1988

**Articles; Presidents Column; Series II; File 9**

Juanita Hunter

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Dear Colleague,

The start of a new year is a natural time to reflect and to boldly redirect energies toward the future. It therefore seems appropriate at this juncture to initiate the president's column as a new feature in Report.

During the past two-month transition period, it has become apparent that the challenges I face, which is to continue the historic, avant-garde leadership of the New York State Nurses Association in 1988, is awesome and sometimes frightening. What strengthens me, however, is that I believe we will have the help and encouragement of 30,000 other nurses who support the mission and purposes of this Association.

To begin with, I would like to share some of the goals I have set for 1988. They include: (1) improving the image of the professional association, (2) development of a liaison with key consumer groups, and (3) development of coalitions with other nurse organizations. Activities are now underway to implement these goals.

I would also like to tell you that the nursing shortage is now a major concern at several government agencies. In the course of recent meetings, we have learned that creative means of financing nursing education are being explored, and that is encouraging. However, other actions by the Health Department and recommendations by the department's Labor-Health Task Force on Health Personnel cause great concern (see story on page 11). If implemented, these recommendations would destroy the distinctions between the registered professional nurse and other health care workers. Institutions would be allowed to assign tasks to non-professionals which registered professional nurses normally would be expected to perform. In addition, a reclassification of practice requirements could eventually invalidate our Nurse Practice Act. The potential negative impact on quality nursing care could be enormous. We cannot allow these recommendations to take effect without a major campaign to halt or modify their implementation.

I urge you to act now by informing other colleagues about this crisis, and in discussions within your institutions reinforce our primary concern about protection of the public and secondarily the differences in the education and preparation of various members of the health care team.

The events of the past two months have set the stage for the coming year's activities, which I anticipate will be productive. Now I would like to invite you to participate in these events on a more personal level by speaking directly to me about current nursing issues. To accomplish this, each president's column will end with a question.

The first question is about the nursing shortage. As you are aware, solutions to the nursing shortage are being discussed at all levels within New York State. Some of those solutions are (1) increased salaries for nurses, (2) standardization of education for professional nurses, and (3) improved working conditions. What do you think is the most important solution to the nursing shortage?

You may respond to this question by calling the president's feedback line: (716) 862-6002. Calls may be made on a 24-hour basis and may last two minutes. If you call from a touch-tone phone, you may also edit your message. You can make calls related to this question for four weeks after Report is received. In the subsequent Report, I will share what I have learned from you and other members.

I look forward to hearing from you. As we move ahead in 1988, let us do so with courage, boldness and a commitment to deliberate, positive activity for professional nursing.

Dreada C. Hauser, EdD, RN

#9
Articles
President's column
Dear Colleague,

Since our last issue of Report I have participated in several meetings related to proposed nurse practitioner legislation for 1988. In conjunction with these meetings, I have given a great deal of thought to the controversy regarding that legislation and have speculated about positive actions NYSNA might take to bring about an effective resolution. Such a resolution is very important to the evolution of the nurse practitioner role, which is indeed an important component of the evolutionary process of professional nursing.

Since 1972 the nursing community has discussed and debated these issues. As a result of these deliberations, NYSNA has proposed what we believe to be the appropriate resolution. However, within our nursing community we continue to be divided over acceptance of a legislative bill which will be restrictive, recognize the expertise and qualifications of the nurse practitioner, and allow for the evolution of independent nursing practice. Until the last legislative session, legislators were generally uninterested in these issues and chose not to become actively involved or to take a definitive position on any proposed bill. This position suddenly changed at the end of the 1987 legislative session when the nurse practitioner bill was placed in the assembly and the senate bill was held in the Senate Rules Committee.

This bill was opposed by NYSNA as being restrictive because it required collaboration and mutual practice agreements between the nurse practitioner and the cooperating physician. To enlighten myself about this surprising vote, I asked legislators in Western New York and asked those who had voted for the bill why they had done so. I received two answers: (1) they had met with their colleagues and collectively decided how to vote (party line); (2) they had voted "yes" but were unsure that NYSNA had opposed the bill or that potential negative implications for nurses could result from enactment of the bill. Clearly we must become more aggressive in our educational efforts.

As the New Year began, an opportunity surfaced for NYSNA to assume an offensive posture. As an outcome of the New York State Health Department's Health Industry Labor Task Force meetings, discussions were held with NYSNA staff, State Health Department, the State Board for Nursing, and Assemblyman Gutfriend's office to explore the feasibility of a prescriptive bill for nurses. The result was a draft of a proposed prescription bill developed by NYSNA. The principles upon which the draft legislation was developed stated that the privilege would (1) be limited to nurses with graduate education in nursing, (2) be unrestricted by title of the nurse, (3) encompass drugs, devices, and immunizing agents unrestricted by class of drugs and (4) provide a period of time when nurses who do not meet the qualifications may qualify.

While there was general agreement within the convened group about the merit of this approach, it was also recognized that key legislators must be convinced that this bill would promote cost effective health care and would remove the major barriers to the practice of nurse practitioners. The leadership of the Coalition of Nurse Practitioners embraced this concept but raised reservations about the bill's potential for passage. Our efforts to engage in dialogue with the leadership of the Coalition of Nurse Practitioners have been radial although the Coalition has decided to pursue the legislation of last year.

The next few months will be critical to our efforts to devise a resolution that the entire nursing community can support, and the stakes are high. They include (1) providing for cost effective health care, (2) protection of the nurse practice act, (3) support of this normal evolution of nursing practice, and (4) ensuring the right of professional nurses to define specialty practice through education and certification. Additionally, our actions this year will be carefully observed and judged, in part, by their impact on or ability to reduce the nursing shortage.

