ORIGINAL ARTICLE

NURSES' INVOLVEMENT IN POLICY MAKING AND IMPLEMENTATION PROCESS REGARDING POST CORONARY ARTERY BYPASS GRAFTING PATIENTS. A QUALITATIVE CONTENT ANALYSIS

Israr Ahmad[1], Asmat Shaheen[2], Fath Ur Rehman[1]

ABSTRACT

Introduction: The anticipated mortality from coronary artery diseases (CAD) will be 25 million by 2025 throughout the Globe. Coronary Artery Bypass Grafting (CABG) is the most performed procedure in this regard worldwide. The process of preparing a plan and intention to achieve the goals through concerned individuals is called policy making. Policymaking and nurses are closely related to each other which can benefit the health system in terms of patient care. Nurses' performance is related to their involvement in policymaking and implementation processes at the higher level which makes them competent enough to participate in issues related to patients by addressing the concerned agendas. However, nurses are mostly ignored in policymaking and implementation processes by the leadership and administration. Certain factors such as poor infrastructure, lack of proper goal setting, complex system, the inability of the organization to monitor and evaluate nurses' abilities for participation in policy-making, negative image of nurses, misunderstanding in the society about nurses, lack of acceptance and empowerment in policy-making, autocratic administration and resistance to move forward are the challenges in this regard.

Material & Methods: The study was conducted at tertiary care government and private hospitals in Peshawar, Pakistan, from November 2020 to May 2021. A phenomenological research design was used, and data was collected through semi-structured interviews with the help of an interview guide and probing questions to understand nurses' experiences and involvement in policy making and implementation process among Coronary Artery Bypass Grafting (CABG) patients. Dominant constituents, clusters, subthemes, and themes were framed through Moustakas modified van Kaam analysis model.

Results: A total of 16 nurses; 07 male and 09 female participated in the study. Three main themes were generated: no involvement in policy-making, promoting policymaking among nurses, and passion for caring. Most of the participants viewed that nurses are not involved in policymaking about post-CABG patents. Furthermore, nurses have the highest contribution to patient care but still are not accepted by patients, administrators, health workers, and society.

Conclusion: Nurses are involved in providing care to patients but in policy development, nurses are not involved. They must be involved in providing care.

Key Words: Implementation, Nurses, Policy Making, Post CABG Patients

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Authors' Affiliation

[1]Assistant Professor, Rufaidah Nursing College, Riphah International University, Islamabad

[2]Nursing Manager, Department of Cardiac Surgery, Lady Reading Hospital, Peshawar

Corresponding Author

Israr Ahmad

Assistant Professor, Department of Nursing, Rufaidah Nursing College, Riphah International University, Islamabad, Pakistan.

Email: israrahmadd008@gmail.com

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INTRODUCTION

The anticipated mortality from Coronary Artery Diseases (CAD) will be 25 million by 2025 throughout the Globe. Coronary Artery Bypass Grafting (CABG) is the most performed procedure in this regard worldwide, while in Pakistan around 20,000 have been observed in the year 2016.[1-3] Nurses are the most important part of the health system; they play a significant role in the health team and their efforts are closely related to the benefits of patients in every aspect of life. Due to the complex health system in the modern world, nurses are at the front line for preventing diseases and providing their services at different levels in the health system.[4] The process of preparing a plan and intention to achieve the goals through concerned individuals is called policy making.[5] Policymaking and nurses are closely related to each other which can benefit the health system in terms of patient care.[6] Nurses' performance is related to their involvement in policy-making and implementation processes at the higher level which makes them competent enough to participate in issues related to patients by addressing the concerned agendas.[7-8] However, nurses are mostly ignored in policy-making and implementation processes by the leadership and administration.[9] Certain factors such as poor infrastructure, lack of proper goal setting, complex system, the inability of the organization to monitor and evaluate nurses' abilities for participation in policy-making, negative image of nurses, misunderstanding in the society about nurses, lack of acceptance and empowerment in policy-making, autocratic administration and resistance to move forward are the challenges in this regard.[10-11] Nurses have their rights both as human and health workers which are mostly ignored in the modern world; specifically their involvement in policy-making, and they are only stressed to do more and more without facilitation.[12] Involvement of nurses in policy making and implementation process needs to be evaluated and improved for the sack of modern health system.[13] There is an extreme need for autonomy among nurses to perform competently.[14] Nurses are the backbone of the health care system and provide their services at national and international levels. There is a lack of research on the involvement of nurses in policymaking concerning patients' post-CABG. It may help the government and health authorities to realize the importance of involving nurses in the policy-making and implementation process for patients after CABG. This study aimed to explore the experiences of nurses regarding involvement in policy making and implementation process about post coronary artery bypass grafting patients.

