ANS Open Forum

This Open Forum presents two nurses' ideas about current issues in politics and public affairs as they relate to nursing. Each gives her own personal viewpoints, and not those of the organization with which she is affiliated.

Constance Holleran, R.N., M.S.,
Deputy Executive Director, Government Relations Division, American Nurses' Association (Washington Office), Washington, D.C.:

ANS: In your opinion, what is the most pressing political issue facing nursing today?

CH: I think the key political issue is who is to speak for nurses and for nursing. I select this issue as the most critical as I feel strongly that nurses are not looking long range at the implications of certain of their actions.

For example, if a union (let's say any one at all—part of AFL/CIO or not) is selected by nurses to be their bargaining agent it must be recognized that that same voice will speak for them not just at the

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bargaining table but in all other areas as well. The union will speak on practice issues and on legislative issues as well. Let's say that in one state one union represents 3,000 nurses, another speaks for 2,800 and the state nurses' association represents 4,000 of the state's nurses. Legislative battles could get pretty hairy and a great deal of time and effort will have to go into coordinating, educating and even outwitting on occasion. "He who speaks for you at the table speaks for you in many places."

At this critical time when nurses are working to delineate the nursing role, identify nursing costs and get reimbursement for nursing services, I think every nurse should really think this issue through very carefully. Nursing research is increasingly giving us a basis for practice. Society is beginning to recognize nursing's unmet potential to improve care. Now is not the time to give it all away. Our chance to be a positive force in changing the system will be greatly weakened if, again, we let our energies be dissipated and our voice become voices.

ANS: What do you see as priorities for action that nurses need to take individually and collectively?

CH: Individually, nurses must learn to more effectively speak up for their rights. Nurses just do not know how to ask for realistic salaries or how to effectively negotiate for benefits and working conditions.

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Nurses are unable to practice effectively in many settings due to poor staffing and the structure of the institutions in which that care is given. The frustration factor is such that "burnout" and "dropout" are becoming more common. The public has to hear these facts from nurses. Therefore, I think we need a few strong spokespersons carefully prepared for the public encounters needed and we must see that they get the right forums to inform the public of the problems. After all it is the consumer that is losing out.

If, as is happening in several states, unlicensed people are running hospital and nursing home units and the public thinks they are registered professional nurses, we have to speak up. Those patients don't pay less for that care! So why do we let this go on? We lobby hard to require screening tests for foreign-trained nurses, so that they do not arrive here under a special visa, expecting to be licensed when they have no educational background for such a license. The current situation is unfair to those nurses and to the public.

Lobbying hard against us are certain state hospital groups and some national ones.

Well, it's time nursing went public. Get the facts together and get them out where they can be heard. You might wonder why I call this a political issue. Well, it just is! *Very* political! And it does have legislative implications. Take my word for it. It is a rough tough world and we'd better get our act together because the others involved are well organized and well financed.

ANS: How do you view the relationship between nursing research, theory development and the political process?

CH: I think there is a close relationship between these factors. First of all, nursing, in the political sense, must be better able to articulate its function and its value to society. In order to do that, nursing theory must be well developed, tested and put into practice.

In these cost-conscious times nursing needs to be ready with facts for the hard questions. For example, if 40% to 60% of hospital budgets are allocated for nursing, what does that expenditure really buy? How can it be safely trimmed? Or if sharp cuts are made in those budgets, what impact will there be on patient care (that can be validated—i.e., average stay increased, or use of drugs increased or rehabilitation needed increased, etc.)?

Nebulous answers don't bring about positive responses, so nursing administrators have to be able to forcefully document their department's needs. Solid research findings on the clinical results of nursing interventions will help. So will a better description of nursing that comes with solid nursing theory.

So often in my work I hear elected groups and others say, "How can we help you lobby?" Lobbying is actually selling a product. What we desperately need from nursing's elected groups and others is a clear articulation of what nursing education, nursing research and nursing practice *can do* for society, what the inhibiting factors are, set some long-term goals and determine what it will take to get there. That is what is needed to develop legislative proposals. Once these things are worked out we can all organize ourselves for effective lobbying. No salesperson can be good without a salable product.

Once our goals are set, nurses do get public support. Consumers must be made to see what they are being denied. Public policy follows public opinion. We have to stop talking to ourselves and get out front and talk to the American public.

I have often said nursing's time is now, and for the past five years I have really felt that to be true. However, there are signs of splits in crucial places, and we do not currently seem to have our professional goals clearly articulated.

I fear our time will be past soon and it will be our own fault. Too little, too late, too often in the competitive public arena.

Think about that.

