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NOLF

SKH

## American Nurses' Association, Inc.

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**TO:** SNA Presidents  
SNA Executive Directors

**FROM:** Margretta Styles  
ANA President

**DATE:** October 16, 1987

**RE:** Work Group Report regarding NOLF and Report of SNA relationships with state specialty organizations.

At its September 18-20, 1987 meeting, the ANA Board of Directors received the report of the NOLF work group which met March 2, 1987 and a report of a telephone survey of SNA relationships with state specialty organizations. The NOLF workgroup recommendations included:

- establish an executive committee structure comprised of the following officers: chairperson, vice-chairperson, and a member at large
- extend its annual meeting to two days, beginning in 1988
- solicit a voluntary annual fee of \$75-100 per organization to provide for informational mailings

NOLF will explore these recommendations during its regularly scheduled meeting of November 19 & 20, 1987. The Board encouraged them to do so within funding levels authorized in the 1987 budget.

Please find attached the NOLF work group report and the results of the telephone survey of SNA relationships with state specialty organizations for your information.

KSG:dp:100

Attachments

### AMERICAN NURSES' ASSOCIATION NURSING ORGANIZATION LIAISON FORUM WORK GROUP MARCH 2, 1987 MEETING SUMMARY

#### Background and Participants

In December 1986, the ANA Board of Directors approved a meeting of a NOLF work group, composed of volunteers from participating NOLF organizations attending at their organizations' expense, the ANA President, the Chairperson of the Constituent Forum, and the NOLF Coordinator. This work group met March 2, 1987 at ANA Headquarters. Participants at the March 2 meeting were: Margretta M. Styles, Ed.D., R.N., F.A.A.N., ANA President and chairperson of NOLF, Marie C. Infante, J.D., M.B.A., R.N., coordinator, Nursing Organization Liaison Forum, Virginia Trotter-Betts, J.D., M.S.N., R.N., chairperson, ANA Constituent Forum, Sandi Dunbar, D.S.N., R.N., president, American Association of Critical Care Nurses, Carol J. Einhorn, B.S.N., C.U.R.N., Director of Professional Relations, American Urological Association Allied, Clifford H. Jordan, Ed.D., R.N., F.A.A.N., executive director, Association of Operating Room Nurses' Inc., and Margaret McMahon, M.N., R.N., C.E.N., president, Emergency Nurses Association.

#### Purpose of the Work Group

The work group defined its purpose as strengthening NOLF and its relationship to the American Nurses' Association. The group studied the descriptions of NOLF found in the ANA Bylaws and the NOLF Operating Guidelines; parallels between the role and functions of NOLF and the Constituent Forum; the relationship of NOLF to the ANA organizational structure; and responses to a survey of participants at the November 1986 NOLF meeting. Examining the NOLF Operating Guidelines and the survey results, the group determined that the second stated purpose of NOLF, "To promote concerted action by national nursing organizations on professional policy and national health policy issues, as participating organizations deem appropriate," is not currently being adequately addressed. Specifically, NOLF participants have expressed a strong desire to initiate two-way communications between NOLF and ANA. The work group agreed that its charge was to examine mechanisms by which NOLF would reach consensus on issues affecting all nursing and to examine ways in which NOLF would provide substantive advice to the ANA Board of Directors.

Additional areas of discussion included representation to NOLF, leadership within NOLF, communications between meetings, the structure of the annual meeting, and financial support for NOLF.

#### Representation

NOLF Guidelines state that "The forum shall be composed of one registered nurse representative from each participating organization." Some organizations send their chief elected official to the annual meeting while

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others assign a permanent NOLF representative. The work group discussed the merits of consistent representation vs. representation by an official empowered to make decisions on behalf of his/her organization, usually the president. The group agreed that while consistent representation provided continuity to the forum and made it possible to move forward on issues rather than repeating discussions from previous meetings, orientation of newly elected officials by their organizations' staff and by their predecessors could provide the desired continuity. Therefore, no change to the current NOLF Guidelines regarding representation was recommended.

