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Political involvement in nursing—politics, ethics, and strategic action

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Editor's note: This is the second article in a two-part series to help perioperative nurses understand the political process and its effect on the nursing profession. Part one of the series, which focused on education and empowerment, can be found in the October 2001 issue of the Journal.

Differences in personal and professional ethics, conflicting loyalties, and a negative image of politics create ethical tension for nurses. Political-ethical conflict is defined as the conflict between one's ethical belief system and what he or she feels compelled to do or is told to do by someone in a position of power. (1) Many conflicts exist in the nursing profession, which are of concern because quality patient care and public health are at stake. Some of the conflicting issues include

- * the difference between historical ideas of what nursing was and the new image of what nursing has become,
- * the contrast between the perceived weakness of the female gender and the strength of the nursing profession as a whole (eg, the largest single sector of the health care industry), and
- * the inconsistency between the goals of the physician and institutional sectors of the health care industry with goals of the nursing profession.

The negative portrayal of politicians and the political process deters many nurses from becoming involved in supporting the political goals of the nursing profession. Political cartoons, news stories, and editorials that cast politicians in a negative light appear daily in newspapers throughout the United States. Stereotypes are exaggerated, and inflammatory radio and television shows increase adverse exposure. The acceptance or tolerance of dishonest actions by some politicians, combined with public voyeurism and high moral expectations of leaders, adds credibility to tabloid media. An inherent dislike or distrust of leaders who have a large amount of power and influence adds fuel to the negative image of politicians.

NURSING ETHICS AND POLITICS

Nurses have an image of trust and goodness to uphold; therefore, many nurses feel that becoming involved in the political arena would conflict with their image and ethical principles. Contrary to popular opinion, not all politicians are dishonest, but unfortunately, becoming involved in politics can mean

dealing with dishonest politicians at times. It is better to take action and risk that association than to do nothing to accomplish professional goals, particularly because the policy formation that politicians control dictates the future of health care. (2)

A significant part of every nurse's responsibility is to act as a patient advocate. In that capacity, nurses have a duty to support professional nursing goals that relate to health care for consumers. Unfortunately, these goals are not always in agreement with institutional and medical priorities or personal ethics. (3) Each distinct group of health care professionals has its own priorities. Political-ethical tension and power struggles among professional groups develop when these priorities clash with allocation of limited resources. "What is best for the patient may not be what is best for the institution, which can be a particularly difficult position for

nurses in management." (4) An excellent example of ethical tension between conflicting standards is that cost effectiveness and quality often are two opposing ideals rather than complementary objectives. (5) Another cause of political-ethical tension is the difference between nurses' personal values and their professional ethics and goals. Nurses are members of society on a personal level; therefore, their economic and social values might conflict with certain political platforms the profession supports.

Political-ethical conflicts can mean choosing between job, patient care, and personal ideals. Many nurses have never considered it their place to challenge either the structure of their health care system or the official and unofficial rules guiding that system. Supporting political action that demands change in the present system, therefore, can cause tension among nurses. (6) For nurses, the individual often takes precedence over society as a whole, and it can cause political-ethical conflicts when nurses support larger, social interventions over one person's needs.

POLITICAL-ETHICAL DILEMMA

The political-ethical dilemma for nurses primarily is perceived rather than actual. This ethical dilemma is related to outdated images of nursing, repression, fear of power, and lack of knowledge. Many guidelines exist to help nurses understand why they should get involved in the political process and determine where emphasis should be placed on public policy issues. By using these guidelines and an ethical framework for political decision-making, nurses can evaluate issues and use a valid method to assess problems, plan for action, and evaluate the effectiveness and benefits of those strategies.

Ethical framework for political action. To apply an ethical framework, the problem must be identified. After the problem has been identified, its background and associated issues can be researched, and guidelines that might affect the issue can be defined. After this information has been gathered and studied, potential ethical conflicts can be identified. In the process of researching a suspected conflict, it sometimes becomes apparent that a conflict does not exist.

