

# Strengthening Nurses' Influence in Health Policy Decision-Making in India: A Nursing Perspective

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## Abstract

Nurses constitute the backbone of India's healthcare workforce, delivering care at the community, primary, secondary, and tertiary levels. Despite their critical contributions, their representation in health policy decision-making remains limited, and their voices are often underutilized in shaping national health priorities. This review article critically examines the role of nurses in health policy decision-making in India, barriers to their involvement, and strategies to strengthen their influence from a nursing perspective. The primary aim of this review is to analyze available evidence on nurses' participation in health policy-making and to propose approaches that empower them to become influential stakeholders in shaping the healthcare agenda. The methodology employed was a narrative literature review of peer-reviewed articles, reports, and government documents published between 2005 and 2025, sourced through PubMed, Scopus, CINAHL, and Google Scholar. The inclusion criteria involved studies focusing on nursing leadership, health policy engagement, advocacy, and healthcare governance in India and comparable low- and middle-income countries. The results revealed that although nurses constitute more than 60% of the healthcare workforce in India, their participation in policymaking is minimal. Key barriers include hierarchical structures dominated by physicians and bureaucrats, lack of policy education in nursing curricula, inadequate mentorship, gender-related challenges, and limited exposure to advocacy platforms. Successful case examples from global contexts highlight how structured leadership training, nursing councils, policy fellowships, and academic-policy partnerships can enhance nurses' roles in decision-making. The discussion emphasizes the urgent need for systemic reforms to ensure equitable representation of nurses in policymaking. Integrating health policy education into nursing programs, strengthening the role of nursing associations, encouraging nurse-led research, and promoting mentorship opportunities are essential. Furthermore, creating reserved policy positions for nurse leaders at state and national health bodies would ensure inclusivity and diversity in decision-making processes. Strengthening nurses' influence in health policy decision-making in India requires a multipronged approach involving education, leadership development, advocacy, and institutional reforms. By empowering nurses as policy advocates, India can advance towards a more equitable and responsive healthcare system aligned with universal health coverage goals.

**Keywords:** *Nursing leadership, Health policy, Advocacy, Decision-making, India, Empowerment*

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## INTRODUCTION

Health policy plays a decisive role in shaping the organization, delivery, and outcomes of healthcare systems. It provides the framework for decisions that determine priorities, allocate resources, and set strategic directions for national health goals. Nurses, as the largest group of healthcare professionals worldwide and in India, are central to the achievement of these objectives. They deliver essential care at multiple levels, bridging the gap between communities and health systems, and embody the principles of accessibility, equity, and patient-centeredness. Despite their indispensable role, the participation of nurses in health policy decision-making in India remains limited. Their voices are underrepresented in the processes where health priorities are debated, policies are designed, and programs are evaluated. This

disconnect represents a missed opportunity not only for the nursing profession but also for the overall effectiveness of the healthcare system.

In India, nurses comprise more than 60% of the healthcare workforce and are often the first point of contact for patients, particularly in rural and underserved regions. They provide preventive, promotive, curative, and rehabilitative services, making them key stakeholders in the continuum of care. However, their contributions are often perceived through a narrow clinical lens, with limited acknowledgment of their potential roles in governance and policymaking. The underrepresentation of nurses in health policy can be attributed to a combination of systemic, structural, educational, and socio-cultural factors. Traditional hierarchies in healthcare governance tend to favor physicians and administrators, relegating nurses to supportive roles. Furthermore, gaps in leadership training, limited exposure to policy processes, and gender-related challenges have historically constrained their visibility in decision-making forums.

Globally, evidence suggests that countries where nurses actively contribute to policymaking experience more inclusive, equitable, and sustainable health systems. For instance, nurse leaders in the United States, Canada, and the United Kingdom hold significant positions in government health agencies, nursing councils, and advisory boards. Their involvement has resulted in policies that prioritize patient safety, workforce well-being, and community health. The World Health Organization (WHO) has consistently emphasized that empowering nurses as policy advocates is essential for achieving universal health coverage (UHC) and meeting Sustainable Development Goals (SDGs). The State of the World's Nursing 2020 report explicitly called for greater investment in nursing leadership and representation in governance structures. These global benchmarks highlight the importance of India embracing similar reforms to enhance the role of its nursing workforce.

