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### Final Task Force; Series II; File 48

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Final Task  
force

# FINAL REPORT of the TASK FORCE ON ORGANIZATIONAL IMPLICATIONS of the 1985 PROPOSAL

*Editor's Note:* The Task Force Report was presented to and approved by the NYSNA Board of Directors at its May 1978 meeting and will be presented for consideration by the Voting Body at the 1978 NYSNA Convention. It is offered here for your thoughtful review prior to the annual meeting.

**CHARGE:** To make recommendations concerning eligibility requirements for membership in the New York State Nurses Association subsequent to enactment of the Association's 1985 Proposal.

**RECOMMENDATION:** That subsequent to enactment of the Association's 1985 Proposal the eligibility requirement for membership in the New York State Nurses Association be licensure or authorization to practice as a "Nurse."

## I. BACKGROUND

Following approval of the 1985 Resolution by the NYSNA Voting Body, the Board of Directors, in October, 1975, established a Sub-Committee to Study the Organizational Implications of the Proposal. The Sub-Committee held four meetings in 1976 and submitted two interim reports in 1976. Because of the status of the legislative effort to enact the Proposal at that time, the Board directed that the work of the Sub-Committee be continued. Subsequent to 1977 NYSNA Voting Body discussion of the implications of the 1985 Proposal for membership requirements, the Board enlarged the Sub-Committee to a Task Force and requested submission of a report by May, 1978.

The Task Force met on February 3 and 28 and May 2, 1978. An interim report was submitted to the Board at its March 6-7 meeting.

## II. CENTRAL ISSUE - POST-1985 ELIGIBILITY REQUIREMENTS FOR NYSNA MEMBERSHIP

In the course of its deliberations the Task Force reviewed reports of the original Sub-Committee, data regarding the number and educational characteristics of licensed nurses, distribution of the various types of nursing education programs in New York State, projections of future numbers of licensed nurses and literature re professional and occupational organizations.

### A. Options Identified

The Task Force identified eight options regarding post-1985 NYSNA membership eligibility requirements:

1. All individuals holding licensure as a Nurse after December 31, 1984 shall be eligible for membership. (This would provide for organizational grandfathering of RNs licensed prior to 1985).
2. All individuals holding licensure as a Nurse after December 31, 1984 shall be eligible for membership and all individuals holding licensure as an Associate Nurse after December 31, 1984 shall be eligible for associate membership. (This would provide for organizational grandfathering of RNs and LPNs licensed prior to 1985.)
3. All individuals holding licensure as a Nurse or Associate Nurse after December 31, 1984 shall be eligible for membership. (This would provide for organizational grandfathering of RNs and LPNs licensed prior to 1985.)

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4. All individuals holding licensure as a Nurse after December 31, 1984 who hold an earned Baccalaureate Degree in Nursing shall be eligible for membership. (This would provide for organizational grandfathering of those RNs licensed prior to 1985 who hold an earned Baccalaureate Degree in Nursing.)
5. All individuals holding licensure as a Nurse after December 31, 1984 shall be eligible for membership and all individuals holding licensure as an Associate Nurse after December 31, 1984 who hold an earned Associate Degree in Nursing shall be eligible for associate membership. (This would provide for organizational grandfathering of all RNs licensed prior to 1985.)
6. All individuals holding licensure as a Nurse after December 31, 1984 shall be eligible for membership. All individuals holding licensure as an Associate Nurse after December 31, 1984 shall be eligible for associate membership until January 1, 1990. (This would provide for grandfathering of RNs and LPNs licensed prior to 1985. It provides a five-year period for members and associates to plan for and establish a membership organization for Associate Nurses.)
7. Grandmastering and above with no grandfather provision - i.e., establish membership levels consistent with academic credentials including those beyond the baccalaureate degree.
8. Grandmastering and above with grandfathering of registered nurses holding only the hospital diploma and licensed practical nurses - i.e., establish membership levels consistent with academic credentials including those beyond the baccalaureate degree.

#### B. Analysis of Options

Discussion of the relative merits of each option focused essentially around five issues:

1. *Organizational grandfathering of individuals licensed as RNs prior to 1985* - It was agreed that this would be consistent with the 1985 Proposal as well as with the Association's past and present purposes and functions.
2. *Multiple membership levels based on academic credentials* - It was agreed that this would be cumbersome and unwieldy and would inhibit organizational efficiency and effectiveness.
3. *Membership comprised of both Nurses and Associate Nurses* - The majority of Task Force members took the position that this would (a) be at variance with one of the original purposes of the Association (to secure recognition of nursing as a profession), (b) compromise the Association's ability to establish professional standards and (c) reduce the Association's credibility as the official representative of professional nursing. In addition, it was noted that Nurses prepared at baccalaureate or higher degree levels would feel disenfranchised. Further, it was noted that membership in a single organization would militate against recognition and representation of both Nurses' and Associate Nurses' distinctive contributions and needs and, therefore, a separate membership organization for each group would be more

desirable. In addition, it seems likely that as the number of Associate Nurses licensed after 1985 grows and, as a group, develops a clear sense of identity, they will desire and seek to establish a separate organization.

