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Health Policy Involvement and Perceived Benefits and Barriers among Egyptian nurses

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Abstract
***Background*:** *Nurses contribution in health policies making ensures that the health care is effective, reachable, and reasonable. Since nurses are the first users of health policies, they should have an active role in its formulation. Since there are no studies in Egypt to shed light on nurses' involvement in health policy making, benefits and barriers related to their participation. We have selected this study to examine health policy involvement and perceived benefits and barriers among Egyptian nurses.*
Materials and Methods
A quantitative, descriptive research design was used. . The study was conducted in three health care sectors (one private hospital, one governmental hospital, and one university-affiliated hospital) of health system in the Delta region of Egypt. A convenience sample of 270 nurses was participated in this study. Involvement in health policy instrument was used.
Results: *The majority of nurses (90.4 %, 77.8 %) had a low level of involvement in health policy making as a profession and as a citizens. The most frequently health policy activities reported by nurses were related to nurse voted for a candidate or health policy proposal and provided health policy-related information to consumers or other professionals. The most perceived benefits of involvement in health policy activities were related to improve a situation or issue, improving the health of the public and being able to get involved/participate (75.2%, 73.7% and 73.7%) respectively. The most perceived barriers of involvement in health policy were related to lack of support from others, do not know how to access information, then policy makers' attitudes/values (81.9%, 71.5% and 61.9%) respectively.*
***Conclusion*:** *Nurses had a low involvement level in health policy making as a profession and as citizens.*
***Implications for nursing*:** *Enhance nurses' involvement in health policy making through Egyptian nurse leaders; working on the barriers that impede nurses' participation in health policy making; encourage nurses to provide insightful health policy-making suggestions; education institutions should providing information regarding health-care policies and laws; fostering a favorable attitude about nursing profession, increase awareness of the importance of health-care policy making and hold workshops about health policy process.*
Keyword*:** ***Benefits, Barriers, Egyptian nurses, Health policy, Involvement

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I. Introduction

Nurses as health care providers and citizens have the right to express their views and beliefs in regard to matters that are concerned with the health care system or the public health field. Health policies focus on the health and well-being of the general population through addressing the issues of cost, quality of care, and accessibility for health care services. Policies reflect the values, beliefs, and attitudes of the persons who made those policies (Etowa et al., 2016). Health policy is defined as "the decisions made to promote the health of individual citizens" (Mason et al., 2013). Thus, to be able to achieve common goals, all health care professions should be represented and have a participation in health-policy decision-making (Al Faouri, Elfaqieh, AbuAlRub, 2021). The health policy defined as the flow of plans, decisions, and actions performed to accomplish special healthcare goals (WHO 2017). Moreover, Moreover, the policy-making process refers to issues addressing problem identification and issue recognition, along with policy formulation, policy, and evaluation (Azline et al. 2018). The International Council of Nurses and the WHO recognize that nurses in the health systems have a unique position among healthcare providers and can make a major contribution to the development of appropriate and effective health policies (A. Hajizadeh , V. Zamanzadeh, R. Khodayari-Zarnaq 2021).

There are around 3 million registered nurses in the United States (U.S.) (U.S. Department of Labor, 2016). In Egypt, the number of registered nurses is 205.20, compared to 116.30 physicians (human / dental)

during 2019 (Central for Mobilization and Statistics 2021). This gives nurses the chance to be a powerful force that establishes the national health agenda and seeks to support the health-care system (Abualrub and Abdulnabi, 2020). The health policy is a set of actions taken in order to achieve certain health-care objectives. It is often established to address the issues that are related to the health delivery system such as health care cost, quality of care, and access to care (AbuAlRub & Foudeh, 2017). The WHO highlighted the importance of including nurses and nurse manager in health policy making development within the government's legal framework to attain and keep the high-quality care for patients (WHO, 2017). Regrettably, Nurses' involvement in health policy is rarely acknowledged compared with other health care providers such as physicians (Abualrub and Abdulnabi, 2020).

