POLICY, POLITICS AND NURSING: A CASE STUDY OF POLICY FORMATION IN NEW ZEALAND

by

Frances Anne Hughes

A Professional Doctorate
Submitted in Partial Fulfilment
of the Requirements
for the Degree

Doctor of Nursing

University of Technology, Sydney

July 2003

CERTIFICATE OF AUTHORSHIP / ORIGINALITY

I certify that this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of candidate

_____

Acknowledgements

I am grateful to the many people who have assisted me to finish this thesis. I would not stand in the position I do today without the strength and support of many individuals. I wish to thank all those who have believed that I could make a difference and stood beside me or guided me through this journey.

Firstly, to my husband Kevin and my children Adam and Erin. They have never questioned my ability or the time I have taken to be involved in this study. Their unconditional love and belief in me allowed me to live away for a year and lock myself away for many hours to read and write.

Secondly, to my dear friends who supported not only me but helped with childcare and provision of meals when I wasn't around. Their encouragement, friendship and shoulders to lean on were unrelenting. Special thanks to the Fitzgeralds.

Thirdly, to Dr Donna Diers and Dr Sally Cohen at Yale University, USA. Their unconditional support from a distance and also when I was located in the US has been outstanding. They took me into the world of policy as master guides and explorers. Their patience and expert knowledge assisted me to refine my thinking not only on policy but also nursing in the global context. Their relationship with me was one of true partnership and an example to all supervisors involved with doctoral students.

Lastly, to Faculty of Nursing, Midwifery and Health Sciences at the University of Technology Sydney. As one of the first cohorts of doctoral of nursing students, it has tested us all. Special thanks to Dr Mary Chiarella and Professor Jill White, who believed that I could be one of the pioneers. I must mention the special relationship with my fellow doctoral of nursing student Anita Bamford. Anita and I have travelled this pioneering journey together, making up the path as we went. Without you in New Zealand it would have been very lonely.

Preface

The Journey

Four years ago I commenced the journey of Doctoral studies. I came into these studies with a 20-year history in nursing as a clinician, academic and also as a nurse working in the health policy environment. From my early days I was interested in policy issues. I was involved in many different areas of practice and was often placed in the role of pioneering new ways of doing things.

Mental health became my practice setting and my passion. It was a green field in terms of assisting with change and making a difference. Here was a vulnerable population, a nursing workforce constantly criticised and professionally neglected by mainstream nursing. I was driven by a strong sense of social justice and from 1981 until 1995, I worked locally, regionally and nationally with other passionate nurses as we established systems and structures to support mental health nursing practice. We took psychiatric nursing into mental health nursing. I witnessed the best and worst of nursing practice as we de-institutionalised the largest psychiatric hospital in the southern hemisphere. I realised that policy and politics affected mental health nursing practice, and I saw a need to develop myself in this area.

I moved back into mainstream nursing (perceived by some as walking away from mental health) and became a public servant as the Senior Nursing Advisor within the Ministry of Health. I moved into this position when nursing in New Zealand was suffering from, and reacting and responding to, the national health reforms.

The Ministry of Health was another pioneering adventure. Within six months of being made Senior Nursing Advisor, I was acting as the Chief Nursing Advisor. This position did not come with any clear guidelines apart from the code for public servants. I moulded and shaped the position.

I realised very quickly that this role was like no other I had held. It was professionally isolated and I had no real peers apart from international colleagues. Even there the position of Chief Nursing was not well understood. In 1997, I chaired working parties for the Ministry on nurse prescribing and again found myself dealing with power and

politics – not just in nursing but also with wider interest groups. I became interested in the way nursing influences policy. I saw the range of ways that individuals and organisations use to have an influence. This came to a head when the 1998 Ministerial Taskforce on Nursing was established. That case exemplar became the core of this thesis.

The Ministerial Taskforce was the first time nursing had the attention of government since before the punishing reforms that had so marginalised nursing. It was also the first time nursing had a nationally future focused committee set up by the government about more effective utilisation of registered nurses.

My field of inquiry – nursing and policy formation – was born out of frustrating times with myself and my profession, feeling unable to influence decisions in health policy. My health policy course work became a literature review and analysis of the New Zealand policy environment and eventually moved into Chapter 2 here. New Zealand health reforms in the 1990s are renowned in the general health reform literature. Within this context was nursing. Little has been written about the impact of the reforms on nursing and in turn, consumers' [patients'] care.

