NYSNA Condition of Nurses; Series II; File 80

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FOR IMMEDIATE RELEASE

PHILADELPHIA, Pa. -- The U.S. Immigration and Naturalization Service (INS) published a new rule, effective May 16, 1980, requiring graduates of foreign nursing schools who seek a non-immigrant occupational preference visa (H-1) to pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination. This new ruling, published in the Federal Register April 16, 1980, affects all foreign nurse graduates (FNGs), including Canadians, unless the FNGs have obtained a full and unrestricted license to practice professional nursing in the state of intended employment.

Proposed U.S. Department of Labor Rule

In addition, the U.S. Department of Labor (DOL) has issued a proposed new rule which requires FNGs to pass the CGFNS examination if they seek a labor certificate in order to obtain a third or sixth occupational preference visa. In a step preceding the DOL rule's enactment, this proposal was published in the Federal Register on January 22, 1980. Final publication and enactment of this new rule is expected in the near future.

CGFNS President Cites Turn Around in Pass Rate on State Licensing Exam

Jessie Scott, newly-elected President of CGFNS' Board of Trustees, points out that the latest statistics show CGFNS is achieving the purposes for which it was established. Of those FNGs who have taken and passed the CGFNS exam, come to the U.S. and taken the state licensing exam (SBPPE), 80% have passed the SBPPE and hold a license to practice as a registered nurse (R.N.). This contrasts sharply with the fact that in recent years, only about 20% of the foreign nurses passed the state licensing exam.

"The CGFNS examination, which determines the nurses' ability to pass the state licensing examination before they come to the United States, helps protect those foreign nurses..."
who are not prepared for professional practice in this country against relocation costs, personal disappointment, and possible exploitation," said CGFNS President Scott, "and at the same time, it helps assure the American health care consumer of minimum safe practices."

Fifth CGFNS Exam To Be Held October 1

The next CGFNS examination will be given October 1, 1980 in 36 cities around the world, including 3 cities in Canada and 5 cities in the United States. (The list of test centers appears below.)

Examination applications and Guidebooks for Applicants are available from CGFNS, at 3624 Market Street, Philadelphia, Pa. 19104, and from U.S. Embassies and National Nurses' Associations in foreign countries. Filing deadline for the October exam is July 14, 1980.

It is most important that interested nurses submit their applications well before the July 14 deadline to allow time for completion of their applications in case supplementary materials are necessary.

CGFNS is sponsored by the American Nurses' Association and the National League for Nursing and is presently operating under a grant from the Kellogg Foundation.

Examination Sites

These are the countries and cities outside of the U.S. where the October 1, 1980 exam is scheduled:

- Australia: Melbourne, Kuwait
- Barbados: Bridgetown
- Canada: Montreal, New Zealand, Wellington
- Canada: Toronto, Netherlands, Amsterdam
- Canada: Vancouver, Nigeria, Lagos
- Denmark: Copenhagen
- France: Paris, Philippines, Manila
- Germany: Frankfurt, South Africa, Johannesburg
- Guyana: Georgetown
- Haiti: Port-au-Prince
- Hong Kong: Hong Kong
- Ireland: Dublin
- Israel: Tel Aviv
- Jamaica: Kingston
- Japan: Tokyo
- Korea: Seoul
- Morocco: Fez
- New Zealand: Wellington
- Norway: Oslo
- Pakistan: Lahore
- Portugal: Lisbon
- Portugal: Porto
- Portugal: Faro
- Portugal: Prata
- Republic of Korea: Seoul
- Saudi Arabia: Jeddah, Riyadh
- South Africa: Cape Town, Johannesburg
- South Africa: Durban
- Spain: Barcelona, Madrid, Valencia
- Sweden: Stockholm
- Switzerland: Geneva
- United Kingdom: London
- United States: Los Angeles, Miami, New York

NATIONAL BLACK NURSES' ASSOCIATION, INC.
POSITION STATEMENT ON THE AMERICAN NURSES' ASSOCIATION
1985 ENTRY INTO PRACTICE RESOLUTION

Following a detailed review and assessment of the 1985 Entry Into Practice Resolution passed by the American Nurses' Association; the National Black Nurses' Association is compelled to stand in strong opposition to this resolution and believes it should be rescinded.

