International Family Nursing Association (IFNA)

INTERNATIONAL FAMILY NURSING ASSOCIATION POLICY TOOLKIT

Suggested citation: North, N., Brysiewicz, P., Danford, C.A. & IFNA Research Collaboration Subcommittee: Policy Cluster. 2026. International Family Nursing Association Policy Toolkit. International Family Nursing Association.

TABLE OF CONTENTS

International Family Nursing Association Policy Toolkit

Natasha North, Petra Brysiewicz, Cindy Danford and the International Family Nursing Association (IFNA) Research Collaboration Subcommittee (ad hoc Committee on Policy)

This policy toolkit is a collaborative effort by three family researchers with support from an ad hoc committee on Policy, part of the Research Collaboration Subcommittee, all of whom are IFNA members and committed to advocating for policy in research. In developing the toolkit, please note that every care has been taken to address this topic in a thoughtful and sensitive manner. Terminology selected is intended to capture the essence of the content and not be derogatory or offensive. We hope that this toolkit will help you further understand policy and ways to practically incorporate it into your work.

Overview

Achieving policy change is an essential part of transforming health. As family nurses we often find ourselves at the boundaries of established ways of working, advocating for new solutions to healthcare challenges, clearing the path for innovation, or moving innovation into something more concrete. In working as change agents, family nurses can sometimes find barriers to change when advocating for patients and their families. Policy change or policy development is often necessary to make transformation possible and sustainable.

This policy toolkit is a practical guide for nurses who are new to policy and are unsure about the steps to take to achieve policy change. Written by three nurses with a shared interest in a family-focused approach to research, education and practice, this guide is offered as a way to help family nurses begin integrating policy into their work. This guide uses a real-world family nursing example to show WHY and HOW family nurses can achieve policy change in health clinics, hospitals and communities.

Using this toolkit

Policy making is a fascinating field of study that can have abroad impact in nursing and healthcare. However, applying theories of policy making to nursing practice can come with challenges. This toolkit offers practical support. By working through this toolkit step by step, you will:

- be introduced to a simple definition of policy
- think about how policy change occurs in the real world of nursing and healthcare
- learn a step-wise approach to guide and plan your proposed policy change (the 'policy triangle').

This toolkit prompts you to apply new insights about policy making by completing guided activities at each step. A case study of how one family nurse approached a policy change project is included to ground the steps in a real-world example.

What is policy?

What is 'policy'? And what does it have to do with nurses? The Cambridge English Dictionary defines policy as:

> "a set of **ideas** or a **plan** of what to do in particular situations that has been **agreed to officially** by a group of people, a business organisation, a government, or a political party: for example *'They believe that Europe needs a common foreign and security policy'; 'What is your party's policy on immigration?'* "

There are several concepts bundled in that definition. As a nurse, we might have an **idea** for patients in hospital to hold and self-administer their own medication, with the support of their families. Imagine sitting down and writing a **plan** that explains how our idea can be made real. Is this a policy? Not yet. This new plan likely involves changes to institutional processes concerned with dispensing and storing medication, requires new forms of documentation, and needs to align with many existing policies and regulations designed to manage risk. Many teams worldwide have successfully navigated these processes and made self-administration of medications one of the ways that patients and families are empowered to manage their own care. Here is an account of how one nursing team achieved this: Rowse (2018).

To become a policy, our plan of 'what to do' will need to be **agreed to officially**. We initially need to identify which individuals, groups and committees have the power to make such decisions. We will need to explain our plan to many different interested parties, potential partners, participants and decision makers, using evidence to convince them why the policy is needed, provide cost effectiveness or monetary value information, answer questions, listen to other people who also have ideas, respond to objections, and make many changes before our plan is melded into an agreeable form. Getting an idea formalised can be a long process, and a difficult one. We also believe it is fascinating and deeply exciting. It has the potential to bring significant change for health and for families. As nurses we absolutely need to be part of leading this process.

In trying to transform local institutional policies, as nurses we also need to be mindful of relevant legislation, regulations, nationally mandated practice standards and other provisions. This collection of laws, rules and guidance make up the 'policy framework' that binds the scope of nursing practice.

