Knowledge and Involvement of Nurses Regarding Health Policy Development in Thailand

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Greeting from Thailand

Research Team

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Background and Significance

- Nurses make up the majority group of health personnel
- WHO(2002) encourage nurses and midwives to be involved in health policy formulation
  - N & M are closed to patients, families and relatives
  - Direct effect to N & M
  - N & M development and are able to work well together in a multidisciplinary settings
- ICN (2008) Nurses can make an important contribution to the development of appropriate and effective health policy.
- 59.6% of NP in the US has participated in political activities three times or less (Oden et al, 2000)

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Background and Significant (cont.)

- Lack of awareness and knowledge about policy (Whitehead, 2003)
- Health policy development in Thailand
- 44% of nurse administrators in hospitals has participated in policy development and human resource planning (Laddaphan, 2006)
- Nursing curriculum in Thailand
- Knowledge and involvement of nurses and midwives

Objective

To explain the level of knowledge and the level of involvement in national health policy development by nurses in Thailand.

Methodology

- **Design** Descriptive study
- **Population and Sample**

Two groups of professional nurses in Thailand. The sample obtained by using multistage random sampling method.

- ***The first group*** *was 2,349 professional nurses* who worked in hospitals around the country, and
- ***The second group*** *was* 26 nurse leaders who were members of steering committees in nursing professional organizations.

- **Data collection**

The research instruments used were the developed questionnaire and the interview guide regarding knowledge and involvement in national health policy were used for collecting data

The questionnaires

- Knowledge - 37 closed-ended, true or false questions
- Involvement part – 39 closed-ended questions

Content Validity Index were .86 and .94

Reliability -KR 20 --- .81, Cronbach alpha --- .90

- The interview guide - semi structured in-depth interview using taped recoded 60 minute in length

Ethical Considerations

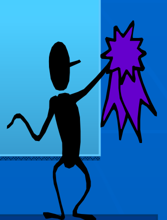
- Research proposal was approved by the IRB of all universities.
- Data collection was approved from all hospital authorities.
- Subjects were informed the objectives, the usefulness, and impacts of the study. Anonymity and confidentiality were assured.

Data Analysis

- Questionnaires were analyzed by using descriptive statistics SPSS Version 13.0.
- The in-depth interview data were transcribed verbatim and then content analysis based on the policy process of Longest (2002).

  To assure the findings – two researchers independently confirmed all issues and member checking with some informants.

Results



- 2,121 (90.3%) Questionnaires were returned and were used to analyze.
- **Subjects in this study**

97.2% of professional nurses were female with the average age of 36.9 (SD. = 7.98). 70% hold the Bachelor degree, 18% - Diploma, and 11% Master degree. 80% were staff nurses with the duration of nursing experience of 14.4 years (SD 7. 98) . 36 % worked in the community hospitals, 24% in the provincial hospitals, 21% regional hospitals and 17% in the university hospitals.

