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3. The Journal will accordingly encourage the publication of the following categories of papers.
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In this edition, nineteen (19) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Assessment of client satisfaction with contraceptive services in public health care facilities in Zamfara State, Nigeria; Sociocultural and economic determinants of open defecation practices in Kano State, Nigeria; effect of simulation based training on midwives' skills in managing retained placenta with umbilical vein oxytocin injection in health facilities, Osun State, Nigeria; Nurses Level Of Preparedness In Management Of Patient With Viral Hemorrhagic Fever In Emergency Ward In University Of Ilorin Teaching Hospital, **Nigeria**; Nursing Education: A Sine Qua Non For Addressing The Healthcare Demands Of The 21st Century; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Prevalence And Outcome Of Malaria Infection Among Children Below 11 Years In A Tertiary Healthcare Facility In Benin City From 2018-2020; Factors Influencing Prevalence Of Gender Based Violence Among Men And Women In Bagudo LGA Kebbi State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Quackery In Nursing, The Causes, Effects And Control Measures: The Nigeria Experience; Knowledge, attitude and practice of injection safety among nurses in Nigeria: a case study of University of Ilorin Teaching Hospital Ilorin, Kwara State, Nigeria; Awareness Of Computer Vision Syndrome Among Staff Of Information Communication And Technology Unit Of University Of Benin Teaching Hospital, Benin City, Edo State, Nigeria; Utilization Of Personal Protective Equipment Against Organic Dusts Among Poultry Farmers In Ona-Ara Local Government Area, Ibadan, Nigeria; Predictors Of Surgical Site Infection Amongst Post Operative Patients In Federal Medical Centre Lokoja, Nigeria; Evaluation Of The Involvement Of Nurses In Policies And Policy Formulation In Nigeria; Determinants of Stress and Coping Mechanisms among Nurses in Aminu Kano Teaching Hospital, Kano State, Nigeria; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Adaptation To Stress And Academic Performance Of Students In Nursing Institutions In Oyo State, Nigeria; Medication Adherence And Quality Of Life Of Hypertensive Patients Attending Selected Hospitals In Port Harcourt, Rivers State, Nigeria; Perspectives Of Youth On The Legalization Of Abortion In North Central Nigeria.

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OLARERIN J.; PHETLHU D. R. & ALUKO J. O.

ABSTRACT

Nurses are at the frontline of care provision for patients. Despite their unique roles in the health care setting, nurses are not involved in policy making processes. This non-involvement has led to a lack of growth in nursing profession, as the interests of nurses are not well represented at the federal level. The aim of the study was to examine nurses' involvement in health policy making formulations in Nigeria A descriptive design was used for the study. A total of 280 nurses were employed for collection of the quantitative data, with the use of questionnaire, while Data collected were analysed and interpreted using SPSS presented in tables, frequencies and percentages. Result of the socio demographic characteristics shows that most of the Nurses in this study were above the mean age (58.6%), females (91.4%), Christians (82.1%) and married (88.9%). Findings also shows that most of the respondents are from Yoruba tribe (85.7%) and had diploma as their highest level of education (40.4%). The highest professional status of respondents was Chief Nursing officer (35%). Most of the respondents have been in their current position for approximately 1-5 years (80.4%) and their job description is caring for patients and supervisory (54.3%), majority of respondents belong to a professional body (99.3%) called NANNM (71.8%) and their responsibility in Nannm is just that of membership (88.9%) for about 26-30 years (17.1%). This study reveals that the level of respondents knowledge is high (67.7%) in all aspects of policies and policy formulation guidelines and are moderately involve in health policy (63%). This study also observe that the extent of Nurses involvement in Health Policy is poor (44%) and the barriers to nurses participation in health policy formulation include Most appointments into policy making positions are given to doctors (87.9%), Institutional structures and systems are such that exclude nurses from being part of the policy process (70.7%), Inadequate number of nursing representatives at decision making body and health policy development level (77.9%) and most policy making positions are given to male leaders thus female leaders cannot participate (gender imbalance) (57.5%) institutional structures and systems exclude nurses 70.7%, there is non-representativeness of nurses at decision making positions. They also suggested that nurses should be very much involved in policy formulation as that was the surest way the objectives of health care policies can be maximally achieved. In conclusion, most nurses know about policy formulation, but most of them are not involved in policy formulation processes. Some of the factors found to impede involvement in policy formation include non-representation at management levels, partiality in appointment of policy makers as well as institutional factors, which must be properly tackled to enable for growth in nursing profession.