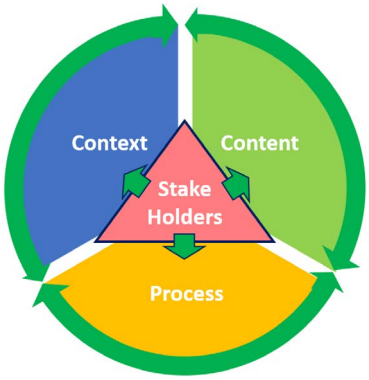
How does policy (really) get changed?

Achieving practical policy change in our own immediate clinical practice area or institution and even beyond, involves understanding the range of factors that shape policy. We often hear about evidence-based policy-making, but in reality evidence is one among many factors that decide the policy – the course of action – that an institution decides upon. If we are interested in transforming health then we need to develop an understanding of how politics and power influence policy and decision-making.

There are many different models and explanations of how the policy process works. We find the 'health policy triangle' developed by Gill Walt and Lucy Gilson, two specialists in international health policy, helpful because it is a real-world model that works across many different contexts (Walt and Gilson, 1994). Walt and Gilson noticed that many health policy initiatives, especially in lower resourced countries, were failing to make it into practice. They noticed that the people developing the policies were focusing heavily on what health systems should do (implement malaria vaccines, or employ more skilled birth attendants) and neglecting the who and the how.

The Health Policy Triangle (Graphic 1) maps out four aspects of the policy process: context, process, stakeholders and content. If we want our ideas and plans to be officially adopted as policy, we need to pay attention to the actors involved in policy reform (such as managers, facility boards, clinician leaders, patient representatives, service users and professional bodies), the processes through which the change will be developed and implemented (e.g. clinical review boards, audit and risk committees, or hospital administrative processes) and the context (organisational, cultural, structural) within which the policy will be introduced. This work guides the actual 'doing' of policy change.

Next, the Health Policy Triangle will be used to frame the process for a policy change that could transform health for families. At each step we will provide prompts and tools helpful in achieving policy changes in your own area of practice.



Graphic 1: The Health Policy Triangle. Adapted from Walt & Gilson (1994).

CONTEXT

What system factors will influence whether your proposed change is a) agreed to and b) implemented? Do the conditions and capacity for change exist?

Policy change happens in a specific context (Walt and Gilson 1994; Tesfazghi et al 2016; Oluoch et al., 2019). Health care and health systems are complex social and political environments. Focusing on identification of the contextual factors that are most relevant to achieving the policy change desired is a good first step. Depending on the nature of the proposed policy change and the part(s) of the system involved, you might need to think about political and economic factors within your own organisation and externally, at a national level (Walt and Gilson 1994; Tesfazghi et al 2016). The current social and political climate, organisational or professional culture, history, past experiences, and timing can all influence acceptance and adoption of a new policy (Walt and Gilson 1994; Tesfazghi et al 2016; Oluoch et al., 2019).

Thinking about your proposed change... *what system factors will influence whether your proposed change is a) agreed to and b) implemented? Do the conditions and capacity for change exist?*

CONTENT

What is the content of your proposed policy change?

At this point awareness of and the need to determining the technical content of your policy as one part of a closely connected process becomes real. Begin by clearly defining the goal of the proposed policy change is the best place to begin. Carefully consider the root causes of the problem, the available evidence about the problem and proposed solutions. Expect the policy proposal to go through several versions as you take on board the views and concerns of key stakeholders or partners. Explore more about the context and the process for getting the proposed policy change accepted and implemented.

Thinking about your proposed change... *What is the content of your proposed policy change?*

PROCESS

What is the process of your proposed policy change?

Whether at the level of organisations or whole systems, the "policy making process" determines whether and what policy changes are made (Walt & Gilson, 1994). How will the proposal get onto the agenda? Which individuals, committees or boards need to consider or approve the policy and in what order? Does the policy need to be documented in a certain way? If it is formally adopted, how will the final policy be communicated?

Thinking about your proposed change... *What is the process of your proposed policy change?*

STAKEHOLDERS, KEY INTERESTED PARTIES

Which individuals and groups are affected by your policy change? Which individuals or groups will influence or decide whether your proposed policy change is a) agreed to and b) implemented?