#### Leadership

The work group discussed the role of the NOLF coordinator and the dual role of the NOLF chairperson as the chair of the forum and as ANA president. As currently defined in the NOLF Guidelines, NOLF leadership responsibilities are specified only as they relate to the annual meeting. The chairperson presides over the annual meetings and the coordinator participates in agenda development. The work group agreed that the current leadership structure does not stimulate adequate participation by NOLF participants. Formation of an executive committee structure was discussed. The proposed executive committee would consist of the chairperson, a vice chairperson and a member-at-large. The executive committee would facilitate the work of NOLF on an ongoing basis by promoting concerted action and consensus on issues in the profession. Specifically, it would serve as a clearing house for information, coordinate agenda planning for the annual meeting, serve as the applicant review committee, facilitate election of officers, create volunteer task forces and appoint representatives from participating organizations to represent NOLF.

The chairperson would be the ANA president, who would preside over the annual meeting, report to the ANA Board of Directors, appoint tellers for elections, represent NOLF as deemed appropriate, collaborate with the vice chairperson in preparation of the agenda, and select the participant application review committee.

The vice-chairperson and the member-at-large would be elected by the NOLF participants at the annual meeting. The duties of the vice chairperson would be to serve as chairperson of the executive committee, serve as chairperson of NOLF in case of absence of the NOLF chair, collaborate with the chairperson in preparation of the agenda, assist in reporting recommendations of NOLF to the ANA Board of Directors, serve as a contact person for participating organizations to discuss concerns and positions, create task forces and appoint members, facilitate concerted action by participating organizations, and serve as chairperson of the participant application review committee.

The duties of the member-at-large under the executive committee structure would be to maintain records of meetings of the executive committee and NOLF, certify the list of participating organizations, and compile the ballot for election of officers.

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#### Meetings

The group acknowledged the difficulty of accomplishing NOLF's purposes while meeting only once each year, for one day. Several proposals were made and discussed, including meeting twice a year and meeting for two days once a year. It was determined that the most feasible solution is to extend the annual meeting to two days, beginning with the 1988 meeting.

#### Communication Between Meetings

The work group discussed the need to develop a mechanism for NOLF participants to provide input to ANA between meetings. The work group proposed a periodic informational mailing, supported by voluntary fees from participating organizations. The mailings will provide an opportunity for NOLF participants to respond to ANA on issues of concern to the nursing profession.

#### Funding for NOLF

The work group proposes that ANA assume the costs related to preparation of meeting materials, meeting facilities, and distribution of the meeting summary. Each participating organization will assume the cost of meeting attendance by its representatives. An optional annual service fee of \$75.00/\$100.00 per NOLF organization will provide for a periodic informational mailing and provide for a mechanism to achieve concerted action by national organizations on professional policy and national health policy issues.

#### Implementation of Proposals

Proposals to change the NOLF Operating Guidelines to provide for an executive committee, a two-day annual meeting, and an optional annual service fee for communications will be presented to the ANA Board of Directors through the Finance Committee; ANA staff will prepare fiscal impact statements for the proposals. The proposals will be taken to the NOLF participants at their November 20, 1987 meeting; and if accepted will be presented to the ANA Board of Directors in December 1987 for approval.

#### AGENDA for the November 1987 Meeting

The NOLF work group agreed that the following items should be placed on the November 1987 meeting agenda:

1. Discussion of Proposal to Amend NOLF Operating Guidelines.
2. Discussion of Service Fee Proposal.
3. Nomination of Candidates for Executive Committee.
4. Legislative Update. NOLF will attempt to reach consensus on one or two initiatives that it can endorse as a unified group. (Materials to be provided prior to the meeting.)

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5. Candidate Forum (to be held during a luncheon, funded by participants or during a round table discussion.)
6. Participating organizations will be advised that several topics that relate to control of the practice environment will be discussed. These topics include entry, reimbursement, regulation of advanced practice, shortage, new knowledge for nursing practice and protecting the scope of practice; RN's-MD's, NP's-PA's, RN's-technicians, RN's-advanced. ANA will be prepared to make brief (5 minute) presentations on what ANA is doing and participating organizations are invited to share their positions. This discussion may lead to recommendations from NOLF about concerted action.
7. - Voting for Executive Committee Members.
8. Other agenda items solicited from NOLF participants prior to the meeting.