Any individuals who might be affected by a decision or any other pertinent issues should be identified, and all options and consequences should be explored. At this point, a decision to take political action can be made based on information obtained during the research process, as well as any social or professional obligations and subsequent legal implications. (7) Those involved then can proceed with confidence, knowing that the problem or issue has been investigated from an unbiased, informed perspective and examined thoroughly with a specific process to ensure that no ethical conflict exists.

The American Nurses Association (ANA) used this approach when addressing health care reform on a national level. Leaders of the ANA made the following diagnoses:

- * millions of uninsured people are without access to care;
- * health care costs are increasing, in spite of efforts to contain costs;
- * quality of care is decreasing in spite of increasing regulations to enhance quality care; and
- * the existing health care system is reactive rather than proactive.

After assessment was complete, leaders researched public policies and used guidelines to develop a plan of action that was in concert with nursing values and professional ethics. This plan supported action for

- * a federal standard of benefits;
- * public and private partnership on reimbursement issues;
- * convenient, accessible, quality health care; and

* the support of health care-friendly politicians.

The ethical framework used assured those supporting this legislation that no professional political-ethical conflict existed. (8)

Other legislative decisions that have had a tremendous effect on health care include economic legislation, such as the Balanced Budget Act of 1997 and environmental legislation, such as the Clean Air Act. Pieces of legislation such as this, affect public health in a more general sense and deserve nursing involvement. When examined from an ethical framework, many types of legislative issues demand and deserve nursing support and consideration. (9)

Nursing's contract with society. Nursing exists to satisfy a fundamental need of humanity. Without that need, the profession would not exist. (10) Fulfilling the role of patient and public advocate dictates that nurses support actions that are in the best interest of public health and that defend patient rights. Nurses have a professional duty to protect these interests. This responsibility is not limited to the workplace; it also extends to the community. (11) Health care policies are political in nature, and, because nursing exists to serve the public, it is nurses' duty to be active politically and work to influence public policy. (12) Nurses are in a position to be aware of injustices in the health care system and the political arena; therefore, they have a duty to set an example and become involved. (13)

Nurses want the rights and privileges that accompany their professional role, but they do not always want the responsibilities that accompany these rights. It is not enough for nurses simply to care for patients; they must advocate, educate, and set an example for the public. Many nurses do not want these rights or responsibilities, preferring instead to focus on clinical tasks only. This prevents the profession from progressing to a higher professional level. This mentality is dangerous for nursing. If the main focus of the profession is task-oriented rather than visionary, nursing will lose the battle for patient-oriented health care and greater respect for the nursing profession.

Visionary leaders can bring nursing to the next level of professionalism and involvement. According to one nursing scholar, nurses are in an ideal profession to articulate a higher vision of leadership. (14) If nurses can rid themselves of their traditional tunnel vision and step back long enough to see the big picture of how health care and politics play a significant role in nursing practice, they can participate in the promotion and election of visionary leaders. Having visionary nursing leaders in strategic positions in health care facilities; professional organizations; and local, state, and national offices significantly increases the influence of nurses and, therefore, their objectives in the health care political arena.

Part of nursing's contract with society is the ethical obligation to improve quality of life. This may be accomplished by improving the quality of care provided or simply by maximizing the potential of the individual patient, according to his or her needs. When viewed in the context of traditional medical goals for the patient, nursing is a holistic profession that is focused more on caring than curing. This provides the public with someone it can trust to protect its best interests. To fulfill this role, nurses need to develop proactive ethics and practice nontraditional politics to increase the quality of life for their patients. (15) According to one author, the wording in the Code for Nurses: With Interpretive Statements' is updated every 10 to 20 years, but the intent remains the same. It reflects the need for collaboration among nurses and other health care professionals and the ethical necessity of having nurses involved in policy development to increase quality of life and protect public health care concerns. (16)

