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Translating Research into Health Policy

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Introduction

There is a growing emphasis on the need for transparent and evidence-based policy-making as a means of providing quality health care and to ensure accountability within our health-care system. This emphasis on translating research evidence into health policy is based on the simple assumption that policy is better when informed by research. It has been suggested that the potential contribution of research to policy development includes exposure to a wide range of validated policy options, evaluations of the success and failure of previous policies, the ability to identify relationships between seemingly independent factors such as the environment and health outcomes, and the ability to legitimize some policies while casting doubt on others (Hanney, Gonzalez-Block, Buxton, & Kogan, 2003).

With the increased investment in research in Canada, as well as the restructuring of our major research funding agencies, nurse scientists are better positioned now than ever before to engage in research. Along with these opportunities, however, come challenges that nurse scientists must face in ensuring that their research findings play a critical role in informing relevant decisions at all levels of the health-care system. As one of our leading nurse scientists, Linda O'Brien-Pallas, says, "In the world of research, completing the study is just the first step...making the research come alive and using it to build capacity for future science and scientists and to tell stories that capture policy-makers' attention and ultimately lead to policy changes, are what it is all about" (O'Brien-Pallas, 2003).

Health policy can be defined as "the principles, plans and strategies for action guiding the behaviour of organizations, institutions and professions involved in the field of health, as well as their consequences for the health care system" (West & Scott, 2000, p. 818). Health Canada's Office of Nursing Policy (ONP) was created in 1999 for the express purpose of bringing nursing evidence and perspectives into federal health policy-making while at the same time bringing an appreciation of health-policy implications to the lives of Canadian nurses in relation to their own education, practice, and research. In order for nurse scientists

to increase the impact of their research findings on health policy, it is necessary for them to understand the world in which policy-makers live. As we have indicated elsewhere (Shamian, Skelton-Green, & Villeneuve, 2003), this includes an understanding of the levers that may be used in effecting policy changes. These levers include good research evidence, effective research-policy linkages, an understanding of both change management and the policy cycle, and political acumen. In this article we will present an overview of how the ONP has used several of these levers, and will illustrate how current research findings that provide valuable information on nursing effectiveness are making their way into Canadian health policy.

High-Quality Research

Research utilization has been defined as "a specific kind of knowledge utilization whereby the knowledge has a research base to substantiate it. It is a complex process in which knowledge in the form of research is transformed from the findings of one or more studies into instrumental, conceptual or symbolic utilization" (Estabrooks, 2001). Research evidence used instrumentally is applied directly in decision-making in specific, concrete ways (e.g., changing a policy based on the findings of a study). Used conceptually, research provides new ways of approaching and interpreting the information available and can result in major shifts in thinking. The symbolic use of research evidence occurs when the research is used strategically to defend or justify the views of decision-makers by justifying and supporting their preferred position.

There is an emerging body of nursing effectiveness research evidence that demonstrates significant and dramatic relationships between, on the one hand, nurse-to-patient staffing ratios, the skill mix and experience of nursing staff, and existing nursing shortages, and, on the other hand, the resulting nurse and patient outcomes. More favourable staffing ratios and higher proportions of regulated staff have been associated with:

- lower mortality rates in neonates and adults
- lower re-admission rates
- lower rates of urinary tract infection, pneumonia, thrombosis, pulmonary compromise, and failure to rescue following major surgery
- shorter lengths of stay and lower rates of upper gastrointestinal bleeding and shock in medical patients
- lower fall rates, improved pain management, and higher levels of patient satisfaction.[1]

[1] Aiken, Clarke, Sloane, Sochalski, & Silber (2002); Aiken, Sloane, & Sochalski (1998); Aiken, Smith, & Lake (1994); Blegen & Vaughn (1998); Buerhaus, Needleman, Mattke,

Along with the growing recognition of the importance of nurse staffing has come startling evidence regarding the worklife of nurses. Following a decade of downsizing and restructuring, it has become obvious that nurses are suffering work overload in more intense, complex environments. There is a relationship between stress and illness, and, according to the *National Population Health Survey,* nurses suffer the highest stress of all health workers (Sullivan, Kerr, & Ibrahim, 1999). It comes as no surprise, then, that 16 million hours of registered nurses' time are lost per year due to injury, illness, burnout, or disability. The RN rate of absenteeism (8.1%) is 80% higher than that for 47 other occupational groups (4.5%) and is the equivalent of 9,000 full-time nursing positions. Further, RNs in Canada work almost a quarter of a million hours of overtime per week — the equivalent of 7,000 full-time jobs per year. It is estimated that "the cost of overtime, absentee wages and replacement for RN absentees is between $962 million and $1.5 billion annually" (Wortsman & Lockhead, 2002). The result of policy decisions during the 1990s is clearly evident in the shortage of nurses and the shaken faith in the health-care system.

Although there is more than sufficient high-quality evidence indicating that the quality of nurses' worklife impacts on clinical as well as nurse outcomes, policy changes to improve work environments have been slow to occur. This supports the general notion that, although necessary, the existence and dissemination of relevant research are insufficient on their own to ensure the uptake and utilization of research findings. The challenge is to translate these findings into policy.