Keywords: Nurses; Involvement; health care; health policy; formulation**.**

INTRODUCTION

The future of health care in Nigeria depends largely on the roles and performance of nurses. Without nurses and nursing, it will be impossible to achieve adequate and quality health care. Nursing is a pivot on which other healthcare professions rotate patients and communities and nurses constitutes the highest workforce in the health care industry (Manson, et al., 2019). In spite of this, Nurses are still not fully involved in health policy formulation. Health policy formulation refers to a process where decisions, plans and actions are undertaken to achieve specific healthcare goals within a society. It guides choices about which health technologies to develop and use, how to

organize and finance health services, which drugs should be freely available among others. It also reflects staffing and distribution of human resources as well as the allocation of infrastructures. (Buse, et al.,2018)

Literature shows that nurses have the least representations in the health policy formulation process (Akunja, et al.,2021). It has been revealed that despite nurses' contribution to health care, they are seldom involved in policy formulation. Despite these recommendations by different organisations, there are no structures that support the implementation of such, specifically in Nigeria. The nursing curriculum does not include policy formulation as a theme in all the levels of teaching in Nigeria; nurses seem to have little or no knowledge on health policy formulation and have not embraced politics as a source of knowledge in the process of policy formulation; and all these are critical necessities in the policy formulation agenda. Nonetheless there is a dearth of data about nurses' knowledge on health policies and health policy formulation processes, as well as existing programmes that could empower nurse's participation in health policy formulation in Nigeria. An illustration of this non-involvement in policy making is that in 2010, the Federal Ministry of Health (FMH) developed Nigeria's comprehensive National Strategic Health Development Plan (NSHDP) (2010-2015) with the aim of improving the health status of Nigerian through the development of a strengthened and sustainable healthcare delivery system. Consequent to this, NSHDP came up with 8-point health priorities which included; leadership and governance for health among others. Of all these, there is no evidence or documentation of nursing representation among the committee members which exclusively consists of Minister for health who stands in for all health professionals and other top politicians [Jumare,2014]. The non-involvement of nurses and midwives in the development of policies that impact on their provision of basic health services at grass root have tremendously contributed to poor demographic and health indicators in Nigeria [National Strategic Health Development Plan Framework,2009-2015,; Shima 2014.:; Olanipekun, 2009.], predicted that without adequate numbers of quality nursing professionals and their active participation in critical judgment and decision making on health related issues, the Millennium Development Goals (MDGs) will be a mere dream and will be unaccomplished.

WHO, (2012), affirms the need for nurses and midwives to be involved in policy formulation for three main reasons, first, nurses and midwives are those that are closest to patients and their family therefore, the recommendations from nurses and midwives are important sources of opinion for policy development. Second, various health policies have a direct effect on nurses and midwives which make an important contribution to the development of appropriate and effective health policy and thus strongly promotes and supports efforts to improve the preparation of nurses for policy development (International Council of Nurses, 2017) and lastly, nurses and midwives have an important role in professional development and are able to work well together in a multidisciplinary setting. Additionally, nurses play an essential role in the consultative process surrounding ethical dilemmas and are a critical resource for legislators and other policy makers in the formulation of appropriate health policies that will enhance quality health care services and promote good health outcome (Asuquo, et al., 2016). Thus nurses need to be present at the negotiating table when major decisions are made and policy formulated about health care in Nigeria because they are the first to notice gaps in healthcare system and the consequences of such gaps.

However, nurses must have the knowledge, skills and confidence to actively participate in the process as both the patient advocates and key members of the interdisciplinary health team (Amerin Nurses Association, 2011). One of the major ways in which courage and negotiation skills can be developed is through the empowerment of nurses in the area of politics

and policy making. Empowerment according to Mayosi, et al., (2012), can be described as to give power and authority, to enable and to permit. Empowerment infers ability to mobilize resources and to provide support, opportunity and information. A nurse leader must have a sense of empowerment in order to empower others, implement policy changes and enhance sustainability of change (Muntaner, et al., 2011). Michie, et al.,(2011), affirms that empowerment of nurses will ensure a change in attitudes towards the professional setting, in the sense that people begin to realize that they have accountability, commitment to and participation in the organization as well as the acceptance of responsibilities. This aim study was to examines nurses' involvement in health policy making formulations in Nigeria.

Objectives of the study

- To assess Nurses knowledge in health policy making formulations in Nigeria
- To determine nurses' involvement in health policy making formulations in Nigeria
- To determine extent of Nurses involvement in Health Policy in Nigeria
- To identify the barriers to nurses' involvement in health policy making formulations in Nigeria

METHODOLOGY

Study Design: This study followed a descriptive design.