GUIDELINES FOR NURSES

Many guidelines exist to help nurses determine where emphasis should be placed in public policy issues and understand why they should be involved in the political process (Table 1). All nurses should be familiar with the Code for Nurses: With Interpretive Statements, which describes ethical standards for the nursing profession and includes interpretive statements. This code states, "The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health care needs of the public." (17) This statement clearly describes nurses' role related to collaborative efforts outside the clinical arena, which is to improve and monitor health care needs in a broad, social sense. The interpretive statement further reads, "Nurses should ensure this representation by active participation in decision-making in institutional and political arenas." (18) This emphasizes

that involvement in political decision making is expected of nurses to meet the public's health care needs. Another publication by the ANA, Nursing's Social Policy Statement, provides a "framework for understanding nursing's relationship with society." (19) This framework acknowledges that nurses have a social contract with society that demands fulfillment of specific professional responsibilities.

State and national focus on patient rights. Other guidelines are available to help direct nursing practice and patient advocacy regarding patient and general human rights. For example, New York has a statewide Managed Care Reform Act, which, along with many other rights,

- * allows patients access to information,
- * ensures confidentiality, and
- * allows participation in decision-making regarding treatment. (20)

The Patients' Bill of Rights (SR 1052) to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974, which protects consumers in managed care plans and other health coverage, was introduced in the US Senate on June 14, 2001 by Sen John McCain (R-Ariz). (21) It was passed on Sept 29, 2001. Bipartisan Patients' Rights legislation (HR 2563) now is being considered in the House of Representatives. The ANA is demonstrating support for this companion bill introduced by Reps Greg Ganske (R-Iowa) and John D. Dingell (D-Mich). (22) These legislative actions could become guidelines affecting nursing practice; therefore, all nurses should be aware of the individual components of these and other bills that could alter the way they practice nursing and deliver care.

International focus on human rights. The United Nations, International Council of Nurses, and World Health Organization (WHO) all provide various standards for health care for the world community on an international level. In 1948, the United Nations issued a Universal Declaration of Human Rights, and although nurses often think of war-torn countries when human rights abuses are mentioned, these offenses can and do occur in the United States. (23) One example is the incidence of elder abuse that occurs in some long-term care settings and in the general community at large. This declaration proclaims that all individuals are equal and entitled to certain freedoms and rights, both socially and culturally. The United Nations advocates human rights education for nurses; therefore, nurses should be familiar with this declaration and integrate it into their practice. (24)

The International Council of Nurses also considers the safeguarding of human rights a foremost responsibility. Equally fundamental is the WHO's key focus on policy development, which encompasses many nursing philosophies. The organizations' policies for action include

- * integrating health and human development into public policies,
- * ensuring equitable access to health services,
- * promoting and protecting health, and
- * preventing and controlling specific health problems. (25)

The WHO stresses that due to limited resources, the international community, which clearly includes nurses, must become involved in taking responsibility for its own health care, as well as the health care of others. (26)

These guidelines serve to remind nurses of their social and political responsibilities, which sometimes are forgotten in the midst of clinical guidelines and institutional policies. These policies have their purpose, but it also is necessary to focus on community, national, and global social policies and remember what nurses must strive to accomplish through external political action.

STRATEGIES FOR POLITICAL ACTION

As one nurse working in national health policy said, "Nursing has something special to bring to policy; health policy is nursing practice." (27) How can nurses start on the path to political action? Nurses who have active political careers have been interviewed in an effort to determine the factors that influenced their entry into politics. Participants identified three major elements that they felt led to their political involvement, including

- * past personal experience with politically active role models,
- * some type of exposure to politics in education, or
- * an employment experience that allowed or sparked political participation. (28)

Political mentors. In light of this evidence, nurses are encouraged to seek out political mentors. Mentors do not have to be political figures in the legislative sense but people who are willing to share their political knowledge and expertise. Mentors can be found in a variety of settings, including

- * decision-making committees, such as the policy committee in a local hospital;
- * local chapters of political organizations (eg, the League of Women Voters);
- * legislative committees on the local level of professional organizations;
- * political campaigns; and
- * community-sponsored charitable events and local action-for-improvement organizations.

