Nurses Speak Up for Better Health

Mrs. M. SULAKSHINI IMMANUEL

BETTER Nursing services should lead to the achievement of better health. Effective planning is needed to bring changes in the service being rendered to society especially in the area of health care delivery in India. Effective planning is needed to use the nurse leader for decision making and to improve social justice and to translate her preferences into actions. We thank God for our Nursing leaders of the past and the present. It is because of their devotion and perseverance that Nursing has come to this stage of professional development.

History reveals that, for most of the past, nurses have not functioned well as leaders, and as a result Nursing has had very little influence on our health care system. Leadership problems continue today because there is a critical shortage of capable and well prepared Nursing leaders and administrators who can make articulate and legitimate demands.

If Nursing is to assume a position of influence in the health care delivery we must deal with the leadership crisis. We must identify and overcome those factors which serve as significant obstacles to leadership.

I believe that leadership is the common component that moves ideas into action and maintains action at a dynamic pace. Leaders are needed to create a clear state of mind while expressing their values.

Like many other professions Nursing also bemoans its lack of leadership. Since World War II there has been an accelerated change in all the areas of Nursing. With the increase in use of auxiliary personnel, the responsibility of the professional nurse is being increased. She is the leader of the group. She has to co-ordinate the services being rendered by others which again challenges the nurse.

During the 1950s greater emphasis was on preparing professional nurses for positions like Supervisor, Administrator and Manager. Skills needed of the nurse expanded beyond the scope required not only to direct her own activities but also to direct other health care workers.

The education of the client population has also changed. New challenges are there for the nurse to work with more knowledgeable clients. As clients have increased their knowledge of health, she now has clients who possess knowledge, who are alert and question her and who know their legal rights.

1. The settings in which clients are found are:

a. Hospitals : Here a client is acutely ill and less powerful and the nurse is leader. She requires an astute perception of the client's needs as well as the ability to accurately communicate these needs to other members of the health care team.

b. Outside Hospital : Homes, clinics or offices : Here the client is autonomous or more independent —still the nurse continues to occupy the role of a leader and uses the same skills of leadership but adapts to the language, interests and needs of clients.

As the life span of man has increased, nurses are confronted with the need to adapt leadership behaviour to a growing number of older persons with problems with vision, hearing, ambulent and also other psychological problems. Nurses face the challenge of helping the client to cope with his/her own needs and helping the family to understand what is happening and how best to adjust.

It is not just Nursing Directors, Nursing Superintendents or Principals or Deans of the College of Nursing but every nurse is a leader and should contribute for better health. Staff nurses at the bedside of the patient or in a Primary Care Centre or at home, they are the leaders to plan the delivery of care. Ward Sisters, Community Health Supervisors, Clinical Instructors are all responsible for planning and guiding. It is the ability and quality of every nurse that will improve the profession.

When we examine our own profession, we see we are lethargic and are only following orders. Bedside Nursing has decreased to mere task centred care as TPR taking, bed making, etc. The traditional teachers are destroying the spontaneity and creativity of Nursing students. Very often teachers reject those with strong views.

Again the Nursing profession is affected by the status of women, because majority of nurses are women. Parents encourage their daughters to think about careers which would be an extension of their nature. There is nothing but a stereotyped image of faminity, which is being continually reinforced in the Nursing field.

We still believe that our practice in the profession is 'data based' and we urge the nurses to use the 'Nursing process'. This method demands questioning and thinking. Discovery learning, problem solving are still regarded as esoteric. So the quiet, passive girls who predominate the profession get on with their role learning, which is repetitious and 'counter-productive. Nursing is *without* imagination.

Another point of concern is the type of socialization which occurs within the profession. Students are expected to 'fit in' with Ward Sisters and the

The author is Associate Professor and Additional Deputy Dean, College of Nursing, Christian Medical College and Hospital, Vellore.

Nursing auxiliaries with whom they work most of the time. If the Nursing auxiliary is the 'role model' for the student how can we expect aspiration? Students see that their progress was contingent upon their creating a favourable impression on those with whom they work. The way for them is not to use new found knowledge or to explore, hut 'TO DO', what others are doing traditionally.

The hierarchy of the Nursing profession is another obstacle in the health care delivery. Adherence to rules and regulations, centralization of the power, limited accountability block creative and original thinking and leave one dissatisfied within the restrictive role.

Nursing education that occurs in a rigid, regimented sexually segregated and often theoretically sterile, environment has not stimulated Nursing students to assert themselves. As a result nurses have often let themselves be manipulated and eliminated from significant decision making roles within the health profession.

The major problems within Nursing are lack of cohesiveness, lack of agreement on professional goals which may be due to the heterogeneity of their backgrounds, education and position. We nurses have not recognized the correlation between failure to develop support systems and our professional powerlessness. Whatever the reason, there is a crucial lack of support for and among nurses. It is difficult to be powerful without mutual support and protection—this can be a significant obstacle in the development of effective leadership within the profession.

Strategies for Action

To effectively overcome the significant obstacles to leadership development in Nursing, one must use flexible and realistic approaches.

(a) Leadership Behaviour is Common to Both Men and Women : The problem of sex role stereotyping is being highlighted in current Nursing literature. It is upto each of us to promulgate the fact that leadership behaviours are not inherently masculine but also feminine and must be used by both men and women alike to others in productive work. Through such actions and attitudes a very significant obstacle to leadership development can be gradually overcome.

