



The value of engaging with the political process

The broad health policies set by government, such as the primary health care (PHC) strategy, the 'shorter stays in emergency departments', and policies in other areas that affect health, such as minimum wage and child poverty policies, can have wide-ranging effects on the practice of nurses and health workers. Yet these groups often have little say in the development of such policies. Why is this? What value is there for nurses and health workers in engaging in the political process and what can be achieved if they do? This paper provides answers to these questions and the evidence behind why nurses must engage.

Party politics vs the political process – what's the difference?

There is a distinct difference between party politics and engaging in the political process. Party politics are about your personal beliefs and who you vote for in an election – these beliefs may contribute to your engagement in the political process but do not have to. Only you can decide who to vote for and whether you identify or engage with a particular political party.

However, regardless of your personal beliefs, many health policies will impact on your practice as a nurse or health worker and the people you care for. To have a say in influencing health policy you will need to engage in the political process.

The political process is defined as “. . . the process of the formulation and administration of public policy . . . by interaction between social groups and political institutions or between political leadership and public opinion”.¹ In other words, the political process is the process within which all policy is formed. Engagement with the political process can occur at all levels and in many different ways. For example by:

- > contributing to or commenting on a proposed policy in your workplace or community;
- > commenting on or contributing to a guideline or publication written by your professional organisation;
- > joining a safe staffing committee;
- > writing or contributing to a submission during a policy consultation process;
- > making an oral submission to a workplace committee or even a parliamentary select committee;
- > by signing a petition, participating in a campaign and even going on strike;
- > by simply sending an email with your thoughts on it to a manager, policy analyst, or MP.

What value is there in engaging in the political process?

Nurses and health workers have achieved significant gains by engaging with the political process – both in clinical practice and on employment issues. Often, change will not occur unless nurses and/or health workers take ownership of the process.

Some examples of the gains from nurses' and health workers' engagement in the political process include:

Legislation

- > legislative change (Medicines Amendment Act) to shift the status of nurse practitioners (NPs) from designated prescribers to authorised prescribers;

Regulation

- > the reinstatement of the enrolled nurse (EN) scope of practice;

Public awareness

- > recognition by the Human Rights Commission that the treatment of caregivers in aged and residential care in New Zealand is discriminatory;
- > controversy and discussion following the publication of a photo essay in *Kai Tiaki Nursing New Zealand* on care of the elderly;²

The profession

- > initiation of the diabetes nurse specialist prescribing project;
- > development of the registered nurse surgical first assistant positions; > increased funding for nurses in schools;

Practice

- > multi-level campus nurse and student nurse agitation to change the status of a polytechnic campus to smokefree;

Employment

- > development of the safe staffing and healthy workplaces campaign and the implementation and roll out of the care capacity demand management (CCDM) programme;
- > the fair pay campaign (2001-2005) – nurses in the DHB sector received a pay rise of up to 20 per cent over a four-year period, which had a substantial impact on employment and staffing patterns (see case study below).³

The following case studies exemplify how engagement can work.

Case study: the fair pay campaign (2001-2005)

Recruitment and retention of nurses during the late 1990s and early 2000s was a significant problem. Nurses were leaving nursing as a profession, citing poor working conditions, increased patient acuity and inflexible working hours. In addition, changes that had shifted pay bargaining from a national agreement to local agreements had resulted in little or no pay increases to salaries over the preceding years.

NZNO worked with members to develop a campaign for fair pay that also included integration of safe staffing into any agreement and a national level agreement.

Nurses' efforts in supporting NZNO through local and national involvement and action resulted in a pay rise of up to 20 per cent over four years, establishment of the Safe Staffing Healthy Workplaces Unit, and a multi-employer collective agreement (MECA) that covered all DHBs nationwide.

