Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses

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Abstract

This descriptive correlational study aimed to determine the relationship between nurses' knowledge, empowerment, and readiness in health policy development. Utilizing a researcher-made survey, the study engaged 171 nurses across eight hospitals in the Province of Antique to assess their knowledge, empowerment, and readiness. The data analysis included descriptive and inferential statistics, using frequency distribution, mean, and Spearman's Rank-Order Correlation Coefficient to explore the relationships among variables. The findings reveal significant insights: nurses displayed a moderate to high level of knowledge about health policy, with a mean score of 10.24 out of 15, where 72.5% demonstrated high knowledge. In terms of empowerment, most nurses felt confident and supported in engaging with health policy activities, with 56.7% reporting high empowerment levels. Readiness among nurses also showed positive trends, with a mean score of 5.46 out of 10, indicating moderate to high readiness, and 51.5% showing high readiness. Importantly, the study revealed significant positive correlations between knowledge and readiness, and between empowerment and readiness, suggesting that both knowledge and empowerment are critical in enhancing nurses' readiness to engage in health policy development. The study concludes that nurses possess substantial knowledge and feel empowered in their role within health policy development, fostering a strong readiness to participate. These findings underscore the importance of enhancing nurses' knowledge and empowerment as strategic approaches to increase their involvement and effectiveness in health policy initiatives. This supports the notion that

well-informed and empowered nurses are pivotal to the advancement of health policy, significantly contributing to healthcare improvements.

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CHAPTER I

INTRODUCTION

Background and Rationale of the Study

Nursing is the largest healthcare profession and plays a critical role in meeting the health needs of clients and communities. Nurses' care and interaction with clients throughout their lifespan have given them a unique position to identify what needs to be developed, improved, and changed in the healthcare system. They have a good grasp of what practices are effective and those that are not, and as such, they are well-placed to contribute to the development of health policies that can improve healthcare services.

According to the World Health Organization (WHO), health policies are plans, decisions, and actions that are implemented to achieve specific healthcare goals. The involvement of nurses in health policy development is crucial to ensuring that healthcare services are safe, accessible, affordable, and high quality (Shariff, 2015). However, despite the importance of nurses' involvement in developing policy, literature reveals low to moderate levels of nurses participating in health policy development (Al-Faouri et al., 2021). Evidence suggests that nurses often feel disempowered and lack the skills, confidence, and opportunities to contribute to policy processes (Pamela et al., 2014; Hajizadeh et al., 2021).

Several barriers hinder nurses' engagement in health policy development. One of the barriers identified in literature is limited knowledge of the health policy process. A study indicated that there is very little or no formal education regarding health policy development in the undergraduate program. There is also no training done to equip them to be confident in getting involved with policy making (Hosseini et al., 2019). Competence in leadership and communication also affects the participation of nurses in health policy development. Those who feel empowered, proactive, and are not afraid to

communicate with upstream managers can help shape and improve health policies (Hajizadeh et al., 2021). A study conducted by Zanele Dlamini (2016) showed low levels of knowledge and confidence in health policy development by nurse leaders which in turn revealed limited participation in health policy development. Studies further reveal that nurse leaders are more active only in the implementation stage.

Another major barrier identified is the lack of education regarding health policy development in the nursing curriculum and basic nursing training. Pamela, et al. (2014) found that lack of knowledge and skills in the policy making process resulted in nurses not participating in policy formulation. Furthermore, it was found that nurses are not aware of other issues outside the nursing practice that were essential to the formulation of health policies. This lack of education and awareness may lead to a lack of confidence in getting involved in policy development. Moreover, the silent voice of nursing also accounts for the low level of participation in policy making (Cheraghi, et al., 2015). Nurses often feel their perspectives are overlooked or dismissed when health policies are formulated (Alwan, et al., 2019). The nursing voice is missing when it matters in policy development (Anders, 2021). Nurses should be empowered to participate in all levels of health policy development to improve patient care and the welfare of the health sector.

Studies have demonstrated the value of nurse participation in health policy development as an agent for improved healthcare outcomes. One such study by Ngwakongnwi, et al. (2018) concluded that engaging nurses in policy development helped provide care for chronic disease patients more efficiently, while another by van der Zijpp, et al. (2014) indicated it enhanced nurses' confidence and competence when providing patient care.

Empowering nurses to participate in health policy development requires taking a multifaceted approach that addresses the barriers identified in literature. One strategy

involves improving education and training related to policy development within nursing curriculum and basic nursing training - for instance, Drennan, et al (2012) found that including health policy development as part of nursing curricula increases students' understanding and interest. Another approach includes offering leadership and communication training. Squires, et al (2013) found that there is an increase in confidence level when nurses engage in policy development activities.

Nursing barriers aside, there are facilitators and factors that can increase nurses' participation in health policy development. Competence in leadership and communication, as well as feeling empowered and proactive can all play a part in shaping and improving policies (Hajizadeh et al., 2021). Research also indicates that nurses who receive formal education and training on health policy development are more likely to engage in policy making (Lakhan, Sharma & Zinzuvadia, 2018), thus, providing nursing education that includes policy development training would provide nurses with all of the knowledge and tools they need for engaging policy making activities.

Increased participation by nurses in health policy development can result in more effective policies and better patient outcomes. One study demonstrated how engaging nurses in policy making could improve healthcare quality and access (Shariff, 2014). Another highlighted the necessity of nurses' involvement to address disparities and social determinants that impact marginalized populations (Carthon et al., 2020).

Nurse involvement in health policy development can have a positive effect on their profession itself. Studies have demonstrated that nurses involved in policy making tend to experience greater professional growth and job satisfaction (Lakhan et al., 2018). Furthermore, involvement can enable nurses to advocate for policies which support their profession like improving working conditions or addressing staffing shortages (Carthon et al., 2020).

While nurse involvement in health policy development could bring immense advantages, literature indicates low to moderate participation rates among nurses due to factors like lack of education, skills, confidence, and empowerment (Al-Faouri et al., 2021; Alwan et al., 2019). Therefore, further investigation must focus on exploring factors that promote or impede nurses' engagement with policymaking processes as well as strategies that increase participation levels among them by empowering nurses to take an active role in shaping health policies for better healthcare.

Objectives of the Study

This study was conducted to determine the knowledge, empowerment, and readiness in health policy development of nurses.

Specifically, this study aimed to address the following:

1. determine the knowledge in health policy development;

2. determine the empowerment in health policy development;

3. determine the readiness in health policy development;

4. determine whether there is a significant relationship between knowledge and level of readiness on health policy development; and

5. determine whether there is a significant relationship between empowerment and level of readiness on health policy development.

Hypotheses of the Study

The following hypothesis were tested:

1. There is no significant relationship between knowledge and readiness on health policy development.

2. There is no significant relationship between empowerment and readiness on health policy development.

Theoretical and Conceptual Framework

This study is based on Shariff's Empowerment model in health policy development. This model serves as a valuable tool for nurse leaders and nurses to enhance their participation in the development of health policies. Nurses are essential members of the healthcare industry because they work closely with patients and possess the potential to improve the healthcare system. It is vital that nurses capitalize on this opportunity to make a positive impact on health policies for the betterment of all.

The empowerment model comprises seven significant concepts, three of which are critical to nurse leaders' involvement in health policy development: foundational education at the undergraduate level, leadership development, and a continuum of empowerment. The remaining four concepts are the stages of empowerment: knowledge, experience, environment, and participation. This model can be used as a whole or in part, across different nursing scopes, including research, practice, leadership, and education.

Foundational education at the degree level is crucial for nurses because it equips them with the basic knowledge and skills necessary to participate effectively in health policy development. Research conducted by experts in the field indicates that most expert panelists and nurse leaders held at least an undergraduate degree. Education can open doors for nurses, enabling them to be more efficient in policy development. Nurse leaders must also possess good leadership skills to excel in health policy development. A study by Kunaviktikul, et al. (2010) demonstrated that leadership skills among nurses promote health policy development participation. Nurse leaders with effective leadership skills can significantly influence health policy development processes and activities.

Empowered nurses receive support from their peers and mentors, and, in turn, can also empower others to participate in health policy development. Empowered nurses

are more likely to express their opinions and participate in creating solutions through health policies (Shariff, 2015).

Knowledge is a critical aspect of health policy development readiness. Knowledge helps nurses navigate the complexities associated with policy creation, make informed decisions, and participate in policy development processes. For a meaningful impactful contribution in policy-making processes, nurses should possess enough information regarding healthcare systems, public health issues, development processes and policy environments. Knowledge of health policy development can also increase nurses' confidence and competence when creating, implementing and evaluating health policies. Nurses who possess a comprehensive understanding of health policy development are better equipped to influence policy decisions and promote positive health outcomes for their patients and the community.

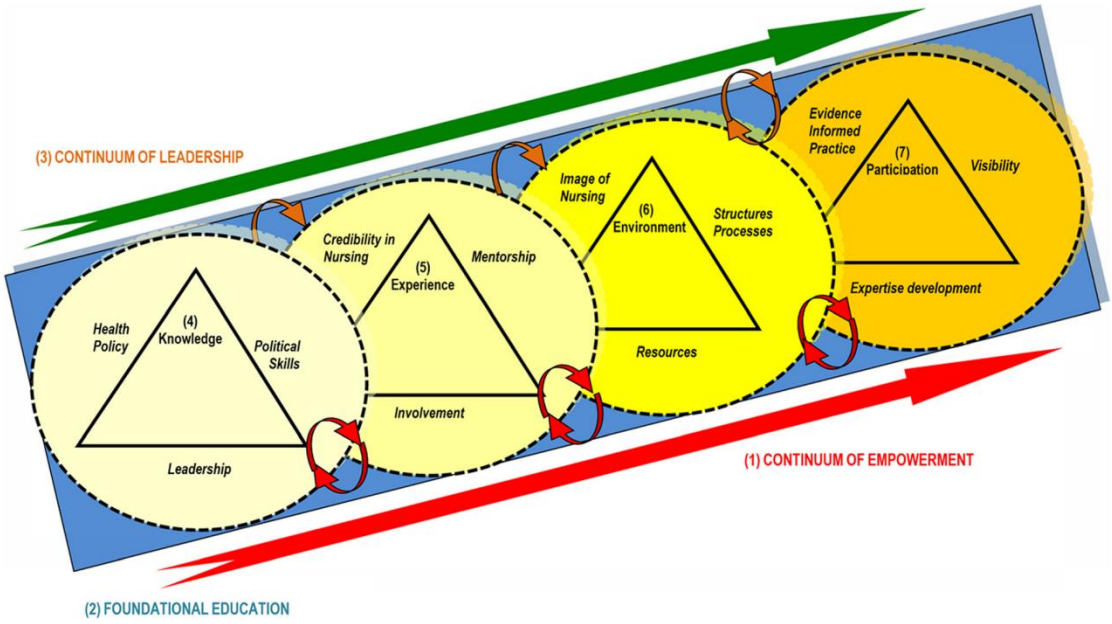

Figure 1. Visual presentation of the "Empowerment model for nurse leaders' participation in health policy development"

The theoretical and conceptual framework of the study revolves around Shariff's Empowerment model in health policy development. The researcher utilized the Independent Variable-Dependent Variable (IV-DV) system technique to identify where the nurses' involvement was missing and how to make the required adjustments. The paradigm of relationship among the variables of the study is presented in Figure 2, which shows knowledge and empowerment as the independent variables that might affect the dependent variable, readiness program in health policy development among nurses. Additionally, knowledge is also hypothesized to have a relationship that influences empowerment in nurses.

The conceptual framework of the study posits that for the nurse to efficiently participate in health policy development, he or she must first be empowered. Empowerment means that they were able to get the support they need from mentors who are expert in the fields of higher-level nursing through education, leadership, acquisition of needed knowledge, gaining experience, and providing them with an environment that fosters collaboration and participation. Continuum development is also important, as it means that in order for the nurse to participate actively in policy making, they should have innate transformational leadership attributes. By having this attribute, it will help nurse leaders to exert influence in health policy development processes and activities that are beneficial to health and nursing professions.

Foundational education is crucial for nurses to attain a competitive level of knowledge and skills in the field of nursing towards the intellectual process necessary to participate in policy development in a meaningful way. Without enough foundational education, nurses may not have the credibility and voice needed to craft policies beneficial for the nursing profession. Furthermore, it is necessary to nurture the transformational leadership attributes of nurse leaders through individual career progression and basic education institutions.

Experience is also important in health policy development as it reflects an opportunity to put learned knowledge and skills into practice. Environment also plays a significant role in the participation process. Without participation, it may be difficult to create an inclusive and enabling environment. Unless nurse leaders are able to create an environment that is inclusive of nursing input in health policy development, they will experience difficulties in gaining access to and being part of the policy development process.

Lastly, participation is crucial as nurse leaders will have acquired proficiency through creating an enabling environment by overcoming barriers and facilitating participation. At this stage, they must demonstrate the skills gained in the preceding stages. Thus, the conceptual framework highlights the importance of knowledge, empowerment, and readiness in health policy development of nurses, as well as the interrelationships among these variables.

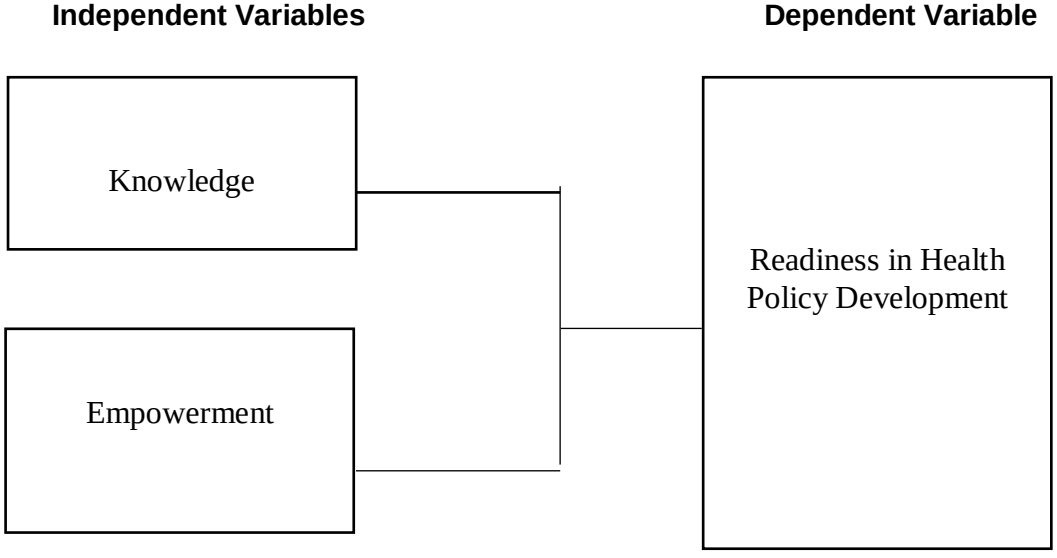

Figure 2: Schematic Diagram showing the Assumed Relationship of Variables

Definition of Terms

The following terms were defined to clarify the meaning and make the concept and ideas easier to understand:

Knowledge. This refers to the information, facts, awareness, and understanding about a subject or topic that a person can get from studying or experience (Cambridge University Press, 2022). In this study, knowledge refers to the information, skills, and understanding of a nurse about health policy development that he/she may have gained from school or experience. It comprises of 15 questions answerable by True or False. It is categorized as “Low” for scores ranging from 0-5, “Moderate” for scores ranging from 6-10, and “High” for scores ranging from 11-15.

