THE ROLE OF PROFESSIONAL ORGANISATIONS IN NURSING ADVANCEMENT

Paper presented in Johannesburg, September 1982

REBECCA BERGMAN

R.N., Ed.D., Professor of Nursing, Tel-Aviv University

OPSOMMING

Die rol van professionele verenigings in die ontwikkeling van die verpleegberoep word bespreek. Eerstens word die drie hoofkomponente van die onderwerp, naamlik *rol*, *ontwikkeling* en *professionele verenigings* gedefinieer. Daarna deel die skrywer met die leser hoe sy 'n model vir verpleegstersverenigings ontwikkel het.

Die uiteindelijke model, die *dinamiese verbruiker-inhoud-model* maak voorsiening vir:

- die inhoudsgebiede van 'n vereniging se rol, naamlik kern (intrinsieke waardes), onderwys, diens en praktyk, navorsing, sosio-ekonomiese welsyn en ontwikkeling van beleid
- wisseling in die mate van aktiwiteit ten opsigte van elke inhoudsgebied op verskillende stadia
- die drie verbruikers van die vereniging se aktiwiteite, naamlik verpleegkundiges, kliënte/pasiënte en die gemeenskap
- die interaksie tussen verbruikers en tussen aktiwiteitsgebiede

Hierdie model kan deur verenigings gebruik word as riglyn in die beplanning van aktiwiteite en die uitbouing van hulle rol.

INTRODUCTION

Some thoughts are presented on *the role of professional organisations in nursing advancement* and the development of a model for nurses' associations in setting objectives, priorities and activities relative to their roles is shared with the reader.

It is clear, from the title, that nursing is moving and will continue to do so. It is also a basic assumption that the professional organisation is an active participant in the process of advancement. Further, it shows that the organisation is concerned with both *nursing* and *nurses*.

THREE COMPONENTS

Three main components appear in the title: *role*, *professional organisation* and *advancement*.

Role

Role is usually expressed in terms

of the fulfilment of a cluster of functions by the individual or group. For an association, roles could be those of negotiation, change-agent, co-ordinator, educator and so on. In this article *role* is equated with content areas to be carried out by a nursing association. These will be discussed in greater detail later.

Advancement

The next term, *advancement*, is linked to social, scientific and technological change. These changes are often overwhelming both in their rapidity and in their scope. It is assumed that the impact of change is as great in South Africa as it is in other parts of the world. It may often be necessary to break down established custom before new ways can be introduced.

Three categories of action can be identified in the concept of advancement. They are preservation, adaption and initiation.

- If the traditional system has greater value than the proposed change, the action should be retention or **preservation**. Examples of change that have gone a full circle and returned to earlier tradition are: home care for chronically ill patients, demand breast-feeding and the use of medicinal herbs. Specific to nursing is the role nurses have played in promoting and retaining humanisation of patient care.
- The second type of advancement is **adaption** to change. Change is often initiated by others, and we must become partners or be displaced. For example, intensive care units, good or bad, are a fact of life. We must adapt to them by changing our practice and education in order to provide optimal nursing care for patients in these units.
- The third kind of action is that of **initiating** or facilitating change. In Israel, community nurses were among the first to recognise the plight of the dependent aged living alone and they promoted community health services for the aged. Our nurses were also instrumental in the establishment of primary care clinics for early diagnosis, care and follow-up of patients with hypertension.

Professional organisations

The other major concept in the title is *professional organisations*. The Oxford Dictionary describes *professionalism* as the quality, character and method of a vocation/occupation. Thus the professional nursing organisation is the framework through which nurses individually

and collectively are concerned with and influence the selection, preparation and functioning of their members as well as the environment and system in which nurses practise.

How does the International Council of Nurses, the world nursing organisation, influence the advancement of nursing? The goals of ICN are:

- to assist national nurses' associations to improve the standard of nursing and the competence of nurses
- to promote the development of strong national nurses' associations
- to serve as the authoritative voice for nurses and nursing internationally
- to assist national nurses' associations to improve the status of nurses.

