BC AL/336/39/7

SENIOR NURSE. Date: August, 1984.
SENIOR NURSE, Vol. 1. No. 22 Aug. 29. 1984
pp 8–10

Politics + Nursing
The 'political' in nursing.

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IN SOME nursing circles the idea has been abroad for some time that politics is an activity in which only politicians engage. Members of other organisations and/or professions engage in professional activity, and never the twain shall meet. Similarly, there exists the proposition that out there in the real world, objective divisions exist between what is considered the 'political', the 'moral', and the 'social'; that such divisions can be isolated from one another; and that whereas political activity in relation to one perspective, the 'political', is legitimate, it is illegitimate if it is concerned with any other dimension.

Some would limit political activity to the exercise of electoral behaviour when at regular intervals the population manifests its democratic right by casting its vote in relation to governmental business. Others have a very different understanding of the notion of what is political and of the nature of defending one's democratic rights. They would include as meaningful political activity struggles at the workplace which arise out of the contradiction inherent in the labour contract, and which may be associated with the type and nature of work. Still others consider as political what happens away from the glaring eyes of the public and what goes on in the privacy of one's own home where sexual and emotional relations are negotiated, where child care makes specific demands and where the organisation and distribution of the domestic order interferes with personal autonomy. In relation to equality between the sexes, this is where the slogan 'the personal is the political, was made and makes incisive inroads.

Though politics are admitted to play a role in the life of an individual nurse as a private citizen as well as in the life of nursing as an occupation, nursing as such has a tendency to regard it as an obstacle and as an embarrassment. The actual word 'politics' denotes or rather symbolises public conflicts, fights, unruly behaviour at a level which few individuals are comfortable to enter and to partici-pate in. Political action requires partisan involvement and nursing talks a lot about non-partisan activity. To be non-judgemental is the *crie de coeur* of nursing, and the nature of political commitment — whether it is partybound or professionally orientated — requires the individual to take a stand and to defend it.

Can nursing and individual nurses afford to neglect the consideration of this subject? What is the significance that notions of and about political awareness have found themselves on the agenda of nursing conferences? The King's Fund recently hosted a conference on understanding politics in a framework of an historical perspective, followed by a conference on political awareness. What is it about the sudden emergence of the notion of politics in nursing? What are the implications of this development for the profession, its various occupational segments, its individual members as women and men? And what are the implications of such a development for our patients, wherever they may find themselves? Is nursing at the ward level, is the nurse working at the bed-side or in a patient's home dependent on being politically aware? Is it something with which nurses should become acquainted? How should this be brought about? The fact that there are no easy answers should not prevent us from exploring the issues.

All industrial societies create for themselves institutions for the purpose of regulating and codifying norms to ensure a level of social order. Irrespective of societies' differing political dimensions, this process involves the participation of two major institutions. One is the judicature — the administration of justice, which evolves a complicated system of laws and precedences; the other is the medical system, which by broadly defining the meaning of health andn illness produces categories singled out for specialist and special consideration. Though there exist variations between societies of how each distinctive social order control mechanism is operated, and in the nature and type of processes leading to relevant decision-making, it does not follow that nursing practitioners are innocent bystanders from the point of view of political involvement in the exercise of their professional expertise.

Occupational roles, an occupation's legitimating knowledge, its form of organisation as well as the nature of its dialogue, the nature and sources of recruitment, training and education programmes, and whatever else constitutes an occupation and/or a profession, none of these develop in a vacuum. They are shaped and they shape themselves as a result of dialectical processes between varying and competing forces which define their inherent tension. When is occupational behaviour regarded as normative, when can one argue its pathological state, when does occupational behaviour reflect the state's imposition and under what condition does the state's interest and that of an occupation concur? All those situations depend on one level on the state's stated and expressed goal and the subsequent nature of social policy with its dimensions of sanctions and patronage, and at another level on an occupation's membership support, compliance and/or protest. That there is a connection between the world of politics and the world of work is no longer challenged. What we have not yet worked out are the implications of an acceptance of this relationship for our profession.

The foregoing observations find concrete expression in a leader in the Royal College of Nursing newspaper *Nursing Standard* (October 6th, 1983). It says: 'One of the prime requests that RCN members in particular have been bombarded with over the years has been calls to become more politically aware and active to fight for their profession and their own standing, by speaking out and becoming truly informed about all the variables that affect their work.'