The 1985 Resolution in part states that "... the educational requirement for a license as a professional nurse will be a baccalaureate degree in nursing and for a technical nurse an associate degree...

The essence of this resolution is based on analist position and assumption which totally disregards the current realities facing overwhelming numbers of Black nurses.

This Resolution does not seriously consider and or address the following crucial realities:

1. . . . the serious lack of access to baccalaureate programs to insure opportunities for study at this level.
2. . . . the lack of a clearly defined pattern of articulation between practical nurse and associate degree programs and associate and baccalaureate degree programs to insure the opportunity for career mobility and advancement.
3. . . . the paucity of financial support from governmental and private funding sources for Black nursing students and for educational institutions to insure the possibility of baccalaureate education.
4. . . . the absence of a detailed educational plan which supports and encourages registered nurses to secure baccalaureate degrees in order to maintain and increase the number of Black nurses in leadership positions.

Historically racism in this society, specifically in the educational system and the health care delivery system, has resulted in significant increases in and therefore a disproportionate number of practical and associate degree nurses. The majority of Black nurses do not hold baccalaureate degrees in nursing. Black nurses through ability and commitment have demonstrated excellence in practice. Black nurses provide nursing care to most of the minority population especially in the urban areas of the United States. Moreover, Black nurses have, through necessity, utilized alternative pathways for educational achievement and quality nursing practice.

NBNA will utilize all available opportunities to promote its belief that any attempts or plans to standardize and clarify levels of nursing education and practice must guarantee drastically improved:

1. . . . accessibility to educational programs.
2. . . . opportunities and support for career mobility and advancement.
3. . . . financial support for students and educational institutions.

Further, any implementation plan must provide unquestionable and objective assurance that "grandfathering" will not adversely affect the future educational career opportunities for Black nurses. The end result must be that Black nurses be maintained in leadership positions and, moreover, that their numbers be substantially increased.

The NBNA strongly urges all minority nurses to coalesce and apply multiple pressure on the American Nurses' Association, other nursing organizations and on state legislators, to oppose this Resolution and any proposed legislation which supports it.

Lastly, it must be clearly understood that the NBNA supports excellence in health care delivery and education for health care professionals. However, the reality of the present is that the 1985 Entry Into Practice Resolution poses potenially insurmountable obstacles to the survival and viability of Black nurses. Therefore, NBNA must be involved in the development of alternative approaches to the standardization and clarification of the levels of nursing education and practice which will assure quality nursing practice and health care delivery.
1. Do you feel there is a need for increased numbers of minorities in nursing?
   - Faculty: Yes 34 No 1
   - Students: Yes 34 No 1

2. How important do you think each of the following factors are in explaining the low proportion of minority student admissions in our school?
   - Undergraduate:
     a. Insufficient number of qualified applicants available.
        - 20 Very important
        - 7 Somewhat important
        - 2 Not important at all
        - 4 Don't know

Comments:
- "Very important based on experience on admissions committee two years ago - this may have changed." (1)
- "Important to the extent that scores are upheld as the excuse for not utilizing other means to help black students upgrade themselves and be able to compete and succeed in this program." (1)
- "Unidentified probably." (1)
- "This may have been true years ago but it is hard to believe that it is still true. Besides this is a value statement which leaves a lot to be desired." (1)
- "80% of minorities flunk out of college - new research." (1)
- "As a graduate faculty member I feel out of touch with this. However, I would suspect that if the number of "available" qualified applicants is low, it would be a) because we have not helped them to "find" us and b) because we have not gone out looking." (1)
"Seems like minority students with good credentials are directed to Med. School rather than nursing? Too bad." (1)

"Judging from previous experience on admissions committee - Possible increase in applicants since then." (1)

b. Applicants we do receive unable to meet admission requirements.

_ 18 Very important
_ 11 Somewhat important
_ 2 Not important at all
_ 4 Don't know

Comments: "Same as above - Important to the extent that scores are upheld as the excuse for not utilizing other means to help black students upgrade themselves and be able to compete and succeed in this program." (1)

"Many." (1)

"Again at that time (2 years ago) many had high school averages which were very low." (1)

"In reviewing High School credentials, averages were below acceptance; some were at the extreme low end." (1)

c. Poor counseling at the High School or pre-clinical level.

