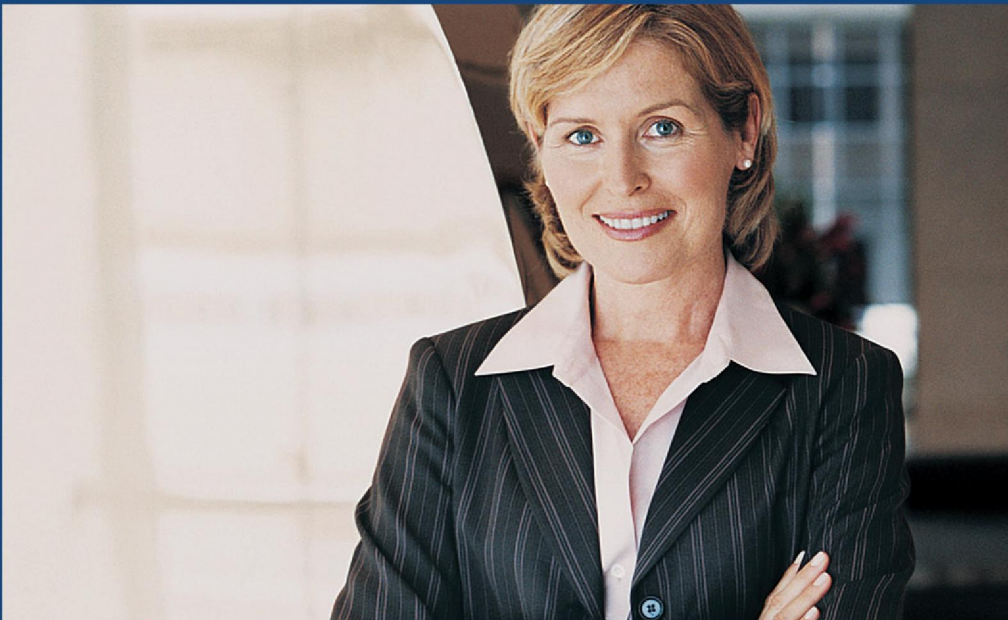# NCSBN
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Influencing policy through the generation of research the application of knowledge and the use of social networks

David Benton PhD RN FRCN FAAN

Chief Executive Officer

Participants will be able to: -

(1) • Identify significant opportunities to influence nursing and health policy over the coming decade

(2) • Describe the contribution the current state of the science regarding nursing's approach to influencing policy and politics

(3) • Appreciate the role that social network analysis can play in leading research based policy change.

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Changing Dynamics

- Mobility, Flexibility & Expectations

- Diseases – Killing us slowly/ Killing us quickly

- Population Support Ratios

- Technology

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Three Policy Windows

Sustainable Development Goals

- 17 Goals
- 168 Targets & Enablers

HRH Strategy 2030

- Inclusive Process
- Implications for all Countries

Global Nursing & Midwifery Strategy
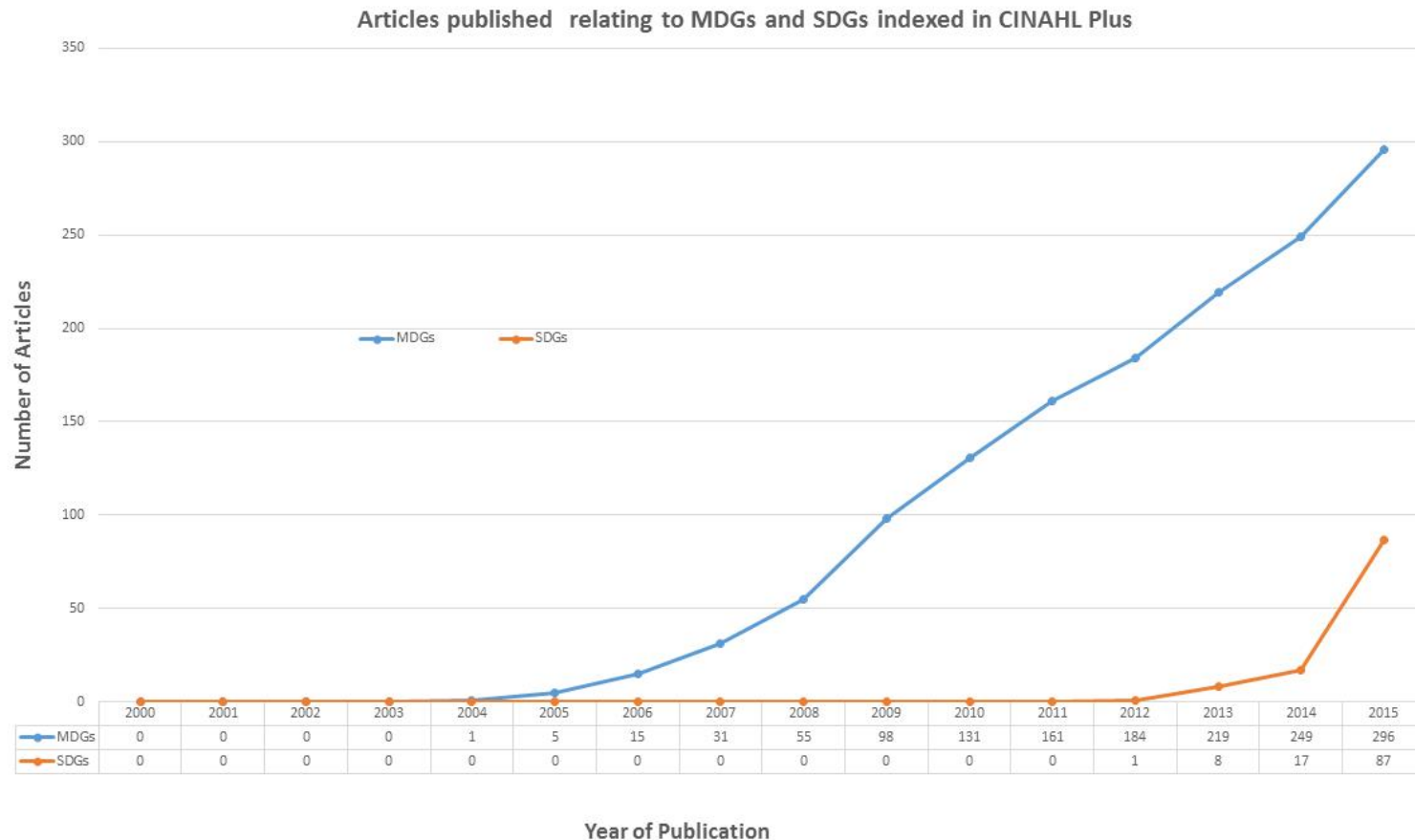
- Supports HRH2030 Strategy
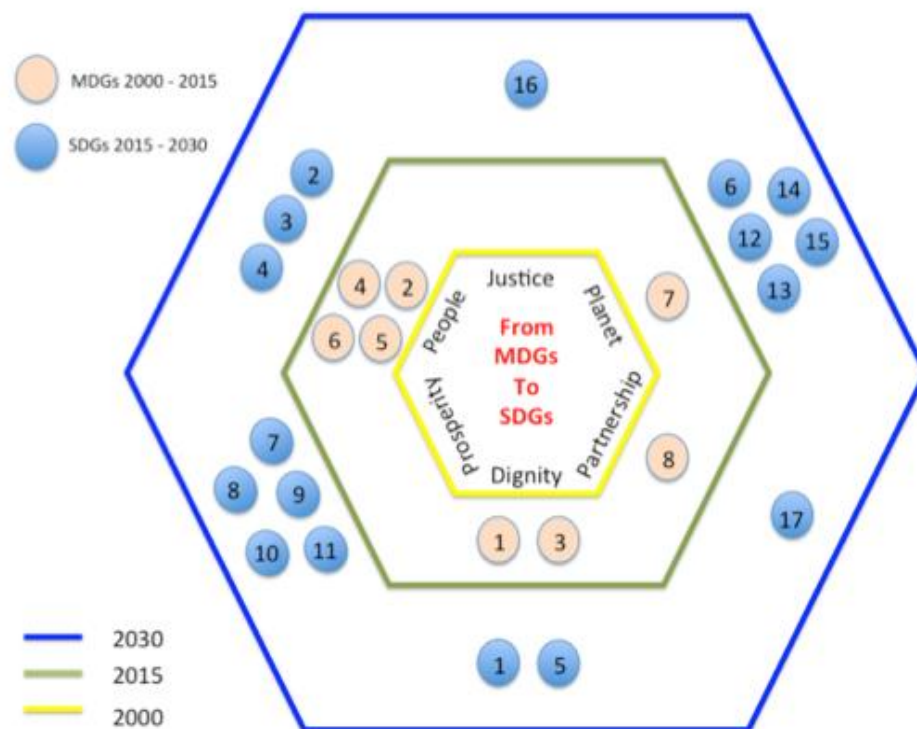- Focus 2016-20

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The Sustainable Development Goals

Scholarship MDGs & SDGs

Articles published relating to MDGs and SDGs indexed in CINAHL Plus

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
MDGs	0	0	0	0	1	5	15	31	55	98	131	161	184	219	249	296
SDGs	0	0	0	0	0	0	0	0	0	0	0	0	1	8	17	87

Year of Publication

Number of Articles

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Benton & Shaffer (2016)

Schematic Mapping of MDGs & SDGs

Dignity – end poverty and fight inequality
People – ensure healthy lives, knowledge, and the inclusion of women and children
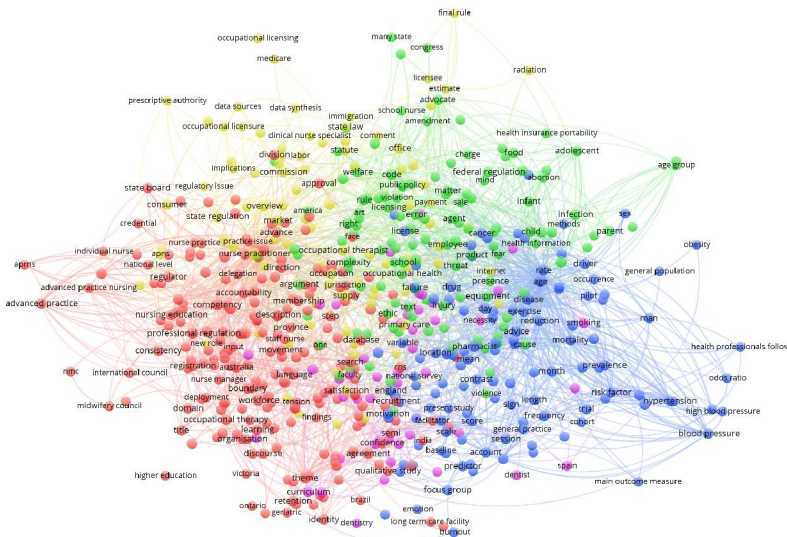Planet – protect our ecosystem for all societies and our children
Partnership – catalyze global solidarity for sustainable development
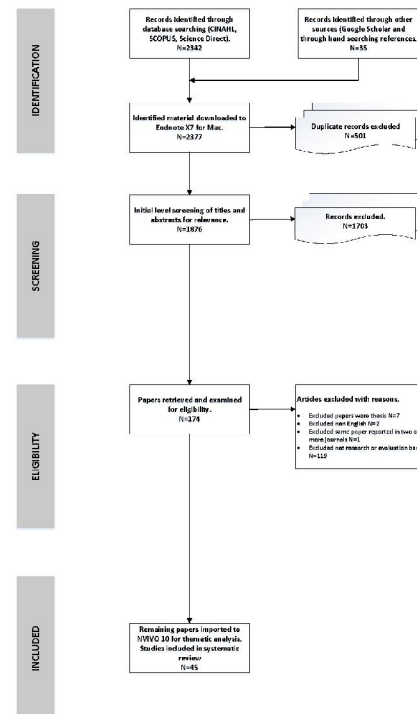Justice – promote and peaceful societies and strong institutions
Prosperity – grow a strong inclusive and transformative economy

