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Nurses' Engagement in Healthcare Policy Development: An Umbrella Review

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Abstract

Background and Introduction: Healthcare policy establishes guidelines for delivering safe and effective healthcare, achieving and improving health-related outcomes, and mitigating public health risks. Nurses are uniquely positioned to lead healthcare policy development; however, evidence of nurses' engagement in policymaking is limited. This umbrella review aims to examine and summarize nurses' involvement in healthcare policy development aimed at transforming health.

Methods: Following the Joanna Briggs Institute umbrella review methodology, a systematic search was conducted across seven databases for peer-reviewed literature. Quality and risk of bias were assessed using the ROBIS tool. Data were analyzed using qualitative content analysis and meta-synthesis. This review is registered in PROSPERO (ID: CRD42023458475).

Results: The search yielded 591 records, which were evaluated using PRISMA guidelines. Articles ($N = 7$) were included if they were written in English, Japanese, or Arabic, reported a literature review study, and participants were registered or licensed nurses. Four master themes were identified: (1) diminished support and preconceived expectations of nurses' roles in policy development contributed to individual, organizational, and system-level barriers; (2) hierarchical marginalization of nurses' voices, interprofessional and gender dynamics, and limited leadership roles of nurses impact meaningful participation; (3) nurses' internal perceptions, knowledge, and beliefs regarding power, role expectations, and interest, limit involvement in

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policy development; and (4) the development of skills and understanding of policy through education, training, modeling, and mentorship is foundational for informed and authentic engagement.

Conclusions: None of the included reviews identified nurses' engagement in healthcare policy development. Lack of engagement was due to multilevel barriers, hierarchical marginalization, and limited skills.

Implications for Nursing and Healthcare Policy: Nurses are the voice of patient, family, and community health and well-being. This responsibility requires our engagement in healthcare policy development at all levels. Including nurses in healthcare policy development is crucial in creating healthcare that is fit for purpose and in the sustainability of the nursing workforce.

1 | Introduction

Healthcare policy establishes guidelines for delivering safe and effective healthcare to achieve and improve health-related outcomes, while also mitigating public health risks and issues (Unsworth et al. 2024). Healthcare policy is developed through cyclical and standardized processes that begin with issue identification, agenda setting, exploring solutions, decision-making, implementation, and evaluation. Additionally, healthcare policy can be influenced through the dissemination of information, advocacy, lobbying, and activism (De Raeve et al. 2022). This article defines healthcare policy as "a shared understanding constructed to guide human relationships and enable purposeful actions in the context of a nursing and/or healthcare phenomenon, communicated (usually in written form) and applicable within specified boundaries with a mandate" (Smith 2021). A shared understanding of healthcare policy can be achieved through contributions from multiple partners committed to the cause, including laypeople, businesses, organizations, government agencies, political parties, and healthcare professionals. Additionally, frameworks, guidelines, and procedures are necessary to facilitate the implementation of healthcare policy.

When done correctly, healthcare policy improves the health of individuals, families, and communities. For healthcare policy to be effective and improve the health of individuals and populations, it should be informed by those with relevant knowledge and expertise. Being the largest body of healthcare providers worldwide, nurses are integrated within and across all aspects of the healthcare system (World Health Organization 2025); therefore, nurses must be visible and equal partners in healthcare policy development (Wichaikhum et al. 2020). Without nurses, there would be no healthcare; therefore, their voice is crucial in developing healthcare policy (Hay 2019; Stewart et al. 2021). Nurses are uniquely positioned to lead healthcare policy development initiatives from the patient and population perspectives. However, the nursing voice is often absent during this process.

The literature on nurses' engagement in healthcare policy has increased since 2010. A PubMed search of nurses' engagement in healthcare policy yielded 77 records from 2000 to 2010 and 177 from 2011 to 2024 (Supplementary Figure S1). Nursing practice, research, education, and healthcare for individuals, families, and communities are directly influenced by policies emanating from government, healthcare administrations, and clinical governance organizations. Nurses can contribute to healthcare policy development in various areas, including identifying and raising social and political awareness through public education on healthcare issues, driving policy implementation, agenda setting, and recommending possible solutions (Wichaikhum et al. 2020). However, evidence suggests that nurses at all levels lack confidence in their ability to engage in healthcare policy development, resulting in limited participation (Ellenbecker et al. 2017; Wichaikhum et al. 2020). Previous research examining nurses' participation in healthcare policy development has shown that facilitators of engagement in policy development include policy knowledge (i.e., understanding the why, when, and what of policy work), clear communication, and leadership skills (Turale et al. 2019; Waddell et al. 2017). Many structural barriers prevent nurses from being engaged in policymaking, including a predominantly female workforce, discouragement from employers, and being seen as the policy implementers rather than the creators of healthcare policy (Rafferty 2018; Madigan et al. 2023). Nurses from across the globe have reported being excluded from national health and healthcare decision-making (Stewart et al. 2021).

In the recent report from the World Health Organization (WHO), State of the World's Nursing 2025, the authors suggest that to strengthen current and future nurse leadership, nurses must have an influential role in healthcare policy formulation and decision-making and contribute to the effectiveness of health and social care systems (2025). The International Council of Nurses echoes the WHO. It emphasizes the importance of addressing the underrepresentation of nurses at senior decision-making levels to ensure that the voice of nurses is included in all legislation and governance that impacts healthcare, as well as the need to empower nurses to participate in the development of healthcare policy (Stewart et al. 2021).