Conversely, it was recognized that a single organization which united the technical and professional levels of nursing might have topical "political" appeal because it would not exclude future associate degree graduates. Associate membership status (versus full membership) with specified rights and privileges would provide a forum for dialogue and collaborative action and simultaneously reserve decision making on policy issues to the professional level. Again, it was noted that associate membership status with limited privileges might be negatively perceived by those to whom it was extended. Alternative mechanisms for providing a forum for dialogue and collaborative action were identified - i.e., liaison committees, coordinating councils, advisory groups.

4. *Organizational grandfathering of individuals licensed as LPNs prior to 1985* - The majority of Task Force members took the position that if membership is open to any Associate Nurses after 1985 it must be open to all those who hold the license. It was noted that this group would include individuals now holding membership in Licensed Practical Nurses of New York, Inc. as well as other organizations representing licensed practical nurses.
5. *The relationship of the Association's function(s), purposes and membership eligibility requirements* - The Task Force agreed that the resolution of the issue of membership eligibility is dependent upon clear and specific enunciation of the function(s) and purposes of the organization. Distinctions between professional and occupational organizations were noted.

#### C. Potential Legal Implications

The Task Force requested consultation from Association legal counsel regarding whether any identified option would be prohibited by applicable not-for-profit corporation and/or labor law. In essence, no legal constraints were identified provided that any of the options were implemented in a lawful manner and that any appropriate revision of existing By-laws and Articles of Incorporation were properly executed.

### III. PROVISION OF NYSNA SERVICES TO NON-MEMBERS

The Task Force also discussed the issue of whether various NYSNA services - including representation for collective bargaining purposes - might be extended to non-members. It was noted that, historically, as a matter of policy the Association has elected to offer representational services to members only despite the fact that, in certain situations, applicable labor law permits representation of non-members as well as individuals other than registered professional nurses. Since this issue is separate from that of membership requirements the Task Force deemed it beyond the scope of its immediate responsibility.

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#### IV. CONCLUSIONS AND RECOMMENDATION

In its October 11, 1976, report to the Board of Directors, the original Sub-Committee to Study the Organizational Implications of the 1985 Proposal stated:

Clarification, standardization and elevation of the system of nursing education has been the major focus of professional activity since the early 1900's. The 1985 Proposal, which would establish the baccalaureate degree as the entry requirement to professional practice, is the culmination of these efforts. Therefore, it is again incumbent upon the professional association to establish membership requirements consistent with preparation of practitioners of the profession.

As educational requirements for entry into professional practice are elevated and requirements for membership in the professional organization are changed, undoubtedly questions will arise as to whether the New York State Nurses Association is truly representative of the professional nursing community. Similar questions were raised upon the Association's founding and in conjunction with each succeeding phase of nursing's professionalization effort. It must be recognized that the new association in 1901 adopted distinct membership qualifications to ensure a commitment to certain standards and a degree of homogeneity of purpose in the collective effort to improve the status of nursing.

This Task Force concurs with these comments. Further, the Task Force concludes it is now essential to reaffirm that membership eligibility requirements must be consistent with the Association's founding and continuing purposes - to provide a structure through which those admitted to professional practice may work collectively to achieve optimum nursing and health services and to advance the professionalization of nursing.

Therefore

**RECOMMENDATION:** That subsequent to enactment of the Association's 1985 Proposal the eligibility requirement for membership in the New York State Nurses Association be licensure or authorization to practice as a "Nurse."

(One member dissents from this recommendation and has filed a minority report which follows this report.)

The Task Force wishes to express its appreciation to the Board for the opportunity to participate in analysis and resolution of this issue. Recognizing that the Board will undoubtedly wish to encourage and facilitate full and comprehensive discussion of action taken on this matter, the Task Force respectfully extends its willingness to assist in interpretation of this Report in any way deemed appropriate.

Karen A. Ballard, Chairman

#### Task Force Members

Elaine E. Beletz  
Diane Bennett  
Sharon S. Dittmar  
Marian M. Pettengill  
Dolores F. Saxton

#### MINORITY REPORT

It is with a sense of regret that I find myself adding this minority report to the Report of the Task Force on Organizational Implications of the 1985 Proposal. However, being in total disagreement with the Committee's recommendation, I felt strongly that I could not permit publication of the Report without making my feelings a matter of public record.

My disagreement is based upon the fact that the Task Force recommendation cuts off from membership, by NYSNA's own estimates, 50 percent of the individuals who will become eligible for licensure to practice nursing after 1985.