Several suggestions for new strategies have been added to our previous major activities of lobbying, letter writing, and phone calls. They include (1) mobilizing nurse practitioners who support these principles to become active in the process, (2) contacting consumers and asking them to write legislators in support of prescriptive privileges for qualified nurses and (3) asking physicians who support the autonomous and interdependent role of nurse practitioners to write letters of support to their legislators. Will you help by taking at least one action from these identified strategies?

Additionally, I am interested in hearing from you regarding resolution of the nurse practice dilemma. What do you think is the best solution to the nurse practitioner problem?

You may respond to this question through the President's feedback line by calling (716) 665-5002. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch-tone phone, you may also edit your message. Calls on this question can be made for six weeks after Report is mailed. In a subsequent report, I will give you feedback on the responses.

I look forward to hearing from you as you share your thoughts and ideas with me.
NYSNA opposes expanding LPN practice to include:

- Total parental nutrition/hyperalimentation
- Any procedure involving central venous lines or procedures involving central veins
- Participation in advanced IV therapy in settings where appropriate

Juanita Hunter Wins 1987 ANA Honorary Human Rights Award

NYSNA President Juanita Hunter, clinical assistant professor at the SUNY Buffalo School of Nursing, has received the ANA’s 1987 Honorary Human Rights Award.

In 1982 when Dr. Hunter was a candidate for ANA’s Cabinet on Human Rights, she called human rights “a global concern” under which affirmative action could be accomplished and clearly articulated her aims as a member of that cabinet. They were to foster corrective action against specific injustices endured by minority nurses, to broaden acceptance of the cabinet’s work throughout the ANA membership, and to direct the cabinet into wider areas of concern such as hunger, homelessness, and apartheid in South Africa.

As a member of the cabinet from 1982 to 1987, and as its chairperson from 1985 to 1986, Dr. Hunter made notable strides in all three areas. At each convention she conducted a caucus of minority nurses and continues to share advice and information with minority nurses around the country. She spearheaded implementation of the BSN Completion Program, facilitated the SNA Affirmative Action Award, given for the first time in 1986, initiated the Honorary Human Rights Award, also given for the first time in 1986, and prepared the report, Commitment and Action to Human Rights, which gave direction to international, national and state level activities. On a broader scale, she helped to create guidelines to assist state nurses associations’ divestiture from South Africa, developed a report on hunger and malnutrition, and prepared the report, The ANA House of Delegates, developed an ANA Task Force on AIDS, and initiated activities related to homelessness in America.

Dr. Hunter has always spoken forcefully about the importance of “valorizing and affirming the skills, energies, and abilities that each nurse brings to the Association.” The ANA Honorary Human Rights Award, in addition to recognizing Dr. Hunter’s many accomplishments, reaffirms a belief that has guided her efforts, that “by sharing we increase rather than diminish our opportunities for professional growth.”

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From the President...

Juanita Hunter, EdD, RN

Dear Colleague:

This is the last issue of Report before summer, which for your elected leadership will be a time for reflection, planning for next year’s activities, and strategizing for the implementation of those activities. In this column I will update you on current activities, give you a report on the member responses to the first question I posed in the January issue of Report, and identify key areas of concern.

Over the past few months I have participated in several district meetings, and been encouraged by the interest of nurses I have met who want to keep abreast of current issues. Nurses are indeed willing to participate in those activities which transform their concerns into concrete programs of action at a district and state level. While many nurses are frustrated and perhaps disheartened about the negative impact of the nursing shortage, they are willing to mobilize around positive actions for change.

Additionally, these visits have given me a wonderful opportunity to dialogue with NYSNA members and share current information about the many areas in which NYSNA is involved. I have also encouraged District members who are not NYSNA members to join the Association.

Secondly, activities are underway to address the membership issue at the ANA convention in Louisville, Kentucky, June 11-15. New York, Pennsylvania and Connecticut have joined together to plan educational activities which will occur at the convention. The overall purpose of these activities is to apprise the delegates of the philosophy and intent of NYSNA and PNA bylaw amendments to withdraw from ANA. These activities will include:

1. A joint NYSNA/PNA position paper to be distributed to all delegates.
2. A forum to be held on Sunday, June 12, to discuss the NYSNA/PNA position.
3. A NYSNA/PNA booth in the exhibit area to facilitate member-to-member dialogue.

The primary objective of these activities is to create an environment that will enhance full discussion of all the membership issues as perceived by NYSNA/PNA and Connecticut. Other cooperative states may participate in these activities. In addition, the ANA Board of Directors will hold several forums to discuss the preliminary report of the Commission on Organizational Assessment and Renewal (COAR).

The activities related to the hearings on the preliminary report of the New York State Labor-Health Industry Task Force Report have now been completed. I testified at the Friday, May 6 hearing held in Buffalo. The testimonies of the health care providers at this hearing represented different perspectives on the manpower shortages in institutions. Poor working conditions were cited by disciplines other than nursing as primary reasons for staff shortages. Nursing was well represented in the audience and among those who gave testimonies.

Generally, there was clarity around the issues, and positive suggestions for change were recommended. The need to change the reimbursement structure was voiced by many individuals. NYSNA had articulate, provocative consumer testimonies in Albany and Buffalo. I believe we must scrutinize the final report of the task force and continue to monitor all activities related to any implementation of the recommendations and identify, prioritize, and make public those recommendations which are consistent with the Arden House Consortium Report. One thing is quite apparent and that is nursing is definitely mobilizing around the nursing shortage. This is clearly the time for NYSNA to assume a powerful leadership role in addressing solutions to the problem.

In the January issue of Report, I asked members to identify the major cause of the nursing shortage. The majority of those who responded cited low salaries, followed by working conditions, then lack of interesting work. A few respondents suggested resource material to support their statements. This opportunity for members to communicate their thoughts to the president on key issues will be continued.