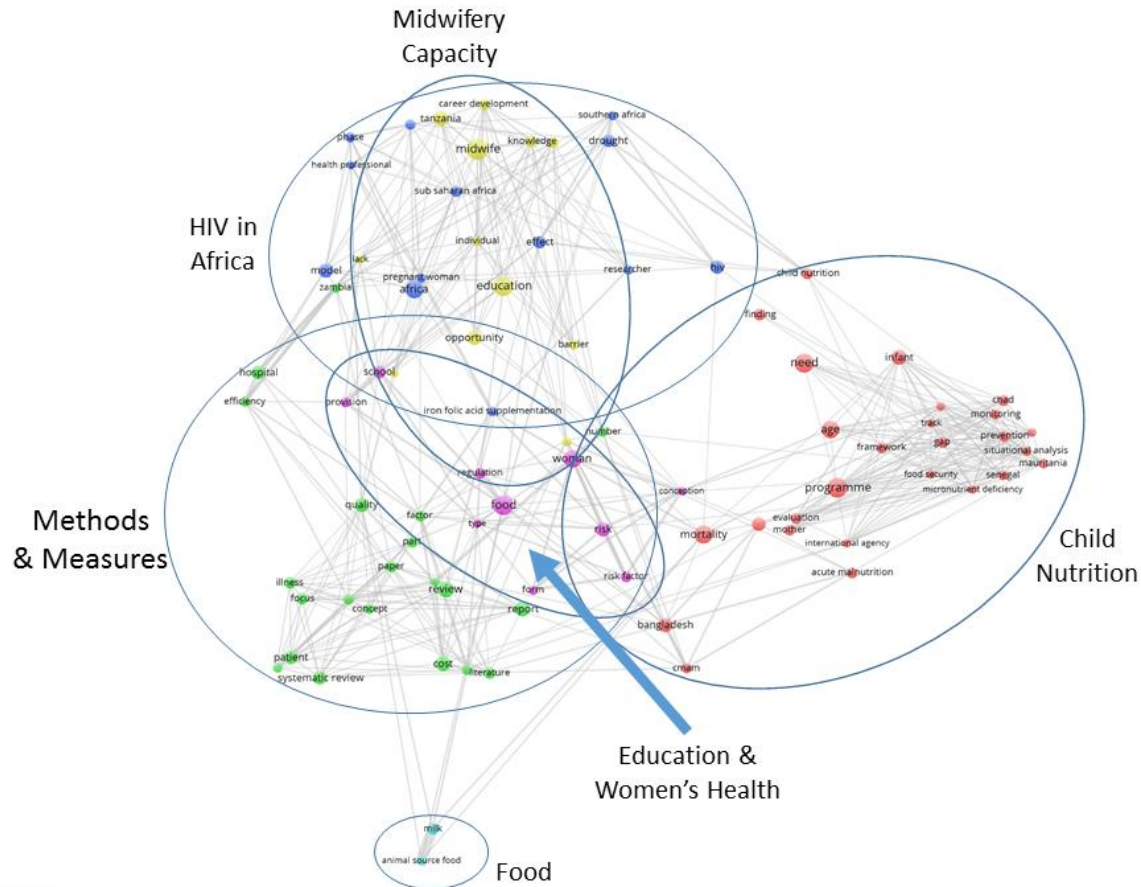Benton & Ferguson (2016a)

Scoping The Environment

- ## Wide-angle Image
  - Bibliometric Reviews

- ## Close-up Image
  - Systematic Reviews

Themes addressed by Scholars re MDGS

Themes addressed by Scholarship re SDGs

Nutrition, Workforce & SDG Targets

Midwifery Workforce

Malnutrition

VOSviewer

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Benton & Shaffer (Accepted)
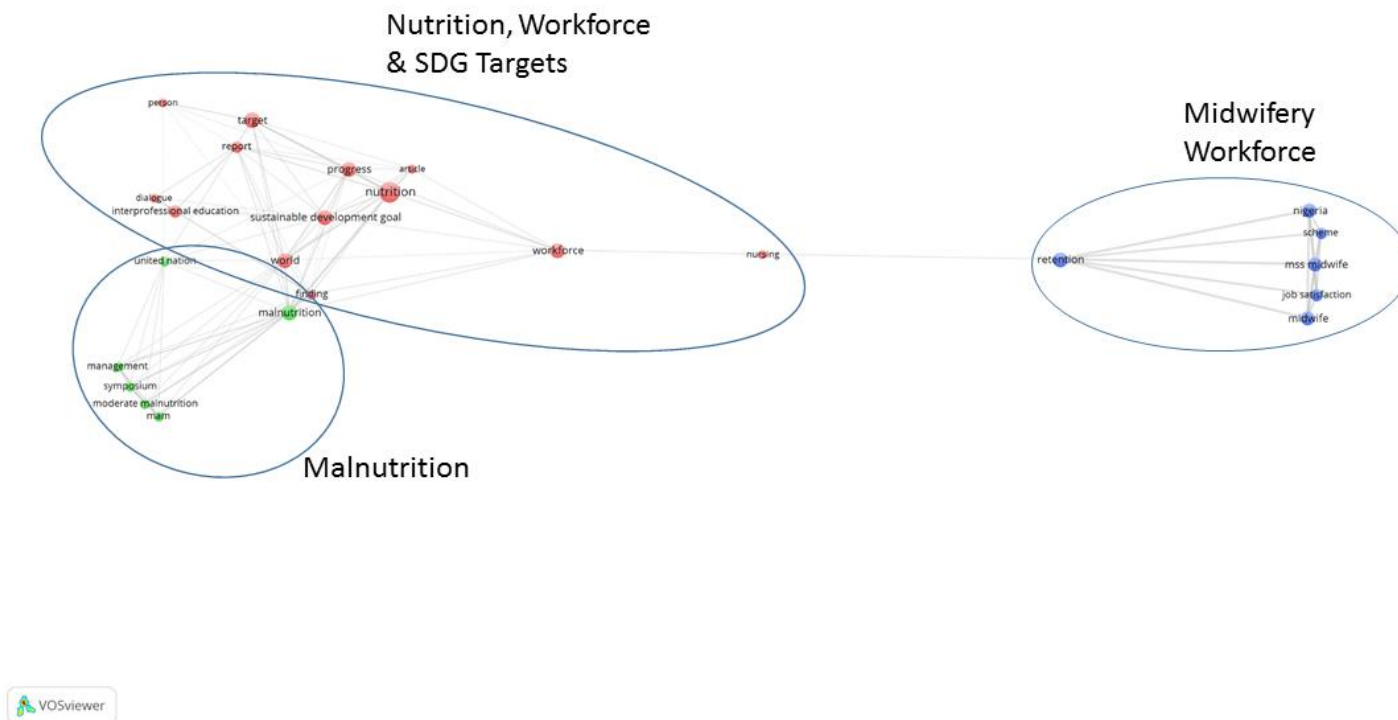
Seeing The Potential Part 1

SDG Goals	Regulation	Professional Practice	Socio-economic Welfare
Goal 1: End poverty in all its forms everywhere	• Provide articulated pathways for health professionals that facilitate progression. • Ensure curricula address the social determinants of health. • Ensure nurses have autonomy to provide independent practice.	• Provide health services to the marginalized so as to improve health status. • Nurse led clinics and services that support full scope of practice. • Nurses to play a lead role in community based disaster preparedness response systems	• Promote code of ethical recruitment. • Advocate for minimum wage Some evidence that health investment has wider positive impact on the economy of the country
Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	• Regulation of sugar and salt in processed foods.	• Provide health promotion advice on every nursing encounter. • Ensure dietary advice covered as part of child developmental checks	• Ensure healthy meal options available in canteens and workplaces
Goal 3: Ensure healthy lives and promote well-being for all at all ages	• Curriculum content of nursing programs to reflect well-being and health promotion. • Community based roles so as to promote early intervention. • Include in full scope of practice prescriptive authority.	• Promote planned pregnancy; immunization; address NCD common risk factors; • Advocate for cycle lane and urban design that supports active lifestyles.	• Promote positive practice environments. • Provide workplaces with health advice and prevention (immunization) programs. • Means of securing universal health coverage.

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Benton & Shaffer (Accepted)

Seeing The Potential Part 2

SDG Goals	Regulation	Professional Practice	Socio-economic Welfare
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	• Accreditation systems of both academic and practice. • CPD and continuing competence in place. • Articulated education pathways (accreditation for prior learning) that optimize progression.	• Align continuing education content with changing patient care needs.	• Negotiate access to funded continuing education. • Educational investment is correlated with national wealth and investment in women and girls correlated with healthier families.
Goal 5: Achieve gender equality and empower all women and girls	• Ensure curricula addresses gender issues and includes assertiveness power and influence as part of communications skills.	• Demonstrate the return on investment for delivering evidence based practice. • Promote birth registration to facilitate access to services. • Equip nurses with policy competences	• Professional nursing associations to pursue equal pay legislation. • Promote nurses as members of decision making Boards and processes.
Goal 6: Ensure availability and sustainable management of water and sanitation for all	• Part of public health nursing curriculum.	• Promote the importance of hand hygiene • Promote the importance of sanitation as a foundational component of health.	• Part of positive practice environment agenda
Goal 7: Ensure access to affordable, reliable, sustainable, and modern energy for all		• Promote solar panels as a means of reducing burns in children from kerosene lamps and as a means of being able to study after dark.	• Advocate for green work environments

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Benton & Shaffer (Accepted)

Seeing The Potential Part 3

SDG Goals	Regulation	Professional Practice	Socio-economic Welfare
Goal 8: Promote inclusive and sustainable economic growth, full and productive employment, and decent work for all	• Maximize scope of practice • Promote exploration of Health and Social care roles	• Implement sustainable APRN roles	• Promote Positive Practice Environments to reduce turnover and increase productivity. • Promote ILO convention 149 • Provide micro-finance to nurses wishing to establish services in remote and rural settings
Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation	• Regulatory models that support innovative practice such as telehealth.	• Promote multi-center research and collaboration to facilitate knowledge transfer	• Facilitate employee input into modernization initiatives.
Goal 10: Reduce inequality within and among countries	• Promote APRN roles. • Promote multiple-entry pathways into education programs so as to maximize diversity	• Practice to full scope	• Remove barriers requiring heads of department or hospital to be a physician. • Promote code of practice for migration, recruitment and retention. • Women represent majority of nurses so any strategy of gender equality would have
Goal 11: Make cities and human settlements inclusive, safe, resilient, and sustainable	• Off-site back up of regulatory registers. • Develop positions in relation to use of remote health monitoring	• Promote a designed environment that sustains independent living into older age.	

