Public opinion leadership among nurses: a thematic analysis

Master's thesis

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ABSTRACT

Public opinion leadership among nurses: a thematic analysis

Background: Worldwide, nursing staffing shortage is a major concern. Nurse retention is positively associated with participation in policy and leadership. However, there is little evidence on influencing the public debate in policy making processes, which can be called public opinion leadership. In the summer of 2019, many nurses in the Netherlands raised their voices and influenced the public debate regarding a law proposal on differentiating nursing practice. What remains unclear is how public opinion leadership manifests itself.

Aim: To explore how public opinion leadership manifests itself during a nationwide healthcare reform and the reasons and motives of nurses to raise their voice in media.

Method: Generic qualitative study with thematic analysis and abductive approach. Twelve semi-structured interviews were conducted with Dutch nurses whom raised their voice in public media on the healthcare reform.

Results: A portrait of public opinion leadership shows a deep feeling of altruism, a clinical background and strategical skills, combined with policy and political awareness. Key themes are emotions and dynamic networking. Emotions varied from upset and annoyed to feeling underappreciated or responsible. Dynamic networking is used to search for fellow thinkers and nurses approached politicians through social media. Diversely, social media was a source of aggression, which led to people looking for support to handle this negativity.

Conclusion: Public opinion leadership manifests itself by altruism, a clinical background and strategical skills, combined with policy and political awareness. Reasons and motives lie within emotions and dynamic networking, which made public opinion leaders want to raise their voice. Social media also played a role, which adds onto the current literature surrounding POL.

Recommendations: The findings can be used to examine how public opinion leadership can be encouraged among nurses, with regard to improve nurse retention in the future.

Keywords: public opinion leadership, healthcare reform, voice, nurse leadership, influencers

INTRODUCTION

Worldwide, nursing staffing shortage is a major concern(1), making nurse retention a serious challenge for healthcare organizations(2). Furthermore, these organizations are confronted with rising numbers of burnout and dissatisfaction among nurses(3). Literature shows that these workforce issues associate with lower levels of patient satisfaction and quality of care(3,4). Furthermore, McHugh, et al.(4) state that a high patient-to-nurse ratio relates to failure-to-rescue, which can result in an increase in mortality. Focus on retention and a engaged workforce is therefore warranted for.

Important factors for enhancing nurse retention are leadership and participation in policy(5), as well as a healthy work environment(6) and the right mix of skilled nurses(7). These factors are related to the well-being of nurses, as well as improved quality and safety of patient care(5). The Dutch government acknowledges this and suggested a nationwide healthcare reform regarding skill mix(8). However, after presenting the law proposal, numerous nurses experienced mixed feelings regarding skill mix, which resulted in a nationwide upraise(9). A group of frontline nurses took the lead and raised their voice in the public debate, showing leadership.

Some studies show that leadership of frontline nurses associates with an increase in nurse retention(5,10). Lalleman, et al. describe such leadership practices as clinical leadership *"which is the ability to influence all actors in and outside the healthcare organization to act and enable clinical performance; provide support and motivation; play a role in enacting organizational strategic direction; challenge processes; and to possess the ability to drive and implement the vision of delivering safety in healthcare"*(11). Others would say that individuals that are likely to persuade behavioural changes could be called opinion leaders(12). Valente & Pumpuang define opinion leaders as "*people who influence opinions, attitudes, beliefs, motivations, and behaviours of others"*(13). Moreover, a recent Cochrane review refers to those individuals as local opinion leaders. These frontline nurses work in direct contact with patients and successfully promote evidence-based practice on their wards(14).

In contrast to local opinion leadership(LOL), there is hardly any literature regarding opinion leadership in media and public debate. Despite nurses' relevance to almost any health issue, they were seldom visible in public media over the past twenty years(15). Therefore, a recent concept analysis tried to shed some light on what we now call public opinion leadership(POL).The concept is defined as "*the action of influencing the public debate in policy making processes by being credible, altruistic and accessible towards a continual changing dynamic network for its fit, in which influencing policy decisions – with a substantive clinical background – is a common practice and so having a sense of systemness in the totality of health care"(16).* Briefly summarized, public opinion leaders raise their voice to influence the strategic direction in health care.

