

Developing a strategic model of participation in policy development for nurses

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Abstract:

Aim: To develop a strategic model of participation in policy development for nurses in Thailand.

Background: Public health policies inevitably affect nursing practice, service delivery and the nursing workforce. Available evidence indicates that nurses have minimal participation in policy development.

Introduction: Nurses' participation in public health policy development is essential to developing and maintaining an efficient, high-quality healthcare system.

Methods: The Delphi method was used to develop the strategic model based on the input of fifteen nurse experts who were interviewed over three Delphi rounds. Data were analysed descriptively to identify items to be retained or dropped, and the final list of statements was verified by all participants to establish the strategic model of participation.

Findings: The strategic model contains twenty-five participation strategies for nurses wishing to engage with public health policy development. Within the model, the priorities as identified by clinical nurses, nurse leaders, nurse researchers and scholars, nursing educational institutions and nursing professional organizations are acknowledged.

Conclusion: The model represents a consensus of values related to policy participation by nurses and the results align with similar studies. The inclusion of different nursing groups in promoting and developing strategies to participate in policy development ensures that all nurses have a role to play in developing nursing capacity for effective health policy engagement.

Implication for nursing policy: Nursing involvement in policies that affect them and their practice is fundamental to establishing good public policy. This research provides a clear mechanism for the development of nurses' awareness and abilities to become involved in policy development and review processes.

Keywords: Delphi survey, health policy development, nurses, policy participation, strategic model, strategies

Background and significance of research problem

Public policy affects every group in society, influencing the operations of institutions and the scope of authority of

groups and individuals. In nursing, health policies have an inevitable effect on nursing practice and service delivery. Health policy is defined by Longest as decision are made by

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Conflict of interest

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three power, which are shared and balanced among executive, legislative and judicial branches of government that affect public roles and actions (Longest 2016). Health policy is constructed through a complicated consultation process involving political, civilian and professional groups with vested interests in all healthcare issues and contexts. Kingdon stated that public servants and private actors in policy process comprise executives, public officers, pressure groups, individuals and media (Kingdon 2014).

In the past two decades, Thailand has implemented a system of universal healthcare (UHC) coverage. Public health policies have been designed to ensure that quality healthcare programmes and services are available for all Thai citizens. Government agencies implementing UHC have introduced regulation to strengthen health policy mechanisms to produce satisfactory outcomes. As a result, the healthcare system is undergoing significant reform making it vital that nurses participate effectively in the policy arena. Nurses are potential sources of valuable information and insights on the formulation of health policies that avoid unintended consequences. A recent report from WHO suggested that findings from nursing research should be disseminated widely and used to influence nursing practice and public health policy (The All-Party Parliamentary Group on Global Health, World Health Organization 2016).

Nursing participation in public health policy development and healthcare reform is justified on the basis of being the largest group of professionals within the healthcare workforce working closely with patients as well as the management of healthcare services in all contexts. Nurses can bring a wealth of knowledge to the formulation of health policies that operate in the best interests of the public and the services in which they work.

Nurses' contributions to policy development include identifying policy implementation problems and solutions, rational agenda setting, policy formulation, raising public awareness of healthcare issues and suggesting possible solutions or recommendations on policy review. However, evidence indicates that nurses (Kunaviktikul et al. 2010) and nurse practitioners (O'Rourke et al. 2017) have little recorded participation in policy development. This is largely due to lack of awareness and skill in policy development (Brokaw 2016), remaining silent (Schaeffer 2019), having few nurses in key positions (Varghese et al. 2018), lack of time available to get involved (AbuAlRub & Foudeh 2017) and nurses lack confidence in their engagement ability in policy development (Ellenbecker et al. 2017).

