Nursing Grievances

VI: Other places, other solutions

TONY DELAMOTHE

There is no historical inevitability about nursing's future, no internal dynamic driving it towards one destination rather than another. The goals of improved pay, conditions, professional status, career structure—"recognition," however it is defined—are shared by nurses everywhere, but experience from here and elsewhere shows that just waiting patiently will not bring them any closer. Although the public may be in love with the idea of a selfless profession (especially so when blatant self interest is supposed to be motivating everyone else), that love cannot be relied upon to deliver. In fact by even admitting to the desire for greater recognition nurses may be jeopardising that love.

In the many countries where nurses have moved closer to their goals than in Britain they have abandoned simple claims on public sympathy. The route they have chosen for improving nurses' status has been by taking nurse education into the tertiary sector—the logic being that if the educational requirements for entrance and the standard of qualification are on a par with other professions then nurses' demands for better wages and conditions will carry more weight. How successful these attempts have been in a particular country depends on several factors. The most important seems to be the strength of the nurses' movement in that country (which may correlate with the strength of the women's movement—in the United States and Australia, for example, both are strong). How convincingly nurses can argue that health care needs are unmet also affects the likelihood of their receiving advanced education—which explains why so many "developing" countries now send their nurses to tertiary institutions. The strength of opposing forces matter too, most often the medical profession (alleged to be the case in Switzerland and Germany^{1,2}) and the governments that have to foot the bill.

Successful struggles

Nowhere has nurses' fight been easy, but then nowhere has a concerted struggle for greater recognition been unsuccessful, either. Two countries where gains have been made are Norway and Australia.

NORWAY

Nursing's status has increased here in the last 20 years because we've gone on the offensive and we're being heard now. The doctors just had to hear us.

NORWEGIAN NURSE

I think that's the way to go: more and better education. And it's not only to change the public's opinion of us—it's also for our own identity as nurses. I

think so much happened to me after two extra years of post basic education. I'm much happier with my role and want to do that better. We've got a better dialogue with doctors—I think that's got something to do with education. It's much easier now for me to cooperate, because I've got my own identity as a nurse, and I think it's much easier for the doctors to cooperate too."

NORWEGIAN NURSE

The nurse by Edvard Munch. (Courtesy Munch Museum, Oslo.)

You can still have professional status and be working on the wards: that's something we're working very hard to maintain. Generally speaking, that's been one of the problems with nursing internationally: to progress you have to move away from the patient into education, administration, or whatever.

NORWEGIAN NURSES' ASSOCIATION OFFICER

Norway's nurses have been educated within the regional university system since 1983. When this system was set up in 1969-70 to give all Norwegians the opportunity of tertiary education nurses were not part of it; nursing was said to be a trade. The Norwegian Nurses' Association mobilised nurses and after intensive lobbying the Norwegian parliament passed a resolution that nursing education should be included within the regional university system. Responsibility for nursing education passed from the Ministry of Health and Social Welfare to the Ministry of Culture and Sciences in 1980—that is, from the equivalent of the Department of Health and Social Security to the equivalent of the Department of Education and Science.^{3,4}

Admission requirements now are the same for other entrants to higher education—12 years of general education, with the equivalent of A level passes in Norwegian, English, natural sciences, and social sciences. There is an oversupply of applicants, and points are awarded for job experience or additional educational

qualifications. Virtually nobody is taken straight from school—the average age of first year students is 21. Until 1975 students were given free accommodation, free food, and paid a small wage—which put them at a disadvantage when applying for a study loan from the government. University students in Norway get loans rather than grants and nurses are now eligible for loans on the same basis.

"To be strong I think that nurses have to stick together."—NORWEGIAN NURSE. (Sculpture: *Skulder ved Skulder* by Ellen Jacobsen.)

Formed in 1912 the Norwegian Nurses' Association has spear-headed the campaign to improve nursing education, an early slogan "proficiency first—then rights." Within a decade the association limited its membership to those who had received three years of nursing education—enshrined in government legislation since 1948. In 1960 "the conflict of interests" between the hospital's need to provide nursing care and the training needs of nurses led to the nursing schools being set up independently from hospitals. The association also set up a School of Advanced Education in Nursing in 1925, and now postgraduate courses have been established at universities. Postbasic courses are offered both in the clinical setting and within higher education.

