

Nursing Is A Political Act – The Bigger Picture

A vacationing health care worker throws her fishing line into a river and waits for the fish to start biting. As she waits, a body appears upstream, floating in the current. She yanks up her hip waders and walks out to grab the body, pulling the unconscious person up onto the bank. Resuscitation is effective, and soon the grateful person is able to get up and go. The health worker, somewhat fatigued, resumes fishing. Soon, however, another body appears in the river...and another...and another. The whole afternoon is spent rescuing drowning people. The frazzled health worker is too busy with her rescue operations to even investigate the cause of the disaster!

This fable is often used to describe our health care system. Most of us are positioned “downstream,” looking after people who have fallen into the river, struggling to keep them from drowning. A few nurses, such as those working in public health, spend more

time on upstream approaches like illness prevention and health promotion. However, it is not difficult to see the upstream causes of most health problems.

For example, we know that poor people die earlier and get sick more often than those with good incomes. In Toronto, homeless people die at the average rate of two to four per week.¹

Environmental pollution is implicated in such diverse health problems as asthma, cancer, reproductive abnormalities and infertility. Violence is one of the most pressing health risks facing women and children.

Understanding health in its social context helps us to see that the primary determinants of health and illness are social, political and economic in nature.

If we think of health as something broadly defined and influenced, we begin to arrive at the inescapable conclusion that to be concerned with

health is to be concerned with the social context, and that nursing is, indeed, a political act.

Nursing activism in our past

In 1978, the Alma-Ata Declaration enshrined the idea that health requires the elimination of inequity.² Nurses throughout history have known this. Consider Alena Jean MacMaster, described as “an extraordinary nurse leader, activist, visionary and humanitarian” from New Brunswick.³ In the 1920s, she helped create clinics for schools, venereal disease and tuberculosis. She fought for additional government resources for poor military families during the 1930s and 1940s. Concerned about access to health care for working poor people during the Depression, she began a campaign to institute group hospital insurance – a vision that came to fruition in 1937 with the creation of the Moncton Group Hospitalization Plan.

Another example is that of American visiting nurse Lillian Wald, who worked in New York City’s lower east side just after the turn of the century. She saw that her impoverished clients had needs beyond health care, and helped to establish the Henry Street Settlement, which offered not only health but social services as well. She saw that the children of the poor families she cared for had health problems related to the fact that they were forced to work, most often in difficult and unsafe conditions. As a result, she joined the struggle to abolish child labour.



What these nurses have in common is their ability to see “the bigger picture.” Herein lie the roots of political activism. How can one carry out health promotion without insisting on the basic health prerequisites for those in our care? How can one prevent disease without getting to the root causes of morbidity and mortality? As practitioners who strive to provide holistic, comprehensive care, we must understand that health (and therefore nursing) is political – and that to be advocates may require us to become political activists.^{4,5,6}

But is it a political issue?

“Politics” refers to the process of trying to influence decision-makers to implement changes to improve the lives of clients, communities and populations. Decision-makers may be politicians, corporate or hospital executives, government bureaucrats, or managers within your own workplace.

Generally, identifying something as a political issue involves noticing common problems affecting your clients that have broader implications for a whole group of people. For example, community nurses in Toronto began to notice that a number of their homeless clients could not replace lost health insurance cards because they did not have mailing addresses. Realizing that this must be a problem for many homeless people, the nurses began a lengthy (and eventually successful) campaign of lobbying the provincial health ministry to develop alternate ways of facilitating access to cards for this group of people.

Understanding something as political requires asking a few questions. What is causing this problem? Who is responsible for it? Who could solve it? What needs to happen to ensure that solutions are available for as many affected people as possible? This last question is especially important. Think about the health insurance card example. The nurses could have solved the problem by providing addresses for their own clients and stopped there. However, that would not have assisted homeless people in other areas who

Preparing for political action

- Educate yourself. Research may be necessary. You need to be able to speak or write knowledgeably about your issue. You may also need to educate yourself about the decision-makers (for example, which level of government is responsible for a certain program or piece of legislation or how does the corporate structure of an institution work).
- Enlist allies. Think of people who may be seeing the same issue in their work environments. Think about other people who may be interested and people with specific expertise. For example, if you are concerned that high rates of respiratory illness are related to neighbourhood industrial polluters, consider involving local physicians, a respirologist, or an expert in environmental law.
- Identify the decision-makers you want to influence. Who can implement the changes you want? In some cases, there may be several possibilities. In the above industrial pollution example, you could take your concerns to the politicians who regulate environmental emissions, or you could approach the industries themselves, or both.

were undoubtedly facing the same problem. In Toronto, and several other Ontario cities, the Ministry of Health now brings its health card replacement service to sites such as community health centres and recognizes alternative addresses such as shelters.