Local chapters of political organizations have numerous committees of interest (eg, health care). Members of these types of organizations usually are excellent resources and are willing to share their experiences. Joining the legislative committee on the local level of a professional organization is a good way to learn about the legislative issues facing nursing. National level committee members have a wealth of information they can share. These representatives usually are accessible and willing to help. Volunteering to work on a political campaign also can lead the way to a political mentor. Community-sponsored charitable events and local action-for-improvement organizations often interact with political figures and increase participant involvement in the local political arena. These events and organizations are a good place to begin networking.

Education. Most nursing programs have some component of political education, but the content usually focuses on national government, rather than personal action and organizational or community politics. One author suggests that a generic political action framework be used to reinforce all these areas. (29) Students should be encouraged to apply the framework to group situations and community projects, allowing them to experience political action firsthand in a practical manner that empowers them to apply the framework to future situations. This can

- * spark an interest in politics,
- * increase confidence and awareness,
- * provide a positive image of collaboration for nursing schools, and
- * benefit the community. (30)

Nurses who already have completed their formal education, can take a political science class at a local community college, which may provide the necessary political knowledge and impetus to become involved. Attendance at a lobby day sponsored by a professional

organization usually is accompanied by a primer on the political process, and political organizations frequently offer seminars on the legislative system. There are numerous ways to learn independently, in addition to printed material. For example, the Internet includes hundreds of political web sites, and network, cable, and satellite television provide legislative coverage.

Institutional Nurses have many hidden talents that can aid them in their political endeavors. They are excellent negotiators, communicators, and problem-solvers, because these skills are needed daily in their nursing practice. (31) On a daily basis, nurses are required to handle difficult personalities, defuse potentially explosive situations, or smooth over conflicts. These skills are invaluable at the political table, whether the setting is the health care institution, community, or national legislative arena.

Nurses are the largest professional group in the health care marketplace; hence, their input should be considered seriously and incorporated in the design of institutional missions and policies. As hospitals and other existing health care facilities are merging or closing, new types of facilities are opening. Many other major changes are taking place in the health care arena as well. This is an opportune time for nurses to make their voices heard and help design the policies that eventually will affect their nursing practice. One author emphasizes that institutional board appointments are just as influential as legislative positions. As the structures of health care institutions change, nurses have the perfect opportunity to step up to the plate and become members of an institutional board. (32) This type of political action may not seem feasible to many nurses; however, it is a viable possibility and should be pursued actively. Joining an existing or new committee in local health care facilities can give nurses a powerful voice, especially if the committee has decision-making power, such as a quality improvement, ethics, or policy committee.

CONCLUSION

Many opportunities exist for nurses to become political activists. Involvement at community, professional, and institutional levels is a base for action that provides significant public education and demonstrates the importance and versatility of nurses' role in public concerns. On an institutional level, policies and procedures provide basic guidelines for practice, and through participation on committees, nurses can provide input regarding important decisions that will shape nursing practice in that institution. Nurses should join professional organizations to increase their awareness of nursing issues and to support collective action. On community and national levels, nurses have an ethical obligation to promote human rights awareness and influence health care policies by letter writing and visiting legislators to share nursing knowledge and expertise. The first step and strongest action a nurse can take to implement any political strategy is to register to vote. Without the vote, nurses are not empowered to choose, support, and vote into office the candidate of choice who can support nursing and patient-friendly health care legislation.

Table 1

ELECTRONIC INFORMATION SOURCES

Organization	Internet address
Health People 2010	http://www.health.gov/healthypeople
World Health Organization	http://www.who.int/
United Nations	http://www.un.org
Department of Health and Human Services	http://www.os.dhhs.gov
American Nurses Association	http://www.ana.org
International Council of Nurses Examination	http://icn.ch/index.html