In a recent review of healthcare policy, Gonzalez-Argote et al. (2024) demonstrated the abundance of research in the area by analyzing 229,339 articles. Though nurses are uniquely positioned to lead healthcare policy development initiatives, their roles and involvement in policy development are unclear and unrealized (Turale and Kunaviktikul 2019). For nurses to be involved in the development of healthcare policy and fulfill the call to action from the State of the World's Nursing report (WHO 2025), it is essential to understand what is preventing nursing from engaging in this effort. To do this, we need to understand the current state of nurses' engagement in healthcare policy development. Therefore, this umbrella review examines and summarizes nurses' involvement in healthcare policy development aimed at transforming health.

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2 | METHODS

2.1 | Design

A systematic search of peer-reviewed literature was conducted with the help of a research librarian (AM) and the methodology for umbrella reviews from the Johanna Briggs Institute (JBI) (Aromataris et al. 2024). This study is reported by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al. 2021). Upon reviewing the literature, the research team identified numerous systematic reviews addressing related research questions. No umbrella review has explored nurses' roles in healthcare policy development. Therefore, the systematic reviews were available for summarization in an umbrella review to answer the research question: How are nurses involved in healthcare policy development aimed at transforming health?

Umbrella reviews aim to summarize existing research from systematic reviews and meta-analyses, rather than reanalyzing it.

To ensure rigor, the review methodologies should be decided upon a priori (Aromataris et al. 2024). The approach provided a comprehensive overview of the evidence, highlighting both consistent and contradictory findings, and allowing for comparison of results from similar review questions. The umbrella review protocol is registered in PROSPERO (ID: CRD42023458475).

2.2 | Search Strategy

The search was developed by a librarian with feedback from several subject experts on the author team and conducted in May–June 2023 across seven databases: Joanna Briggs Institute Evidence-Based Practice (Ovid) (n = 4), Emcare (Ovid) (n = 290), MEDLINE (Ovid) (n = 130), Cumulative Index of Nursing and Allied Health Literature (EBSCO) (n = 241), Web of Science (Clarivate) (n = 149), PsycINFO (ProQuest) (n = 146), and Cochrane Database of Systematic Reviews (Ovid) (n = 0) (Supplementary Figure S2). The following search terms were used: nurse and/or nursing, policymaking and/or development, engagement, systematic reviews, meta-synthesis, and meta-analysis; no date limits were applied to the search. The search for published umbrella reviews established that no umbrella review had been published, thus demonstrating no prior date for the commencement of this review. An updated search was conducted in March 2024, with date limits from May 1, 2023, to March 1, 2024. A total of 960 individual records were identified and were directly imported into Covidence software (www.covidence.org). The complete search strategy for each database is provided in Supplementary Table 1.

2.3 | Review and Selection Strategy

After removing duplicates (n = 369), 12 researchers screened and selected articles from the 591 remaining records. Researchers worked in pairs, and each pair was assigned a portion of the articles to review in duplicate. Regular meetings occurred with the research team to ensure quality control and consistency in screening across pairs. Any conflicting results were resolved through group discussion. Articles were screened at two stages: title and abstract, and full-text review. Articles were excluded at the title and abstract stage if they were not written in English, Japanese, or Arabic, were not review articles (defined as systematic, scoping, integrative, narrative, bibliometric, umbrella, meta-analysis, or meta-synthesis), and participants were not registered or licensed nurses (n = 467). The team assessed the full text of 120 articles. Articles were excluded if they were not related to nurses' engagement in policy development (n = 63), were not a review article (n = 32), or were not in English, Japanese, or Arabic (n = 2). Full-text screening was undertaken for 23 articles. After removing reports that did not answer the research question (n = 14), nine articles were assessed on the quality and risk of bias using the ROBIS tool (Whiting et al. 2016) (Supplementary Table S2). Seven studies were included in this umbrella review.

2.4 | Quality Strategy

Interrater agreement was achieved through consensus. At all stages of the review, two authors independently screened the articles. The group convened to resolve conflicts through a consensus-based approach. This process provided continuous training for reviewers, reducing the conflict rate as the review progressed. Covidence can export the interrater reliability and generate Cohen's Kappa coefficient; however, Hanegraaf et al. (2024) report that it is uncommon to report on inter-reviewer reliability for systematic literature reviews. The increasing use of Covidence to manage systematic literature reviews may change this practice.

All seven articles included were assessed to have a low risk of bias across all criteria (study eligibility, methods to identify and select studies, methods to collect and appraise studies, and synthesis of findings). Two studies were assessed to have a high risk of bias in identifying and selecting included studies due to the application of interpretive review methods (Ilott et al. 2010) and a scoping review that only included two databases (Beasleigh et al. 2024). Scoping reviews are not recommended for inclusion in umbrella reviews, and removing the identified scoping review following the quality review supports this approach.