MATERIAL AND METHODS

A phenomenological study design has been used in government and private tertiary care hospitals in Peshawar, Pakistan from November 2020 to May 2021 after approval from institutional review boards (Prime/IRB/2020-263), (610/HEC/B & PSC/ 2021) and (RMI/RMI/-REC/Article Approval/66), permission from the head of the department and written consent from the participants, using a nonprobability purposive sampling technique in different cardiac surgery units both in morning and evening shifts of the concerned hospitals. Trustworthiness and rigor were maintained through (Lincoln and Guba, 1986).[15] The inclusion criteria were male and female nurses with a minimum of two years of experience as a nurse in cardiac surgery units, who were able to speak Urdu or English, and who were willing to participate, while exclusion criteria consisted of nurses who were not willing to participate. Permission from the institutional authorities was obtained. The guide was reviewed by three experts in the field, and by pilot-testing on two participants: one male and one female. Based on the pilot testing the guide was revised before actual data collection.[16] The researchers explained the study goals to the participants and conducted interviews. The participant's information sheets were provided to nurses who agreed to participate in the study. Researchers' thoughts were kept separate from those of participants by bracketing them in the form of a reflexive journal. Dependability can be noted, as researchers reflected on their thoughts to prevent bias. The researchers also discussed the interpretation with each other for valuable insights. The duration of each interview was between 30-60 minutes while the average duration happened to be 50 minutes, improving transferability. Only one government and a private hospital granted permission for data collection. Approximately 30 nurses were invited to participate in the study and a total of 16 including 07 male and 09 female agreed to participate. Demographic details can be viewed

in Table 1. The non-verbal expressions and the main statements of the participants were also noted. Data saturation occurred on the 15th interview; however, one more participant was interviewed to ensure. The audio-recorded interviews were transcribed and translated from Urdu into English to generate possible codes, categories, and themes. Data was analyzed through seven steps of Moustakas (1994) modified van Kaam analysis model.[17] (1) horizonalization; considering relevant information (2) reduction and elimination of irrelevant information (3) thematize the invariant constituents clustering thematizing the information according to emerging themes (4) thematize the invariant constituents clustering thematizing the information according to emerging themes (5) create an individual textural description or individual theme development; keeping codes and themes with direct quotes from each participant relevant to the phenomena under study (6) Create composite textural descriptions development of core themes from the participant's individual themes (7) create composite structural descriptions textural-structural description of meanings; descriptive transcript or dominant constituents, clusters and sub-themes supporting the themes.[18] All three researchers took part in the data coding for triangulation, as a result, codes, categories, and themes were developed from the data which are presented in Table 2. All the major themes were presented and supported by direct quotes from the participant's number. All possible techniques for meaning and interpretation of the perspectives of the participants in the form of words were applied. Consistency between information and findings can be observed due to referential adequacy. For conformability, the data was checked again and again. The peer briefing process was followed to enhance validity by reviewing methodology, transcripts, and results with two experts.

RESULTS

A total of sixteen nurses participated in this research. Among these seven were male and nine were female nurses. All the male nurses had undergraduate degrees in nursing. Whereas, among female nurses, participants included nurses with a Diploma also. Male nurses were with a maximum of five years of experience whereas, female nurses had a maximum of twenty years of experience. These details are included in Table 1.

Thematic Analysis: Three main themes were developed from the data being analyzed, clusters and dominant constituents, lack of involvement in policy making, promoting of policy making among nurses, and passion for caring. Further sub-analysis has been given in Table 2.

According to participants, nurses are not involved in the decision-making and implementation of policies for post-CABG patients and are underestimated all the time.

Lack of Involvement in Policy Making: This theme focuses on the negligence of nurses in policy making and implementation process regarding post-CABG patients. Almost all the participants viewed that nurses are not involved in policymaking or implementation. The lack of involvement includes both procedures and organizational level, government or private. The sub-theme 'barriers to involvement' has the following clusters.