Nurse contribution in health policy brings policies nearer to the nurses to reflect their voices and their best judgments. Also it is afford renovate and rebound the public image about nursing which enhance the respect from other professions and achieve equal partnership. Nurses should be skilled in policy development and execution, and they should be enabled and supported to participate more actively in health policy development. Nurses in a variety of sites should engage in policymaking and gain a full understanding of the policy, context, stakeholders, and their interests (Al Faouri, Elfaqieh, AbuAlRub, 2021). Nurses can use their time and energy in a way that profits others and improvements meaningful goals through political participation. Because nurses are aware with clinical issues that immediately effect health care policy implemented at the local, state, and federal levels, political participation is a critical issue for them (Woodward, Smart, & Benavides-Vaello, 2016; Salvage and White, 2019).

Even with the importance of involving nurses in health policy, nurse's contribution faces many challenges. Several barriers for nurses' involvement in health policy were cited in the literature such as scarcity of resources, constrains of time, lack of participation in nursing organizations, limited knowledge of legislative process, lack of political awareness, limited public relations' and lack of support from the political sector and government officials (Kunaviktikul et al. 2010). Moreover, absence of knowledge, skills about health policy, deficiency of enabling structures and process, shortage of available resources, negative image of nursing considered obstacles to nurse involvement in health policy making (Al Faouri, I. G., Elfaqieh, K., & AbuAlRub, R. 2021).

One of the challenges that face the nursing profession is contribution of nurses at the implementation stage of policy rather than at the formulation stage. This means that nurses must be well-equipped with methods and skills for health policy analysis. There are some factors that may have a negative impact on nursing advancement as a profession, as well as health policy development and politics; like, Lack of awareness in relation to the importance of the issues connected to health policy, and inadequate involvement of nurses in the political domain (Abualrub, and Abdulnabi, 2020). Also, the most obstacles preventing nurses from sharing in the health policy process are structural factors and nursing-related hinder. Moreover, sometimes a nurse manager said 'for nurses, policymaking is a thing for those at the top, whether they are doing the right thing or not, to them, it makes no difference'. Policies are made from above, they are not made according to how you want things done, they are just brought and you are obliged to obey them,' said another frontline nurse (Juma et al., 2014).

A phenomenological study of politically active nurses identified six skills necessary for political capability. Warner's study (2003) found the following characteristics consistent among nurses active in politics: nursing expertise, ability to establish strong networks, convincing abilities, dedication to a common goal for strength, and skills in strategic analysis. Warner suggests that these features are an extension of classic nursing abilities, and that with only minimal reframing; competence in politics could be a part of every nurse's skill set (Salvador 2010; Schmidt, 2021).

When go into detail on health policies, nurses must be motivated to participate in the development of health policy making (Hajizadeh, et.al 2021). For three reasons, nursing staff is urged to participate in health policy. First, nurses work directly with patients and their families in a variety of settings, so their opinions can be useful in policymaking, Nurses are directly affected by many health policies, and nurses have an important role in professional growth and can make a significant contribution to the formulation of effective health policy (Smith. 2014).Nowadays multifaceted interaction among national, regional, and global factors influence on the process of health policy decision-making. The healthcare system's decision-makers are also varied including implementers and frontline workers, and those who affect decisions consist of researchers, mass media, civil society and funding agencies. Health policy and practice require actions form multi-sectors, and decisions that are made in these sectors must be responsive and sensitive to the concern of health (AbuAlRub, R. F., & Foudeh, F. N, 2017).

Significance of the study

Nurses are the main health-care professionals. They are considered as the strength of the health care system (Asuquo et al., 2013). There are several causes for nurses at any level to get involved in health policy

making. Since nurses are the prime beneficiaries of health-care initiatives (Salvage & White, 2019), they should play an active role in health policy making to impact the health and well-being of the general population, as well as ensuring that health care is safe, effective, accessible, and affordable (Shariff, 2015, Hallowell et al., 2020). Nurses' perspectives may be useful in guiding improvements in the quality of health-care delivery and informing the strengthening of health-care systems. Nurses will become more influential as a result of their involvement in health policy (Avolio, 2014). They must be involved in the formulation of health policies rather than simply implementing them. So this study is the first attempt in Egypt to shed light on nurses' involvement in health policy making, benefits and barriers related to their participation**.**

Aim of the study

The study aims to examine health policy involvement and perceived benefits and barriers among nurses**.**

Research questions

- What is the extent to which nurses are involved in health policy?
- What benefits are most frequently cited by nurses for involvement in health policy making?
- What barriers are most frequently cited by nurses for involvement in health policy making?
- Is there a relation between nurses' involvement in health policy, perceived benefits, perceived barriers and personal characteristics?