The four components of the policy triangle should be addressed iteratively. Each step will generate insights and information that relate to other components. For example, in the course of working through the content, you will likely think of partners relevant to your proposal. You can identify them throughout the process but be sure to invest dedicated time in thinking about relevant partners as a distinct step too.

Many people can have an interest in a proposed health policy change. Focus on identifying the individuals and groups relevant to the proposed policy change, rather than the wider issue or problem you are trying to address. Various stakeholders or other interested parties might have formal authority to make decisions, control the resources necessary for implementation, or be affected by the proposed change (Tesfazghi et al 2016).

"Stakeholder analysis" is used to assess which groups or individuals are likely to be supportive of the proposed policy change, and which are likely to be opposed. This can inform revisions to the proposal as well as the development of strategies to overcome resistance and improve acceptance (Walt and Gilson 1994; Gilson 2012). Consider individuals and groups at all levels of power (including patients, families and communities) whose rights could be affected. Remember that large organisations with whom you need to engage might contain multiple groups of key stakeholders (Gilson, 2012). Within a national Ministry of Health, for example, the Ministry of Health may have different views about staffing ratios to the Ministry of Finance, or the sub-department of human resources for health. All perspectives, whether positive or negative, need to be considered to develop a convincing and comprehensive policy.

We know now that paying close attention to the stakeholders involved in policy change is vital to success (Franco-Trigo et al. 2020). But who are they, and are they all equally important? It is necessary to invest some time thinking about who has a stake in an issue. Don't limit this to the people you know directly: consult and brainstorm with other people to build as wide a list as possible. One thing to keep in mind is that the partners should be connected to the policy **change** that is in question - they are not simply people who are concerned about the problem! For success change the voice of various stakeholders needs to be considered.

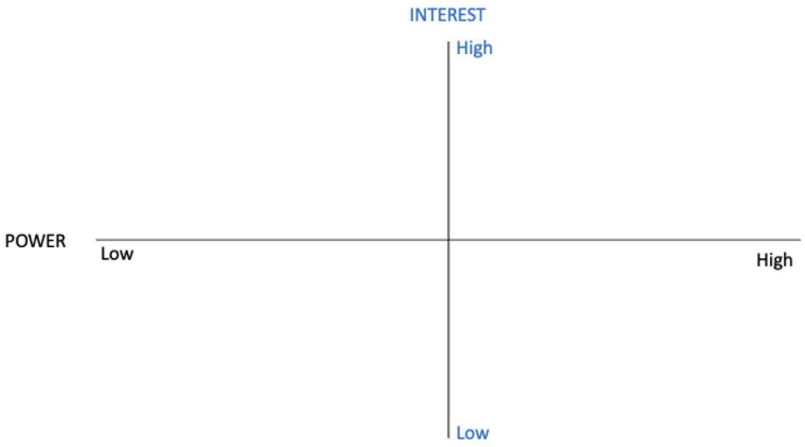
Start by making a list of the individuals and groups relevant to your proposed policy change. Once you have a list, you are ready to think about the relationship between these partners and your proposed policy change. One widely used and very practical tool is the stakeholder mapping matrix developed by Mendelow (1991). This is a tool which guides an appraisal of partners or groups based on **Power** (how strong is their ability to influence an issue) and **Interest** (how interested they are in the issue).

The position that you allocate to a partner on the grid shows you the actions you need to take with them:

High power, highly interested people (Manage Closely): Mendelow suggests these people need to be fully engaged, so you should make the greatest effort to satisfy them.

High power, less interested people (Keep Satisfied): Mendelow suggests putting just enough work in with these people to keep them satisfied, but not so much that they become irritated or fatigued

Low power, highly interested people (Keep Informed): This is an interesting group. Mendelow suggests adequately inform these people, and consult them for insights. A failure to communicate adequately however can have consequences.



Low power, less interested people (Monitor): Avoid excessive communication, but again – can you afford to ignore them completely? Probably not.