One study conducted among nurses in Thailand reported that 72.8% of nurses had no experience of policy participation at all (Kunaviktikul et al. 2010), which underlines a serious gap

regarding policy development in the nursing profession. For nurses to build their influence in health policy, they will need to empower themselves and increase their communication skills (Sherman 2018), all of which can be gained from policy education and training programmes (Turale & Kunaviktikul 2019). Shariff explored an empowerment model for nurse leaders' participation in health policy development and described three concepts that applied to nurses: (i) nurse leader participation, (ii) undergraduate foundational education and (iii) leadership development along a continuum of empowerment (Shariff 2015a). Four other empowerment stage concepts mentioned in that model are knowledge, experience, environment and participation. To enhance policy participation, strategies for participation in policy development for nurses are essential. This study emphasizes the promotion of nurses' participation in public health policy development processes.

Aim

The aim of this study was to develop a strategic model of participation in policy development for nurses in Thailand.

Methods

Design and setting

The Delphi technique was used to develop the strategic model. The Delphi technique uses multiple rounds of questionnaires to transform experts' ideas into group consensus (Sekayi & Kennedy 2017). This study was conducted in three rounds, which is similar to other studies (Fefer et al. 2016). The Delphi technique was further modified so that individual interviews were conducted in place of open-ended survey questions for the first round (Keeney et al. 2011) to gain insight about participation strategies in policy development. The study was conducted among a panel of experts from different nursing contexts and different regions of Thailand.

Recruitment of panel experts

The researchers selected and briefed the panel of experts. Little literature is available regarding the number of experts needed for a Delphi expert panel (Shelton & Creggan 2015), but 15–20 experts seem to be standard based on a review of published Delphi studies (Morrissey et al. 2017). Purposive sampling was used in the recruitment of panel experts. Selection criteria: at least 10-year experience in nursing; having participated in policy development at the organizational or national level and/or working for nursing professional organizations in Thailand. The study chose executive managers of hospitals and educational institutions as well as retirees who were involved in policymaking at the national

level. Eighteen people were contacted, and 16 consented to participate. Six experts worked with nursing professional organizations (e.g. nursing council and nursing associations), another six from nursing educational institutions and four from healthcare facilities (e.g. university hospitals and regional hospitals).

Instrument

The initial interview questions, identified as important from a review of literature and group discussions prior to the commencement of the study, included the following: (i) What is the meaning of national health policy?; (ii) How should nurses participate in health policy development? and (iii) What are the skills/abilities needed to participate in policy development? The questions were validated by three experts who are retired nurses with as nurse education experience. Face validity testing was done to ensure the clarity of the content of the questions. Originally, four questions were included, but the question on how to develop participation skills in policy development was removed since it was not relevant to the aims of the study.

Ethical approval

Approval was obtained from the research ethics committee at Chiang Mai University in Thailand. The panel experts received were given documentation including information about the study; they were made aware of their rights regarding voluntary participation, study withdrawal at any time and how their privacy and confidentiality would be protected; and a consent form which they were asked to sign if they wanted to participate.

Data collection and analysis

Round 1

The aim of round one was to document the experts' perceptions of public health policy participation. During the first round, experts were informed of the objectives including timelines and procedures (e.g. using audio tape recorder) and study materials. Then, the researchers conducted interviews based on the interview guide described earlier.

Following round one, all audio recordings were transcribed and the data were analysed and synthesized. Data were transcribed verbatim, and content analysis was adopted. Transcripts were coded and categorized based on the frequency of key actions/behaviours in defining how to participate in health policy development. Coded transcripts between different researchers were cross-checked for consistency and all discrepancies were resolved. Thirty-two statements were

developed based on the survey interviews using Likert-type responses and review of literature. The rating scale ranged from one to five on the likelihood of whether each statement would occur. One means low probability that statement would occur, two means somewhat likely to occur, three means moderately likely to occur, four means highly likely to occur and five means most likely to occur.