Empowerment. This refers to becoming autonomous, confident, and powerful to do something to change things or upholding one’s rights (Merriam-Webster Inc., 2022). In this study, empowered nurses are motivated, autonomous, have the ability to influence change and be involved in health policy development to improve the healthcare system. It can be measured using a Likert-type scale with four categories in each question, which comprises seven questions. It is categorized as “Low” for scores ranging from 7-14, “Moderate” for scores ranging from 15-21, and “High” for scores ranging from 22-28.

Readiness**.** Readiness refers to the state of being prepared or ready to do something (Cambridge University Press, 2022). In this study, this refers to the willingness or preparedness of nurses to participate actively in health policy development. It can be measured using a Likert-type scale with four categories in each question, which comprises eight questions. It is categorized as “Low” for scores ranging from 8-16, “Moderate” for scores ranging from 17-24, and “High” for scores ranging from 25-32.

Significance of the Study

The findings of the study were beneficial to the following:

Nurse Leaders. This study will serve as an additional basis for nurse leaders to develop and enhance their self-efficacy and sense of responsibility to participate in the development of health policy. Strategies and clear job descriptions involving health policy development should be established. Nurse leaders should create an environment that will motivate and enable greater participation in policy making of nurses. More opportunities to contribute in the development of policies should be provided for nurses.

Nurses. Knowledge in health policy development is vital for a nurse to start involvement in policy making. Information and skills will give the nurse confidence in voicing out his/her concerns and suggestions to foster change. With the help of proactive and supportive nurse leaders, nurses will be more willing and confident to participate in health policy development for the improvement of healthcare given to the people.

Patients. The development and improvement of health policies will directly affect the access, cost, and quality of patient care. Health policies can help prevent diseases and promote health and wellness. The more nurse leaders and nurses advocate for patients and participate in health policy making, the better the outcome of health policies will be.

Future Researchers. The results of this study can be a source of information and reference for future researchers in conducting and formulating their own research studies.

Scope and Limitations of the Study

This descriptive correlational study aimed to determine the relationship between knowledge, empowerment, and readiness in health policy development of nurses. This

study will use a researcher-made survey questionnaire to gauge the knowledge, empowerment, and readiness of nurses in health policy development. A total of 171 nurses from eight hospitals in the Province of Antique were engaged in the research. The selected respondents were randomly selected. The sample were restricted and limited to nurses who are currently affiliated in the hospital to where the study is supposed to be conducted. Furthermore, this study was only conducted on the proposed research environment, including the target respondents and they have fitted onto the aforementioned criteria. The researcher has not explored any other idea, aspects, or point of view unless otherwise stated.

CHAPTER II

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents and discusses related literature and studies, which consist of a collection of both published and unpublished publications that were carefully chosen for their relevance to the study's objectives. Given their similarities to the current study concerning the participation of nurses in health policy development by exploring the degree of knowledge, empowerment, and readiness, this review of literature will supply the researcher with valuable prospective information. As a result, the factors identified in the research paradigm will be supported by the linked literature and studies.

Review of Related Concepts

Health Policy Development

According to Hajizadeh et al. (2021), the World Health Organization (WHO) defines health policies as the decisions, plans, and activities performed within a society to attain particular health care goals (AbuAlRub & Foudeh, 2017). In addition to this, the WHO stressed that health policy and practice involve actions from multiple sectors, and decisions made within these sectors need to be responsive and attentive to issues pertaining to health (WHO, 2012). The advancement of public welfare should be considered the end goal of health policy. It is divided into three stages: the formulation stage, the execution stage, and the reformation stage (Mason et al., 2013; Robinsons, 2013). In order to enhance the reliability and quality of healthcare, registered nurses are required to make use of health policy (Hall-Long, 2009).

Another definition of health policies mentioned in the study of Barzegar et al. (2020) referred to health policies as guidelines that are directly associated with the governmental health sector in any country (Shariff, 2014). Healthcare services, costs,

and healthcare quality and access were areas enmeshed in these policies. Quality provision, accessibility, and cost-effectiveness were identified components to have an improved quality of life and welfare of society (Heydari et al., 2013). The participation of nurses in the development of health policies ensures safe, effective, accessible, and low-cost services (Jivraj Shariff, 2015). Health policies affect the nursing profession and healthcare (Shariff, 2015).

Furthermore, there was a need to be some incentive for nurses to take part in the development of health policies. The policies, legislation, and regulations that shape the healthcare system are shaped, in part, by the experiences of professionals like nurses (Abood, 2007; Aroskar et al., 2004). There have been three reasons why the nursing staff should be involved in health policy. First, nurses have direct contact with patients and their families in many different contexts, making their input valuable for policy making. Second, nurses are directly impacted by varying health policies. That's why it's important for policies to foster a positive office atmosphere. Third, nurses are essential to the advancement of professional knowledge and can make significant contributions to the formulation of effective health policy (Smith, 2014; Juma et al., 2014).

The International Council of Nurses (ICN) placed heavy emphasis on the importance of efforts made to enhance nurses' preparedness in formulating policies (Smith, 2014). The International Council of Nurses has, in the past, attempted to tackle health policy issues such as the origins of policy, the many methods used to create policy, and the role that nurses and professional organizations play in shaping policy (Boschma, 2014). Additionally, the International Council of Nurses' Global Nursing Leadership Institute serves as a model for the global Nursing Now campaign to build and improve strategic nursing leadership in areas such as health policy (Salvage & White, 2019). Gaining experience in the policy formation process; learning about health systems; conducting policy research; and honing leadership abilities are all variables

that influence nurses' ability to participate in shaping health policy (Kunaviktikul et al., 2010; Richter et al., 2013). Despite nurses' growing professionalism, expertise, and education over the past few decades, they have played a very minor role in shaping the policies and politics that shape healthcare delivery (Juma et al., 2014; Salvage & White, 2019).

Factors in enhancing health policy development

Nurses play a crucial part in the creation of new procedures and regulations. When it comes to providing patients with high-quality care, the vast majority of health workers are nurses (Kunaviktikul et al., 2010, as cited by Hajizadeh et al., 2021). Pressures from politics, the environment, technology, and finances permeate all areas of healthcare delivery. All employees, but nurses in particular, may benefit from these shifts by gaining new options for advancement in the administration and policy making of healthcare (Benner, 2012; Shalala et al., 2011; Tomajan, 2012).

Several studies were conducted to put emphasis on nurses' participation and influences in health policy development and implementation where the authors found it very significant to do so. To begin with, a study done in Thailand revealed that the majority of nurses there were only involved in the execution of health policies, despite the fact that it is crucial that they obtain an understanding of the issue and take an active role in shaping it (Kunaviktikul, et al., 2010). Second, Abu-Al-Rub & Foudeh (2017) surveyed Jordanian nurses about their perceptions of the benefits, challenges, and impacts of being involved in the health policy process on the development of health policy. Their findings suggest that the relatively low level of health policy participation among Jordanian nurses could be linked to the fact that most participants had other responsibilities outside of the workplace, such as caring for family members. Nursing leaders' failure to provide adequate mentoring may also limit their ability to influence the

creation of health policy. Third, the research of Shariff and Potgieter (2012) shows that knowledge and skills, improving nursing's public image, and enabling structures and procedures all play a role in health policy development. Lack of involvement, insufficient knowledge and skills, a negative public perception of nursing, a lack of dynamic structures, and insufficient resources are further hindrances to the participation of nursing leaders. In low and middle-income countries (LMICs), where nurses make up a bigger share of the health sector workforce, their input into national policy making processes is especially crucial. As a result, there is a call for improved training in research literacy so that policymakers can better absorb, produce, and apply the findings of scientific studies (Richter et al., 2013; Edwards et al., 2007; Shariff & Potgieter, 2012). Several recent studies have shown the impact that modern nurses have on healthcare policy.

According to the findings of the study conducted by Hajizadeh et al. (2021), there were a number of factors impacting nurses' involvement in health policy making. These factors may be broken down into three categories: nursing-related, management and organizational, and work environment. Nursing-related factors include nurses' perspectives on policy making; nurses' failure to react appropriately; nurses' opportunities to learn and advance their profession; and the nursing education and research infrastructure. Lack of priority of health policy for nurses, disapproval of nurses' involvement in policy making by others, a sense of helplessness, and apprehension about taking on new problems are all examples of issues that fall under this heading in relation to the current study. Limitations in nursing education, a lack of knowledge and understanding of the policymaking process, and an inability to participate in the process of health policymaking are all to blame.

On the other hand, managerial and organizational elements include things like the establishment of communication networks, the acquisition and distribution of

knowledge and information, and the provision of human resources that are both specialized and motivated. Developing effective leadership styles, establishing an incentive organizational structure, participating in advisory and policy-making groups, and determining the outcomes and impacts of health policy are some of the responsibilities of this role. This was caused by a number of factors, including the following: A lack of involvement with nursing organizations; the existence of unity; a lack of communication from the top down; a lack of policy sharing; a lack of access to information; a lack of access to key individuals; and a lack of access to information. A lack of money, time, and other resources; insufficient authority; the presence of a hierarchical system; a lack of nurses' membership in the Policy Development Committee; a lack of health policy capacity; varying attitudes held by those who make decisions regarding health policy; and dispersion in the process of making policies (Hajizadeh et al., 2021).

In addition, several aspects of the workplace have been broken down into environmental variables, external assistance, and the implementation of just and fair policies and procedures. The existence of mental health difficulties among nurses, nursing's unfavorable reputation, efforts to increase nurses' engagement, workload, and advancement prospects, and recruiting caps were all mentioned (Hajizadeh et al., 2021).

Based on the findings, these factors have resulted due to other underlying elements which enabled them to exist. As concluded by Hajizadeh et al. (2021), the health care providing systems essentially must have more involvement in health policy making due to the fact that different health policies can directly affect the role and responsibilities of nurses. Any failure of the nurses to do active engagement in crafting health policies has led to a concern of WHO and ICN. Increasing the capability of nurses to participate in policy making activities is a vital element of constant promotion of health services. The level nurses' engagement in policy-making processes can be enhanced by

having more focus on the improving of health policy education and competency as facilitator, as well as by overcoming the barriers such insufficient resources and skills. Considering the voluminous number of factors affecting nurses' participation, this present study considered the degree of the factors pertaining to knowledge, empowerment, and readiness in crafting health policy.

Relatively, another study was mentioned by Barzegar, et al. (2020) on the different factors in order to increase participation of nurses in health policy development. The study revealed that nurses only have moderate participation in health policy making. In fact, it was discovered that certain strategies have been recommended to heighten nursing involvement such as: 1) delineate and encourage a specific career path for nurses as health policy experts; 2) recognize nurses' positions in health and health policy; 3) furnish more information to nurses regarding health policies and related laws; 4) empower a positive perception of the nursing profession among nurses; 5) establish an understanding of the significance of nursing participation in health policy making among nurses; 6) boost nursing involvement by appointing nurses to high level of health service management; 7) support nursing professional organizations such as the Nursing Organization the different regions (this particular study recognized Islamic Republic of Iran) to strengthen active engagement of nurses in health policy making; 8) intensify nursing knowledge and skills through conducting retraining workshops which purposely aim to teach on health policy-making knowledge and skills; and 9) exploit progressive incentives for nurses in providing constructive and insightful health policy-making suggestions.

Among these above-mentioned factors, the current study assessed the degree of the factors related to knowledge, empowerment, and readiness in the selected research environment. By doing so, health establishments and management will be able to know

how to aid the nurses on their needs and what to be done to boost active involvement in health policy development while bridging the gaps due to different uncertainties.

Review of Related Studies

Knowledge on Health Policy Development

Cross-program and interdisciplinary evaluation is crucial, say Campos & Reich (2019). It is crucial that evaluation includes policy-relevant longitudinal measurements of programmatic outcomes in addition to assessments of course content acquisition, learner self-assessment, and satisfaction with the course or program. An essential first step is to define the spectrum of applicable health policy jobs and the associated knowledge, skills, and experiences. It is crucial to assess the efficacy of health policy education by looking at how students' professional lives connect with health policy-related activities. If programs do not do careful, systematic evaluations, they will never be able to get better or learn from their mistakes.

According to the Commission on Education of Health Professionals for the 21st Century (Frenk, et al., 2010, cited by Heiman et al., 2016), health policy training programs will need to reach across academic institutions and outside institutional walls to engage the necessary interdisciplinary and community- and agency-based partners and experts to support health policy training needs. It was both a weakness and a strength of several of the presented programs that they lacked the interdisciplinary faculty necessary to effectively execute health policy training. The fact that bringing in outside experts and policy practitioners and working together to make policy-relevant community-based learning experiences possible shows that everyone agrees on the need to build both internal capacity and external partners who can work together.

Significantly, in order to fully grasp the administrative aspect of healthcare, one should have a solid grounding in healthcare policy. The ability to put measures in place to reduce risks will be highly valued by the employer. In addition, if individuals have a firm grasp of healthcare policy, they will be more equipped to work in tandem with colleagues to enhance care for a more diverse group of patients. Understanding the administrative side of healthcare requires a solid grounding in healthcare policy. The ability to undertake methods and actions aimed at preventing problems is highly regarded by employers. Understanding healthcare policy will help treat a wider range of patients better, which in turn will aid in working well with other healthcare professionals (UNCAW, 2018).