In the Indian context, the policy landscape is characterized by significant challenges. The country continues to grapple with an acute shortage of healthcare professionals, inequitable distribution of resources, and high disease burdens, both communicable and non-communicable. While health policies such as the National Health Policy (2017) envision universal access to quality care, their implementation often overlooks the critical insights that frontline providers like nurses can offer. Nurses possess unique experiential knowledge of patient needs, community health challenges, and system bottlenecks. Yet, their perspectives are rarely incorporated into the decision-making process. For instance, policy discussions on staffing norms, human resource allocation, and patient safety often occur without adequate consultation with nursing representatives.

Another dimension to consider is the educational preparation of nurses in India. While nursing education has expanded significantly, with diploma, graduate, and postgraduate programs available, there is limited focus on health policy, leadership, and advocacy skills within curricula. Most programs prioritize clinical competencies, leaving graduates with minimal preparation to engage in governance and policymaking. Compared to countries where policy literacy is a core component of nursing education, India still lags behind in equipping its nurses with the tools required to navigate political and administrative systems. This educational gap perpetuates the cycle of underrepresentation and reinforces stereotypes of nurses as “care providers” rather than “decision-makers.”

Nursing associations and professional bodies in India, such as the Trained Nurses Association of India (TNAI) and the Indian Nursing Council (INC), have historically advocated for improvements in nursing education, workforce conditions, and professional standards. However, their influence on broader health policy discourse remains constrained. Fragmentation among associations, lack of resources, and limited political clout restrict their ability to act as strong collective voices. Moreover, many nursing leaders are overburdened with administrative and teaching responsibilities, leaving little time or opportunity to participate in national or state-level policy deliberations. The absence of structured mentorship and leadership pathways further compounds the issue, with many nurses lacking role models who can guide them into policy-oriented careers.

Socio-cultural dynamics also play a significant role in shaping the marginalization of nurses in policy arenas. The nursing profession in India is predominantly female, and gender biases within society and healthcare institutions often undermine their authority. Nurses are frequently perceived as subordinate to physicians, and their contributions are undervalued in hierarchical structures. Such biases are reflected in the scarcity of nurse representatives in policymaking bodies, where decision-making power is concentrated among male-dominated bureaucracies and medical elites. Addressing these structural inequities requires deliberate strategies that challenge stereotypes and promote inclusive governance.

Despite these challenges, there are emerging opportunities to strengthen nurses' influence in India's health policy space. The increasing recognition of the importance of primary healthcare, community-

based interventions, and patient-centered models of care creates an opening for nurses to assert their expertise. The COVID-19 pandemic further underscored the indispensable role of nurses in crisis management, health education, and community mobilization. Their frontline experiences during the pandemic highlighted the need for health policies that reflect ground realities and workforce concerns. Moreover, India's commitment to achieving UHC and strengthening its healthcare system provides a timely platform for advancing nursing leadership in policy.

Evidence from other low- and middle-income countries demonstrates that targeted investments in nursing leadership can yield significant benefits. For instance, in Rwanda and the Philippines, nurse leaders have been instrumental in shaping community health programs, workforce policies, and health system reforms. These models demonstrate that with appropriate education, mentorship, and institutional support, nurses can become effective advocates and policymakers. India can draw lessons from such experiences to build a framework that integrates nursing voices into decision-making processes at multiple levels.

The relevance of this topic is not limited to professional empowerment; it has broader implications for the efficiency and equity of the Indian healthcare system. Nurses' perspectives are deeply rooted in patient-centered care and community engagement, making them uniquely positioned to identify practical solutions to systemic challenges. Their inclusion in policymaking can ensure that policies are not only technically sound but also socially responsive and implementable at the grassroots level. Moreover, strengthening nurses' policy influence aligns with India's commitments to global health initiatives, including WHO's recommendations on nursing leadership and the SDGs' emphasis on health equity and inclusive governance.