The first cluster is 'no chance' in which participants expressed that in the public sector, bedside nurses are completely ignored for policy making about post-CABG patients. Participant No. 5 described that: ***"****Nurses are not allowed to get involved in policy-making at government hospitals in Pakistan.*" However, Participant No. 2 stated: ***"****Only head nurses are allowed for administrative meetings for information purposes only…we are not allowed to take part in policy making and implementation process."* Furthermore, according to participants in private hospitals, bedside discussion occurs with senior nurses or heads of the department, and only head nurses are invited to meetings at lower levels. Participant No. 10 said: ***"****In this private hospital only the chief nurse is allowed for higher meetings and then she does convey information to head nurses…after these bedside nurses are informed about updates…bedside discussions also occur about new policies.* "Another participant No. 11 commented that: ***"****I have no idea why nurses are not involved in policymaking in the private sector; even if they have a doctor of philosophy degree in nursing."*

In the second cluster 'work burden' all the participants revealed that they are expected and forced to do more, which keeps them away from participation in policy making. As Participant No. 8 from the public sector said: *"We do sampling for routine labs and arterial*

blood gases, electrocardiogram, monitoring, cardiopulmonary resuscitation, vital signs, extubating, medication, flow sheet, initial assessment form, documentation, guidance from admission to discharge and other skills related to basic nursing…so we do not have time to be involved in policy-making or implementation process… we are just labor force." Participant. No. 15 from a private hospital stated that: *"I used to do medication administration, hygiene care, intake output, diet management, mobilization, monitoring, adjustment of inotropic support and vital signs… manage ward, registered nurses, and monthly duty roster…I also manage crash cart and other equipment in the ward. I think we do not have free time to sit with higher management and discuss policy-making about post-CABG patients…main issue of time…sometimes we do get instructions on the side from the head of the department or head nurse about new rules, but we cannot attend meetings…nurses have work burden."* They also added that there are no pathways for nurses in case of emergency. Participants expressed that treatment approaches for the same patient by different consultants also make it a challenge to manage the situation. In addition, lack of job description was also a common issue among the participants, leading to no authority and work burden as stated by Participant No. 6: ***"****In Pakistan, nurses are not empowered…I do not know why they do not have a proper job description…and the role of everyone should be clear and explained.* "Participant No. 6 maintained that: ***"****We cannot find the doctor and anesthesia personnel easily in the public sector when needed and the whole burden is on nurses intubation, extubating, central venous line, ventilator setting, arterial blood gases, shocking the patient and finding the doctor…these all we have to do although most of the work belongs to doctors… there should be clear pathways for nurses in case of emergency… Nurses are stressed because they are pushed to work with limited resources such as equipment and human resources…they have no time for prayer, eating, or a washroom they have to work just like a machine with no relaxation during duty.* "Participant No. 10 from a private hospital said: *"Job description is very important for nurses…then we will have authority and fewer burdens.* "Most of the participants shared that taking care of equipment and shift duties are also time-consuming and stressful processes. Participant No. 10 recited that: ***"****I used to manage equipment, ward, patients, registered nurses, and monthly duty roster…I also manage crash cart and other equipment in the ward… I cannot participate in policy making."* Another participant No. 15 stated that: *"equipment should be handled by technicians so that nurses have some time for discussion about policy making."* Participants in the public sector expressed that nurses are not considered as team members, leading to a lack of teamwork. A participant said: *"Almost 90% of patients' work is done by nurses because the doctors don't have good practical skills and are new due to their rotation…consultants ask the nurses about patients' condition such as reopening, bleeding or low blood pressure…they have to ask nurses because it is not possible without them and still nurses are not considered and respected as team member… teamwork is required."*

In the third cluster 'no acceptance' almost all the participants expressed that nurses are not accepted by society, management, and other health care professionals in terms of education and skills. Participant No. 6 stated that: ***"****Nurses are not accepted by the society, management and other health care professionals in terms of education and skills…they consider nurses only responsible for administering injections to the patients, bed making and positioning of the patients… nurses are very competent now and we do everything for the sack of patients beyond the job description …this profession is under transition and we have graduates, masters and doctor of philosophy in nursing* "They also shared that they are expected to do more work but there is no appreciation from anyone. Participant No. 12 said that: ***"****nurses are not motivated, educated and appreciated for policy-making about post CABG patients...nurses must do more and more work…these bedside nurses can improve quality of care and are very co-operative if involved.* "In addition, participants believed that bullying nurses is a common act, leading to a lack of involvement in policy making in both public and private sectors. This can be supported by the statement of participants No. 4 and 5 from both the public and private sector: ***"****We are just working blindly on our own…we are facing resistance from management…nursing supervisors and managers are suppressed by higher*

management while moving forward towards involvement in policy making about post-CABG patients."