Knowledge, according to Sullivan et al. (2015), is the ability to take appropriate action (Sveiby, 1997). There aren't many who would disagree that this is crucial in our effort to promote health and prevent disease. The ability to rely on one's own experience in order to solve problems through the application of a combination of factual data and one's own understanding of relevant context is what we call "knowledge" or "know-how" (Brown, 1998).

Sullivan, et al. (2015) added that there are two forms of knowledge management, explicit and tacit. Explicit information is straightforward to articulate and disseminate in the form of books, guides, and databases (Brown, 1998). Tacit knowledge, on the other hand, is knowledge that exists "in our heads" and is best communicated through conversation, storytelling, observation, and face-to-face engagement (Ohkubo et al., 2014). With the help of knowledge management, we can access and disseminate both explicit and tacit knowledge and put it to use in our daily lives. The quality of health policy, programs, services, and practices in the global health sector is constrained by a lack of knowledge, but this situation can be improved by the application of good

knowledge management. Knowledge management can be used to improve a business's performance and productivity or to improve the overall quality of care in a health system.

Publications and resources; products and services; training and events; and methodologies and techniques are the four broad categories into which the wide variety of technologies used in knowledge management may be sorted. Policy briefs, recommendations, journal articles, and job aids are just some examples of the types of publications and resources that can help make sure health professionals have the knowledge and skills they need to execute their jobs. Electronic archives of critical information (toolkits and websites), eLearning courses, and mobile applications are just a few examples of products and services that take advantage of cutting-edge digital and mobile technology to facilitate rapid and widespread information dissemination. In addition, trainings and events like workshops, seminars, meetings, and webinars, as well as KM approaches and techniques like peer assists (gathering a group of peers to glean constructive criticism on a problem, project, or occurrence and derive benefit from the participants' experience and knowledge), coaching, mentorship, storytelling, and online learning can help you gain a greater understanding of the topic and the issues involved (Sullivan, 2015).

Empowerment on Health Policy Development

According to Shariff (2015), the International Council of Nurses (ICN) has long held the position that nurses play a critical role in health care planning and decision-making, as well as the formulation of appropriate and effective health policies. For the Sustainable Development Goals (SDGs) and other health-related public policies to be

effective, nurses must actively engage in their development. It is widely acknowledged that nurses' participation in health policymaking is essential to the success of the SDGs.

Researchers in Botswana and Kenya discovered that nurses' participation in policymaking rarely extends beyond the implementation phase (Phaladze, 2003; Evans & Ndirangu, 2008; Shariff & Potgieter, 2012). In cases where nurses have had a voice in shaping health policy, the literature shows favorable outcomes for patients, communities, and nurses alike (Di Gaudio, 1993). The MDGs and regional health indicators may benefit from a paradigm that incorporates nurse leaders into the policymaking process. As a result, they have the potential to affect patients' and communities' access to healthcare experts, as well as the quality, equity, and cost of health care delivery (Ferguson, 2001).

In contrast, it was further cited in the same study that having a voice and being able to act on it is essential for being involved in setting policies and making decisions. According to Ryles (1999), true empowerment is only possible when there is parity of power between the oppressors and the oppressed. When compared to other medical professionals and established healthcare systems, nurses are generally considered a marginalized minority. As Johns (1999) put it, "at the level of silence, nurses have no voice; voice is suppressed in the presence of more powerful people, fashioned and reinforced by self-perceived patterns of hierarchical communication and the internalized threat of sanction. “The hospital setting and the practice environment at the organizational level are two primary locations where the concept of empowerment has been examined in the literature (Laschinger et al., 2003; Laschinger, 2008; Laschinger, 2005). When it comes to macro-level leadership empowerment, there is a dearth of literature. Further, there isn't a lot written about empowerment in East African literature.

On the other hand, East African nurses have not used their greater numbers, influence, or opportunities to advance the nursing profession. By providing a structure, this empowerment model hopes to increase nurse leaders' input on healthcare policy. The proposed empowerment model was conceived of and developed in response to research that investigated: the level of involvement of national nurse leaders in policy development activity (Shariff, 2012); reached consensus on the factors that either hinder or promote this involvement (Shariff, 2014a); and established a common understanding of the types of leadership qualities essential to effective engagement in health policy development (Shariff, 2014b).

Involvement of nurse leaders in health policy creation was agreed upon as a result of a number of considerations. These enabling factors were (a) participation, (b) expertise, (c) encouragement, (d) a favorable public perception of nursing, (e) supportive structures, and (f) access to necessary materials (Shariff, 2014a). Nurse leaders' participation was found to be hindered by a number of factors, including (a) a lack of involvement, (b) a lack of knowledge and skills, (c) a poor perception of nursing, (d) a lack of enabling structures, and (e) a lack of resources (Shariff, 2014a). Essential leadership qualities that increase nurse leaders' input into health policy creation were broadly agreed upon (Shariff, 2014b). Characteristics of this kind include (a) persuasiveness, (b) clear and convincing communication, (c) friendly and approachable interpersonal skills, (d) a sense of personal agency, and (e) the capacity to establish and maintain a high level of professional credibility (Shariff, 2014b).

The study's findings highlight the need to enable and expand nurse leaders' role and involvement in health policy action, as well as the existence of substantial gaps and impediments to doing so. Nurse leaders want to be involved in shaping policies, according to the results of this study; therefore, giving them more say in the matter is a

good idea. In this work, we offer the study's findings as the basis for our suggested model, paying special attention to the findings that showed a high level of agreement among the study's participants. Nurses and nurse leaders may need some help, and the empowerment model aims to give it to them in the form of a structure they can use to take charge and exert their influence on health policymaking (Shariff, 2015).

Readiness on Health Policy Development

The term "readiness" describes how prepared an organization is to adopt a new idea (Weiner et al., 2008; Weiner, 2009). A crucial step in the process of bringing about positive change inside an organization, it is typically incorporated into broader frameworks for planning and carrying out programs (Greenhalgh et al., 2004; Damschroder et al., 2009). The goal of health system readiness (HSR) is to ensure that existing health care infrastructure is ready to adapt to the introduction of the new service. HSR, which encompasses both provider and facility preparedness, is a complex concept that must be analyzed at the organizational level (Weiner, 2009). There is a dearth of disease- or service-specific adaptation frameworks (Mikton, et al., 2011). There have been few attempts to analyze these factors together, despite the fact that existing frameworks propose multiple and interlinked dimensions for assessing readiness (such as the attitudes and knowledge of key actors, the availability of scientific data, the willingness and motivation of key actors, and the availability of resources) (World Health Organization, 2013). Nonetheless, Colombini, et al.'s (2020) research has summed up some of the factors that go into evaluating a health system's preparedness. Values, leadership, governance, resources (money, people, equipment), coordination, community involvement, health-care workers, and data all play a role.

However, Shea, et al. (2014) noted that companies frequently fail in their attempts to implement new programs, practices, or policies because their leaders do not develop adequate organizational preparation for change (Kotter, 1996). Definition of organizational preparedness based on how "psychologically and behaviorally equipped organizational members are to implement organizational change" (Weiner et al., 2008). Members of an organization are more likely to take the initiative to make changes, to give the change their full attention, to stick with it, and to work together effectively if they are more change-ready (Weiner et al., 2009). In contrast, inadequate organizational readiness increases the likelihood that members may perceive the change as undesirable, leading them to delay or even reject making preparations for the change or actively work against it.

The lack of a concise, reliable, and meaningful measure of organizational readiness for change in healthcare settings has further hampered research on the topic (Alexander & Hearld, 2012). The research has always focused on how ready an individual is for change, not how ready an organization is for change (Weiner et al., 2008). Even more so, the current study would also have aimed to know the readiness or how prepared the nurses in the development of health policy.

Synthesis of Related Studies

Campos and Reich (2019) have concluded that cross-program and multidisciplinary evaluation is essential in a sense. Assessments of course content learning, learner self-assessment, and overall satisfaction with the course or program are all components of evaluation, in addition to policy-relevant longitudinal measurements of programmatic outcomes. The identification of the breadth of relevant career opportunities within the field of health policy, together with the accompanying

bodies of knowledge, skill sets, and experiences, is a vital first step. It is essential to evaluate the usefulness of education in health policy by analyzing the ways in which the professional lives of students are connected with activities that are related to health policy. This showed how important it is that knowledge is one of the things that needs to be taken into account when health policy is being made.

According to the Commission on Education of Health Professionals for the 21st Century (Frenk, et al., 2010, cited by Heiman, et al., 2016), health care policy training and development programs will need to reach across academic institutions and outside the walls of institutional buildings to bring in the necessary interdisciplinary as well as community- and agency-based partners and experts to help with health policy training needs.

Importantly, the UNCAW (2018) stressed that one should have a strong foundation in healthcare policy in order to fully understand the administrative side of healthcare. The capacity to implement precautionary measures will be highly regarded by the company. Additionally, people who are well-versed in healthcare policy will be better able to collaborate with coworkers to improve care for a wider range of patients. A good foundation in healthcare policy is necessary to comprehend the administrative side of the healthcare industry. Understanding healthcare policy would help care for a wider range of patients better, which would make it easier to work with other healthcare professionals.

Relatively, there are also two types of knowledge management: explicit and tacit, according to Sullivan et al. (2015). In the form of books, guidelines, and databases, explicit information is simple to express and disseminate (Brown, 1998). Conversely, tacit knowledge is information that we know only "in our brains" and is best shared

through face-to-face interaction, conversation, narrative, and observation (Ohkubo et al., 2014). Information management allows us to access, share, and utilize both explicit and tacit knowledge so that we can use it in our daily activities. Inversely, lack of knowledge limits the quality of health policy, programs, services, and practices in the global health sector; however, this condition can be improved by using effective knowledge management. The wide range of knowledge management technologies can be put into four main groups: publications and resources, goods and services, training and events, and approaches and strategies.

With regards to empowerment, Sheriff (2015) made note of the International Council of Nurses (ICN)'s long-standing stance that nurses play a crucial role in healthcare planning and decision-making, as well as the design of suitable and efficient health policies. Also, most people know that the Millennium Development Goals can only be reached if nurses are involved in making health policy (2003).

Researchers in Kenya and Botswana found that nurses' involvement in policymaking is typically limited to the implementation stage (Phaladze, 2003; Evans & Ndirangu, 2008; Shariff & Potgieter, 2012). although Di Gaudio (1993) noted that the literature demonstrates positive outcomes for patients, communities, and nurses equally in situations where nurses have had a role in setting health policy.

However, Ryles (1999) argued that true empowerment is impossible without equal authority between healthcare institutions and nurses. When compared to other healthcare providers and established facilities, nurses are often seen as a minority group that is overlooked or devalued. "Nurses have no voice at the level of silence," according to Johns (1999); "voice is suppressed in the presence of more powerful people, fashioned and supported by self-perceived hierarchical communication patterns and the

internalized threat of sanction." The two main contexts in which the idea of empowerment has been researched in the literature are the hospital setting and the practice environment at the organizational level (Laschinger et al., 2003; Laschinger, 2008; Laschinger, 2005). The two main contexts in which the idea of empowerment has been researched in the literature are the hospital setting and the practice environment at the organizational level (Laschinger et al., 2003; Laschinger, 2008; Laschinger, 2005).

Despite having more resources at their disposal, East African nurses have done nothing to advance the profession. This technique for bolstering nurse leaders' impact on healthcare policy is built around providing them with a structure to do so. National nurse leaders agreed on the factors that make it hard or easy for them to participate actively (Shariff, 2014a). They also agreed on the types of leadership skills that are needed for effective participation in health policy development (Shariff, 2014b). This led to the creation and development of the proposed empowerment model (Shariff, 2014b).

According to Sheriff's study (2014a), a number of factors led to the consensus that nurse leaders should be involved in developing health policies. The following were the enabling factors: (a) involvement; (b) knowledge; (c) encouragement; (d) a positive public opinion of nursing; (e) supportive structures; and (f) availability of required supplies. More specifically, it was discovered that a variety of variables, such as (a) a lack of involvement, (b) a lack of knowledge and abilities, (c) a negative perception of nursing, (d) a lack of enabling structures, and (e) a lack of resources, were impeding nurse leaders' participation. Contrarily, it was generally agreed upon that certain leadership traits are necessary to boost the contribution of nurse leaders to the development of health policy (Shariff, 2014b). These traits are (a) the ability to persuade, (b) the ability to speak clearly and convincingly, (c) the ability to get along well with other

people, (d) the ability to take the initiative, and (e) the ability to build and keep a high level of professionalism and credibility.

It is common practice to embed readiness, a significant element in the process of bringing about good change inside an organization, into larger frameworks for planning and executing initiatives (Greenhalgh et al., 2004; Damschroder et al., 2009). Health System Readiness (HSR) aims to make sure that the current healthcare system is prepared to change in order to implement the new service. It is important to do organizational-level analysis of the complex concept of HSR, which includes provider and facility preparation (Weiner, 2009). The research of Colombini et al. (2020) has summarized some of the elements that go into determining how equipped a health system is. Values, governance, leadership, human and material resources, coordination, community engagement, healthcare professionals, and data all play a part.

Companies commonly fail in their efforts to implement new programs, procedures, or policies, according to Shea et al. (2014), because top management do not create enough organizational preparation for change (Kotter, 1996). If an organization's members are more change-ready, they are more likely to take the initiative to make changes, to give those changes their full attention, to stick with them, and to collaborate successfully (Weiner et al., 2009).

Research on the subject has also been complicated by the absence of a brief, accurate, and useful indicator of organizational preparedness for change in healthcare settings (Alexander & Hearld, 2012). The research has always emphasized how adaptable a person is, not how adaptable an institution is (Weiner et al., 2008). As a result, it is critical to assess nurses' readiness to develop health policies, which is the primary goal of the current study.

CHAPTER III

METHODOLOGY

This section describes the research design, target population and sampling procedure, data collection, data processing and data analysis.

Research Design

This descriptive correlational study aimed to determine the level of knowledge, empowerment, and readiness in health policy development of nurses in Antique. A correlation depicts the direction and strength of the relationship between the variables and investigates relationships between variables without manipulation and intervention of the researcher. It can be either positive or negative direction of correlation. Positive in the means of both variables change in the same direction. On the other hand, negative correlation changes in opposite directions (Bhandari, 2021). A quantitative approach is to be used. The respondents provide their insights and perceptions about the investment management and decision and how these strengthen and drive the interest for nurse's involvement in health policy development. These methods are essential in gathering, processing, and interpreting the data relative to several factors enhancing nurse's participation.

