Chapter 2: Policy, Politics and Power in Health Care

Suggestions for Guest Speakers

1. Ask a nurse leader (representative at the federal, provincial, or local level including nursing and health organizations, foundations and associations) to discuss the role of nurse leadership using various social media platforms.

2. If there has been a major policy change in your area related to community health, ask a nurse who was involved in the change to visit to share their experience. Several new laws, policies, and modifications to existing laws frequently come into effect. Here are a few for consideration:

    a. Truth and Reconciliation Commission (TRC) Report
    b. Medical Assistance in Dying (MAID)
    c. Basic Income (Minimum wage) Changes
    d. Income tax cuts for the middle class
    e. Federal Government Cannabis legalization
    f. Post-traumatic stress disorder recognized as a work-related illness
    g. Tougher distracted driving penalties
    h. Health care premiums rising in British Columbia
    i. Ban flavoured tobacco products
    j. Advertising directed to children

3. Ask a nurse who is involved in politics to speak to the class about why they decided to enter this area.

Classroom Activities

1. Clarify any questions about the information from the text.

Practice Application

1. Ask the students to consider the pros and cons of both fee-for-service financing for healthcare workers and salaried services. Allow them to think about this for two minutes as they read the following definitions:
    a. Fee-for-service - healthcare providers receive payment for each act provided to each client.
    b. Salaried - healthcare providers receive payment and benefits for each day or month that they provide care.

    Next, ask them to complete the following table and write down their thoughts.

	Pros	**Cons**
Fee-For-Service	• Providers are rewarded for higher volume of work •	• Providers do not receive benefits •
Salaried Care	•	•

2. Bring in one or two copies of policies that are related to community nursing care in your area (such as a Public Health Unit's vaccination policy or a home nursing policy on maintaining personal safety). Ask the students to consider how the policies were formed. Who wrote the policy and what information went into creating it? Does the policy appear to be specific enough? Too specific? Ask the students to create a policy for themselves (perhaps around assignments).

Several examples of policies set out by the Canadian Nurses Association can be found on their website www.cna-aiic.ca

Ask the students to think about their personal leadership style. Examples of popular leadership styles include: autocratic, democratic, servant leadership, and transformational leadership. Divide the class into groups of four. Ask each group to demonstrate through a short skit an example of one of the leadership styles in action. Use an example of a decision that community nurses may need to make. One example might be a group of public health nurses deciding how best to encourage clients and families to stay for 15 minutes following their injection at a flu clinic. Ask the students to choose a "leader" who will demonstrate one of the following four styles:

a. Autocratic leadership: Autocratic leadership allows leaders to have complete power over their team. Team members are not afforded the opportunity to suggest changes. Autocratic leadership may result in disgruntled and disloyal staff.

b. Democratic leadership or participative leadership: As the name suggests, democratic leaders invite other team members to contribute to the process of decision-making. However, the final decision rests with the leader. By including the opinions of others, the leader can capitalize on the input of their team members. Members feel more invested in the outcome and as a result are motivated to work hard. The process of gathering the opinions of others may be time consuming but often results in a better thought out plan of action.

c. Servant leadership: Servant leadership may involve a system where the true leader is not formally recognized with a title or position. By meeting the needs of the

team at any level within an organization, they are described as a servant leader. Servant leadership shares a lot in common with democratic leadership, as the decision-making process involves all team members in both styles.

d. Transformational leadership: Figure 2.1 identifies contextual and personal factors that impact a nurse's approach to transformational leadership. Leaders with this leadership style motivate their teams by developing a shared vision of the future. Next, ask the students to consider which style fits best with their personal philosophy of community nursing care. Ask them to write a brief paragraph to describe their thoughts. If they can't choose one, or a hybrid of two, have them consider why it is difficult for them. Provide time for them to discuss their thoughts with a neighbour.

Ideas for Self-Study and Distance Students

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Next, ask them to complete the following table and write down their thoughts.

	Pros	**Cons**
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Salaried Care	•	•

3. Ask the students to locate 1 or 2 copies of policies that are related to community nursing care in their area (such as a Public Health Unit's vaccination policy or a home nursing policy on maintaining personal safety). Ask the students to consider how the policies were formed. Who wrote the policy and what information went into creating it? Does the policy appear to be specific enough? Too specific?

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4. Ask the students to think about their personal leadership style. Examples of popular leadership styles include: autocratic, democratic, servant leadership, and transformational leadership. Divide the class into groups of four. Ask each group to demonstrate through a short skit an example of one of the leadership styles in action. Use an example of a decision that community nurses may need to make. One example might be a group of public health nurses deciding how best to encourage clients and families to stay for 15 minutes following their injection at a flu clinic. Ask the students to choose a "leader" who will demonstrate one of the following four styles:

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Seminar Discussion Questions

1. Ask the students to consider their community placement and the population that they are working with. How is the organization funded? Where are the organization's policies kept? Who creates them? How are they implemented? How do organizational politics impact the day-to-day running of the placement area? Where is the first point of contact for the clients at your placement (physician, nurse, pharmacist, chiropractor, etc.)? How

are these healthcare providers compensated? How are nurses involved in the care of people during health challenges?