Consideration of study overlap in umbrella reviews is an important element for mitigating bias (Fernandez et al. 2025; Aromataris et al. 2024). The interpretation of overlap significance must consider the potential impact of any overlap of articles across the included systematic reviews when reporting in an umbrella review. This can be expressed as the Corrected Covered Area (CCA), with a CCA $<$ 10% considered a slight overlap (Bracchiglione et al. 2023). This umbrella review comprises 122 papers, including 105 unique papers across the seven systematic reviews (three systematic reviews contained no overlapping papers), with a CCA of 2.7%.

2.5 | Data Analysis

To strengthen the rigor of the analysis, a mixed-methods approach was used, integrating two data analysis methods—content analysis and meta-synthesis (Carter et al. 2014; Patton 2015; Bazeley 2024). The intuitive process used across the two data

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analysis methods lends itself to integrating the findings to present a holistic picture. This further data analysis enabled the research team to consider the research question from differing perspectives and strengthened the conclusions arising from the study (Bazeley 2024; Deeks et al. 2024).

LS and KR conducted a qualitative content analysis independently of the meta-synthesis to compare the results with those of thematic analysis (Sandelowski 2000, 2010). The word frequency search and auto-coding functions of NVivo 12 Plus edition (Lumivero 2023) were used to perform content analysis. Salient keyword data analysis (Saheb et al. 2024) helped guide the qualitative content analysis of keywords and the NVivo auto-coding. The content analysis results are presented under four keywords.

Four team members (BG, MP, CD, and DS-L) conducted an inductive qualitative meta-synthesis of the data from the included articles (Chrastina 2018). The articles were read repeatedly, and key findings were extracted from each record as second-order constructs. At least two team members then coded the extracted results (second-order constructs) of each article; the codes were discussed, and final codes were determined by consensus. The data were analyzed to identify patterns and relevant categories. Further data analysis resulted in four master themes.

3 | Results

3.1 | Study Characteristics

The seven studies in this umbrella review spanned seven countries: Australia (Beasleigh et al. 2024); Brazil (Heck et al. 2022); Canada (Etowa et al. 2023); Iran (Hajizadeh et al. 2021); Korea (Lee et al. 2022); Pakistan (Rasheed et al. 2020); and the United Kingdom (Ilott et al. 2010). In addition to being registered and licensed nurses, two studies also included nursing students (Beasleigh et al. 2024; Lee et al. 2022), health visitors (n = 1) (Ilott et al. 2010), healthcare managers (n = 1) (Hajizadeh et al. 2021), or an advanced practice nurse, specifically midwives (n = 2) (Etowa et al. 2023; Ilott et al. 2010). Rasheed et al. (2020) focused on nurses in politics and healthcare policymaking. Types of review studies included systematic review (n = 2) (Lee et al. 2022; Hajizadeh et al. 2021), integrative review (n = 2) (Rasheed et al. 2020; Heck et al. 2022), qualitative systematic review (n = 2) (Etowa et al. 2023; Beasleigh et al. 2024), and interpretive review synthesis (n = 1) (Ilott et al. 2010). Detailed study descriptions are provided in Table 1.

3.2 | Content Analysis

The content analysis identified four keywords, each generalizing: nursing, policy, research, and health. The four salient data groups near the keywords helped determine how the interaction across these four concepts, expressed as the keywords, mitigates the nursing profession's engagement in policy development (Table 2). Additionally, we have included a word cloud as a visual representation of concepts and keywords (Supplementary Figure S3).

3.2.1 | Nursing

Nursing is a profession focused on creating the context for health and well-being. Nurses' engagement in healthcare policy has led to advancements in policy and practice. This has led to change, shifting the scope of nursing beyond practice and education to the development of professional and political organizations. It has also addressed essential issues that impact health outcomes in the community, as well as nursing rights, ultimately leading to empowerment within the nursing profession (Rasheed et al. 2020).

Limited nurse education reportedly restricts engagement in healthcare policy development, and a lack of collective action has weakened nurses' voices in policy engagement (Hajizadeh et al. 2021; Rasheed et al. 2020).

3.2.2 | Policy

Although nurses were at times successfully engaged in developing healthcare policy, most believed that policies were imposed by management, and it was assumed that nurses would comply with and implement policy change (Rasheed et al. 2020).

3.2.3 | Research

Enhancing nursing research related to healthcare policy engagement was one way to address the limitations of nurses' engagement in policy development (Hajizadeh et al. 2021). However, nurses reported limited relevant research skills and poor access to resources supporting healthcare policy research.

3.2.4 | Health

The context of health is political, and nurses report that a significant barrier to their engagement is the structure of healthcare systems and the policy development process, which is often dominated by medical practitioners (Etowa et al. 2023).

3.3 | Meta-Synthesis

Four master themes were identified in the analysis:

Theme one: Diminished support and preconceived expectations related to the nurse's role in policy development contributed to individual, organizational, and system-level barriers, both internally and externally. This master theme included the second-order constructs of "RN image" and "support and role expectation." Five reviews contributed to this theme. Despite the nursing profession's mission to be an advocate, the included reviews often highlighted the negative image of nursing and the lack of professional, organizational, and governmental support for nurse engagement in healthcare policy. These factors collectively reduce nurses' role in policy endeavors (Etowa et al. 2023; Hajizadeh et al. 2021; Heck et al. 2022; Ilott et al. 2010; Rasheed et al. 2020). Rasheed et al. (2020) found that "Nurses' opinions and views were not valued and recognized, and nurses were

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TABLE 1 | Study characteristics.