It was agreed that all agenda materials would be distributed prior to the meeting to allow participants to discuss issues with their boards of directors and to prepare for substantive discussion.

#### ANA Membership for NOLF Organizations

The work group discussed the feasibility of organizational membership in ANA by NOLF organizations. It was agreed that ANA's current discussion of membership options for the future professional and associate nurse would confound any consideration of organization membership at this time. A proposal will be made to the ANA Board of Directors in September 1987 through the budgetary process, that a task force consisting of representatives from NOLF, the ANA Board, and the Constituent Forum, be appointed to study the feasibility of organizational membership in ANA in the future.

PAB:gr.048

#### AMERICAN NURSES' ASSOCIATION

Executive Committee  
Report to the Board of Directors  
From  
Division of Constituent Affairs  
August, 1987

State Nurses' Association Relationships  
With  
State Specialty Nursing Organizations

At the direction of the president, executive directors of the state nurses' associations (SNAs) were called during August, 1987 to determine individual SNAs relationships with specialty organizations. Fifty-two of the SNAs (all but Guam) were called with 41 providing responses. Repeated attempts were made to contact the remaining 11 SNAs without success. The following questions were asked:

1. Are there existing or proposed formal structural relationships between your SNA and nursing specialty organizations? (For example, do specialty organizations have representation in the SNA house of delegates? On the SNA board of directors? On any other structural units? Does the SNA have a structure similar to ANA's Nursing Organization Liaison Forum?) Any other formal structural relationships? With which specialty organizations?
2. Does the SNA and specialty organizations have shared benefit programs existing or under consideration? (For example, exchange of newsletters, journals, legislative information among members? If an SNA member belongs to a specialty organization, is there a reduction in specialty organization dues? Are there group programs (e.g. insurance) that the SNA and specialty organizations sponsor? Does your SNA and any specialty organization have contractual relationships to provide services to either organizations or to members? What services? Which specialty organizations(s)?
3. Can you identify any other SNA we might call that is engaged in joint ventures with specialty nursing organizations? Which SNA(s)?
4. Is your SNA interested in pursuing relationships with specialty organizations on a state and/or national level as a way of building the membership base of the SNA and strengthening ANA's role in organized nursing?

In conclusion, approximately 30 of the SNAs polled are involved in a relationship with specialty groups. These relationships are often informal, although several states have regularly scheduled meetings. Several states submitted sample guidelines. (See attachment.) In terms of shared benefits,

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REPORT TO BOARD OF DIRECTORS

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August, 1987

many of the SNAs share information with other organizations, but the consensus was that the specialty groups do not have the resources to reciprocate.

A limited number of the SNAs have contractual agreements with specialty organizations. These existing contracts are for administrative services and office space. Few of the states were aware of other SNA's relationships with the specialty groups in their states.

The majority of SNAs believed that pursuing relationships with specialty groups is a strategy to be considered for increasing SNA membership.

- Attachment:
1. Telephone Survey Regarding SNA Relationships with Specialty Nursing Organizations
  2. Sample guidelines for relationships

#### AMERICAN NURSES' ASSOCIATION

##### Telephone Survey Regarding SNA Relationships with State Specialty Nursing Organizations

###### Alabama Nurses' Association

The Alabama Nurses' Association is involved in a state commission on nursing, which meets quarterly. The president of the commission is invited to the association's convention and board of directors meeting. The Alabama Nurses' Association distributes a legislative newsletter to members of the commission. The SNA has considered a two-for-one plan in which members of special interest groups could join the association -- two members for the price of one. Donations for legislative issues are often made by the special interest groups.

###### Alaska Nurses' Association

The Alaska Nurses' Association has no formal existing or proposed structural relationships with any nursing specialty organization in their state. The first vice president of the SNA stated that there is much sharing among nursing organizations due to the number of nurses involved, and the relative lack of information available compared with other state nurses' associations. The Alaska Nurses' Association has a contractual relationship with Alpha to share office space. The SNA representative did not identify any other SNAs that were engaged in joint ventures with specialty nursing organizations.