In the Netherlands, theories about influencing the strategic direction of the organization are included in Bachelor education of Nursing(BN)(17), but not in Vocational education of Nursing(VN)(18). A third level of nursing is Diploma Nursing(DN), in which nurses were trained by the hospitals they worked at, until 1997(19). However, in the scope of practice of nurses' daily work no formal distinction is made between these educational levels(20). A mix of skilled nurses, prepared at varying educational levels, work in essentially the same job description(21). Skill mix is defined as "*the combination or grouping of different categories of healthcare workers employed to provide care to clients"(22,23).* Since the 1980s, policy statements called for role differentiation and competencies were compared with educational entry level(24,25). Distinctly different nurse roles were needed based upon nurses' knowledge and skill base(26). As Matthias(27) describes, this need has still not been satisfied at the institutional level.

A recent law proposal addressed this issue and opted to set a major healthcare reform with regards to skill mix and nurse role differentiation in motion. This law opted a differentiation in functions based on educational entry and would make a formal difference between vocationally trained nurses and baccalaureate-trained nurses; the level of diploma nurses would be aligned with the level of vocationally trained nurses(8). Before the summer of 2019, nurses as opinion leaders remained hardly visible(15). Conversely, this changed greatly after the law proposal. Moreover, the Netherlands witnessed an unprecedented resistance, especially among diploma nurses(9). The insurrection was widely covered in media and led to the recollection of the proposed law(28). Nurses stood up and raised their voice in the public debate on national broadcast TV and in radio programs, wrote opinion papers in nursing journals and newspapers and became active on several social media.

What remains unclear is how POL manifests itself. What are reasons and motives of these sudden public opinion leaders? With this study we wish to contribute to a further understanding of POL in the field of nursing.

AIM

The aim of this study was to explore how public opinion leadership manifests itself during a nationwide healthcare reform and the reasons and motives of nurses to raise their voice in media.

METHOD

The study had a generic qualitative design with thematic analysis and abductive approach, with semi-structured interviews.

Participants and setting: Purposive sampling was used to recruit Dutch nurses, whom raised their voice in public media regarding skill mix between June and October 2019. While being pro or con function differentiation appears to be on a continuum, the participants have been selected based on how they expressed themselves in public media. We aimed for 50% pro and 50% con. Participants were selected by searching in Dutch newspapers, using LexisNexis Academic. Moreover, a broad search was conducted on social media, such as Twitter, Facebook and LinkedIn. The researcher also became a member of two Facebook groups, to find nurses who were active on social media. Used search terms were 'function differentiation' or 'BIG2'. Conversations with healthcare leaders as gatekeepers were used as a form of snowballing to find more eligible participants(29). Seventeen suitable participants were approached through their social media accounts. A brief description of the study was sent and the subject information sheet(SIS), complemented by a written consent form, was then sent by e-mail. One individual rejected participation due to time constraints. Interviews with four individuals were not pursued due to reaching data saturation, with no new information emerging(29), after twelve interviews.

Most participants were female(n=8). The median age of participants was 46,5 with work experience ranging from 7 to 42 years. Most participants worked in a hospital(n=11). Six participants were diploma nurses, of which five were registered specialised nurses. Six participants expressed themselves predominantly pro function differentiation and six of them expressed themselves predominantly con function differentiation.*(Table 1)*