Authors, year, and country	Purpose of the review	Type of systematic review	Number of studies included in the review (*N*) Study participants Geographical region/s for studies	Outcomes reported relevant to the review question
Beasleigh et al. 2024 Australia	To establish the learning needs and clinical requirements of postgraduate critical care nursing students preparing for clinical practice in rural and regional contexts.	Qualitative systematic review using JBI methodology	$N = 7$ Published between 2007 and 2017. Critical care nursing students (ICU, CCU, and ED), tertiary students, postgraduate and graduate degree students, graduate cert/dip/master's. Australia, Finland, United States	• Research knowledge, standards of care, policies, and procedures underpin "best practice" or "gold standard" nursing care. • The use of evidence in practice reduces risk and improves overall patient outcomes. • Varied levels of engagement were described, ranging from recognition to incorporation to higher-level verbs such as formation, engagement, and contribution. • Nine learning outcomes for clinical guidelines, policies, and procedures, and recognizing deviations from appropriate standards of care were identified, including: i. Behavioral attributes/personal base ii. Critical thinking and analysis iii. Ethical practice iv. Identification of risk v. Leadership, collaboration, and management vi. Professional practice vii. Provision and coordination of clinical care viii. Research knowledge, standards of care, and policy development ix. The health consumer experience • Learning outcomes and participation in research evidence, policy, protocols, and guidelines were more commonly applied to the postgraduate certificates • There was little information about learning needs specific to rural and regional critical care nursing students

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TABLE 1 | (Continued)

Authors, year, and country	Purpose of the review	Type of systematic review	Number of studies included in the review (*N*) Study participants Geographical region/s for studies	Outcomes reported relevant to the review question
Etowa et al. 2023 Canada	To identify, appraise, and synthesize nurses' and midwives' involvement experiences in policy development in low-middle-income countries (LMICs).	Qualitative systematic review using JBI methodology (modified)	($N = 10$) Published between 2000 and 2021. Nurses, midwives, or both, with any length of practice, who are involved in policy development in or for LMICs Ghana, Jordan, Kenya, South Africa, Nigeria, Uganda, Jamaica, and Iran	Four themes were developed: • Marginal representation • Determinants of involvement • Leadership as a pathway • Promoting nurses' involvement All studies demonstrated that nurses and nurse midwives are minimally involved in policy development. Findings reveal reasons for nurses' limited involvement and strategies to foster sustained engagement of nurses in policy development in LMICs, including • Research and policy literacy • Subordination of nurses and midwives within hierarchical healthcare institutions and systems • Lack of nurses in leadership

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TABLE 1 | (Continued)

Authors, year, and country	Purpose of the review	Type of systematic review	Number of studies included in the review (*N*) Study participants Geographical region/s for studies	Outcomes reported relevant to the review question
Hajizadeh et al. 2021 Iran	To identify factors influencing nurses' participation in the health policymaking process.	Systematic review (included qualitative studies and mixed methods)	N = 18 published between 2001 and 2017. Nurses and healthcare managers Barbados, Canada, Jamaica, Iran, Kenya, South Africa, Thailand, Tanzania, Uganda, United States	Three themes were developed: • Nursing-related factors (three sub-themes: Nurses' view-points on policymaking; lack of proper reaction by nurses; gaining experience and skills; education and research system) • Management and organizational factors (eight sub-themes: Creating communication networks; gaining and sharing knowledge and information; providing specialized and motivated human resources; providing non-human resources; establishing effective leadership styles; establishing an incentive organizational structure; membership in advisory and policymaking committees; health policy outcomes and impact). • Creating a positive work environment (three sub-themes: Environmental elements, External support, and establishing fair and proper work rules) Barriers to involvement in policymaking include limited access to information, insufficient time, lack of political knowledge, heavy workloads, gender-related issues, negative perceptions of nurses, inadequate management support, and fear of encountering others' differing beliefs.

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TABLE 1 | (Continued)

Authors, year, and country	Purpose of the review	Type of systematic review	Number of studies included in the review (*N*) Study participants Geographical region/s for studies	Outcomes reported relevant to the review question
Heck et al. 2022 Brazil		Integrative review	$N = 34$ Published between 2010 and 2018. Nurses Australia, Brazil, Canada, China, Ghana, Indonesia, Iran, Ireland, Japan, Lithuania, Malaysia, Nigeria, Saudi Arabia, Sweden, United States	Three themes were developed: • Meaning and essential elements for nursing advocacy practice • Decision-making in different contexts and care groups • Challenges and benefits of health advocacy for nurses In participating in policymaking, nurses experienced: • Intra- and interprofessional power dynamics • Challenges within the nurse–physician relationship • Lack of communication, collaboration, and information sharing among nurses • Inactive role of nursing regulatory bodies • Institutional limitations to the practice of health advocacy • Additional training should be expanded to include the issue of health advocacy articulated with care practices. Three central axis themes were identified. Theme three above provides advocacy as an overarching concept. • Advocacy as a professional, moral, and ethical obligation—revealing factors that influence the practice of health advocacy by nurses • Advocacy as actions to defend rights, autonomy, and care practices are articulated with the defense of rights and the development of patients' autonomy through assertive communication and encouragement to decision-making • Advocacy as political participation—the involvement of nurses in policy through organizational partnerships strengthens health advocacy and patient advocacy.