Research Setting: This study was carried out in Nigeria. The country is divided into six Geo-political zones namely: South-Western, South-Southern, South-Eastern, North–Eastern, North-Western and North Central Zones. The study was carried out in South-West and North Central zones. These zones have major tertiary health institutions which are mostly used for research, innovation, pilot study for new findings for eventual adoption and or approval for implementation.

Study population: All cadres of registered nurses from government established health institutions, nursing departments in the Universities, representatives of Ministries of health, professional associations, representatives of Nursing and Midwifery council of Nigeria, in the chosen geopolitical zones were considered for collection of quantitative data for the study. Nurses in leadership position from Grade Level 12 and above which include representatives from ministry of health, Nursing and Midwifery Council of Nigeria (NMCN), National Association of Nigeria Nurses and Midwives (NANNM), Director of Nursing Services, University lecturers and heads of departments of Nursing formed the population for the collection of qualitative data.

Sample and Sampling techniques: Total population was used.

Data collection procedure: A self- developed questionnaire was used to collect quantitative data from all cadres of registered nurses was used. The questionnaire consisted of five sections; A to E.

Section A was demographic data;

section B focused on assessment of nurses level of knowledge about health policy formulation process.

Section C addressed the extent of their involvement;

Section D focused on nurses' empowerment; and

Section E was on identification of barriers and facilitators to nurses' involvement in health policy formulation.

Statistical Analysis: The quantitative data was analysed using statistical package for social scientist (SPSS) Version 21. Presented in tables, percentages and frequencies.

Ethical considerations

The research proposal was submitted to the University of the Western Cape higher degree committee for approval and ethical clearance. Informed consent was sought from the

participants before data collection, and they were assured of confidentiality and anonymity of information provided.

RESULTS

Demographic characteristics

Table 1 below shows that most of the Nurses, 58.6% were above the mean age for the study, **(**Mean age =47.2, SD = 10.1**)** most of them were females, 91.4% and Christians 82.1%, and mostly married. Most of them are from the South-Western part of Nigeria and only one of them, 0.4% had a doctorate degree in Nursing, while most of them had diploma as their highest level of education. The highest professional status among them was Chief Nursing officer 35%. Result shows that most of the Nurses in this study were above the mean age (58.6%), females (91.4%), Christians (82.1%) and married (88.9%). Findings also shows that most of the respondents are from Yoruba tribe (85.7%) and had diploma as their highest level of education (40.4%). The highest professional status of respondents was Chief Nursing officer (35%). Table 2 below shows that most of the Nurses, 80.4%, have been in their current position for approximately 1-5 years, and most of them had their major job description as caring for patients and supervisory roles. This is very evident as most of them were currently chief Nursing officers. Most of them belong to professional bodies, 99.3%; Most of them have only membership roles in the professional bodies 88.9%, and most have maintained this role for about 26-30 years, 17.1%. This study conclude that most of the respondents have been in their current position for approximately 1-5 years (80.4%) and their job description is caring for patients and supervisory (54.3%), majority of respondents belong to a professional body (99.3%) called NANNM (71.8%) and their responsibility in Nannm is just that of membership (88.9%) for about 26-30 years (17.1%).

Table 1: Socio demographic data of participants

Socio-demographic information	Frequency	Percentage
age group		
21-30 years	46	16.4
31-40 years	70	25
41-50 years	85	30.4
51-60 years	79	28.2
Gender		
Male	24	8.6
Female	256	91.4
Religion		
Islam	49	17.5
Christianity	230	82.1
Others	1	0.4
Marital Status		
Single	28	10
Married	249	88.9
Divorced	1	0.4
Others	2	0.7

Tribe		
Yoruba	240	85.7
Hausa	1	0.4
Igbo	32	11.4
Others	7	2.5
Highest level of education		
Diploma e.g. RN, RM, RN/RM	113	40.4
Bachelor's degree in Nursing e.g. B.Sc., BNSc	77	27.5
Bachelor's degree in other fields e.g. B.Sc., B.Ed.	39	13.9
Master's degree in Nursing	36	12.9
Master degree in other fields e.g. Edu, Nut, Med Sociology	14	5
Doctoral degree in any field including nursing	1	0.4
Professional Status		
Nursing Officer (NO) II	51	18.2
Nursing Officer (NO) I	28	10
Senior Nursing Officer (SNO)	26	9.3
Principal Nursing Officer (PNO)	12	4.3
Assistant Chief Nursing Officer (ACNO)	29	10.4
Chief Nursing Officer (CNO)	98	35
Assistant Director of Nursing (ADN)	23	8.2
Deputy Director Nursing (DDN)	13	4.6