The Level of Knowledge for the National Health Policy Development Process

Table 1. Level of knowledge of nurses on national health policy development

Policy development process and regions	Very Low N (%)	Low N (%)	Knowledge level Medium N (%)	High N (%)	Very high N (%)
Hospitals in the northern region					
On formulation	7 (1.6)	44 (9.8)	149 (33.3)	216 (48.2)	32 (7.1)
On implementation	4 (0.9)	0 (0.0)	4 (0.9)	21 (4.7)	419 (93.5)
On modification	91 (20.3)	84 (18.8)	63 (14.1)	122 (27.2)	88 (19.6)
Overall	5 (1.3)	5 (1.1)	89 (19.9)	276 (61.6)	72 (16.1)
Hospitals in the central region					
On formulation	10 (2.3)	52 (12.2)	134 (31.5)	195 (45.8)	35 (8.2)
On implementation	17 (4.0)	0 (0.0)	13 (3.1)	18 (4.2)	378 (88.7)
On modification	94 (22.1)	91 (21.4)	64 (15.0)	100 (23.5)	77 (18.1)
Overall	10 (2.3)	26 (6.1)	77 (18.1)	241 (56.6)	72 (16.9)
Hospitals in the north-eastern region					
On formulation	7 (1.7)	39 (9.5)	132 (32.3)	185 (45.2)	46 (11.2)
On implementation	3 (0.7)	0 (0.0)	5 (1.2)	12 (2.9)	389 (95.1)
On modification	81 (19.8)	79 (19.3)	80 (19.6)	91 (22.2)	78 (19.1)
Overall	1 (0.2)	11 (2.7)	74 (18.1)	248 (60.6)	75 (18.3)
Hospitals in the southern region					
On formulation	12 (2.6)	35 (7.6)	127 (27.6)	228 (49.6)	58 (12.6)
On implementation	6 (1.3)	1 (0.2)	12 (2.6)	20 (4.3)	421 (91.5)
On modification	94 (20.4)	84 (18.3)	84 (18.3)	113 (24.6)	85 (18.5)
Overall	10 (2.2)	14 (3.0)	56 (12.2)	293 (63.7)	87 (18.9)
University hospitals					
On formulation	4 (1.1)	28 (7.4)	121 (32.0)	191 (50.5)	34 (9.0)
On implementation	6 (1.6)	2 (0.5)	6 (1.6)	10 (2.6)	354 (93.7)
On modification	75 (19.8)	73 (19.3)	61 (16.1)	104 (27.5)	65 (17.2)
Overall	5 (1.3)	8 (2.1)	55 (14.6)	240 (63.5)	70 (18.5)
Entire country					
On formulation	40 (1.9)	198 (9.3)	663 (31.3)	1015 (47.9)	205 (9.7)
On implementation	36 (1.7)	3 (0.1)	40 (1.9)	81 (3.8)	1961 (92.5)
On modification	435 (20.5)	411 (19.4)	352 (16.6)	530 (25.0)	398 (18.5)
Overall	32 (1.5)	64 (3.0)	351 (16.5)	1298 (61.2)	376 (17.7)

The Level of Involvement in the National Health Policy Development

Table 2. Level of involvement of nurses on national health policy development

Policy development process and regions	Level of involvement: None N (%)	Low N (%)	Medium N (%)	High N (%)
Hospitals in the northern region				
On formulation	339 (75.7)	78 (17.4)	29 (6.5)	2 (0.4)
On implementation	264 (58.9)	108 (24.1)	52 (11.6)	24 (5.4)
On modification	292 (65.2)	102 (22.8)	41 (9.2)	13 (2.9)
Overall	307 (68.5)	104 (23.2)	34 (7.6)	3 (0.7)
Hospitals in the central region				
On formulation	339 (79.6)	64 (15.0)	21 (4.9)	2 (0.5)
On implementation	272 (63.8)	95 (22.3)	47 (11.0)	12 (2.8)
On modification	313 (73.5)	75 (17.6)	30 (7.0)	8 (1.9)
Overall	312 (73.2)	91 (21.4)	19 (4.5)	4 (0.9)
Hospitals in the north-eastern region				
On formulation	320 (78.2)	66 (16.1)	18 (4.4)	5 (1.2)
On implementation	226 (55.3)	117 (28.6)	54 (13.2)	12 (2.9)
On modification	276 (67.5)	81 (19.8)	47 (11.5)	5 (1.2)
Overall	288 (70.4)	99 (24.2)	18 (4.4)	4 (1.0)
Hospitals in the southern region				
On formulation	360 (78.3)	80 (17.4)	19 (4.1)	1 (0.2)
On implementation	275 (59.8)	121 (26.3)	54 (11.7)	10 (2.2)
On modification	317 (68.9)	99 (21.5)	41 (8.9)	3 (0.7)
Overall	333 (72.4)	102 (22.2)	24 (5.2)	1 (0.2)
University hospitals				
On formulation	315 (83.3)	43 (11.4)	17 (4.5)	3 (0.8)
On implementation	284 (75.1)	60 (15.9)	23 (6.1)	11 (2.9)
On modification	299 (79.1)	46 (12.2)	21 (5.6)	12 (3.2)
Overall	304 (80.4)	53 (14.0)	16 (4.2)	5 (1.3)
Entire country				
On formulation	1673 (78.9)	331 (15.6)	104 (4.9)	13 (0.6)
On implementation	1321 (62.3)	501 (23.6)	230 (10.8)	69 (3.3)
On modification	1497 (70.6)	403 (19.0)	180 (8.5)	41 (1.9)
Overall	1544 (72.8)	449 (21.2)	111 (5.2)	17 (0.8)