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TABLE 1 | (Continued)

Authors, year, and country	Purpose of the review	Type of systematic review	Number of studies included in the review (N) Study participants Geographical region/s for studies	Outcomes reported relevant to the review question
Ilott et al. 2010 UK	To determine nurses' practice of health advocacy.	An interpretative review synthesis of UK literature	$N = 33$ Published between 1991 and 2004 Nurses, midwives, and health visitors United Kingdom	Protocol development was described and found to be synonymous with policy development. • Protocol-based care was locally developed in response to clinical need or service re-design • Development of protocol-based care was a nonlinear, idiosyncratic process, with steps omitted, repeated, or completed in a different order • The context and purpose of protocol-based care influenced the development process • The roles and activities of nurses were "so understated as to be almost invisible" • There was little information on resource use costs, engagement of patients, leadership, and the impact of formalization and new roles on interprofessional relations, implementation, or sustainability

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TABLE 1 | (Continued)

Authors, year, and country	Purpose of the review	Type of systematic review	Number of studies included in the review (*N*) Study participants Geographical region/s for studies	Outcomes reported relevant to the review question
Lee et al. 2022 Korea	To explore how nurses, midwives, and health visitors contribute to developing, implementing, and auditing protocol-based care (use of protocols, clinical guidelines, and care pathways underpin evidence-based practice).	Systematic literature review—experimental research design	*N* = 7 Published between 2007 and 2019. Nurses and nursing students Canada, United States	• Education interventions improved nurses' understanding and interest in health policy and capacity to contribute to policy development • Nurses experienced both high and low engagement from elected officials related to policy development • Opportunities for nurses to participate in policy education and competence are low
Rasheed et al. 2020 Pakistan	To identify evidence on the type and effectiveness of educational interventions that encourage nurses' participation in health policy. To determine the challenges faced by nurses, the extent of their involvement, and the impact of this involvement on politics and health policymaking.	Integrative Review	N = 22 published between (2000-2019) Nurses in politics and health policymaking Australia, Canada, Ghana, Kenya, Korea, Jordan, Nigeria, South Africa, Thailand, United States, United Kingdom	• Inadequate involvement of nurses in political and policy-making participation stemmed from intra- and interprofessional power dynamics, marginalization of nurses in policymaking, and nursing profession–specific challenges • Nurses mainly worked as policy implementers rather than as policy developers • Nurses who participated in policy development focused on health promotion to build healthy communities and empower nurses and the nursing profession

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TABLE 2 | Keywords identified in the content analysis.

Keyword and subcategory	Terms identified to describe the keyword
1. Nursing: Word count: 716 Weighted percentage: 17.89	care, experience, feel, nurse, nurses, nursing
Nurse: profession	education, literature, nursing, politics, profession, professional professions
Nurse: professional	academic, authority, change, nurse, professional, professionals
Nursing: acts	action, activity, acts, administration, alliance, approach, association, care, career, challenge, change, collaboration, commitment, communicating, communication, confrontation, contribution, cooperation, creation, decision, development, difference, disapproval, discouragement, distribution, education, encouragement, engage, failure, final, getting, governance, government, hesitation, impact, influence, integrating, interest, involvement, leadership, make, making, management, midwifery, motivation, negative, neglect, number, offering, organization, part, participate, participation, playing, politics, position, practice, prevention, process, profession, promotion, reaching, recruitment, regulating, representation, role, seeking, sharing, solving, speaking, support, teamwork, training, undertaking, voice, voting, waiting, work, worked
Nursing: care	care, healthcare, like, work
Nursing: feeling	care, complex, confidence, despite, disapproval, discouragement, encouragement, experience, fear, feel, feeling, feelings, preference, sense, state, weakness
Nursing: individual	active, authority, change, conservative, failure, general, image, individual, individuals, inferior, junior, primary, male, mentor, moderate, national, novice, nurse, personal, professional, provincial, several, student, subordinate, voice, young
Nursing: providing	care, engage, offered, offering, power, providing, support
Nursing: support	activity, advocacy, assisted, based, care, encourage, encouragement, encouraging, influence, part, reinforced, resource, show, subordinate, suffered, support, supportive, voice
Nursing: work	action, activity, authority, become, capacity, care, complex, employed, healthcare, number, nursing, part, position, research, role, undertaking, work, worked, workplace
2. Policy Word count: 192 Weighted percentage: 7.54	policies, policy
Policy: ideas	complex, design, feeling, framework, ideas, part, policy, right, significance, system, view
Policy: policymaking	policymakers, policymaking

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TABLE 2 | (Continued)