Finally, the key areas, which will demand reflection, review and strategy development over the summer by NYSNA leadership will include:

1. Planning for implementation of strategies of the Arden House Consortium final report.
2. Review and analysis of ANA House of Delegates action on the membership issue.
3. Review of the status of the legislative program to:
   a. analyze impact on entry legislation of title change to LPN.
   b. analyze focus on one single legislative agenda.

I am interested in hearing from you regarding any of these important issues. What are your comments, ideas or suggestions? You may respond to any of these areas through the President’s feedback line by joining (716) 862-6002. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch-tone phone, you may also edit your message. Calls on this question can be made throughout the summer. In a subsequent Report, I will give you feedback on the responses.

I look forward to hearing from you as you share your thoughts and ideas with me.

NYSNA Report Vol 1982-83 May-June 1983
In Buffalo, May 6

...the Health Department and the
state legislature must take a hard
look at the reimbursement frame-
work...to assist hospitals to make
significant improvements in the
wages and benefits of nurses.
The availability of child care, flex-
able scheduling, and reasonable
housing in proximity to the
hospitals could draw nurses back
into full time work."

-Jeanne Hunter, Clinical Assistant
Professor of Nursing at SUNY Buffalo,
President of The New York State
Nurses Association.
From The President...

Juanita Hunter, EdD, RN

Dear Colleagues:

As I take pen in hand to write this column it is at the end of a trying day. Two events have occurred which could seriously hamper the evolution of professional nursing in this state. First, the New York State Senate and the Assembly passed the Nurse Practitioner Bill S.8477, A.11447, and Governor Cuomo has signed it into law. This year's version was the most restrictive of all the nurse practitioner bills introduced.

Secondly, at its annual meeting in Chicago the American Medical Association voted to support the Registered Care Technologies proposal. The proposal calls for two levels of training for basic and advanced RCTs and ANA plans to seek federal funds to implement the creation of this new category of health workers at the bedside. ANA has changed its rationale that organized nursing has abandoned bedside care. ANA and all other national and specialty nursing organizations vigorously oppose the RCT proposal. A national nursing plan to defeat this proposal was approved at the ANA Convention in June.

As part of the plan, state medical societies and state delegates to the AMA Convention were contacted by ANA to urge defeat of the proposal. Additionally, all New York delegates to the AMA Convention received correspondence from NYSNA and then follow-up from our districts' leadership. NYSNA met with officials of the Medical Society of the State of New York on June 22. In spite of national efforts by organized nursing the proposal was adopted.

Overall, the results of these simultaneous events awaken anew for me the alarm that NYSNA leadership has articulated for the past decade. I repeat that alarm. Outside forces are seriously eroding the nursing profession's ability to be self-regulatory, to control its own practice, to maintain power as a bona fide profession, and assure quality nursing services for the public. I hope in these next few paragraphs that I can convince you to be alarmed, concerned, and then to act.

I realize that the pressures placed upon many of you by the nursing shortage are often unbearable. It is difficult to think philosophically about professional issues after a ten day tour of duty or a double shift. I am also mindful of the concerns of our colleagues in academia who continue to cope with fewer faculty and increased responsibilities for students. Likewise, your leadership within NYSNA is not excluded as it continues to address never-ending challenges on a daily basis. Despite these realities, we must be sure and definitive in our responses to these escalating events. We must ask ourselves and others why, in a critical nursing shortage, is the voice of organized nursing ignored? We must ask ourselves and others why, in a climate of low appeal for nursing as a profession, legislation is enacted in this state which challenges the independence of nursing and the attractiveness of nursing as a profession?

I believe the answers must give way to individual and collective powerful actions. If we believe that (1) self-regulation is the responsibility of every profession; that (2) external control of nursing practice is unnecessary and intrusive; that (3) nursing must be instrumental in health care planning, then we must be energized to act upon our beliefs. You might note that I have bypassed any pause or time to be spent in anger or frustration. I do this deliberately for we have "NO TIME FOR TEARS" - we must take action.

You can best utilize our precious time? Each individual member can increase NYSNA's collective power with a simple phone call. 30,000 calls from NYSNA members to the governor's office or their assemblymen and senators' offices will reaffirm NYSNA's political clout. Call and express disagreement with the Nurse Practitioner Bill today.

In relation to the RCT proposal, voice your concerns now to nursing administration, hospital administrators, educators and consumers. Your immediate and active participation in these critical areas is the key to maintaining control of nursing practice. The Association will support national activities to defeat implementation of the RCT proposal and the NYSNA Board of Directors will identify additional actions to be undertaken within the state.

I urge you to take the time - make the time to help NYSNA help you. It is only by working together that we can make a difference. And finally, I will conclude this column with a brief update on the report of the Commission on Organizational Assessment and Renewal (COAR) of ANA. A progress report was given to the House of Delegates at the June 9-15 ANA convention in Louisville, Kentucky. Input and comments were requested of all ANA delegates. The next interim COAR report will be received in August and the NYSNA Board of Directors will solicit input about the report from our membership through the district associations. The content of this COAR report and subsequent recommendations will frame the context within which NYSNA will re-address the membership issue at our October 16-19 Convention.

Your comments are appreciated. You may call the President's feedback line at 716-862-6002. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch tone phone, you may also edit your message. Calls can be made for six weeks after Report is mailed. In the subsequent Report, I will give you feedback on the responses.

I look forward to hearing from you as you share your thoughts and ideas with me.

NYSNA Report Vol 17(4) July-Aug 1988

#2-3
Dear Colleagues:

In the June issue of Report, I indicated that part of the summit would be devoted to a review and critique of the activities of my first year in office. As this task of Report virtually signified the beginning of my second year as president of NYSNA, it is timely to give that evaluation now. I have framed my observations around the image of a race with two runners, one who runs a short race and the other who runs a long race.