###### Arizona Nurses' Association

The Arizona Nurses' Association participates in an informal network, "Nursing Network," which is comprised of all associations of nurses in the state. The network has representation on the association's legislative committee, which is an information exchange group. The Arizona Nurses' Association does not share any benefit programs with other groups; however, the SNA representative felt that it would be a good idea to pursue a more formal relationship to increase membership.

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Arkansas State Nurses' Association

The Arkansas State Nurses' Association has no existing or proposed structural relationships with any of the state specialty nursing organizations. Legislative information is exchanged on occasion, but there are no shared benefit programs. The SNA representative was not aware that any other SNAs were engaged in joint ventures but would be interested in suggestions.

Colorado Nurses' Association

The Colorado Nurses' Association is part of an informal group, "Federation of Nursing Organizations in Colorado," with the primary purpose of communication. This informal group meets once a month, September through May, and the president is a member of the Colorado Nurses' Association. Although the association has no shared benefit programs, it contracts with three other groups for lobbyists. The SNA maintains a contractual relationship for administrative services with the National Association of Pediatric Nurse Associates and Practitioners and the National Student Nurses' Association. The Colorado Nurses' Association was aware that Washington State Nurses' Association was involved in a networking group and stated that the SNA is considering structural changes to increase membership by including the specialty groups.

Delaware Nurses' Association

The Delaware Nurses' Association has no formal group; however, specialty organizations are given honorary membership in the association. There has been an effort to share resources during the nursing shortage, but no contractual agreements or shared benefit programs exist. This relationship is not modeled on that of any other SNA. The SNA is interested in increasing membership in any way possible.

District of Columbia Nurses' Association

The District of Columbia Nurses' Association has no formal relationship with state specialty nursing groups, but participates informally. Activities are centered primarily on legislative issues. Approximately half of the people who attend the informal meeting are members of the District of Columbia Nurses' Association. Although the SNA maintains written arrangements for various activities, these arrangements are not considered contractual agreements. There is no regular exchange of information but the District of Columbia Nurses' Association distributes journals to the other groups.

Florida Nurses' Association

The Florida Nurses' Association is a member of the state congress of nursing organizations. A board member of the association acts as a liaison and the two groups share their newsletters; however, there are no benefits or contracts. The SNA promotes and maintains ongoing efforts to recruit more members.

Georgia Nurses' Association

The Georgia Nurses' Association discusses state issues in a "formal but informal" relationship with the "Council of Nursing Specialty Organizations." The association pays a \$10 membership fee to the council. Legislative information is shared with council members and The Georgia Nurse magazine is sent to a representative of each organization. The council relationship is not modeled on that of any other SNA. The SNA is not interested in increasing membership through relationships with specialty organizations but is interested in information sharing.

Idaho Nurses' Association

The Idaho Nurses' Association participates in the "Idaho Nursing Organization Leaders Caucus," which meets twice per year. Caucus members have no representation in any of the house, board, or structural units of the association. The group functions strictly as a communication network. The association is not under any contractual agreements nor does it have any shared benefit programs. The caucus relationship is not modeled on that of any other SNA. The association representative was interested in increasing membership through relationships with specialty nursing organizations, asked if ANA has ever considered allowing individuals to join NOLF through their ANA membership and stated that it is discouraging to give information continuously without receiving any in return.

Illinois Nurses' Association

The Illinois Nurses' Association is involved with the "Illinois Coalition of Nursing Associations," which has the primary purpose of information sharing. Some members of the coalition are also members of the association. The association has no shared benefit programs, but provides lobbying services for the nurse anesthetists. The coalition relationship is not modeled on that of any other SNA. The SNA is interested in pursuing relationships with other specialty groups in order to increase membership.

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Indiana Nurses' Association

The Indiana Nurses' Association is part of a consortium of Indiana nursing organizations which meet twice per year and "can take action." The association pays dues to the group, and the consortium pays rent for meeting space to the Indiana State Nurses' Association. Naomi Patchin, executive director, had no comment on current potential benefit programs or contractual agreements, other than that they were under active consideration. Patchin also stated that the consortium was under contract with the state nurses' association for business services. The consortium relationship is not modeled on that of any other states. When asked if they would be interested in developing relationships with specialty organizations, Patchin stated that they were always interested in building a membership base. The primary purpose of the SNA is to provide services to members and to serve the profession.