Thinking about your proposed change... *Which individuals and groups are affected by your policy change? Which individuals or groups will influence or decide whether your proposed policy change is a) agreed to and b) implemented?*

WORKED EXAMPLE

Dolores is a senior nurse working with children and their families in a 6-bed paediatric intensive care unit (PICU) in a regional government (state) hospital with significant pressures on health resourcing. Dolores and her colleagues are aware of evidence that minimising separation of children and their family caregivers can contribute to improved outcomes and reduced psychological stress (Power et al., 2021). Current policy on the unit allows just one family member to be with the child during set times in the day, and no visiting is allowed at night. Although the PICU is short of space and lacks amenities, and the team is short-staffed, the nurses still want to support families to be together 24/7.

Graphic 2: Working example of a family nursing policy change project

CONTEXT	**CONTENT**
Dolores and her colleagues brainstorm the social, political and economic factors that are most relevant to achieving their proposed policy change in their unit. They make a list of national and local factors. One team member has worked in the hospital for many years, and she shares her insights into what happened when family friendly initiatives were tried in the hospital previously. Looking at the list they have made, the team identify where the capacity for change already exists, and where conditions are less favourable. On the basis of this, they decide that this is a good time to try to get their policy accepted - although they note some more partners who will be crucial to this process.	Dolores and her colleagues have a series of staff meetings to discuss how to increase the presence of families in their unit. They discuss current practice, and identify the root causes that prevent families from being present 24/7 with their children. One team member has recently returned from a conference and shares recent evidence around families in PICU. Staff concerns that families can be hostile to nurses are explored, and Dolores points to research that shows that keeping families informed has been shown to reduce stress and positively influence nurse-family relationships. Informed by this evidence the team write down their proposed solutions. During their conversations the team notice relevant considerations that relate to the 'process' and 'partner' parts of the policy triangle, and write them down. Over several months Dolores shares the proposed policy content with key partners and makes adjustments in dialogue with her team to take on board their feedback.
PROCESS	**STAKEHOLDERS**
Having defined the content and the context of the new policy, Dolores looks at the process for moving the team's policy proposal from an idea to an officially accepted new policy. The "stakeholder analysis" identified the Nursing Service Manager and the Head of Quality Assurance as key to the process of having the policy accepted and implemented. Putting th engagement plan for partners into action, Dolores and her unit manager meet with the Head of Quality Assurance who says she is keen to turn around the low family satisfaction scores on the PICU. With her support, Dolores and her Unit manager go to see the Nursing Service Manager to propose that the PICU do a trial of the new policy for three months. The Nursing Service Manager is happy with this because she sees this as a way for the hospital to begin moving to an accredited family friendly hospital, in line with the national policy. The Nursing Service Manager invites Dolores to join her when she presents this proposal to the hospital Management Committee, many of whom Dolores and her colleagues have already engaged with as part of the engagement plan with partners.	Dolores and the team make a long list of potential stakeholders from the hospital leadership and governance structures, as well as hospital administrators and housekeeping. They discuss each one - do they have the power to allow or to stop the proposed policy change from happening? And what about their level of interest? Having plotted partners on the matrix, the team realise they are going to have to work quite hard to engage the interest and support of some of the key stakeholders who have low interest but high power.

