



**Editorial**

**The nursing profession should participate in the creation of any future health-care system**

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Nursing science has seen a remarkable development in terms of scientific publications in which nurses are the lead authors. There has also been an impressive change in nurse education. Nowadays, it is mostly academic, in the form of a bachelor's degree, and the number of nurses gaining a master's degree or a Ph.D. has increased dramatically in many countries. This change is manifested, for instance, in scientific publications showing the participation of nurses in developing the knowledge base for health-care practice (1,2).

Further, there are good examples of research that has led to innovations that may change practice. For instance, a group of researchers has, with a new technique, investigated individual blood flow responses to physical pressure in frail older people, for instance, bedridden people. The aim has been to deepen the knowledge about mechanisms in developing pressure ulcers (3). This research line has now contributed to the development of an objective sensor (PU sensor) that identifies pressure-induced blood flow, allowing identification if a local area under pressure is responding to pressure with increased blood flow and thereby a decreased risk of developing pressure ulcer (4). Behind this invention lies years of research attempting to understand the process leading to pressure ulcers in severely ill or bedridden patients (5).

I am sure there are many more examples like this with successful, sustainable, and innovative research. Having said this,

scientific publications may not always change practice or have a clinical impact. Kokol et al. (1) tried to explore the clinical impact of scientific work by reviewing publications but could find no impact. This does not mean that there is none, only that it is not shown in the publications. There may be several reasons for the current invisibility of clinical impact. Possibly the study design does not present knowledge that can be translated into practice. Further research may be needed to show that the hypotheses developed do, in fact, hold true when tested in intervention studies (6). Strictly controlled studies may have a positive outcome in a closely regulated situation, which may not be replicable in practice. Thus, moving the same intervention from a strict RCT to a pragmatic trial design may sometimes be needed in order to discover whether the findings can be replicated in daily clinical practice and with the same outcome as earlier shown (7).

A further reason for the lack of uptake of research findings could be that the kind of knowledge developed may not be that which is most needed and is thus not prioritized in the health-care system. Nevertheless, it is fair to say that the nursing profession has come a long way, both as regards contributing to the knowledge needed for the provision of evidence-based nursing care and accessing an education that enables them to participate in developing the health-care system and the knowledge base for health care and nursing care.

An additional reason for the low uptake of nursing knowledge and nurses' scientific outcomes may be that the "nurses' voice" is

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not loud enough in the public debate and policy development or in criticizing the current way of providing health care. To get research findings implemented in practice and make sure that changes benefit the people's health care, nurses need to speak up, protest, recognize and highlight failures and the causes, lobby, and involve themselves in politics and policy development.

The Covid-19 pandemic revealed extensive problems in the health-care system and became detrimental for older people. One major issue concerned the lack of competent, basic nursing care provision, particularly in nursing home care and home care for older people. This type of long-term care could not meet the challenges created by a pandemic. For instance, in Sweden, it was revealed that the staff/patient ratio in long-term care and the staff's educational level had decreased significantly over the years. This reduction led to care being provided mainly by nurses' aides with no or only a short education and the highest educational level available in a unit being that of licensed practical nurses. The access to registered nurses was low; they were commonly not in charge of the daily care and were called on when problems were detected (8).

The consequences of this reduction in competence and staff/patient ratio have also been shown in assessments of compliance with basic hygienic routines; these have been found to not be followed in forty percent of the cases assessed. It seems fair to assume that this reduction plays a role in a large number of deaths among older people living in nursing homes or receiving home care. The responsibility for these failures rests with those in charge of the management and organization of the system. The voice of nurses, protesting over the years, could have made a difference by speaking up for the frailest in our societies, for those provided with care under poor conditions at home, in hospitals, or in nursing homes.

In addition to academic training, Ph.D. studies, research, and implementing new

knowledge in practice, nurses' role in the public debate, policy development, and politics are extremely important in influencing development. Over the years, editorials have highlighted the need for nurses to actively involve themselves in politics, strategic decision making, policy development, etc. (9,10).

Research has as of yet been unable to show that nurses are very active in this important sphere, in developing the health-care system, making problems visible and subject to debate when health care is failing to serve the health of the people or is, in fact, harming them. It has been reported that nurses' political engagement has increased over the years from 1988-2019, but the number of reports is few and mostly come from such countries as the USA and Canada (11).

In contrast, an integrative review by Rasheed et al. concluded that nurses' involvement in policy-making has not improved over the two last decades (12). They also state that "nursing institutions and regulatory bodies should prepare and encourage nurses to work as policymakers rather than implementers and advocate for the rightful place of nurses at policy-making forums." It could be argued that they should do both, be implementers and take their place in policy-making forums. Policy-making precedes implementation, and being involved in such forums is about shaping the next generation of health care and correcting what is not good enough for its recipients. In order to do so, nurses need to be prepared to take part in social debate, blow the whistle (13), report reasons for failed care (14), inform politicians about what is working and what is not in the health-care system, etc.

Such preparation should take place during their training to become nurses but perhaps also in health-care organizations once they are employed. However, Benton et al. reported, from an integrative review of the nursing profession in policy and political development (15), that education about the organization, management, and decision-making process in nursing and health was good but not education about how to involve

oneself and the nursing profession in policy development and politics. If this is a valid observation, it presents a challenge to educators and nursing programs to ensure that nurses are not only trained to understand the system in which they are going to work but also to understand how they can contribute to changing the system in areas needing improvement and to prepare the system for the future. Courses, training opportunities, participating in political debates, and writing debate papers could provide opportunities for building the belief that every nurse has an important role to play, not only by working in the system but also by working the system.

Shariff investigated facilitators and barriers to the participation of nurse leaders in health policy development and found, among other things, that knowledge and skills worked as facilitators (16). Knowledge and skills most probably also create in nurses the trust and confidence in their ability to argue for their position in public. The nursing profession has come a long way from in-hospital training to academic education, nurses with master's degrees, PhDs, becoming researchers and innovators, revisiting old procedures, developing new ones, and implementing new knowledge practice. Perhaps now is the time to take the next step, participate in shaping tomorrow's health care, spotlight care and procedures that are not working or are detrimental to the care recipients. This can be done by participating in the public debate, policy-making, and politics. Nursing education should prepare nurses to take on this very important role.

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