Iowa Nurses' Association

The Iowa Nurses' Association is a member of the "Federation for Nursing Specialty Organizations," which meets quarterly. The only shared benefit is contracting for lobbyist services. The federation relationship is not modeled on that of any other SNA. The executive director feels that any way to build membership is good, but others should not be allowed to reap the benefits of the Iowa Nurses' Association without paying the price.

Kansas Nurses' Association

The Kansas Nurses' Association has a liaison relationship with the Kansas Hospital Association. The association also is involved with the Kansas Medical Society and has developed a peer assistance program which is a liaison to the State Board of Nursing. The association representative was aware that the Texas SNA cooperates through a legislative effort in monitoring other disciplines. The SNA is interested in pursuing relationships with specialty nursing organizations, particularly the nurse anesthetists, in order to increase membership.

Kentucky Nurses' Association

The Kentucky Nurses' Association is involved with the "Kentucky Council of Specialty Nursing Organizations," which is an issue - and information-sharing group that also deals with legislation. The SNA maintains no contractual relationships or shared benefit programs and has not modeled their involvement with the council on that of any other SNA. The SNA representative described the council primarily as "nurses talking with nurses." The SNA does attempt to recruit through the group--anything to build membership. The SNA is involved in intervention in a legal battle and has asked other groups to get involved and provide support.

Maine Nurses' Association

The Maine Nurses' Association is involved in an informal and relatively inactive program for informational purposes. The SNA has considered allowing nurse practitioners to contract with the SNA for lobbying efforts, but has also indicated that participants must be members of the Maine Nurses' Association. The SNA representative was not aware of similar programs in any other state nurses' associations but would like more information. The SNA is interested in increasing relationships with specialty nursing organizations to increase membership.

Massachusetts Nurses' Association

The Massachusetts Nurses' Association has been a member of the "Massachusetts Council of Nursing Organizations" for approximately three years. The president of the Massachusetts Nurses' Association chairs the group, and there is also an elected secretary. The group is primarily for information sharing. There are no contracts or shared benefit programs. The Massachusetts Nurses' Association does not see the relationship with the council as a recruitment tool.

Maryland Nurses' Association

The Maryland Nurses' Association is involved with the "Liaison for Nursing Organizations in Maryland," which is an informal group that meets monthly to share organizational materials. Most of the information is obtained through the minutes of the meeting. The SNA is working primarily toward increasing public awareness of nursing. Although the SNA is trying to find bridge builders with other specialty organizations, it is not interested in doing so for recruitment purposes.

Michigan Nurses' Association

The Michigan Nurses' Association is a member of the "Michigan Coalition of Nursing Specialty Organizations." The coalition, which has no established guidelines, was initiated by the Michigan Nurses' Association approximately four years ago. The coalition is not represented on the Michigan Nurses' Association board. Discussions at biennial meetings center strictly on nursing issues. The SNA has considered charging fees for services to other groups, but no contracts are established at this time.

The coalition relationship is not modeled on that of any other SNA. The SNA would like to increase membership, but does not see the coalition as a method for doing so.

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Telephone Survey Regarding Relationships  
with Specialty Nursing Organizations

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Minnesota Nurses' Association

The Minnesota Nurses' Association is involved with an informal group, the "Minnesota Alliance of Nursing Organizations," which meets every other month. The SNA and the alliance exchange newsletters and have considered contracting for lobbyists. The alliance relationship is not modeled on that in any other SNA. The SNA is interested in pursuing relationships with specialty nursing organizations to increase membership.

Mississippi Nurses' Association

The Mississippi Nurses' Association is involved with the "Dean and Directors Council." The SNA rents office space to the American Association of Critical Care Nurses, and is working toward a relationship with the Association of Operating Room Nurses. The SNA may consider decreasing dues for special interest groups. Through work on continuing education and lobbying with other groups, the SNA promotes the nursing profession as a whole, rather than each group.

