Special Nurses' Day Feature

WELFARE OF NURSES AND PATIENT CARE

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Introduction

THE principle of collective action is basic to the achievement of professional goals. When professionals form a professional association, they illustrate their belief that they can improve their profession and the services performed by the members if they act collectively rather than as individuals to achieve goals.

While nurses have long acted collectively in some areas, such as establishing requirements for educational programmes and licensure, they have been less willing to act in the interests of their own social and economic welfare. Such reluctance has contributed directly to poor working conditions, low salaries, and low job satisfaction of nurses, all of which result in continuing shortages of nurses and difficulty in recruitment into and retention in the profession. The absence of a well qualified, stable nursing staff in turn contributes to poor patient care in many instances. To understand this chain of events, it may be useful to examine some of the historical and social forces which have influenced nursing care. In the following, we will first consider the functions of a nurse, how these functions have been viewed historically as women's work, and the results of this view in contributing to a nursing shortage. Next, the concept of professionalism will be discussed, with attention to how nurses have emphasized some aspects of professionalism and ignored others, which has produced negative effects for nursing. Finally, the notion of collective action by professionals will be elaborated upon as a way of suggesting some action which needs to be taken by nurses.

Functions of the Nurse

The profession of nursing has long historical roots in every country of the world. Although there is variation amongst countries in how nursing is organized, what functions are carried out by nurses, who performs various tasks, level of educational preparation required, and so forth, there is a strong commonality in the basic functions of a nurse. These functions generally include the promotion and restoration of health, the prevention of illness and the care of the sick. While there is overlap in some of these functions with other health professions, it generally has been nurses who have provided the sustained care needed by the sick.

In this regard, nursing knowledge can be viewed as the science of care, in contrast to the science of cure, which is the focus of medicine. The science of cure is concerned with the diagnosis and treatment of illness, and is widely acknowledged as the domain of the physician. In contrast, the science of care focuses upon the knowledge needed to attend to or provide care for people who are ill.

This includes the promotion of comfort, alleviation of pain and other unpleasant sensations, promotion of rest and sleep, reduction of complications associated with hospitalization, helping patients learn to cope with the effects of their families, how to assume responsibilities for aspects of their own health and illness care, and similar responsibilities.

While certain activities of the nurse relate directly to carrying out treatments prescribed by the physician and directed towards cure, and some activities of the physician encompass aspects of care, in general the two areas of care and cure are the responsibilities of nursing and medicine respectively. The care and cure functions are complementary since both are necessary and important aspects of health care. Nurses and physicians are both concerned with other aspects of health care, such as promotion of health and prevention of illness, but it is the major functions of care and cure which distinguish between the profession of nursing and medicine.

Nursing, medicine, and other health professions, of course, must all be concerned not only with improving their own practice, but also with maintaining and improving standards of health care generally. No single health profession can operate effectively in isolation from other health professions without consideration for the broader context of health care. While each profession is concerned primarily with its own practice and members, it must, of necessity, attend to the broader health and social conditions within which it operates.

Nursing as Women's Work

Historically, nursing has been identified as women's work, and the care of the sick and well generally has been carried out by women, although there is some variation in this from country to country. It usually has been the women in families who care for ill family members and women who have been trained and expected to care for sick persons when a degree of knowledge greater than that possessed by the typical lay person was required. In addition to its identification with women, nursing has been identified closely as a religious vocation. Throughout the history of organized religion, a major and common function of members, particularly women members, of the clergy has been to provide aid and comfort to the sick. Provision of this care was viewed as providing a worthy service as part of one's religious duties, and therefore little or no financial remuneration was expected as payment for performing the service. The identification with women and with religious duties carried with it a heavy emphasis on self-sacrifice and obedience. Nurses generally were expected always to put the needs of their patients before any of their own personal, social, or economic needs. In addition, they were expected to obey their "superiors", usually meaning physicians and other nurses with more authority. These characteristics continue to be strongly reflected in nurses today.

Because it is identified as women's work, the importance of nursing care is often devalued, as are other aspects of what is generally considered to be women's work, such as child rearing, cooking, cleaning and other activities related to care of the home and family. Contributing to the devaluation of nursing functions is the fact that many aspects of nursing care involve performing some kind of manual task or skill. In many societies, persons who work with their hands are viewed as inferior to those who work primarily with their heads. While nurses work with both the head and hands, inclusion of manual skills in nurses' functions has played a part in the general devaluation of nursing. Historical identification of nursing as women's work and as religious vocation, together with the heavy component of manual skills in nursing, have had important influences on how nursing has been socially valued and how it has developed.

