Developing a new health-related policy analysis tool : an action research cooperative inquiry approach.

CASEY, M., ROHDE, D., BRADY, A.-M., FEALY, G., HEGARTY, J., KENNEDY, C., MCNAMARA, M., NICHOLSON, E., O'CONNELL, R., O'CONNOR, L., O'LEARY, D., O'REILLY, P., STOKES, D.

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Developing a new health-related policy analysis tool (HrPAT): An action research cooperative inquiry approach

Running title

A health-related policy analysis tool

Mary Casey[1], Daniela Rohde[1], Anne-Marie Brady[2], Gerard Fealy[1], Josephine Hegarty[3], Catriona Kennedy[4], Martin McNamara[1], Emma Nicholson[1], Rhona O'Connell[3], Laserina O'Connor[1], Denise O'Leary[1], Pauline O'Reilly[4], Diarmuid Stokes

[1]School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland
[2]School of Nursing and Midwifery, Trinity College Dublin, Ireland
[3]School of Nursing and Midwifery, University College Cork, Ireland
[4]Department of Nursing and Midwifery, University of Limerick, Ireland
[5]UCD Library, University College Dublin, Ireland

Corresponding author

Mary Casey, School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland. Email: mary.casey@ucd.ie. Tel.: +353 1 7166473.

Conflict of Interest

The authors have no conflicts of interest to declare.

Abstract

Aim: To develop a tool for the analysis of nursing, midwifery and health-related policy and professional guidance documents.

Background: Analysis tools can aid both policy evaluation and policy development. However, no framework for analysing the content of professional regulation and guidance documents among healthcare professionals currently exists.

Method: This study used an action research, cooperative inquiry design. Data were generated from two integrative literature reviews and discussions held during the cooperative inquiry meetings.

Results: A set of key themes to be considered in the development or evaluation of health policy or professional regulation and guidance documents were identified. These themes formed the basis of the six domains considered by the Health-related Policy Analysis Tool (HrPAT): Context, Process, Content, Stakeholder Consultation, Implementation, and Evaluation.

Conclusion: Use of the HrPAT can assist in policy development, evaluation and implementation, as well as providing some retrospective analytical insights into existing health policies.

Implication for Nursing Management: Professional regulation documents, guidelines and policy reports should be capable of being scrutinised for their content, quality, and developmental process. The HrPAT can assist relevant stakeholders in the development , analysis and evaluation of such documents, including local, service-level policies and guidelines.

Keywords

Policy making, health policy, nursing, health services research

Background

The analysis of health policy is complicated by the complexity of the healthcare field and varied and sometimes competing objectives, including universal access, value for money, stakeholder interests and public accountability. It can also be challenging to overcome pragmatic difficulties such as identifying and accessing diverse stakeholders, accessing relevant documents, clarifying opaque decision-making processes, assessing power relations and measuring values and beliefs (Walt et al., 2008). This complexity has resulted in policy analysis in healthcare being less common than in other fields (Cheung, Mirzaei, & Leeder, 2010; Niessen, Grijseels, & Rutten, 2000). However, policy analysis is key to the policy making process. Effective policy analysis can provide a contextual understanding of ideas, interests, resources, opportunities and institutional rules governing policy making, both from a structural and functional perspective. Understanding more fully the context, the process, the policy content, the people involved and the power relationships between them, helps create understanding of why and how policy decisions are made and why some policy implementation attempts are more successful than others (Embrett & Randall, 2014).

Analysis of existing policy can be used to predict the possible impacts of future policy, can inform any refinements or reconsiderations of policy directions during the policy-making process, and can prospectively feed into choices related to design, content and sequencing of the policy planning process (Walt & Gilson, 2014). This in turn can help improve the chance of successful policy implementation and sustainable reform (Cheung et al., 2010; The World Bank, 2007). This is particularly important in the healthcare field, where policy making is especially complex as health issues go beyond healthcare itself and are also impacted by social, economic and environmental factors (Embrett & Randall, 2014).