Round 2

The aim of round two was to assess the probability of statements developed during round one. The statements were sent to the experts for rating. Data were analysed by median, mode and interquartile range, descriptive statistics typically used in Delphi analysis. The interquartile range means the difference between the first and the third quartile in which 50% of the evaluation is situated (Ramos et al. 2016). The statements were retained when the median value was equal to or more than 3.50, the interquartile range was equal to or less than 1.50 (Courtenay et al. 2018; Pakkunanon et al. 2016), and the difference of mode and median was equal to or less than 1.00 since this indicates consensus among experts (Pakkunanon et al. 2016). In all, seven statements were deleted since they did not meet the criteria, and 25 statements retained. Four statements were modified according to suggestions from the panel experts.

Round 3

Round three aimed to find agreement among the panel experts on statements retained from round two and to re-examine their opinions in the light of overall results. Researchers evaluated the results from the second round and data were analysed, again using median and interquartile range for each statement. The statements were sent back to the experts with marked positions of median and interquartile range and the final wording of each statement, then, the researchers created a strategic model. Only 15 out of 16 experts sent back the statements. One expert could not be reached. After receiving the results from the third round, data were analysed using median and interquartile range to determine which statements had agreement and qualified for inclusion in the model.

Findings

Table 1 presents the results from the second round of Delphi survey. The strategies to participate in public health policy development for nurses in Thailand identified a total of 32 strategies across all groups of stakeholders: (i) nurses with eleven strategies, (ii) nurse leaders with fourteen strategies, (iii) nurse researchers/scholars with three strategies, (iv) nursing

Table 1 Median, Interquartile Range and Results of Strategies for Health Policy Participation (Second round, $n = 16$)

Strategy	$Mdn \geq 3.50$	Mo	$IR\ Q3-Q1 \leq 1.50$	$Mo-Mdn \leq 1.00$	Recommendations from panel experts	Results
Nurses						
1. Cultivate knowledge and awareness in health policy	5.0	5.0	1.0	0.0		Retain
2. Gain knowledge of policy process	4.0	5.0	2.0	1.0		Drop
3. Manifest a good attitude towards policy development	4.5	5.0	1.0	0.5		Retain
4. Actively participate in professional organizations in determining public policy directions	4.0	4.0	1.0	0.0		Retain
5. Build strong networks	5.0	5.0	1.0	0.0		Retain
6. Utilize research findings in the health policy process	4.0	5.0	2.0	1.0		Drop
7. Understand the factors which influence health policy formulations	4.0	4.0	1.0	0.0		Retain
8. Understand the impact of health policy on individuals, communities and society	5.0	5.0	1.0	0.0		Retain
9. Identify problems related to the profession and communicate them to policymakers	4.5	5.0	2.0	0.5		Drop
10. Lead/demonstrate political activities advocating nurses' rights and benefits	3.5	4.0	1.0	0.5	Statement too strong	Retain
11. Articulate or increase public awareness regarding nursing duties and achievements	4.0	5.0	1.0	1.0		Retain
Nurse leaders						
12. Exhibit qualities of a visionary leader; lead the team towards a desired change	4.0	4.0	1.0	0.0		Retain
13. Infer and understand problems or issues in health policy	5.0	5.0	1.0	0.0		Retain
14. Represent at health policy forum/seminars	5.0	5.0	1.0	0.0		Retain
15. Maintain good relationships with policymakers	4.0	4.0	2.0	0.0		Drop
16. Share experiences with the bases in directing health policy	5.0	5.0	1.0	0.0		Retain
17. Use media to make public health policy development viable	5.0	5.0	1.0	0.0	Consider adding public media networks in the statement	Retain
18. Exemplify adept leadership skills (presenting, systematic thinking and effective communication)	5.0	5.0	1.0	0.0		Retain
19. Propose ideas/participate in the Health National Assembly to justify and defend health policy	4.5	5.0	1.0	0.5		Retain
20. Situate oneself in a position to directly participate in health policy development	4.0	4.0	1.0	0.0		Retain
21. Lobby for policy justification and direction	4.0	4.0	2.0	0.0		Drop
22. Allow continuing professional development of staff to maintain their skills, deliver effective health care and cope with the changing healthcare environment	4.0	4.0	2.0	0.0		Drop
23. Initiate the formulation of health policy	4.5	5.0	1.0	0.5		Retain
24. Have wisdom and assert organizational standpoints in health policy forums/seminars	4.0	4.0	1.0	0.0		Retain
25. Build good networks and promote effective communication when proposals are being discussed regarding health policy issues	4.5	5.0	1.0	0.5		Retain
Nurse researchers/Scholars						
26. Identify and apply principles from experts in health policy development	4.0	5.0	2.0	1.0		Drop