II. Material and Methods

Research design: A quantitative, descriptive research design was used in this study.

Participants:

A convenience sample of 270 nurses was utilized in the current study. The inclusion criteria were male and female nurses who had at least in nursing bachelor degree and an experience of more than 2 years. Sample size was calculated by using G Power Software, with a power of 0.80, 0 alpha of.05, and a medium effect size. The minimum sample size required for multiple regression analysis was 200 nurses. The total sample size of the current study was increased to 270 nurses to avoid the negative impact of attrition (90 nurses from governmental hospital, 86 nurses from private hospital and 94 from university hospital).

Setting:

The present study was conducted in three health care sectors (one private hospital, one governmental hospital, and one university-affiliated hospital) which are; Alarabi hospital, Teaching hospital, and Menoufia university hospital at Menoufia governorate, Egypt. Hospitals were chosen conveniently to represent the health care sectors in Egypt.

Instruments for data collection:

Nurses' involvement in health policy instrument: It was developed by (Salvador, 2010) to assess involvement in health policy and perceived benefits, barriers among nurses. It is a reliable scale: for the original total scale, a Cronbach alpha of .89 was reported (Salvador 2010). it consists of 48 items consisted of four parts: (a) personal characteristics was used to collect information about nurses' gender, age, level of education, years of experience, type of hospital, and any information or training on changing health policy, (b) nurses' participation in health policies making, it related to any activity that has the intent or effect of influencing government action-either directly by affecting the making or implementation of public policy, or are indirectly related to policy decision-makers (Verba et al., 1995). This part includes 17 items (15 item related to political activities for which nurses were asked to select those in which they were involved and two items related to nurses involvement in trying to influence health policy as a professional and as a citizen was assessed by on a Likert-type scale from 1 to 5, in which (1 = not involved and 5 = very involved). A score of 1 to 2 was considered as a low level of involvement; a score of 3 was considered as moderate level of involvement; and a high level of involvement, (c) Perceived benefits by nurses', it related to perceived positive outcomes from participation in health care policy activities, it includes 14 items on a nominal scale of 1 = yes and 0 = no. (d) Perceived barriers by nurses, include factors that prevent nurses to involve in health policy activities, it consisted of a 17-item checklist scored on a nominal scale of 1 = yes and 0 = no.

Data collection procedures

Data were collected by the researchers who were available for responding, explaining and answering nurses concerns and questions. Data collection took about two months from beginning of February to March 2021.The researchers met nurses and explained the aim and the nature of the study and the method of filling questionnaire. This was done individually or through group meetings. The researchers distributed the survey to

the participated nurses to fill it in work times which determined before with head nurse of each unit according to type of work and work load. Questionnaire was filled by the nurses at a ranged of time between 30- 35 minutes. Data collected two days /week in the presence of the researchers to clarify any ambiguity. The average filled sheet per week was between 25 and 30 sheets.

Ethical consideration

Approvals from Faculty of Nursing Institutional Research Board (IRB) and the targeted hospitals were obtained before starting the data collection. The purpose and significance of the study were explained for the nurses. The researchers explained that their participation is voluntary, and they could withdraw from the study any time they wanted without any penalties. Anonymity and confidentiality of participants were ensured. Nurses were informed that only the results will be used and shared for the research purpose and no one will access the data except the researchers.

Data Analysis

Data entrance and statistical analysis were done using computer software the statistical package for social studies (SPSS), version 24. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, and standards deviations for quantitative variables. Test of significance (independent t test, and ANOVA test) was used for analyzing data and obtaining result. Statistical significance level value was considered when p-value < 0.05 and highly significance when p-value < 0.01.