Number of years in the current position	**Frequency**	**Percentage**
1-5 years	225	80.4
6-10 years	38	13.6
11-15 years	7	2.5
16-20 years	2	0.7
21-25 years	1	0.4
26-30 years	5	1.8
31-35 years	2	0.7
Major job description*		
Management and Administration	68	24.3
Delegation and supervision of junior nurses	100	35.7
Supervision and caring for patients	152	54.3
Teaching of student nurses/midwives	96	34.3
Caring for patients	115	41.1

Are you a member of any professional organization?		
Yes	275	99.3
No	5	0.7
Professional body		
GNAN	201	71.8
NANNM	30	10.7
Others: NAPON, UGONSA	1	0.4
What is the nature of your role/ responsibility in the professional body you belong?		
Administrative /executive role	17	6.1
Membership role	249	88.9
Associate membership role	14	5
Number of years in the current position		
1-5 years	32	11.4
6-10 years	44	15.7
11-15 years	42	15
16-20 years	43	15.4
21-25 years	39	13.9
26-30 years	48	17.1

Knowledge of health policies and policy formulation guidelines

Table 2 below shows that majority of the respondents, 83.6% know about policy formulation, stages and components involved in making them, types of policies and bodies involved in making them. Nonetheless, most of them have never been involved in making policies. Most of them, 77.4% have major health problems in their institutions, and they got to know this by documentation and report taking. Most of them, 68.4% indicated that Nurses are not involved in health policy formulation. Some of the reasons mentioned include rare participation of Nurses in politics, non-availability of a directorate of Nursing at the federal level, non-accordance of needed recognition in policy making decisions, and non-representativeness of nurses as stakeholders in policy formulation. This study reveals that the level of respondents Knowledge is high (67.7%) in all aspects of health policies and policy formulation guidelines

Table 2: Knowledge of health policies and policy formulation guidelines

	Yes n (%)	**No n (%)**	**Total**
Health policy formulation refers to a process where decisions, plans and actions are undertaken to achieve specific healthcare goals within a society.	234 (83.6)	46 (16.4)	280
	83.6%	16.4%	
Relevant stages in Health Policy Formulation (n=234)			
Problem identification and agenda setting	224 (95.7)	10 (4.3)	234
Policy formulation	209 (89.3)	25 (10.7)	234
Policy implementation	206 (88.0)	28 (12.0)	234
Policy evaluation	204 (87.2)	30 (12.8)	234
	90%	**10%**	
Health Policy include…			
Courses of actions 83that affect health institutions services, fundings and organizations	194 (82.9)	40 (17.1)	234
Actions and intended actions by public, private and voluntary organisations that have impact on health	192 (82.1)	42 (17.9)	234
It is a policy made in the public sector and in the private sector	133 (56.8)	101 (43.2)	234
It is the authoritative allocation of values	112 (47.9)	122 (52.1)	234
	67%	**32%**	
Components of Health Policy Development			
Policy Process	204 (87.2)	30 (12.8)	234
Policy Reform	190 (81.2)	44 (18.8)	234
Policy Environment	135 (57.7)	99 (42.3)	234
Policy Makers	191 (81.6)	43 (18.4)	234
	76.9%	**23%**	
Policy making body			
Government Ministers and officials	214 (91.5)	20 (8.5)	234
Local Health Service Managers	184 (78.6)	50 (21.4)	234

Private Sectors	157 (67.1)	77 (32.9)	234
Representatives of Professional bodies	214 (91.5)	20 (8.5)	234
Religious Leaders	129 (55.1)	105 (44.9)	234
	96%	**29%**	
Types of policy			
Macro Policy	161 (68.8)	73 (31.2)	234
Micro or Sectoral Policy	176 (75.2)	58 (24.8)	234
Middle-Range Policy	125 (53.4)	109 (46.6)	234
Organisational Policy	193 (82.5)	41 (17.5)	234
	70%	**30%**	
Where Health Policy is made			
National Legislature	211 (90.2)	23 (9.8)	234
Provincial Legislature/Executive Council	165 (70.5)	69 (29.5)	234
Municipal Council/Local Government Council	135 (57.7)	99 (42.3)	234
NGOs, Trade Unions	111 (47.4)	123 (52.6)	234
Outside Government	56 (23.9)	178 (76.1)	234
Have y ou e ver been involved in health policy formulation at any level	66 (28.2)	168 (71.8)	234
	52%	**35%**	
Level of Health Policy Formulation (n=66)	**Yesn (%)**	**No n (%)**	**Total**
Global levels (e.g. WHO, ICN)	37 (56.1)	29 (43.9)	66
Regional level (e.g.African region, WHO afro region)	29 (43.9)	37 (56.1)	66
National level (Nigeria)	34 (51.5)	32 (48.5)	66
Provincial level (State and Local Levels)	58 (87.9)	8 (12.1)	66
	60%	**40%**	
Are you aware of any health policy in Nigeria (n=234)	216 (92.3)	18 (7.7)	234
Health policy is rule and regulation constituted to achieve specific health care goal in a country	223 (95.3)	11 (4.7)	234
Categories of people/ agents involved in HPF process			
Government or its Minister of Health and officials	225 (96.2)	9 (3.8)	234
Medical Doctors and Local health service managers	162 (69.2)	72 (30.8)	234
Private sectors	106 (45.3)	128 (54.7)	234
Representatives of health professionals	199 (85.0)	35 (15.0)	234
Non-governmental Organization (NGOs)	111 (47.4)	123 (52.6)	234
Do you have major health problems in your institution	181 (77.4)	53 (22.6)	234
Health policies guides choices about which health technologies to develop and use, how to organize and finance health services, which drugs should be freely available among others.	172 (95.0)	9 (5.0)	181
	76%	**24%**	

