From the Floor

Nurses, an Oppressed Group?

By

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A couple of weeks ago I was speaking with a nursing colleague from the East Coast. We had connected over a mutual interest in the National Labor Relations Board decision concerning charge nurse and their role in management (or not). During our conversation she shared with me her concerns that she had recently learned that the local nurse's union was promoting the notion that RNs were an oppressed group and therefore in need of "special protection" that can only be wrought through legislature intervention. The words "oppressed group" rolled around in my head for a few days, and with each passing day I grew concerned at what effect these words might have on our profession. Then several weeks later I received one of the many nursing magazines that I subscribe to and imagine my surprise as I perused the table of contents the phrase "oppressed group" popped up. I read the study with great interest and some concern, puzzled at what the outcomes might be and low and behold the author of the study concluded that nurses met the criteria of an "oppressed group". So both the conversation and the article gave me great food for thought and it motivated me to speak up (as if this is a problem for me) about what I think on this subject.

My first response to hearing this terminology used to describe us, concerned me and the more I ruminated over it the more concerned I have become. Why, because I see this label, and that is precisely what it is, as a tool to advance some group's agenda, and that agenda is in all likelihood probably not shared by the majority of Registered Nurses in this country. This doesn't mean that the profession doesn't have problems, but nurses "oppressed" – I think not! Our profession shares a lot in common with other first responder professions, I wonder if legislators feel that they are "oppressed" as well, or is it because our profession is still viewed as a predominately a "woman's" occupation thus requiring the need to be "taken care of"?

Labeling RNs as "oppressed" may seem to be a convenient way for some so-called nursing leaders to get their point across, but I think it sets a very bad precedence. Somehow I don't think Jane Arminda Delano, Dorothea Dix, Clara Louise Maass, Mary Eliza Mahoney, Florence Nightingale, Mabel Keaton Staupers, Adah Belle Samuel Thoms, Susie Walking Bear Yellowtail, to name a few, would be very happy with being labeled as an "oppressed group".

So what can possibly be gained by getting legislators, opinion leaders and even the RNs themselves to accept the label of "oppressed" group? Well, for starters there are those that ascribe to the school of thought that by getting people, especially legislators, to

accept such a label as fact that this then lays the ground work for the passage a whole host of laws that are "billed" as protection for the "oppressed" group. There are also those who desire to keep the "oppressed" group in a subordinate role, and by getting all parties involved to accept the label it allows for the group to remain in that role, being "looked" out for by their benevolent supporters. This brings me to the topic of AB 1201, a bill pending in the California Legislature that purports to be looking out for the "interest" of the direct care nurse. The language is such that one can almost be lead to believe that without this bill the "evil" hospital and healthcare organizations will run roughshod over the nursing staff thus leaving the patients with out anyone to look out for them; it even goes so far as having language that implies that nurses are in such a weak state that only through unions can they effectively advocate for their patients. Just in case you think I am exaggerating let me share with you some of the testimony provided by the sponsor of AB 1201. The AB 1201 sponsor used the example of the Tenet hospital in Redding, California where numerous cardiac surgeries were performed, later many of these surgeries were found to be unnecessary. The bill sponsor stated emphatically that if only a union had represented these Redding nurses then none of this would have happened, further commenting that it was the lack of "union protection" that kept the nurses silent. As I sat in stunned silence, I wondered, then what was the explanation for the silence of the nurses at both UC Irvine and St. Vincent, both hospitals' transplant programs racked by recent scandals, since nursing unions (in fact by the bill's sponsor) represents the nurses at both these hospitals. It is precisely this behavior that allows "nursing" leaders to rationalize distorting facts on the backs of the very nurses they say they are out to protect. However, as my mother was fond of saying when she heard outlandish statements – "better to hear that, then to be deaf".

Do I think that nurses conspired at any of these hospitals to place their patients in harms way, hardly. However, I don't think that offering the vague promises that only if there had been a union then the nurses would have come forward, just as they failed to come forward at hospitals with union representation. As with almost any similar situations, individuals with mal-intent or with corruption on their minds or just plain weak-willed found a way to use and abuse the system. In turn they recruited like-minded individuals into their scheme and presto a formula where their scheme flourished until it was rooted out. It is easy to lay the blame on the big, "evil" hospital, especially in these times when groups are looking to scapegoat someone and hospitals have a big target painted on them.