The short race runner, and in this instance NYSNA president, starts with a burst of energy and strives to get out front early and to stay there in order to finish first. Time is limited and actions must be taken quickly, for the race is soon over. As runner races, the responsibilities of being president of the largest state nurses association in the nation require commitment, time, energy and a strong support system. Thus far, I have tried to meet these challenges.

I set three major goals for this year. They focused on communication, image, and legislation. Although, I am comfortable with the activities I initiated, the outcomes of the activities to improve liaison relationships were insufficiently effective. This was due in part to a lack of time to initiate dialogue with many key organizations. This objective will be addressed again next year.

I have characterized NYSNA as the long race runner. The long race runner starts out with a goal of finishing with a kick and, therefore, reserves energy, maintains a steady speed and direction. For these reasons, NYSNA's four year program of legislation, education, practice, and economic and general welfare has served the membership well. The short run activities of the president when blended into the long run activities of the Association can strengthen, improve, and enhance total organizational functioning.

As I look to next year it is clear that certain directions have already been determined. First, we must continue efforts to defeat the implementation of the AMA Registered Care Technologist program. We are actively seeking media exposure and accepting invitations to participate in radio and television programs. We will also further develop liaison relationships with other nursing organizations to defeat implementation of this proposal in New York state. A meeting with the Medical Society of New York is being arranged. At this time, NYSNA has not taken an official position on this proposal.

Secondly, the new chapter 257 of the Laws of New York State has also determined activities for the next year. Previously known as the nurse practitioner bill, this law becomes effective on April 1, 1989. In my view, the supporters of the legislation were in the short race and now generally feel that their work has been completed. For example, a comment was made to me in a letter from one of the bill's sponsors which expressed this view. He stated, "Now we must press forward and address those other outstanding issues and barriers to quality health care."

In response to his comment I noted that while the law may now be settled for the legislature, it opens a new era for NYSNA. That era will require that NYSNA monitor and participate in the process of the development of the regulations for implementation of Chapter 257, monitor the changes which may occur in practice settings before April 1, 1989, monitor the effect of the law on the practice of all nurses after April 1, 1989, and respond to the numerous inquiries from our members regarding the new law. Additionally, NYSNA must further examine the impact of the new law on the nurse practice act. This is definitely a race for NYSNA.

Likewise, a more far reaching implication of passage of the bill is the challenge to examine our legislative agenda and approach. In the short run, we must ask ourselves critical questions about our process, methods of communication, effectiveness of our liaison relationships within the legislature and within the total community. Additionally, long range questions automatically emerge from this critique. For example, are NYSNA members adequately prepared to engage in the political race? Do NYSNA members actively support the legislative agenda? Do we support other health related legislation? Do the legislators understand professional nursing? Have we effectively articulated our positions? One definite step to address some of these questions and concerns will be taken on August 22-23. That time a major conference will be sponsored by NYSNA to examine the current status of the Entry Into Practice Legislation. The outcome of that two-day meeting will assist the Council on Legislation to develop the 1989 legislative program.

I will summarize by stating that the short-term race of a NYSNA president parallels the long-term race of NYSNA. The commitment and interest of this short term runner will continue to influence, assess, and help determine appropriate future oriented action. For the time is now, the challenge is before us, and opportunities not seized will be lost forever.

I am interested in hearing from you regarding any of these important issues. What are your comments, ideas or suggestions? You may respond to any of these areas through the President's feedback line by calling (716) 862-6002. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch tone phone, you may also dial your message. Calls on this question can be made throughout the summer. In a subsequent Report, I will give you feedback on the responses.

I look forward to hearing from you as you share your thoughts and ideas with me.
From The President...

Juanita Hunter, EdD, RN

Dear Colleagues:

This is my first report to the membership since the close of the 1988 NYSNA Convention. For those of you who were not in attendance, the convention was successful and included some exciting highlights starting with the keynote speech and ending with the NYSNA awards banquet.

The membership issue was discussed in an emotionally charged special forum. Subsequently, the Voting Body made the decision to postpone definite action on the pending nurses' amendments to withhold from ANA until after the governor's session. This position was reported to the 1989 House of Delegates and then evaluated by the NYSNA Board of Directors.

An equally important issue discussed by the membership was the AMA's resolution on Registered Care Technologist. The Voting Body passed two resolutions related to this proposal. The content of the first resolution formalized NYSNA's opposition to the RCT proposal while the second resolution recommended that the Board of Directors that a position statement be developed on the inappropriateness of requiring nurses to train and supervise RCT's.

During the discussion of these two resolutions it became apparent that there is no resolution around the RCT proposal, its intent, and the role of nursing is addressing the issue. Therefore, in light of these events it seems appropriate to devote more columns to an update of these activities which have focused on this proposal at a national and state level.

In December 1986, the Board of Trustees of the American Medical Association approved a proposal to develop a non-nurse technician to be called a Registered Care Technologist. The purpose of the plan, according to the AMA, is to provide a dependable supply of technically oriented bedside caregivers. Although the plan was hotly debated at the AMA's July meeting in Chicago and in spite of strong opposition from many nursing organizations, the proposal was adopted with the intent to develop pilot projects around the country.

Education for the RCT would mimic nurses aide training and LPN education at the basic level and would overlap with nursing education at the advanced level. The proposal states that RCT education will supplement and eventually replace those hospital based programs that are being phased out by organized nursing. Further, the integration and objective learning with nursing can be accomplished through these new bedside care technologists.

Shortly thereafter major national nursing organizations banded together to block implementation of this proposal. To date more than 50 organizations have taken official positions against this proposal. Joint actions have included efforts to encourage AMA in abandon the proposal, highlighting nursing's response to the nursing shortage, and developing a national strategy to educate the public about the implications of inappropriate solutions in the supply of care. The 1989 AMA House of Delegates adopted an action report in opposition to the RCT, and the RCT Nursing Shortage Task Force has initiated regional conference calls to discuss state strategies to oppose the RCT.

