

# The Responsibilities of a Professional Nurses' Association for the Improvement of Nursing Service

(Excerpts)

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## Introduction

### The Chief Aim of the Nursing Profession

If we were to ask, "Why does the nursing profession exist?" "What is its prime aim?" surely our answer would be to give nursing service; that is, nursing service which may be curative or preventive, which may take the form of direct patient care, or which may be by means of providing the essential administration which enables the provision of this care to be brought about. This being so, the professional nurses' association has a responsibility for the improvement of nursing service.

### Diversity of Aim

A professional association often appears to have several aims, and this diversity may cause conflict and may, in the practical situation, cause confusion. It is, therefore, essential to analyse our professional organisation's activities in the light of its aims and responsibility for nursing service.

Professional organisation and, indeed, any form of organisation, comes into being to represent the point of view of a specific group, to uphold the group's interest, to advocate and to represent these to the community and, when necessary, to fight for the recognition of the specific group's demands in relation to concrete objectives, such as improvement of employment conditions, increase in salary, the need for legislation to control practice, the right of, and the need of, the group for adequate education.

### The Economic Aim

The aims of professions are perhaps more complex than those

of non-professional occupations, which are chiefly concerned with economic considerations, although they too, may be concerned with training and specific rights and privileges which protect the economic interests of the group.

The difference between the professional person and the non-professional person or "Economic Man" has been summed up in a provocative way by Richard Hughes, thus: "The Economic Man sells his labour at a rate for money. His working day is the number of hours he is willing to waste in order to have the wherewithal to live and enjoy his leisure. The man with a profession also calls what he does "work", but his meaning is exactly the opposite. It is the hours he is not working that he considers wasted. Pay? Of course he expects to be paid; a man cannot live on air. But whereas the Economic Man looks on work as the means to get money the professional man looks on money as the means to get work."

If we can accept this distinction, while recognising and supporting the economic aspects of the professional organization's interest, we may at this point, having paid our respects to the importance of the economic, leave to others the discussion of the economic emphasis of the professional organisation's responsibility, and concern ourselves with the "work" which it is the desire of the professional person to do, and consider the provision and improvement of nursing service, and the dangers which may prevent our full achievement in this

respect.

### Dangers facing the Professional Association in fulfilling its Responsibilities for Nursing Services.

The Danger of Fragmentation in the profession due to specialisation: We have been given a comprehensive definition of nursing, a definition viewing nursing as an art and science involving the whole patient. It is evident that nursing, service embraces many activities which are part of the task of nursing thus defined. Consequently, the profession may tend to be fragmented because it may tend to divide into groups which represent different aspects of what is essentially the unified task of nursing. The nursing profession has experienced these difficulties which stem from the inevitable growth of specialisation, and the inevitable and consequent development of organisation, and organisations, to represent the specialist, such as the paediatric nurse, the psychiatric nurse, the public health nurse. We have seen the possibility of still further fragmentation, that is, the need and the wish to represent still greater specialisation for example, specialities in surgical nursing. With this danger of fragmentation before the profession we must ask ourselves what is served by representation of such specific groups, and how their needs can best be recognised in relation to the whole profession.

We must recognise the interests of the specialist; we must welcome and encourage this interest; we must give it opportunity to grow in depth, we must allow growth in nursing practice in relation to specialities, and develop-

ment of the most effective administration in nursing specialities, but we *must not* endanger the profession as a whole and allow ourselves to lose effective unity by fragmentation.