In light of the above, this review seeks to critically examine the status of nurses in health policy decision-making in India, the barriers limiting their participation, and the opportunities for reform. By synthesizing evidence from national and global literature, the review aims to provide actionable recommendations that empower nurses to become influential stakeholders in shaping the health agenda. Strengthening nurses' policy influence is not merely a professional aspiration; it is a public health imperative that can significantly contribute to improving healthcare delivery, advancing equity, and achieving national and global health goals.

## Objectives

The overarching objective of this review is to explore and strengthen the role of nurses in health policy decision-making in India by analyzing current challenges, opportunities, and best practices. Specifically, the review is guided by the following objectives:

1. **To assess the current status of nurses' involvement in health policy decision-making in India.** This includes examining the extent of their representation in policy forums, advisory committees, and leadership roles.
2. **To identify barriers that limit nursing participation in health policy processes.** Factors such as hierarchical governance structures, lack of policy training, gender-related challenges, and limited organizational support are considered.
3. **To review global experiences and successful models of nursing leadership in policy-making.** These examples provide comparative insights into how similar contexts have empowered nurses to become influential policymakers.
4. **To analyze opportunities and enablers within the Indian health system that can facilitate greater nursing involvement.** This includes educational reforms, professional associations, mentorship programs, and institutional initiatives.
5. **To propose evidence-based recommendations for strengthening nurses' policy influence.** These recommendations aim to promote equitable representation, enhance leadership capacity, and align nursing advocacy with national and global health goals.

By achieving these objectives, the review seeks to establish a roadmap for empowering nurses as critical stakeholders in shaping India's health policies and advancing public health outcomes.

## METHODOLOGY

This review article adopted a **narrative literature review** design, which is appropriate for synthesizing evidence on broad topics such as nursing leadership and health policy participation. The methodology was structured to ensure a comprehensive understanding of the existing literature, contextual challenges, and potential strategies for strengthening nurses' influence in India.

### Data Sources and Search Strategy

A systematic search was conducted across major databases, including **PubMed, Scopus, CINAHL, and Google Scholar**, to identify relevant studies published between **2005 and 2025**. The timeframe was selected to capture two decades of developments in nursing leadership, health governance, and policy advocacy. Additionally, grey literature such as government reports, policy documents, and publications from professional organizations (e.g., Indian Nursing Council, Trained Nurses Association of India, and World Health Organization) were reviewed.

Search terms included combinations of the following keywords: “nursing leadership,” “health policy,” “nurse participation,” “India,” “decision-making,” “advocacy,” “nursing councils,” and “health governance.” Boolean operators (AND/OR) were applied to refine search results and ensure inclusivity.

### Inclusion and Exclusion Criteria

Studies were included if they:

- Focused on nurses’ involvement in health policy, governance, or advocacy.
- Discussed barriers and facilitators related to nursing leadership.
- Presented case studies or models from India or other comparable low- and middle-income countries.
- Were published in English.

Studies were excluded if they:

- Focused exclusively on clinical or bedside nursing practice without policy implications.
- Were opinion pieces without supporting evidence.
- Were outside the defined publication timeframe.

### Data Extraction and Synthesis

Relevant studies were reviewed, and information was extracted under themes such as:

1. Current role of nurses in health policy.
2. Barriers to participation.
3. Global models of nurse-led policy influence.
4. Opportunities for strengthening nursing leadership in India.

Thematic analysis was applied to categorize findings and synthesize them into a coherent narrative. This approach allowed integration of diverse sources, including empirical studies, theoretical frameworks, and policy reports.

### Ethical Considerations

Since this study was based on secondary data, no formal ethical approval was required. However, due diligence was observed in appropriately citing and acknowledging all sources in line with **APA referencing standards**.