<Insert Table 1>

Data collection: Data collection took place in February and March 2020. Nine interviews were face-to-face, three interviews were telephonic, due to the COVID-19 pandemic. The interviews took approximately 45 minutes. The date and location of the interviews were arranged to suit the participants' preferences, to create an equal relationship and for the convenience of the participants(39). Demographic data was collected verbally just before the interview. After signing the informed consent form or giving vocal permission over the phone, the semi-structured interviews were conducted. The researcher(DS) is a nurse herself. This created the opportunity to relate to the topic at hand. She was trained in conducting interviews and conducted a pilot interview. The interview guide was based on the definition of POL, according to Van Wijk, et al.(16) and was developed by the researcher(DS). To minimize the risk for data collection bias, the questions were phrased open and objectively(30). Main themes of the interview guide were characteristics, and action and result of the media appearance.(A*ppendix 1)* After analysing three interviews, the sentence 'I would like to talk about your media

appearance', was added to better suit the research question(29). Field notes and memos have been used to reach data triangulation(31).

Data analysis: All interviews were transcribed and imported into QSR International's NVivo 12 qualitative data analysis software(32). The transcripts were recursively coded and themes were identified and reviewed, according to Braun & Clarke(33). For abductive coding(34), themes from the concept analysis of Van Wijk, et al.(16) of POL have been used. The abductive approach adds onto inductive reasoning because it requires existing theories and constitutes a qualitative data analysis approach aimed at theory construction(34). After three interviews, coding took place by both the researcher(DS) and the senior researcher(PL) to ensure quality of data analysis. Themes have been discussed until consensus was reached. Descriptions of the themes were generated and quotes are given.

Ethical considerations: Participants were informed about the study and about their voluntary participation. They were asked to consent with recording and usage of their information and were able to retract whenever they wished to, without giving a reason to do so. This study has been conducted according to the principles of the Declaration of Helsinki(35). It did not apply to the Medical Research Involving Human Subjects Act(WMO)(36) and an official approval of this study by the Medical Ethical Research Committee(METC) was not required. Personal data was anonymized by randomly assigning names to the participants and information that could lead back to individuals was excluded, accordingly with the Dutch Act on Implementation of the General Data Protection Regulation(UAVG).

Methodological decisions: To enhance validity, reliability and rigour, the primary criteria of Whittemore, et al.(35) have been taken into account. An interview guide is used to collect similar types of data from all participants, resulting in reliability, with consistent results(29). Member check, in which transcripts were e-mailed to the participants, took place to enhance trustworthiness(36). When describing themes, quotes are given to show authenticity(29), producing a scholarly report of the analysis(33). The study is reported accordingly with the COREQ Criteria(37). Quotes have been translated with help of an English teacher who is a native Dutch speaker, to make sure the essence of the quotes remained unchanged.

RESULTS

Twelve Dutch nurses, whom raised their voice in public media on the healthcare reform have been interviewed. To elucidate how POL manifests itself, a portrait of POL is drawn. This is followed by two key themes that contain the reasons and motives of public opinion leaders: emotions and dynamic networking.

Portrait of POL

Based on how the participants expressed themselves, the empirical data were synthesized to a portrait of POL. All participants were nurses, and accordingly had a clinical background. Several attributes have been identified. A certain subject was described by Chris:

The patients are the reason this is important. I do not think the level of education is important at all. Wanting the best care should be our common goal. This is what drives me and that is why I do the things I do.(Chris)

Almost all participants conveyed 'doing it for the patient' or 'doing it for others', and not doing it for their own gain. They expressed a deep feeling of altruism. However, altruism is not the only attribute of POL. To be able to express yourself in media, certain competencies are mentioned by Taylor:

I've always been interested in media(...), I knew how media works and what a press release must look like to make it unique. Hence, the strategy not to stand in front of the camera myself but to let others do that.(Taylor)

Voiced strategical skills are, learning how to characterize and express yourself and how to communicate with journalists. Others also name skills such as how to write an article or column. Most participants have not only expressed themselves in media, but also discussed the problem with politicians, like Auren did:

Last summer we visited all political parties with a small group(...), that really had effect. And when it gains media attention, you notice that they are all over it as well. But, yes, we have been lobbying a lot, with politicians.(Auren)

As shown by these fragments, POL manifests itself by several attributes. Most participants displayed several, if not all, attributes together: having a clinical background, altruism, strategical skills, and policy and political awareness. These attributes draw a portrait of how POL manifests itself.

