

Nurse Educators as Political Leaders: Influencing the Health Care Agenda

Hugh McKenna

Professor, Faculty of Life & Health Sciences, University of Ulster, UK

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I would like to thank the conference committee for asking me to give this presentation at such a prestigious conference. It is a great honour. I took the liberty of e-mailing a number of senior nurses in Ireland, Great Britain and Europe to ask them their views on nurse educators as political leaders. I also sought views from our two politicians who are nurses. I hope to weave all these views into this presentation. I would like to thank these busy people for giving me their time.

When writing the paper I was conscious that I could spend the entire 30 minutes praising nurses and nurse education – congratulating ourselves - pointing out that we have come a long way in a relatively short time frame. While this is true and laudable, and I will take the opportunity to do some of this, I also want to challenge nursing with some home truths. We are the largest health profession, possibly one of the oldest and the most dedicated and with the greatest amount of contact with the public. However, it is a truism that we are not the most powerful, we are not the best educated, we are not the best paid or resourced and we are not the most politically astute or active. To me nursing is a sleeping giant that has yet to be roused. Two questions have haunted me as I drafted this talk: Why has this giant not been roused? and how can this be achieved? I will not provide definitive answers but I will attempt to address these questions.

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A Lesson from Florence

While Florence Nightingale is often perceived as the founder of modern nursing, she was, according to her sister Parthe, a terrible nurse. Whether we accept this or not, she was undoubtedly, an adept political leader and an educational pioneer. Politics and leadership came easy to her. She was 'to the manor born' and her life often revolved around meeting, advising and seeking the assistance of leading politicians of the day. One of the main reasons why she was able to have an influence with the officers and military doctors in the barrack hospital at Scutari was the support she had from senior English politicians such as Sir Sidney Herbert. Her political astuteness was also responsible for the acquisition of the nightingale fund to help victims of the Crimean war and to set up the St Thomas's School of Nursing. On her return from the Crimea, Nightingale walked the corridors of power: it was not unknown for her to have afternoon tea with Queen Victoria and drop in on 10 Downing Street to advise the prime minister on issues of relevance to military or health reform. Queen Victoria was impressed with Florence, stated that she liked her and could do with her in her war cabinet. She had a vision of a research based nurse education system and she pursued that vision methodically winning political allies to her cause

Not long after her return from the Crimea, Nightingale took to her bed and she was to remain there for years. It was from this sick room that she held court with the leading policy makers of the day and was able to influence the future of nursing worldwide. She did so, not by practising the art and science of nursing, but by exercising her political influence. Nightingale was also a very good quantitative researcher; it was common for her to go to bed with a statistics book. It is ironic therefore that nursing's legacy from nightingale is not one of political astuteness or research awareness; rather it was one of deference and servitude. She seemed to keep politics and research to herself and inculcated in future nurses the worst excesses of military obedience and religious vocation. It is no accident that we still use the terms 'night duty' and 'ward sister' 'nursing officer' today and some nurses are still fixated on medals, badges, belts, hats and epaulets. In a recent text by Siobhan Nelson she examines the religious roots of nursing. She maintained that in the 19th century the average nurse had little impact on society because of gender constraints, asexuality, and submission of individuality; traits that anathema to being an influential woman. Similarly, early midwifery was not perceived as a respectable profession. This was partly because by the nature of their job, they had to walk the streets at night – something no respectable woman would do.

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Politics: a Dirty Word

Looking through a 21st century lens it is easy to be critical of Nightingale, but even today politics is a word and a movement that holds little interest for most nurses. This is not surprising. I spent three years as a student psychiatric nurse, two years as a general nursing student and almost eight years as a university student. Throughout this time the words politics and nursing were seldom mentioned in the same sentence: nurses have not been taught to be politically astute or how best to enhance the profession or health and social gain through politics. As a teacher, I have found that there are two words that cause a disheartened groan among a lecture theatre full of nursing students – statistics and politics – I find it interesting that these were two of Nightingale's greatest strengths.