Overall, this methodology enabled the identification of knowledge gaps, barriers, and practical strategies, thereby contributing to a holistic understanding of how nurses in India can strengthen their influence in health policy decision-making.

## RESULT

The review synthesized evidence from 65 peer-reviewed studies, 12 policy documents, and selected reports from professional associations and international organizations. The findings are presented thematically under four major domains: (1) Current status of nurses’ participation in health policy in India, (2) Barriers to effective involvement, (3) Enablers and opportunities, and (4) Lessons from global models.

### 1. Current Status of Nurses’ Participation in India

The evidence revealed that while nurses constitute more than 60% of the healthcare workforce in India, their participation in health policy decision-making remains minimal. Representation of nurses in formal governance bodies such as the Ministry of Health and Family Welfare, state health directorates, and advisory boards is limited. The Indian Nursing Council (INC) and the Trained Nurses Association of India (TNAI) play significant roles in education and professional standards, but their influence on broader health policy remains constrained.

Most nurses in India are engaged in direct patient care and administrative roles at the institutional level, with limited exposure to health system planning or policymaking processes. Even when invited to policy discussions, their contributions are often undervalued compared to those of physicians or bureaucrats. A recurrent finding was that nurses’ voices are largely absent in the formulation of National Health Policy 2017 and related initiatives, despite their frontline experiences being central to policy success.

### 2. Barriers to Participation

The review identified multiple barriers limiting nurses’ policy engagement:

- **Hierarchical Health System:** Governance structures in India are heavily physician-centric, with nurses often relegated to supportive roles.
- **Educational Gaps:** Nursing curricula emphasize clinical competencies but provide little exposure to policy, leadership, or advocacy skills.
- **Lack of Mentorship:** Few role models or senior nurse leaders exist to guide younger nurses into policy or leadership positions.
- **Gender Dynamics:** As the profession is predominantly female, cultural biases diminish authority and recognition in decision-making spaces.
- **Fragmented Professional Associations:** Multiple nursing organizations often lack unity, reducing their ability to exert collective influence.
- **Workload and Staffing Shortages:** Heavy clinical and administrative responsibilities limit nurses' time to engage in advocacy or governance.

These barriers reinforce a cycle of exclusion, where nurses' limited participation perpetuates the lack of visibility and recognition in policy discourse.

### 3. Enablers and Opportunities in India

Despite barriers, several opportunities were highlighted that can strengthen nurses' influence in policymaking:

- **Policy Windows post-COVID-19:** The pandemic demonstrated the indispensable role of nurses, creating recognition of their leadership potential.
- **Expanding Higher Education:** Growth in postgraduate and doctoral programs offers avenues for developing policy-literate nurse leaders.
- **Professional Bodies:** Organizations like INC and TNAI have begun advocating for greater representation in national and state health forums.
- **Governmental Initiatives:** India's commitment to Universal Health Coverage (UHC) and primary healthcare reforms align with the competencies of nurses, particularly in community health.
- **Emerging Research Culture:** Increasing nurse-led research in India can provide evidence for policy advocacy and system-level reforms.

### 4. Lessons from Global Models

Several international case examples provide insights for India:

- In **the United States**, nurse leaders hold positions as Chief Nursing Officers in federal and state health departments, influencing staffing, safety, and workforce policies.
- In **the United Kingdom**, nurses are actively involved in the National Health Service (NHS) policymaking and sit on advisory boards shaping patient care standards.
- In **Rwanda and the Philippines**, deliberate investments in nursing leadership programs have enhanced nurses' participation in community health policymaking.
- The **World Health Organization (2020)** recommended that countries integrate nurses into governance structures to ensure inclusive health system strengthening.

These models demonstrate that with deliberate strategies—such as leadership training, mentorship, and institutional representation—nurses can play pivotal roles in shaping national health agendas.

The review establishes that while Indian nurses are vital to healthcare delivery, they remain underrepresented in policy decision-making due to structural, educational, and socio-cultural barriers. However, there are promising opportunities for reform, and global evidence demonstrates the feasibility and benefits of empowering nurses as policy leaders.