Emotions

The participants aired several motives that made them want to act. They experienced a range of emotions leading to raising their voice in media. Pat describes diverse emotions:

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Surprised, yes.(…) And also angry by the way, at the professional association that was so easily put aside by all those noises. And also angry at a minister who really had no idea what he was talking about.(Pat)

Pat was surprised and angry, but these were not the only mentioned emotions. Lee describes the following:

I felt annoyed and irritated(…), your experience as a nurse is just wiped out(…) and I do worry about that.(Lee)

While Lee is annoyed and irritated, she is worried as well. Auren describes similar motives:

We are annoyed(…) It is ridiculous what happens here, so much experience and it will all be dismissed and what I still feel(…) is not only the indignation, but(…) there is less and less appreciation.(Auren)

As displayed, several emotions were revealed. Both participants who were pro and con function differentiation have appointed emotions as a reason to act. The range of emotions varied from upset and annoyed to angriness and feeling underappreciated. Several feelings influenced the motives of the participants. A feeling of responsibility was represented by Chris:

If anybody can speak about the difference, it would be me. I worked as vocationally trained nurse for more than eight years before I started my baccalaureate education. So I can use my own experience to indicate the differences.(Chris)

Chris felt that she had to step up, because of her background. Others described feeling responsible as well. They 'had to' have an opinion. Participants indicated their position or work experience as a reason for making a counter response or provide clarity. On the contrary, others were holding back and needed some encouragement from others:

Then, I was approached by colleagues(…), "We would really appreciate you joining us, we will stand by you. We will check the article first, before putting it out there."(…) Because there was someone there from Communication(…) I didn't feel standing alone. And there was another nurse involved as well, so we were together.(Terry)

Like Terry, some nurses described themselves holding back at first. Feeling encouraged became a reason for them. This encouragement, from both colleagues and the Communication department of their employer made the participants feel more confident approaching media.

Dynamic networking

As described, feeling supported by others is a reason in showing POL. What participants made clear as well, was that they also reached out to others:

Back when I started it was not a burning topic yet, I thought. The reason for starting was basically to see whether I was the only one feeling so upset.(Win)

Win searched for fellow thinkers, by sharing her own opinion. After addressing others, building a network of nurses, politicians were also directly addressed. Auren and Linge explained how they did that:

I sent e-mails, to [minister] Bruins, to the ministry of health welfare and sport, to [minister] De Jonge.(Auren)
We have [Member of Parliament] John Kerstens of the PvdA with us in the Facebookgroup. And he posts things online regularly.(…) Well, I tell the man that is fantastic.(Linge)

From their strategy, it becomes clear that nurses arose as political leaders. They pursued personal contacts with politicians, trying to directly influence them. Some did this through social media. On the other hand, social media could also get offensive:

[You are active on Facebook and Twitter.] And LinkedIn. That is a little for teasing.(…) [Name] and I are, are two nasty people, rebels. And yes, sometimes you have to post things to make people react.(Alex)

In this fragment, Alex describes that posting sharp content seems crucial to shake up the discussion. On the contrary, others experienced this as aggression.

It was a very aggressive, aggressive movement.(…) When I think about it again, it was really intense. So yes, you could also get very affected personally.(Sam)
It was really all negative.(…) It got a little personal, in some areas.(…) A number of people started sending me personal messages as well.(…) Those were the active ones on social

media, who started sending me personal messages, and that is when I thought, I will never do this again.(Max)

Max and Sam described that on social media, people were confronting each other verbally violent. They felt offended. Therefore, individuals sought for support, to be able to handle this aggression. That is, as Brook explains:

I was well supported in the hospital(…). At that moment, several people in formal leadership positions in the hospital, in the area of nursing, said, if you receive negative reactions, come talk to me, you know, if you want to talk about it.(Brook)

As shown, dynamic networking plays a role in how POL manifests itself. Public opinion leaders built a network of nurses and contacted politicians, for example on social media. Furthermore, posting sharp content shook things up, but some nurses felt very personally offended. As a result, nurses were backing each other, to be able to handle this aggression. Direct colleagues, as well as executives and board members played a role in this support.