If yes…Means of knowing (n=225)			
Documentation and reporting	174 (77.3)	51 (22.7)	225
Dissemination of research findings	105 (46.7)	120 (53.3)	225
Epidemiological surveillance	108 (48.0)	117 (52.0)	225
Advocacy and dialogue	110 (48.9)	115 (51.1)	225
Civil society group	59 (26.2)	166 (73.8)	225
Political representation e.g. representative, senator	61 (27.1)	164 (72.9)	225
Industrial action/protest	106 (47.1)	119 (52.9)	225
Others (specify)	28 (12.4)	197 (87.6)	225
	48%	**58%**	
If no…How would they know of it (n=9)			
Documentation and reporting	8 (88.9)	1 (11.1)	9
Dissemination of research findings	6 (66.7)	3 (33.3)	9
Epidemiological surveillance	5 (55.6)	4 (44.4)	9
Advocacy and dialogue	5 (55.6)	4 (44.4)	9
Civil society group	6 (66.7)	3 (33.3)	9
Political representation e.g. representative, senator	5 (55.6)	4 (44.4)	9
Industrial action/protest	3 (33.3)	6 (66.7)	9
Others (specify)	3 (33.3)	6 (66.7)	9
Are nurses involved in health policy formulation?	74 (31.6)	160 (68.4)	234
	48%	**46%**	
If no…. Possible reasons (n=160)			
Nurses rarely participate in politics	129 (80.6)	31 (19.4)	160
Nurses don't have Directorate at Federal level	97 (60.6)	63 (39.4)	160
Nurses are not accorded needed recognition in policy making decisions	133 (83.1)	27 (16.9)	160
	75%	**25%**	
Nurses are not aware of their right to be involve in policy making decisions	76 (47.5)	84 (52.5)	160
Nurses are not well represented as stakeholders in policy formulation	138 (86.2)	22 (13.8)	160
Others (Specify)	14 (8.8)	146 (91.2)	160
Are nurses well represented in the bodies that formulate or develop health policies in Nigeria?	25 (10.7)	209 (89.3)	234
	38%	**62**%	
	67.7%	**33%**	