## DISCUSSION

The findings of this review highlight a paradox: while nurses represent the largest proportion of the Indian health workforce and are essential to healthcare delivery at all levels, they remain significantly underrepresented in health policy decision-making. This imbalance is not merely a professional concern but a systemic challenge with wide-reaching implications for healthcare quality, equity, and sustainability. The discussion integrates the results with existing literature, compares global experiences, and explores implications for nursing, education, and health governance in India.

### Nurses' Underrepresentation in Policymaking

Nurses' limited role in policymaking reflects broader issues of power dynamics and professional hierarchies within India's healthcare system. Physicians, bureaucrats, and administrators dominate decision-making spaces, while nurses' input is often marginalized. This reflects what Nair and Gupta (2017) describe as the "gendered hierarchy of healthcare," where nursing—being a predominantly female

profession—is perceived as subordinate. Such exclusion undermines the democratic and inclusive nature of policy development.

The absence of nursing voices in the **National Health Policy (2017)** and other critical reforms demonstrates a systemic failure to leverage the experiential knowledge of frontline professionals. Nurses are uniquely positioned to identify gaps in patient care, community health challenges, and workforce conditions. Their lack of representation results in policies that may be misaligned with ground realities, thereby weakening implementation and outcomes.

### **Educational and Leadership Gaps**

Another critical finding relates to the inadequacy of nursing education in preparing professionals for policy roles. While India has significantly expanded nursing education over the past two decades, most curricula remain clinically oriented, with limited focus on health policy, leadership, or advocacy. Graduates often enter the workforce with strong clinical skills but little capacity to navigate the political and administrative structures that shape healthcare systems.

This contrasts with global models. For example, nursing programs in the **United States** and **United Kingdom** embed policy education and leadership training within curricula, creating pathways for nurse leaders to transition into governance roles. In **Rwanda**, policy literacy is explicitly included in nursing leadership programs, which has strengthened nurse participation in community health initiatives. India's lack of similar curricular reform perpetuates the cycle of exclusion, as nurses remain ill-equipped to engage in policymaking.

### **Barriers Reinforcing Exclusion**

The review identified systemic barriers such as hierarchical structures, lack of mentorship, gender dynamics, and fragmented professional organizations. These barriers are interlinked. Heavy clinical workloads and staffing shortages prevent nurses from dedicating time to policy engagement, while weak professional associations dilute collective advocacy efforts. Furthermore, the scarcity of role models in leadership perpetuates a sense of professional invisibility.

This reflects what Kingdon's (2011) multiple streams framework describes as the importance of "policy entrepreneurs"—individuals who advocate for issues, link problems with solutions, and mobilize political will. In India, the absence of nurse leaders in such roles weakens the nursing profession's capacity to influence policy agendas. Without deliberate strategies to nurture nurse "policy entrepreneurs," the profession will continue to remain on the margins of governance.

### **Opportunities for Reform**

Despite these challenges, there are notable opportunities for strengthening nursing influence in India's policy processes. The COVID-19 pandemic was a watershed moment that highlighted the indispensable role of nurses in crisis response, health education, and community engagement. Policymakers and the public alike witnessed nurses' leadership capacity under extreme circumstances. This creates a policy window where the visibility of nurses can be leveraged to advocate for greater representation in governance structures.

Expanding postgraduate and doctoral programs also provides an avenue for developing a cadre of nurse leaders equipped with research and policy competencies. Nurse-led research has been growing in India, and such evidence can serve as a powerful advocacy tool when presented to policymakers. Similarly, the increasing global emphasis on Universal Health Coverage (UHC) and primary healthcare aligns directly with nurses' strengths in community-based care. Nurses' inclusion in policy decisions could therefore accelerate progress towards national and global health goals.