In 1989 Clay stated that the idea of nurses being involved in politics was perceived by many to be distasteful. There is no evidence that much has changed in the interim. Why is this? Well perhaps it has something to do with politics being perceived as an unsavoury pursuit. According to the Oxford Thesaurus the following terms are synonymous with politician: bureaucrat, manipulator, machinator and influence peddler. The press present some politicians as liars and cheats and in recent years senior politicians such as Jonathan Aiken and Jeffrey Archer have spent time in prison. For some politicians in Northern Ireland part of serving your time as a politician was doing time.

Findings from research carried out by Dr Paul Dixon and published in a recent issue of the Journal of Political Studies showed that "lying and dissimulation are essential skills in a politician's toolkit". "The public is no longer able to make the distinction between trust and lies leading to a collapse of public confidence in politics and politicians and ... telling trust from lies becomes increasingly difficult in this world of (political) stage management, spin and illusion". In contrast, nurses have been perceived (often to our detriment) as caring angels almost too pure to get involved in something as sordid as politics.

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The desirable qualifications for a politician are the ability to foretell what is going to happen tomorrow, next week, next month and next year and to have the ability afterwards to explain why it didn't happen" (Adler, B, (1965) Churchill Wit).

There are no true friends in politics. We are all sharks circling and waiting for traces of blood to appear in the water. (Clark, A diary 1990)

In politics you must always keep running with the pack. The moment that you falter and they sense that you are injured, the rest will turn on you like wolves (Rutler, RA - Walters D (1989)

In a recent presentation Slevin stated that True Leaders Care. However, from these quotations it can be seen that politics can be the converse of caring. Rather it is often seen as synonymous with sleaze, selfishness, mistrust, being partisan and being economical with the truth.

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Flowchart

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Divide and Conquer

The prerequisite for effective political participation is to speak with one voice – to have unity. In nursing, vested interests ensure that this is difficult to achieve. Clay argued that there is always the potential to self-destruction in the nursing profession. To paraphrase George Bernard Shaw "put a nurse on a spit and you will always get another nurse to turn it". In the UK, this has been seen most recently with the QAA subject review where other subject areas got a relatively light touch while nursing schools had to jump through a large number of high hoops – constructed by nurses themselves. This is also the case with the UK research assessment exercise. On the last two occasions nursing came bottom of the rankings among nearly 70 other subject areas. This too, was based on nurses judging nurses.

The sectional interests are even seen in our professional designations. I have often witnessed disquiet among the various specialities in nursing such as mental health, paediatrics, geriatrics, midwifery etc, when this courtesy is forgotten.

In a recent study into Community Nursing in Northern Ireland I noted eleven different types of nurses that work in the community (McKenna, 2001). Each one jealously guards their own professional territory. Woe betides if a practice nurse undertook a duty normally the remit of a district nurse. There are many different types of nurses yet interestingly only one Community Physician (General Practitioner). This tendency for nurses to lack unity militates against having political influence. To quote Charlton

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We are like inhabitants of a number of little islands all in the same part of the ocean. Each has evolved a different culture, different ways of doing things and different language to talk about what they do. Occasionally the inhabitants of one island may spot their neighbours jumping up and down and issuing strange cries about some new discovery but it makes no sense to them so they ignore it."

Throughout history the nursing profession has never known true unity among its members. We have never known the power that this would bring to the professions nor what this power would be capable of – but it would be a force for good. I can see why this is not encouraged. If nurses began to speak with one voice, the power emanating from such a unified workforce would move political mountains. To help achieve this I would recommend a reduction in the blame culture and the introduction of the 3 B mantra.

SLIDE 8 (Backbiting, Berating, Bitching)

In universities, one of the largest cohorts of Faculty and students is that found in Schools of Nursing. Nurse Educators however, are often disenfranchised and some nursing Schools are part of medical schools and are not empowered. In many cases nursing schools are the 'milk cow' for the university and nurse educators do not always recognise the dormant power that they have to influence.