NYSNA has actively participated in these activities. New York delegates to the July AMA meeting were contacted to express NYSNA opposition to the proposal. NYSNA has discussed the RCT proposal in meetings with the Medical Society of the State of New York, the Hospital Association of New York State, the Council of LPN Educators, and Dr. Mullen Hegart of the State Board for Nursing. The NYSNA Board of Directors has established a liaison committee to monitor the RCT issue. An informational packet has been developed by NYSNA for use in informing various groups about the issue. In addition to the above activities NYSNA and MNSNA have agreed to dialogue about possible joint activities to address the nursing shortage. The main reasons NYSNA has opposed the RCT proposal is that it will not resolve the nursing shortage, be duplicative, and could potentially compromise client care. Further, applicants would be recruited from similar groups which are being targeted for nursing programs.

At the national level, the Federation of Specialty Nursing Organizations convened an October 6 meeting (a) to address strategies for the education and rapid deployment of entry level technical nursing personnel and (b) to identify the role of various national nursing organizations in the implementation of the identified strategy. Additionally, representatives of the Council of Teaching Hospitals, American Medical Colleges and the NYSNA RN Council discussed ways hospital directors and nursing leadership can work together to alleviate the current nursing shortage.

Current and future activities of NYSNA include: (a) continued dissemination of the informational packet, (b) development of a campaign to educate consumers, legislators, and hospital administrators, (c) development of a plan to educate all nurses, (d) development of an action plan to assist districts in spearheading organized, local educational campaigns. The development of the position paper requested by the Voting Body will be included in these recommendations.

It is obvious from these developments that considerable concern, anger, interest, and anxiety have been generated by this RCT proposal. Perhaps you have asked yourself if you should be equally concerned or expend energy on yet another crisis of nursing. I believe you should be aware of the implications of this proposal and others which incorrectly claim to respond to the nursing shortage. Secondly, I believe you should spend some time and energy to the defeat of this proposed plan. And thirdly, I suggest that every NYSNA member participate in one positive step to inform others of the primary issues to be resolved to successfully address this crisis of a shortage of nurses.

NYSNA is discussing strategies to oppose implementation of RCT pilot projects with other SNAs. Remember that any information you receive about RCT proposals should be conveyed to a District nurses association or to NYSNA.

Your comments regarding this issue are appreciated. How do you feel the RCT issue needs to be addressed? You may call the President's feedback line at (716) 842-6562. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch tone phone, you may also edit your message. Calls can be made for six weeks after Report is mailed. In the subsequent Report, I will give you feedback on the responses. I look forward to hearing from you as you share your thoughts and ideas with me.
From The President . . .

Juanita Hunter, EdD, RN

Dear Colleague:

This is my first column of the New Year and as always we approach new beginnings with a new hope, a readiness to accept new challenges, and opportunities to address continuing issues of professional concern. The question of who will be the member of ANA is one issue that may be resolved in 1989. The COAR report and its recommendations provide an opportunity for concerted collective action and thus a renewed commitment to achievement of our professional goals. The 1988 NYSNA Voting Body deferred decision on a COAR recommendation until January 26-27, 1989. ANA, until after the 1989 House of Delegates acts on the COAR recommendations and the NYSNA Board of Directors evaluates the membership issues. The Commission on Organization Assessment and Renewal (COAR) has recently completed the fourth stage of a five-step process to study the organizational structure of ANA. This fourth stage focused on using input from the consensus building process to define issues, evaluate options, and develop proposals. The recommendations that evolved from this process were presented to the ANA Board of Directors at their December 14-15 meeting.

A full day was devoted to hearing the report, which was presented by Dr. Margareta Styles and other steering committee members. A detailed discussion of the recommendations by the ANA Board then followed. The contents of the report consisted of eleven briefing papers which addressed key issues related to the structure and functions of the organization. Each briefing paper included a synthesis of feedback from the ANA consensus process, recommendations, and detailed rationales. Following this presentation and lengthy discussion by the ANA Board of Directors, all of the recommendations were unanimously adopted. In brief, the ANA Board of Directors recommends the following:

1. Define the individual membership of SNAs as RNs.
2. Provide for the establishment and specified criteria to permit organizational membership within ANA. The rights, privileges, and responsibilities of such organizational members will be prescribed by the ANA and limited to the state level of the association.
3. Allow ANA councils that meet the Nursing Organization Licensee Forum (NOLF) criteria to be eligible for unit and unit in the ANA House of Delegates and eligible to participate in NOLF.
4. Allow for multi-state constituencies and a constituent or constituency for USA overseas nurses.
5. National specialty organizations to have input to the Congress of Nursing Practice.
6. Allow for a new category of organizational membership at the national level. Organizational memberships would include non-profit nursing organizations that meet NOLF criteria. They would have one (RN) representative and one vote per organization in the ANA House of Delegates. Organizational memberships would not be eligible to hold office in ANA.
7. Allow for Congress of Nursing Practice and a Congress on Nursing Economics to focus on long-range policy development. All councils and committees would fold into this new structural arrangement. The members of ANA Congresses will be composed of a combination of elected and appointed individuals. The Congress on Nursing Economics will focus on long-range policy development essential to the mission of the Association.
8. Create an institute of ANA collective bargaining programs and a commission on economic and professional security to work through the Congress on Nursing Economics to address the labor relations, economic, and work place concerns of the profession.
9. Structure and guarantee regional representation on staff nurse representation.
10. Biennial meetings of the House of Delegates and reductions of the size by one third.

