**Role as a Nurse Leader in Health Care Policy Development**

From the literature, my unique role is formulating policies in the health care setting. Thus, I should possess the capacity and the responsibility to influence both the current and the future of health care delivery systems. The framework of the nursing profession is based on the holistic framework, which seeks to advance and foster peoples health through lifespans. To achieve such objectives, policies must exist, which define and as well integrate acceptable standards for care delivery. As a nurse leader, I can shape and influence the health care policy development in the future by developing practice standards and processes to assure the quality of care provision (Nickitas et al., 2016). Most of the leading nursing organizations promote the participation of nurses actively in policy formulation, and as such, I can influence the same by advocating for improved quality of healthcare.

Healthcare systems around the world are concerned with how they can offer both high-quality care and cost effective care for the people. However, there exist limits in the market in the essence of the provision of health services. The first limit is an adverse selection in the essence that it becomes difficult to cover individuals with pre-existing conditions. This means that insurance companies if allowed to set premiums, the young, and healthy would attract lower premiums while the elderly or those with health conditions would face high insurance costs. Second is the moral hazard in the essence that people tend not to care for themselves when they get insurance cover. This is because they are not limited to the number of times they visit a doctor or restrictions on how much health care they can use (Nickitas et al., 2016). The last one is asymmetric information in the essence that consumers are not able to evaluate the best health care procedures they need or the relative skills of doctors, which best suit their needs. In most cases, as well consumers are not able to evaluate the quality of service after any procedure. This element is an obstacle to provision of health services.

According to Gray et al., (2013) three interests are dominant in the current health care policy debates. The first is health care providers these are hospitals, health professionals, and pharmaceutical organizations. They are concerned in that they make sure the profits do not drop. The second involves insurance organizations, which lobby with the health care organizations as well as the government. They tend to shape health policies in a manner to ensure the government payments do not decrease (Gray et al., 2013). Lastly, health consumers who benefit directly from the health care services. They are concerned with the healthcare policy debates because it affects them directly thus would want the best for themselves.

**References**

Gray, V., Lowery, D., & Benz, J. K. (2013). *Interest groups and health care reform across the United States*. Washington, DC: Georgetown University Press.

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