Keyword and subcategory	Terms identified to describe the keyword
Policy: political	action, activity, culture, governance, government, political, politically, politics, profession, view
Policy: understanding	alliance, clarity, clear, follow, knowing, perceived, sense, understanding, work
3. Research Word count: 284 Weighted percentage: 4.95	action, active, activities, activity, advocacy, association, building, capacity, care, career, change, collation, contribution, cooperation, creation, design, development, dynamics, education, encouragement, feel, formulation, forward, healthcare, individual, interest, leadership, literature, neglect, nursing, organization, part, playing, policy, politics, position, practice, proactive, process, profession, reactive, regulating, representation, research, role, seeking, services, show, state, support, technology, training, undertaking, voice, work, workload
Research: thinking	change, design, feel, process, score, subordinate, thinking, time, trust, view
Research: studies	considering, design, field, follow, government, informatics, literature, major, playing, politics, practice, reported, studies, technology, work, worked
4. Health Word count:170 Weighted percentage: 4.35	health, well, action, activity, alliance, association, capacity, challenge, precise, complex, confidence, culture, despite, development, disapproval, discouragement, dominance, encouragement, environment, existence, failure, fear, feel, feeling, feelings, field, government, health, improvement, inclusion, involvement, lack, leadership, level, membership, motivation, neglect, participation, position, power, preference, preparedness, priority, problem, relationship, representation, state, support, trust, unity, weakness

the forgotten voice on the political decision-making forums" (p. 450). Etowa et al. (2023) reported that "…nurses' leadership in health system policy is perceived to be a falsehood primarily due to nurses always being the implementers rather than the policymakers" (p. 107). Overall, the lack of support and expectations for nurses to be involved in healthcare policy development, combined with their lack of assertiveness, led to their roles being undervalued and their accomplishments being imperceptible.

Theme two: Hierarchical marginalization of nurses' voices, interprofessional and gender relationships, and limited leadership roles of nurses, impact meaningful participation. Four of the seven articles supported this theme, which included the second-order constructs of "hierarchical power and leadership dynamics" and "gender differences" (Beasleigh et al. 2024; Etowa et al. 2023; Hajizadeh et al. 2021; Rasheed et al. 2020). Nursing has historically been a majority female profession and is viewed as subordinate to physicians. Rasheed et al. (2020) found that "The hierarchical gender power structure that has preferred men over nurses in authoritative positions has undermined the role and participation of nurses in politics and political decision-making at the organizational and systemic levels" (p. 449). The hierarchical culture within healthcare systems, along with disparities in gender relationships, has contributed to systematic power differentials, leading to diminished roles for nurses at leadership levels and disregard for nurses' voices in both leadership and policy development. Etowa et al. (2023) reported, "At the organizational and systematic level, the existing hierarchy, with nurses often on the bottom, results in perceived barriers to involvement in policy development" (p. 8). Additionally, support for the time and effort required for nurses to participate has not been prioritized by institutions, systems, or even nursing leadership, resulting in a lack of ability for nurses to participate.

Theme three: Nurses' internal perceptions, knowledge, and beliefs regarding power, role expectations, and interest limit their involvement in policy development. This master theme was represented across five articles and encompassed the second-order construct of degree of RN involvement (Etowa et al. 2023; Hajizadeh et al. 2021; Heck et al. 2022; Ilott et al. 2010; Rasheed et al. 2020). Nurses' lack of knowledge, confidence, interest in, or commitment to participating in policy development diminished their ability to contribute effectively to policy development. Nurses were "often perceived to be absent at the national level and often were more engaged as policy implementers and not policymakers, especially at the frontlines of healthcare" (Etowa et al. 2023, p. 107). Ilott et al. 2010 found "…the contribution of the multi-disciplinary team was more apparent than that of nurses … challenging to explicate the defining contribution of nurses, whether as instigators, leaders, coordinators or users, because their roles were so implicit" (p. 776). A lack of support for nurses to be involved in policy development was noted as a limitation to their active involvement.

Theme four: Developing skills and understanding of policy through education, training, modeling, and mentorship is foundational for informed and authentic engagement. All seven articles represented this master theme, which encompassed the second-order constructs of education, mentorship, and skill development (Beasleigh et al. 2024; Etowa et al. 2023; Hajizadeh et al. 2021; Heck et al. 2022; Ilott et al. 2010; Lee et al. 2022; Rasheed et al.

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TABLE 3 | Aligning the why, when, what, and outcomes of nurses' engagement in healthcare policy development.

Why nurses should be involved in policy change and development	How to support nurses to be involved in policy change and development	What strategies help create a context of policy engagement for nurses	Outcomes secondary to nurse involvement in policy change and development
Nurses have direct patient interactions that provide firsthand knowledge of patients, families, and communities' needs and challenges, built on an experiential knowledge base of the healthcare system. This knowledge can inform policy gaps or areas where change is needed that are important to people and families, as well as the role and place of policy development.	Provide opportunities for nurses to participate in discussions and collaborate with policymakers, researchers, and other healthcare professionals to share their experiences and expertise. For example, clinical nurses can engage in facility governance groups and professional organizations' social media, such as https://internationalfamilynursing.org/blog/, to advocate for policy change (Anders 2021). Individual nurses can evaluate the impact of their policy engagement to identify areas of strength and growth (Zalon et al. 2024).	Relationship-building with professional policymakers enables a trusted voice in evidence-informed policy (Anders 2021).	Improved nursing care practices and outcomes
Nurses work in different specialties at the individual, organization, and system levels, bringing diverse perspectives to influence policy development.	Encourage nurses to utilize evidence from the bedside and their direct patient care to advocate for and support the need for policy development. For example, share stories of lived experience with policy developers related to areas of shared interest (Catallo et al. 2014; Lavoie-Tremblay et al. 2024).	Understanding the impact of policy on health outcomes can provide a focus on what is important to the community and help align evidence-based policies with policymakers' goals (Day et al. 2019).	Increased nurse engagement and satisfaction