Graphic 3: Root cause analysis

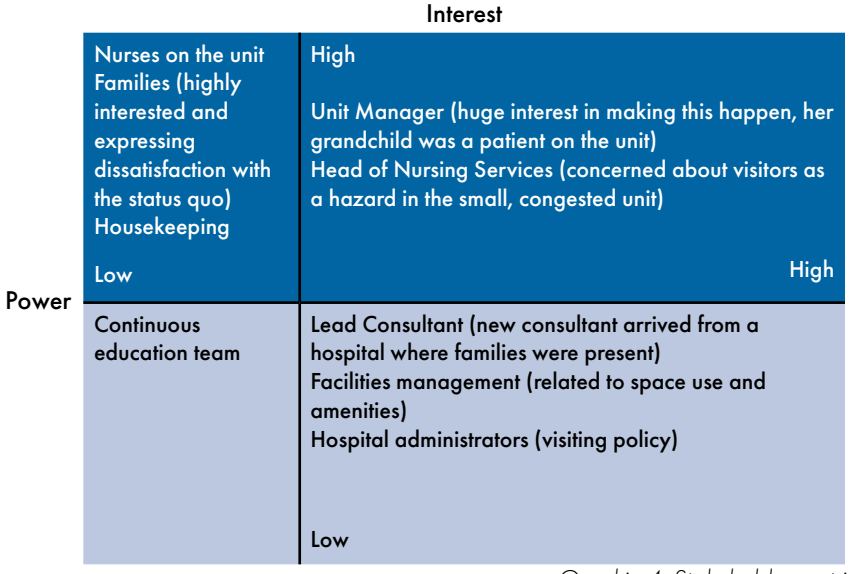
System factors	
Socio-political and economic climate	National level - UN rights of the child and national policy on person centred care national Ministry of Health philosophy, prominent national campaign to accredit hospitals as family friendly. Organisational level - hospital is not implementing the national policies, there is no current plan to work towards family friendly accreditation for the hospital.
Organisational culture and environment	Very few specialist staff on the unit. High proportion of relatively inexperienced staff who show signs of being uncomfortable with family members emotional needs and questions. All the staff are very stretched and some have been known to become impatient with families. No dedicated places for family members to take meals or rest away from the bedside, and the outpatients department have complained that family members have been congregating in the waiting area. Recent family satisfaction scores have been low, and there has been an increase in complaints being lodged by families who are dissatisfied with care. There are social and economic differences between doctors, nurses and patients related to languages and culture, spiritual beliefs, educational backgrounds and income. There are variations in practice regarding family involvement throughout the hospital, some staff are very eager to engage with families and others say families should stay away from the bedside until designated visiting times. There is no general family friendly culture.
History, past experiences and timing	Hospital visiting policy has been unchanged for many years. A project to refurbish an outbuilding as a family lodge was proposed five years ago but failed to attract support and funding.
Economic climate	Budget for hospital refurbishment has been frozen. The Friends of the Hospital (charitable group) try to support equipment purchases and painting of one ward per year.

Tips and lessons learnt

Change and policy development take time - you need to keep going. Do not be discouraged.

Be clear about your policy goal - don't get sidetracked

Policy change does not need to occur on a global level. Be realistic and start small. Institutional change or even unit or department level policy change is a more manageable place to begin and can be equally as effective as large-scale change.



Graphic 4: Stakeholder matrix

IN CONCLUSION ...

It is exciting to see how we can bring structure and purpose to a change that we feel passionate about. In the real world, can you think of someone who you respect because they brought about a change in your field of work? And what do they say about how long it took them? Do they say "I saw this was what we needed to do, so I made it happen the next day"? ... Achieving policy change can take many months or even years. Partners, context, etc. are not static. The process requires perseverance, determination, creativity, and resilience. And it is one of the most satisfying accomplishments related to being a leader. Without moving forward with policy change or development, great ideas that we have initiated may become buried or lost. We hope you will have many opportunities to use these tools in your work to change family nursing.

Having worked through the steps in this booklet, you are ready to put your new knowledge and plan into action to achieve policy change in health clinics, hospitals and communities.

Contibutors

Lindsay Smith, PhD, BHlthSci, MNS, GradCertUniL&T, RN[1], Karyn J. Roberts, PhD, MSN, RN[3], Barbara Giambra, PhD, RN, CPNP-PC[4], Michele Polfuss, PhD, RN, CPNP-AC/PC, FAAN[5], Cynthia Danford, PhD, CRNP, PPCNP-BC, CPNP-PC, FAAN[6], Debbie Sheppard-Lemoine, PhD, RN[7], Theresa Ryan Schultz, PhD, MBA, RN, NEA-BC[8,9], Natalie Winter, PhD, BN (Hons), RN[10,11], Adam Mulcaster, MLIS[12], Intima Alrimawi, PhD, MSN, MPH, RN[13], Junko Honda, PhD, MBA, RN, PHN, CTN-A[14], Petra Brysiewicz, PhD, MCur, RN, FAAN[15], Susan Carr, PhD MSc, BA, Dip Soc Res, Dip Coaching, PGCE, RN, RHV, HVL[16], Suzanne Feetham, PhD, RN, FAAN[17]

Affiliation of Contributors

[1,2] School of Nursing, Paramedicine and Healthcare Sciences, Charles Sturt University, Australia l.m.smith@utas.edu.au

[3]The American College of Medical Genetics and Genomics, Bethesda, MD, USA kroberts@acmg.net 847-393-3539