III. Results

The current study aimed to examine health policy involvement and perceived benefits and barriers among nurses**.**

Table 1: revealed the distribution of nurses regarding to their personal characteristics. Regarding the age, the highest percentage of nurses (42.9%) were in the age group ranged between 30 - <40 year and more than two quarters of nurses (81.1%) were female and had a bachelor degree in nursing (64.4 %), less than half nurses (43.6%) had 10 to <20 years of experiences. Concerning the employment setting for the nurses was (34.8%) of them were from the university-affiliated hospital; (33.3) were from governmental hospitals; and (31%) were from the private hospital. and majority (95.2%) of them had no previous training in health policy.

Table 2: displayed that, the most frequently chosen political activity were related to "nurse voted for a candidate or health policy proposal and provided health policy-related information to consumers or other professionals" respectively. The lowest frequently chosen political activity was reported in "Volunteered for a community official. All nurses were not engaged in six political activities (100%); while (9.6%) of them were engaged in four political activities and around (3.7%) engaged in two political activities.

Figure1: Showed that, the majority of nurses (90.4 %) had a low level involvement as profession in health policy.

Figure 2: Illustrated that the highest percentage of nurses (77.8 %) had a low level involvement as a citizen in health policy.

Table 3: This table revealed that most frequently benefits cited by nurses for health policy were improving a situation or issue, improving the health of the public and being able to get involved/participate (75.2%, 73.7% and 73.7%)

Table 4: This table revealed that most frequently barriers cited by nurses for health policy were lack of support from others; don't know how to access information and policy makers' attitudes/values (81.9%, 71.5% and 61.9%).

Table 5: This table revealed that there was significant relation between heath policy involvement and qualification of nurses while there is no significant relation between nurses' perceived benefits, barriers, and personal characteristics.

Table no1 Distribution of nurses regarding to their personal characteristics (n = 270).

Personal characteristics	Frequency (%)
Age <30 year	42 (15.6%)
30-<40 year	134 (49.6%)
40-<50 year	60 (22.2%)
≥ 50	34 (12.6%)
Gender Female	253 (93.7%)
Male	17 (6.3%)
Qualification Bachelor degree	(%74.4)201
Master	42 (15.5%)
Doctorate	27 (10.1%)

Years of experience <10	 34 (12.6%)
10 <20	36 (50.4%)
20-<30	66 (24.4%)
≥ 30	34 (12.6%)
Hospital Governmental	 90 (33.3)
Private	86 (31.9%)
University	94 (34.8%)
Training program in health policy	
yes	257(95.2%)
No	13 (4.8%)

Table no 2 Distribution of nurses' involvement in health policy activities (n = 270).

health policies' activities	Frequency (%)
Voted for a candidate or health policy proposal	120 (44.4%)
Worked on a campaign for a candidate or health policy proposal	-
Gave money to a campaign or for a health policy concern	-
Provided health policy-related information to consumers or other professionals	62 (33%)
Provided written reports, consultations, research, or other assistance to a public official or for a health issue	26 (9.6%)
Contacted a public official or their office regarding a health issue	(%9.6) 26
Analyzed health policies and/or made recommendations about them to a public official	(%9.6) 26
Drafted health policy legislation	22 (9.1%)
Lobbied, in person, a public policy-making body for a health policy related issue	10 ((3.7%)
Helped initiate or worked on a committee or coalition to take action on a health policy issue	9 (3.3%)
Took part in a protest or demonstration regarding a health policy issue	-
Use mass media or public events to address a health policy issue	-
Volunteered for a public official	4 (1.5%)
Testified or did research for a health related legal action	-
Was an elected or appointed public official	-

Figure no1 Nurses' involvement levels as profession in health policy (*n* = 270)