Let me state at this time that in regard to the 1985 Proposal, I philosophically agree that there should be two distinct levels of nursing practitioners licensed to practice in the profession of nursing. I further agree that the baccalaureate degree should be required for entrance into the "professional" level and the associate degree should be required for entry into the "associate or technical" level.

The basic question that must be faced is whether or not the ANA and its constituent nurses associations, such as the New York State Nurses Association, have as a major concern the profession of nursing or the professional nurse. According to the ANA Bylaws Article I, Section 2, the purposes of the ANA should be to:

- 1) work for the improvement of health standards and the availability of health care services for all people, and
- 2) foster high standards of nursing and
- 3) stimulate and promote the professional development of nurses and advance their economic and general welfare.

If we accept these purposes, how can we cut off 50% of the practitioners? Are we really serving the profession in helping to establish standards by failing to provide a forum for discussion between the professional and associate levels? Hasn't the failure to have a real forum between the current registered nurses and practical nurses had a negative effect upon the delivery of nursing care today? Perhaps the leaders of both organizations do meet, but how much filters down to the rank and file members of either organization? Do we really know or care what the other groups are doing?

I disagree with the members of the Task Force who believe that having both Nurses and Associate Nurses as members would:

- a) Compromise nursing as a profession, for it is not the membership of an organization that detracts or adds to professional status but the behavior of its members;
- b) Compromise the Association's abilities to establish professional standards, for it seems to me that by working together we can establish higher standards for both levels of practitioners; or
- c) Reduce the Association's credibility as the official representative of professional nursing, as it seems to me that by representing the profession of nursing it strengthens its role as the representative of professional nursing.

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I find it hard to believe that Nurses at the baccalaureate or higher degree levels would be disenfranchised by having both groups in the organization, for after all it will take many years to live out grandfathering and have a totally baccalaureate-prepared membership.

I again disagree that a single organization would interfere with recognition of the distinct contributions of both groups. It is not membership in an organization that causes role confusion but the vagueness of objectives of programs preparing the practitioners and the interchanging of the roles in the job situation that causes the misunderstanding.

I think it is likely that as the numbers of Associate Nurses licensed after 1985 grows, they may indeed as a group decide to establish a separate organization, but is this a valid reason to deny them membership in this initial period?

The Association's legal counsel felt there were no legal constraints for any of the options provided existing bylaws and articles of incorporation were revised. We have all experienced an atmosphere of distrust and poor communication with little compromise or understanding over the last three or four years. Is it not time to heal wounds and work together to foster improved standards of care? We can all agree that nursing has many enemies from without. Can we afford to split the groups from within? I call upon the members at the Convention to carefully reconsider all options. for we will all have to live with the ramifications of our actions for many years to come.

Dolores Saxton

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THE NEW YORK STATE NURSES ASSOCIATION  
*Task Force on Organizational Implications  
of the 1985 Proposal*

Report to the Board of Directors

April 24-25, 1980

*CHARGE: To make recommendations concerning eligibility requirements for membership in the New York State Nurses Association subsequent to enactment of the Association's 1985 Proposal.*

*RECOMMENDATIONS:*

1. The Task Force recommends to the NYSNA Board of Directors reaffirmation of the original report that subsequent to enactment of the Association's 1985 Proposal the eligibility requirement for membership in the New York State Nurses Association be licensure or authorization to practice as a "Nurse."
2. The Report should be presented to the 1980 NYSNA Convention for a vote.

*FINAL REPORT*

I. *BACKGROUND*

For a review of the original work of this Task Force, a copy of that report is attached. It discusses:

- A. The original eight membership options.
- B. Five critical issues:
  1. Organizational grandfathering of individuals licensed as RNs prior to 1985;
  2. Multiple membership levels based on academic credentials;
  3. Membership comprised of both Nurses and Associate Nurses;
  4. Organizational grandfathering of individuals licensed as LPNs prior to 1985;
  5. The relationship of the Association's function(s), purposes and membership eligibility requirements.

C. Potential legal complications.

A minority statement is included in this Report.

The membership of the Task Force has both increased and changed over the last two years. All new members have been provided with orientation regarding the earlier work of the Task Force. The members of the Task Force represent nursing service, nursing administration and nursing education (associate degree, baccalaureate degree and continuing education).

II. CENTRAL ISSUE--MEMBERSHIP

In the course of its deliberations through 1979 (three meetings) and 1980 (two meetings), the Task Force continued to recognize that post-1985 eligibility requirements for NYSNA membership is the central issue.

A. District Survey

In an attempt to further clarify the issue, the Task Force chairperson met with the Advisory Council on April 25, 1979 in order to obtain the cooperation of the districts in a survey requesting their preferences for and opinions about the eight options identified by the Task Force in its original report.

A guide was developed in order to facilitate the organization of the district nurses associations' input. This form was distributed during the summer of 1979 and an early analysis of its findings was reported to the October, 1979 NYSNA Convention.

