

Nurses' Involvement in Health Policy Development: Past Lessons as Prelude to Present Successes and Future Strategies

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Purpose and Rationale: Professional nursing staff and home care services have historically been identified with women's work and the expressive function of caring. Previous accounts of large scale changes in health policy, specifically Medicare and Medicaid, typically defined nursing's involvement in the policy development process as passive and reactive-if at all. The researcher having worked in home care through this era doubted the accuracy of the analysis. It required a more nuanced gendered and historical analysis to capture the strategies nurses have developed to maximize their power to influence given their designated societal roles.

The Visiting Nurse Service of New York (VNSNY), one of the oldest and largest home care organizations in the United States was located in the epicenter of the AIDS epidemic. Construction of a case study investigating the development of the AIDS Care Program of the Visiting Nurse Service of New York (VNSNY) provided a unique opportunity to explore the exercise of nursing strategy as health policy was translated into clinical practice.

Research Questions: How did nurses –despite lack of formal power – exercise agency in shaping health care policy and ultimately – health care delivery?; What types of formal and informal strategies ranging from passive to active were successful-and unsuccessful? How did gender influence the choice and exercise of these strategies?

Synthesis of Review of Literature: The AIDS epidemic has received attention as a driving force in the external policy environment stimulating large scale changes in internal organizational structure and function particularly in health care (Fox,1990, Mechanic and Aiken,1989; National Commission on AIDS,1990,1991; Perrow and Guillen,1990; Presidential Commission on the HIV Epidemic, 1988). Visiting Nurse Associations notable VNSNY with hundred year traditions of health care delivery in communities were challenged to adjust their structure and function in response to this new health policy. The repertoire of their organizational responses to this external influence mirrored the range of successful passive and active strategies honed and articulated throughout their history (Hall and Quinn 1983; Oliver, 1991).

Methods/Procedures: In-depth descriptive case study utilizing qualitative methods including archival historical records and interviews to systematically explore and explain the variables implicit in the translation of governmental policy into clinical practice.

Results: VNSNY effectively strategized using its solid social and organizational legitimacy to create a successful program bargaining to regain professional autonomy lost in previous policy decisions. In exchanging primary responsibility for another disenfranchised population who needed care not cure VNSNY fulfilled a stereotypical and historical feminine societal role. At the same time they were able to leverage the conditions of their work.

Discussion/Application to Practice: Nurses on all levels of the studied organization exercised agency in the shaping of policy to enhance clinical practice. Therefore all nurses should be educated to the different formal and informal strategies that are available to them to personalize the policy development process in their practice.