Nurses' involvement in HIV policy formulation in Nigerian Health Care System

by

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Background of study

• Nigeria, is one of the 22 countries seriously affected by the AIDS pandemic, and is answerable to 30 percent of global mother to child transmission of HIV

• Nigeria PMTCT coverage is 25.9%, far below the expected target of 90% in 2015 (John 2014; UNAIDS, 2012).

• A multi-sectoral and multi-disciplinary approach in policy formulation, with the health sector taking the lead is advocated as the panacea (Court 2006; UNAIDS, 2009).

• Such stakeholders must have appropriate representation in major decisions making forums (Court 2006; UNAIDS, 2009).
• Studies revealed that greater nursing involvement in policy decision-making is a necessity for the attainment of MDGs 4, 5 and 6 (Edward et al., 2007; IOM, 2010; ICN, 2014; PAHO, 2004; Richter et al., 2012; WHO, 2007).

• Health care reform will never be possible without nurses involvement in major decision making and such representation should reflect their number to enhance power in decision making (Davis 2012).

• Nurses formed the bulk of health workers in Nigeria, however Nigerian nurses representation in policy in this diseased burden area remain questionable.

• This study therefore seek to examine the extent of nurses contribution to policy formulation in the context of mother to child HIV transmission.
Study Objectives

1. Assess nurses’ knowledge of current global strategies.

2. Describe nurses’ contribution to policies

3. Identify issues which encourage or impede nurses policy development involvement.

4. Identify promising models of actively engaging nurses in policy development.
Theoretical Perspectives

• Critical social theory and power theory

• **Critical social theory** (Habermas 1978): Provides the means of identifying social, political and economic realities that have shaped the nursing environment in the study setting.

• **Power theory** (Webber (1947) and Gaventa’s (1980)): Exposes power inequities in the setting and facilitates the analysis and discussion of findings
Methodology

• **Research design**: Qualitative study; Single case study with embedded units.

• Participatory action research (PAR) and case study principles guides all methodological processes.

• **Study Setting**: Cross River State (multiple-level case study)
The CASE: Methodology contd.

Fig.1: A single case with embedded units in the study setting, Cross River State, Nigeria
### Methodology contd.

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Study Findings

• Three major themes:

1. Intimate Knowledge of Healthcare
2. Limited nurses involvement in PMTCT policy decision making; and
3. Going with the flow
Theme 1: Intimate Knowledge of Healthcare

This theme is made up of 6 subthemes namely:

1. Knowledge of local/global HIV trends
2. Knowledge of local strategies
3. Knowledge of Barriers to MTCT uptake
4. Mobilizing local strategies
5. Integral nursing role and
6. Integral role of implementing partners
Theme 2: Limited nurses involvement in PMTCT policy decision making

This theme has three sub-themes:

1. Nominal participation of nurses in policy decision making
2. Challenges/barriers in involvement in decision making forum
3. Envisioning solution to policy involvement.
Theme 2.1: Nominal participation

• Nurses were implementers of PMTCT policies

• Nurses were not involve in PMTCT policy formulation.
Theme 2.2: Challenges to Involvement in Decision-making

Individual barriers/Challenges.

- Nurses general lack of awareness on their right to policy
- Lack of degree education.

Systemic Barriers/Challenges
- Lack of value for nursing profession
- Lack of nurses in key policy positions
- Organisational structure
- Marginalisation of nurses and other professionals from some key positions.
- Lack of invitation to policy meetings
- Absence of nursing directorate at the federal level.
- Non-involvement in health system politics
Theme 2.3: Envisioning solution to policy involvement.

Envisioning individual solutions:
• Inculcating policy courses in nursing curriculum
• Nursing leadership in policy (Policy mentors, retired nurses)
• Educational advancement of nurses
• Creating awareness (organising policy workshop)

Envisioning systemic solutions:
• Encouraging inter-professional harmony
• Active participation in health system politics
• Organisational restructuring that promote merit.
• Nursing leadership in policy (Policy mentors, retired nurses)
• Group advocacy
Theme 3: Going with the flow

- This sub-theme refers to nurses reluctance to do something to change their circumstance in terms of their nominal engagement in policy development.

- sub-theme: Diffident to rock the boat

- Study revealed nurses *hesitant to blow the whistle or question* the reason for nurses’ exclusion from policy-making arenas as stated:

  “we all know what they are doing is wrong by eliminating us (nurses) from making major decisions, but what can we do, nobody wants to be the sacrificial lamb and lose their job”
Proposed model of nursing policy engagement
Components of model

The promising model to active engagement of nurses in policy has four major components namely:

• University education: Foundation
• Leadership component
• Policy challenges /barriers: Individual and systemic
• Individual and systemic envisioning solutions
Active involvement of nurses in research and policy development is vital to attain both global and national target to eliminate mother-to-child HIV transmission.

Strong nursing leadership is necessary to transcend barriers and facilitate nurse’s involvement in policy development.

Encourage the integration of policy courses in curriculum from first degree nursing programmes.

Retired nurses should mentor young nurses on how to navigate policy arena.

Group advocacy using nursing associations should be encouraged.
Thank You & Questions

Thank You
Thank You
Thank You!!!!
References