Policy making in healthcare, including nursing and midwifery, must keep abreast of the changes in science, technology and the healthcare system. Health policy, for the purposes of this study, refers not only to government documents presented as health policy, but also includes documents such as regulatory guidelines, laws, strategies, strategic plans and action plans (Cheung et al., 2010; The World Bank, 2007). The

function of nursing registration boards worldwide is to protect the public in its dealings with nurses and midwives, and to safeguard the integrity of nursing and midwifery practice. Some key aspects of this role are the specification of standards for both the education of nurses and midwives and their clinical practice, as well as the provision of guidance to the professions. This role requires policy development and implementation at a national level. As with health policy-making in general, nursing and midwifery policy-making is a context-bound, social and political process and thus contains a wide range of inherent risks related to politics, the evidence base, social processes, institutional processes and health systems. Recognising and categorising the risks associated with policy-making can help policy makers manage them more effectively (Gilson & Raphaely, 2008; The World Bank, 2007). This requires a standardised, structured and systematic approach, which takes account of the complexities of policy making (Niessen et al., 2000).

There is evidence of a failure to contextualise and integrate policy content, implementation and impact evaluation in the overall policy-making process or to relate it to all phases of the policy making process. This points to a need to locate policy development and evaluation within an overarching and comprehensive framework that addresses strategy and direction, management and governance, outputs, uptake, outcomes and impacts and context (Pasanen & Shaxson, 2016). As the fields of nursing and midwifery policy are complex, a policy analysis tool would help by providing a framework to systematically organise and analyse a variety of data for the purposes of developing and evaluating policy (Paterson, 2008). An analytical framework can provide guidance to policy makers and ensure that policy development and policy analysis takes account of all relevant factors (MacLachlan et al., 2012; Paterson, 2008). However, there is a dearth of studies that examine the use of analytical frameworks in health policy making and health policy evaluation (Ivanova, Draebel, & Tellier, 2015). Existing frameworks have tended to focus on health problems and outcomes requiring a macro-level analysis (Buse, 2008). Other tools have focused on one particular stage or aspect of policy making only. For example, the SUPPORT tools were developed to support the use of evidence in policymaking, but provide no guidance on issues such as stakeholder involvement or the context and values within which policymaking occurs (Lavis, Oxman, Lewin, &

Fretheim, 2009). Further, there is a lack of tools or frameworks suitable for the analysis of professional regulation and guidance documents among healthcare professionals.

The present study was commissioned by the Nursing and Midwifery Board of Ireland (NMBI), who requested a tool that could be used in the formulation of new and alignment of existing nursing and midwifery policy and professional guidance documents. This study, therefore, focused on developing an analysis tool that could be used in the development and analysis of policies and policy documents, guidelines, strategic plans and action plans, in order to provide policy makers and guidance developers with the means to evaluate health policy and guidance documents.

Aim

The aim of this study was to develop an instrument for the analysis of nursing, midwifery, health related policies and professional guidance documents, which could have application to the broader field of health.

Methods

Study design

Cooperative inquiry

This study utilised an action research approach, which endeavours to generate practical knowledge through cycles of a systematic process of planning, taking action, and evaluating that action, leading to further cycles (Coghlan & Shani, 2017). Specifically, cooperative inquiry was selected for this study. Cooperative inquiry is a way of working with other people who have similar concerns and interests in order to understand and make sense of a situation or problem and to develop new and creative ways of examining it (Heron & Reason, 2008). This collaborative approach draws on a range of experience and expertise, which was imperative to reflect the range of issues and concerns experienced by the nursing and midwifery professions across a range of contexts and health systems.

Four higher education institutions were involved in this project, forming a network underpinned by inter-organisational cooperation. Participants in this study represented the different geographically dispersed institutions, which collaborated to develop a new policy analysis tool. Four face-to-face meetings and 33 teleconferences were held as part of this project.

Action research cycles

This study utilised several action research cycles, consisting of an initial pre-step, and four additional steps: (i) constructing, (ii) planning action, (iii) taking action, and (iv) evaluating action (Coghlan & Brannick, 2014) (Figure 1).

[insert Figure 1 here]

Nested within each of the action research cycles is an additional cycle of reflection, involving an analysis of the action research cycle, whereby the researchers continually reflect on the learning occurring from the process. An outline of three action research cycles from this study are provided in Table 1.

Data generation and analysis

The development of the analysis tool was embedded in two comprehensive literature reviews. An initial integrative literature review on the use of analytical frameworks in health policy making and health policy evaluation was conducted (the authors 2017). The findings from this review were synthesised using thematic analysis and the constant comparative method (Glaser, 1965; Miles & Huberman, 1994). This method involves an ongoing, aggregative and reflexive analysis through the process of building interpretations of the data, using cycles of data reduction, display, conclusion drawing and verification.