Case Study

1. How is health inequity implicated in this case?

   - Have students discuss the various social determinants of health in relation to the specific situation of Vodina and his family. For example, how might gender, lack of proper housing, unemployment, and limited education and social support networks create health inequities?

2. What is the role of CHNs in addressing alcohol dependency?

   - Community health nurses need to systemically assess to families such as this for both individual and structural factors may impact on health and their coping mechanisms. Community needs assessment, which is a key role of CHNs should involve principles of community development and must tap into the assets and talents of community members and other stakeholders. What are the local factors contributing to this family's situation? What are the health and needs of the community (i. this particular Ottawa neighborhood? In addition to working with the individual and family (point-of-care), CHNs also focus advocating for broader structural (system) changes to improve access to health and social services.

3. What combination of policy and public health interventions could be used to reduce alcohol-related harms?

   - Strengthen community action:
      i. Identify and educate community partners and the public on evidence-based alcohol approaches, intervention and policies
      ii. Support community resiliency by working with partners to shift the culture of alcohol use towards a culture of moderation
      iii. Mediate stakeholder and the public views to reframe heavy and binge alcohol consumption from an issue of individual choice to an issue that affects the community at large
      iv. Reduce harms associated with alcohol by promoting measures with community partners such as designated driver programs
      v. Advocate for the reduction of stigma associated with substance use
   - Reorient health services:
      i. Address Social Determinants of Health - for example, advocate for community supports that promote optimal healthy growth and development in children and the achievement of critical milestones in the early years (upstream approach)

ii. Build broad awareness on the importance of access to mental health supports across the lifespan
iii. Improve access for persons engaged in risky or hazardous drinking to brief behavioural counselling interventions to reduce alcohol misuse

- Develop personal skills:
    i. Promote access to treatment through awareness and use of self-screening tools that identify problematic alcohol use
    ii. Advocate for self-referral to local services
    iii. Promote low risk drinking guidelines
    iv. Promote abstinence among pregnant women
- Create supportive environments:
    i. Enable stakeholders and the public to reframe alcohol consumption from an issue of individual choice to an issue that affects the entire community
    ii. Encourage community partners to promote and offer alcohol free events
    iii. Participate in policy discussions related to regulatory frameworks such as the restriction of availability, advertising, labelling, price, prohibiting public consumption and conditions of sales

Canadian Research 2.1

1. Identify barriers to workplace integration of IENs.
    - Lack of organizational/senior commitment – priority of IEN/IEHP is not a priority, is not embedded in operational plans, link to the core priority of delivering high quality care is weak
    - Lack of senior leadership commitment to inclusive practices
    - Lack of leadership on part of Human Resources Dept to recruitment and retention of staff from diverse backgrounds
    - Lack of diversity within the employer's workforce
    - Managers are not held accountable for working towards achieving targets/outcomes set by the organization
    - Differential strategies to support full transition of IEN into the Canadian nursing workplace have not been in place – often due to managerial concerns about treating IENs "equally" and not fully grasping the concept of "equity"
    - Nurse manager's style of leadership is not supportive, participatory and strength-based
    - Inequitable access to professional development and leadership opportunities for IENs
    - Lack of recognition of how IENs contribute to nursing and quality of care e.g. platforms to share nursing experiences and expertise from international contexts are not available; IENs' role as cultural and language interpreter are not acknowledged
    - Inadequate organizational policies and procedures (and related education) to:

      i. acknowledge and promote use of non-English/French language skills to address patient needs;

     ii. address racist and intolerant behaviours – nurse/staff to nurse/staff and nurse to patient and patient to nurse

2. What are the critical enablers of effective IEN integration?

- opposite of those above in #1

3. What are the potential impacts of workplace diversity on health equity and community health nursing practice as whole?

- When the nursing/health care workforce is ethno racially diverse, there is an overall responsiveness to client need as a result of:

  i. Introducing various world views and interpretations of concepts of health and wellness

  ii. Openness to diverse points of reference in terms of treatment and healing, including alternative therapies and non-Western practices

  iii. Language barrier being reduced or eliminated especially when the primary nurse/team has the capacity to communicate directly with the client/family/caregiver in their language

  iv. Cultural knowledge brokers and interpreters in house/on the interprofessional team serve to increase awareness and understanding of colleagues re. diverse cultures/practices

  v. More appropriate/accurate assessment and care planning

  vi. Increased effectiveness of health education

  vii. Follow through by client/family/caregiver is more likely

  viii. Greater engagement of clients/family/caregivers due to cultural and linguistic access to processes for planning and evaluating programs/services

Individual Critical Thinking Exercises

1. List your core values for healthcare in Canada. How do your values compare with the values reflected in the five key funding criteria described in the Canada Health Act?