(b) Nurse Support Systems : The development of support systems is a relatively unfamiliar concept to nurses. There is more competition, than co-operation, more complaint than commitment among nurses. Development and promotion of support systems on a variety of levels is a key factor. Through an informal system of relationships one can provide advice, information, guidance, contacts, protection and any other form of support that helps a member of the group to achieve goals. Such continual support can be a very effective method of bringing women into positions of leadership, authority and power.

An 'Informal Support' system is to involve all nurses in the development of professional unity, cohesiveness and professional power for promoting quality patient care. In essence, it is a network that develops and utilises the essential abilities of nurses to share, to trust, and to depend on each other.

Carefully selected 'Role Models' can be of value. A 'Mentor' is much more active than the passive role model. A mentor is defined as a 'trusted counsellor or guide', a mentor actively communicates, evaluates and advises. 'Peer-pal' group functions within a democratic context—no leader, but there is strong friendship among the group members. Four to six members seem to be an ideal number in 'Peerpal' relationships. Regular 'get-togethers' and frequent telephone communications to discuss collaborative endeavours or to share timely information are important.

c. Political Action : Politics is an art or science of influencing the policy and it is necessary in the work life of a nurse.

The term 'in house law' has been used to describe the power nurses can have. They can determine the policies and procedures that affect daily practice.

Active participation in the agencies or community groups by nurses is desired. Before, during and after entering these groups, the nurses must show that they are knowledgeable, that they have something to offer, and they can put it all together into an action: most community groups likec hurch groups, societies are looking for willing and able members.

These activities give experience while they serve on boards, using parliamentary procedure to an advantage for politicking, for gaining some sophistication in participating and guiding decisions and in being visible to the public, and to come into contact with others. It helps to gain the support of women who are other than nurses. Participating nurses must be capable and competent nurse leaders with budgetary control and administrative control because they may have to govern workers other than nurses. This increases the nurse administrator's circle of power but they must act on it. An aura of status enable these nurses to move in power circles where they can influence the public and private decision making.

Today the participation of the consumer in health care decision making is increasing, a legislation is more inclined to hear the consumer, so Nursing must sell the consumer the profession's point of view and balance consumer needs and Nursing goals. Nurses may get on to committees and after that they can be on their own, but they must be prepared, perceptive, articulate, and under control. In the meeting, at the coffee break, the politicking and formation of coalitions may well determine which way a decision goes. Nurses need to learn to play the game effectively, but with honesty and truth.

Nurses can also influence issues not only on health care but on patient rights, etc., but also on issues of Nursing in its widest perspective. Nurses are

(Continued on page 163)

Nurses Speak Up for Better Health

(Continued from page 149)

intelligent, well educated and know a lot about human relations. Regardless of the settings, there are some basic guidelines for effective political action. Theyare :

(a) To be a life-long student of the social and technical aspect of professional practice.

(b) To know the correct professional issues and the implications for various alternative actions.

(c) To be aware of emerging social and political issues and trends that will affect health care and Nursing.

(d) To learn others' point of view and come to terms with what policy changes are possible or desirable.

(e) To seek allies who can espouse or atleast see the desirability of a particular course of action.

d. Professional Unity : It has long been a political precept that the most powerful groups are those that are united. Unity is strength in our professional organizations such as the Trained Nurses' Association of India : a relatively small number of nurses are members, and very few take part in the deliberations and decisions. Some nurses seem almost unaware of the idea of Nursing as a profession. Many nurses are committed to Nursing as they perceive it within the boundaries of their job. Most of them carry an their individual Nursing functions to the best of their ability, but are not committed to Nursing as a profession or as an important force in the health care system.

Unless we take this problem seriously, there is a risk that Nursing will cease to speak with a single, forceful voice, but will speak with fragmented voices of many groups. Who will listen ? Not the public nor the other health care professionals, not even nurses themselves.

Early in the nurses' education it is essential to cultivate a professional identify and to make the profession and organization more relevant to their daily practice.

Support of the professional organization is crucial if Nursing is to be autonomous.

e. Nurse Accountability and Professionalism : Without demonstrating accountability for practice, Nursing will never be an autonomous profession. Standard setting, peer review, continued education, protection of patient's rights, code of eithics indicate that Nursing is taking on the responsibilities to see that the public is protected. For nurses to be professional, the practitioners must consider it a career and put in the time, effort and commitment necessary to participate in the decision making.

The current leadership crisis in Nursing is very real. How we deal with it may profoundly affect our future. It would be wise for us, as individuals and as members of a profession, to view this crisis as an opportunity for change and growth. By identifying the significant obstacles to leadership development in Nursing and designing deliberate, well planned strategies for overcoming them, we can become a more viable influence in health care, and enable ourselves to speak up with a united voice.

Not many of us in Nursing will occupy formal or publicly recognised leadership positions, but in a very real sense we all must become autonomous individuals, capable of discriminating the reasonable and ethical from unreasonable and unethical. Each nurse is responsible for what the profession of Nursing becomes.

Bibliography :

1. *American Journal of Nursing.* 78 84-86, Jan. 1978.

2. Bandman, B and Bandman, E. Do nurses have rights ? No ! Yes !

3. Brand, K. L. and Glass, L. K. Perils and parallels of women and Nursing. *Nursing Forum* 14(2) 160-174. 1975.

4. Fagin, C. Accountability. *Nursing Outlook* 19. 249-251 April 1971.

5. Nuckolls, K.B. Who decides what the nurse can do ? *Nursing Outlook* 22 626-631 Oct. 1974.