Table 2b: Knowledge of policies and policy formulation guidelines

Level of Health Policy Formulation (n=66)	**Yes n (%)**	**No n (%)**	**Total**
Global levels (e.g. WHO, ICN)	37 (56.1)	29 (43.9)	66
Regional level (e.g.African region, WHO afro region)	29 (43.9)	37 (56.1)	66
National level (Nigeria)	34 (51.5)	32 (48.5)	66
Provincial level (State and Local Levels)	58 (87.9)	8 (12.1)	66
	60%	**40%**	
Health policy is rule and regulation constituted to achieve specific health care goal in a country	223 (95.3)	11 (4.7)	234
Categories of people/ agents involved in HPF process			
Government or its Minister of Health and officials	225 (96.2)	9 (3.8)	234
Medical Doctors and Local health service managers	162 (69.2)	72 (30.8)	234
Private sectors	106 (45.3)	128 (54.7)	234
Representatives of health professionals	199 (85.0)	35 (15.0)	234
Non=governmental Organization (NGOs)	111 (47.4)	123 (52.6)	234
Do you have major health problems in your institution	181 (77.4)	53 (22.6)	234
Are the policy makers aware of these problems	172 (95.0)	9 (5.0)	181
	76%	**24%**	
If yes…Means of knowing (n=225)			
Documentation and reporting	174 (77.3)	51 (22.7)	225
Dissemination of research findings	105 (46.7)	120 (53.3)	225
Epidemiological surveillance	108 (48.0)	117 (52.0)	225
Advocacy and dialogue	110 (48.9)	115 (51.1)	225
Civil society group	59 (26.2)	166 (73.8)	225
Political representation e.g. representative, senator	61 (27.1)	164 (72.9)	225
Industrial action/protest	106 (47.1)	119 (52.9)	225
Others (specify)	28 (12.4)	197 (87.6)	225
	48%	**58%**	
If no…How would they know of it (n=9)			
Documentation and reporting	8 (88.9)	1 (11.1)	9
Dissemination of research findings	6 (66.7)	3 (33.3)	9
Epidemiological surveillance	5 (55.6)	4 (44.4)	9
Advocacy and dialogue	5 (55.6)	4 (44.4)	9
Civil society group	6 (66.7)	3 (33.3)	9
Political representation e.g. representative, senator	5 (55.6)	4 (44.4)	9
Industrial action/protest	3 (33.3)	6 (66.7)	9
Others (specify)	3 (33.3)	6 (66.7)	9
Are nurses involved in health policy formulation?	74 (31.6)	160 (68.4)	234
	48%	**46%**	
If no…. Possible reasons (n=160)			
Nurses rarely participate in politics	129 (80.6)	31 (19.4)	160
Nurses don't have Directorate at Federal level	97 (60.6)	63 (39.4)	160
Nurses are not accorded needed recognition in policy making decisions	133 (83.1)	27 (16.9)	160
	75%	**25%**	
Nurses are not aware of their right to be involve in policy making decisions	76 (47.5)	84 (52.5)	160
Nurses are not well represented as stakeholders in policy formulation	138 (86.2)	22 (13.8)	160
Others (Specify)	14 (8.8)	146 (91.2)	160
Are nu rses well repr esented in the bodies that formulate or develop health policies in Nigeria?	25 (10.7)	209 (89.3)	234
	38%	**62**%	
	67.7%	**33%**	

Nurses involvement in Health Policy

Table 3 below shows that most of the nurses should be involved in health policy formulation because of the following; They are the coordinators of patient care 96.8%, and thus their input will greatly improve patient care, they have important information about policy formulation 97.9%, their involvement will promote professional practice of Nursing in Nigeria, 96.1% and because they are the largest number of professionals in the health care delivery system 97.1, and thus should be well represented at all levels. Some of the Nurses disagree with the fact that they do not have the necessary skills to be involved in policy formulation 80.4%, and they also do not believe they have a nonchalant attitude towards policy formulation 62.9% and neither is politics not meant for Nurses 81.4%. Most of them purported that policies are made at the national level without their involvement, and most key positions are given to the doctors 80.4%. This study reveals that nurses are moderately involve in health policy (63%)

Table 3: Nurses involvement in Health Policy

	Agree	**Disagree**	**Undecided**	**Total**
	n (%)	**n (%)**	**n (%)**	
Nurses coordinate the management of patients' care given by other health care professionals and should actively be involved in health policy formulation process	271 (96.8)	5 (1.8)	4 (1.4)	280
Nurses have important information that will contribute to development of health policy formulation	274 (97.9)	2 (0.7)	4 (1.4)	280
Nurses involvement in health policy formulation will enhance activities of nurse leaders and promote professional nursing practice	269 (96.1)	1 (0.4)	10 (3.6)	280
Nurse's involvement in policy and decision making will promote higher quality of patient care, lower mortalities and fewer complications.	267 (95.4)	6 (2.1)	7 (2.5)	280
Nurses should be actively involved in health policy formulation	272 (97.1)	1 (0.4)	7 (2.5)	280
Nurses constitute a large number of population in health care delivery system and must be adequately represented in the formulation body	272 (97.1)	3 (1.1)	5 (1.8)	280
Policy formulation involves negotiation, bargaining and lobbying and nurses should not engage in such activities.	116 (41.4)	135 (48.2)	29 (10.4)	280
Nurses' involvement in policy formulation will create more rivalry/ inter-professional problems.	77 (27.5)	179 (63.9)	24 (8.6)	280
Nurses involvement in decision making has impact on patient care	259 (92.5)	11 (3.9)	10 (3.6)	280
Nurses stay longer with patient and thus should be actively involved or contribute meaningfully to health policy formulation	270 (96.4)	5 (1.8)	5 (1.8)	280
Nurses constitute the largest work force in health care and should contribute to health policy	264 (94.3)	9 (3.2)	7 (2.5)	280
Nurses do not have the skills necessary in health policy formulation	42 (15.0)	225 (80.4)	13 (4.6)	280
Nurse have nonchalant attitude towards involvement in health care policy	86 (30.7)	176 (62.9)	18 (6.4)	280
Nurses are not given chances to partake in health policy formulation	209 (74.6)	48 (17.1)	23 (8.2)	280
Most appointments into policy making positions are given to doctors.	249 (88.9)	16 (5.7)	15 (5.4)	280
Policies are being m ade at national level and rolled down to nurses for implementation without nurse's involvement.	225 (80.4)	38 (13.6)	17 (6.1)	280
Nurses are trained to take care of patients and are busy to be involved in health policy formulation	67 (23.9)	193 (68.9)	20 (7.1)	280
Health Policy formulation is for politicians not nurses	34 (12.1)	228 (81.4)	18 (6.4)	280
	63%	**25%**	**4.6**	