Another key recommendation is that ANA establish a separate, separately incorporated center through which ANA would serve its own coordinating programs. There was no reaffirmation of the current organizational mission. Throughout this recommendations are activities to strengthen SNAs and to provide greater flexibility for SNAs through organizational members, joint activities, councils, and mergers. For example, the ANA Board of Directors will provide for representation of the National Student Nurses Association (NSNA) in the Constituent Forum and in the House of Delegates although the NSNA will not have a vote. Legal and financial implications of the recommendations are to be added prior to final revision and distribution of the document to the SNAs. Areas within the briefing paper that required further clarification were also identified. The NYSNA Board of Directors will retain these recommendations in more detail at the January 26-27 meeting. The recommendations in their final form will be sent to SNAs around February 1. After this, a February 23 meeting of the Constituent Forum is scheduled to develop consensus. NYSNA's tentative plans include scheduling regional forums to: (1) enable our membership to become aware of the recommendations; (2) provide an arena for discussion of the recommendations; and (3) give members an opportunity to present their points of view to the NYSNA board of directors, and (4) provide a mechanism for consensus building.

All NYSNA members are encouraged to keep abreast of the issues that will unfold as these recommendations are discussed. I urge you to attend the forums when they are scheduled in your region. We can determine the future of nursing by our individual and collective actions. The adoption of the COAR recommendations will place the professional association into the next century. We need your involvement in this process.

Although these recommendations are only highlights of the full report, you may wish to express your opinions about them. Your comments will be appreciated. You may call the President's office number at (716) 863-5059. Calls may be made on a 24-hour basis and may be taken two minutes in length. If you will call from a touch tone phone, you may also edit your message. Calls can be made six weeks after Report is mailed. In the absence of Report, I will give feedback on the responses. I look forward to hearing from you as you share your thoughts with me.
Dear Colleagues:

During my travels throughout the state I have had the privilege of talking with many of our members on a regular basis. During these conversations many of you have expressed ideas about what NYSNA should be doing about a variety of issues/problems/trends that affect nursing care, the profession, the health care delivery system, and the total community. Without exception there is no mention of NYSNA doing less in relation to these matters, only more.

Like most every other organization in today's society, NYSNA faces increased demand which is not always matched by sufficient resources to meet that demand. Like other organizations, NYSNA must periodically examine its programs to determine the "fit" between organizational efforts and ultimate outcomes. It is wise for an organization to periodically examine whether its operations are functioning at an optimal level and thereby achieving maximum potential.

Within the past ten years some nursing organizations have begun to use strategic planning as a method of addressing these concerns. Strategic planning, formerly known as long range planning, has been defined as the formulation of strategies to accomplish specific goals. The process projects three to five years into the future and includes an analysis of the internal and external environment to determine constraints, realistic goals, and resources to pursue a specific direction.

Proponents of the use of the strategic planning process say the major benefits are the ability to 1) establish a clear sense of direction and 2) assure continuity of multi-stage projects or programs. Those less favorable to the use of this process cite its disadvantages: the crisis nature of most nursing association activities which precludes rational planning, and the time required to develop, implement, and coordinate the plan.

Currently, the NYSNA Board of Directors has authorized a Board sub-committee to determine the feasibility of initiating a strategic planning process. The sub-committee will evaluate the various methods, costs versus benefits, and the appropriateness of strategic planning for NYSNA. While it is apparent that NYSNA has periodically engaged in organizational planning, the Action Plans being the most recent example, all components of the strategic planning process have not been included in these past efforts. For example a five step process is identified by Mary E. Nash and Barbara C. Overwall in their article "Strategic Planning: The Practical Vision" published in the Journal of Nursing Administration, April 1988. These steps include 1) the practical vision, 2) underlying contradictions, 3) strategic proposals, 4) tactical systems, and 5) implementation calendar.

The process starts with an examination of the organization's objective and mission, then proceeds to the next stage of outlining the vision of the organization. Given the fact that major structural changes may occur within ANA as the recommendations of the COAR report are debated and then acted upon in June 1989, this may be an appropriate time for NYSNA to engage in a similar process. Changes anticipated at the state level as a result of COAR can be discussed and integrated into the strategic planning process.

The second step of this process involves identification and analysis of barriers, issues, and blocks that must be addressed if the stated vision is to be accomplished. The third step of development of strategic proposals focuses on defining innovative approaches to overcome the contradictions. The tactical systems outline specific actions to be taken to implement the strategic proposals and the final step is setting the schedule for the tactical implementation.

There are other approaches that can be utilized and, of course, each organization can take any selected process to meet its specific needs. Likewise, concerns about costs of time and money can be addressed by outlining an uncomplicated process and development of a flexible plan. Three key questions that would need exploration early in the process are: 1) What forces are shaping today's nursing practice? 2) What forces are expected to have the greatest impact on nursing over the next three to five years? 3) What should NYSNA do about these issues/trends?

These questions will require a response whether or not NYSNA engages in a strategic planning process. Therefore, I would be interested in your feedback and responses to these three questions. Your comments will be appreciated. You may call the President's feedback line at (716) 862-6002. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch tone phone, you may also dial your message. Calls can be made for six weeks after Report is mailed. In the subsequent Report I will give you feedback on the responses. I look forward to hearing from you as you share your thoughts and ideas with me.
Dear Colleague:

In my presidential address during the recent NYSSNA Convention I stated that I would emphasize increased collaboration with other organizations during my second year as president. This objective had only been partially met during my first year in office, yet still seemed appropriate and even necessary as NYSSNA seeks to continue its influence and effectiveness in this rapidly changing health care arena. In my efforts to emphasize this area I quickly became aware of several issues and questions related to actual and potential collaborative endeavors.

The questions which arose revolve around why, how, and when should we collaborate with others. Also, how much emphasis and time should we place on these efforts and how should we weigh the cost versus benefits aspects. Those questions arise quite naturally because time, energy and money are involved in carrying out these activities. It soon became apparent that answers can be relatively reached when we have positive attitudes about the specific individuals and groups we choose to cooperate with. The issues are not so clear when the others have identified purposes and goals which may be in conflict with NYSSNA.