Features of each of the frameworks included in the integrative review were continuously compared and systematically organised into domains as part of the constant comparative and thematic analysis process (Miles & Huberman, 1994). The review identified six key themes for policy analysis, which formed the six domains of the new policy analysis tool. The review also highlighted the lack of an existing policy

analysis tool or framework that incorporated all of these domains. A total of 33 items within the six key domains were identified and discussed during one of the co-operative inquiry meetings. These were based on the initial integrative literature review, the participants' own experience and expertise, and the group discussions. A list of indicators for each item was also produced by the project team members.

Following agreement of the final six domains and draft items, a second literature review was undertaken to refine the six domains and provide a comprehensive evidence base to underpin each domain, ensuring that each item was supported by empirical evidence (Moher, Schulz, Simera, & Altman, 2010). The findings of this review are reported in a separate paper (the authors, 2019). Briefly, this mixed-methods review utilised a "best fit" method of evidence synthesis (Carroll, Rick, Leaviss, Fishwick, & Booth, 2013), and involved coding of data from the studies included in the review against the six key domains of the newly developed policy analysis tool.

Pilot test

A pilot test was carried out using the Irish National Maternity Strategy document (Department of Health, 2016). The aim of this pilot was to test the usability and applicability of the draft tool and to identify any necessary changes. As a result of the pilot, the tool was reformated and edited based on feedback from each team member during another co-operative inquiry meeting, resulting in the removal of unnecessary items, collapsing of overlapping items and re-wording of items to ensure clarity. The pilot test also highlighted the need for guidance on how to use the tool, which resulted in the development of an accompanying user manual (Supporting information). The tool was then reviewed by an external expert who suggested additional indicators for a number of items, as well as a more robust scoring procedure based on Huss and MacLachlan (2016).

Results

The Health-related Policy Analysis Tool (HrPAT)

The final output from the action research cycles was the newly created Health-related Policy Analysis Tool (HrPAT), and accompanying user manual (Supporting information). The final HrPAT consists of 21 statements in 6 key domains of policy making: Context, Process, Content, Stakeholder Consultation, Implementation, and Evaluation (Table 2).

[insert Table 2 here]

The final HrPAT is presented in Figure 2, which includes a total of 52 indicative criteria across the 6 domains. These criteria are not intended as absolutes; rather, they are indicators intended to act as prompts for each domain to provide greater ease of use and uniformity of application and consistency of responses. An accompanying user manual is included in the supporting information.

HrPAT domains

1. Context

A consideration of the context within which health policies are developed and implemented is a key element of the HrPAT. This domain recognises the influence of the national and international policy environment and encourages identification of the drivers for change from healthcare professionals, regulating agencies and the political, social, cultural, legislative and economic context. The *context* domain consists of 3 items related to drivers for change, situation of policy within other external policies, and an account of the national context.

2. Process

Health policy making is a complex, nuanced and frequently difficult process, and requires consensus on priorities and activities (Archer, Regan de Bere, Nunn, Clark, & Corrigan, 2015; Zida et al., 2017). Policy agendas should be driven by practitioners and societal needs rather than a political agenda (Onwujekwe et al., 2015). The policy making process requires leadership, communication, consultation and planning (Valaitis et al., 2016), and should be transparent. The *process* domain of the HrPAT contains 5 items relating to how the policy was developed, leadership,

presence of technical and methodological capacity and the evidence of transparency of collecting information.

3. Content

Policy content includes the nature and details of a policy proposal or document (Walt & Gilson, 1994)*,* and should be informed by evidence and driven by societal needs. Policies should contain a dissemination, implementation and evaluation plan (the authors, 2019). The *Content* domain of the HrPAT includes 4 items related to clarity of terms used, clarity of presentation, relevance of purpose and an underpinning justification for the policy.

4. Stakeholder consultation

Stakeholders are individuals or groups that have an interest or concerns about a policy, and can include government ministers, government departments, regulation and standards agencies, professional and lay interest groups, health organisations, and health system users and practitioners. Relevant stakeholders can have a significant impact on the policy-making process and are also impacted by the resultant policy; therefore, it is important to understand their impact on the trajectory and success or failure of the policy making process. The *Stakeholder consultation* domain of the HrPAT features 3 items related to needs assessment, consultation throughout the process and stakeholder representation.