Extent of Nurses involvement in Health Policy

Table 4 shows that, most of the participants believe that nurses are only called upon on ad hoc basis 81.8% and are not fully given the opportunity to be involved in decision making processes, both at the national level and in the hospital and excluded lack of assertiveness as a reason for non-involvement 61.8%. This study observe that the extent of Nurses involvement in Health Policy is poor (44%).

Table 4: Extent of Nurses involvement in Health Policy

	Agree	Disagree	Undecided	Total
	n (%)	n (%)	n (%)	
Nurses are actively involved in health policy	58 (20.7)	195 (69.6)	27 (9.6)	280
Nurses usually negotiate, bargain and lobby about health issues	86 (30.7)	156 (55.7)	38 (13.6)	280
Nurses are not given recognition by policy makers for the important contribution that nursing can make in policy formulation process.	225 (80.4)	34 (12.1)	21 (7.5)	280
Nurses participate and influence health at all levels of policy formulation	111 (39.6)	137 (48.9)	32 (11.4)	280
Nurses participate in HPF (Hospital governance)	90 (32.1)	164 (58.6)	26 (9.3)	280
Nurses are involved in HPF and human resource planning at the hospital	116 (41.4)	135 (48.2)	29 (10.4)	280
Nurses are adequately represented in the board of hospital management and policy formulating body	65 (23.2)	182 (65.0)	33 (11.8)	280
Nurses are only called upon on ad hoc basis and they are not part of full policy formulation process.	229 (81.8)	31 (11.1)	20 (7.1)	280
Nurses lack opportunity to be involved in policy formulating process.	173 (61.8)	68 (24.3)	39 (13.9)	280
Nurses are neither bold nor assertive to discuss politics openly	79 (28.2)	173 (61.8)	28 (10.0)	280
	44%	46%	11%	

Barriers to Nurses Participation in Health Policy Formulation

Table 5, shows that most of the nurses, agree that the barriers to nurses participation in policy making processes include the fact that most positions are given to doctors 87.9%, institutional structures and systems exclude nurses 70.7%, there is non-representativeness of nurses at decision making positions, 77.9% and that there is gender imbalance 57.5%. Most of them however, disagreed with the fact that they lack relevant experience, knowledge and skills to participate in health policy making 77.1%, and that they do not have university education 65.4% as the barriers to involvement in in policy making processes as part of the barriers. This study conclude that the barriers to nurses participation in health policy formulation include Most appointments into policy making positions are given to doctors (87.9%), Institutional structures and systems are such that exclude nurses from being part of the policy process (70.7%), Inadequate number of nursing representatives at decision making body and health policy development level (77.9%) and most policy making positions are given to male leaders thus female leaders cannot participate (gender imbalance) (57.5%)

Table 5: Barriers to Nurses Participation in Health Policy Formulation

Barriers	Agree	Disagree	Undecided	Total
	n (%)	n (%)	n (%)	
Nurses lack political advocacy skills to be involved in policy process	110 (39.3)	158 (56.4)	12 (4.3)	280
Nurses are not proactive, assertive nor courageous to participate in policy formulation	91 (32.5)	177 (63.2)	12 (4.3)	280
Most appointments into policy making positions are given to doctors	246 (87.9)**	19 (6.8)	15 (5.4)	280
Institutional structures and systems are such that exclude nurses from being part of the policy process	198 (70.7)**	58 (20.7)	24 (8.6)	280
Nurses lack relevant experience, knowledge and skills necessary to participate in health policy development process	48 (17.1)	216 (77.1)	16 (5.7)	280
Inadequate number of nursing representatives at decision making body and health policy development level	218 (77.9)**	45 (16.1)	17 (6.1)	280
Most policy making positions are given to male leaders thus female leaders cannot participate (gender imbalance)	161 (57.5)**	91 (32.5)	28 (10.0)	280
Nurses' level of education is low, that is, they lack university level of education in nursing.	79 (28.2)	183 (65.4)	18 (6.4)	280

DISCUSSION

This study examines nurses' involvement in policy making formulations in Nigeria. The socio demographic characteristics of this study indicates that most of the Nurses in this study were above the mean age, females, Christians and married. Findings also shows that most of the respondents are from Yoruba tribe and had diploma as their highest level of education. The highest professional status of respondents was Chief Nursing officer. Most of the respondents have been in their current position for approximately 1-5 years and their job description is caring for patients and supervisory, majority of respondents belong to a professional body called NANNM and their responsibility in NANNM is just that of membership for about 26-30 years.

