

ACHIEVING OUR PROFESSIONAL AND INDUSTRIAL ASPIRATIONS

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WHEN I joined NZNA 20 years or so ago, I thought it was preoccupied with professional issues to the neglect of the industrial. Twenty years later I worried NZNO was preoccupied with the industrial and paid scant attention to the professional. Now, one month along a three-month stint with NZNO seems like a good time to appraise these two positions and to relate them to the situation facing NZNO today.

Many nurses, both within NZNO and beyond it, complain NZNO is now "just a union". By this they mean NZNO is only concerned for nurses' pay and conditions.

Why is this view prevalent? A large section of NZNO's membership is actively engaged with one or more of NZNO's 21 professional groups. NZNO employs dedicated professional nursing advisers and significant professional developments, such as clinical career paths, are led by NZNO.

Perhaps it arises from the way we view professional and industrial issues as somehow belonging to separate and opposing dimensions. We tend to assume an increased focus on one requires a reduction in focus on the other. As a result, we have tried to find the best balance of industrial and professional strategies for the advancement of nursing. Or worse, we have advocated wholeheartedly for only one or the other as the best strategy. Those who argue for the professional approach see only industrial strategies being employed, and vice versa.

Professional strategies are grounded in a belief that nursing can only realise its full and proper contribution to society when nurses gain the status and the authority of the "powerful" professions. In this way, nursing will take charge of its own destiny.

The tactics of this approach have, however, been less closely related to the delivery of social benefit. These tactics can be identified as: expounding the professional credentials of nursing; comparing nursing with "status" professions and attempting to share the political power base of those professionals; and restricting the role of enrolled nurses (EN) so as to obtain a separation in the public mind between the "professional" registered nurse and her "non-professional" EN colleague. These tactics do not immediately commend themselves as delivering a social good. As for the

advancement of nursing, many years of advocacy for the profession of nursing have delivered little gain.

And what of the industrial strategy? "Nurses have industrial muscle." "We will take what we require." This strategy only gained ascendancy under the Employment Contracts Act but its roots go back further. In 1985, for the first time in New Zealand, nurses issued notice of strike action in support of a massive pay claim. The outcome of this was most tangibly a pay increase of between 28 and 45 percent. This included the annual general, public service wage adjustment. A success? There is little doubt this pay increase began to reverse the loss of nurses which was a critical problem at the time. But have we seen, in the years since, any real and sustained improvement in nurses' pay and conditions, let alone in the ability of nursing to contribute more fully to society? The current deepening nursing shortage would suggest "no". The continuing struggle amongst ourselves to be heard would suggest "no". Strikes have become more frequent, their outcome less certain.

Both the professional and industrial strategies have produced remarkably similar results. As one group of nurses finds its struggle for influence impeded by another, we squabble amongst ourselves and lose sight of our common experiences and aspirations. And the more often we recite the list of woeful circumstances which we say render us powerless, the more we become victims of our own rhetoric.

Acknowledging that professional and industrial aspects are not opposing dimensions but connected parts of a whole might give rise to a different set of strategies. And recognising that sustainable advancement comes from the delivery of social value demands a community focus to those strategies.

Thus effective strategies will have at least two characteristics. Firstly, they will address the question, "How may nursing deliver a social benefit in this situation?" Secondly, industrial and professional aspects will work together in support of social benefit.

Let's take a current "industrial" issue and examine it from this perspective. The new industrial environment created by the Employment Relations Act presents an opportunity to consolidate the multiplicity of employment agreements, perhaps ultimately into a national, standard set of conditions. Nurses generally see this as desirable. NZNO is in pursuit of this objective (see news focus article, p12-13). The debate as to the industrial pros and cons of this strategy are being heard.

If we take a step back and ask — "How may nursing deliver a social benefit in this situation?" — perhaps we may begin to find the basis for sustainable improvement for nurses. Such a benefit is workforce development. Rational workforce planning and professional development to support an effective nursing workforce requires workplace mobility. The current plethora of employment conditions frustrates such mobility. Clinical career paths, for example, are almost pointless without standardised conditions across workplaces. This might suggest the aggregation of agreements on the basis of the extent of mobility needed to facilitate good workforce development. Incidentally, this example, arising though it does from an industrial context, becomes almost entirely a professional issue in our current language.

NZNO must take a lead in moving beyond the differences within nursing to formulate constructive action that has as its goal the delivery of value to the community. In this way both the professional and industrial aspirations of nurses may be achieved. □