Table 1 Continued

Strategy	Mdn ≥ 3.50	Mo	IR Q3-Q1 ≤ 1.50	Mo-Mdn ≤ 1.00	Recommendations from panel experts	Results
27. Identify and study health policy problems/issues to propose operable policy recommendations	5.0	5.0	1.0	0.0		Retain
28. Operate, utilize and disseminate research findings that have an impact on health policy development	5.0	5.0	1.0	0.0		Retain
Nursing educational institutions						
29. Cultivate political knowledge of nursing students	4.5	5.0	1.0	0.5	Providing political knowledge to students is important	Retain
30. Enhance leadership skills of nursing students	5.0	5.0	1.0	0.0		Retain
Nursing professional organizations						
31. Generate the capacity to influence health policy processes in nursing professional organizations/clubs	5.0	5.0	1.0	0.0		Retain
32. Identify participation in health policy development as an objective of nursing professional organizations/clubs	5.0	5.0	1.0	0.0	Reorganize the statement to make it more clear	Retain

Mdn, Median; Mo, Mode; IR, Interquartile Range.

educational institutions with two strategies and (v) nursing professional organizations with two strategies.

Table 2 shows the results from the third round, which led to final agreement on participation strategies in public health policy development for nurses in Thailand. The list contains 25 strategies for all 5 groups of stakeholders namely: (i) nurses with eight strategies, (ii) nurse leaders with eleven strategies, (iii) nursing researchers/scholars with two strategies, (iv) nursing educational institutions with two strategies and (v) nursing professional organizations with two strategies. The experts agreed on all statements and strategies including key attributes such as knowledge, leadership, communication, influence and networks.

The final strategic model of participation is presented in Figure 1. It shows clearly the strategies for participation in health policy development that are priorities from Table 2 for different groups of nurses.

Discussion

This study aimed to develop a strategic model of participation in public health policy development for nurses in Thailand. The final strategic model shows 25 strategies identified by panel experts from a range of nursing role and across different regions in Thailand. The findings provide a strong base of support for nurses in Thailand wishing to engage in public health policy development. These strategies can be adopted by nurses at all levels. Through these strategies, nurses can influence and participate in all policy process,

where they can incorporate their skills in leadership and networking.

The results of this study align with previous studies (Shariff 2015a), (Shariff 2015b). For instance, facilitators of policy participation must include policy knowledge and leadership skills (Turale & Kunaviktikul 2019). Education has a key role in preparing nurses to be more involved in policymaking. Participants needing to have experience in education of an undergraduate programme and leadership were two of seven main concepts in such a model (Shariff 2015a). Effective communication and influence are vital qualities in nurse leaders who participate in health policy (Shariff 2015b). It is important, especially during times of policy reform, that nurses strategically influence public health policy at the local, organizational and national levels. Nurse leaders are best placed to consult and provide recommendations to policymakers regarding nursing and patient health issues since they have deeply relevant knowledge and experience. Our findings are congruent with previous research, examining perceptions of acquired and appointed positions of nurses in policymaking (Cheraghi et al. 2015).

