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Citation: Santillan-Garcia, A., Castro-Sanchez, E. & Zaforteza-Lallemand, C. (2020). Nurses as political knowledge brokers: Comment on Tsay et al (2020), Nursing's response to COVID-19:Lessons learned from SARS in Taiwan. *International Journal of Nursing Studies*, 110, 103690. doi: 10.1016/j.ijnurstu.2020.103690

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Link to published version: <https://doi.org/10.1016/j.ijnurstu.2020.103690>

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Nurses as political knowledge brokers, opportunities for growth in the Spanish context

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Dear Editor,

We have seen with interest the paper by Tsay et al. (2020) recently published in the Journal. The authors concluded that nursing leaders in Taiwan have worked collectively with the executive branch to ensure a good coordination among government agencies and the health service, including robust lobbying measures to ensure an adequate supply of personal protective equipment and quickly mobilise human and capital resources.

The authors do not comment on the participation in Taiwan of nurses and nursing leaders in expert and advisory committees, and we wonder whether there are parallelisms with the COVID-19 health crisis and response in Spain, where nursing has barely been included in relevant strategy documents, and nurses largely absent from such expert and advisory committees.

Further, we are concerned that the prominence of such “expert-based” policymaking may accentuate the invisibility of nurses at that level. In view of the dearth of scientific evidence surrounding many novel coronavirus-related topics, a reliance on government-appointed sages to effectively decide on behalf of the executive branch about healthcare and public health measures with profound societal impact may be acceptable at times like these.

However, a similar process has hardly if ever been often followed on longstanding nursing-related topics with direct impact on patient and population health, such as nurse staffing ratios (CastroSánchez and Santillán-García, 2020) or advanced nursing practice roles, with

plenty of supporting safety, efficacy and economic evidence (Laurant et al., 2018). Such dichotomy may well reflect the influence and role that ideology, think-tanks and lobbies may play within routine policymaking, a process not conducted in a vacuum. Nurses should then recognise that solely underpinning their professional claims with such discourse of scientific evidence would be insufficient to reach such goals unless it is flanked by strategies to broker the evidence to decision and policymakers. Some potential approaches may include tailored briefing notes (Kilpatrick et al., 2015), or the counsel of parliamentary offices of science and technology (Santillán-García et al., 2020).

But even those mechanisms would also need to be supported by tailored communication, and more crucially, diplomacy and negotiation. Arguably, policy-making by expert consensus can be useful, but public policies which are not informed by the nursing perspective of societal issues and the nursing expertise to enable solutions to address such ailments may ill-serve the public good.

On the other hand, the chronic absence of nurses from decision-making and, specifically, political fora (Wilson et al., 2020) suggests that for them to be seen as valuable peers, they will have to evaluate their existing narratives (Lunardi et al., 2006), construct robust collective perspectives about current health and care affairs, and embrace the policy forming process (Salvage and White, 2019).

Precisely, other authors have highlighted already the dearth of effective senior nursing leaders in the COVID-19 response (Daly et al., 2020), and the tensions stemming from focusing mostly on the acute need to safeguard strategic education, research, scholarship and practice positions, overlooking leadership in politics and public policy. Some incentives to foster the interest of current and future nurses in this area may include improved undergraduate education, as well as competitive research funding calls on nursing policy activism and optimal approaches for involvement in the political arena. More contemporarily, the Nightingale Challenge could recognise policy engagement and political advocacy as relevant and useful competencies to gain and master.

To sum up, as soon as Spanish nurses see themselves as knowledge-brokers in the health policy and politics arenas, build their strengths and skills in these areas and, more importantly, work together to have a unique voice in the decision-making environments, then citizens will have an opportunity to benefit from the health improvements afforded by the nursing gaze.

References

Castro-Sánchez, E., Santillán-García, A., 2020. Smart lobbying for minimum nurse staffing ratios in Spain: not just numbers. *Policy Polit. Nurs. Pract.* doi:10.1177/ 1527154420923753.

Daly, J., Jackson, D., Anders, R., Davidson, P.M., 2020. Who speaks for nursing? COVID-19 highlighting gaps in leadership. *J. Clin. Nurs.* doi:10.1111/jocn.1530510. 1111/jocn.15305.

Kilpatrick, K., Carter, N., Bryant-Lukosius, D., Charbonneau-Smith, R., DiCenso, A., 2015. The development of evidence briefs to transfer knowledge about advanced practice nursing roles to providers, policymakers and administrators. *Can. J. Nurs. Leadersh.* 28 (1), 11–23. doi:10.12927/cjnl.2015.24236.

Laurant, M., van der Biezen, M., Wijers, N., Watananirun, K., Kontopantelis, E., van Vught, A., 2018. Nurses as substitutes for doctors in primary care. *Cochrane Datab. Syst. Rev.* doi:10.1002/14651858.cd001271.pub3.

Lunardi, V., Peter, E., Gastaldo, D., 2006. ¿Es ética la sumisión de las enfermeras? Una reflexión acerca de la anorexia de poder [Is submissiveness in nurses ethical? A reflection on power anorexia]. *Enferm. Clín.* 16 (5), 268–274.

Salvage, J., White, J., 2019. Nursing leadership and health policy: everybody's business. *Int. Nurs. Rev.* 66 (2), 147–150. doi:10.1111/inr.12523.

Santillán-García, A., Oliver, E., Grigorian Shamagian, L., Climent, A., Melchor, L., 2020. #CienciaenElParlamento: the need for a parliamentary office of science and technology advice. *Gac. Sanit.* doi:10.1016/j.gaceta.2019.08.004.