Case study: smoking cessation

Smoking causes significant morbidity and mortality in New Zealand, costing millions of dollars each year. Multi-pronged approaches to smoking cessation are in use in New Zealand and nurses have been instrumental in identifying and implementing these. Nurses (for example through NZNO and Te Runanga, Smokefree Nurses Aotearoa, the College of Nurses, the College of Mental Health Nurses, and individuals) have made numerous submissions to government to ensure:

- > implementation of smoke free environments;
- > the addition of health warnings on cigarette packages; and most recently
- > submissions on plain packaging and removing visual displays of products in shops; and
- > an oral submission to the Māori Affairs Select Committee (MASC) inquiry into the Tobacco Industry in Aotearoa New Zealand.

Nurses have advocated for and obtained the ability to provide Quit Cards to people wishing to give up smoking and most recently have obtained just under \$600,000 in funding to develop and implement a programme to assist Māori nurses to quit smoking – with Māori having significantly higher rates of smoking than non-Māori and research clearly identifying that nurses who smoke struggle to provide effective quit smoking interventions,⁴ this funding will further enhance nurses' capability to support others to quit smoking.

Case study: simple actions can make a big difference

A student nurse observing operating theatre staff scrubbing at the theatre sinks noticed there was no clock in direct line of site to the sinks, making it difficult for staff to easily note the length of time they were required to scrub. The student wrote up her observations and shared them with staff who made a case for a clock to be installed above the sinks. Shortly afterwards a clock was installed and best practice in scrubbing for theatre could be more easily observed.

Case study: improving education for health workers

In 2002, the Ministry of Health introduced a national contract for aged-related residential care provision. The Aged and Residential Care Contract (ARCC) covers rest home, dementia and geriatric hospital-level care delivered in a residential-care setting and ensures there is a national standard of services provided to residents in long-term residential care. The ARCC is reviewed each year.

NZNO has been working since the inception of the national ARCC to have level two and three national certificate training for caregivers included within the ARCC. At the last round of bargaining, the contract was finally adjusted to include this training as a requirement within the first six months of employment. This means employers must ensure training is made available to caregivers, that the training they do is recognised, and that residents get the standard of care they deserve.

Why is it essential for nurses and health workers to use the political process to achieve their goals?

Nurses and health workers have been using the political process to achieve their goals for many years. Florence Nightingale identified how to improve conditions for soldiers in hospitals in the Crimean war, worked with nurses to implement improvements and advocated politically to ensure funding was available to ensure similar improvements were implemented across England. She also advocated politically to obtain the funding needed to set up her first training school for nurses.

In their classic text '*From silence to voice*',⁵ Bernice Buresh and Suzanne Gordon argue that nurses must:

- > inform the public about nursing;
- > make public communication and education about nursing an integral part of her or his nursing work; and
- > communicate in ways that highlight nurses' knowledge, rather than their virtues.

They go on to note that "the 'public'" is not a singular mass and there are many "publics" or audiences nurses need to communicate with. Buresh and Gordon contend that ". . . the various publics with whom nurses work and upon whose support nursing depends must first *recognise* what nurses do. People must perceive what goes on in nursing in order to *respect* the work and *reward* it."⁶ The rewards Buresh and Gordon refer to are such things as appropriate pay levels, institutional support that results in appropriate patient loads and skill mix, time with patients, and authority and autonomy in the workplace.

Communicating what you do in your everyday practice to policy makers, politicians, policy analysts and the public will increase their knowledge of the essential role of nurses and other health professionals in the health sector, making the work you do more visible and more valued. Use examples from your practice that reflect the knowledge, skill and impact you have on patient care. These real-life examples can often mean the difference between a positive change in policy and one that will negatively affect you and the people you care for.

Conclusion

Engaging with the political process is an essential element of the practice of nurses and health workers. It is through such engagement that change can be achieved and, in the long term, the health of patients can be improved.

References

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- ⁵ Buresh, B., & Gordon, S. (2006). *From silence to voice: what nurses know and must communicate to the public*. New York: Cornell University Press.
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Date adopted: May 2013

Reviewed: March 2013

Review date: May 2018

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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