



“Understanding strategic nurse leadership, opportunity, contribution and influence on public policy: an international study”

Quantitative Results from Round 1

The results of the responses to the 46 statements provided in Round 1 are detailed here. Please note that this is for information only and does not require action. Please complete the Round 2 questionnaire, attached as a separate document to this email, and return to delphi@uws.ac.uk .

Of the 46 statements in Round 1, 28 achieved consensus and these are shaded in grey in the tables below. The criteria for each statement to achieve consensus is as follows:

- At least 67% participants hold the same opinion, which may be agreement or disagreement with the statement
- AND**
- The responses must have an interquartile range (IQR) of less than or equal to one. The IQR shows the spread of the responses. An IQR of one means that 50% of responses were within one answer choice of the median (middle) answer.

The Public Policy Influence of Nursing

Items which achieved consensus are shaded in grey.

	Statement	Median	IQR
1	Nursing is currently unable to articulate its potential contribution to public policy.	Disagree	1
2	There is a clear understanding within the profession of the roles of nurse leaders from different sectors in influencing public policy.	Agree	1
3	Nurse leaders seek support from healthcare and other disciplines to achieve influence.	Agree	0
4	Nurse leaders focus on nursing issues within policy making because of a lack of confidence in other policy topics.	Agree	1
5	Nursing has low status and struggles to influence public policy.	Agree	1
6	Nurse leaders focus their effort on policies that directly affect nurses and nursing services.	Agree	0.25
7	Nurses are marginalised (seen and treated as less important than other disciplines) in policy making.	Agree	1
8	We don't need to change anything about nursing policy influence at a national level.	Agree	1
9	Nurses around the world have the same opportunities to contribute to public policy.	Disagree	1
10	Nursing should focus policy efforts more on patients and communities rather than on professional issues.	Disagree	1
11	Nurse leaders work together in a coordinated way to influence public policy.	Disagree	1
12	Nurses are rarely at the policy making table.	Agree	1



The Public Policy Influence of Nursing - continued.

Items which achieved consensus are shaded in grey.

	Statement	Median	IQR
13	In my country there are public health policy priorities which are shared in the global nursing community.	Agree	1
14	Relationships and networks are more important than evidence in policy influence.	Disagree	1
15	An agreed structure is required to facilitate the collaboration of different sectors of nursing.	Agree	0.25
16	All nurse leaders within my country must proactively collaborate to identify and address unique and shared public health priorities.	Agree	1
17	There is a public expectation that nurses contribute to public policy.	Agree	1
18	Disciplines such as nursing can effectively influence public policy on their own.	Disagree	1
19	Nursing has a strong, credible professional image which helps them to influence public policy.	Agree	1
20	To increase its policy influence nursing must contribute to broader policy issues which may not be directly related to nursing.	Agree	1
21	Nursing has an effective political voice	Disagree	1
22	Now is a good time for collaborating with other professional groups outside of nursing.	Agree	1
23	Policy influence is not a priority in nursing.	Disagree	1
24	There are unique public health policy issues in my country.	Agree	1
25	There is no benefit from nurse leaders from different countries working together.	Strongly Disagree	1
26	National structures and systems exclude nurses from the policy processes.	Agree / Disagree	1
27	The impact of the contribution that nurse leadership can make to public policy is directly related to their networks and how they manage their networks.	Agree	1
28	Nurses make an important contribution to public policy.	Agree	1
29	Nurse leaders do not have enough time to contribute effectively to public policy.	Disagree	1
30	Nursing can develop a collective voice for global health.	Strongly Agree	1
31	Nurses make an effective contribution to strategic policy discussions.	Agree	2
32	A collective international nursing voice would strengthen my policy influence in my country.	Agree / Strongly Agree	1

Development of Strategic Nurse Leadership

Items which reached consensus (agreement of response) are shaded in grey.

	Statement	Median	IQR
33	Personal leadership qualities are more useful than formal leadership education.	Agree	1
34	Nursing must collaborate with stakeholders out with the profession in order to optimise policy influence	Agree	1
35	Cultural understanding is important to effective global policy influence	Agree	1
36	There should be systematic succession planning for strategic nurse leadership roles.	Strongly Agree	1
37	Nursing as a profession is already well equipped to participate in public policy	Disagree	1
38	Succession planning needs more resources in order to be provided systematically.	Agree	0
39	Effective nursing leadership in the policy process requires a range of approaches	Agree	1
40	Nurses need to be formally educated to take up strategic nurse leadership roles	Agree	1
41	There should be a standardised mentorship programme for potential nurse leaders.	Agree	1
42	Nurse leadership preparation begins at the pre-registration (student) stage.	Agree	1
43	There should be a strategic plan for developing the capability and capacity of nursing for policy	Agree	1
44	Understanding the public health context (situation) is important to effective policy influence.	Strongly Agree	1
45	Policy and leadership education is available in my country.	Agree	0
46	There is enough time for potential nurse leaders to develop their leadership skills.	Agree	1

Many thanks for all the responses received.

In addition to the quantitative results we received 323 qualitative comments about barriers (obstacles) and things which would help the nursing contribution to public policy. These were thematically analysed and are presented to you in the Round 2 questionnaire.

Please complete the Round 2 questionnaire

(attached to this email as a separate document) and return to delphi@uws.ac.uk .

Many thanks for your continued support