DISCUSSION

From our empirical data, a portrait of POL is drawn. A deep feeling of altruism emerged as a common attribute. POL manifests itself by having a clinical background and acting strategically, combined with policy and political awareness. The reasons and motives lie within the key themes: emotions and dynamic networking. Emotions varied from upset and annoyed to angry and feeling underappreciated. Participants also felt responsible or encouraged due to their experience, position or colleagues. Dynamic networking is used to search for fellow thinkers. Nurses arose as political leaders, approaching politicians through social media. On the other hand, social media was also a source of aggression, which led to people looking for support to handle this negativity.

This study shows some overlap with the concept analysis of Van Wijk, et al.(16). As in their study, our public opinion leaders expressed altruism, a clinical background, strategical skills and policy and political awareness. They used dynamic networking and arose as political leaders. The participants were all successfully approached through their social media accounts. This shows that they were easily accessible. Furthermore, Van Wijk, et al.(16) described credibility and authentic authority to be aspects of POL. These terms did not originate from our interviews. Reasons for this difference could be found in the interview guide. Respondents were asked about their own personal characteristics, but this question was phrased openly and not aimed at certain terms. Although being a reflective professional is a

part of nursing education(17), terms as credibility and authority are more likely to be used when describing someone else, instead of themselves.

An often mentioned value was 'doing it for the patient', which is referred to as altruism. Den Uijl & Van Twist(38) describe shared values lead to a feeling of togetherness. On the other hand, unfortunately, a risk lies within the use of this value as a deduce from the real issues at stake(38). This is also seen in the discussion around function differentiation. Both groups, pro and con function differentiation, totally disagree with each other, but both hide behind their shared value of 'doing it for the patient' as a mantle of disguise.

Emotions are nothing new in the dilemma of differentiating nursing practice(39). As Rogers described back in 1961(40), nurse role differentiation and educational preparation were already a source of confusion and conflict. Moreover, Cummings, et al.(41) describe that engaging emotions is an aspect of emotionally intelligent leaders. Turning to dynamic networking, sharing mutual emotions can be essential in relationships(42). These aspects confirm the finding that POL associates with emotions and dynamic networking. What is new, is that POL manifested itself not only in conservative media such as television or newspapers, but also on social media, which Pfister(43) calls 'an organ of mass communication'. By 'flooding the zone', or 'copiously producing digital discourse', opinion leaders use communication networks to invent arguments for discussion(43). Lewinski(44) acknowledges this and endorses collective criticism as a pattern of argumentation.

Historically, nursing in policy arenas has been neglected(45). As described by Matthias(39) this has been a problem for decades. This problem originated because nurses were seen as insufficiently assertive and reluctant to engage in politics, since they didn't have enough political knowledge(45). Yet, attributes such as policy and political awareness and strategical skills, combined with the feelings of responsibility and support of others have changed that attitude. Moreover, Gallup, et al.(46) have researched barriers to nurses' influence in policy development. They described barriers as poor compensation, not being seen as an important decision maker and not being perceived as interest generator(46). Likewise, the participants described feeling underappreciated.

The study is subject to some limitations. Due to the COVID-19 crisis, not all interviews were, as planned, conducted face to face. Three interviews were telephone interviews, which could be a limitation for people with difficulty using the telephone(47). However, all participants were nurses, who use telephones on a daily basis. Furthermore, Sturges & Hanrahan state there are no significant differences between phone and face-to-face interviewing(48). Second, the researcher is a junior researcher with limited experience on interviewing. However, several steps were taken to try and master the art of interviewing, such as an interviewing workshop and a pilot interview. Third, the groups in the sample were not analysed separately. This was deliberately determined, since POL was examined in general. In the future, analysing

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participants who expressed themselves predominantly pro or con function differentiation separately could be an interesting subject, to see if this has an effect on the expression of POL. As for strengths, the reporting happened accordingly with the COREQ criteria(37). An interview guide is used to gain consistent, reliable results(29). Member check took place to enhance trustworthiness(36). Another strong aspect is the method of analysis. Using both methods of Braun & Clarke(33) and Timmermans & Tavory(34), the data is synthesized and theory is constructed more thoroughly.