The Task Force members carefully reviewed the results of the survey as summarized at the end of this report.

B. Issues Related to Membership

The Task Force members discussed many issues related to membership in this organization. They included:

1. The serious implications of continuing as a professional association versus those of becoming an umbrella association;
2. The continuing legislative process regarding passage of the 1985 Proposal;
3. The membership implications of the ANA Credentialing Study; and
4. The proposed alternative structures for reorganization of ANA with implications for membership.

C. Analysis of Documents and Reports

In the course of its deliberations over the past three years, the Task Force has reviewed data regarding the number and educational characteristics of licensed nurses, distribution of the various types of nursing education programs in New York State, projections of future numbers of licensed nurses and literature regarding professional and occupational organizations.

In addition, the Task Force has examined papers from the Workshop on Basic Components of AD and BS Nursing Curriculums for 1985 (the Gideon Putnam Workshop); the Report of the Task Force on LPN to AN Transition; the Report of the Task Force on Behavioral Outcomes of Nursing Education Programs; the Final Report of the Task Force on Professional Practice Needs of RNs; statistics regarding employment of nurses; and membership categories provided in other state professional societies. The Report of the Committee for the Study of Credentialing in Nursing as presented in the April, 1979 American Journal of Nursing was also examined.

III. CONCLUSIONS AND RECOMMENDATIONS

The Task Force concluded that it was most important to take a position in the interest of productive and viable Association functioning in the future and that it was prepared to do so now. It was noted that in its 1978 report that the Task Force stated:

". . . it is now essential to reaffirm that membership eligibility requirements must be consistent with the Association's founding and continuing purposes--to provide a structure through which those admitted to professional practice may work collectively to achieve optimum nursing and health services and to advance the professionalization of nursing."

This Task Force reached the same conclusion and voted to reaffirm its original report. Therefore,

**RECOMMENDATION:** Reaffirmation of the original report that subsequent to enactment of the Association's 1985 Proposal the eligibility requirement for membership in the New York State Nurses Association be licensure or authorization to practice as a "Nurse."

The Task Force members voted unanimously to recommend that this report be referred to the 1980 NYSNA Convention for a vote.

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The Task Force wishes to express its appreciation to the Board for the opportunity to participate in analysis and resolution of this issue. The members of the Task Force feel that its charge has been completed. The Task Force members respectfully extend their willingness to assist in interpretation of this report in any way deemed appropriate.

MEMBERS

TASK FORCE ON ORGANIZATIONAL IMPLICATIONS  
OF THE 1985 PROPOSAL

Members

Area of Practice

Karen A. Ballard, Chairman	Nursing Service
Diane Bennett	Nursing Service
Ellen Burns	Nursing Education (Associate Degree)
Kathryn Collins	Nursing Administration
Sharon Dittmar	Nursing Education (Baccalaureate Degree)
Marilyn Morley	Nursing Service
Dolores Saxton	Nursing Education (Associate Degree)
Joan Sweeney	Nursing Education (Associate Degree)

KAB/mj  
4/25/80

DISTRICT PREFERENCES FOR OPTIONS SPECIFIED  
IN 1978 TASK FORCE REPORT

Dist. No.	Option No.								No Option
	1	2	3	4	5	6	7	8	
1		X							
2	X								
3			X						
4	X								
5									X
6	X								
7						X			
8		X							
9									X
10	X								
11		X							
12		X							
13									X
14	X								
15			X						
16	X								
17	X								
18			X						
Tot.	7	4	3	0	0	1	0	0	3



Final Task Force

THE NEW YORK STATE NURSES ASSOCIATION

Task Force on Organizational Implications of the 1985 Proposal

District Survey Re: Task Force's 1978 Annual Report

District \_\_\_\_\_

Date \_\_\_\_\_

Names of persons contributing to completion of this report \_\_\_\_\_

Information reported was obtained via: DNA Board of Directors Meeting \_\_\_\_\_

DNA Committee (Specify) \_\_\_\_\_

DNA Membership Meeting \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Approximate number from whom information was gathered \_\_\_\_\_

INTRODUCTION

At the 1978 annual NYSNA Convention the Task Force on Organizational Implications of the 1985 Proposal presented its Annual Report at open forums and to the Voting Body. The Task Force identified eight options regarding NYSNA membership eligibility requirements subsequent to enactment of the 1985 Proposal and recommended adoption of one of these by the Voting Body. The Annual Report, including all options and the Task Force recommendation, is attached as Appendix I. The 1978 Voting Body referred the recommendation for further study, recommended that the size of the Task Force be increased, and requested a progress report at the 1979 Convention.

The Task Force has continued its deliberations and seeks to encourage discussion of and reflection upon all options by the district nurses associations in order to broaden its total analysis. Please summarize your discussion on the advantages and disadvantages of each of these options and state your conclusions. The Task Force will analyze the responses to this survey and discuss them at the 1979 Convention and at a subsequent meeting of the Advisory Council.