Study Population and Sampling Technique

The study's target population included all employed nurses from selected hospitals in the Province of Antique. From a population of 306 nurses, a sample size of 171 was determined using Slovin's Formula: n = N / (1+Ne2).

Inclusion Criteria

1. Employed as a nurse in one of the selected hospitals in the Province of Antique.

Exclusion Criteria

2. Not currently employed as a nurse.
3. Employed in a healthcare setting outside of the selected hospitals.

Participants were chosen using simple random sampling where the samples were randomly picked using a draw lot of the names of nurses from the list provided by the Nursing Service Office. Nurses whose names were picked were included in the final administration of the questionnaires.

Research Setting

The study was conducted in the Province of Antique, located in the Western Visayas Region of the Philippines. The healthcare system in Antique is composed of nine hospitals, 18 rural health units, and one provincial health office. The selected hospitals for this study were chosen based on nurse availability and to represent the different levels of healthcare facilities in the province, ranging from level 1 hospitals with smaller bed capacities to level 2 hospitals with larger bed capacities.

The selected hospitals included a level 2 public hospital, several level 1 public hospitals, and public infirmaries. Questionnaires were administered personally to participants who were currently employed nurses in these selected healthcare institutions.

Research Instrumentation

The researcher used a structured but modified survey questionnaire in this study. To ensure its correctness and validity, the questionnaire underwent a rigorous expert validation process. The validation panel consisted of a Chief Nurse from a Level 2 hospital, a Dean of a College of Nursing, and a Quality Assurance Officer of a College in

Antique. Notably, all of these experts possess a strong background in health policy development.

The questionnaire is divided into four parts:

Part One, data on participants' demographics such as age, sex, and length of service will be included.

Part Two includes fifteen (15) statements from 6.1 to 6.15 pertaining to the knowledge in health policy development. Knowledge comprises 15 questions answerable by True or False. It is categorized as "Low", "Moderate", and "High".

Part Three. This part considers ten (10) items starting from 7.1 to 7.10 relating to the empowerment in health policy development.

Part Four contains ten (10) related statements from 8.1 to 8.10 about the readiness in health policy development.

The questionnaire used the Likert Scale where the participants marked the answers based on their perceptions and likelihood. Likert scale assigned numbers 1, 2, 3, 4, and 5 which corresponds to the participants' responses.

Knowledge in Health Policy Development

Understanding of Health Policy Development: Components 2, 3, 7, 8, 9, and 11 in this category test the respondent's comprehension of the definition of health policy development, its main objectives, the relevance of developing health policy to nurses, the function of the legislative process, and the significance of reviewing and updating health policies. This area assesses whether the respondent has a thorough understanding of the idea of developing health policy, including its objectives, procedures, and results.

Nurse Involvement in Health Policy Development: Components 1, 4, 6, and 10 assess a respondent's knowledge and comprehension of nurses' role in policy creation as well as

contributions they make during this process, along with understanding the significance of nurses' contributions towards patient advocacy efforts and development of health policy. Skills and Knowledge Necessary for Health Policy Development: Components 5, 12, 13, 14, and 15 in this category assess whether respondents possess the expertise required to be effective advocates in developing health policy, including an appreciation of its complexity, communicating effectively with policymakers, and receiving ongoing education. This category assesses whether the respondent is aware of the information and abilities needed to contribute effectively to the creation of health policy.

CATEGORY	SCORE	INTERPRETATION
• Low Knowledge	0 to 5	Respondents have a limited awareness of the issues surrounding health policy, the process by which health policies are developed, and how health policies affect the results and delivery of healthcare.
• Moderate Knowledge	6 to 10	Respondents demonstrated a basic knowledge of health policy issues, the process by which health policies are developed, and the effects of health policies on the provision of healthcare and its results.
• High Knowledge	11 to 15	Respondents have a thorough awareness of the issues surrounding health policy, the process by which health policies are developed, and

how health policies affect the results and delivery of healthcare. They can assess health policy issues and effectively argue for policies that benefit patients, healthcare providers, and communities because they are knowledgeable with the vocabulary, concepts, and arguments surrounding health policy.

Empowerment in Health Policy Development

Self-efficacy: Items 1, 3, and 4 in this component measure the respondent's belief in their capacity to contribute productively to the formulation of health policy. This element assesses if the respondent believes they possess the knowledge and abilities needed to serve as an effective advocate and whether they are capable of effectively communicating with decision-makers.

Support and resources: This section comprises items 5, 6, and 9, which evaluate the respondent's perception of the assistance they receive from peers and colleagues as well as their access to the tools and data they need to effectively participate in the development of health policy. This element assesses the respondent's sense of support and access to the resources they require for success.

Perceived Impact: Items 2, 7, 8 and 10 measure respondents' perception of the influence their involvement can have in formulating health policy formulation, along with any feelings of empowerment or enjoyment associated with their involvement. This element assesses if respondent feel valued, with their participation contributing to

improve both individual wellbeing and community wellbeing. There are three categories for Empowerment in Health Policy Development.

CATEGORY	SCORE	INTERPRETATION
• Low Empowerment	0 to 3	Respondents may lack the abilities, information or attitudes needed to effectively participate in creating health policy. Furthermore, the complexity of policy making processes or their lack of impact may leave respondents feeling powerless or demoralized.
• Moderate Empowerment	4 to 6	Respondents typically experience some level of empowerment, yet may still struggle to effectively contribute to the creation of health policy. Although respondents may possess some knowledge and expertise in terms of policy analysis and communication skills, additional training or assistance might be required in order to participate fully in policy conversations.
• High Empowerment	7 to 10	Respondents hold great power in shaping health policy. Equipped with the skills, information and attitudes

required for effective dialogue with stakeholders about policy matters that impact patients and communities, respondents have confidence that they can have an effectful influence on policy choices that impact healthcare delivery systems.

Readiness in Health Policy Development

Knowledge and Skills: This dimension includes six items which evaluate respondents' knowledge and expertise related to developing health policies (items 1, 2, 3, 4 and 6). They assess respondents' familiarity with policy creation processes, understanding of policy issues and awareness of healthcare effects as a result of them; their experience creating policy; as well as any skills or expertise gained during this process. In other words, this component assesses a respondents' preparedness when developing health policy formulation.

Attitudes and Commitment: Items 7, 8, and 10 in this dimension evaluate respondents' willingness to invest time and resources into policy development activities, their capacity to communicate the needs of both patients and colleagues when discussing policy, as well as their commitment to keeping abreast with changes in health policy. This factor assesses the respondent's attitude toward and commitment to the development of health policy.

Collaboration and Adaptability: This dimension contains the items 5 and 9, which measure the respondent's comfort level with the complexity and unpredictability that go into developing health policy as well as their ability to work cooperatively with others on

such projects. This component assesses the respondent's capacity to collaborate with others and change course in the context of developing health policy.

CATEGORY	SCORE	INTERPRETATION
• Low Readiness	0 to 3	Respondents may not feel ready to contribute to the creation of health policy. The complexity of the policy-making process may overwhelm them, or they may lack the abilities, information, or resources needed to participate in policy discussions.
• Moderate Readiness	4 to 6	Respondents may be somewhat prepared to take part in the formation of health policy, but they may still need more training or assistance. They might have a foundational understanding of policy matters and some lobbying, communication, and analysis abilities, but they might also need more training to participate fully in policy conversations.
• High Readiness	7 to 10	Respondents have a strong background in participating in the formation of health policy. They possess the abilities, information, and tools required to understand

policy issues, interact with stakeholders, and promote laws that benefit communities and patients. They are dedicated to improving the healthcare system and are assured that they can have an impact on policy choices.

Validity of the Study

Validity, as defined by Leary (2014), indicates the degree to which a measurement method accurately measures what it intends to, rather than something else. To ensure the validity of the study's survey questionnaire, it underwent a rigorous expert review process. The validation panel included three experts with strong backgrounds in health policy development: a Chief Nurse from a Level 2 hospital, a Dean of a College of Nursing, and a Quality Assurance Officer from a College in Antique. These experts provided valuable feedback which led to several modifications in the questionnaire to better capture the intended constructs.

The feedback and subsequent modifications were as follows:

- Demographics: Experts recommended expanding the age bracket categories to better parallelize with years of service. This adjustment aimed to reduce internal correlation issues between age, years of service, and survey responses, thus enhancing the representativeness and validity of the results.
- Knowledge Questionnaire: It was noted that some of the true/false statements could be interpreted as arguable or applicable in multiple contexts. As a result, 8 items were revised according to the suggestions from the validators to ensure clarity and specificity.

- Empowerment Questionnaire: All 10 items were reviewed and accepted by the experts, and these were incorporated into the final instrument without changes, indicating strong initial alignment with the study's objectives.
- Readiness Questionnaire: One item was specifically revised to better fit the local context and nuances of the setting in which the survey would be deployed.

Each item marked for revision by the validators was carefully reconsidered and adjusted as needed, while those approved were retained in the final instrument. This iterative process of feedback and modification significantly contributed to the overall validity of the questionnaire.

Reliability of the Study

A pilot study was conducted with 30 nurses from a private hospital in Antique to evaluate the questionnaire's reliability. This sample size aligns with the recommendation by Bujang, et. al., (2018) that a minimum of 30 respondents is sufficient for determining Cronbach's Alpha. The internal consistency of the items was assessed using Cronbach's Alpha coefficient, with values of 0.7 or above considered acceptable. The reliability measures obtained were:

- Knowledge in Health Policy Development: Assessed using a correlation coefficient (appropriate for true/false knowledge items), yielding a satisfactory result of 0.72.
- Empowerment in Health Policy Development: Cronbach's Alpha = 0.942, indicating excellent internal consistency.
- Readiness in Health Policy Development: Cronbach's Alpha = 0.946, also indicating excellent internal consistency.

Ethical Considerations

This research proposal was submitted to the Research Ethics Committee of a private university by the researcher for review and approval. The researcher obtained permission from the Chief of Hospital and Chief Nurse of the hospital through a formal letter. A written consent was included before the questionnaires stating the purpose and objectives of the study.

Risk Assessment

This study fell under the category of minimal risk as it involved survey questionnaires and did not pose any physical or psychological harm to the participants. Precautions were taken to manage the risk by ensuring that the questions are non-intrusive and sensitive topics were handled with care. The researcher provided clear instructions on how to skip questions that participants found too personal or uncomfortable.

Benefits Assessment

The foreseeable benefit to the research participants was the opportunity to contribute to policy development and the improvement of healthcare. By participating in this study, nurses would gain information and skills that would empower them to voice their concerns and suggestions, fostering positive change in healthcare practices. The study aimed to build confidence and encourage nurses to engage in policy-making processes.

Withdrawal Criteria

The withdrawal criteria for participants were clearly communicated. Participants had the right to withdraw from the study at any time without penalty or consequences

and without the need to provide a reason. If a participant decided to withdraw, their data were promptly discarded, ensuring their privacy and confidentiality.

Anonymity and Confidentiality

To anonymize and maintain the confidentiality of participants, the researcher did not collect names or other individual identifiers in the questionnaire. Instead, all results were reported as grouped data. The researcher coded the participants' names on the data for internal use only, ensuring confidentiality of the results. The data collected were stored securely, with electronic copies accessible only to the researcher and hard copies kept in a private office accessible only to the researcher.

Voluntariness of Participation

Voluntary, non-coercive recruitment of participants were ensured. Participants had the freedom to decide whether or not to participate in the study without facing any pressure or influence. The researcher emphasized that participation was entirely voluntary and there were no negative consequences for non-participation.

Disposal of Research Materials and Data

The research materials and data will be disposed of appropriately. After the study has been completed and the data has been analyzed, the electronic copy will be securely deleted from the researcher's computer. Hard copies will be shredded and disposed of in a confidential waste disposal system. This disposal process will ensure that the data cannot be recovered or accessed by unauthorized individuals.

Contribution of Results

The contribution of the study's results to local capacity building and benefits to local communities were highlighted. The findings of the research could empower nurses to actively engage in policy-making processes, enabling them to advocate for positive changes in healthcare. This capacity building could enhance the local healthcare system and positively impact the community by ensuring better healthcare services.

Incentives or Compensation for Participants

No incentives or compensation were given to the respondents for participating in this study. Participation was voluntary and based on the willingness of the individuals to contribute to the research.

Disclosure or Declaration of Potential Conflict of Interest

The researcher declared no potential conflict of interest that could influence the impartiality and integrity of the study. The research was conducted with the sole purpose of generating knowledge and contributing to the improvement of healthcare policies and practices. Any personal or professional biases were acknowledged and minimized to maintain the integrity of the study.

Dissemination Plan

The findings of this research study will be disseminated to ensure that the knowledge generated reaches relevant stakeholders and contributes to the advancement of healthcare practices. The dissemination plan includes the following strategies:

1. Academic Publications: The researcher intends to publish the study's results in reputable academic journals related to nursing, policy-making, and

healthcare management. This will allow other researchers and scholars to access and cite the findings, contributing to the existing body of knowledge in the field.

2. Conferences and Presentations: The researcher will seek opportunities to present the research findings at national and international conferences, seminars, and symposiums. By sharing the results through oral presentations and poster sessions, the research can reach a diverse audience of professionals, policymakers, and stakeholders who can benefit from the insights gained.
3. Collaboration with Professional Associations and Organizations: The researcher will collaborate with relevant professional associations, nursing organizations, and healthcare institutions to disseminate the research findings. This collaboration may involve organizing webinars, workshops, or panel discussions that target specific audiences and facilitate knowledge exchange.
4. Community Engagement: The researcher recognizes the importance of engaging with local communities. Efforts will be made to disseminate the research findings in a manner accessible to the public, such as through community forums, newsletters, or local media outlets. This will ensure that the benefits and implications of the study are communicated to the broader community, fostering awareness and understanding.

Data Collection

Permission to conduct the study was obtained prior to the data gathering from the Chief of Hospital and the Nursing Service Office (NSO) through the letters of request where the target participants are affiliated. After getting the approval, arrangements were

made with the chief of hospital and NSO heads and selected participants to facilitate the data gathering. An informed consent was disseminated to the said offices or directly to the sample participants.

After the approval, the researcher then collected the data from its target participants. The collected data were scanned, reviewed, and checked before it was translated into a matrix for statistical analysis. The researcher then analyzed and interpreted the statistical result following the sequence in the statement of the problem in this study.

The survey questionnaires were distributed personally to the nurses at their most convenient time. The respondents were given enough time to answer all the items. The questionnaires were then retrieved and reviewed for completeness of data.

