategic thinking (Han & Kim, 2024).

Furthermore, nurses cited the advantages of participating in policy formation as a way to enhance professional advancement (32.8%), skill development (77.7%), and healthcare quality and safety (76.5%). These results are consistent with earlier studies that showed how policy participation gives nurses a chance to apply their clinical expertise to more general healthcare issues, ultimately improving patient outcomes and healthcare systems (Inayat et al., 2023).

Regarding several benefits, like nursing freedom and the ability to overcome nursing obstacles, some nurses, however, expressed no opinion or were unsure. This implies that although policy participation is generally seen favorably, there can be a lack of knowledge or expertise in certain areas. Education and mentorship programs should be created to more clearly demonstrate the observable effects of policy participation on nursing practice and patient care in order to boost nurses' confidence in the ability of policy engagement to address nursing-specific concerns.

Associations with Participation, Barriers, and Benefits

The study found that nurses' participation, perceived benefits, and barriers were significantly correlated with demographic characteristics. Higher levels of participation in policy development were indicated by nurses over 30 and with more than 10 years of experience. This is in line with earlier studies' conclusions that more seasoned nurses were more willing to participate in policy-making because they had a better grasp of the healthcare system and the ability to influence policy. Higher levels of participation were also shown by nurses in higher professional responsibilities, such as head nurses and above. This implies that because leadership positions carry more responsibility and influence inside healthcare organizations, they may offer nurses more chances and motivations to participate in policy activities (Lai et al., 2021).

The study did find, however, that older nurses and those with more experience felt greater barriers to engagement, despite these beneficial connections with participation. This is somewhat paradoxical, as more experienced nurses should theoretically be more confident in their ability to engage in policy discussions. One possible explanation is that older, more experienced nurses may be more attuned to the systemic challenges that limit policy involvement, such as institutional resistance, political knowledge gaps, and time constraints (Hajizadeh, Zamanzadeh, & Khodayari-Zarnaq, 2021). Conversely, younger nurses, while less likely to participate, perceived fewer barriers, possibly due to a lack of awareness or understanding of the complexities involved in policy engagement (Ruru & Xiaoxuan, 2022). Similarly, holding a master's degree in nursing, having a managerial role, and the supportive nursing work environment were significantly and positively associated with the level of nurses' involvement in promotion of the nursing profession and participation in health policy development (β=0.094, β=0.269, and β=0.190 respectively; p for all $\leq$0.026) (Rozani & Kagan, 2023). Contrary to the current results, No significant association was identified between any of the demographic characteristics and participation, perceived barriers, or perceived benefits (Safari, Bahadori, & Alimohammadzadeh, 2020).

The study further revealed that nurses with more experience and those in leadership positions tended to report higher perceived benefits from policy participation. This might be a result of senior nurses' greater awareness of healthcare systems and their propensity to identify how policies may affect nursing practice and patient outcomes. These results underline the necessity of focused interventions to raise younger and less experienced nurses' awareness of and participation in policy-making processes. These interventions could be accomplished through formal channels for policy engagement, health policy education, and mentorship programs.

3. CONCLUSION

One of the key findings is that nurses recognize significant benefits in participating in health policy-making. Their involvement can enhance patient care outcomes, improve working conditions, and contribute to the overall efficiency of the healthcare system. However, despite these perceived advantages, various barriers hinder their active engagement. Limited knowledge of health policy, lack of leadership opportunities, hierarchical power structures within the healthcare system, and inadequate institutional support restrict their ability to influence policy decisions. Additionally, cultural and gender-related factors further marginalize nurses in a traditionally physician-dominated policy environment.

In conclusion, while nurses in Pakistan acknowledge the importance of health policy participation, substantial barriers limit their involvement. Bridging this gap requires targeted strategies to empower nurses, enhance their policy knowledge, and create structural opportunities for them to contribute meaningfully. Strengthening their role in policy-making will not only uplift the nursing profession but also lead to more patient-centered and effective healthcare policies in Pakistan.

4. RECOMMENDATIONS:

To enhance nurses' participation in health policy-making in Pakistan, several key recommendations must be implemented. First and foremost, strengthening nursing education in health policy and leadership is essential. Nursing curricula should incorporate comprehensive courses on healthcare policy, advocacy, and leadership to equip future nurses with the knowledge and skills needed to contribute effectively to policy decisions. Additionally, professional development programs, such as workshops and seminars, should be regularly conducted to keep nurses informed about policy changes and equip them with the necessary skills for active engagement in policy-making.

Furthermore, institutional support is crucial in ensuring nurses have a platform to participate in decision-making. Hospitals, nursing associations, and government bodies should create opportunities for nurses to be included in policy discussions at institutional, provincial, and national levels. Establishing dedicated positions for nurses in health policy advisory boards and committees will help integrate their expertise into policy decisions. Additionally, fostering leadership opportunities within

nursing organizations can empower nurses to advocate for policy reforms more effectively.

Another significant step is addressing systemic and structural barriers that hinder nurses' involvement in policy-making. The hierarchical structure of the healthcare system often places nurses in subordinate roles, limiting their ability to contribute meaningfully. Therefore, policies should be reformed to ensure a more collaborative approach where nurses, physicians, and policymakers work together in shaping healthcare strategies.

Moreover, raising awareness about the importance of nurses' involvement in policy-making is essential. Nursing associations, academic institutions, and healthcare organizations should actively engage in advocacy efforts, highlighting the critical role of nurses in shaping healthcare policies. Utilizing media campaigns, conferences, and public discussions can help change societal and institutional perceptions, promoting nurses as key stakeholders in policy development.

Finally, government support is crucial in ensuring sustainable participation of nurses in health policy-making. Policymakers must recognize the role of nurses and actively include them in the formulation and implementation of healthcare policies. There is funding limitations for nurses so the financial and institutional resources should be allocated to support nursing education, leadership development, and policy engagement initiatives. By implementing these recommendations, Pakistan can move towards a more inclusive and effective healthcare system where nurses play a vital role in shaping policies that directly impact patient care and healthcare delivery. Improving nurses' involvement in health policy-making can result in better-informed, patient-centered policies, which would eventually improve healthcare outcomes and fortify Pakistan's nursing workforce.

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