Promotion of Policy Making Among Nurses: The current theme discusses the importance of nurses in policy making and implementation process for post-CABG patients. All the participants viewed that nurses must be involved in policy making and implementation process because they are the most important human resource in the health care system, who are always available with post-CABG patients. The sub-theme 'importance of nurses in policy making' includes the following clusters.

The first cluster 'nurse and policy making' is the one in which all the participants revealed that nurses provide holistic care to post-CABG patients all the time in a professional way and their involvement in policy making is extremely important. They believed that this could have better outcomes for patients, nurses, and management. Participants also shared that they are the backbone of cardiac surgery and struggle a lot for professional interaction all the time with post-CABG patients. As maintained by Participant No.16: **"**Mostly doctors and administrators are involved in policy making but I think bedside nurses should be invited because they are professionals who interact with patients all the time."

In the second cluster 'possibilities to participate, 'all the participants expressed that nurses must be recognized as separate professionals by the management, which will enable them to be involved in policy-making about post-CABG patients. Participant No. 8 said: *"The modern nurses have both skills and knowledge, and doctors are aware now that nurses are qualified and professionals…we should be accepted.* "All of the participants revealed that reforms should be made for the involvement of nurses in the policy-making and implementation process. Participant No. 1 verbalized that: *"the reforms being made by the current government should be continued which has made the system better for nurses in terms of respect and job description and they are supported from management side while in the past we were suppressed by doctors.* "Most of the participants believed that they should be supported by senior nurses for participation in higher-level meetings. Participant No. 3 described that: ***"****Nurses with higher education should be supported by our seniors for moving forward and participating in policy-making meetings.* "Participants also shared some individual efforts for their possibility of being involved in policy-making, such as higher education, good character, collaboration with health care professionals, confidence, good communication, and respect for each other. Participant No. 3 says: ***"****They need continuous training like workshops related to nursing care and infection control nationally and internationally…nurses must be confident, have good character, collaborate with colleagues and good communication with patients."*

The third cluster is 'identified issues' in which the participants shared some issues for which policymaking is required. These include measures for strict infection control, proper job description, availability and maintenance of equipment, continuous education and motivation for nurses, pathways for different procedures, decreasing communication gap, empowerment of nurses, recruitment of nurses to overcome shortage, and assigning those nurses in the cardiac surgery units who have post basic specialization in cardiac nursing. As Participant No. 3 described: ***"****The first thing is to decrease the communication gap between nurses and management… yes, the increase in infection rate, shortage of nurses and lack of equipment should be taken seriously …nurses should have specialization in cardiac…there should be a proper channel of work and communication among the nurse and doctors, especially who are new…job description is very important… nurses are always degraded and there is no motivation from anyone for nurses."*

Passion for Caring: The last theme addresses the role and opportunities for nurses while providing care to post-CABG patients. The sub-theme 'scope of nurses in cardiac surgery' consists of the clusters given below.

In the first cluster 'helping post-CABG patients' all the participants revealed that they are proud to provide care to post-CABG patients. Some of the participants shared that we should care for these patients with passion and dedication. Most of the participants believed that they were highly interested in working in cardiac surgery. Participant No. 6 stated that: ***"****I feel proud as a cardiac surgery nurse… you have to work by heart in the intensive care unit for the sack of patients… you have to feel that this is my patient…you have to own it."*

In the second cluster 'Nurse as a team member 'almost all the participants shared that they not only provide care to post-CABG patients but also support and counsel their families. Participants believed that there is more dependency on nurses for caring and reporting about post-CABG patients and nurses collaborate with every health care professional accordingly. Participant No. 5 recalled that: *"post CABG patients because these patients are completely dependent upon nurses and even their family members are outside of the intensive care unit…we help their families too…and we do collaborate with other health care professionals."*