As a nurse in government I had little time to fully analyse events and the role I played in them. The focus on policy as a field of study combined with the course work in the Professional Doctorate allowed this to occur. Nurses in New Zealand asked me to present my views on nursing in policy at a national lecture at Victoria University in 2001. It was well received and this lecture (which was an early draft of chapter 4) was later accepted for publication in a peer reviewed nursing journal in New Zealand. Through the study came the recognition of the role of the Chief Nurse in government and how it functioned in relation to health policy and my profession. The knowledge and understanding I was gaining about the role of the Chief Nurse in government also was of interest to other nurses in policy and Chief Nurses internationally. This resulted in an early draft of chapter 5 being submitted and accepted for publication to a peer reviewed international nursing policy journal. As interest grew in my views and analysis of the Chief Nurses role, I also was asked to write an editorial for *International Nursing Review*. All these articles have been very well received and used.

This study has concluded with discussion of implications and questions for practice, education, policy and research. Nurses are not always prepared for a policy role or for understanding policy. To develop, nurses in this area not only need exposure to role models and experience but a graduate pathway, which includes policy. Political and policy analytic skills are important for us to value and embrace as nurses. We want nurses to be part of the knowledge workers in the future as our clients, patients and health consumers need nurses to influence and lead health policy. A new role for nurses in policy is promoted in this study: the policy entrepreneur, a nurse with position, influence, vision and leadership who works to assist policy formation to improve the health of all people.

Contents

I was awarded a 2001-2002 Harkness Fellowship in Health Care Policy from the Commonwealth Fund in New York, USA. This thesis would not have had its richness and depth had it not been for the chance to live and study in the USA for a year. It came at a crucial time for my Doctoral work (and at another crucial time: I arrived in New York September 10, 2001, to witness the World Trade Center collapse and attendant crisis). The Harkness Fellowship allowed me time and exposure to USA policy makers, nursing leaders who have shaped and lead the field in nursing policy and nursing leaders in organisations and the federal government. The exposure to Dr Linda Aiken, Dr Marla Salmon and Dr Shirley Smoyak especially has been instrumental in the development and refinement of my thinking about nursing and health policy.

The Professional Doctorate allowed me to combine my lived experience, graduate education and practice as a nurse in a policy environment of central government. I have exposed myself not only to literature but also to leaders in the field of policy and nursing. More importantly, it has allowed - and required -me to take the time and space to stand back, reflect, study and theorise on my role as a nurse in relation to policy, government and the profession of nursing. I have been able to unpack concepts of interest groups, conflict, power and politics which before were just influences I witnessed.

Peeling back and mining a piece of one's professional and personal life as I chose to do, with the case analysis at the core of this thesis without guidelines in either the literature or the blessedly loose rules of the Professional Doctorate, was both daunting and exhilarating. With every succeeding draft I felt myself changing, evolving and at times taking me outside my own comfortable mindset on policy.

At the end of this process I am surely supremely convinced not only of the role for nursing in policy, but of the various ways that it can be achieved and acted upon, including the role of Chief Nurse. Nursing in New Zealand, and everywhere else, can profit from the analytic strategies I have identified in this thesis. Working together however difficult that is, nurses can bring health care to a new level of understanding of our contributions if we can understand the contexts in which we operate.

List of Figures

Abstract

Policy, Politics and Nursing: A Case Study of Policy Formation in New Zealand

The aims of this thesis were to: describe the political development of nursing in New Zealand; promote an understanding of policy and politics and the nursing profession; provide policy learning for the international nursing community; and provide insight into the role of the government Chief Nursing Advisor, especially in relation to engaging with professional groups and central government. The thesis focuses upon a significant event in the history of New Zealand nursing politics and policy: the 1998 Ministerial Taskforce on Nursing. In 1998, after public outcry at the excesses of the health reforms, nursing professionals took advantage of the opportunity to put nursing on the government's agenda through a Ministerial Taskforce on Nursing. The Taskforce ended its work in a flurry of publicly expressed controversy. To develop the case study an Expert Reference Group was established to assist in the selection of subject matter and to provide sources of material and validity of interpretation. Sources of data included participant observations, reports and documents in the public domain, media and secondary sources from nursing, medical and policy, literature and diary entries from the researchers own records. The researcher held multiple roles as Chief Nurse Advisor Taskforce member, public servant and nursing leader. Analysis from all of these points of view aimed to identify the stage of nursing's political development as defined by Cohen et al (1996) and to explicate how nurses engaged in agenda setting as described by Kingdon (1995). Analysis was informed by locating the Taskforce in the policy and political contexts, especially policy entrepreneurship. Analysis revealed the mechanisms nursing organisations use to engage in agenda setting. Moving from agenda to action was non-linear and fluid. No one organisation or individual brought about the events of the case nor their outcomes. Analysis suggests a refinement of the Cohen model to include behaviours of responsible actors in nursing politics and policy. The role of the policy entrepreneur is developed especially in the Chief Nurse position. The thesis widens the understanding of how nursing engages not only in policy formation among nursing organisations but also with government. Implications for policy, practice, education and research not only for New Zealand but also for other countries are presented.