POLITICAL INVOLVEMENT IN NURSING--POLITICS, ETHICS, AND STRATEGIC ACTION

1. Political-ethical conflict is defined as the conflict between one's ethical belief system and
 - a. what one feels compelled to do or is told to do by someone in a position of power.
 - b. the ethical beliefs of the opposing political party.
 - c. what one is directed to do by a professional organization.
 - d. the nursing elements of the international code of justice.
2. All of the following except -- are conflicting issues about the nursing profession that are of concern for nurses because quality patient care and public health are at stake.
 - a. the difference between historical ideas of what nursing was and the new image of what nursing has become
 - b. the contrast between the perceived weakness of the female gender and the strength of the nursing profession as a whole
 - c. the discrepancy between the goals of experienced nurses and those of young nurses with a different work ethic
 - d. the inconsistency between the goals of the physician and institutional sectors of the health care industry with those of the nursing profession
3. The largest single sector of the health care industry is
 - a. nurses.
 - b. medical administrators.
 - c. unlicensed medical assistants.
 - d. physicians.
4. One reason why many nurses do not become involved in supporting the political goals of the nursing profession is because

- a. the new image of nursing is not political.
 - b. political involvement might detract from patient care.
 - c. nurses, who primarily are women, have other priorities, such as being wives and mothers.
 - d. of the negative portrayal of politicians and the political process.
5. The negative image of politicians is fueled by all of the following except
- a. the inherent dislike or distrust of leaders who have a large amount of power and influence.
 - b. the acceptance of dishonest actions by some politicians, combined with public voyeurism and high moral expectations.
 - c. political cartoons, news stories, and editorials casting politicians in a negative light that appear daily across the United States.
 - d. opposing regional ideologies and professional priorities.
6. It is better to take action and risk associating with dishonest politicians than do nothing to accomplish professional goals.
- a. true
 - b. false
7. Political-ethical tension and power struggles among professions develop when
- a. one profession attempts to compete financially with the other.
 - b. one group of professionals seeks to assume duties and responsibilities that encroach on the roles of another group.
 - c. the priorities of each profession clash with allocation of limited resources.
 - d. one group attempts to stifle the professional growth of another group.
8. Following is an example of ethical tension between conflicting standards, which occurs

when two ideals oppose one another rather than coexist as complementary objectives.

- a. pain management and cost effectiveness
- b. cost effectiveness and quality
- c. quality and infection control
- d. infection control and pain management

9. Nurses are members of society on a personal level,

- a. therefore, their economic and social values might conflict with certain political platforms the profession supports.
- b. which could cause conflict with patients and their family members if they become politically involved.
- c. so patient care must take precedence over political participation in light of eventually being on the receiving end of health care.
- d. therefore, political participation inevitably is in discord with their personal needs for health care.

10. The political-ethical dilemma for nurses

- a. deals with life and death issues.
- b. generally revolves around internal conflicts.
- c. for the most, part concerns social discord.
- d. primarily is perceived, rather than actual.

11. The political-ethical dilemma for nurses is related to all of the following except

- a. outdated images of nursing.
- b. poor benefits and low salary.
- c. repression and fear of power.
- d. lack of knowledge.

12. Using the ethical framework for political action requires all of the following steps except

- a. evaluating issues and assessing problems.
- b. evaluating the effectiveness and benefits of strategies.
- c. determining whether nurses want to be politically involved.

- d. planning for action.
13. It is possible that in the process of researching a suspected conflict, you might discover that one does not exist.
- a. true
 - b. false
14. A decision to take political action can be made based on all the following issues except
- a. information obtained during the research process.
 - b. subsequent emotional deductions.
 - c. any social or professional obligations.
 - d. subsequent legal implications.
15. All of the following diagnoses were made when the American Nurses Association (ANA) considered health care reform except
- a. millions of uninsured people are without access to care.
 - b. health care costs are increasing, in spite of efforts to contain costs.
 - c. the quality of care is decreasing in spite of increasing regulations to enhance quality care.
 - d. public and private partnerships are lacking in reimbursement issues.
16. After an assessment was complete, ANA leaders researched public policies and used guidelines to develop a plan of action that
- a. required mandatory overtime when needed to augment staffing.
 - b. mandated equal pay for equal performance.
 - c. was in concert with nursing values and professional ethics.
 - d. provided financial relief for underpaid nurses.
17. Nurses have a professional duty to protect patient rights, and this responsibility