In the last cluster 'Grooming as a Critical Care Nurse,' every participant shared about multiple career opportunities both nationally and internationally. All the participants believed that these opportunities are due to guidance from the cardiac surgery team, dealing with critically ill patients, assistance in both invasive and non-invasive procedures, and monitoring and development of good reflexes while working in cardiac surgery units. A participant commented: *"I have a very good exposure in this private setting about post-CABG patients…I have applied for many nursing jobs and got appreciated because of this hospital… I think cardiac surgery is a very sensitive department and we should be very active during duty hours…we should have good reflexes which will benefit the patients."*

DISCUSSION

The first theme reported certain challenges regarding nurses' involvement in policy-making regarding post-CABG patients in the form of clusters. In the first cluster, participants said that there is a lack of involvement among nurses in policy-making regarding post-CBG patients. Similarly, according to the International Council of Nurses (ICN) most healthcare professionals especially nurses, both in developed and underdeveloped countries are rarely involved in policymaking.[19] In the second cluster participants said that nurses must be involved in the policy and implementation process due to the most important human resource in the health care system. However, the work burden is the main barrier. These findings are supported by a study from Tehran (Arabi A, 2014) which states that involvement in policy and decision-making is related to the influence of policy-making concept, decision-making, and goals' achievement.[20] In the third cluster participants expressed that nursing must recognized as a separate profession by the management and must have a chance to participate in policy making and implementation process. Similar findings are shared by a study from Africa (Ditlopo et al. 2015) that nurses' involvement in decision-making and national policy committees may have satisfied results due to their clinical experience.[21]

The second theme is related to the promotion of policy-making among nurses which is further categorized as: In the first and second clusters participants expressed that the involvement of nurses in policy-making is extremely important for providing holistic care to post-CBG patients and health authorities should support them. In the same context, one of the studies from Kenya by (Shariff N, 2014) revealed that having good knowledge and skills in policy-making will enhance in a positive direction.[22] In the third cluster participants identified some issues that require policymaking for the benefit of post-CABG patients such as a measure of strict infection control, proper job description, availability and maintenance of equipment, continuous education, and motivations of nurses. In contrast, a study from Palestine (Martin CG, 2006) concluded that nurses have sufficient knowledge regarding practices of infection control having a direct effect on the care of the patients.[23] Moreover, a study by (Alireza, et al.,2021) revealed findings which is in line with the existing literature, that nurses can play an efficient role in policy making however, lack of human resources, poor administration, and lack of job description are the main barriers in this regard.[24] Furthermore, most of the participants expressed that nurses are not accepted by management and other health care professionals. One study showed similar findings.[25]

The final theme passion for caring is related to helping post-CABG patients and their families and career development as a critical care nurse in the clusters in the first and second clusters participants shared that they are highly interested in helping post-CABG patients. Again, the findings were similar to those reported in the contemporary literature (Gomez-Salgado, 2019).[26] Participants believed that the patients show more trust in them for support and counseling as well as their family members which is consistent with the earlier findings (Bramley L, Matiti M., 2014,

Dinç L, Gastmans C.,2013).[27-28] In the last cluster, the majority of the participants were satisfied while working in cardiac surgery units due to multiple opportunities at national and international levels. Similar findings have been reported earlier (Article O, 2016) as well.[29]

CONCLUSION

Nurses who provide care to post-CABG patients and are always available at their bedside are ignored in policy policy-making and implementation processes. These nurses having higher education and vast experience in cardiac surgery need to be involved in the mentioned process by the concerned authorities and can be trusted for better results.

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Table 1: Characteristics of the Participants

Variable	Male (n =7)	Female (n = 9)
Education		
Diploma in Nursing	0	3
Post RN BSN	2	2
BSN	5	4
Years of Experience		
1-5 years	7	6
6-10 years	0	1
11-15 years	0	1
16-20 years	0	1

Table 2: Themes, sub-themes, and clusters regarding nurses' involvement in policy making among post-CABG patients

Theme	Sub-theme	Clusters
Lack of involvement in policymaking	Barriers to involvement	No chance Work Burden No Acceptance
Promoting of policy making among nurses	Importance of nurses in policymaking	Nurse and policy-making Possibilities to participate. Identified issues.
Passion for Caring	Scope of nurses in cardiac surgery	Helping post-CABG patients Nurse as a team member Grooming as a critical care nurse