(Continues)

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TABLE 3 | (Continued)

Why nurses should be involved in policy change and development	How to support nurses to be involved in policy change and development	What strategies help create a context of policy engagement for nurses	Outcomes secondary to nurse involvement in policy change and development
Nurses have a professional, moral, and ethical obligation to advocate for patients, and policy change and development are mechanisms for broader influence.	Incorporate the foundations of policy analysis and development in educational programs and scaffold this within the workplace. For example, develop a policy brief in response to current health issues or government calls for submissions (Winter et al. 2023), and include policy leaders in nursing curriculum development to contextualize the curriculum within local policy development processes and needs (Lee et al. 2022).	Strengthening foundational standards and ethics of nursing to be inclusive helps create an understanding of all sides and contexts of the policy issue and how it affects the policymaker's career (Doherty 2019; Bogenschneider et al. 2019).	Improved healthcare delivery
Nurses must train and mentor the workforce and grow the profession's competency and capacity in policy change and development.	Identify potential leaders within the nursing workforce and allocate time and resources for both formal and informal mentorship. For example, nurses recognize that their role involves accessing and implementing evidence more than influencing policy through evidence generation (Oldland et al. 2020). Develop and provide resources to break down misconceptions about nurses' roles in policy through continuing education, including webinars, toolkits, and communities of support focused on nurses' involvement in policy and its relationship to their workplace, thereby reducing stigma and promoting active engagement and advocacy (Turale et al. 2019).	Foundational education in policy helps nurses appreciate the wisdom and knowledge of legislators and other policymakers (Bogenschneider et al. 2012).	Increased capacity of nurses engaged in policy work translates to improved patient care, health outcomes, healthcare delivery, and nurse engagement and satisfaction.

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2020). The included reviews highlighted the need for nurses to develop skills in identifying the need for policy changes and to participate effectively in policy development. Mentorship for students, frontline nurses, and nurse leaders was identified as particularly important. Professional development regarding policy for nurses at all levels could enhance nurses' ability to engage in the profession's policy development profile. Lee et al. 2022 found that "…after the [educational] intervention, participants became interested in health policy issues that they had not been previously interested in, and their understanding of health policy improved" (p. 4). Moreover, Hajizadeh et al. (2021) reported "…insufficient knowledge on the health policy making is one of the important reasons of nurses' non-involvement in health policymaking" (p. 6).

3.4 | Integration of Content Analysis and Meta-Synthesis

Three concepts identified in the content analysis display alignment and similarity across the four master themes. The concept of nursing exhibits similarities across all four master themes; however, it aligns predominantly with master theme 2. The concept of policy displays similarity and alignment predominantly with master theme 1. The concepts of research display similarity and alignment predominantly with master theme 4. The concept of health appears ubiquitous across the four master themes, making it somewhat hidden. Nursing care and outcomes focus on promoting and restoring health and well-being, aligning with this concept.

4 | Discussion

This umbrella review examines and summarizes nurses' involvement in healthcare policy development aimed at transforming health. None of the systematic reviews included in this umbrella review aimed to identify nurses' engagement in healthcare policy development. The review results demonstrate that professional nurses are not engaged in policy development due to multilevel barriers, hierarchical marginalization, and limited skills. As the largest healthcare provider globally, nursing has the strength in numbers and the needed expertise to lead efforts in policy development. Working together strategically, nurses can address the barriers to engaging in healthcare policy development and develop the skills to do so.

This review identified policy engagement barriers in three of the master themes. These barriers emerged from multiple sources, including nurses' perceptions and beliefs regarding their power, knowledge, and skills, as well as their lack of interest in policy development. Preconceived expectations of the nurse's role, both in general and regarding policy development, systems, and hierarchical structures, as well as the marginalization of nurses' voices, further hindered nurses' engagement in policy development. These barriers were embedded in interprofessional leadership and gender relationships that have historically plagued nursing; for example, nursing is primarily female and subordinate to medicine (Fowler 2017). Though nursing may seem to be dismissed due to demography, other health systems research has found that across health disciplines, including medicine, women have less authority than men and are often devalued and abused (Hay et al. 2019). Additionally, Hay et al. (2019) found that gender equality policies were associated with increased female physician representation and consequential improved health outcomes. However, gender parity was insufficient to achieve gender equity and equality.