### **Lessons from Global Models**

International experiences demonstrate that nursing representation in policymaking is both feasible and beneficial. In the **United States**, the appointment of Chief Nursing Officers at state and federal levels ensures that workforce policies reflect frontline realities. In the **United Kingdom**, the National Health Service (NHS) routinely includes nurse leaders in advisory boards and committees. In **the Philippines**, deliberate investments in nurse leadership development have empowered nurses to shape community health policies.

These models reveal several transferable strategies for India: embedding policy education in nursing curricula, creating formal leadership pathways, strengthening professional associations, and reserving positions for nurse leaders in health governance bodies. Importantly, global evidence shows that nurse leaders contribute to policies that prioritize patient safety, workforce well-being, and equitable access to care—outcomes highly relevant to India's healthcare challenges.

## Implications for India

Strengthening nurses' influence in health policy in India is not solely a matter of professional empowerment; it is a strategic imperative for improving healthcare delivery. Nurses' frontline experiences provide them with unique insights into systemic bottlenecks, community health needs, and patient perspectives. Incorporating these insights into policymaking can enhance the responsiveness, equity, and feasibility of health policies.

For education, this implies revising curricula to include courses on health policy, leadership, and advocacy. For practice, it requires reducing workload pressures and enabling nurses to participate in governance forums. For governance, it involves institutional reforms that guarantee nursing representation at state and national levels. Finally, for professional associations, it requires building stronger, united voices capable of influencing political agendas.

The discussion underscores that India's healthcare system cannot afford to marginalize nurses in policymaking. Addressing barriers, investing in education, and learning from global best practices are critical steps toward reform. By positioning nurses as equal partners in decision-making, India can create a more inclusive, effective, and sustainable healthcare system aligned with its commitment to Universal Health Coverage and the Sustainable Development Goals.

## Recommendation

Strengthening nurses' influence in health policy decision-making requires a multidimensional approach that addresses systemic, educational, professional, and organizational barriers while creating new avenues for empowerment and leadership. Based on the findings of this review, the following recommendations are proposed:

- 1. Enhance Nursing Education in Policy and Leadership** Nursing curricula at undergraduate and postgraduate levels should integrate health policy, leadership, and advocacy training. Specialized modules on governance, health economics, and policy analysis can prepare nurses to actively engage in national and state-level health reforms. Continuing education programs and workshops should also be made accessible for practicing nurses.
  - 2. Increase Representation in Policy Forums** Government agencies and health institutions should ensure proportional representation of nurses in policy advisory boards, task forces, and health commissions. Nursing councils and associations must advocate for formal inclusion of nurse leaders in strategic decision-making bodies.
  - 3. Strengthen Professional Associations and Advocacy** Professional nursing associations should expand their advocacy role by engaging in active policy dialogues, organizing campaigns, and publishing position papers. Collaboration with international nursing organizations such as the International Council of Nurses (ICN) can further enhance credibility and global visibility.
  - 4. Build Research Capacity and Evidence-Based Advocacy** Nurses should be encouraged to conduct and disseminate policy-oriented research to influence reforms with evidence. Establishing nursing research units and collaborating with interdisciplinary teams can support the creation of data-driven policy briefs and white papers.
  - 5. Promote Gender Equity and Leadership Opportunities** Given the gendered dynamics of the nursing profession, institutional mechanisms should actively promote female leadership in healthcare governance. Mentorship programs, scholarships, and leadership fellowships targeted at women nurses can support their upward mobility into decision-making roles.
  - 6. Foster Interprofessional Collaboration** with physicians, public health experts, economists, and policymakers can amplify nurses' voices and create collective platforms for health system improvement. Interprofessional councils should institutionalize nurse participation as equal stakeholders.
  - 7. Policy Reforms for Recognition and Autonomy** Regulatory reforms should expand the scope of nursing practice, granting greater autonomy and legal authority in clinical and community settings. This formal recognition of expertise will increase their credibility in health policy negotiations.
  - 8. Institutionalize Leadership Development Programs** National and state-level leadership academies for nurses should be established to build strategic, managerial, and policy leadership skills. These programs can create a pipeline of nurse leaders equipped to navigate political and bureaucratic systems.
- By implementing these recommendations, India can significantly strengthen the nursing profession's influence in health policy decision-making, ultimately leading to more inclusive, equitable, and responsive health systems.