The data analysis is very important to summarize and analyze the statistical results on the factors affecting nurses' participation in health policy development in Antique. Results of the data analysis provided substantial evidence on how these factors are in significance essential for the development of health policy which can boost their interest to engage themselves in it.

Data Processing and Analysis

In this study, the data were analyzed using Statistical Package for Social Sciences (SPSS) version 27 (IBM, 2022). Frequency distribution tables, mean, and standard deviation were used for descriptive analysis.

Upon collection of data, encoding was done immediately to see to it that the responses to the different items are consistent, and to clarify errors or questionable responses as early as possible. Data were categorized, coded, and encoded for computer processing. A coding manual was prepared for this purpose.

The data were analyzed using descriptive and inferential analysis. Two levels of analyses were employed in the study namely: descriptive analysis and inferential analysis. The descriptive statistics used were frequency distribution and mean. On the other hand, inferential statistical tools were used for the analysis of the relationships, using Spearman's Rank-Order Correlation Coefficient (Spearman’s Rho). The hypothesis was tested at alpha = 0.05.

CHAPTER IV

RESULTS AND DISCUSSIONS

This chapter presents the results of the data analysis and their corresponding discussion. The presentation follows the sequence of the research questions as stipulated in the statement of the problem.

Knowledge among Nurses in Health Policy Development

Table 1.1 summarizes the responses to the questionnaire items, which measured the respondents' knowledge in health policy development. These items covered areas such as the understanding of health policy development, nurse involvement in health policy development, and the skills and knowledge necessary for health policy development.

Understanding of Health Policy Development

Nurses exhibited a high level of understanding in health policy development, with nearly all respondents (99.4%) recognizing that health policies should focus on improving the quality of care for patients, reflecting a near-perfect grasp of this principle. Likewise, understanding the importance of reviewing and updating health policies to ensure their relevance is also widespread, with 98.8% correctness. A strong comprehension is further evident in the area of creating healthcare guidelines and regulations, with 94.7% accuracy. However, knowledge about health policy's role in reducing healthcare costs shows some gaps, as only 67.8% of nurses correctly understand this aspect, indicating the lowest level of understanding in this category.

Nurse Involvement in Health Policy Development

Knowledge of nurses' roles in health policy development is high, with complete consensus (100%) on their contribution through research and data collection, showcasing a strong recognition of the impact nurses can have on policy decisions. High levels of knowledge also extend to the understanding that nurses bring unique perspectives to health policy development (98.8%) and that nurses who understand policy are better equipped to advocate for patients (98.2%).

Skills and Knowledge Necessary for Health Policy Development

Responses indicate a moderate understanding of the skills necessary for health policy development. A majority recognize the need for knowledge in healthcare systems, economics, and politics (80.1%). However, there is a misconception among some nurses regarding the necessity of effective communication with policymakers, with 78.9% incorrectly deeming it unnecessary. This is particularly concerning given the critical nature of such skills in policy advocacy and indicates a significant area for educational improvement. Furthermore, the concept that health policy development is a straightforward process receives the lowest correct response rate (25.1%), underscoring a substantial misunderstanding of the complexity involved in health policy formulation.

Table 1.1
Knowledge in Health Policy Development

	Correct (%)	Wrong (%)
Understanding of Health Policy Development		
One focus of health policy development is on improving the quality of care for patients.	99.4	0.6
Health policies should be reviewed and updated regularly to ensure their continued relevance.	98.8	1.2
Health policy development involves the creation of guidelines and regulations that govern healthcare practices.	94.7	5.3
Health policy development is only relevant to nurses who work in government or policy-related roles.	81.3	18.7
A health policy may seek to reduce healthcare costs.	67.8	32.2
The legislature is the most suited branch of government to develop health policy in many areas.	49.7	50.3
Nurse Involvement in Health Policy Development		
Nurses can contribute to health policy development by participating in research and data collection.	100	0.0
Nurses do not have a unique perspective that can inform health policy development.	98.8	1.2
Nurses who understand health policy development are better equipped to advocate for their patients.	98.2	1.8
Nurses are only needed in the implementation stage of health policy development.	97.7	2.3
Skills and Knowledge Necessary for Health Policy Development		
Understanding health policy development requires knowledge of healthcare systems, economics, and politics.	80.1	19.9
Health policy development does not require effective communication with policymakers.	78.9	21.1
Continuing education and professional development can help nurses stay informed about health policy development.	78.9	21.1
Health policy development is a straightforward process.	25.1	74.9
Health policy development is the responsibility of the whole healthcare system.	13.5	86.5

The majority of respondents demonstrated high knowledge (72.5%), while the remaining respondents exhibited moderate knowledge (27.5%). This suggests that the surveyed nurses generally possess a solid understanding of health policy development, with a significant portion having a comprehensive grasp of the subject.

Table 1.2.

Level of Knowledge in Health Policy Development

	Frequency	Percent
Moderate	47	27.5
High	124	72.5
Total	171	100.0

The results of this study indicate that nurses have a high level of knowledge in health policy development, particularly in understanding the fundamentals and recognizing their role in the process. However, there are some areas where further education and clarification may be beneficial, such as the misconception about the role of health policy in reducing healthcare costs and the importance of effective communication with policymakers. Overall, these findings suggest that nurses are well-positioned to contribute effectively to the development of health policies that benefit patients, healthcare providers, and communities.

Table 1.1 shows a high level of agreement among respondents that understanding health policy development is crucial, especially in terms of the creation of guidelines (mean = .95), the need for regular review and updates (.99), and the focus on improving patient care (.99). These findings align with the perspectives shared by Campos & Reich (2019) and UNCAW (2018), emphasizing the importance of policy-relevant knowledge in healthcare roles and the impact of this knowledge on patient care and administrative effectiveness.

Interestingly, the table also reflects a misconception that health policy development is only relevant to nurses in specific government or policy roles (.81), contradicting the broader perspective presented in the related studies. For instance, Frenk et al. (2010, cited by Heiman et al., 2016) emphasize the need for interdisciplinary and community-based partnerships in health policy training, suggesting a more inclusive approach where nurses from various backgrounds can contribute. This is further

supported by the universal agreement in the table on the significant role of nurses in health policy implementation (mean = .98 to 1.00), highlighting their unique perspectives and contributions.

Table 1.2 indicates a substantial proportion of participants (72.5%) possess a high level of knowledge in health policy development. This is a promising sign, as Sullivan et al. (2015) and Sveiby (1997) indicate, knowledge is essential for effective action in healthcare. The distinction between explicit and tacit knowledge, as noted by Sullivan et al. (2015), is particularly relevant here. The high frequency of 'high' knowledge levels may reflect explicit knowledge, but the development and application of tacit knowledge, acquired through experience and interaction, are equally important.

Moreover, the table's findings on the perceived complexity of health policy development (mean = .25 for straightforwardness) resonate with the importance of diverse knowledge management approaches highlighted by Sullivan (2015). Effective health policy development requires not just theoretical understanding but also practical, experiential learning, facilitated through various knowledge management technologies such as electronic archives, eLearning, and interactive seminars.

Empowerment in Health Policy Development

To answer this question, we examined the responses to the items related to empowerment in health policy development, as presented in Table 2.1. These items covered three key dimensions: self-efficacy, support and resources, and perceived impact.

Self-efficacy

The data indicate that nurses generally have a high level of self-efficacy in health policy development. They reported feeling confident in their ability to participate in health

policy development (Mean = 3.94) and believed that they possess the necessary knowledge and skills to be effective advocates in this context (Mean = 3.87). Furthermore, they expressed confidence in their ability to communicate effectively with policymakers regarding health policy development (Mean = 3.64). These findings suggest that nurses have a strong sense of self-assurance in their capabilities to contribute to policy discussions.

Support and resources

Nurses also reported a positive perception of support and access to resources in their efforts to participate in health policy development. They felt supported by their colleagues and peers (Mean = 3.77) and believed they have access to the resources and information necessary for effective participation (Mean = 3.69). Additionally, they reported being able to balance their other responsibilities with their involvement in health policy development (Mean = 3.79). These results indicate that nurses perceive a favorable environment for their engagement in policy activities.

Perceived Impact

In terms of perceived impact, nurses expressed positive sentiments. They believed that their opinions are valued and taken into consideration in health policy development (Mean = 3.80) and felt that their participation in policy development can have a positive impact on the health of individuals and communities (Mean = 3.95). Moreover, they felt that they have a voice in the decisions made in health policy development (Mean = 3.63) and found their participation to be a meaningful and rewarding experience (Mean = 3.98). These findings suggest that nurses have a high level of empowerment and perceive their involvement as influential and fulfilling.

Table 2.1.

Empowerment in Health Policy Development

	Mean	Std. Deviation
Self-efficacy		
I feel confident in my ability to participate in health policy development.	3.94	.700
I feel that I have the necessary knowledge and skills to be an effective advocate in health policy development.	3.87	.708
I am able to communicate effectively with policymakers in the context of health policy development.	3.64	.600
Support and resources		
I am able to balance my other responsibilities with my participation in health policy development.	3.79	.705
I feel supported by my colleagues and peers in my efforts to participate in health policy development.	3.77	.703
I have access to resources and information that are necessary for effective participation in health policy development.	3.69	.607
Perceived Impact		
I feel that my participation in health policy development is a meaningful and rewarding experience.	3.98	.727
I feel that my participation in health policy development can have a positive impact on the health of individuals and communities.	3.95	.693
I believe that my opinions are valued and taken into consideration in health policy development.	3.80	.694
I feel that I have a voice in the decisions that are made in health policy development.	3.63	.676

The majority of respondents demonstrated high empowerment (56.7%), while a significant portion exhibited moderate empowerment (43.3%). This indicates that nurses generally feel empowered to contribute to health policy development, with a majority holding a strong belief in their capacity to influence policy decisions and make a meaningful impact.

Table 2.2.

Level of Empowerment in Health Policy Development

	Frequency	Percent
Moderate	74	43.3
High	97	56.7
Total	171	100.0

The results of this study suggest that nurses possess a high level of empowerment in health policy development. They have confidence in their abilities, perceive strong support and access to resources, and believe in the impact of their participation. This empowerment is a positive sign for the nursing profession's ability to play a significant role in shaping health policies that benefit both individuals and communities.

Table 2.1 indicates a relatively high sense of self-efficacy among participants in their ability to participate in health policy development, with means ranging from 3.63 to 3.98 on various aspects like confidence, effective communication, and the belief that their participation is meaningful. This is echoed in the related studies, such as the one by Sheriff (2015), highlighting the critical role of nurses in healthcare planning and policy-making as emphasized by the International Council of Nurses (ICN).

However, the related studies also reveal a discrepancy between the perceived and actual involvement of nurses in policymaking. Research in East Africa (Shariff, 2014a; 2014b) shows that while nurses are crucial in the implementation phase, their involvement in the actual policy-making process is limited. This is supported by the findings from Table 2.1, where the means, though relatively high, are not at the maximum, indicating room for growth in terms of empowerment and involvement.

The concept of empowerment, as discussed by Ryles (1999) and Johns (1999), suggests that true empowerment in health policy development involves overcoming hierarchical barriers and achieving a parity of power. This resonates with the findings in

Table 2.1, where participants feel somewhat valued and heard in policy development but may not feel fully empowered in decision-making processes.

Table 2.2 shows that a majority of participants (56.7%) feel a high level of empowerment in health policy development, but a significant proportion still feel only moderately empowered. This aligns with the findings of Shariff (2015), emphasizing the need for an empowerment model that increases the involvement of nurse leaders in health policy development, addressing barriers such as lack of involvement, knowledge, and resources.

The related studies suggest that while there is a recognition of the importance of nurses in health policy, there are still challenges in terms of actual involvement and impact. Factors such as participation, expertise, encouragement, and access to resources, as identified by Shariff (2014a), are crucial in enhancing the role of nurses in policy development. These factors correspond with the support and resources dimension in Table 2.1, suggesting that while there is some level of support and resource availability, there is potential for further improvement.

Readiness in Health Policy Development

To answer this question, we examined the responses to the items related to readiness in health policy development, as presented in Table 3.1. These items covered three key dimensions: Knowledge and Skills, Attitudes and Commitment, and Collaboration and Adaptability.

Knowledge and Skills

The data indicate that nurses reported a moderate level of readiness in terms of knowledge and skills related to health policy development. They expressed familiarity with the health policy development process (Mean = 3.57) and had a clear

understanding of the policy issues that affect their practice setting (Mean = 3.66). Moreover, they were aware of the local, provincial, and national policies that impact healthcare delivery (Mean = 3.58). However, they reported less experience in analyzing policy issues and identifying potential solutions (Mean = 3.32). Despite this, they believed they have the necessary skills and knowledge to effectively engage in health policy development (Mean = 3.64).

Attitudes and Commitment

In terms of attitudes and commitment, nurses demonstrated a high level of readiness. They expressed willingness to dedicate time and resources to participate in health policy development efforts (Mean = 3.74) and believed they were able to effectively communicate the needs of their patients and colleagues in health policy discussions (Mean = 3.78). Furthermore, they exhibited a strong commitment to staying up-to-date with changes in health policy and their potential impact on their practice (Mean = 4.01).

Collaboration and Adaptability

Nurses also demonstrated a moderate level of readiness in terms of collaboration and adaptability. They reported being able to collaborate with others in policy development efforts (Mean = 3.62) and being comfortable with the level of uncertainty and complexity inherent in health policy development (Mean = 3.45).

Table 3.1.

Readiness in Health Policy Development

	Mean	Std. Deviation
Knowledge and Skills		
I have a clear understanding of the policy issues that affect my practice setting.	3.66	.827
I have the necessary skills and knowledge to effectively engage in health policy development.	3.64	.684
I am aware of the local, provincial, and national policies that impact health care delivery.	3.58	.846
I am familiar with the health policy development process.	3.57	.861
I have experience in analyzing policy issues and identifying potential solutions.	3.32	.809
Attitudes and Commitment		
I am committed to staying up-to-date with changes in health policy and their potential impact on my practice.	4.01	.503
I am able to effectively communicate the needs of my patients and colleagues in health policy discussions.	3.78	.548
I am willing to dedicate time and resources to participate in health policy development efforts.	3.74	.814
Collaboration and Adaptability		
I am able to collaborate with others in policy development efforts.	3.62	.643
I am comfortable with the level of uncertainty and complexity inherent in health policy development.	3.45	.768

The majority of respondents demonstrated high readiness (51.5%), while the remaining respondents exhibited moderate readiness (48.5%). This indicates that nurses generally feel prepared to contribute to health policy development, with a significant portion holding a strong belief in their capacity to understand policy issues, communicate effectively, and stay committed to policy changes.