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Seeing The Potential Part 4

SDG Goals	Regulation	Professional Practice	Socio-economic Welfare
Goal 12: Ensure sustainable consumption and production patterns	• Use regulatory data to inform optimum workforce planning to maximize human resource usage and educational system investment	• Part of promoting a healthy diet	• Minimize use and ensure health and hospital waste is disposed of in an ecologically sound manner. • Promote the inclusion of a nurse as part of hospital supply purchasing team – more efficient and effective.
Goal 13: Take urgent action to combat climate change and its impacts	• Ensure are regulators have off site disaster recovery of licensure data etc. • Include clauses in legislation to permit rapid legal deployment of staff in response stop disasters. • Be ready to offer practice advice that raises ethical and practice challenges (Ebola, Zika etc)	• Agree competencies needed to address planning through to recovery phase of disasters.	• Have robust staff relocation and deployment systems to address disasters
Goal 14: Conserve and sustainably use the oceans, seas, and marine resources for sustainable development		• Promote use of sustainable fish as part of a healthy diet. • Advocate for clean marine environment to prevent heavy metal contamination of fish and shellfish.	

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Seeing The Potential Part 5

SDG Goals	Regulation	Professional Practice	Socio-economic Welfare
Goal 15: Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation, and halt biodiversity loss		• Highlight the impact of poor air quality on respiratory function	• Advocate for sustainable ecosystems that maintain good air quality. • Advocate for sustainable approaches that reduce the displacement of peoples and indigenous groups
Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels	• Computerized live register with real up-dates in relation to criminal background checks, judicial judgements, continuing competence etc. • Ensure register is easily accessible and employer notification systems are in place. • Transnational data sharing developed and introduced to facility safe mobility of practitioners.	• Be alert to signs and symptoms of Child and elder abuse and address these.	• Address violence in the workplace • Remove ghost workers. • Promote inclusion of nursing leaders in senior governance positions.

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Seeing The Potential Part 6

SDG Goals	Regulation	Professional Practice	Socio-economic Welfare
Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development	• Collaborative arrangements and memorandum of agreement between regulatory bodies. • Raise awareness of modes of supply and Joint Agreement on Trade in services (GATS) • Design regulatory models that support team based person centered services. • Regulatory data systems that are fully integrated and support inter-jurisdictional and inter-regulatory body collaboration	• Promote development and use of re-usable learning units that can have a normative impact on practice. • Agree common reporting systems that capture data once and then use it for many purposes	• Governance models that support the contribution of employees to redesign and performance monitoring.

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Benton & Shaffer (Accepted)

Global Strategy on Human Resources for Health: Workforce 2030

The Story So Far

- Two years of consultation
- Eight evidence based papers
- Multi-intra-governmental agency support
- Approved at 69th World Health Assembly 2016
- Impacts on all countries.
- Requires routine reporting

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Basic Points

- Vision – Accelerate progress towards universal health coverage and the UN development goals by ensuring equitable access to health workers within strengthened health systems.

- Overall Goal – To improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to health systems, and the implementation of effective policies at national, regional and global levels.

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Four Objectives (Part 1)

1. To optimize performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels.

2. To align investment in human resources for health with the current and future needs of the population and health systems, taking account of labor market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.

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Four Objectives (Part 2)

3. To build the capacity of institutions at sub-national, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health.

4. To strengthen data on human resources for health, for monitoring and ensuring accountability for the implementation of national and regional strategies, and the global Strategy

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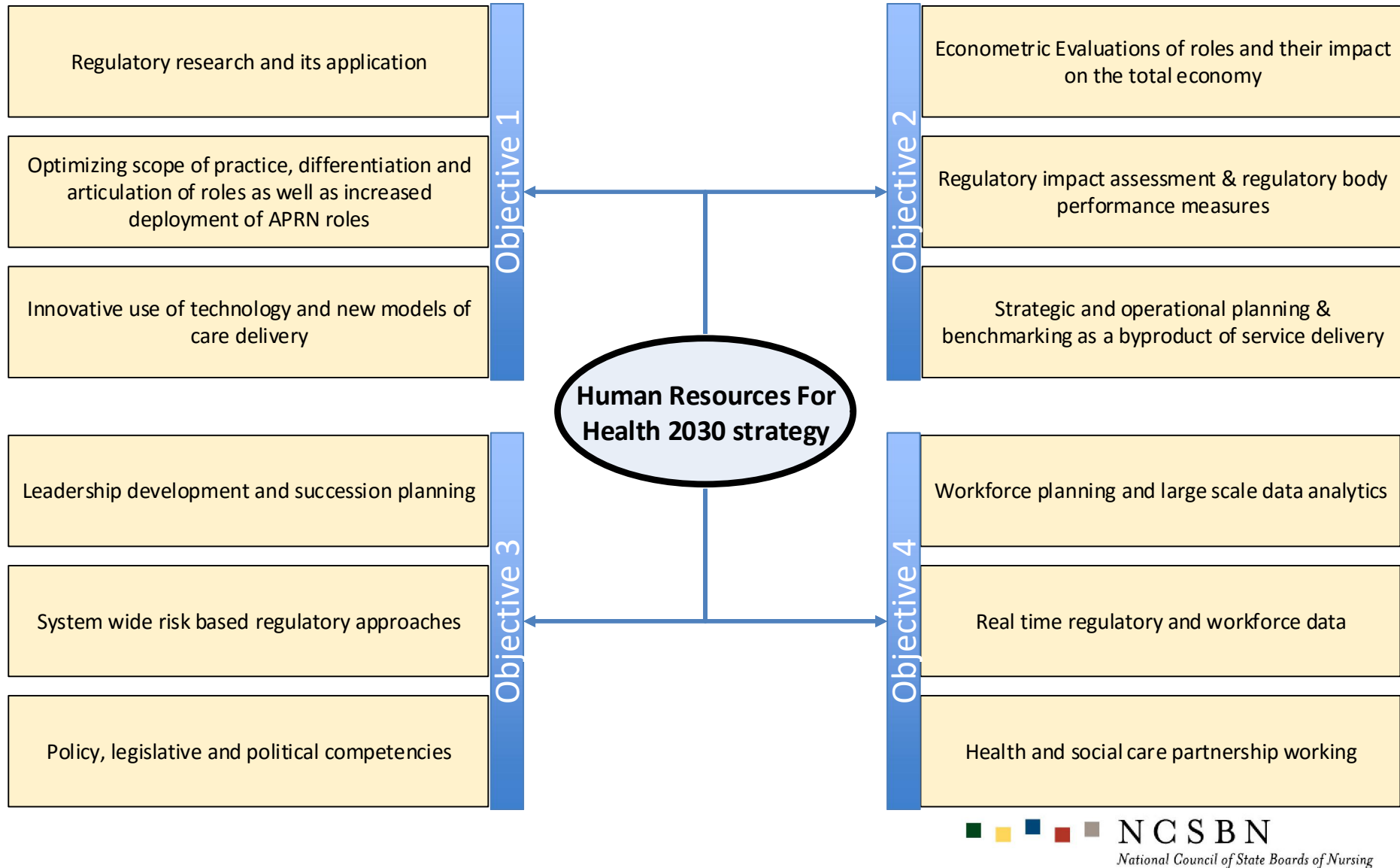# Regulation fit for the future

- Our regulatory system must protect public health, welfare, safety, and our environment while promoting economic growth, innovation, competitiveness, and job creation. It must be based on the best available science. It must promote predictability and reduce uncertainty. It must identify and use the best, most innovative, and least burdensome tools for achieving regulatory ends. It must take into account benefits and costs, both quantitative and qualitative. It must ensure that regulations are accessible, consistent, written in plain language, and easy to understand. It must measure, and seek to improve, the actual results of regulatory requirements.

Executive Order 13563, Federal Register 76, no. 11 (2011)

President Barack Obama

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VISION – To accelerate progress towards universal health coverage and the sustainable development goals – A Regulatory Perspective

Objective 1
- Regulatory research and its application
- Optimizing scope of practice, differentiation and articulation of roles as well as increased deployment of APRN roles
- Innovative use of technology and new models of care delivery

Objective 2
- Econometric Evaluations of roles and their impact on the total economy
- Regulatory impact assessment & regulatory body performance measures
- Strategic and operational planning & benchmarking as a byproduct of service delivery

Human Resources For Health 2030 strategy

Objective 3
- Leadership development and succession planning
- System wide risk based regulatory approaches
- Policy, legislative and political competencies

Objective 4
- Workforce planning and large scale data analytics
- Real time regulatory and workforce data
- Health and social care partnership working

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Global strategic
directions for
strengthening
nursing and midwifery
2016–2020

World Health Organization

- Third in a series

- Launched by HRH Princess Muna Al Hussain

- Four thematic areas

- Implementation through Country, regional, global and partnership action

- Three year report back cycle

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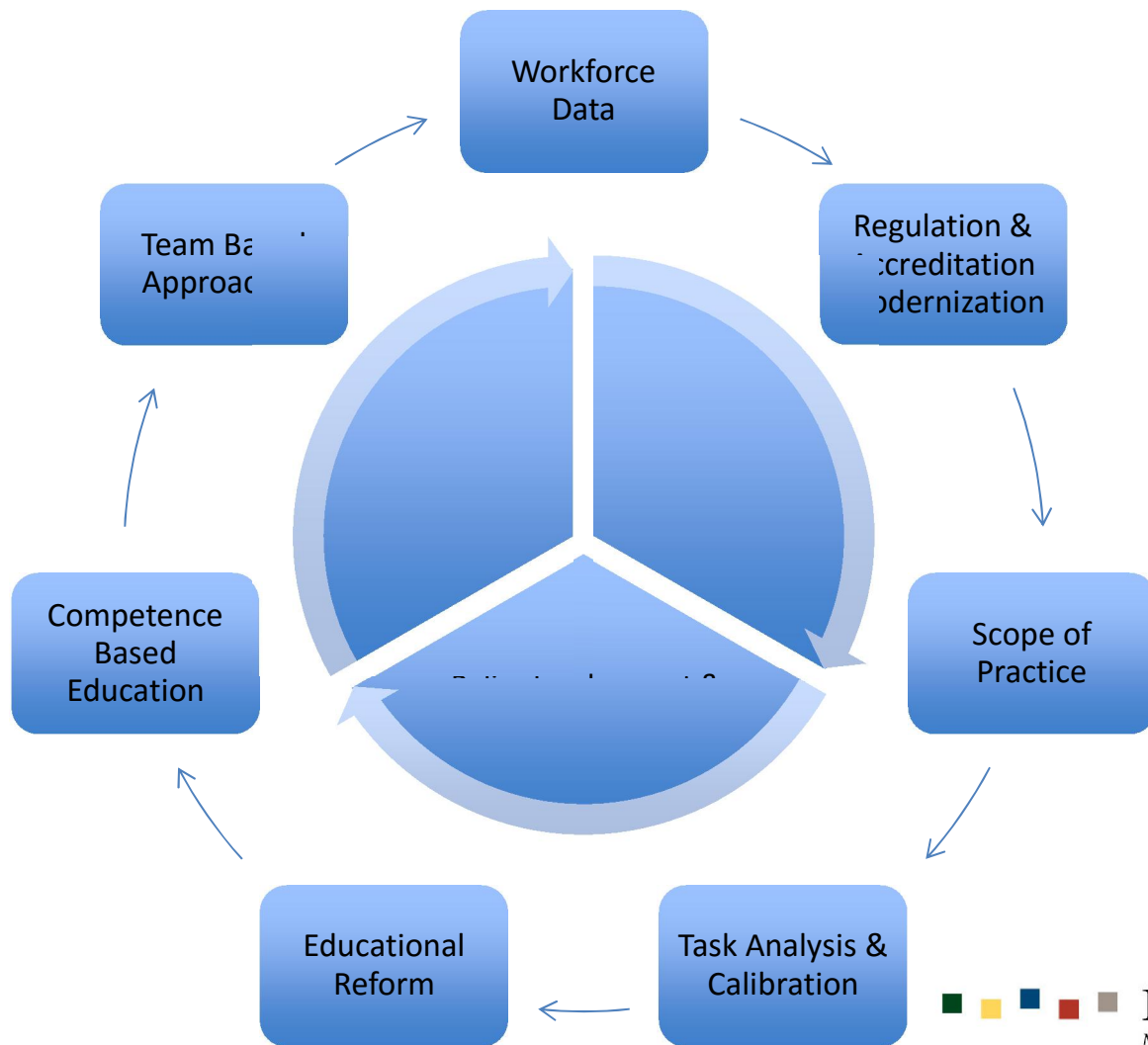
Thematic Areas

- Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings.