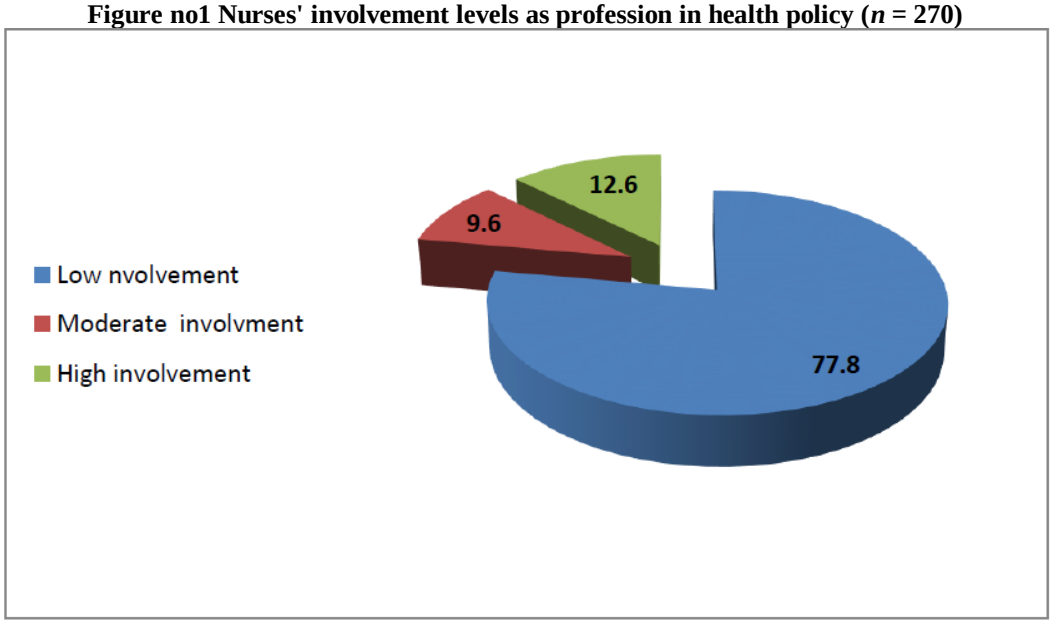

Figure no 2 Nurses' involvement levels as citizen in health policies (*n* = 270)

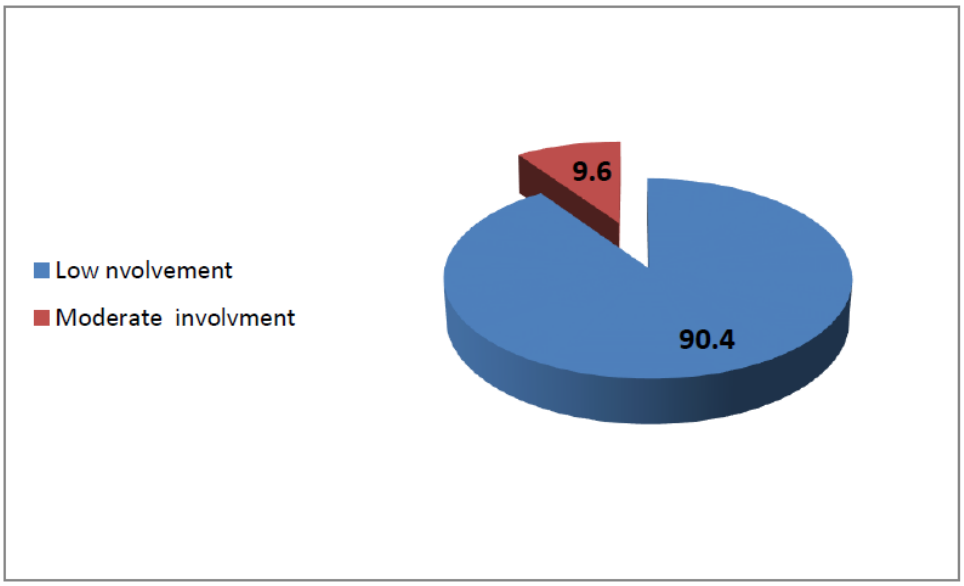

Table no 3 Distribution of perceived benefits in health policy involvement by nurses **(n = 270).**

Perceived benefits of health policy involvement	Frequency (%)
I find no benefits	67 (24.8%)
Improving a situation or issue	203 (75.2%)
Improving the health of the public	(%73.7) 199
Being able to get involved/participate	195 (72.2%)
Making a difference in others' lives	179 (66.3%)
Opportunity to develop new skills	176 (65.2%)
Personal gratification	168 (62.2%)
Helping small groups of people who could not create change by themselves	167 (61.9%)
Personal Professional advancement	155 (57.4%)
Professional duty (meeting standards of practice)	136 (50.4%)
Ability to impact the health of many people at once	120 (44.4%)
Potential to get resources (funding, staffing)	109 (40.4%)
Networking	90 (33.3%)
Helps me to fulfill my personal agenda	82 (30.4%)

Table no 4 Distribution of perceived barriers in health policy involvement by nurses (n = 270).