In searching for a way to address the concerns, I clarified for myself the definition of the word collaboration. Collaboration is defined as working together and also cooperating with the other entities.

Among the questions around the proposed collaboration became emotionally laden and hence our decision making process became more subjectivized and less objective. Traditionally, as a result of isolation in educational and work settings, nurses are not comfortable with collaboration and even less so when they are considered to be hostile to their cause.

A second question is related to the concern about NYSSNA members' response to collaboration with the 'enemy' was brought into focus. Clearly there are restrictions to dialogue with organizations. Under other circumstances concern about potential harm to NYSSNA must be addressed. The question to be answered is whether this collaboration compromises the purposes and goals of NYSSNA?

All indications lead to an increase in collaborative ventures between and among nursing organizations. The recent assault on the RCT proposal is an example of effective joint action. The recommendations of the COAR report strongly emphasize possible mergers between SNA, joint ventures, and organizational affiliations with ANA. NYSSNA recently held its Legislative workshop and reception and the intent of increased collaboration to strengthen our legislative agenda and political power base was introduced throughout the program.

The emphasis was placed on a need to extend our sphere of influence, to broaden our perspective on collaboration, and to extend the groups we work with. Examples of such groups included PTFs, teachers and social workers organizations, AARP, United Way, consumer and women's groups. We have not totally erased all political/patient of legislative that could be introduced with a broad base of community support.

To accept this challenge, however, it will be important for our membership to understand the rationale for this increased activity and shift in strategy.

I need to assess your response and to invite your feedback. I would be interested in your thoughts and ideas. I am enclosing a check-off sheet which I encourage you to take a few minutes to complete and return to NYSSNA headquarters.

In your opinion should NYSSNA EXPAND/EXPAND relationships with other groups/organizations? Yes  No  List all:

In your opinion which groups should NYSSNA be working with? List all:

Additional Comments:

Ask the Experts

Each month NYSSNA's Nursing Practice and Services Program offers dozens of questions from individual members...
From The President...

Dear Colleague:

As spring fades and the season of graduation approaches, new nursing graduates are suddenly faced with the challenge of selecting their first job as a professional nurse. Today these graduates face challenges compounded by the nursing shortage and by working in hospitals with many vacancies. The work environment for 75% of the practicing nurses is less than ideal.

The issue of retention of nurses has been thoroughly addressed in numerous reports, including NYNAs' Arden House Conference. To date, some of the recommendations have been implemented and improvements have been noted. However, these retention efforts must also focus on assisting the new graduate to successfully assume the professional nurse role. It is this group that is least prepared to cope with the current health care crisis.

NYNAs has recently initiated a statewide Mentor Program to promote professional socialization of nursing students into the professional nurse role and into the professional nursing association. The idea and need for such a program evolved from concern expressed by a former student who felt a lack of consistent involvement of professional nurses in assisting new graduates and students to successfully make the transition into the profession.

This Mentor Program has been developed as a response. It can be used as a guide for individuals, districts, schools of nursing, etc. and can be modified to the individual situation. The concept of mentorship is not new. Historically, wise men, craftsmen, and elders used their powers to train, teach, counsel, and guide others. The mentor obviously should have particular skills, knowledge, and an awareness of many issues facing nursing in order to be a positive role model.

Mentors obviously must volunteer to extend support to new graduates. Examples of suggested activities include (1) regular contact with the student, (2) discussion of major concerns within nursing, (3) participation with the student at district meetings, (4) continued contact after graduation with efforts to assist new graduates to assume their new role and to join the state association.

The student who agrees to participate will identify needs and develop objectives for the experience, participate in activities with the mentor, attend NYNAs functions, and develop career goals with the assistance of the mentor.

The process that NYNAs has outlined will include publicizing the program to DNs, hospitals, and other agencies; recruitment and orientation of volunteers; contacting schools of nursing to identify students; initiating a planned series of activities; and evaluation. Anticipated results of the program are that new graduates will include membership in the professional association within one year of graduation and successful transition to the professional role. Examples of benefits to the mentor would include satisfaction and accomplishment, and experiences that can assist in the retention of the mentor in the profession.

The mentoring process will link the student to the professional and organizational environment prior to graduation. It will demonstrate our concern as a critical time for new entrants into the profession. We may also improve retention of this group and increase the retention and professional growth.

You may already be engaged in a similar process. If so, NYNAs would be interested in learning about your efforts and would be most appreciative. You may call the President's feedback line at (716) 862-6002. Calls may be made on a 24-hour basis and may total two minutes in length. You may also call the DN if you may also edit your message. Calls may be made for six weeks after Report is mailed. In the subsequent Report, I will give feedback on the responses. I look forward to hearing from you as you share your thoughts and ideas with me.

Juanita Hunter, EdD, RN

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Dear Colleague:

This column is dedicated to the 78 NYNAs delegates who traveled to Kansas City to serve as our official representatives in the ANA House of Delegates from June 23-26. These 78 NYNAs members are to be commended for their commitment, dedication, interest, and involvement in the affairs of the profession as a whole, and in this instance, in ANA and NYNAs.

There are several reasons for this statement. First, NYNAs delegates have been elected by you, the membership, and serve for a two-year term. Once a year delegates travel to an ANA convention site to share in the participatory management of ANA through the House of Delegates. New York state currently has the largest delegation of the 51 constituent members of ANA, and our delegates stand out as individual and collective professional nurse leaders. The hours are long, and the meetings are often intense or become tedious. Delegates find themselves in awkward positions because of the controversial or unpopular positions of their colleagues.