Each of the eight options identified by the Task Force in its Annual Report is reprinted below and followed by additional comment. Space is provided for reporting your discussion and conclusion on each option.

Option 1: All individuals holding licensure as a Nurse after December 31, 1984, shall be eligible for membership. (This would provide for organizational grandfathering of RNs licensed prior to 1985.)

Comment: In essence, this recommendation would continue the eligibility of all currently licensed registered professional nurses and all individuals licensed to practice professional nursing in the future. This was the option chosen by the Task Force and presented to the 1978 Voting Body in its recommendation that:

Subsequent to enactment of the Association's 1985 Proposal the eligibility requirement for membership in the New York State Nurses Association be licensure or authorization to practice as a "Nurse."

Summary of District discussion:

Conclusion of the District:

Option 2: All individuals holding licensure as a Nurse after December 31, 1984, shall be eligible for membership and all individuals holding licensure as an Associate Nurse after December 31, 1984, shall be eligible for associate membership. (This would provide for organizational grandfathering of RNs and LPNs licensed prior to 1985.)

Comment: In essence this option would provide for two types of membership: regular and associate. All currently licensed RNs and those individuals licensed as Nurses in the future would be eligible for regular membership. All current LPNs and those licensed as Associate Nurses in the future would be eligible for associate membership.

Summary of District discussion:

Conclusion of District:

Option 3: All individuals holding licensure as a Nurse or Associate Nurse after December 31, 1984, shall be eligible for membership. (This would provide for organizational grandfathering of RNs and LPNs licensed prior to 1985.)

Comment: In essence this option would provide for regular membership eligibility for all current RNs and LPNs and all those licensed as Nurses and Associate Nurses in the future.

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*Summary of District discussion:*

*Conclusion of District:*

*Option 4:* All individuals holding licensure as a Nurse after December 31, 1984, who hold an earned Baccalaureate Degree in Nursing shall be eligible for membership. (This would provide for organizational grandfathering of those RNs licensed prior to 1985 who hold an earned Baccalaureate Degree in Nursing.)

*Comment:* This option would provide for membership eligibility only for nurses who hold an earned baccalaureate degree in nursing.

*Summary of District discussion:*

*Conclusion of District:*

*Option 5:* All individuals holding licensure as a Nurse after December 31, 1984, shall be eligible for membership and all individuals holding licensure as an Associate Nurse after December 31, 1984, who hold an earned Associate Degree in Nursing shall be eligible for associate membership. (This would provide for organizational grandfathering of all RNs licensed prior to 1985.)

*Comment:* This option would provide for two types of membership: regular and associate. All currently licensed RNs and those licensed as Nurses in the future will be eligible for regular membership. All those licensed in the future as Associate Nurses who have an earned associate degree in nursing would be eligible for associate membership. Licensed Practical Nurses who are grandfathered as Associate Nurses would not be eligible for membership.

*Summary of District discussion:*

*Conclusion of District:*

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*Option 6:* All individuals holding licensure as a Nurse after December 31, 1984, shall be eligible for membership. All individuals holding licensure as an Associate Nurse after December 31, 1984, shall be eligible for associate membership until January 1, 1990. (This would provide for grandfathering of RNs and LPNs licensed prior to 1985. It provides a five-year period for members and associates to plan for and establish a membership organization for Associate Nurses.)

*Comment:* This option would provide for two types of membership, regular and associate for a five-year period. All currently licensed RNs and those licensed as Nurses in the future would be eligible for regular membership. All current LPNs and those individuals licensed as Associate Nurses in the future would be eligible for associate membership. This option does not address associate membership after 1990.

*Summary of District discussion:*

*Conclusion of District:*

*Option 7:* Grandmastering and above with no grandfather provision—i.e., establish membership levels consistent with academic credentials including those beyond the baccalaureate degree.

*Comment:* This option provides for categories of membership based upon the member's highest earned academic degree in nursing. This option does not take into consideration the license held.

*Summary of District discussion:*

*Conclusion of District:*

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*Option 8:* Grandmastering and above with grandfathering of registered nurses holding only the hospital diploma and licensed practical nurses-- i.e., establish membership levels consistent with academic credentials including those beyond the baccalaureate degree.

*Comment:* This option would provide for categories of membership based upon the member's educational preparation. In addition to categories based upon earned academic degrees in nursing there would be categories for graduates of diploma programs and practical programs.

*Summary of District discussion:*

*Conclusion of District:*

Please return this form to NYSNA in the enclosed return envelope no later than Monday, October 1, 1979.