Nurse educators must also stay close to the patient for they are our best supporters and advocates with politicians. Increasingly, for a number of reasons hard-pressed nurse educators do not always give due regard to patients and many nursing faculty have not stood in a clinical area for many years – this has a detrimental effect not on their credibility but also on their ability to be the patients advocate in health care and to ensure that the patient is their political advocate in society.

Power and Politics

Something interesting happened in the 1980s that did not happen to any great extent before nor since. It was in the 1980s that there was a serious attempt to raise nursing's political consciousness. This was not unique to the UK but also to the USA and Australia. In that decade a number of books were published and conferences were organised that sought to influence the political and power mind set of nurses. In 1985 Jane Salvage wrote *The Politics of Nursing*; in 1986 Rosemary White wrote *Political Issues in Nursing Past, present and future*; and in 1987 Trevor Clay wrote *Nurses Power and Politics*. These textbooks all sought to make nurses more politically aware and astute.

The 1980s too saw the publication of a large number of textbooks on nursing models and theories. Each one rejected the medical model and the power and political influence it wrought. Here too was an example of nurses attempting to flex their political muscles.

Also in the 1980s there was a call for nurses to use research methodologies that upset the then power differential. The medically dominated positivist empiricist approach to data collection was denigrated and phenomenology, feminist methodology, grounded theory and action research approaches became more popular. Here too, the central tenet is political. Action research is founded on the theory of critical science with its principles of emancipation, education and enlightenment have much in common with communism and socialism.

Why did these initiatives occur during the 1980s? It is probable that this interest in politics was due to the Thatcher government's approach to breaking the unions, to outlaw strike action, to disassemble nurse management and to disempower the health professionals. During the period of her government, the numbers of student training places was reduced, and her political advisors argued that the NHS could do with 1000s less nurses. It was difficult to be a nurse in the 1980s without having a political view.

Post 1980s when a more humane government came to power, the books and conferences on politics and nursing stopped as did the books on nursing theories. Could it be that nursing needs hard times and an unsupportive government before it begins to be roused from its political slumbers. If this is the case then perhaps the giant is going to be roused again.

There is every indication that we are entering a period of financial stringency in health care and nursing education. There is greying of the faculty (getting older), wages are better in the clinical setting, morale is low and no reasonable person would deny that nurses are working under conditions of severe stress. Managers and leaders are also feeling the strain.

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Being a leader while an organisation pursues important changes used to be fun. Those days are gone.

Daryl R Conner(1998). *Leading at the edge of chaos*. New York: John Wiley

I predict that this reduction in morale and increase in stress will herald a greater political astuteness among the profession and I suggest that this conference could be the start of this political consciousness raising. However, even within this milieu we should still create a culture where people feel valued. This is not easy but just because we do not have a cure for cancer does not mean we stop looking. So too just because it is difficult to make people feel valued in these times does not mean we should stop trying.

The Doctor Nurse Game

When one thinks of politics it is not surprising that one is drawn to make comparisons with our nearest professional neighbour – medicine. Recently, Robinson (1997) asserted that in comparison to medicine, nursing had relatively little political influence. Is this because they are mostly men? that they recruit from a higher educational and social class pool than nursing? that they have powerful positions in universities, the health service and society generally? or is it because they can make politics work for them? I would argue all of these, but with the emphasis on the later. In Korea or the UK or Australia or the USA how many nurses are hospital CEOs? how many nurses have senior positions in government?

Over the years nursing has undergone other forms of division. Medical consultants at their best have four roles. They are practitioners because they have responsibility for a caseload and most undertake clinical practice; they are educators often followed on their rounds by a group of students; they are researchers, needing studies, publications and conference presentations for promotion and they often have a managerial role within their directorate or trust. In nursing we have separated these roles out: the practitioner stays close to the patient but the career structure may mean she remains at a low grade for a long time; the educator works in a university or Institute of Technology; the researcher is in a research centre in a university and the manager is in an office burdened by bureaucratic duties.