Consequences of Nursing Shortages

The combination of hard work and emphasis on self-sacrifice and subservience have made nursing attractive as a religious vocation, but have not served to make it generally an attractive occupation. A shortage of well prepared nurses is a problem in nearly every country of the world. Problems arise in both the recruitment and retention of nurses. Adding to the problem of shortage is the fact that nurses who are prepared to give high level nursing care often are able to spend little time directly with people who are or will be patients. Rather, they must use their time to teach and supervise less prepared persons and to coordinate the activities of other health professionals. It has long been acknowledeged that those nurses who are best prepared and often most effective in giving care are the ones who are promoted away from the care of patients. Thus, the actual care frequently is given by persons with little or no formal education.

Another negative consequence of the shortage of qualified nurses has been that prepared nurses have been so busy teaching and managing others that they have had little time to advance the general level of nursing knowledge. Much nursing knowledge remains in an early stage of development in large part because insufficient numbers of nurses have focused their attention and energy on developing and testing new nursing care measures. Nurses often have had to depend on what is already known and what can be borrowed from other occupations, rather than having active programmes of research to develop new methods of care. Nursing's knowledge of how to alleviate pain, increase the comfort of patients, promote better rest and sleep, teach patients about health and illness care, and a myriad of other important nursing problems remains at an undeveloped level. When new knowledge is introduced into nursing curricula, it is often knowledge pulled from medicine or other

disciplines and related to cure rather than new knowledge developed by nurses themselves and designed to improve the nursing care of the patient.

The shortage of nursing personnel, the heavy concentration of nurses on teaching and coordinating other people's work, and the low level of development of nursing knowledge have contributed to a lower standard of nursing care, and hence, lower standard of health care than is desirable. This is true in both the developed and developing countries and is a source of frustration for patients and nurses alike. Further compounding the problem is that in many countries expectations of people with regard to health care have increased. Thus, the gap between the kind of nursing and health care desired and that actually given widens still more.

Characteristics of a Profession

The problem of the level of nursing care provided is in part a result of how nursing has viewed itself as a profession. Nurses' view of themselves as professionals has not always coincided with other persons' definitions of what is meant by professional. There is general agreement among sociologists, for example, that there are three main criteria of a profession. One is that the professionals have long period of education to gain a specialized knowledge; the second is that there is a service orientation or a concern with providing some needed service to people. The third criterion, autonomy, is based on the first two of education and service. Professional autonomy means that professionals are self-regulating and in control of their functions in the work setting. The argument is that if the knowledge of professionals is actually so specialized, then only persons who have that knowledge are qualified to define safe and effective practice. It is not appropriate for persons without such knowledge to make judgements about how the knowledge ought to be used. This is the basis for the assertion that professionals must have authority to control their own practice.

Although the profession as a whole develops standards and guidelines for how the work should be carried out, it is not common for one professional to supervise the work of another professional, except during periods of training. Professionals advise and consult with their colleagues; but responsibility for professional decision-making rests with the individual professional. Professional judgement means using the specialized knowledge to make the best decision regarding how that knowledge should be applied in a particular situation. In the professional model, knowledge is the basis for authority to make decisions about professional practice.

Conflicts in Sources of Authority

This is in contrast to positional authority that is characteristic of complex organizations. Such organisations usually are structures with a hierarchy of authority, with persons higher in the hierarchy having the authority to give orders to persons lower in the hierarchy and to expect that they will be obeyed. This poses a potential conflict when professionals are employed in such organizations. The notion that someone in a higher administrative position automatically is qualified to supervise the professional work of those lower in the hierarchy has been criticized as being in conflict with the professional model. At an earlier time in history, professionals operated as solo practitioners or in small groups, and had direct relationships with their clients. It is only fairly recently that professionals have been employed in large numbers in complex organizations. The changes in the employment status of professionals and their relationship to clients have caused problems in determining who is best qualified to make what kinds of decisions regarding services performed for clients. The potential conflict between bureaucratic authority and professional authority poses problems for professionals who work in organizations.