Thank you for your assistance and cooperation.

mj  
7/12/79

Final Task force

Comments From Districts on Options

Option 1:

- D1: This might seem desirable, but could be political suicide.
- D2: This option is consistent with the current structure of the NYSNA.
- D3: Pro - would serve to distinguish one category from another.  
Con - "Separatist"
- D4 This option is consistent with the philosophy of the 1985 proposal.
- D5 This recommendation is untimely.
- D6 The membership of District 6 feels this is the most acceptable option.
- D7 Would continue fragmentation of nursing.
- D8 The Board of Directors feel that many nurses would be "threatened" by this option and that this option might negatively influence the passage of the 1985 proposal.
- D10 Preserves intent and direction of NYSNA  
Consistent with licensure legislative modification.
- D12 Would still perpetuate two competency organizations.
- D13 ...concern - restrictive in reference to titles  
...damaging in regard to passage of 1985 proposal  
...changes nothing re: membership to NYSNA  
...locking in implications may cause confusion in regard to support of 1985 proposal  
...should be a clear understanding of implications before support and passage of the 1985 proposal  
...enhance clear understanding  
...consistent with stipulation in 1985 proposal  
...ANA has not "named" different nurse categories  
...categories have been in conflict - problem of future activities, involvement of associate nurse category has not been addressed  
...relationships between RN and LPN in New York State best in the nation
- D14 This engendered the most discussion, no doubt because it is #1 on the list.  
In favor - must be the "professional" association, assistants in other professions do not belong to their professional organization.  
Against - would disenfranchise huge numbers of associate nurses, assistants belong with those they

assist, nurses and associate nurse have much in common, the unions would gain considerably.

- D15 It was generally agreed that this option allows for splintering of the nursing profession as a whole. What is felt is needed is a stronger voice in political issues concerning nursing and excluding a great number of nurses would only be harming ourselves and our profession.
- D16 Board agrees on this option.

Option 2:

- D1 What does "associate membership" mean? It sounds like "second class citizenship" - this is poor. Does it mean reduced dues? Voting privileges? Two categories of membership is a good idea, but the terms used for the two categories needs to be carefully selected. Also, the decision-making (voting) system needs clarification so that one group doesn't "control" the other; yet all can "rally around" causes (and issues) that affect all nursing. This is probably the best alternative if well developed. (#6 also good)
- D2 Membership should be limited to RN's
- D4 This option presumes that the current LPN association has no valid input into organizing associate nurses.
- D5 No decision
- D6 Rejected!
- D7 Would allow unity of all nurses. Each level would be concerned with own problems and then resolve under umbrella of total organization.
- D8 This option would foster collaboration among nurses and decrease potential of fragmentation in the association.
- D10 Divisive, dilutes associations already tenuous ability to achieve one voice.
- D12 Best option
- D13 ...associate member not defined re: offices, rights and privileges restricted  
...concern as to how associate members would accept participation  
...allows other than professionals to be members as inherent in 1985 proposal  
...defines membership of NYSNA 1) nurse 2) associate nurse

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- ...frustrating for members to have restricted membership (associate membership)
- ...against restricted membership to prevent another organization
- ...restricted membership inherent in "professional organization"
- ...others will join another organization
- ...difficulty responding to this option without examples of what associate membership entails
- ...include examples from other organizations

- D14 Associate membership is a negative kind of membership. What would be the differences between regular and associate membership?
- D15 This option, once again, splits the organization. The differences in membership was not defined. Questions were raised re: definition of membership requirements, including dues, and privileges, i.e., voting rights.
- D18 What would be the differences in types of membership between regular and associate - how would their roles in the organization differ?

Option 3:

- D1 This is problematic because the interests and needs of the 2 licensed careers are different (although at times the concerns of "nursing" demand the attention of both career groups.
- D2 Same as option 2
- D3 Overwhelmingly felt this was option that would serve to unify the nursing community; consensus that unity should be priority concern.
- D4 This proposal establishes the credibility of LPN's and associate nurses setting the criteria for professional practice.
- D5 No decision
- D6 Rejected!
- D7 Too difficult to obtain. No right to tell others they have to be members.
- D8 The Board felt that a distinction should be made between "nurse" and "associate nurse" in terms of membership.
- D13 Opposed - general consensus against
- D15 Of all of the options there were to choose from, it was the consensus of opinion of the board

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members that this option would allow for the best unified and functional organization for the profession of nursing.

D16 Minority view - one member of D16 Board:

As indicated on p. 1, the overwhelming majority of the Board favored option #1 because it would promote a unitary purpose for the professional association. They felt that heterogeneous membership, as we now have, hampers action within the organization. I believe an organizational framework, which provides for diversity is advantageous in that it provides a means through which conflict in regard to common concerns can be worked out. I believe that exclusion of Associate Nurses will contribute strongly toward their unionization. Union work rules regarding practice could, very conceivably, be a serious impediment to professional practice.

D18 We need all the members we can get - let's not set up two categories.