In the 1981-85 quadrennium these objectives are being operationalised in specific projects, some of which are:

- **improve the standard of nursing** by a wide spectrum of activities such as workshops and publications to promote primary health care
- **develop strong associations** by conducting management seminars to enhance the skills of the association leaders
- **serve as the authoritative voice for nurses** by participation in policy making forums such as World Health meetings
- **improve the status of nursing** by providing associations with information and guidance on socio-economic welfare programs.

If we look at the purposes of the American Nurses' Association (1978), the largest and one of the oldest associations, we find similar emphases:

- work for the improvement of health standards and the availability of health care services for all people
- foster high standards of nursing
- stimulate and promote the professional development of nurses and advance their economic and general welfare.

These aims have been spelled out in twelve functions:

- establish and enunciate standards of nursing practice, nursing education, and nursing service and implement them through appropriate channels
- establish a code of ethical conduct for nurses
- stimulate and promote research in nursing, disseminate research findings, and encourage the utilisation of new knowledge as a basis for nursing
- provide for continuing education for nurses
- promote and protect the economic and general welfare of nurses
- assume an active role as consumer advocate in health practices and the delivery of health care
- act and speak for the nursing profession in regard to legislation, governmental programmes and national health policy
- represent and speak for the nursing profession with allied health, national and international organisations, governmental bodies, and the public
- serve as the official representative of the United States nurses as a member of the International Council of Nurses
- promote relationships and collaboration with the National Student Nurses' Association
- ensure a national archive for the collection and preservation of documents and other materials which have contributed and continue to contribute to the historical and cultural development of nursing.

It is assumed that an analysis of the constitution and by-laws of the South African Nursing Association would reveal goals and functions similar to those of ICN and the ANA.

CONTENT AREAS

After review of the publications of several associations, it seems that a number of content areas can be identified as generic to association roles. These content areas are:

- *core* or intrinsic values of nursing
- education
- service and practice

- research
- socio-economic welfare
- policy development.

The conditions to facilitate success in these areas are:

- membership in the association of a high ratio of the nurses
- active involvement of the members in all major activities, with a system of feed-back to the leadership and membership
- efficient management of programme and finances
- constructive relationships with the public, government, other professions and organised groups, contact and exchange with ICN and other nurses' associations.

What is the content of each area?

Core is helping the nurses to value themselves as practitioners and as a professional group and developing a realistic, positive self-image. It means stimulating their desire to grow, inspiring them to fruitful and meaningful service to mankind. It is a collegial giving and taking — a sense of togetherness. *Core* is the area that deals with ethical issues. Identification of roots, through study of local nursing history is another *core* activity.

Education is concerned with the master plan for education in nursing — such as how many and what levels of preparation are needed. It deals with the voice of the nursing profession (association) in setting and controlling standards for schools, such as organisation of the curriculum, criteria for admission, level of teachers, and facilities. The association should also be a major force in post-basic education and in many countries is an important provider of courses, workshops, and other educational opportunities. In some countries nursing education is the responsibility of government and/or universities. In such instances, the association's role is primarily that of a catalyst and facilitator.

Service and nursing practice deals with setting standards for staffing, facilities, organisation of service and setting up quality assurance programmes. It may include ac-

crediting institutional and community agencies. Another aspect is licensing of practioners and setting the requirements for relicensing. The association may also participate in innovative demonstration projects in nursing practice.

Research may include participation in developing a nursing research institute, obtaining grants for research or advising government and agencies on areas requiring research. The association may be partner in projects or conduct studies itself. It certainly should carry out or order studies related to the association, such as membership satisfaction and involvement.

Socio-economic welfare is the bargaining role to obtain rewards and conditions for nurses which are equitable to those of similar groups. It involves salary, hours of work, fringe and other benefits. This area may include legal aid to nurses who are unjustly dismissed or accused of wrongdoing. The association may also have special programmes for loans, savings, holidays, trips or retirement homes.