5. Implementation

While the content of a policy document may be comprehensive and evidence-based, poor implementation will render it ineffective*.* Therefore, the implementation of a policy should be considered from the outset, as sufficient finances and resources are required to support policy implementation (Odoch, Kabali, Ankunda, Zulu, & Tetui, 2015). Key elements of the policy implementation process include planning, leadership, stakeholder involvement, clarity of documentation, resources, and awareness of the political environment (Damani et al., 2016) (the authors, 2019). The *Implementation* domain consists of 2 items unique to the implementation of policy and not captured by the other HrPAT domains, concerning the acceptability and governance of implementation.

6. Evaluation

Policy evaluation should be continuous, ongoing and independent (Baum et al., 2014). Policies should include an evaluation plan that identifies clear and robust outcomes for measurement from the outset (de Leeuw, Clavier, & Breton, 2014) (the authors 2019). The *Evaluation* domain of the HrPAT contains 4 items relating to monitoring, governance of evaluation, identified outcome measures and cognisance of long term impact.

HrPAT Scoring

A scoring procedure was adapted from Brouwers et al. (2010), which allows users to score each domain and to allow for direct comparison across the six domains included in the tool. This provides a metric of the degree to which each domain is addressed in a given policy document. It also allows for certain domains to be excluded if deemed not to be applicable to the document in question. Domain items are scored on a Scale from 1-7, with each item assigned a score based on the criteria set out in Table 3.

The total score for each domain is calculated as a percentage, such that:

$$\left(\frac{\text{Total Domain Score Obtained} - \text{Minimum Possible Score}}{\text{Total Available Domain Score} - \text{Minimum Possible Score}}\right) \times 100 = \text{Domain Score } \%$$

For example, given an obtained domain score of 15 out of a possible score of 21:

$$\left(\frac{15 - 3}{21 - 3}\right) \times 100 = 66.7\%$$

Discussion

Guidance and policy developments should be informed by the best available evidence, key stakeholder insights and the specific contexts in which the guidance or policy operates (Lavis et al., 2012). Use of the HrPAT can provide a greater understanding of the context, process, content, stakeholder consultation, implementation and evaluation of the policy development process, as well as the relationships between them, and may assist in policy implementation. Pilot testing suggested that the HrPAT is easy to use, and is suitable for use in both a

prospective manner for the development of policy, as well as in a retrospective manner to evaluate existing policy documents. The HrPAT can also help to mitigate subjective judgments made by policy evaluators by providing detailed descriptions and items associated with key domains of policy development and analysis. Such transparent criteria are essential to the appraisal of policies and guidance (Bosch-Capblanch et al., 2012).

Policy making in health occurs within changing values and priorities, with an increased focus on understanding health services from a user perspective, less deference to professional authority and an increasing focus on choice and consumerism. Accordingly, it is vital that policy making in nursing and midwifery is alert to such developments. When reviewing any policy or regulatory document, it is also necessary to consider the rationale behind its development as well as the context in which it was developed, the process by which it was prepared and written, the policy-makers, the content contained within it, its stakeholders and level of stakeholder consultation, the intended audience and, where appropriate, strategies for implementation, sustainability and evaluation. In order to achieve this, a systematic approach to policy making and policy review must be adopted. Any tool for analysing the content of professional regulation documents should be able to review the official position of the regulators, as well as the views and perspectives of key stakeholders. Further, an analysis tool should not only facilitate policy analysis, but should also be used by policy makers to guide policy formation and revision (MacLachlan et al., 2012).

The challenge of applying a health policy evaluation tool includes difficulties in defining what health policy means and the boundary of documents which constitute the policy development, implementation, and evaluation process. Tensions may also exist between the long-term nature of policy development and implementation and the short-term nature of political agendas and the associated funding for policy implementation and research. The many and varied networks and agencies involved in health policy implementation and the difficulties of conducting evaluation of such complex interventions are also challenging. Moreover, the nuances of the relational processes involved in policy development and implementation are often not adequately captured within a policy document. Existing theoretical models have

been criticised for focusing solely on the policymaking process and not offering guidance on how extant policy can be examined (MacLachlan et al., 2012). Although theories can be useful to academic researchers, outside the field of academia, more pragmatic frameworks are more helpful as they are more accessible to practitioners and the public. A comprehensive, integrative review of the literature conducted as part of the HrPAT development process highlighted that there were few existing analytical frameworks applicable across a range of policy contexts, with no suitable framework identified for the analysis of professional regulation documents among healthcare professionals. The HrPAT is intended to fill this important gap.