Option 4:

- D1 Elitist!!
- D2 Membership should not be based on educational preparation.
- D3 Very few BSN's in district
- D4 This option defeats the grandfather clause provision and divides nursing.
- D5 Very untimely
- D6 Rejected!
- D7 Elitist and would cause further fragmentation
- D10 Disenfranchises large proportion of practicing nurses; again, divisive.
- D12 Option out
- D13 General opposition - may be supported by S.A.I.N.
- D14 Strong opposition voiced on this.
- D15 This option would limit the organization as a whole, discriminate against other nurses and cause further fragmentation of the profession.

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Option 5:

- D1 An unsound idea
- D2 Same as option 2 and 3
- D3 Same as #2 except "grandfathered" LPN's not included
- D4 This proposal defeats grandfather provisions for associate nurse.
- D5 May approve.
- D6 Rejected!
- D7 Again continues and encourages fragmentation.
  
- D12 Option out - not acceptable.
- D13 Opposed
- D14 No support for this at all.
- D15 The exclusion of the LPN's seemed unjustifiable to all members of this board of directors.

Option 6:

- D1 See option #2 re: need to clarify "associate" membership.
- D2 Same as options 2, 3 and 5
- D4 Very confusing. Assumes NYSNA authority over Associate Nurse Association.
- D5 No decision
- D6 Rejected!
- D7 Allows for time to study problems, establish good relations and attempt to unite all nurses.
  
- D12 Possible alternative
- D13 Opposed
- D14 Outcries of No! No!
- D15 The rationale for the boards' conclusion is like that of option 2. It was not favorable to dividing the membership.

-6-

Option 7:

- D1 Too divisive, a poor alternative
- D2 Same as option 4
- D3 Although not recommended, felt that should this be important, levels could always be created in one organization to speak to the needs identified much as councils and specialty groups currently. Did not address specifics of option 7 or 8 as felt it was not an advisable idea although an acceptable compromise.
- D4 Is divisive - not in the interests of nursing.
- D5 No discussion
- D6 This would not be acceptable!
- D7 Elitist
  
- D13 Opposed.  
...similar structure in NLN has led to conflict  
...may set us up for potential conflict
  
- D15 This option allows for too much splintering. Membership of multiple levels is not desirable for building a strong and unified organization.

Option 8:

- D1 Too complex, can be a divisive factor in the association.
- D2 Same as options 4 and 7
- D4 Is divisive and not in the best interests of nursing.
- D6 This is not acceptable! Not interested.
- D7 Elitist
  
- D13 Opposed
  
- D15 As stated above, this option would promote further splintering within the organization.

ND-2/6/80  
JF/srk - 4/2/80

Final Task Force

EMPLOYMENT STATUS OF RNS IN NEW YORK STATE

by

HIGHEST EDUCATIONAL PREPARATION\*

Employment Preparation	All Nurses (N = 135,725) %	Employed in Nursing (N = 101,029) %	Employed in Nursing Full-Time (N = 74,086) %
Diploma	59.74	57.25	53.13
A.D.	14.10	16.37	17.63
Bacc. in Nursing	14.48	15.18	16.48
Bacc. in Other	4.56	4.89	5.40
Masters in Nsg.	3.62	3.87	4.55
Mast. Other	1.92	1.79	2.05
Doctorate	.27	.26	.31
Not Reported	1.30	.40	.45
<b>TOTAL</b>	<b>99.99</b>	<b>100.01</b>	<b>100.00</b>

\*From ANA Inventory of Registered Nurses (1977 registration)

mj  
4/25/80

THE NEW YORK STATE NURSES ASSOCIATION

Task Force on Organizational Implications  
of the 1985 Proposal

*Membership Categories Provided in Other  
State Professional Societies*

1. Bar Association

Membership includes only those admitted to the Bar. Categories of membership are related to length of time as a member (dues increase with longevity). There are also provisions for voluntary sustaining membership.

2. Dental Society

Membership includes dentists only. Categories of membership are: Active, Life, Student, Retired and Disabled.

3. Medical Society

Membership includes only physicians.

4. New York State Optometric Association

Membership open to licensed optometrists.

5. New York State Psychological Association

There are three categories of membership:

1. Full: Requires a doctorate in psychology and a New York State license.
2. Associate: Requires MA degree and one year of professional experience.
3. Student Affiliate: For full-time students.

6. Occupational Therapy Association

Categories of membership include:

1. Occupational therapists: Full membership privileges.

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Occupational Therapy Association (Continued)

2. Certified OT assistants: Vote; cannot hold all offices.
3. Associate membership-aides, other professionals: Cannot participate in most continuing education.
4. Student: Non-voting
5. Sustaining Professional: Professional OT only--highest dues category.

Dues are high to low in order from Nos. 1-4.