The article goes on to outline how the apparent traditional apathy of nurses is replaced by a new upsurge of activity to take professional matters into one's own hands and to speak up or write where critique calls for appropriate measures. But not any type of protest is possible: on September 29, 1983 *Nursng Standard* advises its readers that protests should be 'calm, sensible but firm'. Any other type might mean anarchy and so upset the social order. The two quoted messages in *Nursing Standard* are highlighting an underlying problem with politics, and this may be one of the reasons why nurses at one level fight shy of it and why at another level they may be determined to break with stereotype behaviour. Politics is not a single straightforward activity, and it lacks clear-cut boundaries for the pursuance of its activity. That was why *Nursing Standard* was adamant in instructing its

members how to conduct themselves. It says something like the following: 'By all means, go and get involved, engage in political activities, but make sure you've chosen the right and "correct" channel through which to filter your protest. The rules of the game must be obeyed to guarantee the maintenance of the social order'.

A subsequent correspondence in *Nursing Times* highlights what I am trying to say in a more obvious way. In an article aptly entitled 'Protest and Survive' by Jane Salvage (*Nursing Times*, January 11, 1984) she develops the concept of occupational survival and questions its actual possibility in the face of political involvement. She suggests that activities of protest may have dire consequences for those involved in the making of the protest, as patronage is usually denied to those who speak out critically and thereby are not seen to obey the rules. The example referred to in the article involves nurses' activities in relation to the Guy's Hospital plan to decrease its bed capacity to about 110 as part of the reduction in health authority expenditure. Some nurses were sufficiently moved to demonstrate against this plan. Depending on which level of the organisational hierarchy they found themselves, such demonstrations were regarded either as correct and worth support or not in line with existing procedure to raise complaints. The more clinically involved nurses clashed with those in nursing management over the form of protest. Notions of 'calm, sensible, but firm' were clearly very differently interpreted by different groups of nurses. Those who in this instance were associated with management priorities had very different ideas about political activity from those involved with bedside nursing. Ultimately, one group of nurses, most of those working in the clinical area, collected signatures and organised a very successful parliamentary lobby. However this received no support from the more senior nurses, who also strengthened their hand by preventing the use of rooms in the nurses home for campaign meeetings.

In other words, occupational (political) behaviour is much determined by the occupational structure in which we find ourselves and the resultant responsibilities we claim to have. Such diverse behaviour is likely to set up intraprofessional rifts which Mick Carpenter, writing on 'The new managerialism and professionalism in nursing', has clarified further[1]. He develops the theme that nurse managers, as opposed to nurse clinicians such as ward sisters and staff nurses, use different authority and peer groups as a guide for action. This, he argues, will ultimately lead to professional polarisation. In her article Jane Salvage documented just this polarisation, and considered it a serious occupational obstacle towards solutions in relation to problems like the 'cuts'. To take professional matters into one's own hands and to speak up, as the leader of *Nursing Standard* suggests, may well lead to the uncovering of political issues in most unlikely places.

Nursing activities, such as nursing a sick individual or giving advice on a healthy mode of living, are not thought to be political acts. And most of those wishing to take up nursing do not regard it as a political activity when they express the heartfelt wish to help. Clearly there do not appear to be overtones of politics. To the uninitiated, the provision of help and support requires no political activity; yet the mere action of organising professional help is totally dependent on politics, as the required resources come from within the society which will have to make appropriate decisions about their distribution. Doyal and Gough[2] have laid out the nature of the relationship between individual and societal needs and their optimisation throughout history. They demonstrate how individual activity is based on social preconditions, and how optimisation of basic individual needs is predicated on those of constitutional needs. Their article makes it clear how professional nursing as an activity of human welfare cannot place itself outside the political system of which it is a part and with which it lives inevitably in tension.

Other examples of political overtones where none are expected: a few years ago a DHSS recruitment poster for nurses suggested that the true nursing qualities are, if not inborn, at least socialised attributes which little girls acquire long before they reach school age. Subsequent recruitment posters continue to appeal to womens' notion of wishing to give of themselves in the act of helping, but have at least moved on to suggest that a level of knowledge is required. Recruitment posters by implication become political statements in the way that they suggest a reproduction of stereotype behaviour by supporting existing division of labour strategies which perpetuate inequalities.

For the professional, to wash someone's body, to help someone to eat, to change a dressing, to support and to talk to someone are not in themselves seen to be political acts. The clearly lopsided relationship between a professional and a patient, or between a superior and a subordinate in the occupational hierarchy, can turn however into political acts when each incumbent's autonomy is threatened through the encounter. Professional dominance, both within an occupation and as it relates to patients, can have political dimensions and may require more than a little scrutiny as we move along the path towards political awareness.