This study reveals that the level of respondents Knowledge is average in all aspects of policies and policy formulation guidelines, attested by Juma, et al., (2014). This study is similar to Ekaete (2019) who revealed that his respondents' level of knowledge about policies formulation is average. This study reveals that nurses are moderately involve in health policy this is in correlation with the report by Ditlopo et al.,(2014); Kunaviktikul, et al., (2015) ;& Hajizadeh,et al.,(2021). This study is in line with Asuquo, (2019) who showed that his respondents' level of involvement in health policy is moderate. This study does not support Ndubuisi, Okoronkwo & Mbadugha (2021) who revealed that their respondents had not been adequately involve in health policy decision – making in the hospital in South East of Nigeria.

This study observe that the extent of Nurses involvement in Health Policy is poor which corresponds with findings by other scholars

(Brokaw, 2016; AbuAlRub and Foudeh, 2017; WHO, 2015; Shariff and Potgieter, 2014; Akunja, et al., 2015; Barclay, 2015;Kunaviktikul, et al., 2015; and Hajizadeh, et al., 2021) This study support Rasheed, Younas & Mehdi (2020) who indicated that the extent of nurses involvement in health policy was inadequate because, they mainly worked as policy implementers rather than as policy developers.

This study conclude that the barriers to nurses participation in health policy formulation include Most appointments into policy making positions are given to doctors, Institutional structures and systems are such that exclude nurses from being part of the policy process, Inadequate number of nursing representatives at decision making body and health policy development level and most policy making positions are given to male leaders thus female leaders cannot participate (gender imbalance), Shariff and Potgieter,(2014) ; Kunaviktikul et al., 2015 also affirm gender imbalance in political dispensation . This study is consistent with Asuquo et al (2019) who observed that the barriers to nurses' participation in health policy formulation emanate from individual and health care system constraints. This study is inconsistent with Ndubuisi, Okoronkwo & Mbadugha (2021) who noted that the major barriers identified by their respondents were lack of knowledge and relevant skills, lack of organizational support and professional dichotomy.

IMPLICATION FOR NURSING

Nurses are the largest population of health care workers in the health care setting. They must therefore strive to make good use of this strength in numbers to positively affect policy formulations in the health care setting. Nurses must strive to be assertive and be able to diplomatically prove their point. This has been found to be one of the tools of assertiveness as this will enable them drive home their points with facts and figures

Nurses must strive to be political beings; this involves being politically aware and joining professional associations that will help represent their ideas. They must also strive to hold leadership positions at the various establishments and bodies they find themselves

Nurses must continually subscribe to continuing education, as that is the only means by which they can have updated information about new policies and thus translate such knowledge and information into practice. Nurses must strive to improve their practice by attending mandatory continuing professional education. This will help them have new and improved information about health care practices, policy formulation policies and new trends in medicine.

Nurses must strive to be proactive in the various establishments they find themselves as these are means by which their voices can be heard at all levels and the concept of policy formulation processes should be added to the curriculum of nurses degree programme in order to prepare politically sound nurses in the future. Also, nurses' representatives at various levels must strive to be role models to young nurses, in order to stir up the spirit of leadership in them.

CONCLUSION

The involvement of nurses in policy-making across various levels of decision-making and establishments is critical and should not be overlooked, given nurses' essential roles in healthcare settings. Several barriers impede nurses' participation in policy-making: lack of representation at the national level, gender imbalance, and biased appointment practices that predominantly favor doctors as policymakers. These challenges have significantly hindered the growth of the nursing profession in Nigeria, keeping it in a stagnant position and undermining its recognition as a noble profession. This situation underscores the urgent need for a paradigm shift. Policymakers at all levels must

actively work to involve nurses in decision-making processes. Simultaneously, nurses should demonstrate assertiveness, pursue higher education, and increase their political engagement to ensure their inclusion in policy-making. Hospital administrators must also make deliberate efforts to include nurses in board meetings, recognizing that such inclusion enhances patient outcomes and improves the overall effectiveness of healthcare institutions.

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