- Five key funding criteria: comprehensiveness, universality, portability, accessibility, publicly administered

2. How would your life be different if health care in this country was provided based on ability to pay rather than need?

- While hospital and physician-based care is covered under the Canada Health Act, many people living in Canada are experiencing the difficult decisions of having to pay or not for services such as home care, medications, dental and vision care, other allied health care services and mental health care.
- People with many resources (a lot of money) would be "first in line."
- People with few resources would have to choose between paying for healthcare or other items in their budget.
- People who could not pay would delay seeking treatment for health problems, potentially leading to failure in early case finding, and patients who are sicker when they finally seek treatment.
- The first question asked in a healthcare facility might be: "Do you have insurance?"
- Healthcare professionals would have to choose which system to seek employment from, potentially creating friction between the groups.

3. This chapter has shown that health policy decisions leave a legacy for generations. Describe briefly one policy revision you would make in the areas of primary care, public health, and home care.

- Increase home care and social services for the elderly because of recognition that people live healthier lives in their own setting surrounded by familiar environments.
- Discuss wait lists and explore effective models for managing them (see Rachlis' Prescription for Excellence as a resource).
- Discuss the role of nurse practitioners and registered nurses to increase access to primary care services.
- The role of public health nurses has changed dramatically in many parts of the country over the last 20 years. Discuss whether those changes have been beneficial or a barrier to the health of individuals, families, and communities. Consider inequities across the country.

4. What examples can you describe of nurses' work to close the health equity gap?

- based on community health assessment work with populations to address health equity issues
- support community groups and organizations to advocate for changes that address the social determinants of health through healthcare, education and other government systems
- bring information forward to team and management regarding issues impacting client and families' ability to access healthcare
- work with provincial/territorial and national nursing and other health care organizations to develop policy tools to advocate for required system change

5. What are some health problems in your community? How can you frame them as issues within a health policy context?
    - Answers will vary

6. What opportunities have you encountered to promote the second phase of Medicare development?
    - Examine political action activities and how healthy public policies are developed.
    - Join professional and student professional organizations.
    - Participate in calls to action from professional organizations.
    - Participate in letter-writing campaigns to municipal, provincial, and national politicians, and for-profit and not-for profit organizations.
    - Write letters to the editors of newspapers and magazines.
    - Support/campaign for politicians who share the values and ideals of the Canadian healthcare system.
    - Talk with classmates and laypersons about importance of the Canadian healthcare system.

7. Leadership development is an ongoing process. What ideas do you have to develop your leadership skills and knowledge?
    - Volunteer to chair a committee at your workplace
    - Think of leadership roles you have played outside of nursing and the skills you developed, test them out in a clinical or team situation
    - Buddy with a colleague to take on a leadership role and commit to providing each other with support and feedback
    - Select and approach a mentor to assist you with leadership development
    - Take part in conferences and courses that support leadership development
    - Read about leaders in and out of nursing, both historical and modern-day leaders
    - Take the opportunity to discuss leadership issues with friends, family, and colleagues
    - Commit to several leadership development goals each year that are realistic and reachable

Group Critical Thinking Exercises

1. On what values was the health care system founded? How do your own values fit with the societal values that are reflected in the five funding criteria described in the Canada Health Act?

    - Have students identify their own values – is social justice important to them and what does it mean in terms of healthcare?
    - What principles, if any, would students add to the current five: comprehensiveness, universality, portability, accessibility, publicly administered
    - Would they remove any?

- Which, if any, societal values that led to passage of the *Canada Health Act* have changed since 1984?

2. What are some of the solutions that you and your group can generate to address issues in Canada's healthcare system? What role can CHNs play?

- Leadership in advocacy for change
- Advocacy for populations that are vulnerable, at risk or under-serviced
- Sharing stories of the people and communities we work with
- Supporting communities to speak out on their own behalf
- Working with communities to build capacity
- Understanding the Truth and Reconciliation recommendations for Action
- Publishing articles in peer-reviewed journals on promising practices and nursing success stories
- Incorporating social determinants of health and social justice principles in all settings

3. In an ideal world, create a health care system designed to provide the best care, to the most people, in the most costeffective manner. Describe the mechanisms for financing, allocation, and delivery. Compare and contrast this system with the current Canadian system.

- Will it follow the guiding principles of the Canada Health Act? If not, what other principles will be followed? Consider the principles of Primary Health Care and social justice.
- How is funding determined – population-based, "squeaky wheel," blended funding models, funds allocated to individuals and families to let them self-determine spending needs, and/or percentage of GNP, ?
- Who determines what services are available to what population?
- Who makes allocation decisions?
- Will delivery be public, private for-profit, or private not-for-profit? Consider blended models.
- Will new healthcare provider categories be necessary and/or useful?
- How will we determine cost-effectiveness?
- How will the new system be evaluated?
- What will be the mechanisms of accountability?

4. How can CHNs foster authentic relationships with community members to address health inequities?

- Answers will vary

Further Resources

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