- a. is not limited to the workplace but also extends to the community.
 - b. is mandated by federal legislation.
 - c. is clearly defined in each state's health insurance regulations.
 - d. is alluded to in the medical code of ethics.
18. Nurses are in a position to be aware of injustices in the health care system and the political arena, so they
- a. are obligated to notify administrators immediately.
 - b. have no choice but to volunteer for political activities after duty hours.
 - c. have a duty to set an example and become involved.
 - d. will be required to testify in litigation against physicians and administrative personnel responsible for injustices.
19. Focusing only on clinical tasks results in all the following problems except for
- a. the nursing profession being unable to progress to a higher professional level.
 - b. the nursing profession losing the battle for patient-oriented health care.
 - c. the nursing profession gaining public respect.
 - d. the nursing profession losing public respect.
20. Nurses are in an ideal profession to
- a. furnish medical treatment in high profile cases.
 - b. identify, treat, and cure disease and injury.
 - c. provide direct patient care and, therefore, improve world health.
 - d. articulate a higher vision of leadership.
21. Nursing is a holistic profession, focused more on caring than curing, which
- a. effectively increases nursing's involvement in the political arena.
 - b. provides the public with someone it can trust to protect its best interests.

- c. at times, decreases nurses' ability to be leaders in political activities.
- d. decreases the professional stature of nurses.

22. Nursing's contract with society includes the ethical obligation to improve quality of life. To fulfill this role, nurses need to

- a. develop proactive ethics and practice nontraditional politics to increase the quality of life for their patients.
- b. continue to make clinical patient care a high priority on their political agenda.
- c. volunteer to travel to remote areas in the United States and around the world to care for those without access to medical care.
- d. place quality of care above adequate reimbursement for services provided.

23. Professional guidelines exist to help nurses determine where emphasis should be placed in public policy issues and understand why they should be involved in the political process.

- a. true
- b. false

24. The Code for Nurses: With Interpretive Statements describes ethical standards for the nursing profession that require nurses to

- a. participate in political activity with other nurses only so they can present a united front.
- b. provide more care with fewer resources.
- c. assume the duties and responsibilities of other nonprofessional medical groups to ensure that high quality care is provided to all patients.
- d. collaborate outside the clinical arena to improve and monitor health care needs in a broad, social sense.

25. Some state and national Patients' Bill of Rights Acts address issues such as

- a. ensuring confidentiality and access to all medical

records as required by the Freedom of Information Act and containing costs within the health care arena.

- b. allowing patients access to information, ensuring confidentiality, and allowing participation in decision making regarding treatment.
- c. ensuring quality care, supporting stringent infection control measures to prevent the spread of AIDS, and allowing access to all medical records as required by the Freedom of Information Act.
- d. allowing access to care and information, allowing participation in decision making regarding treatment, supporting stringent infection control measures to prevent the spread of AIDS, and containing costs within the health care arena.

26. The United Nations' Universal Declaration of Human Rights does all of the following except

- a. proclaims that all individuals are equal.
- b. proclaims that all individuals are entitled to certain freedoms and rights, both socially and culturally.
- c. advocates human rights education for nurses.
- d. dictates cost containment within the worldwide health care arena.

27. The World Health Organization's policies for action encompasses all of the following nursing philosophies except

- a. ensuring equitable access to health services.
- b. promoting and protecting health.
- c. ensuring access to all medical records as a part of the Freedom of Information Act.
- d. preventing and controlling specific health problems.