Developing strategies

You need to decide on strategies you think will be effective, that you are comfortable doing, and that are realistic given your time and energy. Below are some examples used by nurses across the country. It is by no means a complete list!

- **Lobbying politicians** to vote a certain way on an issue or to carry an

issue forward for debate (for example, members of your local government). You can do this by meeting with them or contacting them by phone or letter. The idea of lobbying may sound intimidating at first. For tips on using this strategy, get CNA's booklet *Getting Started* (see resource list).

Much can be achieved through lobbying. For example, nurses have helped local governments understand and implement community-based needle exchange programs to reduce HIV infection in dozens of communities across the country. Another example is CNA's own strong and persistent lobby of federal politicians, including the Minister of Health, to protect and strengthen the health care system, and to understand that a key component of this is ensuring the stability of nursing human resources.

- **Involving those directly affected** by the issue in planning and carrying out strategies. It is important to respect the expertise of those involved and ensure their participation is not merely tokenism. For example, in the 1996 Manitoba home care strike, nurses and other health care workers fought against the province's plan to privatize home care by awarding contracts to a large American-based corporation. A coalition made up of the general public was brought together. One of the key strategies used was having home care clients voice their objections to privatization to the public and to politicians, with union officials and activists taking a background role.
- **Creating public support** for an issue by launching an awareness or education campaign, which could mean community meetings, flyers or information pickets. In British Columbia, nurses and other health care workers launched a huge information campaign around choosing public over private laboratory services as a way to keep health dollars in the publicly funded system. They created flyers,

did information pickets and even made a video informing citizens about the \$50 million going to private sector labs annually and advising British Columbians of their ability to reduce this by choosing to have their lab work done at public labs.

- **Speaking from your experience** as a nurse, using examples from your practice. For example, in a lobby effort to prevent childhood accidents (such as mandatory bicycle helmets or child car seats), it can be very powerful to hear the words of a paediatric trauma nurse speaking about the preventable suffering of children and families she sees every day.
- **Using the media.** Often intimidating at first, this is an area that takes a little practice. However, media attention can be invaluable to your efforts and in this age of telecommunications, virtually essential. It is important to be aware of differing agendas (media people have an obligation to sell papers or increase viewer ratings, for example, and may be more interested in sensationalism than accurate reporting). It can be helpful to cultivate relationships with media personnel whom you believe will be sympathetic to your issue, based on past stories they have covered and approaches they have taken.
- **Taking a multi-faceted approach.** For example, a long-term care staff nurse from Antigonish, Nova Scotia was recently recognized for her efforts to increase patient safety and quality care through increasing the numbers of RNs on staff. She accomplished this through educating politicians, the public and her colleagues. Meanwhile, her lobby efforts through the provincial nurses' union helped bring wage parity for long-term care nurses across the province.
- **Whistleblowing.** If all else fails, and serious harm is involved, there may be no other recourse save disclosing those harms outside one's organization. Always a last resort, whistleblowing has been used by nurses who were not able to effect change

after all other internal resources were exhausted. Consider the Winnipeg operating room nurses who persisted in voicing their concerns about disturbing surgical problems in the paediatric cardiac program despite a lack of response from hospital administrators. It may be helpful to consult CNA's *Code of Ethics for Registered Nurses* in such situations, as the code clearly requires nurses to be "accountable for addressing institutional, social and political factors influencing health and health care."⁷

Potential pitfalls

Political activism can at times be frustrating and discouraging. Sometimes, decision-makers have much invested in maintaining the status quo. For example, maintaining profit margins or saving political "face" may take priority. If this is the case, you and your allies can expect opposition that may at times be unpleasant. For example, your facts or research may be discredited. Your agenda may be characterized as personally self-serving. It is useful to anticipate these types of attacks and to have developed responses to them. Even better, be proactive by presenting potential criticisms of your agenda and strategies yourself.

Another pitfall is the danger of being co-opted by your opponents. You or your group may be offered the opportunity to "sit at the table" and participate in discussions (for example, on an advisory committee). It is important to weigh the pros and cons of participation. You may be expected to follow guidelines such as following an agenda constructed by someone else, agreeing not to speak to the media, etc. The debate you may have begun in the public domain can easily be shifted to token participation behind closed doors.

If the action you take involves criticizing your own institution or workplace,

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as in the case of the Winnipeg cardiac care nurses, you face serious risks such as loss of reputation, harassment, and quite possibly job loss. Again, because the stakes become so high, it is essential that all other channels be completely exhausted before considering this option.