- Optimizing policy development, effective leadership, management and governance.

- Working together to maximize the capacities and potentials of nurses and midwives through intra and inter-professional collaborative partnerships, education and continuing professional development.

- Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development

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Global Strategic Directions For Nursing Midwifery Development 2016-2020:Regulatory Perspectives

Influencing Policy?

LEGISLATURE

POLICY

SPECIAL INTEREST

BUREAUCRACY
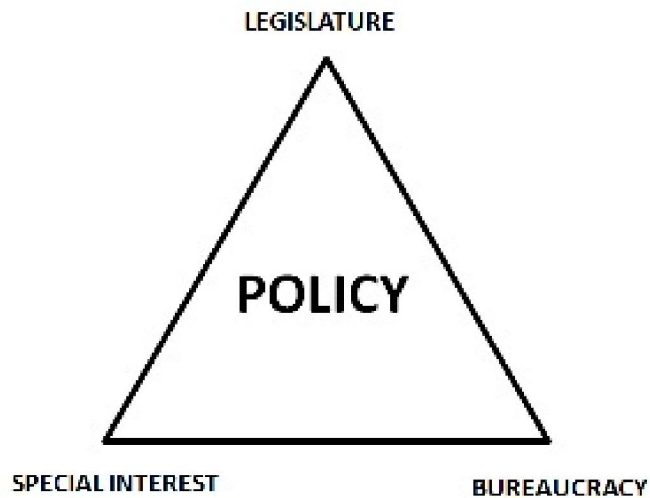
KINGDON'S PROCESS STREAMS

Problem Identified
Awareness grows on the
urgent need to improve

Policy Proposed
Policy is informed by
research and evidence.

Politics Favorable
Public and political support
reaches a tipping point.

OPEN POLICY WINDOW

Goal

policy

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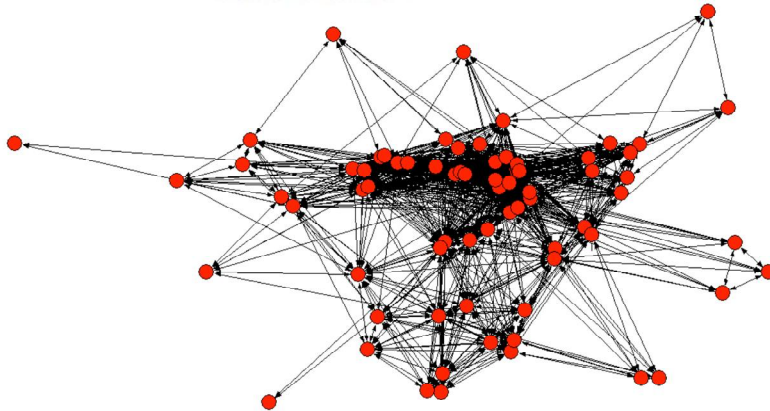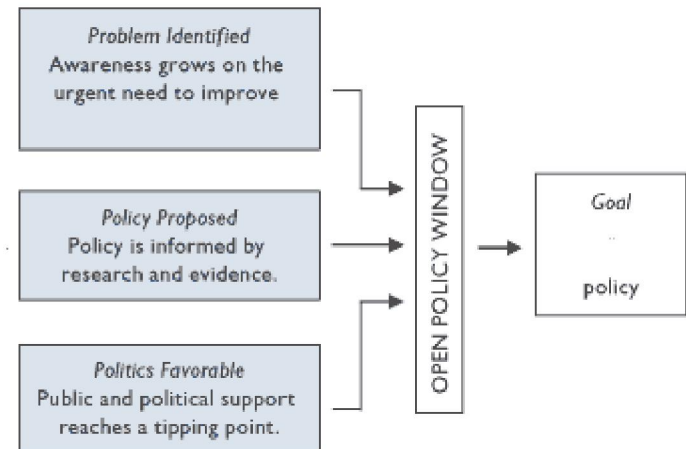
Policy, Politics & Influence

Is of Nursing
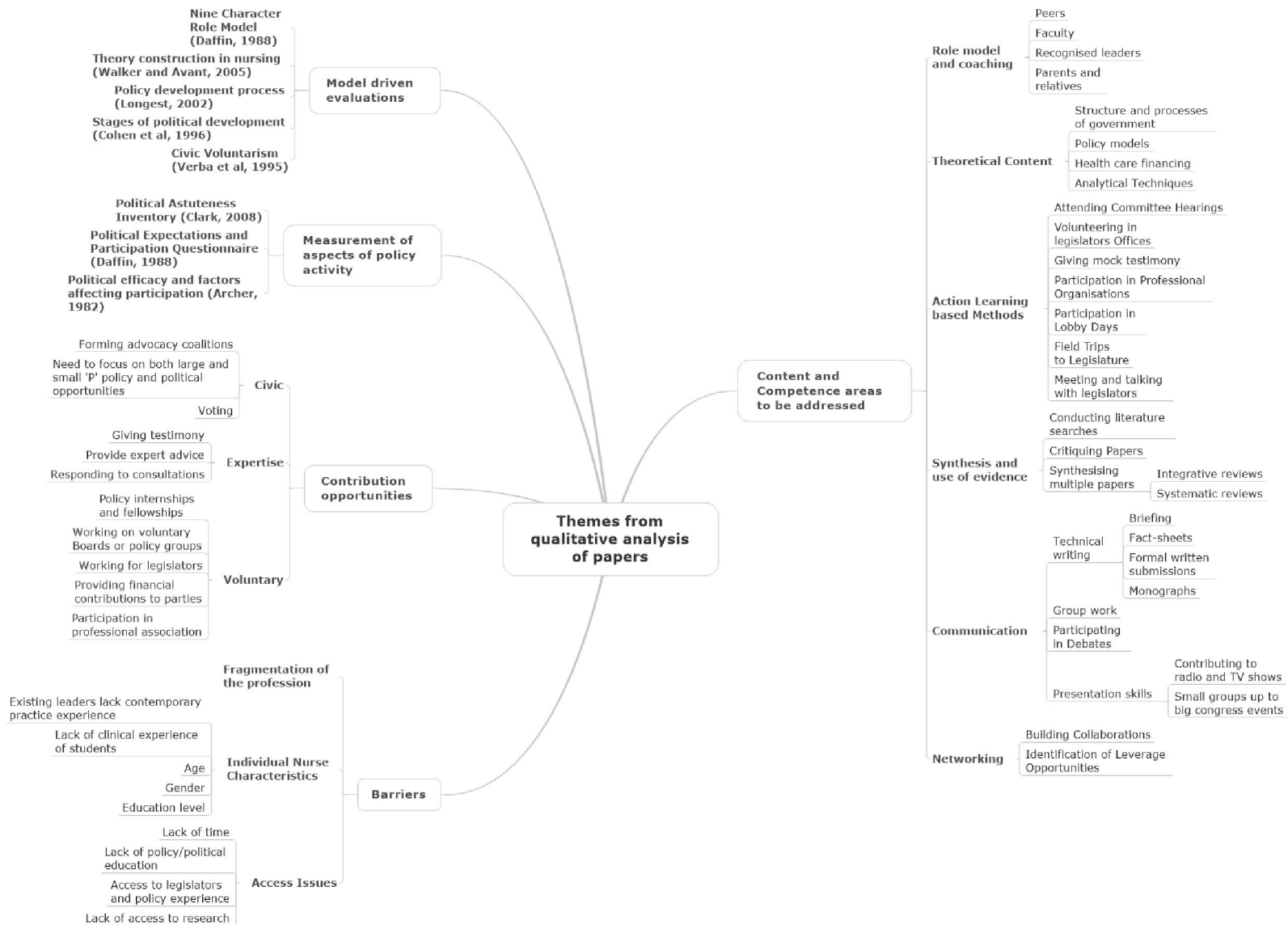
What is a network?

- A network is a grouping of individuals, organisations and agencies organised on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically based on commitment and trust.

(WHO 1998)

- Linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and organisational boundaries to ensure equitable provision of high quality, effective services.

(Our National Health 1998)

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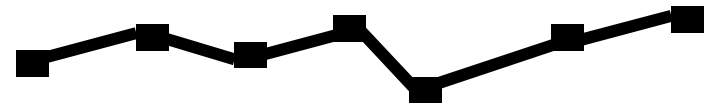National Council of State Boards of Nursing

Social Network Analysis

- Social network analysis [SNA] is the mapping and measuring of relationships and flows between people, groups, organizations, computers or other information/knowledge processing entities.

- The nodes in the network are the people and groups while the links show relationships or flows between the nodes.

