

From the editor ...

In the past several months I have become increasingly involved with women's community groups concerned about the major health care problems that affect their lives. The contrasts between these community groups and nurses with whom I work are startling. I am struck by the almost total isolation of nurses from societal issues of paramount concern to individuals seeking good health. My observations are particularly relevant to the topic for this issue: nursing intervention.

First, the perceptions and levels of awareness of health are drastically different. In the community groups, the women "tune in" to health without effort or self-consciousness. Their conversations focus on the maintenance of health, increasing their own levels of health and preventing any sort of interference with their health and the health of their families and community. Their views are predominantly community oriented. They move in conversation from individual concerns to the implications of their own experiences for the health of the entire community. Nursing groups, on the other hand, speak of health with great effort, struggling to differentiate "health" out of the pools of nonhealth or illness concepts with which they have been immersed in their education and in most of their nursing experience.

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Second, the types of health problems that these community groups perceive differ drastically from those of the nursing groups. These women's groups are primarily concerned with such problems as consumer protection in the quality of goods that affect their health (e.g., foods and other goods containing chemicals) and in the runaway contamination of the environment (particularly nuclear contamination). The women eagerly share their information, and their pooled knowledge leaves the listener impressed with the scope and quality of informal research they have done to confirm the accuracy and comprehensiveness of their information. I am struck by the realization that what shortfalls they do have in understanding would be more than compensated by a background of nursing knowledge. When I listen to groups of nurses, these types of problems rarely enter the discussion, and awareness of the facts and implications for health is almost totally lacking.

Finally, there seems to be a striking difference in the approaches that the groups discuss for intervention—perhaps a logical outgrowth of the differences in the types of problems that are identified. Women's community groups focus on group action; on the political process; and on education and action through local schools, churches and special-interest groups. They have sought information about, and use, nontraditional health-care approaches. Nurses, who are well schooled in the private enterprise of "medicine," focus on things they alone can do *for* clients, with their discussion clouded by a concern for their singular legal boundaries and by petty issues growing out of their ties to hospitals and physicians.

An example of these contrasts is an experience I had in gathering with a group of women to read and discuss passages of Mary Daly's book, *Gyn/Ecology*. Before we began our discussion, one of the women in the group shared her recent experience of being raped. The group listened, asked questions, supported her in resolving the emotional and physical trauma she had

experienced, and began to enter into plans for helping her with actions she had not been able to take alone in dealing with the police. The women discussed plans and actions they were implementing to improve protection and security for women in their community by providing, through an organized effort, dead-bolt locks for apartments where single women reside. They shared efforts they and others had taken to distribute information in the total community about rape and physical safety of women and children, and how these efforts could be increased. They discussed the lack of community resources for serving women who are victims of violence, and how they might begin to work toward the establishment of some mechanism for immediate and long-term assistance.

All nurses need to make these kinds of contacts and observations, taking them seriously as a major focus of concern and study. Nurses as participants in groups like the one I described can be a tremendous resource for women who are trying to improve their own health and the health of their communities. Moreover, as nurses increasingly enter independent or group practice, we need to be fully attuned to the health concerns of those people who will become our clients. I have asked myself why we nurses—of all people—have such reluctance and difficulty addressing the issues of health in our everyday thinking and action, why we overlook the importance of health problems like environmental contamination, and why we seem reticent to use community action and public involvement as a means of intervention. The gap between our profession's world and the world of the health care consumer appears to me to be wide and deep. We can, through community involvement, begin to narrow that gap, and tap the rich resource of knowledge that exists in the people of a community.

—Peggy L. Chinn, R.N., Ph.D.
Editor