Table 3.2.

Level of Readiness on Health Policy Development

	Frequency	Percent
Moderate	83	48.5
High	88	51.5
Total	171	100.0

The results of this study suggest that nurses have a moderate to high level of readiness in health policy development. While there is room for improvement in certain knowledge and skills areas, their positive attitudes, commitment, and willingness to collaborate are promising signs for their potential contributions to the development of health policies. These findings indicate that nurses are well-positioned to engage in policy discussions and advocacy efforts that can benefit both healthcare providers and the communities they serve.

Table 3.1 reflects a moderate to high level of readiness among participants in terms of knowledge and skills, attitudes and commitment, and collaboration and adaptability. These participants exhibit familiarity with the health policy development process (mean 3.57) and a clear understanding of policy issues (mean 3.66). However, there is a slightly lower confidence in analyzing policy issues and identifying solutions (mean 3.32). This suggests a solid foundational understanding but perhaps a need for more advanced analytical skills in policy analysis.

In terms of attitudes and commitment, the participants show a strong willingness to dedicate time and resources (mean 3.74) and a high level of commitment to staying updated with policy changes (mean 4.01). This indicates a proactive stance towards health policy engagement. However, when it comes to collaboration and adaptability, while participants feel capable of collaboration (mean 3.62), they show less comfort with the inherent uncertainty and complexity in health policy development (mean 3.45), highlighting a potential area for further development.

Comparing this with the related studies, Weiner, et al. (2008, 2009) and Shea et al. (2014) emphasize that organizational readiness is crucial for the successful adoption of new policies and practices. This readiness encompasses not just individual readiness but also the organizational context, including leadership, governance, resources, and coordination. The moderate levels of readiness observed in Table 3.1 and 3.2 may reflect individual preparedness but might not entirely capture the broader organizational context that is critical for effective health policy development.

Furthermore, Shea, et al. (2014) highlights that inadequate organizational readiness can lead to resistance to change. This resonates with the findings in Table 3.1 where participants show a degree of discomfort with uncertainty and complexity in policy development. It suggests that while individuals may be somewhat prepared, the broader organizational context might not fully support them in navigating the complexities of health policy development.

Relationship between Knowledge and Level of Readiness in Health Policy Development

To explore whether there is a significant relationship between knowledge and the level of readiness in health policy development among nurses, a correlation analysis using Spearman's rho correlation coefficient was conducted.

The results indicate a positive and statistically significant correlation ($r = 0.372$, $p < 0.001$). This finding confirms that there is a meaningful positive relationship between nurses' knowledge in health policy development and their level of readiness to engage in related activities.

Table 4

Relationship between Knowledge and Level of Readiness in Health Policy Development

		Level of Readiness		
		Moderate	High	Total
Level of Knowledge	Moderate	37	10	47
	High	46	78	124
Total		83	88	171

Spearman Correlation = 0.372 p-value = .000**

This positive correlation suggests that as nurses' knowledge in health policy development increases, their readiness to participate in such activities also tends to rise. Specifically, nurses with a higher level of knowledge are more likely to feel prepared and motivated to engage in policy-related endeavors.

These findings have crucial implications for nursing practice and education. Enhancing nurses' knowledge in health policy not only improves their understanding of policy issues but also boosts their readiness to actively participate in policy development efforts. Therefore, educational programs and initiatives that aim to strengthen nurses' policy knowledge and skills are likely to contribute significantly to a more empowered and proactive nursing workforce in the field of health policy development.

Relationship between Empowerment and Level of Readiness in Health Policy Development

To determine whether there is a significant relationship between empowerment and the level of readiness in health policy development among nurses, the researcher conducted a correlation analysis using Spearman's rho correlation coefficient.

The analysis revealed a highly positive and statistically significant correlation ($\rho = 0.640$, $p < 0.001$). This indicates a robust and significant positive relationship between

nurses' empowerment in health policy development and their level of readiness to engage in these activities.

Table 5

Relationship between Empowerment and Level of Readiness in Health Policy Development

		Level of Readiness		
		Moderate	High	Total
Level of Empowerment	Moderate	63	11	74
	High	20	77	97
Total		83	88	171

Spearman Correlation = 0.640 p-value = .000**

This strong positive correlation implies that as nurses' empowerment in health policy development increases, so does their level of readiness to participate in policy-related activities. Specifically, nurses who perceive themselves as more empowered are significantly more prepared and motivated to engage in policy development efforts.

These findings have profound implications for nursing practice and policy advocacy. Empowered nurses are more inclined to take initiative and actively engage in policy discussions and advocacy efforts, which can facilitate positive changes in healthcare policies and practices. Consequently, strategies aimed at empowering nurses in the realm of health policy development, such as education, mentorship, and providing professional development opportunities, are crucial. These efforts can foster a more proactive and effective nursing workforce, better equipped to influence, and shape health policies for the improvement of healthcare systems and patient outcomes.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This Chapter presents the summary, findings, conclusions, and recommendations.

Summary

This descriptive correlational study aimed to determine the relationship between knowledge, empowerment, and readiness in health policy development of nurses. This study utilized a researcher-made survey questionnaire to gauge the knowledge, empowerment, and readiness of nurses in health policy development. A total of 171 nurses from 8 hospitals in the Province of Antique will be engaged in the research. The selected respondents were randomly selected. The data were analyzed using descriptive and inferential analysis. Two levels of analyses were employed in the study namely: descriptive analysis and inferential analysis. The descriptive statistic used were frequency distribution and mean. On the other hand, inferential statistical tools were used for the analysis of the relationships, using Spearman's Rank-Order Correlation Coefficient (Spearman Rho). The hypothesis was tested at alpha = 0.05.

Findings

From the analysis of the data gathered, the following major findings were deduced:

1. Nurses demonstrated various degrees of knowledge regarding health policy development based on their responses to specific knowledge-related statements. The mean score for knowledge-related items was 10.24 out of 15, reflecting moderate to high knowledge among participants; 72.5% demonstrated high knowledge, while 27.5% displayed moderate knowledge; no respondent fell into low knowledge category

indicating the majority had an excellent grasp on policy creation and development as well as its objectives and implications for healthcare practices.

2. Nurses reported high levels of empowerment when participating in health policy development activities. Their responses to empowerment-related statements indicated a positive perception of self-efficacy, support, resources, and perceived impact. Specifically, 56.7% of nurses demonstrated high empowerment while 43.3% displayed moderate. None fell into the low empowerment category indicating strong confidence, support and influence from participating nurses engaged in health policy development activities.

3. Nurses demonstrated a moderate to high level of readiness in health policy development based on responses to readiness-related statements. The mean score for readiness-related items was 5.46 out of 10, reflecting moderate readiness levels; 51.5% demonstrated high readiness while 48.5% had moderate readiness levels - none fell into low readiness category, suggesting they generally feel prepared and motivated to engage in health policy development activities.

4. A significant positive relationship was identified between nurses' knowledge in health policy development and their level of readiness, with a Spearman's rho correlation coefficient of 0.372 and a p-value less than 0.001. This correlation suggests that increased knowledge in health policy among nurses is associated with greater readiness to engage in policy-related activities. Therefore, nurses who possess more comprehensive knowledge about health policy are likely to be more prepared and eager to participate in the development and implementation of these policies.

5. A highly significant positive relationship was observed between nurses' empowerment in health policy development and their level of readiness, evidenced by a Spearman's rho correlation coefficient of 0.640 and a p-value of less than 0.001. This strong correlation indicates that empowerment significantly enhances nurses' readiness

to take part in health policy development activities. Nurses who feel more empowered, recognizing their potential influence and having access to necessary resources, are considerably more motivated and prepared to engage in health policy initiatives.

Conclusions

Based on the major findings of this study, the following conclusions were drawn:

1. Nurses possess a substantial knowledge of health policy development, revealing an extensive understanding and its relevance within healthcare. Their depth of understanding allows nurses to make informed contributions to policy discussions while also identifying areas where their expertise can add significant value.

2. Nurses feel confident and supported in their role within health policy development, indicating a positive self-perception regarding their ability to influence and contribute to policy activities. This empowerment suggests they are well-positioned to play a significant role in shaping health policies, bolstered by perceived support and resources.

3. Nurses express a willingness and desire to be involved in shaping healthcare policies. Although opportunities exist for further strengthening this readiness, existing positive attitudes among nurses may indicate they welcome educational initiatives and strategies designed to facilitate greater involvement of nurses in policy-related activities.

4. Knowledge in health policy development can play an invaluable role in increasing readiness. As nurses gain more expertise in this area, their confidence grows as well as their readiness to participate meaningfully.

5. The strong relationship between nurses' empowerment and their willingness to participate in health policy development activities demonstrates the value of empowerment as a means of encouraging active participation. Nurses who perceive themselves as empowered demonstrate greater readiness to actively contribute to policy

discussions and implementation processes, further underscoring its crucial role in creating engagement and motivation among healthcare workers.

Recommendations

From the findings and conclusions drawn, the following are recommended:

1. Develop and implement targeted training programs focused on areas of moderate knowledge to elevate the overall understanding of health policy among nurses. This could include workshops, seminars, and continuing education courses designed to address specific gaps in knowledge and build upon the existing foundation.

2. Enhance support systems and resources for nurses to increase their sense of empowerment in health policy development. This could involve creating mentorship programs, offering access to resources and information on health policy, and establishing platforms for nurses to share their experiences and insights.

3. Initiate and promote initiatives that further bolster nurses' readiness for health policy development. These initiatives could include practical exercises, simulation activities, and engagement in policy discussion forums that provide nurses with hands-on experience in policy development processes.

4. Encourage continuous learning and professional development in health policy among nurses. This can be achieved by integrating health policy education into nursing curricula and providing ongoing training opportunities that align with the latest developments in healthcare policies.

5. Foster an environment that nurtures nurses' empowerment through recognition, involvement in decision-making processes, and opportunities to lead health policy initiatives. Establishing a supportive culture that values nurses' contributions to health policy can enhance their readiness and motivation to engage in such activities.

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Appendix A

CERTIFICATE OF VALIDATION FOR RESEARCHER-MADE INSTRUMENT

Central Philippine University
SCHOOL OF GRADUATE STUDIES
Master of Arts in Nursing

CERTIFICATION

This is to certify that the instrument of the study entitled ***"KNOWLEDGE, EMPOWERMENT, AND READINESS IN HEALTH POLICY DEVELOPMENT OF NURSES"*** by **Espino, Lianna Rose D.** has undergone instrument validation.

The approved version is dated 4/25/2023

This certification is issued for whatever purpose it may serve him best.

Signed by:

CZERWIN S. JUALES, DPA, MAN, RN, CHA
Validator

Central Philippine University
SCHOOL OF GRADUATE STUDIES
Master of Arts in Nursing

CERTIFICATION

This is to certify that the instrument of the study entitled ***"KNOWLEDGE, EMPOWERMENT, AND READINESS IN HEALTH POLICY DEVELOPMENT OF NURSES"*** by **Espino, Lianna Rose D.** has undergone instrument validation.

The approved version is dated MAY 0 2 2023.

This certification is issued for whatever purpose it may serve him best.

Signed by:

JOSE EDISON TONDARES, MGM, CESE
Validator

Central Philippine University
SCHOOL OF GRADUATE STUDIES
Master of Arts in Nursing

CERTIFICATION

This is to certify that the instrument of the study entitled ***"KNOWLEDGE, EMPOWERMENT, AND READINESS IN HEALTH POLICY DEVELOPMENT OF NURSES"*** by **Espino, Lianna Rose D.** has undergone instrument validation.

The approved version is dated 4/20/2023

This certification is issued for whatever purpose it may serve him best.

Signed by:

ARIS KENDELL R. BUNGABONG, MAN, RN
Validator

Appendix B

INFORMED CONSENT FORM (ICF)

(VERSION No. 02-2023)

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THEIR STUDY

Title of the Study: Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses

Name of Researcher/s: Lianna Rose M. de la Cruz

Research Adviser: Herme A. Borlado, MAN

Department/College: Graduate Studies

Institution: Central Philippine University

2. INTRODUCTION

I am Lianna Rose M. de la Cruz, Master of Arts in Nursing student of Central Philippine University who is currently conducting a study on Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses, am giving you information regarding this study as an invitation to participate in this study.

I declare no potential conflict of interest that could influence the impartiality and integrity of the study. The research will be conducted with the sole purpose of generating knowledge and contributing to the improvement of healthcare policies and practices.

3. BACKGROUND AND PURPOSE OF THE STUDY

The purpose of this study is to determine the knowledge, empowerment, and readiness in health policy development of nurses. This study will serve as an additional basis for nurse leaders to develop and enhance their self-efficacy and sense of responsibility to participate in the development of health policy. Strategies and clear job descriptions involving health policy development should be established. Nurse leaders should create an environment that will motivate and enable greater participation in policy making of nurses. More opportunities to contribute in the development of policies should be provided for nurses.

4. PROCEDURE OF THE STUDY

Before you decide to participate in this study, you will be given enough time to read and understand the contents of the informed consent. Your questions will be answered to your satisfaction. The study will begin once the informed consent form has been signed. The study will include several parts. Each participant will be assigned an ID number only known to the researcher. The name of the Participants will not be written or included in the forms that will be filled in by the researcher. The above-mentioned procedure has been primarily made and intended for the purpose of this study. All information gathered during this study will be private and strictly confidential.

5. VOLUNTARINESS OF PARTICIPATION

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason. If at any time you withdraw from the study, your data will be discarded properly.

6. RISKS AND INCONVENIENCES

This study falls under the category of minimal risk as it involves survey questionnaires and does not pose any physical or psychological harm to the participants.

During the conduct of the study, there is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable sharing about some information. However, I do not wish for this to happen. You do not have to answer any question if you feel the question is too personal or makes you uncomfortable. Aside from this, there is no other potential risk in your participation. All information you share will be classified as private and confidential.

7. BENEFITS

This study might help nurses to start getting involved in policy making. Information and skills will give the nurse confidence in voicing out his/her concerns and suggestions to foster change. With the help of proactive and supportive nurse leaders, nurses will be more willing and confident to participate in health policy development for the improvement of healthcare given to the people.

8. COSTS AND COMPENSATION

There is no amount that the participant needs to pay in joining this study. There is also no compensation of any form that will be granted to the participant of this study.