Perceived barriers of health policy	Frequency (%)
I have no barriers	69 (25.5%)
Lack of support from others	221 (81.9%)
Do not know how to access information	193 (71.5%)
Policy makers' attitudes/values	167 (61.9%)
Lack of time	138 (51.1%)
Lack of money or other resources	131 (48.5%)
Frustration with the process	110 (40.7%)
Others would not approve	109 (40.4%)
Confronting others with opposing viewpoints or greater influence	112 (41.5%)
Employment restrictions	107 (39.6%)
I have other personal priorities	105 (38.9%)
Policy outcomes are too uncertain	99 (36.7%)
Takes too long to see a difference	77 (28.5%)
Lack of access to key individuals	77 (28.5%)
Policy activities do not make a difference	74 (27.4%)
My involvement would not make a difference	26 (9.6%)

Table no 5 Relation between nurses' involvement in health policy, perceived benefits and barriers and their personal characteristics.

Personal characteristics	Nurses' involvement X±SD	Perceived benefits X±SD	Perceived barriers X±SD
Age			
<30 year	1.119±1.699	8.047±2.429	2.980±7.595
30-<40 year	1.156±1.521	7.425±2.496	2.770± 7.567
40-<50 year	1.050±1.691	7.916±2.848	6.966±3.2571

≥ 50	1.176± 1.783	1.972±7.441	1.9496±7.676
F test	.071	1.008	767.
p- value	.976	.390	513.
Gender			
Female	1.143±1.6203	7.684±2.511	7.364±2.817
Male	1.00± 1.574	7.153±2.509	8.269±2.878
t test	-.430	1.024	1.553
p- value	.817	.993	.611
Qualification			
Bachelor degree	1.049±1.5091	7.681±2.533	7.482±2.964
Master	1.833±2.2077	7.547±2.481	7.166±2.283
Doctorate	.7916±.1523	7.407±2.469	7.666±2.616
F test	5.731	.170	.301
p- value	.004*	.844	.740
Years of experience			
<10	1.00±1.723	8.352±2.472	7.647±3.246
10 <20	1.5098±1.509	7.389±2.512	7.551±2.745
30>-20	1.703±1.075	7.863±2.805	7.000±3.142
≥ 30	1.176±1.783	7.441±1.744	7.735±1.974
F test	.144	1.620	.783
p- value	.933	.185	.505
Training program about policy making			
Yes	.583± .792	7.166 ± 2.1672	8.166± 2.979
No	1.159± 1.639	7.657± 2.532	7.657± 2.532
t test	1.209	.660	.901
p-value	.228	.512	.369

IV. Discussion

Health policies are basically associated with country's government's health sector. These policies cover health care services, pricing, quality and accessibility (Shariff, 2014). Nurses' involvement in health policy making ensures that services are safe, effective, accessible, and affordable (Schmidt, 2021). The current study aimed to examine health policy involvement and perceived benefits and barriers among nurses.

The study revealed that the majority of nurses experienced a low level involvement as a profession in health policy. This may be lack of understanding about health policy, increases workload that keeps them away from contribution in health policy, lack of empowerment and support from nursing administrators might decrease nurses' involvement in health policy. Policy-making mainly tracked a top down approach, coming from the national level, because most nurses' work at lower levels of the health-care system, this approach denied the opportunity of nurses to participate directly in policy decisions. Also nurses may view policies as prescriptions from above that they were supposed to follow. Other reason for nurses' lack of engagement in health policy making is the general design of the health care system, which excluded nurses from policy-making structures.