[4]Pulmonary Medicine and James M. Anderson Center for Health Systems Excellence, Department of Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA Colleges of Nursing and Medicine, University of Cincinnati, Cincinnati, OH, USA barbara.giambra@cchmc.org

[5]University of Wisconsin-Milwaukee School of Nursing College of Health Professions and Sciences Milwaukee, WI, USA Joint Research Chair in the Nursing of Children, Children's Wisconsin/UW-Milwaukee, Milwaukee, WI, USA mpolfuss@uwm.edu

[6] Office of Nursing Research and Innovation, Cleveland Clinic, Cleveland, OH, USA, danforc@ccf.org

[7]University of Windsor, Windsor, Canada debbie.sheppard-lemoine@uwindsor.ca

[8]Children's National Hospital Division of Nursing, Emergency Medicine and Trauma and 9The George Washington University School of Medicine and Health Sciences, Assistant Professor of Pediatrics, Washington DC, USA, trschultz@childrensnational.org,

[10]School of Nursing and Midwifery, 11Centre for Quality and Patient Safety Research, Institute for Health Transformation, Deakin University, Geelong, VIC, Australia

[12]Information Services Librarian, Leddy Library, University of Windsor, Windsor, Ontario, Canada

[13] Associate Professor, Georgetown University, School of Nursing, St. Mary's Hall, 3700 Reservoir Road, NW, Washington, DC, USA ia409@georgetown.edu

[14]Research Institute of Nursing Care for People and Community, University of Hyogo, Hyogo, Japan junko_honda@cnas.u-hyogo.ac.jp

[15]School of Nursing & Public Health, University of KwaZulu-Natal, Mazisi Kunene Road, Glenwood, Durban 4041, South Africa

[16]Professor Emeritus, Faculty of Health and Life Sciences, Northumbria University, England

[17]Nursing Research Consultant Children's National Hospital Washington DC

Reference list:

Definition of "policy" from the Cambridge Advanced Learner's Dictionary & Thesaurus Cambridge University Press

Franco-Trigo, L., Fernandez-Llimos, F., Martínez-Martínez, F., Benrimoj, S.I. and Sabater-Hernández, D., 2020. Stakeholder analysis in health innovation planning processes: a systematic scoping review. Health Policy, 124(10), pp.1083-1099. https://doi.org/10.1016/j.healthpol.2020.06.012

Gilson, L., Erasmus, E., Borghi, J., Macha, J., Kamuzora, P., & Mtei, G. (2012). Using stakeholder analysis to support moves towards universal coverage: lessons from the SHIELD project. Health policy and planning, 27(suppl_1), i64-i76. https://doi.org/10.1093/heapol/czs007

Karumba K, Oluoch D, Mutua E et al. Engaging stakeholders in embedded newborn health services/systems research in Kenya; a continuous process involving multiple actors. [version 1; peer review: 1 approved, 1 approved with reservations]. NIHR Open Res 2024, 4:73 https://doi.org/10.3310/nihropenres.13787.1

Mendelow, A., 1991, December. Stakeholder mapping. In *Proceedings of the 2nd international conference on information systems, Cambridge, MA.*

Power, N.M., North, N., Leonard, A.L., Bonaconsa, C. and Coetzee, M., 2021. A scoping review of mother–child separation in clinical paediatric settings. Journal of Child Health Care, 25(4), pp.534-548. https://doi.org/10.1177/1367493520966

