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# Letters to the editor

## *To the editor:*

I am writing to both applaud and question Dr Kathleen MacPherson's article on the impact of current health policy on "caring" in your July 1989 edition. As a nurse with active professional commitment to health policy concerns as well as to political activism, I was pleased to see this article in your journal.

The article has great strength in identifying some significant policy issues that in fact impact negatively on the nurse's role as "care-taker." Certainly the "new" economics of health care must be of vital concern to the nurse caregiver, researcher, and student.

I am particularly concerned, however, that Dr MacPherson's article totally failed to identify for the reader that the American Nurses' Association and its 53 state nurses associations (SNAs) take the responsibility of leadership for governmental relations including legislation, regulation, and judicial monitoring on behalf of the profession as an essential part of our organizational mission. Even while headquartered in Kansas City, ANA maintained a large staff contingent in Washington, DC, and is now moving there due to the strong belief of the membership that strengthening nursing's policy influence is even more necessary in the decade ahead. Likewise, most SNAs are headquartered in state capitals to more easily participate in the state policy processes.

Dr MacPherson correctly identified labor relations as a function of the ANA, but to characterize the professional organization representing the nation's 2.1 million nurses on a broad variety of issues such as ethics, clinical practice and standards setting, and international representation (just to mention a few) as a labor union *only* is to distort for the reader where each can be most effective in health policy activity—through their SNAs and the ANA.

Please share my concerns with Dr MacPherson and your readership. Nursing needs unity and focus to shape America's health policy agenda and we need to unify within the ANA.

—Virginia Trotter Betts  
Senior Fellow  
Vanderbilt Institute for Public  
Policy Studies  
1st Vice President  
American Nurses' Association

## *Author's Reply:*

I am glad to have the opportunity to respond to Virginia Trotter Betts' letter regarding my article "A new perspective on nursing and caring in a corporate context," published in *ANS* 11:4 (July 1989). Her basic criticisms address my not discussing the role that ANA plays in influencing health policy creation and implementation and my presentation of ANA as a labor union.

The focus of my article was on how the corporatization of health care impacts on nurses' ability to implement an ethic of caring. I only addressed selected strategies for making caring possible and did not include the ANA's and SNA's mission of leadership for governmental relations.

This is an important role for ANA to assume but progress is slow in the health policy arena and often incremental in nature.<sup>1</sup> Hopefully, however, in the long term, ANA will influence the creation of new policies leading to changes that will enhance the average nurse's opportunities for caring.

The most immediate and powerful force supporting the staff nurse to have time to care is unionization, preferably through ANA. Control and protection of practice is the ultimate goal of the state nurses' associations through collective bargaining.<sup>2</sup> Without collective bargaining nurses do not have control of their practice.<sup>3</sup> Unionization can clearly lead to concrete changes in the workplace.

Examples of new structures that have been created in hospitals following unionization include nurse practice committees<sup>4</sup> to identify issues, such as staffing and mandatory overtime, to be addressed during union-management negotiations. Protest strategies that can protect nurses from unsafe practice conditions are "working under protest" and "assignment—despite objection" forms.<sup>4</sup> These forms can serve as the basis for grievance procedures or labor-management meetings called to resolve the problem. This strategy places legal responsibility for safe patient care on hospitals as they seek to increase profits.

A contract can also be negotiated to provide for shared governance through a labor-management staffing committee.<sup>4</sup> This committee helps set management policies on staffing and scheduling that address acuity, census, and other factors that affect nurses' ability to practice safely and to implement an ethic of caring.

As the health care system becomes increasingly corporatized nurses are commonly not rewarded for