Individual
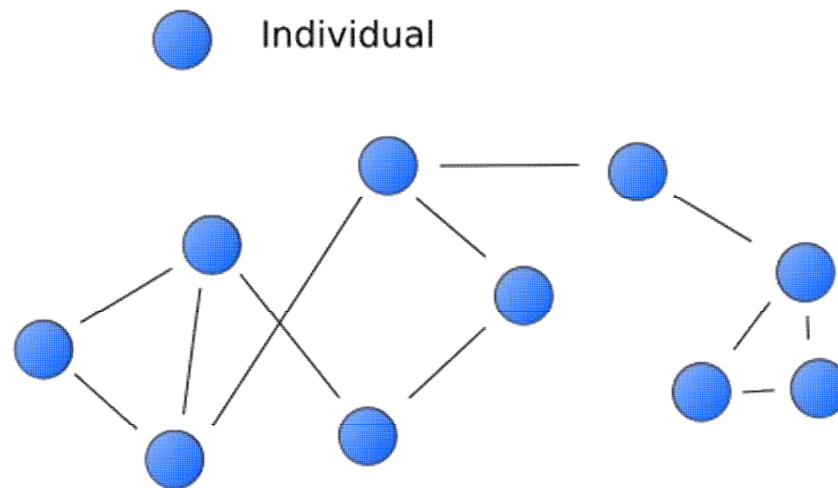
Metrics that provide deeper insights based on the structure

- Structural
    - Density (cohesion)
    - Distance (degrees of separation)
    - Ratio of connections between internal (to group) and external (to other groups)
- Centrality – Identifying Key People
    - Brokers (people who move information around the organization)
    - Potential bottlenecks
    - Under-appreciated connectors
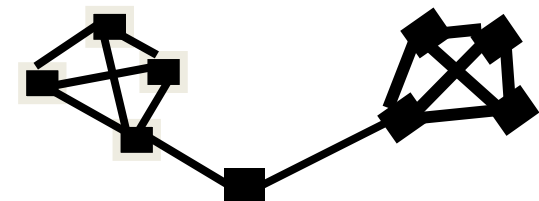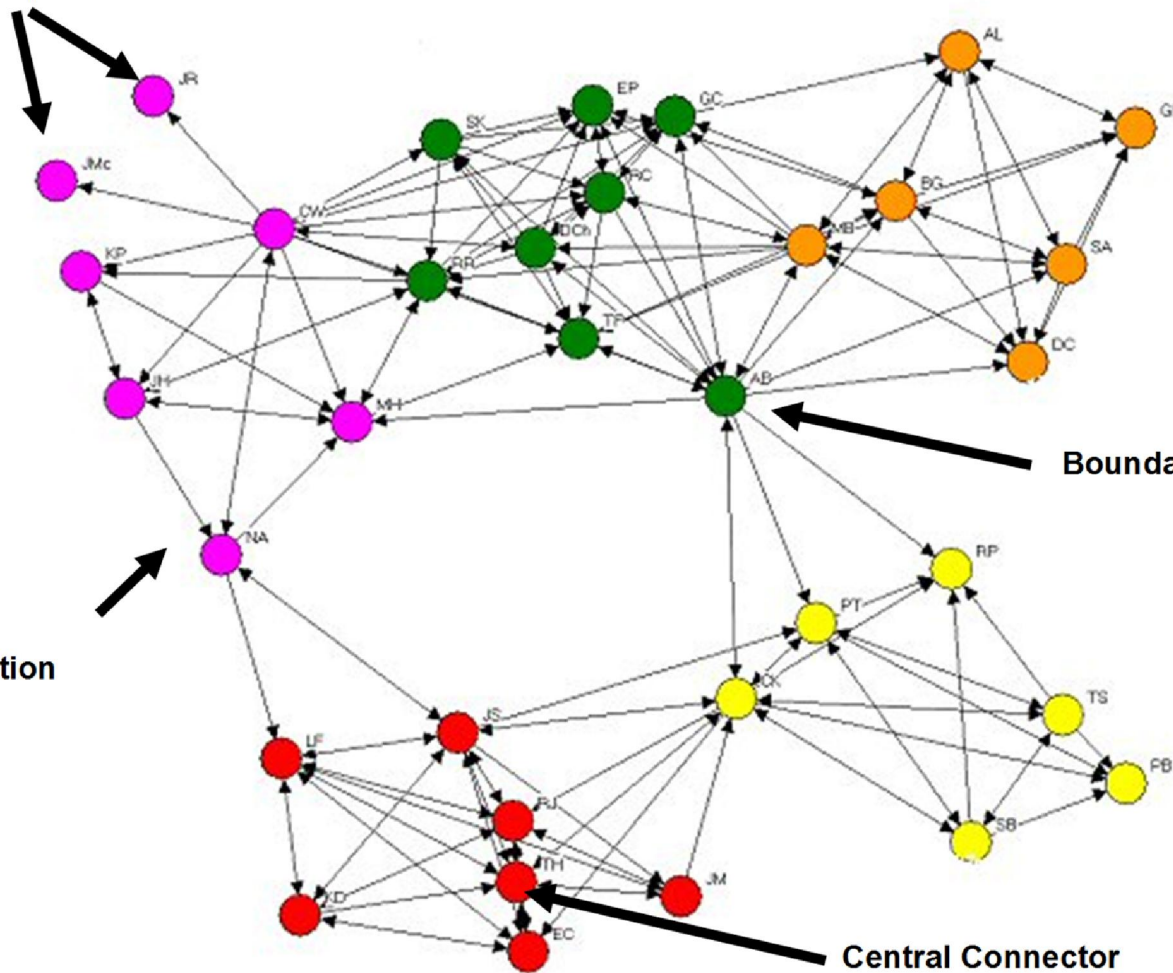
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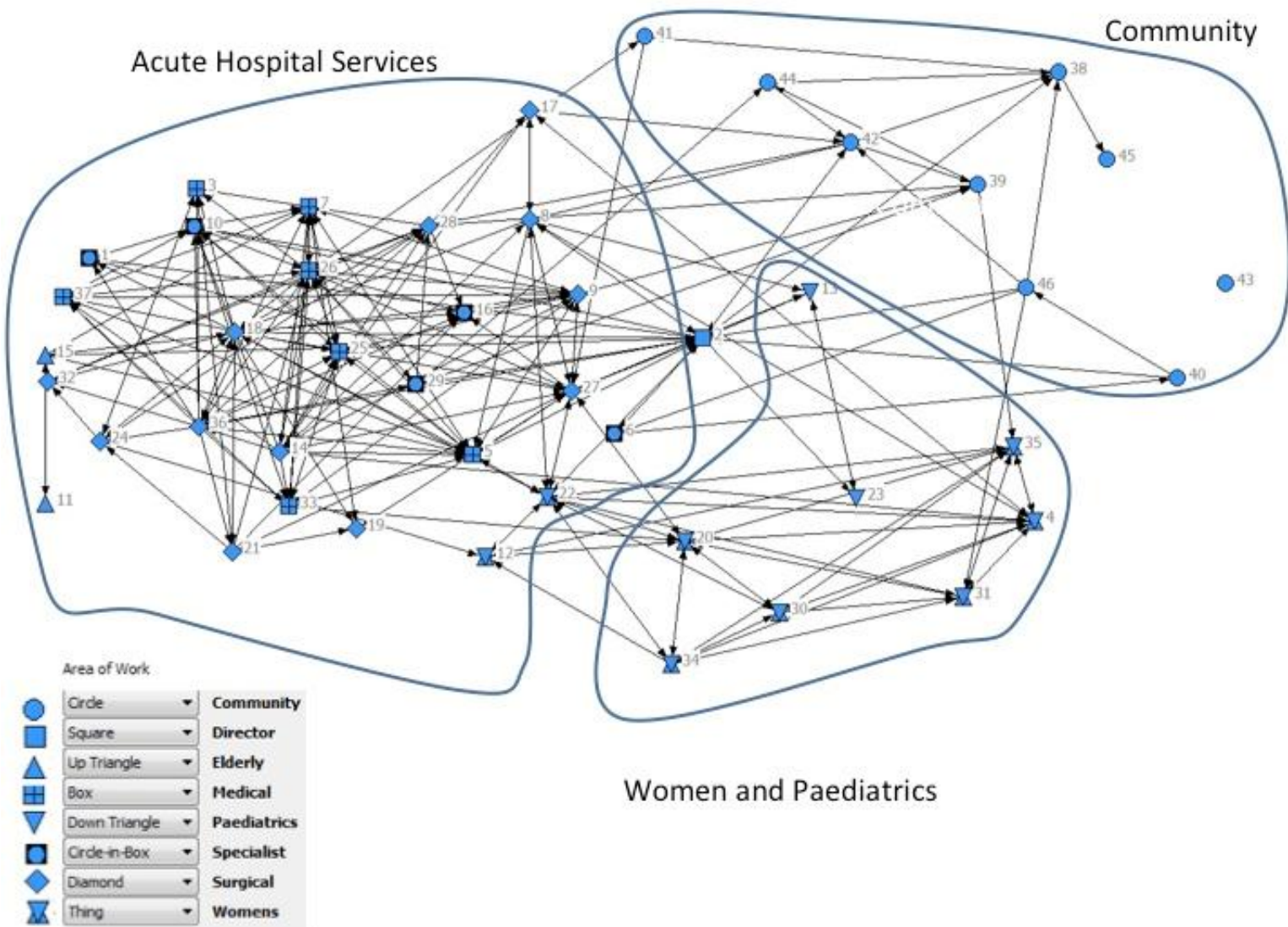
Patterns of individual roles
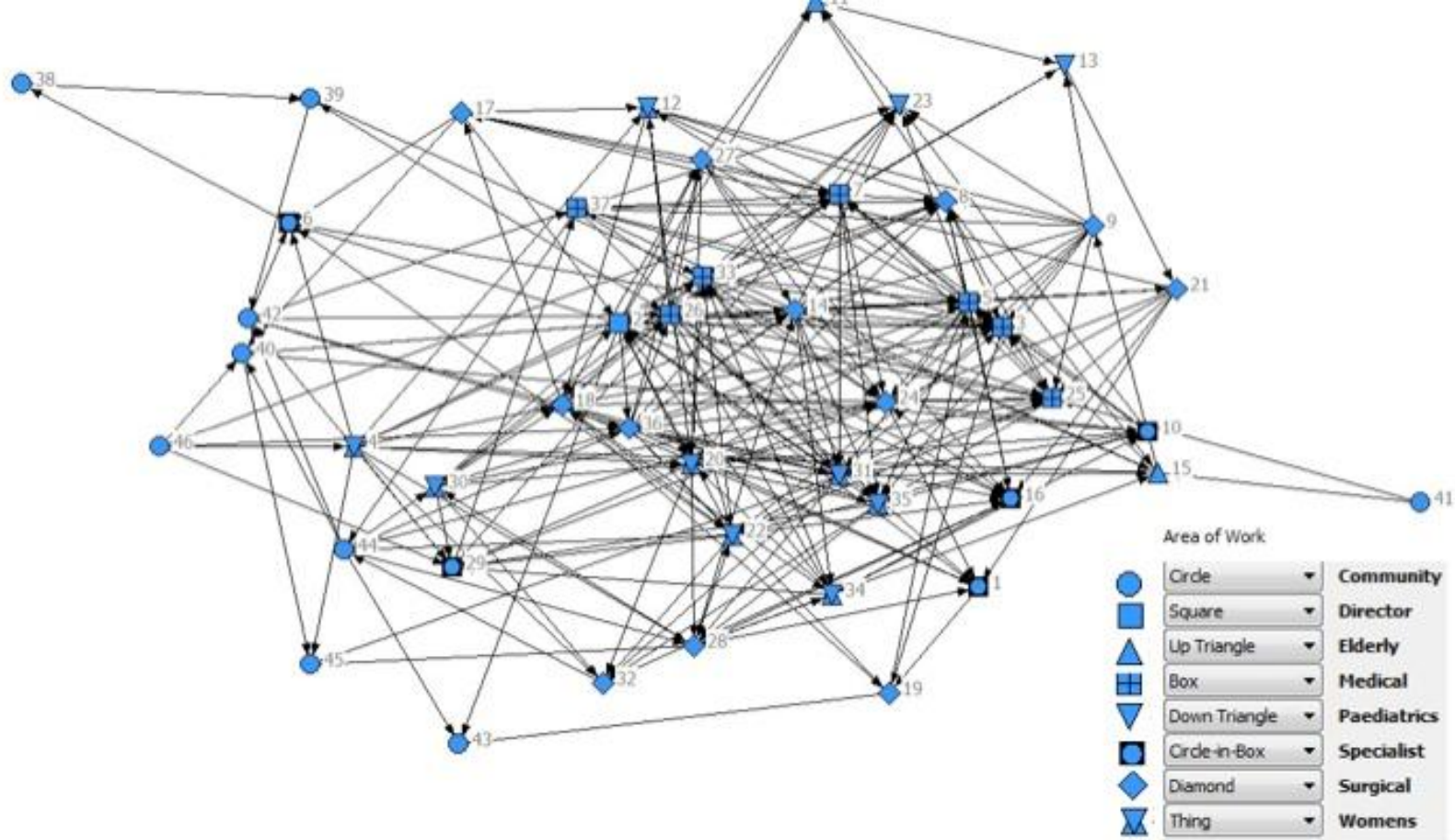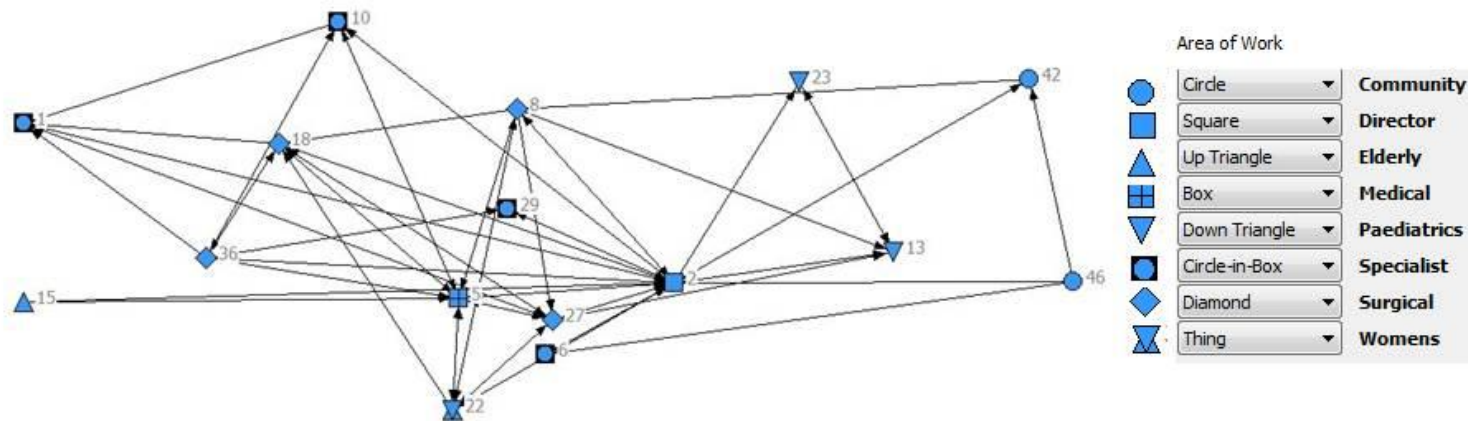