Another dimension of the political is experienced when we examine the world of choices. Alan Boylan discusses nursing practice in 'Teachers should not walk away' (*Nursing Times*, February 1984). He points out that nursing practice is rarely just right or wrong, but often involves the making of choices. He directs our attention to the use of procedure books which, unless they discuss principles, dictate the correct method. This habit has its distinct advantages because it produces a certainty and with it a routinisation which may be an efficient method of getting through the work. But the complexity of each nursing situation demands the consideration of a variety of positions: the need for a different type of equipment, the need to involve another agency, to involve or not other family members, the need to withdraw from situations altogether and so on. Choices are about values and so we move straight into politics as a result of only doing our professional duty! What we say when we speak to a patient and how we say it has political overtones. The way we conduct ourselves as men and women is invariably a class and certainly a gender question, as we carry in us mannerisms depicting both social class and gender behaviour. What we say, for example, on health education measures, the type of food we ought to eat, the subtleties of conversation — this behaviour has political overtones and dimensions.

By accepting medical and other social labels without questioning, we are often guilty of reproducing stereotypes. Some of us even fall into the habit of believing in our own rhetoric. We don't question the actual meaning of teaching programmes, nor do we scrutinise their aims and objectives as to the hidden

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By accepting medical and other social labels without questioning, we are often guilty of reproducing stereotypes. Some of us even fall into the habit of believing in our own rhetoric. We don't question the actual meaning of teaching programmes, nor do we scrutinise their aims and objectives as to the hidden agenda and realistic implementation, nor the premises on which certain treatment is ordered and carried out — and that includes nursing. Much of the rhetoric which we ourselves then swallow is reproduced into clichés as usable bits of conversation with our patients.

Someone should by now have stopped me to ask — so what? If everything we do is political, that says very little., it is not helpful — where do we go from here? I have tried to depict that which is not overtly political but which covers up power relationships, the consequences of which may result in inequality and the prevention of appropriate action which might uncover the nature of the power interest in the encounters to demand changes. Not every single political overtone requires immediate action. The requirement, as I see it, is to recognise the potential political dimensions of bedside (patienside) nursing, so that an analysis can be applied and we can move towards a more humane atmosphere where stereotypes are discarded and patients are considered as people.

Nursing practice has always had political components. When the Church was mainly responsible for the sick poor, it was involved in the political act of providing a care of sorts. That this act has also been a humanitarian one supported particularly in the UK from within the movement of philanthropy does not alter its political character, but it needs to be recognised for what it was. When and as nursing encompassed Poorlaw and later voluntary hospitals, it got itself involved in class divisions of the sick population, as Rosemary White has documented[3]. Currently, in the process of an aggressive revival of private medicine, nursing is caught once again in the political implications of this development. As the Black report illustrates, much disease is class-associated; apart from nursing the victims of this class division, nursing's politics could be challenging the development of a two-tier health service as well as insisting on appropriate measures to reduce the class-related nature of disease patterns.

Nursing education, however, has never made the political process in nursing explicit. The difficulties we face, whch are not unique to our profession, is in establishing the precise interface at which the macro- and the micro-social world actually meet and its likely implications. This is a difficulty of some importance. Because we know that at an abstract level there is a world outside, which is both complex and uncomfortable, we try and protect ourselves within our 'little world' of practice and claim to be getting on with private, personal and professional relationships unaffected by that world outside. But the difficulty of establishing it does not invalidate its need, and particularly for the purpose of nursing educational requirements the precise finding of such an interface could well be worth an exciting research proposal. Because we have never made overt how the 'nursing personal is the political', we have not so far developed a political ideology of nursing. And yet to understand our activities at grass-root level, at the patient's side, we need to understand the political implications of our actions quite apart from those of the professional.

At one level, an understanding about politics is about conflict. This concept hardly fits people's understanding of nursing and nurses. As a group of professionals we try and avoid conflict, and though criticism is not considered a dirty word (verbally in fact we invite it and it is the major component of any nursing research gathering), in practice critique becomes uncomfortable. The public image of a nurse is someone kind and soft, not aggressive, not demanding, giving, caring, and devoted. And anyhow, politics spells trouble!

It is difficult if not impossible at this stage to state clearly the implications of an individual nurse's growing political awareness. It must lead to changes of sorts which will in turn produce yet another set of contradictions. What we cannot do is simply overlook the nature of being political within one's professional life. The development of a political ideology of nursing seems to be a must, though it is not a blue-print for action. That arises out of a situation. It would however lay out the political nature of a nursing interaction, because an analysis of a nursing situation is limited to the extent that it leaves out the politics which no professional can afford to ignore. □

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