Missouri Nurses' Association

The Missouri Nurses' Association participates in an informal structure of specialty organizations that meets semiannually to exchange information. The SNA does not contract for any kind of services and is interested in pursuing relationships with specialty nursing organizations. The SNA representative believed that state nurses' associations in Iowa, Illinois, and Louisiana have specific involvement with specialty organizations.

Montana Nurses' Association

The Montana Nurses' Association is developing a structure that is similar to NOLF, but broader in nature. In Montana there is a "Nurses Council," which meets twice a year in November and April and is comprised of specialty organizations. Each organization in the council can have two representatives; the president and vice president of the Montana Nurses' Association participate. There are no shared benefit programs either existing or under consideration. The SNA exchanges newsletters with specialty organizations and includes a provision for specialty organizations in the SNA bylaws. A special interest group can be formed in an area of common interests, but 60 percent of the special interest group members must be members of the SNA. The only joint group plan is through AKA on the issue of malpractice. The MNA representative recognized that Idaho and North Dakota have joint ventures with specialty organizations and that in Idaho, contractual work is done for home health service, i.e., newsletters and correspondence.

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with Specialty Nursing Organizations

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Nebraska Nurses' Association

Six or seven years ago the Nebraska Nurses' Association began a liaison group that meets monthly. The liaison group, which is comprised of 18 organizations, is external to the Nebraska Nurses' Association organizational structure. The group focuses on legislation and approaches the legislature on an annual basis as a unified group. Information is exchanged through the liaison forum and only regarding legislative issues. Neither the SNA nor the specialty organizations offer reduced dues to members of the other group. The 18-member legislative group is similar to NOLF in that both have members from some of the same special interest groups -- emergency room nurses, operating room nurses, etc. The Nebraska Nurses' Association has had board discussions in regard to including specialty nursing organizations at the state level.

Nevada Nurses' Association

The Nevada Nurses' Association has relationships with both the Nurse Practitioners Association and the Association of Operating Room Nurses. The SNA has nonvoting members on the board of both of these organizations, and the two groups send representatives to the nursing practice committee meetings, legislative committee meetings, education committee meetings, and peer assistance committee meetings. An official representative from each of these two organizations attends the annual SNA convention and is allowed to vote only if he or she is an SNA member. The two organizations also exchange newsletters and legislative information with the Nevada Nurses' Association. Neither the SNA nor the specialty organizations offer reduced dues to members of the other group. There are no services provided to the two organizations by the Nevada Nurses' Association.

New Hampshire Nurses' Association

The New Hampshire Nurses' Association is similar to NOLF; however, it is structured informally. A group of four to ten specialty organizations meets every two months for networking purposes. The SNA and specialty groups jointly sponsor a spring conference. Most of the people who attend are affiliated with a national specialty organization. Attendees include occupational health nurses, nurse practitioners, school nurses, nurses in health care education development, emergency room nurses, and nurse anesthetist groups. Specialty organizations do not have representation in the house of delegates, on the board of directors, or in any other structural unit of the SNA.

Specialty organizations and the New Hampshire Nurses' Association exchange newsletters. Neither the SNA nor the specialty organizations offer reduced dues to members of the other group.

The SNA is interested in pursuing and strengthening relationships with specialty nursing organizations.



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Telephone Survey Regarding Relationships  
with Specialty Nursing Organizations

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New Jersey Nurses' Association

Executive director was unavailable when survey was conducted.

New Mexico Nurses' Association

The New Mexico Nurses' Association maintains good informal working relationships with specialty organizations in the state. The SNA sponsored two meetings in 1986 related to encroachment on nursing practice, and all specialty nursing organizations were involved. The SNA contracts with the nurse midwives, nurse anesthetists, and school nursing groups for legislation. The board of directors of the SNA has discussed developing a nursing organization liaison forum similar to NOLF in the state, but at this time, there are no formal plans. At the SNA convention in October, a resolution will be introduced to develop a tricouncil to resolve nursing issues. Neither the SNA nor specialty organizations offer reduced dues to members of the other group. The SNA does not jointly sponsor any programs with specialty organizations.

The SNA is interested in pursuing relationships with specialty nursing organizations.