Strengths and limitations

This study had a number of strengths. The methodological process of developing the HrPAT was effectively underpinned by the collaborative and participatory approach of cooperative inquiry. The action research approach was essential to allow for the gradual and iterative process needed to reach consensus and to ensure the HrPAT would be suitable for application in diverse policies and contexts. The process of action research facilitated a systematic and methodical approach to guide the process of development of a framework for analysis. The action research cycles demonstrate the practical, propositional, presentational and experiential knowing that took place throughout the project (Heron & Reason, 2001). A unique strength of this methodological process was inter-institutional cooperation, enabling diverse viewpoints and experiences to inform the various iterations of the analysis tool. Another strength was the availability of nursing and midwifery policy researchers with considerable familiarity with current nursing and midwifery policy. From a quality and rigor perspective, the project was governed by constant and iterative reflection as part of the action research process. The HrPAT was influenced by input from different sources, and thus captures a plurality of knowing, ensuring conceptual-theoretical integrity.

There were some limitations. While action research and specifically co-operative inquiry can enable many voices to be heard, and effectively facilitated the co-creation of an important analytical tool, the final HrPAT is reflective of the thinking of a relatively small group of people. Action research places no claims to universality of application, and use of this tool is context dependent. Future research is required to

test the validity and reliability of the tool in the analysis of a range of nursing, midwifery and health related policies and professional regulation and guidance documents.

Conclusion

This study reported the development of a new health-related policy analysis tool, designed for use in the development and analysis of policies and related documents, including policy documents, guidelines, strategies, strategic plans and policy-related action plans. Use of the HrPAT will provide a greater understanding of the context, process, content, stakeholder consultation, implementation and evaluation of the policy development process, and can assist in policy development, evaluation and implementation as well as providing some retrospective analytical insights into existing policies in health.

Implications for Nursing Management

Health policy-making is an inherently political process, which is impacted by the social and political context in which it is created and policy pertaining to nursing and midwifery is no exception. Professional regulation documents, guidance, policy reports and reviews, including local service-level policies and guidelines, should be capable of being scrutinised for their quality, developmental process and content. The HrPAT is an important tool for policy makers, professional regulators and other stakeholders, and will assist in both the drafting of documents and in critically reading and reviewing them.

Ethical approval

Research in education does not normally require full ethical review; as such, ethical approval was not required for this study.

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Table 1. Action research cycles for the development of the Health-related Policy Analysis Tool

Cycles	Steps		
Pre-Step, Constructing	A research team of 10 members co-created a project plan with the aim of creating an instrument for policy analysis. An initial integrative review of the literature was undertaken to determine how existing analytical frameworks were used in health policy making and analysis.		
	Planning Action	**Taking Action**	**Evaluating Action**
Cycle 1: Developing draft 1 of the policy analysis tool	A face-to-face meeting was planned to create a first draft of a new tool for analysis based on the literature review and expertise within the team.	The meeting took place and a draft tool was created, consisting of six domains: context, process, content, stakeholder engagement, implementation, and evaluation, with a total of 33 items.	The draft was further refined and an additional review of the literature was undertaken to establish the evidence to underpin each of the six framework domains.
Cycle 2: Refining the instrument to create draft 2	In light of the evaluation and the evidence gleaned from the second literature review, the policy analysis tool was adjusted and refined based on the evidence from the literature and expertise of the team.	A second draft of the instrument was produced.	Based on the teams' collective experience, a grading scale for each item was deemed to be a necessary component of the development of the instrument. A grading scale would also enable some comparisons to be made between documents.
Cycle 3: Testing, reviewing and refining draft 2 of the framework	It was planned to have this draft of the framework reviewed by an expert external to the team with a background in policy and framework development. It was also planned to test the draft tool by using it to analyse a national policy document 'Creating a better future together: National Maternity Strategy 2016-2026 (Department of Health 2016). The need for guidance on how to use the framework was highlighted in this process.	The second draft was reviewed and feedback given by the External Reviewer to the research team.	As a result, additional criteria for four items (6, 8, 9, 17) were included in the final draft. The reviewer suggested a more robust scoring procedure based on Huss and MacLachlan (2016) and the Likert scales were replaced by assigning a specific label to each number that outlined more detailed examples of what is required to obtain each score. A new scoring system was created.