These results were compatible with Kunaviktikul et al. (2010) and Salvador (2010); they indicated a low level of political participation among nurses. Also Abualrub, and Abdulnabi, (2020) reported a low level of nurses' involvement in health policy as a professional. Moreover, Ndubuisi, et al. (2021) they shows that a few nurses have been involved in health policy decision-making. In contrast to these results, the study of Ahoya et al. (2016) which aimed to determine the perceived levels of political efficacy and political participation among nurses in tertiary hospitals, the Republic of Kenya. The study found that the level of political participation of Kenyan' nurses was moderate.

According to levels of nurses' involvement as citizen in health policies, our study result showed that, the highest percentage of nurses had a low level involvement as citizen in health policies. This may be due to the family role; where the responsibility towards their family is a priority for nurses and decrease their attention and participation in the political area. This study was congruent with Kunaviktikul et al. (2010) and Salvador (2010), which revealed that there was low level of political involvement in Thailand and Untied State nurses. Also the results were compatible with Abualrub, and Abdulnabi, (2020) they showed that the level of nurses' involvement in health policy as a citizen was low level. Study conducted by Asuquo et al. (2013) to assess nurses' capacity for health research and policy engagement in Nigeria revealed minimal involvement of nurses in health care policy development. On the contrary Barzegar Bahadori, & Zadeh, (2020) indicated that Iranian nurses are moderately involved in health policymaking.

Concerning nurses' involvement in health policy activities, the current study illustrated that, the most frequently cited political activity were related to "nurse voted for a candidate or health policy proposal and provided health policy-related information to consumers or other professionals". Also, all nurses were not engaged in six political activities while minority of them was engaged in four political activities. This is may be due to nurses' play a crucial role in the health-care system and they are responsible to support the candidate and give available health policy information when needed. However they are not engaged in most of health policy

activities because the decision makers in the healthcare system are diverse including implementers and frontline workers, and those who affect decisions consist of researchers, mass media, civil society and funding agencies with irrespective to the nurses.

Also the present study showed that lowest percentage of nurses' involvement in health policy activity was reported in "Volunteered for a community official. It could be related to lack of time, lack of awareness, lack of health policy teaching in undergraduate nursing curricula and lack of training programs on health policy among nursing students and nurses.

This result was similar to the results of O'Rourke et al. (2017) and Abualrub and Foudeh (2017), who found that voting, was the most performed political activity by nurses in the U.S. and Jordan. Also Abualrub, and Abdulnabi, (2020), they reported that the most frequent health policy activity nurses were involved in was "Voting for a candidate or a health policy proposal." In contrast to these results, the study of Al Faouri , Elfaqieh and, AbuAlRub (2021), concluded that the most frequently chosen political activity was "providing written reports, consultations, research, or other assistance to a public official or for a health issue", followed by "contacting a public official or their office regarding a health issue", then "providing health policy-related information to consumers or other professionals".

In relation to perceived benefits of involvement in health policy by nurses, the present study revealed that, most frequently benefits cited by nurses for health policy were improving a situation or issue, improving the health of the public and being able to get involved/participate. This result may be due to participation of nurses in policy making activities as an important aspect of constant promotion of health services because the nurses closely deal with patients and their families in a variety of settings, gaining an appreciation of the health needs of the population and factors that influence these health needs. Also the policies should ensure a supportive work setting. So the health policies can directly affect the role of nurses.

The result was in agreement with Shariff, (2014) who stated that when nurses are involved and successfully influence health policy development, and there are clear benefits to the patient, the profession and the nurse. Also such results were similar to the results of AbuAlRub and Foudeh's (2017). They concluded that these findings engrained in the nursing profession as a selfless profession and its code of ethics that call for helping their communities and improving health.

Regards to perceived barriers in health policy involvement by nurses .The present study revealed that, most frequently barriers cited by nurses for health policy was Lack of support from others; do not know how to access information and policy makers' attitudes/values. This is due to the nurses need to understand the importance of empowerment and participation in the policy-making process; they don't seeks the opportunities to push towered the involvement. Moreover, nurse leaders concurred that nurses do not generally understand the broader issues outside nursing that are necessary to influence policies.