Understanding Policy-Making and the Policy Cycle

The ONP has adopted a framework for getting an issue on the policy agenda and moving that agenda towards action. The framework incorporates an eight-stage cycle with two phases. Phase 1, Getting to the Policy Agenda, is concerned with beliefs and values. It involves four conditions. First, it must embrace an issue that is consistent with the values and beliefs of society. Second, the issue must be problematic, be visible, be important to more than those immediately involved, and have some urgency attached. Third, there must be high-quality evidence to support

& Stewart (2002); Doran et al. (2001); Edge, Kanter, Weigle, & Walsh (1994); Hunt & Hagen (1998); Kovner & Gergen (1998); Kovner, Johes, Zhan, & Basu (2002); McGillis Hall et al. (2001); Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky (2002); O'Brien-Pallas et al. (2001, 2002); Prescott (1993); Pronovost et al. (2001); Sovie & Jawad (2001); "Studies link RN staffing to patient safety" (1999); Tarnow-Mordi, Hau, Warden, & Shearer (2000); Tourangeau, Giovannetti, Tu, & Wood (2002); Tucker & UK Neonatal Staffing Study Group (2002); Weinburg, Lesense, Richards, & Pals (2002).

giving attention to the issue. Fourth, the public must be made aware of the issue and of the strategy to address it.

In order to make improving working conditions for nurses a means of improving patient and nurse outcomes, the ONP has assumed a role that incorporates a knowledge-brokering function between researchers and policy-makers. With regard to the stages involved in getting the issue to the policy agenda, it is known that nurses are trusted, vital components of a health-care system that is highly valued in our society. There is an urgent need to improve the current situation, and more than adequate evidence to support doing so. In order to make these facts known, however, the ONP had to target potentially supportive audiences and tailor the message to each. In doing so, it engaged key stakeholders through (1) face-to-face encounters such as regional visits, conference presentations and workshops, classes designed for university groups, and meeting with nurses at all levels on an ongoing basis; (2) extensive newspaper, television, and magazine coverage; (3) the production of publications such as regular e-mail newsletters from the ONP and articles published in professional/academic nursing and health journals; (4) arranged visits to Health Canada for visiting scholars and others to bring the issue directly to the table; and (5) the bringing together of people during a National Stakeholder Consultation Meeting. In other words, the ONP sought to turn a ripple effect into a tidal wave.

Phase 2, Moving into Action, starts with the fifth step of political engagement, which involves understanding the government structure and key players, targeting innovators and early adopters, establishing contact and customizing key messages, and maintaining regular contact. Sixth, interest groups with a particular stake in the issue need to be involved and can assist in spreading the key messages. Seventh, having gained interest and support from the public, the political arena, and interest groups, the issue is at the stage where it may be debated and policy formulated. It has been suggested that in order for an issue to survive at this stage, it must meet the following criteria: technical feasibility, acceptable value within the policy community, endurable cost, anticipated public assent, and a reasonable chance for support from elected officials (Kingdon, 1995). The eighth and final stage of moving into action is development of the actual policy, law, or regulation. Once this is accomplished, implementation and evaluation begin.

The move into action to improve workplaces for nurses, and thus improve patient outcomes, has begun, and is currently at the stage of deliberation and adoption. In response to concerns about a nursing shortage in the late 1990s, the Conference of Deputy Ministers and Ministers of Health instructed the Advisory Committee on Health Human Resources (whose Vice-Chair was the ONP's Executive

Director) to develop a strategy for nursing. The resulting Nursing Strategy for Canada was approved in October 2000 and included as its first recommendation the creation of a Canadian Nursing Advisory Committee (CNAC) whose primary goal would be to develop recommendations to improve the quality of nursing worklife. During the 1-year life span of the CNAC, it commissioned six research and information projects. The final report included 51 evidence-based recommendations. As a result, national and provincial and territorial governments have developed or are developing nursing strategies and creating working groups to advise on nursing issues.

Other national initiatives involving health human resource issues include the Nursing Occupational/Sector Study, which will provide information on the current and future nursing supply. In addition, the Canadian Council of Health Services Accreditation, in conjunction with the Canadian Nurses Association and the ONP, has developed a pilot program (to begin in 2004) to link hospital accreditation to healthy workplace indicators.

One of the most encouraging projects is the ONP's involvement, along with other key stakeholders, in developing guidelines for healthy workplaces. This will be accomplished by synthesizing seminal reports, developing consensus on priorities and interventions, validating these with administrators and staff, and, finally, producing practical fact sheets on how to create a healthy workplace.

Political Acumen

Since policy-making is less a rational act than a process of social influence, there is a need for the proficient use of political skill in effecting policy changes. "Policy windows open infrequently and do not stay open long" (Kingdon, 1995, p. 167). Therefore, in order to capitalize on these opportunities, we must become "insiders" within policy networks. In addition, it is important to understand which policy options have the greatest potential for adoption, based on political constraints, and when small incremental policy changes are the preferred option. The use of rhetoric, the art of persuasion, and the ability to relate to the media are also of prime importance.

The Health Accord Action Plan (September 2000) stressed accessibility to health-care services as a major goal. Framing the need for action as the need to increase the number of nurses (as a means of improving access) was consistent with the policy window at that time. The more recent Health Accord and Federal Budget (February 2003) also contain several windows of opportunity that must be capitalized upon. The first of these is the commitment of $90 million over 5 years to improving

health human resource planning and management, enhancing recruitment and retention, and developing interdisciplinary education. Next is the diagnostic and medical equipment fund — a 2-year, $1.5-billion fund to assist with the purchase of diagnostic and medical equipment, which, with input from the ONP, will include equipment to enhance the quality of patient care or the working conditions of health-care personnel, such as lifting devices. Finally, there is $50 million over 5 years devoted to the establishment of a national strategy for improving patient safety. It may be time to re-frame the need for healthy workplaces for nurses as a patient-safety issue.

Translating nursing research into policy is indeed "what it is all about."

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