Table 2. Core domains, items and number of indicators for the HrPAT

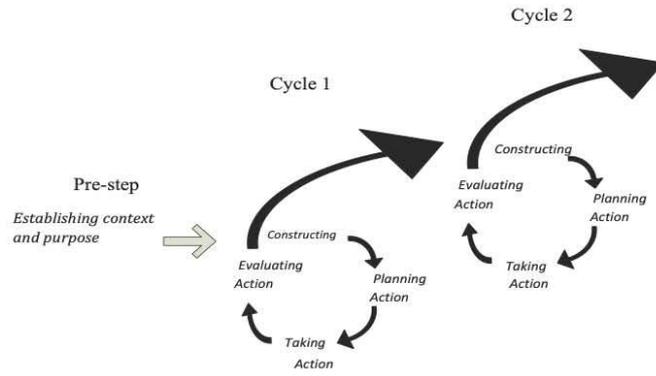| Domain		Items Details	Number of indicators	Score range
1	**Context**	1. Drivers for change 2. Situation of policy within other external policies 3. Account of the national context	14	3-21
2	**Process**	4. How the policy was developed 5. Leadership 6. Presence of technical and methodological capacity 7. Evidence of transparency of collecting information 8. Evidence of benchmarking	13	5-35
3	**Content**	9. Clarity of terms 10. Clarity of presentation 11. Relevance of purpose 12. Underpinning justification for the policy	7	4-28
4	**Stakeholder consultation**	13. Needs assessment 14. Consultation 15. Representation	8	3-21
5	**Implementation**	16. Acceptability 17. Governance of implementation	5	2-14
6	**Evaluation**	18. Monitoring 19. Governance of evaluation 20. Outcome measures 21. Impact	5	4-28

Table 3. HrPAT scoringing descriptors and criteria

Descriptors	Criteria	Score
Absent	No evidence	1
Recognition	Evidence of awareness but no action or engagement with the topic	2
Minor	Evidence of minimal efforts to engage with the topic	3
Moderate	Evidence of partial engagement with the topic	4
Comprehensive	Evidence that all reasonable steps to engage with the topic have been taken and/or evidence that all criteria have been fully engaged with	5
Complete	Evidence that all criteria have been fully engaged with and the evidence underpinning the quality of the engagement is high	6
High Quality	Evidence that all criteria have been fully engaged with and the evidence underpinning the quality of the engagement is very high	7

Figure legends

Figure 1. Cycles of Action Research (Coghlan & Brannick, 2014)

Figure 2. Final Health-related Policy Analysis Tool (HrPAT)

Pre-step

*Establishing context
and purpose*

Cycle 1

Constructing

*Evaluating
Action*

*Planning
Action*

*Taking
Action*

Cycle 2

Constructing

*Evaluating
Action*

*Planning
Action*

*Taking
Action*

FRAMEWORK FOR ANALYSIS:
Health related Policy Analysis Tool (HrPAT®)

ABSENT No evidence

RECOGNITION Evidence of awareness but no action or engagement with the topic

MINOR Evidence of minimal efforts to engage with the topic

MODERATE Evidence but only partial engagement with the topic

COMPREHENSIVE Evidence that all reasonable steps to engage with the topic have been taken