While the above three criteria (long period of specialized education, service orientation, and autonomy) are the generally accepted criteria of a profession, nursing has focused more on two of these components; service and education, and has had less concern about autonomy. Nurses generally have been interested in raising their level of education. This is an international effort and one that strongly persists to the present time. There also has been no question about the service orientation of nurses, in that they provide care that is clearly a necessary service to people. There has, however, been little emphasis given to the autonomy dimension of professionalism, largely because of the expectation that nurses must be obedient. The characteristics of unquestioning obedience and autonomy are contradictory. Emphasis on the dimensions of education and service and the neglect of autonomy have had some negative consequences for nursing.

Negative Effects on Nursing

One negative consequence of the lack of concern for professional autonomy is that nurses have not been in a position to control their own practice. Rather, they have been expected to carry out orders, including orders related to nursing practice, of those above them in the administrative hierarchy, whether the administrators were nurses or not; and they have been expected to obey the orders of physicians, even when those orders related to nursing care rather than to medical care. It is, of course, necessary for all persons employed in organizations to follow certain rules and regulations that permit the organization to function. Moreover, to the extent that nurses are performing delegated medical functions, it is appropriate that they be supervised by and expected to follow the orders of physicians. To the extent that they are providing nursing care, however, it is inappropriate to expect that physicians or other non-nurses have the knowledge or authority to supervise them. It is in this area that clear distinctions should be made between what constitutes medicine and what constitutes nursing, with nurses clearly controlling the practice of nursing.

Because of their belief that they must defer to others, nurses often have not been in decision-making positions with regard to nursing care, and even less so with

regard to health care in general. Although it is increasingly recognized that health care is composed of more than medical care, the involvement of nurses in general health care decisions has been slow to emerge and is non-existent in many places. Since nurses are not in decision-making positions in regard to health care, budgets for health care programmes commonly reflect a low priority for nursing.

Another result of the lack of autonomy is that nurses generally have not been aggressive in seeking fair financial compensation for the work they perform. In societies where financial rocompense is varied according to the kind of work done, professionals usually receive higher financial rewards than do lesser prepared workers. This has not been so in the case of nursing. Nurses spend several years in educational preparation and carry heavy and serious responsibilities with regard to care of patients. They have not, however, expected nor been expected to be financially reimbursed for this on a level equal to that of other professionals with similar amounts of preparation and responsibility.

A 1960 study[1] of the employment conditions of nurses in 56 countries and territories indicated that :

> ...the hourly remuneration of staff nurses is lower than the hourly rates for the lowest-paid group of industrial workers in nearly half of the countries covered. In about a third of the countries, ward sisters also receive less hourly remuneration than this lowest-paid group of industrial workers, while in two-thirds of the countries for which information is available for the two groups, ward sisters receive less than the skilled group.

Although this information is now more than sixteen years old, the situation in many countries has not changed significantly. Not only are nurses not paid in accordance with other professionals, they have often not even been paid on an equal basis with unskilled labourers. Again, this results in part from the fact that most nurses are women and that women's work is undervalued. Many nurses have accepted this state of affairs as a natural one and have not been active in trying to change the conditions.

Another problem which both results from and contributes to the lack of control that nurses have over their work is the settings in which nurses are educated. In most countries, professionals are educated in the general university system. It has not been so with nurses, who usually are educated or trained in hospitals. Thus, from the earliest days of their training they are exposed to values which are well established in the hospital system, where authority for decision-making resides in administrators and doctors. Continuation of nursing programmes in such settings contributes to continuation of nurses' belief that others have the right to control decisions regarding nursing care.

The factors reflect and reinforce the underestimation of the importance of nursing care which exists in too many places. If nurses are to improve nursing, they must be prepared to act assertively and responsible to change the situation as it currently exists. Those who have authority to make decisions ordinarily are reluctant to relinquish such authority to others. This is true in the case of nursing, in which non-nurses inappropriately control professional decisions of nurses.

Professional Associations and Colletcive Action

One way in which professionals act to protect their interests is to form professional associations. The professional association is based on the principle of collective action; that is, people will be more successful in achieving their goals if they act as a group, rather than as individuals only. Professional associations have the dual functions of maintaining a high quality of service for clients and protecting the social and economic interests of members. Some activities of a professional association are directed toward one of these major functions, some are directed toward the other, and some toward both. At times, certain activities with respect to one function may be in conflict with the other function. It is the responsibility of members of the association to maintain an appropriate concern for and balance between protection of the public which they serve and protection of their members. The ability of a profession to achieve its goal is greatly dependent on the collective strength of its members as expressed in the actions of its professional association. The form taken by the professional association and how it relates to other groups to achieve its goals varies with the society, and this is reflected in the variety which exists in associations of nurses. The most common form is that professionals are organized into an association composed only of members of the profession.