RECOMMENDATIONS

As described, nurse retention is a great challenge facing the health care sector. The key findings form implications to improve nurse retention. Aspects of POL that play a role can be used to encourage nurses to show leadership and participation in policy in the future. More research should be done to affirm this assumption. What remains to be explored is how to embed these factors in nursing practice.

CONCLUSION

Several facets of POL were identified by interviewing Dutch nurses whom raised their voice in public media on the healthcare reform. POL manifests itself by altruism, a clinical background and strategical skills, combined with policy and political awareness. Emotions and dynamic networking formed reasons and motives which caused the participants to raise their voice in media. Social media also played a role, which adds onto the current literature surrounding POL. These findings can be used to examine how POL can be encouraged among nurses, with regard to improve nurse retention in the future.

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TABLES

Table 1: Demographic data

Participant	Age category	Education	Work field experience (years)	Opinion
Pat	51-60	DN Specialised Specialised BN	Hospital (11-20) Nursing home care (1-10)	Pro
Terry	21-30	VN Specialized BN	Hospital (11-20) Education (1-10)	Pro
Chris	31-40	VN BN	Hospital (11-20)	Pro
Lee	41-50	DN Specialised	Hospital (21-30)	Con
Auren	41-50	DN Specialised	Hospital (21-30) Insurance (1-10)	Con
Win	51-60	DN Specialised	Hospital (31-40)	Con
Taylor	41-50	BN Specialised	Hospital (11-20)	Con
Linge	61-70	DN	Hospital (41-50)	Con
Alex	61-70	DN Specialised	Hospital (41-50)	Con
Max	31-40	VN BN Specialised	Hospital (11-20)	Pro
Sam	41-50	BN MSc	Policy (11-20) Nursing home care (1-10)	Pro
Brook	31-50	BN Specialised MSc	Hospital (1-10)	Pro

Abbreviations: DN: Diploma Nursing, BN: Bachelor education of Nursing, VN: Vocational education of Nursing, MSc: Master of Science.

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APPENDICES

Appendix 1: Interview guide

Main question
What were your reasons and motives for sharing your opinion in public media, with regards to the healthcare reform?
Opening
I would like to talk about your media appearance*
What was past summer like for you?
What were your first thoughts about the law proposal?
Characteristics
What did you need to voice your opinion?
Did you require certain skills to do this?
Were you always like this? What changed?
Action
What action did you take after hearing about the law proposal?
What made you share your opinion in public media?
What goal did you have?
What part does media play in showing public opinion leadership? (television / radio / social media / newspaper, etcetera)
Result
Did you receive many reactions?
What were those reactions like?
Did you receive any negative reactions?
Did these reactions affect you?
How are you now?
Would you do share your opinion again?
Do you think you have influenced politics or legislation?
Was it all worth it?
Did you reach your goal?
Final question
You did (not) reach your goal, but you did voice your opinon. I would like to thank you for that.
Did we forget to ask anything important?

Sentence added after three interviews.

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Appendix 2: List of abbreviations

BN	Bachelor education of Nursing
DN	Diploma Nursing
LOL	Local opinion leadership
METC	Medical research ethics committee (MREC); in Dutch: medisch-ethische toetsingscommissie (METC)
POL	Public opinion leadership
UAVG	Dutch Act on Implementation of the General Data Protection Regulation; in Dutch: Uitvoeringswet AVG
VN	Vocational education of Nursing
WMO	Medical Research Involving Human Subjects Act; in Dutch: Wet Medisch-wetenschappelijk Onderzoek met Mensen