New York State Nurses' Association

The New York State Nurses' Association representative felt the telephone survey question on pursuing relationships with specialty organizations was "a fair question," but did not provide an answer.

North Carolina Nurses' Association

The North Carolina Nurses' Association has an entity called the "Federation of Nursing Organizations." This federation has its own bylaws and elected officers. (The SNA will forward a copy of the bylaws to the ANA.) The specialty organizations do not have representation in the house of delegates, on the board of directors, or in other structural units of the SNA.

The SNA and specialty organizations share newsletters. Neither the SNA nor specialty organizations offer reduced dues to members of the other group.

The SNA is interested in pursuing relationships with specialty organizations but would approach the relationships cautiously with thoughtful deliberation.  
(Attachment I)

Telephone Survey Regarding Relationships  
with Specialty Nursing Organizations

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North Dakota Nurses' Association

The North Dakota Nurses' Association has a specialty nursing group forum as part of their organizational chart. The forum, which is a direct result of the restructuring from the 1986 house of delegates, has specific criteria for membership.

The SNA and specialty organizations have some shared benefits such as newsletters and statistics for the Home Health Nurses Association. The SNA provides office space for the Home Health Nurses Association and handles the mail for the National Student Nurses' Association. The SNA sponsors workshops for the Association of Nurse Managers; however, there is no contract for that work. Information is exchanged with other groups, especially with LPNs, and every nurse, student nurse, health care facility, and legislator in the state receives the newsletter, The Prairie Rose. The circulation of the newsletter is about 8,000, which includes 6,500 registered nurses, about 1,000 student nurses, and other groups and individuals. Neither the SNA nor specialty organizations offer reduced dues to members of the other group.

The SNA is interested in pursuing relationships with specialty nursing organizations.

Ohio Nurses' Association

Since the late 1970s and early 1980s, the history of the relationships between the Ohio Nurses' Association and specialty nursing organizations has been less than favorable related to entry. The "Nursing Coalition," which is comprised of 33 specialty organizations, has the specific purpose of revising the nursing practice act. The criteria for belonging to the coalition are described in bylaws. As a member of the coalition, the SNA may send two people to coalition meetings.

There are no contractual arrangements between the nursing specialty organizations and the SNA. Neither the SNA nor specialty organizations offer reduced dues to members of the other group.

The SNA is interested in pursuing relationships with specialty organizations but does not view this as a way to strengthen membership. Rather, the purpose of the relationships would be to foster understanding.

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with Specialty Nursing Organizations

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Oklahoma Nurses' Association

Specialty organizations do not have representation in the Oklahoma Nurses' Association house of delegates or on the board of directors. The SNA shares a legislative update with specialty organizations, but there are no shared services because of the costs involved. Neither the SNA nor the specialty organizations offer reduced dues to members of other groups.

There are some specialty organizations that endorse Maginnis. The Oklahoma Nurses' Association has a contractual agreement to be the mailing address for the student nurses' association and will forward this to ANA. The SNA also has a contract to manage a joint convention, but did not wish to share the latter agreement.

The SNA is interested in pursuing relationships with specialty nursing organizations but felt SNAs should determine who comprises SNA membership.

Oregon Nurses' Association

The Oregon Nurses' Association has a formal link with a group of nurse executives; however, the SNA has done individual and informal liaison work with other specialty organizations in the state. The SNA board is discussing the development of a task force to study formalizing relationships. Neither the SNA nor specialty organizations offer reduced dues to members of other groups. There are no group benefit programs. Until this year, the SNA had a contractual arrangement with the nurse anesthetists for lobbying efforts, but as of 1987, the SNA no longer has a lobbyist on staff. Both the nurse anesthetists and the SNA are contracting for services of a former SNA lobbyist.

The SNA is interested in pursuing relationships with specialty nursing organizations.

Rhode Island Nurses' Association

The Rhode Island Nurses' Association has a liaison committee that is similar in structure to NOLF.

The SNA sends its newsletters to the specialty groups, and specialty groups with newsletters reciprocate this service.

The SNA is interested in pursuing relationships with specialty nursing organizations.