An in-depth example of nursing activism

Four community nurses who work with homeless people in a large urban city began to see an increase in clients with tuberculosis. Over about six months, they saw several cases of active TB and an increase in positive skin tests. The nurses began to suspect an increase in TB among homeless people in the city.

Thinking that the municipal public health department (PHD) would act quickly to investigate, they reported their findings. The PHD responded by saying that its statistics had not shown an increase and therefore no investigation was needed. The nurses pointed out that homeless people were unlikely to be included in those statistics and requested that TB screening be carried out in shelters and drop-in centres serving homeless people. The PHD still refused, probably because of fiscal restraints and stretched staff resources. However, the nurses believed that if TB was increasing, it needed to be known, and decided to push the PHD to carry out screening.

The nurses called a meeting of other health workers, shelter and drop-in staff, and homeless people. The Tuberculosis Action Group (TBAG) was formed. This group educated itself about TB and its transmission. It researched the experience of other cities with large homeless populations. It made deputations, urging the Medical Officer of Health to approve TB screening in places frequented by homeless people. Group members offered to help with the testing and any

needed follow-up. Finally, almost two years after the first meeting of TBAG, and many meetings and deputations later, the PHD carried out mass screening of homeless people only to discover an alarming infection rate of almost 40 per cent.

TBAG then shifted its focus to lobbying for better conditions in shelters (such as improved ventilation and more space between sleeping mats) and increases in social assistance for people with active TB to enable them to eat more nourishing food. As well, it campaigned for increased resources from the PHD to facilitate medication compliance and follow-up of people diagnosed with TB and TB infection. Although not successful on all fronts, some important victories were won, such as a dramatic increase in PHD resources focused on this health issue and a significantly improved awareness about TB among health providers in the community.

Conclusion

Our history, both recent and remote, is filled with examples of nurses who have understood the inherent political nature of nursing. Whether it be determining the upstream causes of illness and injury or understanding how political decisions affect our

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work environments and client safety, nurses continue to speak out for health in its broadest sense. It is not difficult to see how acting on a political level is a natural extension of the essence of nursing – of caring. Health care privatization, increasing global corporatization, increasing poverty, environmental

destruction – all have clear repercussions for health. Nurses stand like sentinels on the riverbanks, seeing those effects first-hand and making those critical connections to what is happening upstream. We have a proud tradition of advocacy, both individual and systemic – and centuries of evidence that nursing is, indeed, a political act.

RESOURCES TO LEARN MORE ABOUT POLITICAL ACTION

- ✓ The Canadian Nurses Association has developed numerous position statements on a variety of issues, such as human rights, environmentally responsible activity in the health sector and whistleblowing. As well, it has developed *The Code of Ethics for Registered Nurses* and *Everyday Ethics: Putting the Code into Practice*. For a complete listing of policy state-

ments, contact CNA or check the web site <http://www.cna-nurses.ca>

- ✓ The Canadian Nurses Association has produced a booklet called *Getting Started: A Political Action Guide for Canada's Registered Nurses*, which includes a section on how federal legislation is created as well as useful tips on using the media. It is available for a small cost from CNA (sales@cna-nurses.ca) or 1-800-385-5881.
- ✓ Provincial and territorial nursing associations can be good resources and links to other initiatives in your area. You may want to find out what their position is on a particular issue. If they have no official position, provide information and encourage them to develop one. Consider the resolution process as a vehicle to raise the profile of the issue and move to action. Contact your nursing association for more information.
- ✓ The internet can be a good source of information, especially on health determinants. Check out the Canadian Social Planning Network (which has links to every province) at <http://www.ccsd.ca/cspn/>, the Canadian Council on Social Development at <http://www.ccsd.ca/> or <http://www.ccsd.ca/francais/> and the National Anti-Poverty Organization at <http://www.napo-onap.ca/>

1 Toronto Disaster Relief Committee. (1999), personal communication.

2 World Health Organization. (1978). Primary health care. Report of the international conference on primary health care. Alma-Ata, USSR. Geneva, Switzerland.

3 Gautreau, G. and Winans, P. (1999). Profile of a leader: Alena Jean MacMaster: Administrator, educator, professional activist and community advocate. *Canadian Journal of Nursing Leadership*. 12(2): 41-44.

4 Collins, T. (1995). Models of health: Pervasive, persuasive and politically charged. *Health Promotion International*. 10(4): 317-324.

5 Drevdahl, D. (1995). Coming to voice: The power of emancipatory community interventions. *Advances in Nursing Science*. 18(2): 13-24.

6 Hagedorn, S. (1995). The politics of caring: The role of activism in primary care. *Advances in Nursing Science*. 17(4): 1-11.

7 Canadian Nurses Association. (1997). *The code of ethics for registered nurses*. Ottawa: Author.

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A list of additional references is available upon request.

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