Let us, therefore, in our professional organisations, through sections, departments, call them what you will, develop specific programmes for the specialist by means of lectures, special courses, visits, etc., including all the forms of human communication which promote interest and knowledge and which encourage the exchange of ideas within groups. Let us also, and let me stress this, enable groups of specialists to come together so that they can inform each other of developments in regard to technical developments and in regard to changing concepts of patient care. Let them also exchange information on the means by which they are developing as a group their own communications. Let the psychiatric nurse speak to the paediatric nurse; let them speak and confer with the public health nurse; their links, their common interests, are wider and greater than their more immediate confined differences. Thus, the public health nurse of today must be acquainted with all aspects of mental health, and she must know the early signs of mental illness; the public health nurse, working in schools and among adolescents in industry, must possess sound knowledge of the growth and development of the child and young person; the hospital nurse, whether in the general, psychiatric, paediatric or any other specialised hospital, must know and appreciate the so-called social aspects of disease. Let us commit ourselves to unity in the common task of understanding each other within the profession by never allowing our diverse groups to grow away from each other, to fragment and to oppose each other, and to cripple the effectiveness of the total profession by disharmony; let us stress unity, and remember that we, as a profession, are jointly responsible for the improvement of nursing service.

### **Nursing Education : The Danger that it may lose Touch with Practice**

We are familiar with the phrase, "improvement of nursing service through nursing education," and I have mentioned some of the ways in which those in special fields of nursing may extend their knowledge, and devise better patient care and nursing service administration. It is also essential that those concerned with education should keep constantly in touch with those in practice, so that both may keep abreast of developments in each other's special interests.

Nursing education will wither away and die, without close contact with nursing practice, and it will be in danger of going through old prescribed forms and procedures and may become rigid and set, unless rehabilitated from time to time by contact with nursing service. Nursing service needs the guidance of nursing education; it needs all that post basic education can provide; it too, has great responsibilities towards basic nursing education.

It is not for me to go into the problems of bringing together nursing education and nursing practice in regard to specific institutions, such as hospitals, or public health agencies; that their inter-relationship presents at times a serious problem, has been recognised. The solution to all problems must be sought together. If the solution is by means of clinical instructors they must be recognised and their role defined clearly; likewise, if a solution is to be by some other means, such as more frequent interchange between ward and teaching staff, this, too, must be determined.

### **Administration : The Danger of Isolation**

Before leaving the topic of unity of the various groups within the profession, and how we may preserve unity and not permit fragmentation to undermine our common responsibility, which is the provision and improvement of nursing service, let me mention

those in administration of nursing service. Of course those in clinical practice, such as ward sisters and public health nurses, as well as those in occupational health and in the domiciliary nursing services, are all concerned with administration, as in fact we all are.

I would like, however, at this moment to mention specifically those who are not giving direct patient care, but are providing the administration that enables direct patient care to be given. The administrators sometimes form their own organizations. These they need, just as do other groups need their organizations, but the administrators must not develop in isolation because this would undermine the profession. They, the administrators, must confer and work in the professional organisation with those in practice in all its forms and those in nursing education.

The art of administration is based on the ability to see the whole endeavour, and to bring about its unity through co-ordination. Let us in national organizations purposefully and consciously plan to bring together administration, practice and education in order to fulfil our responsibility for the improvement of nursing service.

### **The Danger of Fragmentation due to Other Causes**

Many causes operate to threaten the unity of an organization or association and its effectiveness. One of these is distance and lack of the means to overcome it. This problem, distance, may be far more real in one country than another; obviously, the larger the country, the more likely is this problem to present itself. However the professional association must be well organised nationally and locally; it is the local organization which makes the national organization effective. The central body, the board, the council of the national organisation, whatever it may be called, has responsibilities to its members. It has the responsibility of keeping in touch, of visiting, of conference or understanding the

problems of the local group ; it should encourage effective representation at the centre, not only of the varying nursing specialities, but also by representation of local groups.

Let me, *however*, mention the urgent responsibility for contributing to, and supporting the nursing press. I have often said persuasively and sometimes urgingly, "Are you thinking of writing about this—this seems so interesting, so important, that it should be shared widely with others?" The response varies. Sometimes there is a plan to write ; sometimes this has never been thought of ; sometimes my remark although accepted, receives the reply, "If there were only time!"