Social policy development is the political aspect of the association's activities. It means establishing constructive relationships with political leaders, with members of other professions and with community groups. It includes keeping updated on pending legislation, proposing needed health legislation and publishing considered, well-documented position papers on social and health issues. Nurses should be heard in relation to manpower planning, development of services, and setting priorities in the health care system.

DEVELOPMENT OF A MODEL

A first look at the six content areas immediately reveal their interdependence. One cannot expect nurses or any other person to be dedicated if they are not given appropriate rewards and reasonable work conditions. Service standards will be low if nursing care is given by nurses who are neither inspired nor properly educated and paid. Both education and service require a firm knowledge base and this is to a large degree built on research.

Nursing demands for payment and work conditions will be attained if the nurses prove themselves in practice, and hold educational qualifications similar to those of related professional groups.

Certainly the impact of nursing in determining social policy and legislation must come from people who have demonstrated their worth and present arguments based on research, experience and study. On the other hand, social policy is often

Figure 1: Overlap Model

the starting point for determining educational standards or service programs.

Overlap Model

This overlapping syndrome would change the visualisation of six separate areas into an overlapping flowerlike model (see figure 1). Each content area has a direct influence

Figure 2: Oneness Model

on some other areas and all have a central co-ordinating point.

This model is however not entirely suitable because it does not depict the *gestalt*, *total wholeness* or *oneness* of all areas.

Oneness Model

In another part of the garden, there was a tree. The trunk of a tree is one, with each concentric circle a part of the whole. So another model was tried, still with the central role and moving into outer circles, or roles, as the association became more stabilised. The outcome, a *oneness* model is shown in figure 2.

This model may also be illustrated by a stone thrown into a stream. The first circle sends out ripples to form a second circle and a third and then other ever-widening circles.

In the same way, an association may start by focusing on recruiting and unifying its members — which is *core*. This unified group seeks to improve education. The outcomes of education cause the members of the association to introduce change in practice — and so on to a strong, unified, educated, practising membership with good socio-economic conditions, able to give needed attention to research and to influence social and health policy.

Continuing Interaction Model

Again the model was quite acceptable for a while, until a sense of unease set in. The model was too ordered — one aspect following another. It did not sufficiently show the mutuality of the six content areas and how they interact continuously. A new diagram was drawn in which each area was a thread, and together they were interwoven to form a fabric. The picture that evolved was the *continuing interaction* model (see figure 3).

In this model, each content role has an ongoing influence on all the other roles.

Dynamic Consumer-Content Model

The third model seemed rather good for a while, until it began to rub ideologically. Something was wrong. Then it became clear that what was wrong was that it was too

Figure 3: Continuing Interaction Model

self-serving. For the most part, it focussed on nurses as the purpose of the professional organisation. Many people would agree that this should be so, but this concept did not seem right. Another look was taken at who or what are, or should be, the main focus of the activities of a professional nurses' association. The conclusion was drawn that there are three major consumers of the activities of the nursing association:

- nurses
- clients/patients
- society.

We are all part of the categories of nurse and members of society; and most of us, at some time, are also a patient or family of a patient. What does each of these consumers want/expect from the nursing association?

The nurse

The nurse wants help from her association in order to attain:

self-actualisation

- being needed and able to contribute
- status and recognition as a professional
- continued growth in order to reach optimal potential

a sense of togetherness

- mutual support from and with other nurses
- sharing in decision making and policy setting
- receiving/giving guidance on practice and ethical issues
- defence, if needed
- representation to others by

nurses qualified to speak for the profession

conditions for well-being

- salary in line with her education, responsibilities and efforts
- work hours that allow her to give good care and live a satisfying personal life of appropriate quality and quantity
- work (staffing) standards
- pension and fringe benefits
- organised social and recreational benefits

source of information and knowledge

- professional update on developments in nursing and related subjects
- information on health policy, both in force and under consideration
- sources and resources for continued education
- research findings made available, discussed, tested and implemented.