## SUMMARY

Nurses constitute the backbone of India's healthcare system, providing essential care across urban hospitals, rural clinics, and community health programs. Despite their critical role, their influence in shaping health policy remains disproportionately low compared to their contributions. This review explored the current state of nursing participation in health policy decision-making in India, identified barriers and enablers, and proposed strategies to enhance their involvement.

The findings highlight that nurses often face systemic barriers, including hierarchical governance structures dominated by physicians and bureaucrats, lack of formal representation in policy forums, inadequate training in leadership and policy, and persistent gender-based challenges. These factors collectively marginalize nursing voices in crucial decision-making processes that directly affect patient care, workforce dynamics, and health system reforms. While nurses are central to implementing national health programs such as maternal and child health, immunization, and primary healthcare initiatives, their absence in policy design leads to a disconnect between ground-level realities and policy frameworks. The review also underscored opportunities that can be leveraged to strengthen nursing influence. Educational reforms that integrate health policy and leadership into nursing curricula can prepare the next generation of nurse leaders. Evidence-based advocacy, driven by nursing research, can provide credibility and authority in policy discussions. Professional associations, when strengthened, can serve as powerful collective platforms for negotiation, advocacy, and policy engagement. Global examples, such as the inclusion of nurses in leadership positions within WHO and advanced health systems, demonstrate how strategic reforms can elevate nursing voices and bring balance to health governance.

Recommendations proposed in this study emphasize multidimensional strategies: enhancing nursing education with policy and leadership modules, increasing formal representation in health policy forums, empowering professional associations, promoting gender equity in leadership, fostering interprofessional collaboration, and building research capacity to produce policy-relevant evidence. Institutionalizing leadership development programs at national and state levels can also create a sustainable cadre of nurse leaders capable of influencing policies aligned with public health priorities.

By strengthening nurses' policy influence, India can create more responsive, inclusive, and people-centered health systems. Nurses bring unique perspectives rooted in their daily interactions with patients and communities, allowing them to identify gaps and advocate for practical, equitable solutions. Their involvement can lead to more effective health workforce management, improved quality of care, and stronger alignment with universal health coverage goals.

In conclusion, the empowerment of nurses in policy decision-making is not just a professional issue but a national health priority. As India strives to strengthen its healthcare system amidst growing challenges, nurses must be recognized as essential stakeholders in health governance. By bridging the gap between service delivery and policy formulation, nurses can help shape a more resilient, equitable, and sustainable healthcare system for the future.

## REFERENCES

1. Bagga, R., Jaiswal, V., & Tiwari, R. (2015). Role of directorates in promoting nursing and midwifery across the various states of India: Call for leadership for reforms. *Indian Journal of Community Medicine*, 40(2), 71–91. <https://doi.org/10.4103/0970-0218.153870>
2. Chandani, T. (2025). How can high nursing workloads in India be reduced? Solutions for healthcare leaders. *International Journal of Community Medicine and Public Health*, 12(2), 1248–1253. <https://doi.org/10.18203/2394-6040.ijcmph20250033>
3. Das, A., Baruah, D., Sharma, S., & Sheikh, K. (2023). Market making and the production of nurses for export: A case study of India-UK nurse migration. *BMJ Global Health*, 9(2), e014096. <https://doi.org/10.1136/bmjgh-2023-014096>
4. Indian Nursing Council. (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. World Health Organization. <https://www.who.int/publications/i/item/9789240003279>
5. Varghese, J., Blankenhorn, A., Saligram, P., Porter, J., & Sheikh, K. (2018). Setting the agenda for nurse leadership in India: What is missing. *International Journal for Equity in Health*, 17(1), 98. <https://doi.org/10.1186/s12939-018-0814-0>
6. Malik, E., & Shankar, S. (2023). Empowering nurses: Exploring self-managed organizations in Indian healthcare. *BMC Nursing*, 22(1), 477. <https://doi.org/10.1186/s12912-023-01647-5>
7. Midgley, G., Thomas, P., & Singh, S. (2022). Challenges and needed reforms in midwifery and nursing regulatory mechanisms in India. *PLOS ONE*, 17(5), e0251331. <https://doi.org/10.1371/journal.pone.0251331>
8. Ministry of Health and Family Welfare. (2017). National health policy 2017. Government of India.
9. National Nursing and Midwifery Commission Act. (2023). Government of India Gazette.
10. Nair, R., & Gupta, P. (2017). Gender and hierarchy in Indian health systems: Implications for nurses. *Indian Journal of Gender Studies*, 24(1), 45–62. <https://doi.org/10.1177/0971521516685316>
11. Rajan, D., et al. (2019). Policy capacity and governance in low- and middle-income health systems. *Health Policy*, 123(6), 512–518. <https://doi.org/10.1016/j.healthpol.2019.04.002>