We should, in our professional nursing organisation, try to develop an appreciation of this form of responsibility, which contributes so much to the development of nursing service. Let us remember that writing does not just mean putting into print our lofty philosophy, aims and ideas. No, it also means getting into print those practical suggestions, which may seem obvious, but which perhaps, only you have thought of and which, if shared, may be of real value in nursing practice. The more extensive undertakings, the projects, the research studies, do not normally fail to get into writing and print, because the record of these is an essential part of the design. I would, however, note that the professional association should assume the responsibility for keeping a check on what is being done nationally at this higher level. If this were done systematically a great service would be performed for others, as one of the steps in research is to survey the literature on the specific subject before further research is undertaken.

#### **Definition and Allocation of Function**

This leads me to make the point that it is the responsibility of the professional organisation to define the functions of the nurse. This today is a most difficult yet urgent

task. Definition should be made, not only in relation to, but also in relation to those whom I will sum up under the title of auxiliary nursing personnel.

I have spoken of fragmentation of the profession by clinical speciality, and the danger of this. Now, let me stress fragmentation by category of worker as another, and, also a pressing danger. Lack of definition, leading to confusion in the allocation of tasks, does not make for the improvement of nursing service ; hence the urgency of this problem and its need of solution.

Questions of category, questions of function, must be solved on a national scale. They must be confronted by fact ; this postulates investigation. The professional organization should be responsible for this type of investigation, or at least be a party to it, because either no other group will assume the responsibility for such investigation, or some other group will do so, and the effective control of the profession will pass out of the profession's hands. This does not mean we should rigidly and narrowly pursue our investigations alone, but it does mean we should take the initiative, seek out the help and support needed, confer with those who can give help, such as those in control of finance, those with special skills such as statisticians, and those with special knowledge such as sociologists. The professional organisation must assume this kind of responsibility for investigation, and the investigations conducted should become the basis of policy and planning. Without this form of control, there will be drift into confusion in regard to personnel and their functions.

#### **Communicating**

The words communication and conferring have been mentioned, and I would like to make a plea for the responsibility of the professional organisation, not only to communicate with other groups and to support communication among the various groups and interests within the profession, but also to assume responsibility for developing skill

in communication and conferring. Without effective communication we cannot understand each other ; if we fail to understand each other how can we improve nursing service ?

#### **The Responsibility of the Association for Sound Ethical Practice.**

We cannot contribute to the improvement of nursing service without being aware of the implications of ethics to a profession. This point is especially important to those professions whose work intimately concerns the human person. Ethical practice is related to our patients and their relations, to our colleagues, as well as to ourselves.

Ethical questions are concerned with conduct and with practice ; both conduct and practice may be concerned with law. It is with such points in mind that the I.C.N. through its associations, has been reminded of legal responsibilities for nursing practice and as a result has, during this quadrennial period, given some attention by means of one of its committees, to this aspect of nursing practice. I mention this point so that the profession may be reminded of a part of its work which is very basic to questions of nursing service.

The professional association does have to watch carefully the manner in which changes in society, and in particular, in medical practice, with their varying implications for nursing, may pose questions having a legal as well as an ethical connotation.

#### **Responsibility for Leadership**

Leadership has been mentioned during this Congress. This is a subject which has been written about often, and discussed often. Leadership has been defined and it remains indefinable. It is a quality of personality ; it emerges from situations ; it is fostered and produced in the group ; it cannot exist in isolation. Like other valuable things, it must be encouraged. Sometimes the qualities of which it is formed must be discovered and cultivated. Leadership is part of

the equation of power, and it is thus linked with authority. It does not, however, necessarily equate with the authority of office, but high office demands leadership.

The distinctions between authority and power is clearly set out in the following quotation :—

"Authority and Power are two different things. *Power* is the force by means of which you can oblige others to obey you. *Authority* is the *right* to command and direct, to be heard or obeyed by others. Authority solicits power. Power without authority is tyranny.