_ 25 Very important
_ 5 Somewhat important
_ 1 Not important at all
_ 4 Don't know

Comments: "This has been obvious in the past." (1)

"The capable individuals need counseling before choosing a program, we solicit too late and lose them." (1)

"Depending on basic nursing program some R.N.'s hate this school due to past poor response to them - our rep is bad." (1)

"Not only for minorities but probably more important for them because of poorer skills in using "the system" to find the right place." (1)

d. Applicants with inadequate financial resources.

_ 9 Very important
_ 11 Somewhat important
_ 6 Not important at all

Comments: "Many applicants face this problem." (2)

"Lots of funding presently - Private school funding helps to deplete our supply." (1)

"Believe this is a function of economically deprived students knowing "system". I'm assuming there are resources. A faculty assumption perhaps?" (1)

"I think that adequate financial aid is probably available." (2)

"Much loan money available - also TAP, etc." (1)

"One of the big problems - they may not know how to ask for scholarships or where." (1)

e. Lack of role models within the School of Nursing.

_ 11 Very important
_ 11 Somewhat important
_ 2 Not important at all
_ 1 Don't know

Comments: "We have good role models but not enough." (3)

"I think attempts are being made to solve this." (1)

"Very few minority faculty. Those we have however are excellent role models." (1)

"We have 4 role models now." (1)

"As there are only 2 minority faculty persons (not counting men), I assume this would be a critical factor." (1)
"Documented in recent N.O. article on minority students. Our minority faculty need more visibility - no one at grad. level." (1)

"We do have several - but perhaps this is an important factor." (2)

f. Faculty not actively involved in recruitment.

  15. Very important
  18. Somewhat important
  1. Not important at all
  2. Don't know

Comments: "Difficult to accomplish in light of other expectations." (1)

"Personal interest is very important." (1)

"Grad-All Faculty need to be involved in same way. Undergrad - designated faculty?" (1)

"Few are involved." (1)

"Attendance at "Career Days" might help out persons selecting professions with greater "economic promise"." (1)

Faculty not really receptive to minority students.

  4. Very important
  14. Somewhat important
  12. Not important at all
  5. Don't know

Comments: "I think faculty are receptive." (3)

"Don't believe this is true at our school." (1)

"Feel faculty are sincere in wanting to be helpful but time is a problem." (1)

"Don't know. Had we heard this before." (1)

"Prejudice doesn't seem a problem. Faculty bend over backwards for them at SUNYAB." (1)

"There may be some misconceptions about the "problems" of minority students." (1)

h. School reputation of not being receptive to minority students.

  12. Very important
  3. Somewhat important
  12. Not important at all
  8. Don't know

Comments: "This is the feedback I get." (1)

"Do not believe this to be true." (4)

"I don't know. I don't think we have done them any favors by admitting them under minimal standards because there are no effective mechanisms for upgrading their reading and writing abilities while they are nursing students." (1)

i. Other (specify):

Comments: "I think our retention rate has not been particularly impressive. The Med. School & Law School work with minority students in special ways so that they can perform well. We let them sink. Since the professions of Law and Medicine are actively recruiting - have financed budgets to retain. Black women would need to see something pretty special in nursing to want to go that route. The support & the rewards for the bright black woman are in those status fields." (1)

"Students have spent a lifetime here trying to get a degree - We are very accommodating." (1)

"I don't know this for sure - if our School of Nursing has poor rep. in community we should work on it. Do more minority students go to other B.S.N. programs in Buffalo?" (1)

"This has got to have a serious impact." (1)

"Haven't heard any rumors to this effect." (1)

"This is very untrue. Our school has evidence from Equal Opportunity Committee of many approaches to attract minority students & faculty." (1)

"Insufficient recruiting activity. Program not designed to attract A.D. & diploma nurses - or L.P.N.'s. This is when you find minority students in larger N.O. numbers." (1)
"A workshop for all faculty should be helpful and enlightening. I personally am not as aware of this problem in our school/area as I feel I should be. Maybe minority people would rather not be nurses for all I know." (1)

"My personal feeling is that the best qualified students are headed for medicine, law, etc. & I'm not sure that I blame them. I am not sure about graduate admissions but if there are insufficient numbers of undergraduates this will in turn effect graduate admissions." (1)

"If a minority student is intelligent enough to go to college, she/he might do better status-wise to study something with more status than nursing has now." (1)

"I think other fields of interest have appealed to possible applicants. Wider choice of possibilities, also applicants who are qualified or have even greater potential are seeking positions or professions with greater economic rewards!!" (1)

Graduate:

a. Insufficient number of qualified applicants available.