These results were supported by the study conducted by Kunaviktikul, et al. (2010) which illustrated that lack of support, lack of knowledge and skills about health policy act as a barrier for nurse leaders to participate in health policy activity. Another study by Juma, Edwards, Spitzer, (2014) reflected that insufficient knowledge and skills on evaluation of policy and insufficient knowledge on the health policy formulation guidelines are barriers to the nurses' participation in health policy making. Additionally, Ndubuisi, etal.(2021) reported that the majority of respondents strongly agreed that lack of relevant knowledge and skills inadequate organizational support and professional dichotomy were hindrances to being involved in health policy decision-making. In addition, Hajizadeh etal.,(2021) concluded that, the factors affect nurses' involvement in policy making include sources limitations, insufficient time, political knowledge, heavy workloads, management supports, and fear to encounter with others' beliefs that negatively.

On the contrary, a study was performed by Tan et al., (2012), identified many barriers that prevent nurses from engaging in policy development; these include lack of adequate staff and excessive workload, lack of experienced, lack of organizational support, and poor leadership and Shariff, (2014) demonstrated that the barriers to the participation of nursing leaders include negative image about nursing, lack of dynamic structures and insufficient resources. Abualrub & Foudeh (2017) indicated that the results of the current study showed that most frequent perceived barriers to involvement of Jordanian nurses in health policies were 'lack of time, followed by 'lack of support from others' and lack of money or other resources.

Concerning the relation between personal characteristics and involvement in health policy, perceived barriers, and perceived benefits .The results of this study indicate a significant relation between involvement of nurses in health policy and qualification of nurses while there is no significant relation between perceived benefits, perceived barriers, and personal characteristics. The result was not matched with Barzegar, Bahadori, & Zadeh, (2020) they revealed that there was no significant association between any of the demographic characteristics and nurses' participation in health policy, perceived barriers, and perceived benefits. Also AbuAIRub and Foudeh (2017) found that holding the position of staff nurse was associated with a lower level of participation in health policy. In addition, Vandenhouten et al., (2011) found that resources are the most factors effect on political participation of nurses.

V. Conclusion

Findings of the present study concluded that, the majority of nurses had a low level involvement in health policy as profession and citizens. Most frequently health political activities were related to "nurse voted for a candidate or health policy proposal and provided health policy-related information to consumers or other professionals". The lowest frequently health policy activity was in "Volunteered for a community official (not as part of a campaign)". All nurses were not engaged in six political activities while minority of them was engaged in four political activities. Lack of support from others, do not know how to access information and policy makers' attitudes/values were most frequently barriers constraining nurses' involvement in heath policy making. Most frequently benefits cited by nurses for health policy making were improving a situation or issue, improving the health of the public and being able to get involved/participate. Also there was significant relationship between perceived benefit and qualification of nurses while there is no significant relationship between nurses' involvement in health policy, perceived barrier, and personal characteristics.

Recommendation/ Implication for nursing

In the light of the finding the following recommendations are suggested by the researchers;

At administrative level:

- Policymakers should start working on the barriers that impede nurses' involvement in health policy making through increasing the level of knowledge and skills about health policy among nurses to increase their confidence in their ability to perform political activities.
- Enhance nurses' involvement in health policy making by Egyptian nurse leaders.
- Nurse mangers should hold workshops about health policy process and encourage nurses to provide insightful health policy-making suggestions.
- Establish mechanisms for nurses' perspectives to be heard by national policymakers when policies are being developed. This can be achieved by enacting legislation in Egypt that would allow nurses to hold senior positions in the health care system just like doctors
- Enhance bottom-up policy-making; national level decision-makers should solicit the views of nurses at the frontline with regard to policies that might affect their work and quality of care.

At educational level:

- The nursing education institutions should have a strong position in activating nursing profession role in health policy through providing information regarding health policies and related laws, promoting a positive perception about nursing profession, understanding of the significance health policy making.

At research level:

- Repeat the study on large sample size and in different hospital setting to facilitate generalization of results.
- Further study should be conducted about the effect of nurse's involvement in health policy formulation on its implementation in their work place.

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