Peripheral Specialists

Boundary spanner

Information Broker

Central Connector

Boards of Nursing

Acute Hospital Services

Community

Women and Paediatrics

Area of Work

●	Circle	▼	Community
■	Square	▼	Director
▲	Up Triangle	▼	Elderly
⊞	Box	▼	Medical
▼	Down Triangle	▼	Paediatrics
◙	Circle-in-Box	▼	Specialist
◆	Diamond	▼	Surgical
⧗	Thing	▼	Womens

Area of Work

● Circle ▾	**Community**	
■ Square ▾	**Director**	
▲ Up Triangle ▾	**Elderly**	
⊞ Box ▾	**Medical**	
▼ Down Triangle ▾	**Paediatrics**	
▣ Circle-in-Box ▾	**Specialist**	
◆ Diamond ▾	**Surgical**	
⋈ Thing ▾	**Womens**	

Egonet 2 (Director) - Liaison

Egonet 20 Gate-keeper/Liaison
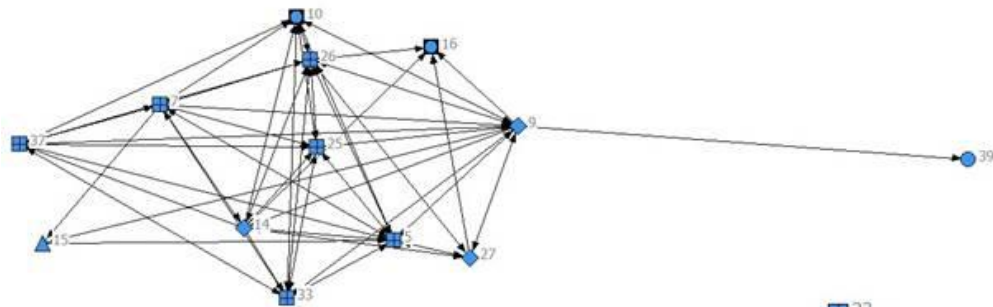
Egonet 9 Liason/Representative

Area of Work

Circle	▼	Community
Square	▼	Director
Up Triangle	▼	Elderly
Box	▼	Medical
Down Triangle	▼	Paediatrics
Circle-in-Box	▼	Specialist
Diamond	▼	Surgical
Thing	▼	Womens

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Benton (2015)   35
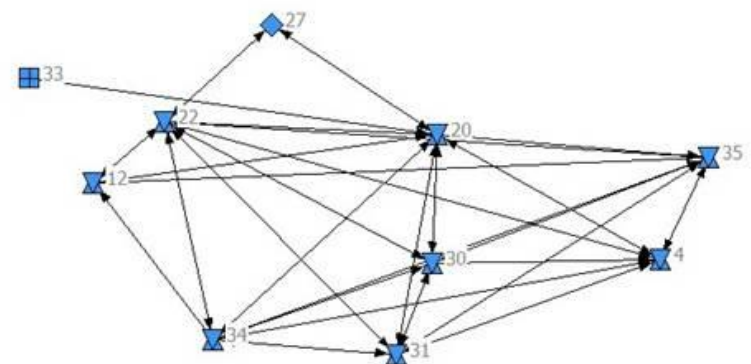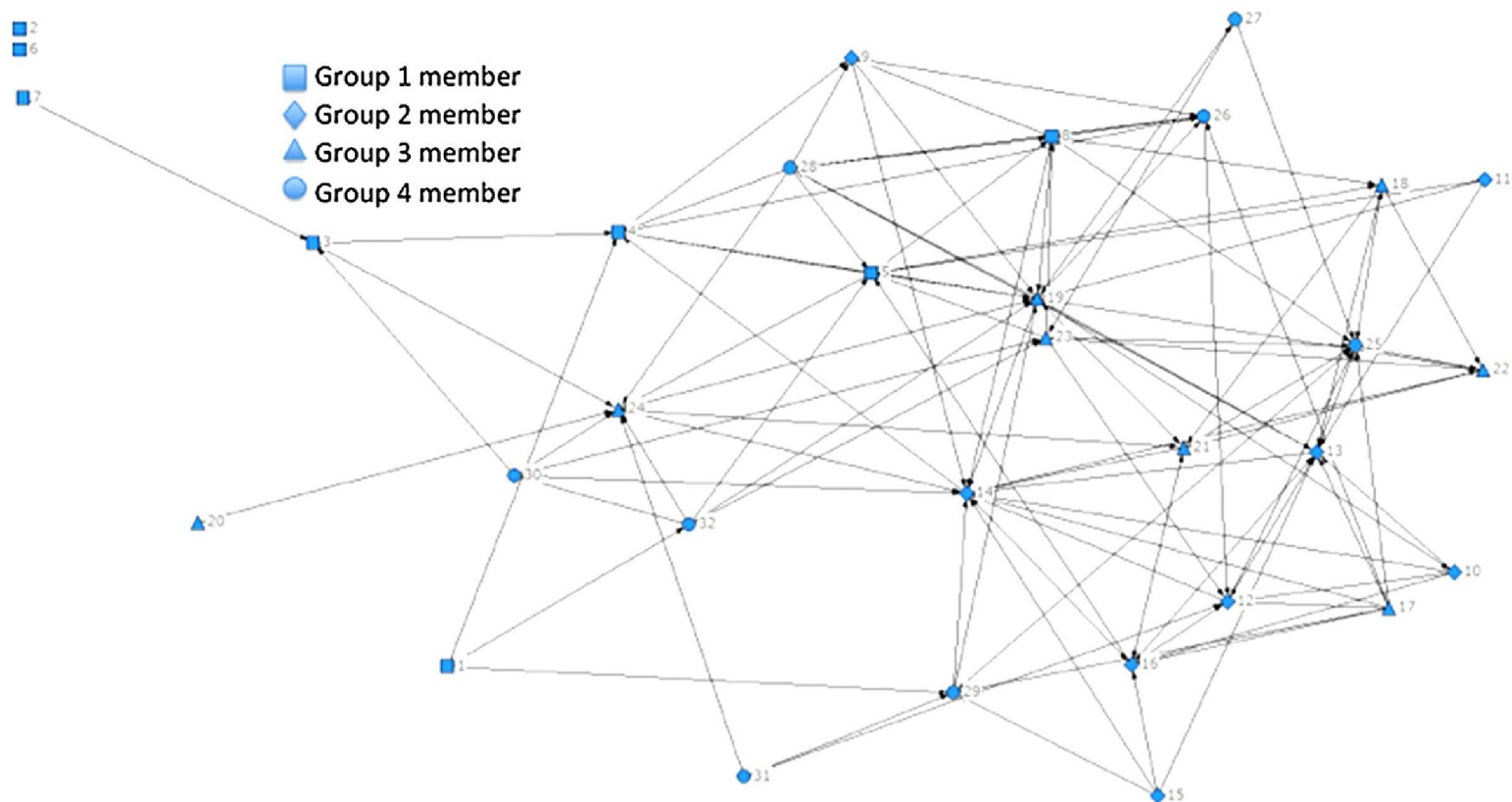
Figure 1 Visualisation of time one data collection (start of programme) 'I regularly seek information from this person'.