When students were taken out of the workforce the gaps were filled by nursing auxiliaries. These had been trained on the job until 1963, when the first hospital school for auxiliaries was opened. (The courses now last one year.) In recent years they have been providing much of the "hands on" care with the trained nurses responsible for administration, the more technical quasi-medical tasks, and coordinating the auxiliaries. This has meant that many trained nurses do not get the chance to give the sort of nursing care they want to. Nursing shortages (according to the nurses' association 5000 posts out of 33 000 were vacant in 1986) have meant that auxiliaries have moved into areas that trained nurses consider theirs, but without the numbers the trained staff find it difficult to complain.

Why should an occupational group that has raised its educational standards to its desired level and for which there is an oversupply of applicants still have shortages? A survey conducted in 1985 among nurses five years after graduation found that only 53% were working full time, 39% were working part time, and 8% were not working at all (May Solveig Fagermoen, personal communication). Norwegian nurses blame inadequate child care facilities (although compared with Britain they seem very generous).

The Norwegian Nurses' Association represents almost nine in 10 of Norway's nurses—"That gives us a great deal of power as an organisation: we are the only organisation that bargains for nurses. That puts us in a very, very strong position compared with nursing organisations in other countries."

The bodies that negotiate on behalf of Norway's unions with employers make agreements that last two years, and any strikes within that time are illegal. When the two years are up, fresh agreements are made, although if negotiations break down in this

time then any strikes resorted to are legal. For the last two years the nursing association has been affiliated with the Landsorganisasjonen (the Norwegian Federation of Trade Unions), although recently it has been negotiating to join the politically neutral academic-professional organisation (which doctors belong to)—perhaps symptomatic of Norwegian nurses' changing perception of themselves. ("We have a lot of members, who are like your English nurses, not politically minded.")

Despite this Norwegian nurses have struck, both legally and illegally, several times. In 1972 there was a big strike over nurses' starting salary. The strike would have been illegal if called by the nurses' association: it was led instead by a group who withdrew from the association (although it had the unofficial backing of the association). It was successful, as was an illegal strike in 1985, called because the government had failed to honour an agreement about salaries for government employed nurses. ("Arbitrators decided that the government was guilty for breaking their agreement with us, but that we were also guilty because the strike was illegal—so everybody was guilty, but then we won because we got the salary adjusted.")

Salary continues as a grievance of Norwegian nurses, and is thought to be why so few men become nurses in Norway (about one in 20 Norwegian nurses are men, less than half the proportion in Britain). Another reason is that "men who enter nursing are very often viewed as being intruders in the female area—maybe not real men." Men who do become nurses tend to ascend faster into better paid positions—about one third of nurse administrators are men.

AUSTRALIA

Their subordination and ladylike image have made nurses reluctant to realise that their position reflects above all a lack of *power*, and that power for them is a legitimate goal. Armed with this realisation and aware of the relative ineffectiveness of the professionalising strategy, they can now shed the outdated notion that industrial action on their own behalf is "unprofessional." Medicine long ago showed that idea to be a fallacy, and in the 1980s Victorian nurses have shown a willingness to participate in industrial action on an unprecedented scale.

HEATHER GARDNER and BRIGID MCCOPPIN⁵

In the 1980s nurses from all Australian states have been much more likely to take industrial action in support of their demands. A nurse tutor returning to Australia after a 15 year absence was surprised to find that "nurses had lobbied, marched, demonstrated in the streets with banners, and threatened to stand in parliamentary elections in marginal seats, all in a coordinated campaign to press their case for tertiary education throughout Australia." Delegates from the Sixth National Conference of the College of Nursing, Australia, marched to the offices of the federal minister of health with the ashes of a government report they had burnt earlier with posters proclaiming "Tertiary Education for Nurses Now" and "First Class Nurses for First Class Health Care."⁶

The first proposal to upgrade the standard of nursing education to tertiary level was made in 1962,⁷ and there were similar proposals for the next 20 years. In 1976 the national nursing organisations adopted it as official policy.⁸ In November 1983 New South Wales announced that 13 months later all basic nurse education there would occur at tertiary level (the fastest implementation anywhere). In 1984 the federal government announced the transfer of basic nurse education to multidisciplinary colleges of advanced education in all Australian states by 1993. The activism had paid off.