Karen Anne Wolf, R.N., M.S., *Instructor, College of Nursing, Northeastern University, Boston, Massachusetts:*

ANS: In your opinion, what is the most pressing political issue facing nursing today?

KAW: My concern is that nursing is spending relatively exorbitant energies on a few isolated political issues and has not yet come to grips with the whole political picture of health planning and legislation. While the current political issues of reimbursement for nursing services and involvement in professional standards review organization regulation are gaining momentum, they do not confront the more basic structural defects of our costly illness-oriented health care system. Our political action is based on the assumption that the current system is working and would work even better if nurses were more in control of the system.

To a certain extent, I believe that we have been caught up in a battle over intangible issues such as status, self esteem, and ideology, and often under the guise of autonomy and economic power. While I don't deny the importance of these issues, I am concerned that our confusion

over desired outcomes in political bargaining has left us internally fixated.

The 1980s will be a critical period in health care planning in terms of the economy and with the presidential election campaign already launched on a variety of health care stands. Nursing as the largest group of health care providers cannot survive by numbers alone, under the careful eye of election strategists, government regulators, cost accountants, outraged consumers and health care competitors. Coming to terms with the downward economic trends and the growing wave of antiprofessionalism, nursing must develop its political priorities in the context of societal needs, not in isolation from them.

Many of our current legislative proposals hold the potential to alienate us from the consumer. Recognition of nursing as a legitimate provider of health care services does not mean valuing cost-effectiveness of care above quality of care, nor does it mean nurses' charging inflated physician-scaled fees.

As a legitimate provider of health care services, nursing is under obligation to the consumer to support the availability and accessibility of a wide range of services. The growing demand for health-promoting self-care and alternative healing methods is an invitation to the nursing profession.

On a cautionary note, I must add that the tremendous excitement of these changing times for nursing may be dampened by the larger economic plan in the country. Nursing by virtue of its gender is highly vulnerable to the whims of labor economists. The education and utilization of nurses are being scrutinized by the federal government in terms of distribution patterns, costs of labor and cost of education. Sexist assumptions about nursing as a women's field underlie policies that would keep our labor cheap, expendable, and easily discarded in unemployment. The ever-increasing stratification in our labor force may find one level of workers pushing another level of workers out to reduce the tension in the market.

Nursing has been in the midst of internal political battles over issues of educational preparation, credentialing and collective bargaining. In reality, these issues are not so internal as we would like to think. Nursing has been responding to a variety of influences in our society that keep us in a constant state of flux, internalized frustration and anger. We have become obsessed by the differences between each nurse and fail to see the commonalities that exist among nurses, health care workers and other persons in sex-segregated women's work.

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ANS: What do you see as the priorities for action that nurses need to take, individually and collectively?

KAW: Our past experiences and common sense should tell us that nursing cannot take on or reverse the current power balance in health care politics without help. Nursing must realize its mortality is inherent in continued isolationism. The political future of nursing will be dependent on our ability to join forces with others such as occupational, labor and consumer groups. Coalition formation with groups such as the Gray Panthers and the National

Women's Health Network would expand our familiarity with health issues, strategies for political action, and the necessary economic and voter power base.

Collective action by nurses through their professional organizations has been hampered by the increasing fragmentation of our organizations and infighting so typical of an oppressed group. I recognize that much of our tradition, progress and identity is tied to our organization, but I also see that there is a need for a political vehicle for a unified nursing. Unity does not mean complete agreement on all issues. Coming together for political action requires a common bond, interest or tie such as our occupation or interest in better health care.

Nursing must become visible on all levels of health policy development and implementation. This is a priority that requires both collective and individual attention. Qualified nurses or nursing advocates need to be recognized, promoted and supported. Risk takers, role breakers and agitators with political skills should be cultivated in our educational and professional environment. The development of political skills can be promoted in a climate of support for critical thinking, skepticism and organizational change.

I see the individual nurse as critical to our political future. Isolated individuals do not equal collective behavior. We have yet to develop a group identity. Caught in the '60s and '70s with the emphasis on "me," the individual, nursing as a collective has existed as an amorphous being.

ANS: How do you view the relationship between nursing research, theory development and the political process? How does one affect the other?

KAW: Clearly, there is a reciprocal relationship between nursing research, theory development and the political process. From my perspective, all research and theory development is political. Our interests, ideas and research priorities are cultivated by political influences. For example, research on self-care is currently gaining strength under the influence of consumers, cost analysts and others. The traditional wave effect in biomedical research will continue to develop strength in nursing. I am concerned that much of our theory development and research has been based on microanalytic theory. Nursing as both a generalist field and applied science urgently needs to stimulate macroanalytic theory. In particular, emphasis should be placed on economic and political perspectives of care. The context of our practice is as important as the content of our practice.