

The Politics of Nursing

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Received: 20 March 2018; Accepted: 01 April 2018

Citation: John Silver. The Politics of Nursing. *Nur Primary Care*. 2018; 2(2): 1-2.

The American Nurse's Association (ANA) Code of Ethics calls for an engaged nursing workforce, one which works to ensure quality at both the personal as well as institutional, community, and national level of care. There is little doubt that the field of nursing has failed in these missions, and even less doubt that the importance of political activism has not been taught in our nursing programs.

Only about 1 in 10 nursing students continue to belong and support their professional organizations even if they are members of their student association. In fact, the ANA represents less than 5% of the nursing workforce nationally. Specialty organizations have similar percentages in their respective areas of practice. In Florida, for example, less than 4% of the state's 178,000 nurses belong to the Florida Nursing Association (FNA). Nationally, only 20% of nurses belong to any professional organization, and many of these consider themselves apolitical. These statistics are disheartening, and serve to undermine what efforts there are to affect regional, state, and national health policy.

When it comes right down to it, the only real political power nursing has is the large number of nurses. With almost 3 million nurses, nursing represents the largest percentage of healthcare workers, and should be in a position to lobby for health policy changes that are consistent with our Code of Ethics and our mandate for patient advocacy. It is only this power of numbers that would allow nursing to politically compete with the much more financially empowered medical, industrial, insurance, administrative, and pharmaceutical groups.

The facts point to a fractured field of nursing, with administrative nurses closely aligned with hospital administrations, and thus pursuing the political goals of the American Hospital Association (AHA). One little known fact is that the primary administrative nursing organization, the American Organization of Nurse

Executives (AONE), is actually a chapter (although they now state they are not) of the AHA. Political activities by the AONE have included opposing the NLRB's Kentucky River decision's reform (in spite of the fact that both the ANA and the AACN have supported these policies) and vigorously opposing, to the point of distributing false information, California's recent staffing ratio laws. This places them in direct opposition to bedside nurses on many issues.

What role do nurse educators have in equipping our students with the knowledge, skills, and sense of mission for becoming active players in the political process? In the Associate degree programs, most of the emphasis seems to be on NCLEX passing rates, and little curriculum is devoted to the sense of nursing as a socially engaged profession. Baccalaureate programs (generics) also seem to be more focused on NCLEX passing rates than on political activism. While membership in the student nursing associations appears to be high during the academic period, these "active" members drop off precipitously within 1 year of graduation, perhaps under the influence of their peers. Non-generic programs (RN-BSN) and MSN programs should be in a position to promote more engagement, but most faculty are not well trained in health policy themselves, and the focus continues to be on theory application to the individual nursing action as opposed to the field focus on political activism.

One particular concern involves the hesitance on the part of some faculties to appear as antagonistic towards the objectives of nursing administrators and their facilities, perhaps for fear of retaliation against the schools and universities in terms of limiting already scarce clinical training sites. Contributing concerns are the sense of elitism and political conservatism evident in nursing leadership across the board, active discrimination and job insecurity for those nurses who are politically active, and the sense of hopelessness evident in many nurses who wish for, but are personally hesitant

to join, political movements regarding health policy and nursing workforce issues. The message is simple, writing or talking about foot ulcers is okay, writing or talking about staffing ratios is not.

Nurse educators are in a unique position to greatly influence how their students relate to their professional organizations and consequently, how those organizations relate to the political

process. Our research role and academic “search for the truth” positions need to be enhanced, supported, and nurtured. To do this, however, requires the support of academic administrations, and most importantly, critical reflection regarding our issues. The impact of directly opposing the interests of administrative nurses needs to be studied.