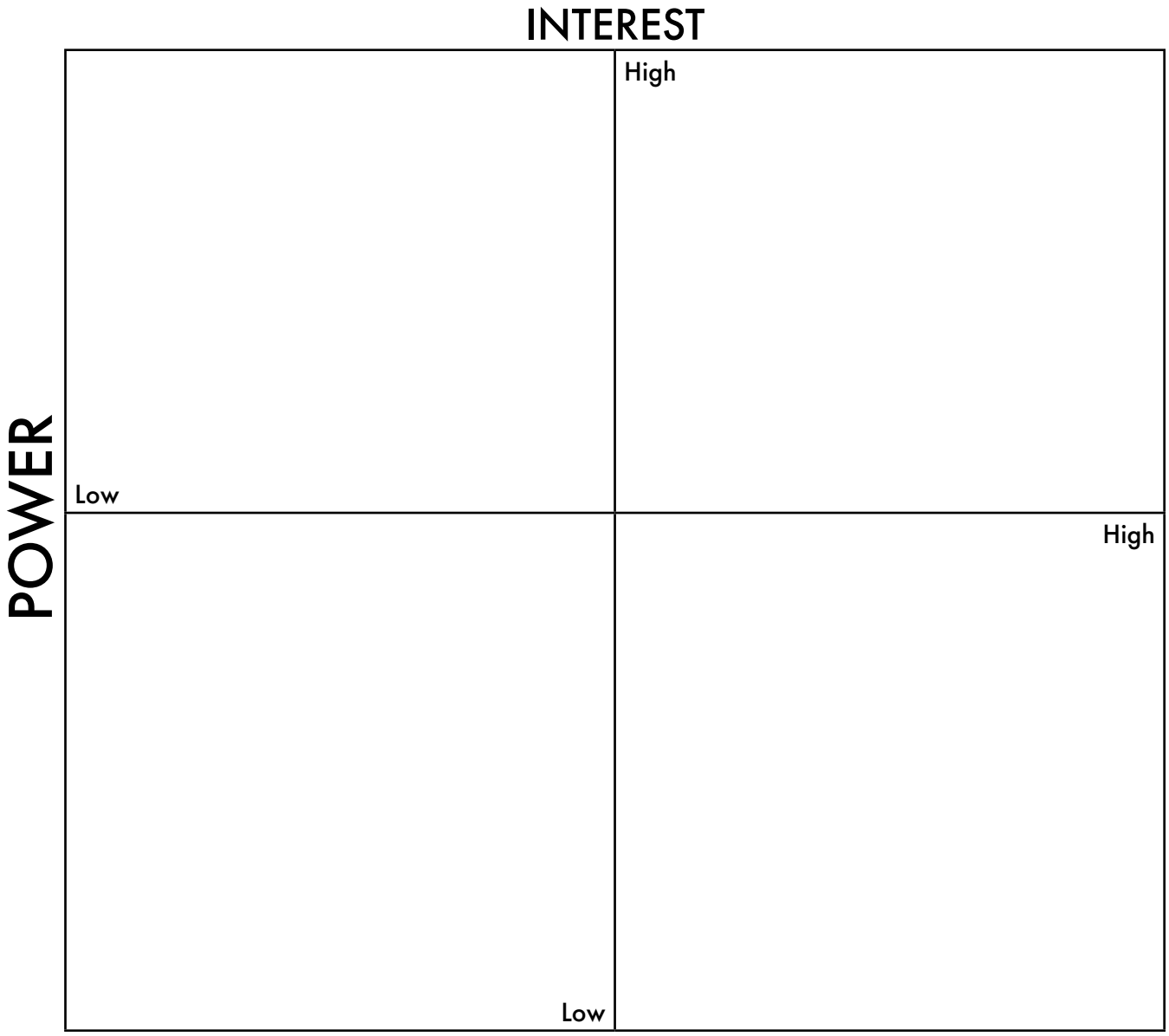
Rowse, V.L., 2018. Implementing self-administration of insulin in hospital: a journey of discovery and innovation. Part 2: Implementing change. British Journal of Diabetes, 18(2), pp.66-68. https://doi.org/10.15277/bjd.2018.159

Tesfazghi, K., Hill, J., Jones, C., Ranson, H., & Worrall, E. (2016). National malaria vector control policy: an analysis of the decision to scale-up larviciding in Nigeria. Health policy and planning, 31(1), 91-101. https://doi.org/10.1093/heapol/czv055

Walt, G. and Gilson, L., 1994. Reforming the health sector in developing countries: the central role of policy analysis. Health policy and planning, 9(4), pp.353-370.

This document made possible by support by the Glen Taylor Nursing Institute for Family and Society

Interest-Power Grid



Policy Development Template

Context	Content
Process	Stakeholders

System Factors Table

System Factors

Sociopolitical climate	
Organizational culture & environment	
History, past experiences & timing	
Economic climate	

NOTES

NOTES

NOTES