NYNAs delegates willingly accept this challenge and commit their time, energy, and personal monies to further the cause of professional nursing. They use vacation time or personal leave days in order to serve. They begin preparation for their role starting in the current year's ANA Delegate Assembly before NYNAs and ANA, receive special mailings from ANA and NYNAs, and attend an all-day orientation meeting conducted by NYNAs immediately before the scheduled HOD meeting. At this orientation, all major issues, resolutions, and proposed actions scheduled to be brought before the House are discussed and debated, including NYNAs positions on these issues.

During the actual meeting of the House of Delegates, each delegate attends hearings, dialogues with other state delegations to learn their views, and explains and seeks support of NYNAs positions. They are the New York state ambassadors. The daily caucuses provide an opportunity to share the results of these events, discuss controversial issues, and determine or realign NYNAs strategies.

This year especially, our delegates deserve recognition for their hard work and professionalism. As you are aware, the key issue before the House of Delegates was the COAR Report to ANA for NYNAs, the key issue was the recommendation to restore the RN-only member base at the national level. You charged the delegates with this difficult task in 1987, and they have admirably accepted the charge and the responsibilities it entails. A second recommendation made during the HOD meeting which modified the COAR recommendation to include a new proviso. It is printed in its entirety in the NYNAs News of September 1989 and is printed here as the last section of this issue. The NYNAs position once again stood firm in an amended position as the only SNA not in support of this “compromise.”

However, NYNAs delegates held firm for the NYNAs position. While they did not openly oppose the new position, the majority of the NYNAs delegation agreed that the new position did not sufficiently protect the NYNAs member base. The process of creation of the COAR report to ANA for NYNAs is an important one for all districts to follow and learn from. We must work together to further the cause of professional nursing.

This year, NYNAs must be commended for their work. The delegates worked diligently to represent the NYNAs membership. This work is only a beginning. We have much more work to do.

In closing, I would like to thank all our NYNAs delegates who served as our official representatives to the ANA House of Delegates. It was a privilege to serve with you this past year. I wish you all the best in the future.

Juanita Hunter, EdD, RN

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Dear Colleague:

Each September we begin a new season of activities and commitments to the professional associations and other organizations to which we belong, and we determine which specific organizations will benefit from our volunteer efforts. The factors considered include time requirements, interest levels, satisfaction with the organization's program, and personal benefits to be derived from active participation.

Historically, professional nursing associations have prepared through efforts of members actively involved in assisting the association to fulfill its mission and to advance the profession of nursing. Today, however, we recognize that many nurses are not socialized to assume this part of their professional role, and that change in our society makes it vital to our existence. Staff and volunteers have been trained in various aspects of participation with the associations, including the certification process, which is now a reality. This training must be expanded to include other units of the profession, including RN-only nurses in the state. The state currently has the largest delegation of nurses, and our delegates are the New York state ambassadors. The daily caucuses provide an opportunity to share the results of these events, discuss controversial issues, and determine or realign NYNAs strategies. This year especially, our delegates deserve recognition for their hard work and professionalism. As you are aware, the key issue before the House of Delegates was the COAR Report to ANA for NYNAs, the key issue was the recommendation to restore the RN-only member base at the national level. You charged the delegates with this difficult task in 1987, and they have admirably accepted the charge and the responsibilities it entails. A second recommendation made during the HOD meeting which modified the COAR recommendation to include a new proviso. It is printed in its entirety in the NYNAs News of September 1989 and is printed here as the last section of this issue. The NYNAs position once again stood firm in an amended position as the only SNA not in support of this “compromise.”

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Juanita Hunter, EdD, RN
From The President...

Juanita Hunter, EdD, RN

Dear Colleague:

Writing this column for the past two years has been one of my most pleasant duties as president. I was always mindful of the fact that what I wrote could reach all of our 30,000 members and was, by far, the greatest of all opportunities to achieve my objective of increasing communication with the membership.

My intent in writing this column was to share my best thinking with you on important nursing concerns, give some recommendations, and then ask for your ideas, opinions, comments, and additional recommendations. Two years ago this idea was risky, and the outcome was unknown. Member response could not be predicted, and diverse opinions about the topics could have created conflict or reality shock for the president. At times, the selection of controversial issues evoked criticism, and the president’s opinions did not always coincide with those of other elected officials. Despite this, I forged ahead by writing and meeting the deadline for each issue of Report. I used the same format for each column as I wished to develop a consistent pattern, to increase familiarity and comfort with the process, and thereby improve communication.

Your response to this column and the messages has been overwhelmingly attentive and positive. I have received much informal feedback from many of you as I traveled throughout the state these past two years. You reinforced ideas, supported directions, and overwhelmingly agreed with our more open posture.

The invitation to call the president's line at the end of each column was not responded to consistently. The cost of the phone call was undoubtedly a factor. The two questions that received the greatest response were the first query about the nursing shortage and the more recent invitation to send suggestions of groups that NYSNA should not collaborate with. The responses to the latter question were very helpful, and suggestions were collated and then shared with the board of directors. This use of a tear-off form can serve as a mechanism for eliciting rapid feedback from the membership on important issues. It can give direction to the president and the board as they deliberate on Association positions and policies.

In summary, I am pleased to have had the opportunity over the past two years to dialogue with you about current professional issues. Your responses have documented the value of this addition to Report. I have used your thoughts and ideas to frame my approaches to positions which I have given in your behalf. I have used your opinions as examples of member responses in the various official meetings if I have attended. This column has become an important vehicle for the president and the membership to communicate with each other.

I thank you for the opportunity to have served you for the past two years. Your confidence and support have been appreciated. Your comments continue to be welcome.

You may call the president’s feedback line at (716) 852-6120. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch tone phone, you may also edit your message.

Ask The Experts

Each month NYSNA’s Nursing Practice and Services Program answers dozens of questions from individual members as they troubleshoot issues.