Australian nurses have resorted to industrial action on issues other than education. Nurses in the state of Victoria have shown what can be achieved from what their chroniclers describe as "a somewhat desperate attempt to reduce the burden of an increasingly heavy and diverse workload."⁹

Between 1980 and 1982 registered nurses employed full time in Victoria declined by one fifth, while hospital workload increased. This led to the refusal by nurses to maintain wards at what they considered to be dangerously low staffing levels. In an attempt to take some of the pressure off overstretched nurses, bans were placed

on non-nursing duties—that is, the more menial and clerical tasks. The Royal Australian Nursing Federation's no strike clause was deleted. Nurses struck in October 1985 over their pay, conditions, and lack of career structure. In 1986 Victorian nurses were provided with the first full scale review of their pay award for 50 years, a pay rise, and the first nursing career structure in Australia. Later that year dissatisfaction by nurses with the interpretation of these new agreements led to bans on elective admissions, resignations by nurses, and "stand downs" by the government.⁵ A strike by nurses lasting 50 days led to the Victorian government conceding "almost everything that the RANF had been requesting for months before the strike." According to the *BMJ*'s correspondent, "The really surprising thing about the dispute was the support that the nurses got."⁹

Nurses marching to parliament house to protest budget cuts. (Courtesy New South Wales Nurses' Association.)

Nothing for nothing

The people I blame are ourselves. I think we're a gutless profession and I think we should do something about it. But we won't. One or two people won't do anything. We were talking to a porter once about it. He said, "Don't ever ask me to do anything for you. If you won't do it for yourself, don't expect anyone else to do it." And I think that's quite right. I'm leaving anyway. I'm going to do a degree first and then I'm getting the hell out of it. And that'll be it.

STAFF NURSE

The position British nurses now find themselves in bears eloquent testimony to the rewards of avoiding action. Nurses' salaries are abysmal (although they would have been less so if the government had fully honoured the recommendations of the independent pay review body in each of the past four years). Increased throughput without a proportional increase in staff or financial resources and the privatisation of ancillary services have increased nurses' workload to a level beyond which they can cope. When the long hoped for clinical grading review was agreed late last year it was initially suggested that it should be financed by reducing special duty payments. Nursing management has been fiddled about with frequently enough to make it inefficient and then put into the shadows by Griffiths for its inefficiency. And when some nurses attempt to draw attention to the problems they now face and how these affect their patients' welfare parliament is told "It is the patients they are hitting at and they are hitting at them deliberately."¹⁰

Nurses in this country can take comfort from the fact that they are hearing this only from politicians and some sections of the media: in other countries they have heard it from doctors too. Here (at least at the time of writing) those who work closest with nurses appear to be supporting them.

It was the day after last year's pay awards when I started researching these articles that the staff nurse told me she was "getting the hell out of it." Neither of us then had any inkling that nine months later nurses would have taken strike action in support of their claims and decided at last that it was time their voices should be heard—to discover to their surprise that people were prepared to listen to them.

The grievances dealt with in these articles arose from discussions with nurses in Aberdeen, London, Manchester, and Nottingham. Such are the current fears within the health service of reprisals that most nurses agreed to speak to me only on condition that they would not be identified: my thanks

to them all. Happily such fears do not exist elsewhere, and I can acknowledge the assistance of Magne Nylenna, Marion Rustad and the Norwegian Nurses' Association, May Solveig Fagermoen, and Helene Berntsen for Norwegian nursing, and Katrina Delamothe for Australian nursing.

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- 10 Ferriman A, Routledge P, Wolmar C. Angry angels. *Observer* 1988 Jan 24:9.

WORDS BARLEY IN THE STY. No, not a pigsty, but that annoying inflammation of the sebaceous gland of an eyelash; so I had better use the alternative spelling "stye" to avoid misunderstanding. According to the *Oxford English Dictionary*, the word originated from the Old English *stizend*, meaning riser. This became *styan* and, by a Hobson-Jobson type of transformation, became in its turn *sty* on eye.

Now, the Romans likened the swelling on the eyelid to a grain of barley, so a stye was called *hordeolus*, diminutive of barley (*hordeum*). The similarity seems a not very close one, but perhaps that was their nearest analogue. Despite the passage of two thousand years, the barleycorn persists in the Romance languages as the linguistic basis for "stye." Thus, the Italians have *orzaiolo*, the Spanish have *orzuelo*, and the French, *orgelet*, (dropping their Latin aitches on the way). The Germans have characteristically translated this into *Gerstenkorn*, (*Gerste*, barley).—B J FREEDMAN.