28. All of the following issues were identified by nurses who have active political careers as major elements that they felt led to their political involvement except

- a. some type of exposure to politics in education.
 - b. an employment experience that allowed or sparked political participation.
 - c. mandated guidelines in state nurse practice acts.
 - d. past personal experience with politically active role models.
29. Mentors need to be political figures in the pure legislative sense who are willing to share their political knowledge and expertise.
- a. true
 - b. false
30. Mentors can be found in all of the following settings except
- a. the League of Women Voters.
 - b. legislative committees on the local level of professional organizations.
 - c. community-sponsored charitable events.
 - d. a musical concert.
31. Community-sponsored charitable events and local action-for-improvement organizations are good places to find a mentor because
- a. they are a good place to network and meet political figures.
 - b. they provide an opportunity to show how much nurses care.
 - c. nurses can take care of nonpolitical activities, such as feeding participants.
 - d. nurses are well suited to provide telephonic support for the charitable event.
32. A generic political action framework can be used in most nursing programs to reinforce all of the following except
- a. political knowledge learned in secondary education.
 - b. national government.
 - c. personal action.
 - d. organizational or community politics.

33. Encouraging students to apply the framework to projects, which allows them to experience political action firsthand, can spark an interest in politics, increase confidence and awareness, provide a positive image of collaboration, and benefit the community.
- a. true
 - b. false
34. All of the following methods allow nurses who already have completed their formal education to learn about the political process except
- a. taking a political science class at a community college
 - b. attending a primer on the political process sponsored by a political organization before a lobby day.
 - c. enrolling in a graduate nursing program to obtain an advanced degree in nursing.
 - d. contacting a local political organization about their frequently offered seminars on the legislative system.
35. All of the following are ways to learn about the political process independently except
- a. reading printed materials.
 - b. watching legal dramas on network television.
 - c. visiting political web sites on the Internet.
 - d. watching televised coverage of legislative events.
36. Following are some of the many hidden talents that aid nurses in their political endeavors.
- a. capitalizing on their ability to follow orders and using their organizational skills to multitask during charitable events
 - b. using negotiation and interpersonal communication skills and capitalizing on their ability to follow orders
 - c. capitalizing on their problem-solving skills and using their organizational skills to multitask

during charitable events

- d. using negotiation, communication, and problem-solving skills daily in their practice of nursing

37. Major changes taking place in the health care arena provide

- a. turbulence in the nursing field.
- b. increased anxiety for nurses.
- c. an opportune time for nurses to help design policies that affect nursing practice.
- d. the opportunity to concentrate on direct patient care.

38. Nurses should seek out the opportunity to become a member of an institutional board because

- a. this provides them the opportunity to participate in restructuring pay scales.
- b. it gives nursing a powerful voice.
- c. this is the platform to develop state nurse practice acts.
- d. this provides increased stature without time-consuming volunteer time.

39. Every nurse should join a professional organization for all of the following reasons except to

- a. selectively decide whether or not to support collective action.
- b. increase their awareness of nursing issues.
- c. promote human rights awareness.
- d. influence health care policies.

40. The first step and strongest action a nurse can take to implement any political strategy is to

- a. stay clinically active.
- b. volunteer in a health care facility.
- c. mentor other young nurses.
- d. register to vote.

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NOTES

- (1.) J Brosnan, J M Roper, "The reality of political-ethical conflicts: Nurse manager dilemmas," *Journal of Nursing Administration* 27 (September 1997) 42.
- (2.) D J Mason, J K Leavitt, eds, *Policy and Politics in Nursing and Health Care*, third ed (Philadelphia: W B Saunders Co, 1998) 246.
- (3.) S T Fry, "Ethical issues: Politics, power and change," in *Political Action Handbook for Nurses: Changing the Workplace, Government, Organizations, and Community*, ed D J Mason, S W Talbott (Menlo Park, Calif: Addison-Wesley Health Sciences Division, 1985) 137.
- (4.) Brosnan, Roper, "The reality of political-ethical conflicts: Nurse manager dilemmas," 44.
- (5.) Fry, "Ethical issues: Politics, power and change," 134.
- (6.) G R Winslow, "From loyalty to advocacy: A new metaphor for nursing," in *Ethics in Nursing: An Anthology*, ed T Pence, J Cantrall (New York: National League For Nursing, 1990) 35.
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- (8.) V T Betts, "Nursing's agenda for health care reform: Policy, politics, and power through professional leadership," *Nursing Administration Quarterly* 20 (Spring 1996) 3.
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