The need for strong and capable nursing leadership in public health policy development is essential to the good running of health services and education of the health workforce. Leadership development can strengthen nursing's ability to act as a full partner in the healthcare team and to be key players in healthcare decision-making. To accomplish this outcome, nurses have to be a visible presence so that other

Table 2 Median, Interquartile Range and Results of Strategies for Health Policy Participation (Third round, $n = 15$)

Strategy	<i>Mdn</i> ≥ 3.50	<i>Mo</i>	<i>IR</i> $Q3-Q1 \leq 1.50$	<i>Mo-Mdn</i> ≤ 1.00	Results
Nurses					
1. Cultivate knowledge and awareness in health policy	5.0	5.0	1.0	0.0	Retain
2. Manifest a good attitude towards policy development	5.0	5.0	1.0	0.0	Retain
3. Actively participate in professional organizations in determining public policy directions	4.0	4.0	1.0	0.0	Retain
4. Build strong networks	5.0	5.0	1.0	0.0	Retain
5. Understand the factors which influence health policy formulations	5.0	5.0	1.0	0.0	Retain
6. Understand the impact of health policy on individuals, communities and society	5.0	5.0	1.0	0.0	Retain
7. Lead/role model advocacy in political activities for nurses' rights and benefits	5.0	5.0	1.0	0.0	Retain
8. Articulate or increase public awareness regarding nursing duties and achievements	5.0	5.0	1.0	0.0	Retain
Nurse leaders					
9. Exhibit qualities of a visionary leader; lead the team towards a desired change	5.0	5.0	1.0	0.0	Retain
10. Infer and understand problems or issues in health policy	5.0	5.0	0.0	0.0	Retain
11. Represent at health policy forum/seminars	5.0	5.0	1.0	0.0	Retain
12. Share experiences with the bases in directing health policy	5.0	5.0	1.0	0.0	Retain
13. Use the media and networks to make health policy development viable	5.0	5.0	1.0	0.0	Retain
14. Exemplify adept leadership skills (presenting, systematic thinking and effective communication)	5.0	5.0	0.0	0.0	Retain
15. Propose ideas/participate in the Health National Assembly to justify and defend health policy	5.0	5.0	1.0	0.0	Retain
16. Situate oneself in a position to directly participate in health policy development	5.0	5.0	1.0	0.0	Retain
17. Initiate the formulation of health policy	5.0	5.0	1.0	0.0	Retain
18. Have wisdom and assert organizational standpoints in health policy forums/seminars	5.0	5.0	1.0	0.0	Retain
19. Build good networks and promote effective communication when proposals are being discussed regarding health policy issues	5.0	5.0	1.0	0.0	Retain
Nurse researchers/Scholars					
20. Identify and study health policy problems/issues to propose operable policy recommendations	5.0	5.0	1.0	0.0	Retain
21. Operate, utilize and disseminate research findings that have an impact on health policy development	5.0	5.0	1.0	0.0	Retain
Nursing educational institutions					
22. Cultivate political knowledge of nursing students	5.0	5.0	1.0	0.0	Retain
23. Enhance leadership skills of nursing students	5.0	5.0	1.0	0.0	Retain
Nursing professional organizations					
24. Generate the capacity to influence health policy processes in nursing professional organizations/clubs	5.0	5.0	1.0	0.0	Retain
25. Specify participation in health policy development as an objective of nursing professional organizations/clubs	5.0	5.0	1.0	0.0	Retain

Mdn, Median; *Mo*, Mode; *IR*, Interquartile Range.

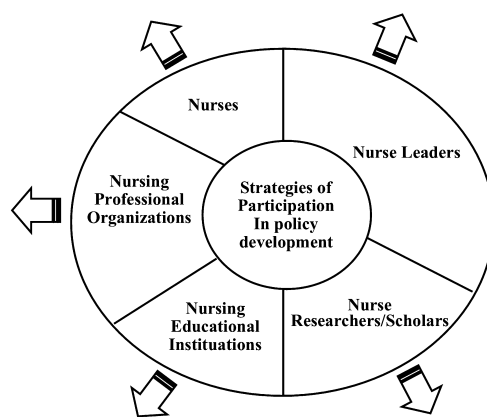
healthcare professionals can see them as indispensable and equal partners in health policy development. Nursing educational institutions can include health policy as part of the curriculum. Research has shown that policy knowledge is associated with increased political participation (O'Rourke et al. 2017). Although many educational programmes emphasize legislative policy and its process, developing political