In a few countries, however, several related occupations or professions are combined. Where this is so, members of one profession usually comprise a subsection of the association. In most countries, the relationship between the association and governmental bodies is independent, with the association lobbying the legislative and administrative components of government to influence decisions about nursing specifically and health care generally. Associations in some other countries have a different role with respect to the government, as for example one nurses' association which operates essentially as part of the government and which has as an aim, "a constant cooperation with organs of state administration with a view to ensuring the community an adequate nursing attendance". Whatever the form of association and the relationship with other groups, the principle that professionals themselves maintain control of decisions related to professional practice is basic.

The methods used by professionals to achieve their goals vary with social and cultural conditions and with changing circumstances. Some of the methods have been noted above. One is lobbying for legislation favourable to their area of professional practice and to the economic and social welfare of their members. Another is establishing communications and working relationships with governmental administrators so that decisions which have an impact on the practice and the members have major input from the professionals. A third kind of action is the development of standards for practice, for education of students, for licensure, and for similar areas of professional concern. Setting such standards is an activity to which nurses have long subscribed and in which many are well experienced.

Professionals also engage in collective bargaining.

"Collective bargaining is a process of decision-making Its overriding purpose is the negotiation of an agreed set of rules to govern the substantive and procedural terms of the employment relationship, as well as the relationship between the bargaining parties themselves."[2]

There are different forms of collective bargaining, the most common of which is the negotiations which result in a contract, usually written, between a group of employees and an employer. Other forms are the discussions that occur within bipartite central bodies such as the National Labour Conference in Pakistan, and the discussions of a government with employer and trade union organizations about such things as the terms of a new labour law, "...there is collective bargaining whenever there are negotiations between employers and workers and possibly the government on economic and social problems during which the parties seek to reach a compromise by reciprocal concessions."[3]

In the form of collective bargaining in which a group of employees negotiate with a specific employer over salaries, working conditions and other matters, employees commonly choose several of their members to represent them in discussions with the employer's representatives. The form of government and the laws within which the bargaining takes place influence who can represent employees, the procedures followed during the bargaining, and what issues may be negotiated. Within this social and legal context, problems related to the conditions of employment and labour relations are solved by negotiation and compromise between the parties involved.

In some countries collective bargaining by any group is prohibited. In other countries all employees are guaranteed the right to participate in collective bargaining if they so desire. In countries where employment is in either public or private settings, distinctions often are made in the laws and regulations governing the conduct of the negotiations in the public and private sectors.

While collective bargaining historically has been used by skilled and unskilled workers, it is increasingly being used by salaried professionals. Its use by professionals has resulted from the trend toward increased employment of professionals in organizations. With the tendency for more work to be performed in organizations, professionals have moved into salary arrangements similar to those of other employees. They are no longer paid directly by the client but by the organization, which in turn collects its fees from the client or from third parties such as insurance companies or governments. In addition to the move of previously self-employed professionals to organizations, members of some occupations already employed in organizations have worked to develop into professions. This is true of nurses, teachers, social workers, and others. As more professionals become salaried, collective bargaining is gaining acceptance by them.

Whether the employees are non-professional or professional, the choice of a bargaining agent is an important one. Usually, the choice of who will represent a group of employees is left to the employees to decide. When those bargaining are nurses, it is generally preferable that the professional nurses' association assume this role. In a few countries organizations representing a broad range of workers and including nurses are legally specified as the bargaining agents for nurses. When this happens, nurses nevertheless should seek to retain major influence in the decisions made regarding their employment conditions to ensure that decisions made are supportive of safe and effective professional practice.

It is important that any employee group planning to undertake collective bargaining in the interests of its members be knowledgeable about the legal constraints within which bargaining takes place in that country. Detailed information about technical and legal aspects of collective bargaining in many countries is available in the reference listed at the end of this booklet. Interested persons are advised to consult sources specific to their own countries. Additional references are available through the International Labour Office, Geneva, Switzerland.