In-depth interview Data

Phase 1: Policy formulation

Some had direct involvement as they were in a leadership position

" I was involved in step 1, the step of policy formulation, because it was the time of health system reform. We had to compile data and find out the needs of the public in the field, provincial, regional and national levels. So involvement at that time meant research, finding information, and joining in seminars at the field level."

However, most of them said that they had no direct involvement in this phase. Some were involved only indirectly through meetings of the professional organizations, by discussing the problems, and seeking their recommendations on how to address these problems. **Even when they had the opportunity to join in the policy formulation process but did not use this to present their own opinions**, it most likely meant that she or he did not choose to be involved. One participant stated:

*"Four years ago, I was a representative at a meeting about health insurance.
I was a member of the steering committee and other personnel were invited to join as well, especially during the period of public hearings held by the National Health Assembly. I had the opportunity to express my opinions but
I didn't do much because there were so many people."*

Phase 2: Policy Implementation

Most informants thought that nurses were involved a great deal in this phase.

They were familiar with the ways that policies are brought down from the macro level for implementation at the micro level. Involvement in this phase was done in implementing policies from the MOPH in hospitals, harmonizing them with the agency's work, and creating a joint understanding among those introducing the policy for implementation. For example a participant stated

"Bringing the formulated policy down to the implementation level is the goal of the working team. Mostly the policies are integrated with nursing. For example, currently there are problems with many chronic diseases. In caring for cases, nurses have to oversee the case management model. We jointly decide which disease cases we'll oversee, both within the hospital and in the community".

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Phase 3: Policy Modification

Most participants thought that nurses had little involvement in this phase, for example:

"I was not involved in this step because there was no channel through which I was able to do it. Although the Nursing and Midwifery Council and the Nurses' Association worked together, it cannot clearly be said how this work affects policy modification".

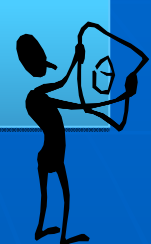
"However, there were efforts being made for nurses to be involved and to conduct more policy research further with the hope that this will lead to policy modification. As one participant stated: "At present, nurses have done research such as high-step nursing practice in the issue of using work assignments or an appropriate hospital structure for nurses in this group".

Conclusion and Policy Implications:

The results demonstrated that nurses had a high level of knowledge about health policy however they had limited opportunity to be involved.

It is essential that nurses understand and be actively involved in the national health policy development and that nurse administrators should provide opportunities for nurses to be involved in policy development at all levels.

Recommendations



- Administrators should provide opportunities for nurses to seek information on policy, develop leadership skills, and join in the policy development process.
- Educational institutes should provide the policy and politics courses for students of nursing at both undergraduate and graduate levels, and special training programs in leadership skills and policy development for nurses.
- Professional organizations should be initiators of policy development processes with leaders taking an active role.

Recommendations (cont.)

- Professional nurses, both at the administrative and practice area levels, must be aware of and assume the responsibility to acquire knowledge about policy and developing leadership skills.
- Research in this area should be continued and conducted in both quantitative and qualitative studies, and strategic directions for policy involvement formulated based on evidence.

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Thank You

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