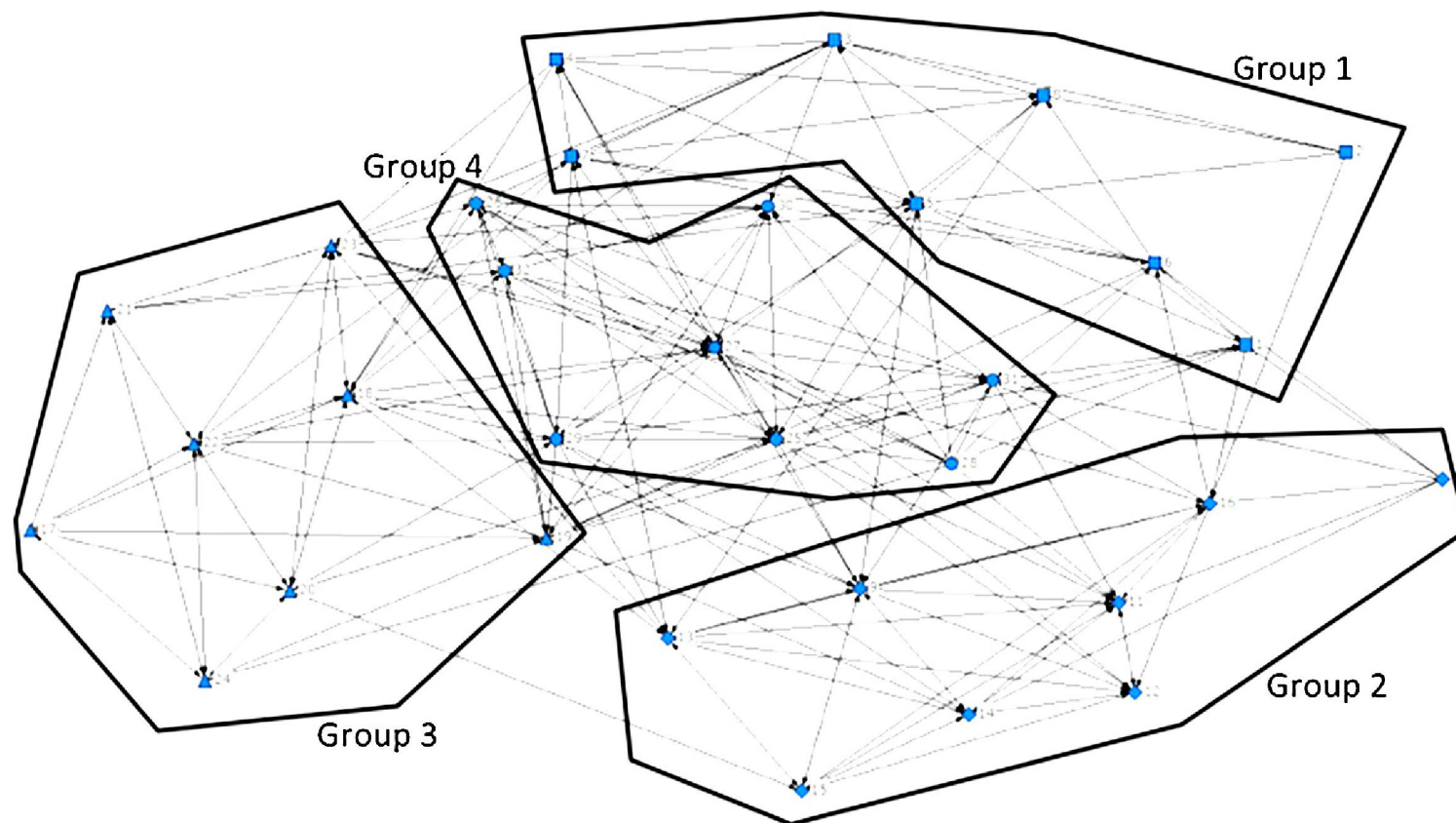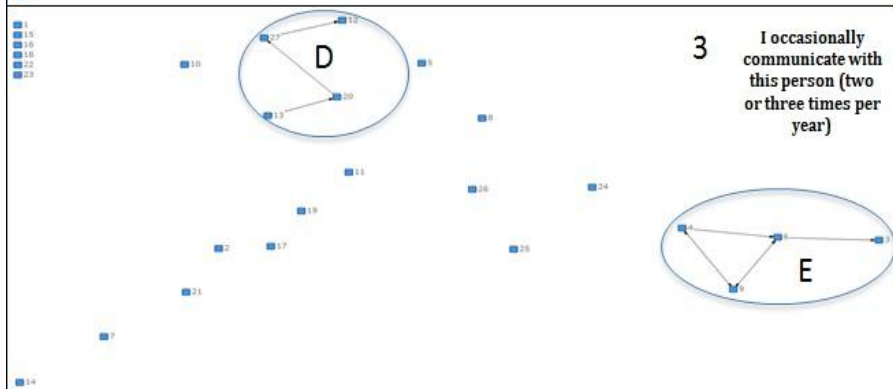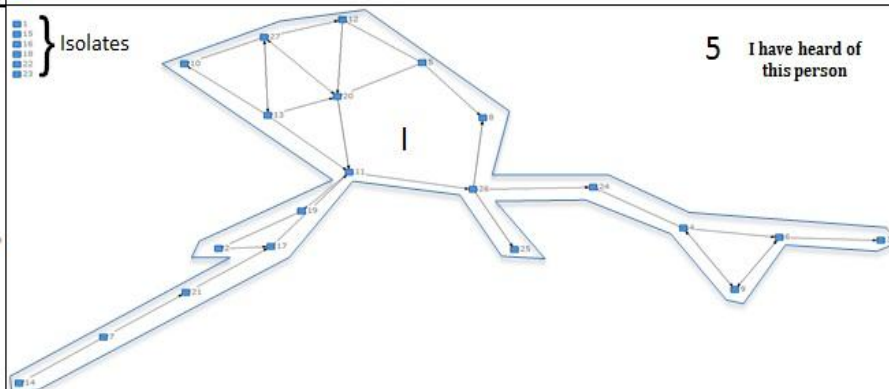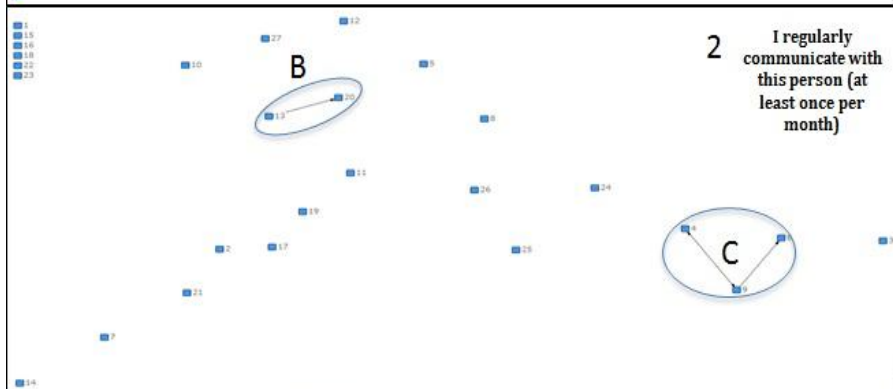Figure 2   Visualisation of time two data collection (end of programme) 'I regularly seek information from this person'.

Benton and Fernandez-Fernandez (2014)

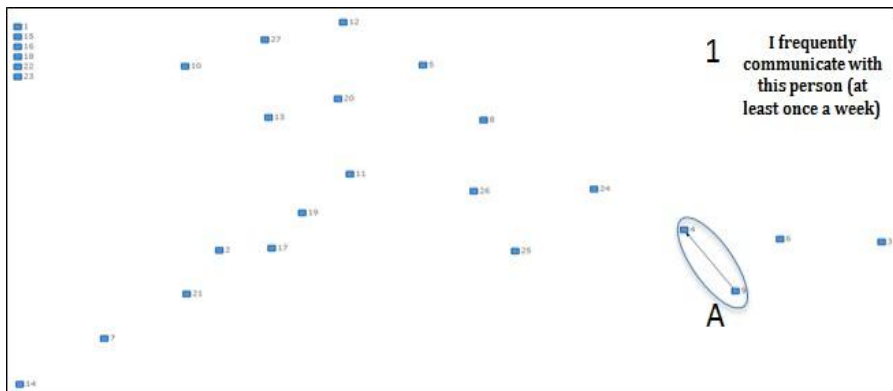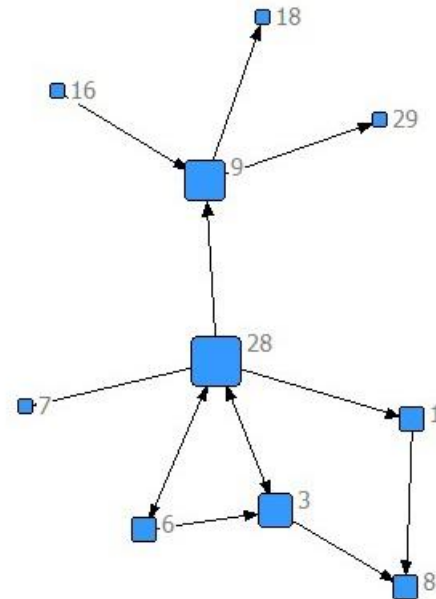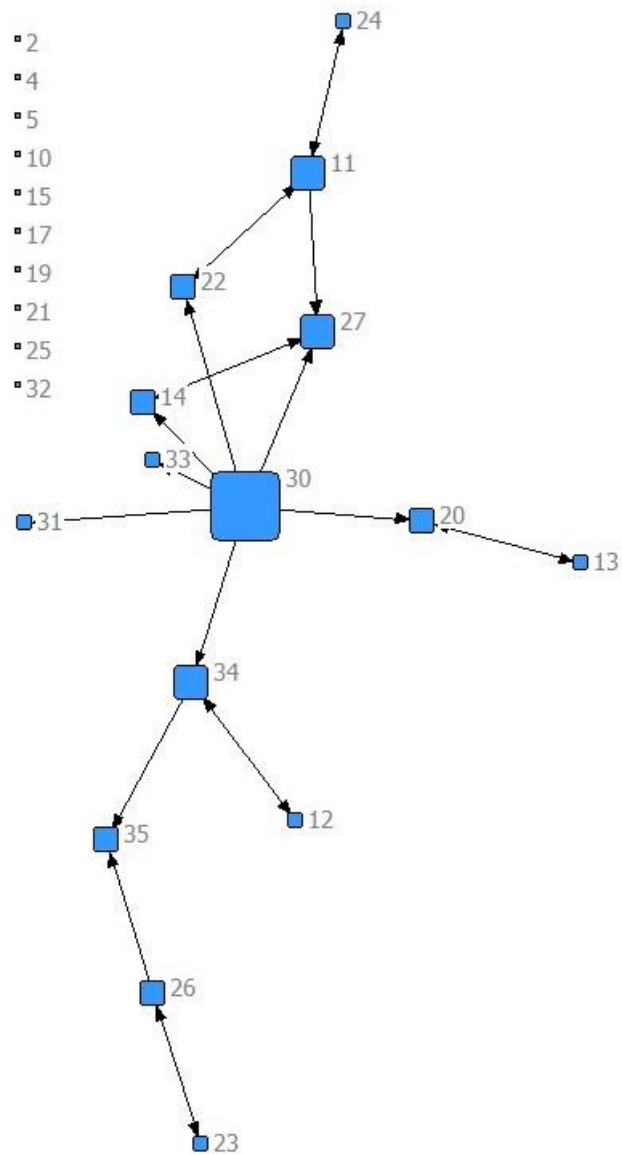**Shared Topics of Potential Interest to Nursing and Midwifery Drawn from Minutes of First Meeting Of Scottish Parliamentary Committees**

Benton (1999)

1 — I frequently communicate with this person (at least once a week) — A

2 — I regularly communicate with this person (at least once per month) — B, C

3 — I occasionally communicate with this person (two or three times per year) — D, E

4 — I have communicated directly with this person in the last year — F, G, H

5 — I have heard of this person — I

Isolates

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Communication Apprehension & Out-Degree Scores