7. Physical Therapy Association

Membership categories are:

1. Full for Physical therapists: Full vote and can hold office.
2. Associate for physical therapist assistants: Half-vote, cannot hold office, but can be elected as a delegate.
3. Life membership: Free for unemployed.

Total membership: 1973

Associate membership: 93

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4/25/80



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SOCIETY FOR ADVANCEMENT IN NURSING, Inc.  
Cooper Station, Box 307  
11th Street and Fourth Avenue  
New York, New York 10003

RESOLUTION ON LICENSURE FOR ENTRY LEVELS  
TO PRACTICE IN NURSING

WHEREAS, there are currently educational programs in nursing which prepare for three different levels of entry into nursing practice, and

WHEREAS, licensure to practice is provided for only two of these levels; specifically (1) registered nurse practice, and (2) practical nurse practice, and

WHEREAS, it has long been recognized that baccalaureate preparation is basic to professional practice, and

WHEREAS, no licensure is provided for the baccalaureate level of nursing practice, and

WHEREAS, human safety requires the knowledgeable judgments afforded by baccalaureate level preparation in nursing,

THEREFORE BE IT RESOLVED, that the Society for Advancement in Nursing, Inc. initiate steps to introduce appropriate legislation that would provide for licensure of graduates of baccalaureate programs in nursing, and be it further

RESOLVED, that this effort shall provide through grandfather clauses and/or other appropriate means, full protection of all practice privileges, titles and status of all individuals currently holding a baccalaureate degree from a Board-approved senior college program of study with an upper division major in nursing and who are currently licensed or are preparing for licensure as a registered nurse; and be it further

RESOLVED, that the registered nurse license be retained with full protection of the practice privileges, registered nurse status, and reciprocity procedures for licensure, of all individuals holding a Board-approved associate degree in nursing or a hospital school diploma in nursing or the equivalent as prescribed by law and who fulfill all legal requirements for licensure as a registered nurse; and be it further

RESOLVED, that the practical nurse license be retained for all individuals who have completed a Board-approved program in practical nursing or the equivalent as prescribed by law and who fulfill all legal requirements for licensure as a practical nurse.

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### RATIONALE FOR RESOLUTION

Professional, technical and vocational careers in nursing are a reality. Differentiation of baccalaureate degree graduates from associate degree, hospital school, and practical nurse graduates derives from the nature and amount of knowledge possessed by each. Experience is not a substitute for learning and functions do not, per se, identify career differences. What one does is determined by what one knows. Intellectual judgments are indispensable correlates of the translation of knowledge into practice.

Evidence has been growing over several decades that there is critical need for clear, unambiguous identity of nursing's baccalaureate degree graduates and the scope and depth of the services these nurses are prepared to render. Reports of committees and commissions, federal and state rulings, rank and salary differentials and public expectations that full college programs of study are properly different from associate degree and hospital based programs are documented. National accreditation criteria and achievement tests for baccalaureate students are different from those provided associate degree and hospital school students, pointing up further significant differences between these groups.

Licensure exists to protect the public. Registration of nurses was initiated in the United States at the turn of the present century. However, up to the present time, society has had no legal guarantee of any nurse's safety to practice at the level for which baccalaureate education in nursing prepares. Concomitantly, baccalaureate and higher degree graduates in nursing must make judgments evolving from a knowledge base substantially different from the knowledge base of nursing's associate degree, hospital school and practical nurse graduates.

Failure to establish legal standards and to license at the baccalaureate level of practice in nursing leaves the public to be victimized by (1) persons granted baccalaureate degrees in the absence of baccalaureate education in nursing, (2) unreasonable expectations made of associate degree, hospital school and practical nurse graduates, and (3) a health care system that denies graduates holding a valid baccalaureate degree in nursing their rights and responsibilities to use their knowledge for human betterment.

Legal identification of nursing's baccalaureate degree graduates is essential. Concomitantly, there is a continuing need for licensure of registered nurse graduates of associate degree programs and the hospital schools. These graduates are prepared for a career in nursing that society values and needs --- a career worthy of honor and respect in itself.

The words "registered nurse" and the letters "R.N." identify this population. Retention of the "Registered Nurse" license protects the rights of these nurses and safeguards the public whom they serve according to the level of their preparation. These nurses make decisions within the scope of their preparation and function with appropriate direction from nursing's baccalaureate and higher degree graduates.

Practical nurses constitute a third level of preparation within the nursing profession. These nurses are licensed to perform selected tasks and responsibilities under supervision and consistent with the nature and level of their preparation.

Educational preparation for three different levels of entry into nursing practice is a documented reality. Retention of the present registered nurse license and the practical nurse license maintains legal safeguards for these nurses and continues their availability to the public in roles appropriate to their preparation. However, human safety in nursing practice cannot be guaranteed except as there are nursing personnel prepared and licensed at the baccalaureate and higher degree level to make the larger judgments and to assume the overall responsibility for those with registered nurse and practical nurse preparation.