COMPLETE Evidence that all criteria have been engaged/discussed

HIGH QUALITY Evidence is complete and action/engagement is of high quality

FRAMEWORK ITEM AND SCORE	1	2	3	4	5	6	7	INDICATIVE CRITERIA	PAGE
Domain 1: Context									
1 The drivers for change are clearly articulated								☐ Push for reform from within healthcare professions ☐ Standards, and regulations agencies ☐ Health system restructuring	
2 The policy is situated within relevant national, EU and international health and social strategic frameworks								☐ EU policies, ☐ WHO guidelines ☐ International Conventions ☐ International data used has been contextualised for local application ☐ Other relevant national policies and legislation mentioned	
3 Sufficient account is taken of the national context								Elements pertinent to Irish context relevant to policy considered ☐ Political　☐ Economic　☐ Social ☐ Technological　☐ Legal　☐ Environmental	
Domain 2: Process									
4 There is a clear methodology including adaptation (if appropriate), risk assessment and timeframe								☐ A description of the process of how the policy was developed ☐ A summary list of actions at the end of each chapter/section	
5 Leadership and governance of the development process is evident								☐ The process was participative, consultative and transparent ☐ Key representative bodies were engaged ☐ Diverse and vulnerable groups were represented (where applicable)	
6 Personnel with technical and methodological capacity are involved								☐ Evidence of technical and administrative support ☐ The policy/strategy enables capacity building of human resources for health	
7 There is evidence of rigor in the gathering, review, use and presentation of the evidence underpinning the policy								☐ Evidence underpinning claims and arguments is clearly presented ☐ Transparency in the reporting ☐ Methods of evidence gathering, analysis and interpretation are explicit ☐ Limitations are highlighted ☐ Connection between the literature review, consultation and other data gathering, and the principles, priorities and recommendations is explicit	
8 There is evidence of benchmarking against other sectoral and international policies								☐ The policy has been compared with performance of similar health systems	
Domain 3: Content									
9 Core concepts and principles are identified and defined								☐ Defined throughout the document ☐ Glossary of Terms	
10 There is clarity of presentation/structure/ language								☐ Methods for formulating the recommendations are clearly described	

ABSENT No evidence

RECOGNITION Evidence of awareness but no action or engagement with the topic

MINOR Evidence of minimal efforts to engage with the topic

MODERATE Evidence but only partial engagement with the topic

COMPREHENSIVE Evidence that all reasonable steps to engage with the topic have been taken

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HIGH QUALITY Evidence is complete and action/engagement is of high quality

FRAMEWORK ITEM AND SCORE	1	2	3	4	5	6	7	INDICATIVE CRITERIA	PAGE
Domain 3: Content (continued)									
11 The content is relevant to the overall purpose of the policy								☐ Content is aligned with relevant healthcare and/or professional values and ethics (e.g. patient centred care, equity, systems thinking etc.)	
12 The evidence base reviewed to inform the content is comprehensive								☐ The policy/document is underpinned by evidence ☐ A range of types of published sources of evidence were used ☐ The strengths and limitations of the body of evidence are described	
Domain 4: Stakeholder Consultation									
13 There is evidence of consideration of the needs of stakeholders								☐ Individuals, organisations and groups, inside and outside government (as appropriate) have been taken into account ☐ Influence of stakeholders has been considered	
14 There is evidence of stakeholder consultation and involvement at each stage of policy development								☐ The different roles of stakeholder groups have been considered ☐ Differing levels of support from stakeholder groups considered ☐ Established clarity with regard to stakeholder expectations ☐ Common goals agreed at the outset ☐ Capacity of stakeholders built though formal training (if appropriate)	
15 Views of the various stakeholders are represented								☐ Resources and timeline have been put in place to support stakeholder engagement	
Domain 5: Implementation									
16 Acceptability and feasibility of the implementation plan is considered								☐ Implementation plan includes adaptation, risk assessment, timeframe, resources, and a dissemination plan ☐ Infrastructure, resources and technology to underpin implementation addressed ☐ Implementation plan fit for purpose in terms of diverse and vulnerable groups ☐ Individuals and/or bodies responsible for development, resourcing and implementation identified	
17 Leadership and governance of an implementation plan is identified								☐ Process in place for relevant stakeholders to query any element of the implementation plan	
Domain 6: Evaluation									
18 An in-built monitoring and evaluation plan including timeframe is presented								☐ Evaluation of recommendations and their feasibility are included ☐ Barriers to and enablers of implementation are identified ☐ Plan to evaluate all stages of policy development is presented	
19 Governance of the evaluation is identified									
20 Outcome measures are identified								☐ Changes that may occur as a result of the policy have been clearly articulated (e.g., change of procedures of guidelines)	
21 Account is taken of immediate and longer-term impact								☐ Consequences of the policy have been considered (e.g., contribution to service innovation)	