9. PROVISION OF INJURY OR RELATED ILLNESS

During the conduct of the study, there is a possibility that certain topics or questions may cause anxiety, distress, or agitation. If this occurs, the researcher will stop the interview until the participant is ready.

10. PRIVACY AND CONFIDENTIALITY

All the information gathered is solely for the purpose of this study. The identity of the participants will be kept private and confidential to the extent provided by law. The identity of the participants will be protected by assigning each participant an ID number. This ID number will be used to label the data collected, ensuring that individual identities are not linked to the research findings. The data collected will be stored with utmost respect for privacy and confidentiality. The electronic copy of the data will be stored on a password-protected computer that only the researcher has access to. Hard copies of the data will be stored in a locked office that only the researcher will have access to. The data collected will be stored for a period of one year after the completion of the study. This retention period will allow for any potential follow-up or verification of the findings. After one year, the data will be securely destroyed to prevent any unauthorized access or use. Disposal of hard copies will be conducted through a confidential waste disposal system, ensuring that the information cannot be reconstructed or accessed. The results of this study will be presented to the panel at Central Philippine University, ensuring that the research outcomes are shared with the relevant academic and institutional stakeholders. However, the presentation of the results will maintain the anonymity of the participants, ensuring that no personal identifying information is disclosed.

11. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may contact the researcher:

Principal Investigator: LIANNA ROSE M. DE LA CRUZ

Address: **Magbanua Compound, Funda-Dalipe, San Jose, Antique**

Contact number: **0999-7794020**

E-mail: **liannaroseespino@gmail.com**

If you have questions pertaining to your rights as a participant, you may contact:

Chair, CPU Research Ethics Review Board
Email: researchethics@cpu.edu.ph
Phone: 329-1971 (local 3336)

12. CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant_____

Signature of participant _____

Date _____
day/month/year

Statement by the researcher/person taking consent

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent LIANNA ROSE M. DE LA CRUZ

Signature of Researcher /person taking the consent_____

Date _____

Appendix C

RESEARCH QUESTIONNAIRE

Please answer all questions by either ticking the relevant boxes or writing your answers in the spaces provided.

Part I. Demographic Data

1. Name (Optional): _____

2. Age in Years: _____

3. SEX	
Male	1
Female	2

4. Length of Service in the Nursing Profession in years: _____

5. Please state your current job position: _____

Part II. Knowledge in Health Policy Development

6. True or False.

Knowledge in Health Policy Development

_____6.1. Nurses are only needed in the implementation stage of health policy development.
_____6.2. Health policy development involves the creation of guidelines and regulations that govern healthcare practices.
_____6.3. A health policy may seek to reduce healthcare costs.
_____6.4. Nurses do not have a unique perspective that can inform health policy development.
_____6.5. Health policy development is the responsibility of the whole healthcare system.
_____6.6. Nurses who understand health policy development are better equipped to advocate for their patients.
_____6.7. Health policy development is only relevant to nurses who work in government or policy-related roles.
_____6.8. The legislature is the most suited branch of government to develop health policy in many areas.
_____6.9. Health policies should be reviewed and updated regularly to ensure their continued relevance.
_____6.10. Nurses can contribute to health policy development by participating in research and data collection.
_____6.11. One focus of health policy development is on improving the quality of care for patients.
_____6.12. Health policy development is a straightforward process.

_____6.13. Understanding health policy development requires knowledge of healthcare systems, economics, and politics.
_____6.14. Health policy development does not require effective communication with policymakers.
_____6.15. Continuing education and professional development can help nurses stay informed about health policy development.

Part III. Empowerment in Health Policy Development

7. The following could facilitate nurses' empowerment in health policy development (tick the number that corresponds to your answer):

Scale: 1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree

Empowerment in Health Policy Development	**1**	**2**	**3**	**4**	**5**
7.1. I feel confident in my ability to participate in health policy development.					
7.2. I believe that my opinions are valued and taken into consideration in health policy development.					
7.3. I feel that I have the necessary knowledge and skills to be an effective advocate in health policy development.					
7.4. I am able to communicate effectively with policymakers in the context of health policy development.					
7.5. I feel supported by my colleagues and peers in my efforts to participate in health policy development.					
7.6. I have access to resources and information that are necessary for effective participation in health policy development.					
7.7. I feel that my participation in health policy development can have a positive impact on the health of individuals and communities.					
7.8. I feel that I have a voice in the decisions that are made in health policy development.					
7.9. I am able to balance my other responsibilities with my participation in health policy development.					
7.10. I feel that my participation in health policy development is a meaningful and rewarding experience.					

Part IV. Readiness in Health Policy Development

8. Please rate your degree of readiness in developing health policy:

Scale: 1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree

Readiness in Health Policy Development	**1**	**2**	**3**	**4**	**5**
8.1. I am familiar with the health policy development process.					
8.2. I have a clear understanding of the policy issues that affect my practice setting.					

8.3. I am aware of the local, provincial, and national policies that impact health care delivery.					
8.4. I have experience in analyzing policy issues and identifying potential solutions.					
8.5. I am able to collaborate with others in policy development efforts.					
8.6. I have the necessary skills and knowledge to effectively engage in health policy development.					
8.7. I am willing to dedicate time and resources to participate in health policy development efforts.					
8.8. I am able to effectively communicate the needs of my patients and colleagues in health policy discussions.					
8.9. I am comfortable with the level of uncertainty and complexity inherent in health policy development.					
8.10. I am committed to staying up-to-date with changes in health policy and their potential impact on my practice.					

Appendix D

CERTIFICATE OF TECHNICAL REVIEW

CENTRAL PHILIPPINE UNIVERSITY
Jaro, Iloilo City Philippines

SCHOOL OF GRADUATE STUDIES

C E R T I F I C A T I O N

MAY 4, 2023

To Whom It May Concern:

This is to certify that **LIANNA ROSE M. DE LA CRUZ** had defended and the panelists approved her thesis proposal. Her study is entitled "**KNOWLEDGE, EMPOWERMENT AND READINESS IN HEALTH POLICY DEVELOPMENT OF NURSES".** Further, her thesis proposal has undergone technical review.

This certification is issued upon request of **LIANNA ROSE M. DE LA CRUZ** for the purpose of is thesis undergoing ethics review.

HERME A. BORLADO, MAN
Thesis Adviser

HERME A. BORLADO, MAN
MAN Program Coordinator

ROWENA M. LIBO-ON, D.M.
Dean, School of Graduate Studies

Appendix E

TURNITIN SIMILARITY CERTIFICATE FROM CPU-RCECC

REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER
Central Philippine University
Jaro, Iloilo City
Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.ph
Website: rcecc.cpu.edu.ph

May 31, 2023

C E R T I F I C A T I O N

This is to certify that the thesis entitled **"KNOWLEDGE, EMPOWERMENT, AND READINESS IN HEALTH POLICY DEVELOPMENT OF NURSES"** by **Lianna Rose M. De La Cruz** have undergone Turnitin Similarity Checking with a passing percentage of 13% and have passed the requirements (Chapter 1-3).

Prepared by:

PINKY E. LUTERO-TONGOL
Staff -in-charged

Approved by:

LENNY ROSE P. MUCHO, EdD.
Director, RCECC

Appendix F

CURRICULUM VITAE

LIANNA ROSE M. DE LA CRUZ

PERSONAL DATA

Birthdate	:	07 March 1991
Birthplace	:	San Jose, Antique
Gender	:	Female
Civil Status	:	Married
Citizenship	:	Filipino
Religion	:	Christian
Home Address	:	Magbanua Compound, Funda-Dalipe, San Jose, Antique
Email Address	:	liannaroseespino@gmail.com

EDUCATIONAL BACKGROUND

Bachelor's Degree	:	Bachelor of Science in Nursing Central Philippine University Iloilo City, Philippines April 2011
Secondary	:	St. Anthony's College San Jose, Antique, Philippines March 2007
Elementary	:	Good Shepherd Academy San Jose, Antique, Philippines March 2003

ELIGIBILITY

Registered Nurse
December 2011

Professional License No. 0743164

SPECIAL TRAININGS

Training/Venue		*Inclusive Dates*
Philippine Nurses Association 7th Summer Conference 2023 Golden Peak Hotel and Suites, Cebu City	:	12 May 2023
Philippine Nurses Association 2022 Regional Assembly Zuri Hotel, Iloilo City	:	17 December 2022
Philippine Essential Newborn Care & Resuscitation Hybrid Workshop Philippine Society of Newborn Medicine Philippine Pediatric Society Western Visayas Chapter St. Paul's Hospital Iloilo Department of Pediatrics Smallville 21 Hotel, Iloilo City	:	9-10 June 2022
Designing Flexible Learning in Nursing University of the Philippines Manila College of Nursing	:	24 August - 14 September 2020
2nd International Nursing Conference on Translational Research Central Philippine University College of Nursing Jaro, Iloilo City	:	22-24 January 2020

WORK EXPERIENCE

Position		*Inclusive Dates*
Clinical Instructor	:	2018 to present

Appendix G

GANTT CHART

	January 1-15, 2022	January 16-31, 2022	May 31-June 30, 2023	July 1-15, 2023	July 16-30, 2023	August 1-15, 2023	March 18, 2024	March 25, 2024
Preparation of thesis proposal								
Presentation of thesis proposal								
Presentation and submission of thesis application to ethics committee								
Data Collection								
Data Analysis								
Report Writing								
Submission of thesis								
Presentation of thesis								

Appendix H

ETHICAL CLEARANCE

RESEARCH ETHICS REVIEW BOARD
CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336

ETHICAL CLEARANCE

RERB Form No.22-2
Version No : 04
Date of Effectivity: 17 May 2023

Date of Approval: July 5, 2023

RERB Code: 2023-199-MS-DE LA CRUZ

Protocol Title: *"Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses"*

Version No. 02

Researcher/s: **Lianna Rose M. De la Cruz**

Upon resubmission of the following documents, Research Proposal Chapters 1, 2, and 3 with references and Informed Consent Form, the above protocol is hereby **APPROVED** by the CPU-RERB. This ethical clearance is valid from **July 05, 2023** to **July 05, 2024**.

The researcher/s are hereby required to submit the following:

- √ Progress Report on or before **August 05, 2023** to researchethics@cpu.edu.ph
- √ Final Report Form and one (1) copy of the completed protocol **within one (1) month** after completion of the study.

For any amendment or alteration in the protocol that will change the nature, or the level of risk involved after approval, the Research Ethics Review Board must be notified through writing and accomplishing the following forms as needed: Protocol Deviation Form, Serious Adverse Events, Amendment Form, and/or Early Termination Report.

Very truly yours,

JOY G. RASO, PhD.
Chair, CPU-RERB

Date: 7/5/23

Appendix I

Decision Form

	RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
DECISION FORM		RERB Form No. 22-1 Version No. 04 Date of Effectivity: 17 May 2023

Date: June 19, 2023

NAME OF PROPONENT: Lianna Rose M. De la Cruz

Institution: CENTRAL PHILIPPINE UNIVERSITY

Re: *"Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses"*

RERB code: 2023-199-MS-DE LA CRUZ

Dear Mr/Ms. De La Cruz,

This is to acknowledge receipt of your request and the following supporting documents dated **May 31, 2023**:

1. Letter of application for research ethics review addressed to CPU- RERB Chair
2. Accomplished RERB Application (Form 07-1)
3. Full protocol/Research proposal (Chapters 1, 2 and 3) with references.
4. Validated Research Instrument/Questionnaire for Quantitative Research
5. Certificate of Validation for researcher-made questionnaire preferably from (3) three experts in the field, not by the adviser and panel members
6. Informed Consent Form (CPU-RERB template)
7. Assent Form for minor respondents/participants (CPU-RERB template)
8. Certificate of Technical Review/Approval sheet of proposal signed by (3) three members of the technical panel and the Dean
9. Turnitin Similarity Certificate from CPU-RCECC
10. Budget (if applicable)
11. Curriculum Vitae/Resume of the Researcher/Investigator and Co-Researchers with 2x2 photograph
12. GANTT Chart/Timelines/Table of schedule
13. Official Receipt of Ethics Review paid to Account No. A098
14. Two (2) Hard Copies *(Soft Bound in Blue or Black cover)* of the above documents placed inside a long clear plastic envelope
15. Soft Copy of the above documents emailed to researchethics@cpu.edu.ph

The above documents underwent **Expedited Review** which generated the following list of recommendations:

1. Please include duration of the study in the scope & Limitation
2. Explicitly state the Inclusion criteria you may include the characteristics of your respondents (age, sex, civil status).
3. Revise Ethical consideration discuss the following in sub-paragraph:

- *This form contains the CPU-REC recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.*

a. For Risk Assessment identify research related –risk based on the following categories: negligible, low, minimal, more than minimal, and high risk) and discuss precautions shall be taken to manage the risk.
b. Discuss the foreseeable benefit to the research participants
c. What are your Withdrawal Criteria
d. How are you going to anonymize and maintain the confidentiality of your participants?
e. Mention that there is Voluntary, non-coercive recruitment of participants.
f. How to dispose your research materials/data
g. What are the contribution of your result to local capacity building and benefits to local communities?
h. Mention if you are giving any incentives to your respondents? If none, just state. "No incentives or compensation will be given to the respondents".
i. Provide declaration of potential conflict of interest

4. Please provide separate section for Dissemination Plan
5. In your ICF:
   a. Please mention the type of research- related risk
   b. Include declaration of potential conflict of interest in the Introduction
   c. Please include disposal and storage of research data/materials in section #10

DECISION: [☐] Approved [☒] Minor revision
[☐] Disapproved [☐] Major revision

Very truly yours,

Joy G. Raso, PhD.
Chair, CPU-RERB

Date: June 19, 2023

- *This form contains the CPU-REC recommendations. Please comply within (15) days and wait for the Ethical Clearance before the conduct of the study.*

Appendix J

RESUBMISSION FORM

RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
RESUBMISSION FORM	RERB Form No. 07-1 Version No. 03 Date of Effectivity: 17 May 2023

General Information			
*Title of the Study	Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses.		
Version number/Date			
*RERB Code	2023-199-MS-DE LA CRUZ	Study Site:	Antique
*Name of Researcher	Lianna Rose M. de la Cruz	Contact Information	Tel No. N/A
			Mobile No. 09997794020
			Fax No. N/A
*Co-researcher (if any)			Email: liannaroseespino@gmail.com
*Institution of researcher/s	Central Philippine University		
*Address of Institution	Jaro, Iloilo City		

