



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

President's Column

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In my last article, I mentioned that I felt nursing as a whole was being attacked. I based this on some things that various hospitals and other organizations have done to blur the distinction between Registered Nurses, LPN's, and CNA's. We, as nurses, certainly know the differences, but does the public? When your mother is cared for by an individual whose name tag reads "Susan, Nursing Service," is she receiving care by an RN or a lesser trained individual? Wouldn't you like to know? If it was my Mom, I would.

What is occurring nationwide is the use of the term 'nurse' to refer to almost anyone providing direct patient care. Some places have gone to the extreme to define a distinction between 'patient care' and 'nursing care.' In this way they can justify using less trained individuals to provide 'patient care' and leave 'nursing care' to those trained individuals who have the title of RN. Of course, RN's are still expected to supervise all 'patient care.'

When I went to school, this was a popular way of delivering care in the hospital in which I trained. It was called 'team leading' and it worked well within the limits of our institution. The RNs supervised the LPNs and Aides, as they were known then. There was a clear distinction between the titles and our name badges reflected this. Our patients clearly knew who and at what level of expertise they were receiving care from. Or did they? Did we as nurses get so wrapped up in ourselves that we lost sight of the perceptions the public was beginning to have of nurses. Did we give up so many of the basic things we once did that the public became confused as to who did what and who the appropriate caregiver was to be for certain procedures or tasks? I think we did. I think that is why the public is confused as to the difference between the levels of 'nursing' that they encounter.

That is also the concern of the American Nurses Association and many of the state nursing organizations. The ANA's response has been the "Every Patient Deserves a Nurse Campaign." The New York State Nurses produced 'RN' pins which Registered Nurses wear along with their regular name badges (which increasingly contain little more information than their names). Both of these campaigns are effective in their own way and are positive evidence that organized nursing is taking a positive stand. But we need to do more. We need to re-establish (or simply establish) a nursing identity. We need to stand up and be counted, all 2.2 million of us.

An old roommate presently works as a legislative health aide for Senator Mark Hatfield of Oregon. I had an opportunity to visit with him as a NIWI participant last March. My friend, who is a physician and is funded by a grant to work on health policies this year, was amazed at the size of ASPAN. He had no idea of the number of nursing specialty organizations in existence and the number of nurses represented by them. The more we visited, the more I realized how invisible nurses seem to be. It was not as if I was talking to someone who didn't have a clue. Here was someone who I know to be a friend of nursing that really didn't have an understanding of what it is that we do. Don't get me wrong, he cared, but as he thought out loud it was apparent that his perception of nursing was narrower than I would have liked. It is now my mission to keep him informed and educated of those things that affect nursing that he may not be aware of. Every one of us needs to take responsibility to educate those we encounter to reach the common goal we all can identify with; that of promoting and maintaining a safe patient environment.

Today, as I sat and struggled with this message, I realized how little effect my words would have unless I could provide you with a starting point of action. Providence arrived in the form of the U.S. Mail. I received news of the introduction to the House of Representatives of a bill entitled "The Patient Safety Act of 1996" (H.R. 3355). This legislation, which was drafted by the ANA and introduced by Representative Maurice Hinchey (D-NY) is focused on major safety, quality, and workforce issues for nurses employed by health care institutions and for patients cared for in health care institutions. The bill would mandate that health care institutions make public their nurse staffing levels, staff mix and patient outcomes. "Whistle blower" language would be added to protect nurses who voice or report concern about patient safety issues from retribution. Mergers and acquisitions would be reviewed by the Department of Health and Human Services to look at long-range issues related to health and safety of patients and would be blocked if it was concluded that there would be a negative impact on health and safety.

By the time you read this I don't know where the bill will be. It is presently in committee. My guess is that it will linger around. With an election coming up, work in Congress slows to a snail's pace. My purpose in bringing it up is to give you an icebreaker with which you can begin a dialogue with your own legislators. Call up your Congressman and ask how he or she feels about this legislation. It's simple; you can get their numbers right out of the phone book. Be sure to identify yourself as a Registered Nurse and a constituent, and tell them concerns you have pertaining to issues in your own workplace.

Don't be discouraged if you are referred to an aide; simply explain your position and why you feel it is important that the legislator have the information you are sharing. You will be surprised at the interest you may encounter. Senator Hatfield was so impressed with a visit from a constituent with a disfiguring and rare disease that he made it a mission that the NIH would devote a certain amount of its funds for research in rare diseases. This continues today.

After you have made your initial call, always follow-up with a letter. The tip I received about letters was this: form letters are fodder for the round file. Your letter will carry more weight if it is handwritten, to the point and legible. A crayoned message on a napkin, according to one aid, often carries more weight than an overnight fed-ex. Above all, once you have their attention, work to maintain the relationship.

Obtain a copy of ASPANs' Grassroots Packet. It will be a resource and a gateway for your entry into the arena of public health care policy. Ask what you can do to assist your legislators in gathering information they may need to further their understanding of an issue. Volunteer your expertise as a problem solver. Nurses are renowned for solving problems. Finally, remind them that one day they may, themselves, require care. Tell them you hope a Registered Nurse will be there for them.

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