Client/patient

The client/patient wants:

quality of caregiver

- standards of education which ensure that the nurse has been adequately prepared
- licensing of practitioners so that nurses retain appropriate standards of practice
- ethical/humane behaviour

quality of care

- standards of care, staffing, and

environment/facilities

- monitoring of care through supervision and quality assurance programs
- research for improving quality of care

priorities and programs

- nursing input as needed in health care such as patient/family teaching, follow-up of care
- delivery of service which is available, accessible and acceptable.

Society

Society expects the nurses' association to be concerned with:

meeting societal needs

programs which will benefit society
— such as primary health care, maternal-child health, care of aged

acceptable programs

programs in line with the philosophy and beliefs of society, such as those concerning care of the handicapped and nutrition

cost

nursing care at a cost which the country can afford and fair compensation for nurses as compared with others

citizen role

an organised voice to speak for nursing in a democratic society.

The needs and interests of the three consumers generally overlap. Good working conditions for nurses are certainly desirable from the nurses' point of view. A satisfied nurse will be able to give better patient care, and thus meet the client's need. Society will have sufficient candidates for nursing and be able to select the most suitable.

However, there may be cases where interests conflict. For example: part-time work is good for many nurses. In Israel half of the registered nurses work part-time. This situation is not very desirable for patients as it disrupts continuity of care. However, it is good for society because it means less need

for child care services for children of nurses, and fewer nurses leaving the work force.

With the above in mind, the model which is proposed is one which considers importance of the six roles or categories of activity to each of the three consumer groups.

The weighting would change in different places and at different times. This interface, in each situation, should serve as the basis for priorities of the nursing association's plan of objectives, roles and activities.

In the model illustrated in figure

4 there is a series of discs forming an indivisible cylinder or column. Each disc represents a role or content area and is divided into three parts showing the relative weighting of the importance of each area to each *consumer*. The looped dividing lines indicate the dynamic interface between the three consumers within the content area.

The thickness of each disc represents the input given to a specific association role at a given time. For example, a young association, in order to develop unity among the nurses, may have a very thick disc for *core*, and a larger section within the *core* disc for the nurse consumer. In a country revising its nursing education system, the education disc may be doubled in size for several years. If attrition from the profession increases, more attention should be given to the socio-economic disc.

If the outer layer of the cylinder was spread out, we could see the weighting of the various content areas for each consumer. In the example shown in figure 5 we see that the nurse is the major consumer (and focus) of the nurses' association, with the client being the second focus, and society next. Practice is the cardinal area of concern for patients, while nurses are the main consumers of the core, education, socio-economic welfare and research activities of the association. Society is the main consumer to be considered for social planning.

Figure 4: Dynamic Consumer — Content Model

Figure 5: Illustration of dynamic consumer-content model spread out

Figure 6: Model showing activities of the association discussed in example 1

Figure 7: Model showing activities of the association discussed in example 2

Examples

Let us consider some additional true-life examples.

Example 1: The recently reorganised nurses' association of an European country

In place of three competing associations of general nurses, paediatric nurses and psychiatric nurses, they united to form one association. They are also putting great emphasis on higher education for nursing, and are having a hard time convincing government and universities of this need. In the particular country socio-economic conditions for nurses are good, practice is stable and of good standard, and some research is under way.

Their model following reorganisation is illustrated in figure 6.

Example 2

This is a nurses' association in a country that has decided to invest some of its resources in developing primary health care as the major system. The nurses see nursing as one of the most important factors in promoting and implementing primary health care.

This Association has a large strong membership and an ongoing program in practice, education, socio-economic welfare and research.

Their model, in the light of the social and political change, would be as illustrated in figure 7.

One aspect of this *dynamic consumer-content* model that was not illustrated, was how the content areas fed into each other. How can we show, in the model,

- that education influences practice
- that research influences education
- that social policy intervention is possible only if you have a strong core (unity)?