However, it concerns me a great deal that those who say they have only the best interest of nurses in mind are using such examples to further an agenda that I believe may have unforeseen consequences for nurses, especially those who remain at the bedside. I encourage everyone reading my column that has access to the Internet to bookmark the following page, http://www.legislature.ca.gov/port-bilinfo.html. Once on the search page you can simply select search by bill number, type in 1201 and it will take you to the page that has all the information on the bill, including the text of the bill, all its revisions, history and status. Read it, formulate your own opinion and then if you are so inclined call the bill author, Assemblyman Mark Leno in Sacramento at (916) 319-2013 and provide his office with feedback. You can also send him an email by directing you browser to the following address http://democrats.assembly.ca.gov/members/a13/capitol.htm and then select "email

Assemblyman Leno" or by mailing or faxing him a letter at: State Capitol, P.O. Box 942849, Sacramento, CA 94249-0013 or (916) 319-2113 respectively. If you do send a letter or email, I would encourage you to forward a copy to me as well. While you are at it be sure to send a copy to the Assemblyperson and State Senator that represents you, because it would help if they knew your opinion and feelings about this and other bills that affect nursing. If you don't know who they are you can access that information on the Internet at http://www.legislature.ca.gov/legislators_and_districts/legislators/your_legislator.html. Select "search by zip code for your legislator" and follow the directions. You can also find the information in the blue pages of your local telephone book.

My opposition to this bill doesn't mean I think that working in today's hospital environment is a perfect work environment for nurses; on the contrary anyone who has read any of my columns should be well aware of how I feel that poor nursing and hospital management is a primary reason why so many nurses burnout or leave nursing. I am just unwilling to lay all the blame at the feet of hospitals; some of the blame can and should be laid at the feet of nurses and nursing unions. Before everyone feigns righteous indignation, we all know that sometimes nurses are our own worst enemy. We see it with the cliques that become so tight knit that they are quick to bring attention to non-clique member's errors or misbehavior all the while protecting their own members from being reported when they commit errors or exhibit unacceptable behavior. Nurses, nursing associations, nursing unions and nursing advocates often bemoan the lack of proactive and responsive nursing leadership in hospitals. However, I have also seen experienced nurses failing to support their nursing administration when that administrator comes under fire for defending nurses and patients by bean counters and poor hospital administration.

It could be said that hospitals and healthcare administration encourages this environment, a form of chaos that keeps the "underlings" undercutting one another for the benefit of the "powers that be". However this argument is not entirely valid since physicians, for example, have long shown themselves immune to this strategy. It is well known within the healthcare profession that physicians are extraordinarily supportive of the "doctor's club", and that they equally defend one another regardless of gender, race and class in most circumstances – so why not nurses?

Call me optimistic but I know that this is not and does not have to be the nursing environment of the future. We, as nursing professionals, can change this milieu. The question is are we willing to put in the effort and emotional investment that it will take to make this change in our own unit, within our own nursing team, hospital, and ultimately within the structure of our nursing schools? This change is not for the faint of heart as it can be and often is painful since the status quo does not exactly respond positively to change. However, if we allow those at the table to succeed in placing the label of "oppressed" on our profession and ultimately on us then our attempts to make change can become encumbered by the very people who profess to support and champion us and our goals. As an individual, who is proud that she chose to become a RN, I am greatly concerned that as our profession struggles to define itself we might fall victim to the whims of some who would have us seen as though we are weak and incapable of advocating for ourselves let alone our patients thus describing us to legislators and those in "power" as somehow oppressed. The question we must all ask ourselves is this, are we

willing to accept this label? Because once we accept this label, even in the guise of advancing it for our protection or getting much needed change then changing this perception at a later date could very well be impossible. I for one am not willing to accept the label of "oppressed". To those who believe that by seeking out these special protections is a kindness or a way to achieve a positive result: I would remind them of the old adage. "The road to Hell is often paved with good intentions."