Figure 3 — Scatter diagram of out-degree and communication apprehension scores
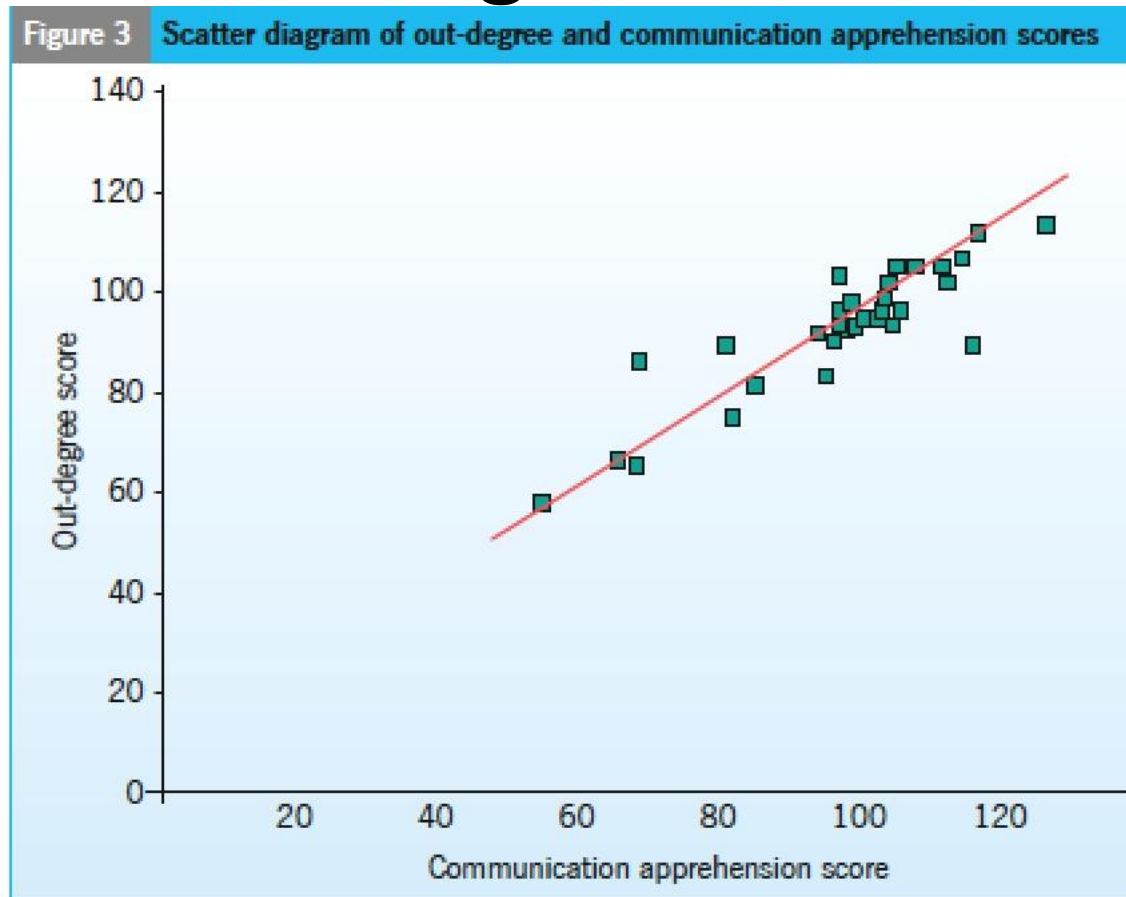
Communication Apprehension & Scope for Improvement

Table 2	Average and standard deviation summary results					
	Out-degree	Communication apprehension	Small groups	Meetings	Dyads	Speeches
Average	97.60	94.49	25.23	23.80	23.63	21.69
Standard deviation	15.22	12.78	3.51	3.85	3.38	4.44

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Making Global Connections

| Table 1	Reasons behind pre-programme connections in rank order		
Explanation		**Weighted score**	**Ranking**
I work with this person or have worked with the person in the past		12	1
This person comes from my country		10	2
We are both members of a global organisation		8	3=
We are both part of a regional nursing organisation		8	3=
A friend/colleague told me about this person		6	5=
We both work in the same domain of practice		6	5=
This person works in a country in my region of the world and/or we share a common language		4	7=
I have seen or heard this person speak or met this person at a conference		4	7=
I have read a paper that this person has published		2	9

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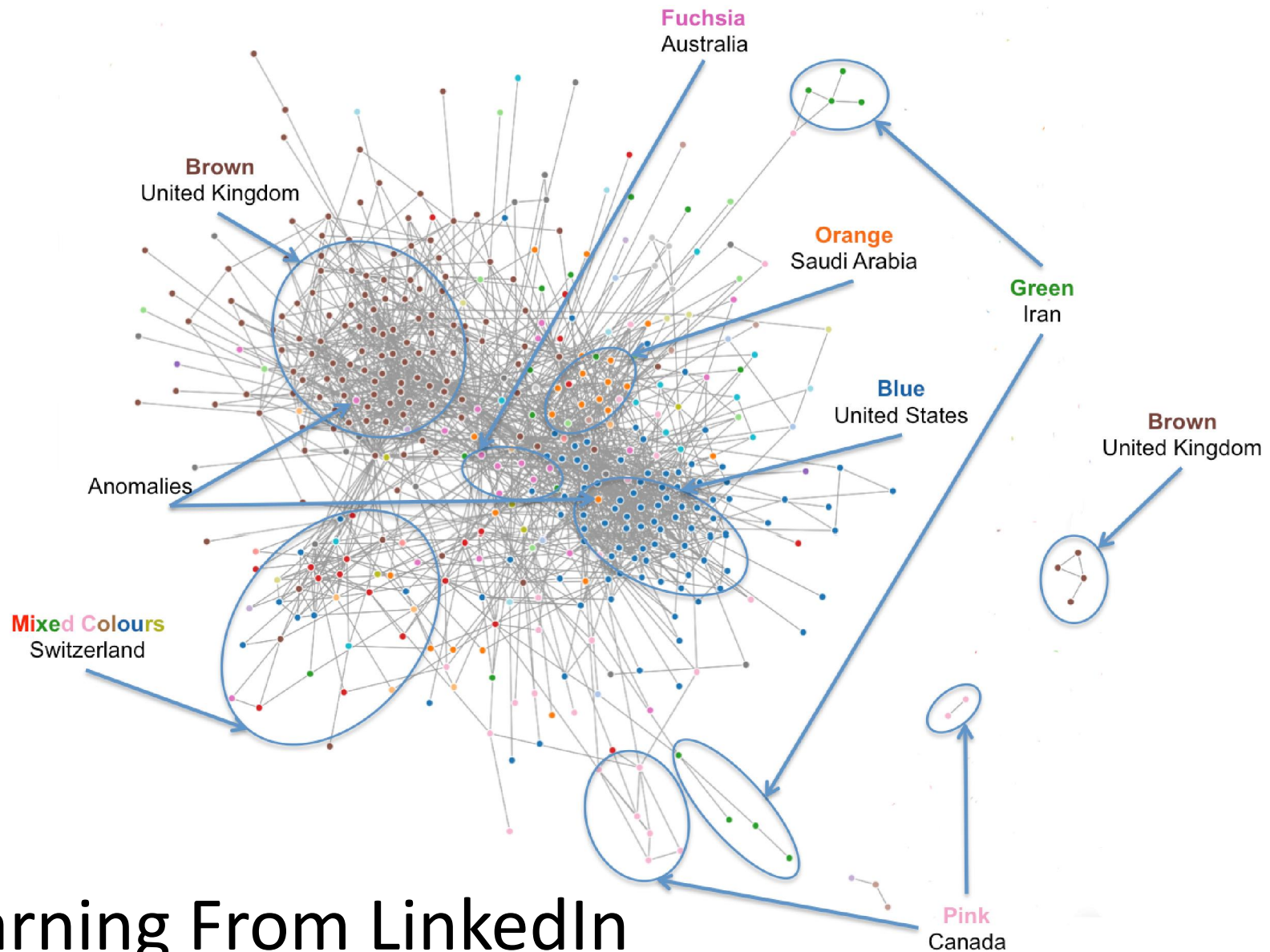
Learning From LinkedIn

Benton (2016)

44

Learning From Scopus
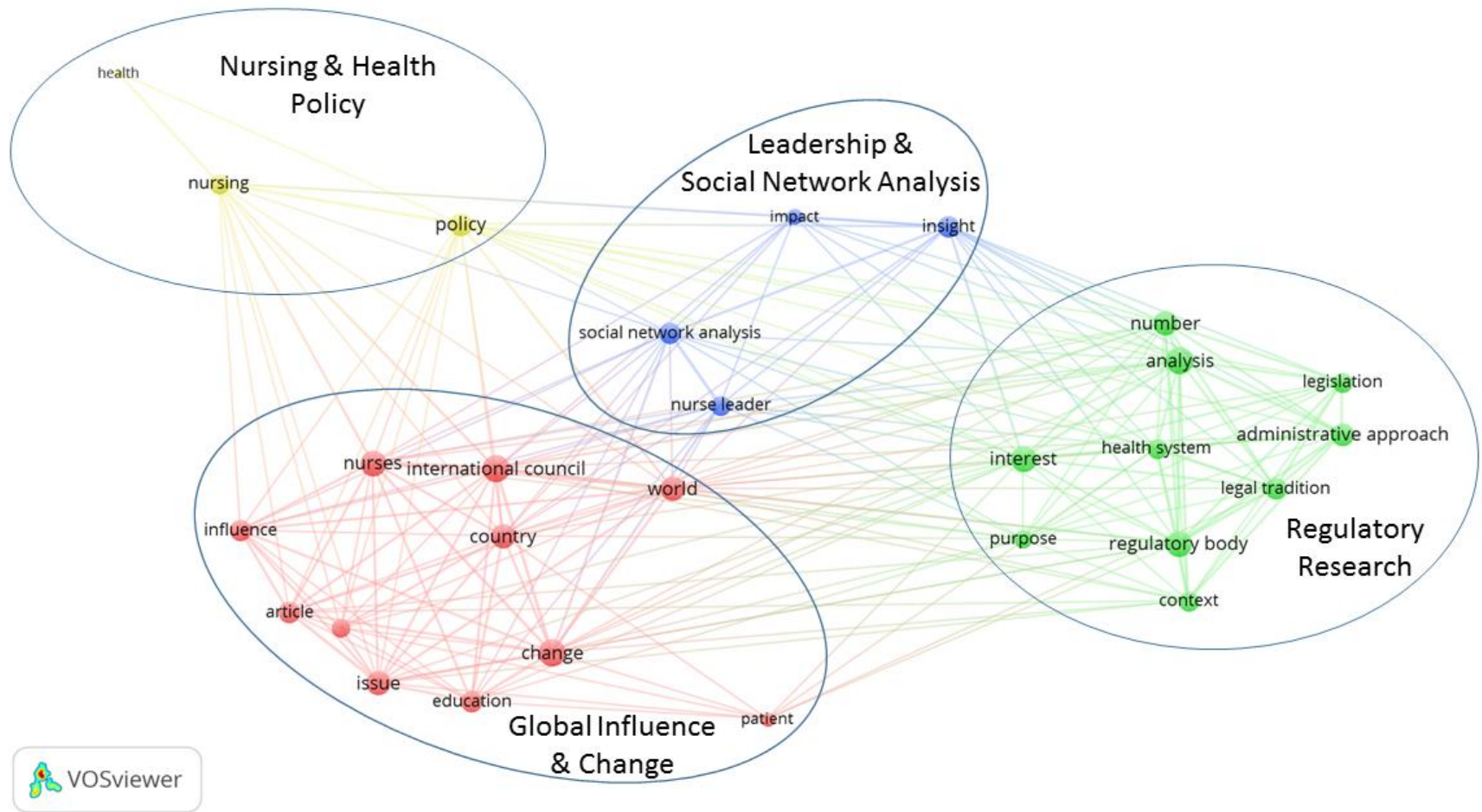
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Questions, Comments or Thoughts?