A nursing colleague who is completing a master's degree in physiology suggested looking at our body systems. Nutrients, oxygen, stimuli, anti-bodies and hormones go from one part of the body to the other to support total body needs within an integrated system. They use the circulatory, lymphatic, the nervous

and other systems as the transfer and feed-back media. In the same way, an internal communication system, a management framework, an association structure of committees can be used to bring together nurses with different resources, abilities and interests in order to enable each content role to facilitate and enrich the other areas. In this way the content area from each disc in the model is transmitted to another content area as needed at a specific time and place.

In the same way, there is movement between the three consumer sections of the discs. We have to be aware of how nurses influence clients and society, and are influenced by them. This knowledge should direct us to promoting better exchange for improved care.

These exchanges between consumers and between and within content areas are shown in the illustrations by two-directional arrows.

USING THE MODEL

The author has tried to share the process of her thinking in the development of a model that might help guide nursing associations in establishing their roles for nursing advancement.

The final model — the *dynamic consumer-content model* — is the one proposed. It is far from perfect. Each reader can, and it is hoped, will, add other dimensions. As it stands it contains the six content areas which seem to be the major

foci for action: core, education, practice, socio-economic welfare, research and social policy. It is concerned with the three major *consumers* of the nursing association activities — the nurse, the patient/client and society. Possibly we should divide nurses into members and potential members. Maybe other professions are also a separate consumer — this is for each association to decide.

The model also shows a feedback and support system between the role-content areas and between consumers. It is dynamic in that each consumer-content space can expand or contract, based on the particular situation.

It is suggested that an association should, at regular intervals such as once a year, look at its roles, goals, and activities in terms of the content areas and consumer foci. This analysis would be the data on which to base the dimensions of the model for the following period. Action which has resulted in desirable outcomes should be retained and strengthened. Association programs that are out of tune with acceptable trends may need to be adapted in order to achieve feasible goals. Matters of principle that require change will require courageous, well-directed initiative and concerted effort of the association.

This model has the form of a cylinder and may be symbolised to

serve in various ways. Horizontally, a cylinder becomes a wheel, which can be seen as a means of movement. Vertically, it is a column. Grounded in the soil, the column strengthens the foundation on which to build for the future. Between floor and ceiling, the column is a support which enables light, air and space for action. A column can be graceful and add aesthetical aspects. How the columns are designed, constructed and utilised will depend on the association.

The association's roles, symbolised in the column, can only be fulfilled if we have the tools to work with:

- a strong united association, of all clinical and functional areas of nurses from all cultural, social and religious groups
- a dedicated membership involved in association decision making and activities
- efficient management with well-defined short and long term goals
- good relationships and co-operation among ourselves and with other professions and groups.

In the past, nursing associations have done much to advance nursing. With the growing awareness of potential as a united group, and with increased sophistication of knowledge and skills, associations can, must and will become an even greater force to advance health and nursing.

Book Review

Boekresensie

PERINATAL PARENTAL BEHAVIOR

Nursing Research and implications for newborn health.

REGINA PLACZEK LEDERMAN, Conference Co-ordinator/consulting editor and BEVERLY S. RAFF Editor

March of Dimes, Birth Defect Foundation, 1981

Research in this book is not limited to nursing and medical procedures and techniques. It endeavours to investigate socio-economic and psychological factors which influence the interrelation processes. For this reason it can be highly recommended to anybody who

wants to investigate perinatal dynamics from the psychological perspective as well as the medical-nursing one.

The bibliography is extensive and a real treasure, and the literature reviews are a very good guide. For this alone the book could be recommended.

Many approaches are discussed and investigated to do justice to the many facets of the complex process of giving birth. Family, husband, education, attitudes, support, socio-economic background and various other aspects are followed up and investigated.

The book provides a multitude of clues and implications for further research. Therefore it is highly recommended for orientation and inspiration. Generally, the results should however be taken as an indication only. Too many facets and factors are investigated with rather small groups.