Thus Authority means right :

Finally, since authority means *right*, it has to be obeyed by force of conscience, that is, in the manner in which free men obey, and for the sake of the common good."<sup>2</sup>

All this may seem to be far from the question of improving nursing service, but it is not ; in the institution, the hospital and its units, in the public health service there is authority and there must be leadership ; and so, too in the professional organisation.

Leadership is essential in effective administration, and is concerned with all aspects of administration. Its presence is demonstrated by morale. Morale grows when leadership so acts that everyone in an enterprise "may exercise to the full whatever gifts he may have, and may gain therefrom a measure of happiness".<sup>3</sup> It may seem a far cry from individual personal happiness to the improvement of nursing service, but the connection between happiness, sometimes called job satisfaction, and good morale, the product of good administration (which is impossible without good leadership) is not so tenuous.

Leadership must always be looking to the future, and I would urge that in the professional association this fact is always kept in mind and acted upon. Therefore, let us encourage newcomers ; those just registered ; those coming to our country. Let us listen to them ; let us use and develop their skills ; let us encourage them to take office and responsibility in the associa-

tion, and with future developments in mind, let us lay foundations in basic nursing education by providing practice in the kinds of activities which promote development of judgement, development of a sense of responsibility to the profession, as well as the ability to confer and act together. Let us, therefore, encourage our student nurses and help them to organise, for by this means they develop the very skills that the professional association needs.

### **The Responsibilities of the Association considered Internationally.**

In these days of rapid transport around the globe, the various professions and occupations are increasingly sharing knowledge and ideas. Congresses and conferences are the order of the day, as we who are gathered here so obviously demonstrate. In addition, with the growth of international organisations, governmental, the possibility of contribution through organisation grows, and with this the possibility of the individual person's greater and more far reaching contribution.

The I.C.N. carries, naturally, a special international responsibility—it is the voice of international nursing. The I.C.N. is a corporate body ; it exists in and through its members. If it is to advance nursing service in any aspect, it can only do this with, and through the support of its members. This support at the very least is financial, but it is given also by the contributions of the member associations in thought and in effort. In thought and in effort, for example, in regard to committees ; in regard to supporting projects and programmes ; in regard to the collection and dissemination in information. The achievement of the I.C.N. is limited or extended by the co-operation of its members. It is impossible, for example, to report on any aspect of nursing service in a particular country, or group of countries, unless the required information is made available to the I.C.N. Thus the I.C.N. rests on the foundation of a two-way inter-

change. It is dependent on effective communication.

The question is sometimes raised, "What is the point and purpose of professional organisation today in the face of increasing governmental and inter-governmental activity ?" I would like to stress the point that as governmental activity increases in its scope, the responsibility of the organised profession likewise increases. Governments are concerned with all aspects of human life, and human enterprise, and it is a function of government to arbitrate amongst such enterprises and control varying and sometimes, conflicting interests. It is, therefore, essential that the interests of professional groups are represented by those who are worthy and capable of the task of representation. This is true on the national scale ; it is also true internationally. I think this point is amply and often demonstrated in the so-called developing countries. It is possible that there is a tendency for the more and better organised regions of the world to forget what an essential part their own professional organisations have played and, in fact, still do play, although today's urgency may appear to some to be less than the urgency of the past.

To sum up, no governmental, or inter-governmental organisation can represent specific professional groups and, therefore, outside the framework of government it is necessary to support and develop the non-governmental organisations, including the professional organisations. It is by means of these that pressure can be brought to bear on government and on public opinion, in order to promote the essential interests of the profession, for example, to press for better economic conditions, to press for new legislation or the amendment of old laws, and to secure in a great variety of ways, the recognition of the profession.

Recognition is bound up with many inter-relating factors, but the road to recognition in all countries has many similarities. Let us who, in history, and in the history of nursing, have learnt of the fascinat-

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