REC Recommendations	**Response of Researcher**	**Section and page number of revisions**
1. Please include duration of the study in the scope & Limitation • For duration of your study refer to your Gannt chart (start to end)	The duration of the study is from January 2022 to July 2023.	Scope and Limitations of the Study page 12

2. Explicitly state the Inclusion criteria you may include the characteristics of your respondents (age, sex, civil status).	A total of 171 nurses regardless of age, sex, and length of service from 8 hospitals in the Province of Antique, Philippines will be engaged in the research. The sample will be restricted and limited to nurses who are currently employed in the 8 hospitals in Antique, Philippines to where the study is to be conducted.	Scope and Limitations of the Study page 12
3. Revise Ethical consideration discuss the following in sub-paragraph: a. For Risk Assessment identify research related –risk based on the following categories: negligible, low, minimal, more than minimal, and high risk) and discuss precautions shall be taken to manage the risk. b. Discuss the foreseeable benefit to the research participants c. What are your Withdrawal Criteria d. How are you going to anonymize and maintain the confidentiality of	For Risk Assessment, this study falls under the category of minimal risk as it involves survey questionnaires and does not pose any physical or psychological harm to the participants. Precautions shall be taken to manage the risk by ensuring that the questions are non-intrusive and sensitive topics are handled with care. The researcher will provide clear instructions on how to skip questions that participants find too personal or uncomfortable. The foreseeable benefit to the research participants is the opportunity to contribute to policy development and the improvement of healthcare. By participating in this study, nurses will gain information and skills that will empower them to voice their concerns and suggestions, fostering positive change in healthcare practices. The study aims to build confidence and encourage nurses to engage in policy-making processes. The withdrawal criteria for participants will be clearly communicated. Participants have the right to withdraw from the study at any time without penalty or consequences and without the need to provide a reason. If a participant decides to withdraw, their data will be promptly discarded, ensuring their privacy and confidentiality. To anonymize and maintain the confidentiality of participants, the researcher will not collect names or other individual identifiers. Instead, all results will be reported as grouped data. Participants will not need to mention their names during the questionnaire. The researcher will code the participants' names on the data for internal use only, ensuring confidentiality of the results. The data collected will be stored	Ethical Considerations Page 43 - 44

your participants?	securely, with electronic copies accessible only to the researcher and hard copies kept in a private office accessible only to the researcher. Voluntary, non-coercive recruitment of participants will be ensured. Participants will have the freedom to decide whether or not to participate in the study without facing any pressure or influence. The researcher will emphasize that participation is entirely voluntary and there will be no negative consequences for non-participation.	
e. Mention that there is Voluntary, non-coercive recruitment of participants.	The research materials and data will be disposed of appropriately. After the study has been completed and the data has been analyzed, the electronic copy will be securely deleted from the researcher's computer. Hard copies will be shredded and disposed of in a confidential waste disposal system. This disposal process will ensure that the data cannot be recovered or accessed by unauthorized individuals.	
f. How to dispose your research materials/data	The contribution of the study's results to local capacity building and benefits to local communities will be highlighted. The findings of the research can empower nurses to actively engage in policy-making processes, enabling them to advocate for positive changes in healthcare. This capacity building can enhance the local healthcare system and positively impact the community by ensuring better healthcare services.	
g. What are the contribution of your result to local capacity building and benefits to local communities?	No incentives or compensation will be given to the respondents for participating in this study. Participation is voluntary and based on the willingness of the individuals to contribute to the research.	
h. Mention if you are giving any incentives to your respondents?	The researcher declares no potential conflict of interest that could influence the impartiality and integrity of the study. The research will be conducted with the sole purpose of generating knowledge and contributing to the improvement of healthcare policies and practices. Any personal or professional biases will be acknowledged and minimized to maintain the integrity of the study.	

If none, just state. “No incentives or compensation will be given to the respondents”. i. Provide declaration of potential conflict of interest		
4. Please provide separate section for Dissemination Plan	Dissemination plan The findings of this research study will be disseminated to ensure that the knowledge generated reaches relevant stakeholders and contributes to the advancement of healthcare practices. The dissemination plan includes the following strategies: 1. Academic Publications: The researcher intends to publish the study's results in reputable academic journals related to nursing, policy-making, and healthcare management. This will allow other researchers and scholars to access and cite the findings, contributing to the existing body of knowledge in the field. 2. Conferences and Presentations: The researcher will seek opportunities to present the research findings at national and international conferences, seminars, and symposiums. By sharing the results through oral presentations and poster sessions, the research can reach a diverse audience of professionals, policymakers, and stakeholders who can benefit from the insights gained. 3. Collaboration with Professional Associations and Organizations: The researcher will collaborate with relevant professional associations, nursing organizations, and healthcare institutions to disseminate the research findings. This collaboration may involve organizing webinars, workshops, or panel discussions that target specific audiences and facilitate knowledge exchange. 4. Community Engagement: The researcher recognizes the importance of engaging with local communities. Efforts will be made to disseminate the research findings in a manner accessible to the public, such as through community forums, newsletters, or local media outlets. This will ensure that the benefits and implications of the study are communicated to the broader community, fostering awareness and understanding.	Dissemination Plan Page 45 - 46
5. In your ICF: a. Please mention the type of	RISKS AND INCONVENIENCES This study falls under the category of	Informed Consent

research- related risk	minimal risk as it involves survey questionnaires and does not pose any physical or psychological harm to the participants. During the conduct of the study, there is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable sharing about some information. However, I do not wish for this to happen. You do not have to answer any question if you feel the question is too personal or makes you uncomfortable. Aside from this, there is no other potential risk in your participation. All information you share will be classified as private and confidential.	Form Page 57 - 59
b. Include declaration of potential conflict of interest in the Introduction	INTRODUCTION I am Lianna Rose M. de la Cruz, Master of Arts in Nursing student of Central Philippine University who is currently conducting a study on Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses, am giving you information regarding this study as an invitation to participate in this study. I declare no potential conflict of interest that could influence the impartiality and integrity of the study. The research will be conducted with the sole purpose of generating knowledge and contributing to the improvement of healthcare policies and practices.	
c. Please include disposal and storage of research data/materials in section #10	PRIVACY AND CONFIDENTIALITY All the information gathered is solely for the purpose of this study. The identity of the participants will be kept private and confidential to the extent provided by law. The identity of the participants will be protected by assigning each participant an ID number. This ID number will be used to label the data collected, ensuring that individual identities are not linked to the research findings. The data collected will be stored with utmost respect for privacy and confidentiality. The electronic copy of the data will be stored on a password-protected computer that only the researcher has access to. Hard copies of the data will be stored in a locked office that only the researcher will have access to. The data collected will be stored for a period of one year after the completion of the study. This retention period will allow for any potential	

	follow-up or verification of the findings. After one year, the data will be securely destroyed to prevent any unauthorized access or use. Disposal of hard copies will be conducted through a confidential waste disposal system, ensuring that the information cannot be reconstructed or accessed. The results of this study will be presented to the panel at Central Philippine University, ensuring that the research outcomes are shared with the relevant academic and institutional stakeholders. However, the presentation of the results will maintain the anonymity of the participants, ensuring that no personal identifying information is disclosed.	
6. Change REC to Research Ethics Review Board	Ethical Considerations This research proposal will be submitted to the Research Ethics Review Board of a private university by the researcher for review and approval.	Ethical Considerations Page 43
7. Kindly state inclusion and exclusion criteria in the Study Population and Sampling Technique	Study Population and Sampling Technique The respondents of the study will be restricted and limited to currently employed nurses from selected hospitals in the Province of Antique. From a population size of 306 nurses, a sample size of 171 nurses regardless of age, sex, and length of service from 8 hospitals in the Province of Antique was determined using Slovin's Formula. It is computed as n = N / (1+Ne2).	Study Population and Sampling Technique Page 33

Name and Signature of Researcher/s: LIANNA ROSE M. DE LA CRUZ

Date: June 30, 2023

Name and Signature of Adviser: HERME A. BORLADO, MAN

Date: June 30, 2023

Appendix K

PROGRESS REPORT FORM

RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
PROTOCOL REVIEW OF PROGRESS REPORT	RERB Form No. 09-1 Version No. 01 Date of Effectivity: 17 May 2023

Instructions to the Researcher: Please accomplish this form and ensure that you have completely fill-out the form with correct information.

GENERAL INFORMATION

Title of Study	Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses		
RERB Protocol No.	2023-199	Study Site	Antique
Name of Researcher	Lianna Rose D. Espino		
Contact No.	09997794020	Email Address	liannaroseespino@gmail.com
Co-researcher (if any)	N/A		
Institution	St. Anthony's College		
Address of Institution	San Jose, Antique		
Ethical clearance effectivityperiod:	July 05, 2023 to July 05, 2024		

PROGRESS REPORT

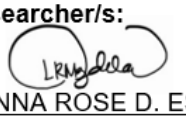
1. Start of study: January 2022
2. Expected end of study: 2023
3. Number of enrolled participants: 171
4. Number of required participants: 171
5. Number of participants who withdrew: 0
6. Deviations from the approved protocol: None
7. New information (literature or in the conduct of the study) that may significantly changethe risk-benefit ratio: None
8. Issues/problems encountered: None

*(*for RERB use only)* Recommendation:	
*(*for RERB use only)* DECISION:	[☐] Ask for further information [☐] Noted and Accept report
*(*for RERB use only)* Comments (Identify items for revision)	

*(*for RERB use only)* **Primary Reviewer:**_____
Signature over Printed Name

Date:

Researcher/s:



LIANNA ROSE D. ESPINO
Signature Over Printed Name

Date: July 28, 2023

Adviser:

HERME A. BORLADO, MAN
Signature Over Printed Name

Date: July 28, 2023

Appendix L

FINAL REPORT FORM

	CENTRAL PHILIPPINE UNIVERSITY RESEARCH ETHICS REVIEW BOARD Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
FINAL REPORT FORM		RERB Form No. 13-1 Version No. 01 Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:
This form is required upon completion of the study. Obtain an electronic copy of this form and supply
all information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION			
RERB Code	2023-199	Date (DD/MM/YYYY)	02/05/2024
Protocol Title	Knowledge, Empowerment, and Readiness in Health Policy Development of Nurses		
Principal Investigator/s	Lianna Rose D. Espino		
Department/College	School of Graduate Studies		
Contact No.	09997794020	*Email Address	liannaroseespino@gmail.com
Co-investigator/s (if any)	N/A		
Contact No.	N/A	Email Address	N/A
Institution of Researcher/s	St. Anthony's College		
Address of Institution	San Jose, Antique		
Effective period of Ethical Clearance	From: July 05, 2023 To: July 05, 2024		
*(*for RERB)* Primary Reviewer/s			

Type of Study	☐ Clinical ☐ Epidemiology ☐ Observational study
	☐ Document Review ☐ Individual based ☐ Genetic
	☐ Social Survey ☐ Others, specify _____
Review Status	☐ Full Board ☐ Expedited

FINAL REPORT

1. Start/end of the Study: January 2022 to May 2024
2. Number of enrolled participants: 171
3. Number of required participants: 171
4. Number of participants who withdraw: 0
5. Deviations from the approved protocol: None
6. Issues/problems encountered: None
7. Summary of findings:

From the analysis of the data gathered, the following major findings were deduced:

6. Nurses demonstrated various degrees of knowledge regarding health policy development based on their responses to specific knowledge-related statements. The mean score for knowledge-related items was 10.24 out of 15, reflecting moderate to high knowledge among participants; 72.5% demonstrated high knowledge, while 27.5% displayed moderate knowledge; no respondent fell into low knowledge category indicating the majority had an excellent grasp on policy creation and development as well as its objectives and implications for healthcare practices.

7. Nurses reported high levels of empowerment when participating in health policy development activities. Their responses to empowerment-related statements indicated a positive perception of self-efficacy, support, resources, and perceived impact. Specifically, 56.7% of nurses demonstrated high empowerment while 43.3% displayed moderate. None fell into the low empowerment category indicating strong confidence, support and influence from participating nurses engaged in health policy development activities.

8. Nurses demonstrated a moderate to high level of readiness in health policy development based on responses to readiness-related statements. The mean score for readiness-related items was 5.46 out of 10, reflecting moderate readiness levels; 51.5% demonstrated high readiness while 48.5% had moderate readiness levels - none fell into low readiness category, suggesting they generally feel prepared and motivated to engage in health policy development activities.

9. A significant positive relationship was identified between nurses' knowledge in health policy development and their level of readiness, with a Spearman's rho correlation coefficient of 0.372 and a p-value less than 0.001. This correlation suggests that increased knowledge in health policy among nurses is associated with greater readiness to engage in policy-related activities. Therefore, nurses who possess more comprehensive knowledge about health policy are likely to be more prepared and eager to participate in the development and implementation of these policies.

10. A highly significant positive relationship was observed between nurses' empowerment in health policy development and their level of readiness, evidenced by a Spearman's rho correlation coefficient of 0.640 and a p-value of less than 0.001. This strong correlation indicates that empowerment significantly enhances nurses' readiness to take part in health policy development activities. Nurses who feel more empowered, recognizing their potential influence and having access to necessary resources, are considerably more motivated and prepared to engage in health policy initiatives.

8. Conclusions/Recommendations:

Based on the major findings of this study, the following conclusions were drawn:

1. Nurses possess a substantial knowledge of health policy development, revealing an extensive understanding and its relevance within healthcare. Their depth of understanding allows nurses to make informed contributions to policy discussions while also identifying areas where their expertise can add significant value.

2. Nurses feel confident and supported in their role within health policy development, indicating a positive self-perception regarding their ability to influence and contribute to policy activities. This empowerment suggests they are well-positioned to play a significant role in shaping health policies, bolstered by perceived support and resources.

3. Nurses express a willingness and desire to be involved in shaping healthcare policies. Although opportunities exist for further strengthening this readiness, existing positive attitudes among nurses may indicate they welcome educational initiatives and strategies designed to facilitate greater involvement of nurses in policy-related activities.

4. Knowledge in health policy development can play an invaluable role in increasing readiness. As nurses gain more expertise in this area, their confidence grows as well as their readiness to participate meaningfully.

5. The strong relationship between nurses' empowerment and their willingness to participate in health policy development activities demonstrates the value of empowerment as a means of encouraging active participation. Nurses who perceive themselves as empowered demonstrate greater readiness to actively contribute to policy discussions and implementation processes, further underscoring its crucial role in creating engagement and motivation among healthcare workers.