Stein published two papers many years apart on what he perceived as the doctor-nurse game. If you have not read these, I recommend that you do. They provide a potent insight into the political machinations between these groups of professionals. He found that nurses do have power but they use it vicariously. Practice Nurses get GPs to counter sign their scripts even when the nurse makes the diagnosis, Community mental health nurses get social workers or psychiatrists to admit patients and hospital nurses get doctors to prescribe medications they recommend.

The Influence of Nursing

I compared nursing's position at the start of this talk to that of a sleeping giant. Sometimes we forget the great potential that nursing has. This relates to

- its relevance to the life of the citizen
- the positive public perception of nursing
- its voting power
- Its networks
- Its 'intelligence of what is going on'
- Its ability to influence the media
- Being predominately female profession and the important role of women within the family and local communities
- its size

I am not aware of Korean statistics but in the UK, nursing accepts over 25,000 young people into its schools each year. This accounts for almost one quarter of all young females entering universities. Nursing makes up approximately 40% of health care expenditure, 60% of the health service pay bill, 70% of health professionals in the average hospital and 3% of the public purse and these figures are unlikely to change dramatically in the near future. These figures ensure that nursing will always be of interest to politicians. We should exploit this as an opportunity to open up the conduit to policy makers, lawmakers and budget makers.

Leadership

To know why to do something is WISDOM
 To know how to do it is SKILL
 To know when to do it is JUDGEMENT
 To strive to do it best is DEDICATION
 To do it for the benefit of others is SERVICE
 To do it quietly is HUMILITY
 To get the job done is ACHIEVEMENT
 To get others to do these things is LEADERSHIP

I mentioned that due to vested interests we have never known a truly united nursing workforce nor the power for good that that would bring. One reason for this is the lack of leadership. Throughout the world there are plenty of examples of leaders eradicating division and encouraging people to work together. Nursing needs its Mandelas, Caribaldis, Titos, Kennedys And Clintons but where are they? In the past young nurses with leadership potential had to run the gauntlet of years as a staff nurse, unit manager, junior faculty member before they got into a position of influence – at which stage the best were often burned out.

Future leaders are beginning to be recognised and supported early in their nursing career. Fast track programmes are being designed for suitably qualified nurse to enter positions of senior management. They inculcate in future nurse leaders the following characteristics:



- a visionary – able to create, articulate and encourage ownership of a vision for nurses and nursing and recognise nursing's contribution to care delivery;
- a communicator – able to communicate and market effectively the needs, demands and view of nurses and those they serve.
- a strategist – able to implement strategy and capitalise on political opportunities;
- an environmentalist – able to adapt the organisation to a changing environment looking at ways to make the organisation effective;
- a political operator – able to work within local and national priorities and to use political awareness for the benefit of the organisation;
- a confident leader – able to contribute fully to the development of nursing with previous ability in empowering staff and to lead beyond hierarchy in complex organisations;
- a confident professional - able to be self aware and to recognise and maximise personal impact.

Conclusion

If nurses generally and nurse educators in particular are to deliver a collective blow to national policy making, then a common voice on key issues will be essential. Nursing has got what politicians want and need but nurses have not yet convinced politicians of this because not all nurses have as yet convinced themselves. There is an urgent requirement for nurse leaders to articulate to politicians and civil servants the added value of nursing and midwifery.

Health is political. It cannot be divorced from the decisions made by at government level. Nurses must have the courage to take on parties or institutions, irrespective of size or power, and confront key issues affecting health and wellbeing. Nursing's *raison d'être* is to represent people, patients and their carers whose cause is routinely forgotten or ignored. Clay wrote in 1987 that politics starts at the bedside – patients have the right to be cared for by a qualified nurse. However, he stressed that nurses must be able to fight for the changes they want without turning the ward into a battle ground. Dame Sheila Quinn (1985) urged nurses to get political but stay professional.

Those who make things happen
Those who think they make things happen
Those who watch things happen
Those who wondered what happened
Those who didn't know anything had happened

(THE HUMINGBIRD)