In general, the most common use of callective bargaining has been to improve salary and other employment conditions, such as insurance benefits, hours worked, holidays, and so forth. When professionals engage in collective bargaining, they often use it to influence directly aspects of practice as well as to improve their economic conditions. Teachers, for example, have negotiated for the organization of educational conferences, for student-teacher ratios and to ensure that their time is not consumed by performing tasks that could be more efficiently delegated to a lesser prepared group. Physicians have bargained about the number of physicians assigned to a particular service and number of patients, and improvement in the equipment and supplies available to them to carry out their work.

Nurses have also used collective bargaining to achieve a variety of goals. Many have used it to improve their salaries and working conditions. Along with this, they have used collective bargaining to improve patient care. One group of hospital nurses, for example, negotiated until the employer agreed that no nurses would be assigned to highly specialized intensive care units unless they had first received adequate training to work in such units. Another group refused to sign an agreement with the employer until housekeeping and similar tasks which required little skill and prevented the nurses from using their time to give nursing care were reassigned to other workers. Nurses in many places have negotiated agreements in which patient care committees are formed, with nurses having an active part in establishing safe and effective patient care practices. Clearly, such accomplishments would usually not be possible by nurses acting individually, but when they have pooled their collective strength and will nurses have done much to improve patient care.

To summarize, professionals act collectively to improve their practice and their employment conditions with type of action varying according to the country and the circumstances. The principle of collective action is basic to the achievement of professional goals.

Resistance of Nurses to Using Collective Action

While the principle of collective action by professionals is a well established one, many nurses have

been somewhat reluctant to participate in such activities. There are a number of reasons for this, with perhaps the most important one being the earlier-cited emphasis which many nurses place on being obedient and otherwise behaving in ways considered appropriate for women. It is personally difficult for many who have been taught that they should be passive rather than aggressive to engage in collective action. This personal reluctance is reinforced by the criticism levelled at nurses and other women who do assert themselves in their own interests and the interests of their work. A related problem is that many nurses lack experience in taking collective action. In many countries, women still do not take an active role in political activities and do not participate in decision-making outside of the home, and sometimes not even in the home. When they are placed in administrative positions, it is usually to supervise other women rather than to supervise both men and women. And, finally, professional women in particular are not experienced in the use of collective bargaining techniques. In spite of these factors, it is important that nurses recognize the necessity of taking action in the interests of nursing and nurses.

The Imperative for Collective Action by Nurses

One of the most unfortunate consequences of the identification of a kind of work as "women's work" is that the work itself is devalued. This is so in the case of nursing since the profession of nursing has a higher percentage of women than any other profession. Nurses must place high value on themselves and on the services they perform, for if they do not neither will anyone else. If nurses are genuinely interested in improving nursing practice and thereby improving health care generally, they must behave as professionals in every sense, including risking the displeasure of others to pursue professional goals. When aggressive action in the interest of improving nursing is labelled by others as "unprofessional", nurses must recognize the charge for what it is—a further attempt to continue the control of nursing and nurses. The notion that aggressive action by nurses individually and collectively makes them unprofessional should be strongly resisted. If the actions result in the improvement of practice, it is professional behaviour of the highest order.

Some nurses may not be interested in receiving higher salaries, better working conditions, or more control over their practice. It is, of course, their right to be unconcerned about their own welfare. It is important, however, to consider the long-term consequences for nursing of a majority of nurses believing and behaving in this way. If nursing continues to be viewed as an occupation in which there is much hard work, many frustrations because of inability to practise in accordance with professional standards, poor working conditions, and low salaries, it will continue to be difficult to recruit sufficient numbers of intelligent, well-educated persons who are motivated to stay in nursing and improve it. Nursing must compete with other professions which make equally important social contributions for the attraction of members into its ranks. It cannot do this successfully if it continues to be at a disadvantage in terms of low job satisfaction and economic status of its members. It is important that a majority of nurses work to make nursing attractive not only in making significant social contributions, but also in being a satisfactory experience and one which is fairly remunerated as compared with other professions. The improvement of salary and employment conditions may not be important to some specific nurses, but it is crucial for the improvement of nursing generally.

The services that nurses perform are vitally important ones. The promotion and restoration of health, the prevention of illness, and the care of the sick are essential functions in every society. If nurses are to ensure the highest levels of nursing care and are to work effectively towards improvement of health care they must be willing to engage in the kinds of activities that will allow them to achieve such goals. They must clearly recognize the relationship between the employment conditions of professionals and the quality of service provided to patients. When a majority of nurses achieve such an understanding and act collectively and positively to change existing conditions, they will be able to put into effect those ideals which they have long held.

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