Telephone Survey Regarding Relationships  
with Specialty Nursing Organizations

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South Carolina Nurses' Association

The South Carolina Nurses' Association was a catalyst in setting up the "South Carolina Forum of Nurses Organizations," a forum of 20 specialty components or groups. However, the forum is essentially nonfunctioning. The specialty organizations do not have a representative in the house of delegates, or on the board of directors or any other structural unit of the SNA.

The SNA is interested in pursuing relationships with specialty nursing organizations.

Tennessee Nurses' Association

The Tennessee Nurses' Association has a "Tennessee Nursing Congress," which is a formal organization with its own bylaws that has been in existence for the past three or four years. Any nursing group, even a district one, can join the congress. The purpose of the congress is to discuss and comment on nursing issues in a forum setting. The congress recently developed a tricouncil structure in the state along with the SNA and the Tennessee League for Nursing.

The SNA distributes newsletters to specialty organizations. (The SNA representative was uncertain if specialty organizations return the favor.)

The SNA is interested in pursuing relationships with specialty nursing organizations.

Texas Nurses' Association

About two years ago the Texas Nurses' Association created a bylaws option to form structural relationships with specialty organizations anticipating that ANA would be initiating activity in this area. The option is not being implemented by the board at this time.

There is a consortium of nursing organizations which meets twice a year under the direction of the Texas Nurses' Association. This consortium does have a statement of purpose. The Texas Nurses' Association has contractual arrangements with three different specialty associations: the Association of Nurse Anesthetists; the Texas Association of School Nurses (lobbyist contract with the SNA), and the Texas Association of Nurse Midwives (lobbyist contract with the SNA). In addition, the SNA is working on a second contract with the Texas Association of School Nurses in which the executive director would act as a state advisory consultant.

The SNA does not have any other group programs with other specialty organizations; however, they jointly sponsor a convention with the Texas League for Nursing. The executive director knew of two other states that have joint ventures with specialty nursing organizations--Oregon and Hawaii.

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NOLF

Utah Nurses' Association

The Utah Nurses' Association has no formal structural relationships with specialty organizations. There is a forum in Utah which has 20 members and is comparable to NOLF. The group, which operates in a standing committee style, meets twice a year, at the beginning of the year and in the fall, to plan their projects.

The SNA and specialty organizations do not share any benefit programs. The SNA shares legislative information as a common body, but there is no formal exchange through a newsletter from the specialty organization. The SNA is not aware of any dues reduction offered to SNA members joining a specialty organization. The SNA is currently exploring exchanging services with other groups, but is not aware of any states engaged in joint ventures with specialty nursing organizations. The SNA is interested in pursuing relationships with specialty nursing organizations.

Wisconsin Nurses' Association

The Wisconsin Nurses' Association has a forum similar to NOLF called the "Wisconsin Nursing Network." Of the 26 specialty organizations in Wisconsin, 15 to 18 belong to the network. The SNA has recently started a state tricouncil which is modeled after the ANA Tricouncil. The president and executive director of the SNA meet regularly with representatives of the Wisconsin Association of Licensed Practical Nurses and the Wisconsin Organization of Nurse Executives as well as the Wisconsin Hospital Association. The SNA also meets with the Wisconsin Medical Association and the Wisconsin Podiatric Medicine Association.

The SNA and specialty organizations have two existing shared benefit programs and are considering others. In one of the programs, which is a formal contract, the School Nurses of Wisconsin (SNOW) buy legislative services from the SNA. In the second program, the Association of Nurse Anesthetists and the SNA share legislation.

The SNA charges the School Nurses of Wisconsin a fee that is based on the number of SNOW group members who are also members of the Wisconsin Nurses' Association. The SNA newsletter is mailed to all nurses in the Wisconsin Nursing Network; however, the nursing network does not have a formal newsletter to reciprocate this service. Neither the SNA nor specialty organizations offer reduced dues to members of the other group.

The SNA is interested in pursuing relationships with specialty nursing organizations.

Wyoming Nurses' Association

The Wyoming Nurses' Association has a structure in place for specialty nursing organization relationships.

The SNA believes that ANA should find ways to strengthen the SNA's interest in pursuing relationships with specialty nursing organizations to increase membership.

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