competencies is largely absent (Benton et al. 2017). Opportunities for such learning by nursing students lie in activities outside the classroom such as campus elections. Finally, clear communication was found to be an important attribute regarding policy engagement (Waddell et al. 2017). The nursing profession is the largest group of healthcare professionals and has unique characteristics working with patients. Nurses

- Cultivate knowledge and awareness in health policy
- Manifest a good attitude towards policy development
- Actively participate in professional organizations in determining public policy directions
- Build strong networks
- Understand the factors which influence health policy formulations
- Understand the impact of health policy on individuals, communities, and society
- Lead/role model advocacy in political activities for nurses rights and benefits
- Articulate or increase public awareness regarding nursing duties and achievements

- Exhibit qualities of a visionary leader; lead the team towards a desires change
- Infer and understand problems or issues in health policy
- Represent at health policy forum/seminars
- Share experiences with the bases in directing health policy
- Use the media and networks to make health policy development viable
- Exemplify adept leadership skills (presenting, systematic thinking, effective communication)
- Propose ideas/participate in the Health National Assembly to justify and defend health policy

- Generate the capacity to influence health policy processes in nursing professional organizations/clubs
- Specify participation in health policy development as an objective of nursing professional organizations/clubs



- Situate oneself in a position to directly participate in health policy development
- Initiate the formulation of health policy
- Have wisdom and assert organizational standpoints in health policy forums/seminars
- Build good networks and promote effective communication when proposals are being discussed regarding health policy issues

- Cultivate political knowledge of nursing students
- Enhance leadership skills of nursing students

- Identify and study health policy problems/issues to propose operable policy recommendation
- Operate, utilize, and disseminate research findings that have an impact on health policy developmnt

Fig. 1 Strategies of participation in policy development for nurses.

can and must communicate clearly with all types of policy actors about policy-relevant issues and be able to present and debate the evidence.

Limitations

Interview surveys have potential for biased responses; however, pre-set interview questions controlled the focus. Interviewers may have known the participants leading to preconceived notion or opinion about them and possibly influencing responses. The Delphi process of amalgamating responses at each round mediated some of the risk for any particular view to dominate.

Conclusion

It is evident that there is a need for nurses to participate more in policy development. The research has produced a participation model that provides guidance to nurses, nurse leaders, nurse researchers/scholars, nursing educational institutions and nursing professional organizations interested in implementing strategies promoting nurse participation in health policy development. Nursing managers and leaders should provide nurses with the time, resources and opportunities necessary to participate in health policymaking.

Implications

Encouragement to participate requires managers and leaders to give nurses ample opportunities to be heard, express sentiments and personal opinions in relation to their allocated responsibilities. Nurses need support if they are to enhance their professional career, for instance, money for related health seminars, access to recent relevant articles or studies published, and exposure to pertinent laws and regulated practices both in local and international arena. The model provides a guide to the strategies needed for capacity building such as organizing forums involving policymakers, and a system for informing the public and health professionals of updates on relevant issues pertaining to health and nursing policy. Support from health agency executive managers would facilitate the implementation of the strategies identified in this model.

Future research should focus on monitoring policy participation of nurses in healthcare service fields and exploring factors that contribute to the effectiveness of these strategies and testing the effectiveness of this model.

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Author contributions

Study design: OW, KA, AN, YK, WK.

Data collection OW, KA, AN.

Data analysis: OW, KA, AN.

Study supervision: OW.

Drafting manuscript: OW, KA, AN, YK, WK.

Critical revision for intelligent content: OW, KA, AN, YK, WK.

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