To address obstacles related to the skills required for nurses to engage in policy development and increase support for their engagement across multiple levels (individual, organizational, and larger systems), it is imperative to enhance capacity in contexts where nurses practice and engage beyond traditional educational settings. Although nursing students may receive some education on healthcare policy and implementation, undergraduate and graduate-level coursework and practical experience should be required, specifically regarding how nurses can analyze and influence healthcare policy in real-world settings. This approach would prepare future nurses to translate education and knowledge into actionable involvement across various platforms, including but not limited to social media (Ellenbecker et al. 2017). Caution should be exercised when applying this approach to policy engagement preparation. Nurses should consider the potential challenges and risks involved and be aware of institutional policies, licensing bodies' regulations (such as the Code of Ethics), and the principles of evidence-based practice to minimize associated potential risks (Anders 2021).

4.1 | Implications for Nursing and Healthcare Policy

The results of this review support other work suggesting that nurses may believe it is impossible to create policy change at any level (local, regional, and national); therefore, this review did not identify nurses' engagement in policy development. This creates a barrier due to a lack of power and the belief that the nurse's role is too insignificant to influence the development of healthcare policy directly. Nurses report increasing feelings of job dissatisfaction and burnout when they experience professional hierarchies that belittle their professional status and perceive limited inclusion in policy decision-making (Vos et al. 2025).

The primary role of nurses is to advocate for patients, not just at the bedside but also at the policy level. Suppose nurses are not at the table, engaging in policy development. In that case, the lived experiences and voices of patients are missing, and the policies developed will not be fit for or reflective of patients' needs, ultimately negatively impacting health outcomes. Frontline nurses are ideal advocates for healthcare policy, as they must be engaged in the design and delivery of healthcare policy at every level, given their direct and broad patient, family, and community engagement (Rafferty 2018). Kennedy (2024), a registered nurse, identified the vital importance of informed advocacy in ensuring policy was evidence-informed by nurses before they were appointed Secretary to the Australian Treasury in 2019.

How do nurses do this? The following suggested strategies are recommended and align with the WHO's State of Nursing (2025) global strategies and priority areas for 2026–2030. (1) Embed policy content and competencies across all levels of

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nursing education to translate this knowledge into practice. (2) Ensure nursing faculty are trained and demonstrate expertise in policy content. (3) Establish and strengthen senior leadership positions for nursing workforce governance and management, and provide input into health policy. (4) Invest in leadership skills development for nurses, tailored explicitly to policy engagement and development. (5) Develop and provide practical resources, such as a toolkit that offers information on practical approaches to policy engagement and development, addressing hierarchical power dynamics, and integrating this into research, education, and practice. Specific examples and points of action are presented in Table 3.

Additionally, nurses interested in policy development could form communities of practice with like-minded colleagues to provide support, resources, and skill development, helping them engage in healthcare policy development. For example, many state, national, and international nursing organizations have working groups and committees focusing on healthcare policy. There is a lack of understanding of policy and nursing care that incorporates family, and we recommend that the policy be developed within the context of family as a leading supporter and factor of health. As a team of family nurse researchers, one of our study's foci was understanding how nurses engage in healthcare policy development to promote family health. No evidence was found on nurses' engagement in policy development to promote family health. Therefore, there is a need to expand education and research on policy to the family.

4.2 | Strengths and Limitations

This review has several strengths, including studies beyond English, which reflects our diverse research team (although all included studies were in English)—the narrow focus on nurses' engagement in healthcare policy development and the umbrella review methodology approach. The results of the two data analysis methods demonstrate sufficient homogeneity, thereby supporting the decision to conduct a mixed-methods analysis and enhance the rigor of our approach. Currently, the literature on nurses and healthcare policy primarily focuses on knowledge acquisition and education regarding policy. However, concrete skills, tools, and practical examples of how nurses can engage in healthcare policy development at any level are lacking. Our methods for searching, evaluating, and appraising the literature were rigorous and included the assistance of a research librarian. However, we may have missed pertinent literature; for example, our literature search yielded several systematic reviews published in Spanish that we were unable to include in our analysis. We chose not to include gray literature or other published content (i.e., dissertations, websites, or online resources) that contained examples of nurses engaged in policy development. A limitation of this review is that we were not able to identify what nurses are doing in healthcare policy development and how they are engaged. The existing literature currently focuses on factors affecting nurse involvement in policy development, rather than on how nurses engage in the development of healthcare policy. Therefore, an additional review, focusing specifically on the role of nurses in healthcare policy development, may be an appropriate next step for research to gain a deeper understanding of what is known on this topic.

5 | Conclusion

As a profession, nursing is the voice of patient, family, and community health and well-being. This role and responsibility require our engagement in healthcare policy development with local, regional, and national healthcare systems. Including nurses in healthcare policy development is crucial in creating healthcare that is fit for purpose, positively impacts individual and family health, and ensures the sustainability of the nursing workforce.

Author Contributions

Study design and data collection: All authors contributed equally to the study design and data collection. Data analysis: CD, MP, DSL, BG, LS, and KR. Study supervision: KJR and LS. Manuscript writing: KJR, LS, BG, and MP. Critical revisions for important intellectual content: All authors contributed equally to revisions and edits.

Conflicts of Interest

The authors have declared no conflict of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.

Supplementary Figure 1 **Supplementary Figure 2**: PRISMA Flowchart **Supplementary Figure 3**: Word Cloud of Content of Included Articles Nurses' engagement in healthcare policy development: An umbrella review Search Strategy Appendix **Supplementary Table 2**: Quality Appraisals: Risk of Bias in Review

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