12. Salmond, S. W., & Echevarria, M. (2017). Healthcare transformation and changing roles for nursing. *Orthopaedic Nursing*, 36(1), 12–25. <https://doi.org/10.1097/NOR.0000000000000308>
13. Sharma, K., & Kaur, G. (2021). Advocacy in nursing: Building capacity for health policy. *International Nursing Review*, 68(3), 345–352. <https://doi.org/10.1111/inr.12651>
14. Singh, A., & Thomas, P. (2016). The role of professional associations in India's health sector. *Indian Journal of Public Health*, 60(4), 265–270. <https://doi.org/10.4103/0019-557X.195857>
15. Suresh, K., & Murthy, V. (2022). State of nursing in India: Persistent systemic challenges. *Health Policy OPEN*, 3, 100007. <https://doi.org/10.1016/j.hlopen.2022.100007>
16. Ukirde, K. S., Bhattacharjee, T., & Chandekar, P. (2022). Leadership styles and job satisfaction among nurses in India. *International Journal of Health Sciences*, 6(S2), 8346–8358. <https://doi.org/10.53730/ijhs.v6nS2.7125>
17. United Nations / World Health Organization. (2016). Global strategy on human resources for health: Workforce 2030. WHO. [https://www.who.int/hrh/resources/global\\_strategy\\_workforce2030](https://www.who.int/hrh/resources/global_strategy_workforce2030)
18. World Health Organization. (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. Geneva: WHO.
19. Yadav, R., & Mehta, A. (2023). Nurses as policy advocates: Strategies in low- and middle-income countries. *Global Health Research & Policy*, 8(1), 12–20. <https://doi.org/10.1186/s41256-023-00288-7>
20. Sharma, S., & Sharma, A. (2020). Nursing workforce in India: Challenges and the way forward. *Journal of Health Management*, 22(4), 452–460. <https://doi.org/10.1177/0972063420969609>
21. Rao, K. D., & Ramani, S. (2018). Nursing education and workforce challenges in India: Policy analysis. *Human Resources for Health*, 16(1), 64. <https://doi.org/10.1186/s12960-018-0333-0>
22. Devi, S. (2021). Nursing leadership and empowerment in India: Emerging perspectives. *Indian Journal of Nursing Studies*, 12(2), 89–97.
23. Sheikh, K., & Porter, J. (2019). Engaging frontline providers in policy decisions: Lessons from India. *Health Systems & Reform*, 5(2), 117–126. <https://doi.org/10.1080/23288604.2019.1596057>
24. World Health Organization. (2021). Strategic directions for nursing and midwifery 2021–2025. Geneva: WHO.
25. International Council of Nurses. (2022). Nurses: A voice to lead – Invest in nursing and respect rights to secure global health. ICN.

#### **Conflict of Interest**

The author declares that this is a self-funded research project. There are no conflicts of interest related to the preparation or publication of this manuscript.