

Public health policy conversations should include nurses

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The COVID-19 pandemic has highlighted the critical role nurses play in health care—millions of nurses worldwide have been essential administrators of care on the front lines of the global health crisis. Yet in

debate around public health policy, advocates say, nurses have historically been left out of the conversation, lacking representation in media coverage, health care leadership, government, and academic publications.

In a recent paper published in the *American Journal of Public Health*, Jennifer Morone, a [nurse](#) and research fellow with the National Clinician Scholars Program at Yale School of Medicine, and colleagues explore this historical, and frustrating, phenomenon and what can be done about it.

Morone sat down with Yale News to discuss potential strategies for increasing the visibility of [nurses](#), including putting a greater focus on policy work during training and promoting the expertise of these vital [health](#) care providers in the media.

This interview has been edited and condensed.

How big is the nursing workforce?

Jennifer Morone: There are 5.8 million nurses in the United States, representing one of the largest workforce sectors in the country. That's a pretty sizable portion of the U.S. population that could be incredibly impactful.

Your paper describes how nurses have been consistently left out of public health policy discussions. Where is this underrepresentation most apparent?

Morone: This has been a systemic and historical issue. It has been perpetuated by the media and media outlets that don't turn to nurses for expert opinions. But we also found that universities and schools of health

are not promoting nurses when they're asked for health-related experts.

To compound this, there is the perpetuation of the perceptions of what nurses do and who nurses are in the media, including in magazines, newspapers, TV shows, and movies. This misrepresentation then fuels a false narrative about nurses as predominantly secondary helpers of sorts, who lack authority, agency, and content expertise. In contrast, nurses are incredibly independently skilled and trained in a variety of settings. And yet they're not being sourced for these expert opinions or perspectives.

Nursing is and has predominantly been a female-driven profession. And as we see with many other female-driven professions, there have been fewer opportunities historically in leadership positions or influential positions that might inform policy.

When you look at the [public health](#) and health care sectors, there's a discrepancy with the number of nurses that are in leadership positions. The number of nurses in congressional and representative leadership positions within government and within the [health care industry](#) is also significantly small given how many nurses there are in this country. Not only is nursing one of the largest workforce sectors, it's also the largest health care and support profession within health care and public health. It seems sort of strange that we wouldn't ask the largest representative portion of the population to weigh in on decisions and hold leadership positions, which suggests more systemic drivers at force.

How does it feel, as a nurse, to be overlooked in this way?

Morone: From a personal level, I would say that it's really difficult to see yourself and your colleagues, who are incredibly capable and skilled and amazing clinicians and thought leaders, be passed over or not even

considered for leadership positions that are truly influential in making change within health care settings, [community health](#), and public health.

What is the public missing when nurses aren't included in these conversations?

Morone: We bring a unique perspective that is different than medicine. We work together with physicians, side by side, and it's an interdisciplinary effort to carry out health care. And all the components our physician colleagues learn—the physiology of disease, treatment plans, medications, procedures, how to carry out care—nurses have to learn as well. Additionally, nurses play a critical role in creatively and resourcefully adapting prevention and care to an individual's life. So we are capable of not just assessment, but also diagnosis and treatment. And I think that gets lost.

Our roots have always been in holistic care and rooted in community advocacy, and we have strong ties to [social work](#). So the inherently integrated social and medical perspective nurses bring to a problem is different than the medical mindset. It's not that one is better than the other. They're just different, and equally valuable. And over the past several years, a greater emphasis has been placed on the need for improved social and health care integration through addressing social and structural determinants of health. Nurses should be critical to this national dialogue and decision making.

What are some potential strategies for addressing this issue?

Morone: One would be integrating skills pertaining to policy, awareness, and advocacy into classroom and hands-on training in the educational settings for nurses. And I think that nurses, from earlier stages in their

careers, could be exposed to more policymaking and leadership role models.

Second, schools of health care, whether nursing, medicine, or public health, could do a better job of promoting nurses as experts when news outlets or [media outlets](#) are seeking expert opinions. And news outlets should deliberately seek nurses as public health and health care content experts and thought leaders.

Is there anything that people outside of these organizations and institutions can do?

Morone: People are already helping in one way, and that's by trusting us. Nursing has consistently been ranked as one of the most trusted professions in the United States. Trust is critical to achieving public health goals, as we have seen in the COVID vaccine efforts.

I think there are opportunities for individuals to promote the importance of having nurses on leadership panels, within schools, and on boards in their communities. If you don't see a nurse involved when it comes to anything related to [health care](#) change or prevention in your community, you could suggest that they seek out representation from nurses.

And if you have nurses in your lives, maybe give them some extra love and support and recognize the value of their training, knowledge, and skill.

More information: Jennifer F. Morone et al, The COVID-19 Pandemic and the Push to Promote and Include Nurses in Public Health Policy, *American Journal of Public Health* (2022). [DOI: 10.2105/AJPH.2022.306837](https://doi.org/10.2105/AJPH.2022.306837)

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