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Comments: "We have upgraded admission requirements so this student may not be available immediately but surely is somewhere." (1)

"It seems that we don't yet have a pool of undergraduates to draw from." (2)

"I choose the middle category here because since our graduate student population comes largely from this area, & if local undergraduate schools are not turning out large numbers of minority graduates, the pool is probably not enormous. However, we don't know who is there until we really look!" (1)

b. Applicants we do receive unable to meet admission requirements.

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Comments: "Usually have dependents are responsible for." (1)

"Most if not all students again have this problem." (1)

"Most students (half?) are part time in order to survive - fellowships are cut by Carter." (1)

"I have no information in this regard, but since this is a problem for most students in general, I assume it would also be a great concern for minority persons." (1)
3. Why do you think there is a high attrition rate among minority students in this program?

Comments:
"Lack of support. Racism within school resulting in double standards, negative attitudes of some faculty toward students." (1)
"Need to work on students' self-esteem." (1)
"Lack of 1) writing skills; 2) ability to think conceptually." (1)
"Acceptance of students not fully prepared educationally." (1)
"I'm not sure it's more than the general graduate population." (1)
"Poor educational background on high school level." (1)
"Lack of academic skills." (1)
"Undergrad - the program is very difficult & fast-moving. Hard for all students; Graduate - I don't think there is a high attrition rate." (1)
"1) I don't believe it is higher in the graduate program; 2) The real issue is - we have too few." (1)
"Don't know - didn't realize this was even the case. Maybe the program is too rigorous and they aren't getting adequate counseling once they are in." (1)
"Because we do not have a well-developed tutorial program for our students. We expect the learning center to do the job for us - they are not tuned in to the special needs of health oriented professions - the language, etc. We need to do more within our own school!" (1)
"I feel that they may not have fully understood the amount of work and effort needed to complete the program." (1)
"I wasn't aware that this was so. Male students seem to complete their requirements O.K. We don't have enough other minority students in the graduate program to be aware of their degree of success." (1)
"Undergraduate program - a) limited time for individual attention, support and encouragement in academic activities; b) acceptance of students with lower GPA's sets them up for failure and perpetuates myths that minority groups cannot handle programs; c) lack of flexibility (evening and summer programs) for students who may have to work. Graduate program - high attrition rates in undergraduate programs results in fewer applicants at graduate level." (1)
"Educational deficiencies from public high schools are not corrected prior to or during program. Students feel "alone", often not aware of sources of assistance." (1)
"The lower division pre-requisite course grades the students receive are not an indication of their ability to achieve in the School of Nursing. Some of them have additional responsibilities (children, work) which interfere with the rigorous schedule necessary in the nursing courses." (1)
"Middle class minority students have fewer educational deficiencies but they can still use some psychological support. Let them know the school cares about them. Their background from high school tends to be weaker, so most minority students from poverty neighborhoods & ghetto schools need support to learn how to study and to fill in the gaps in their knowledge base. They also need a bit of psychological support to let them learn they can make it." (1)
"They need extra time, encouragement, help & role modeling from faculty. Not sure we are willing (or able) to extend this effort at this time. Grad - no role models - other priorities take energy. Faculty should be given credit for extra time/effort needed. Instead we are penalized because we don't have more students (FTE's), bigger classes, etc." (1)
"While most of the minority students who were admitted to our area did receive degrees, I think that one of the problems that many of these students experienced was in the area of writing skills. However, they share this problem with a large number of "majority" students. So it seems that it might be a general education problem." (1)
"1) The mechanics of the program very difficult to deal with especially if students are working; 2) students lacking pharmacology and physiology along with demanding nursing courses; 3) poor educational habits and many remedial problems that don't provide effective coping patterns." (1)
"I don't know about the total program. I did have one black non-satiricated student and her problems seemed largely personal (Home problems, etc.). This made her think about resigning at least for a while. She also worked full time and had great difficulty doing what was required in a graduate course." (1)
"I have already addressed this problem. In addition, the climate should be somehow changed so that faculty who try to be helpful to students are not penalized by other faculty with remarks about "undercutting academic standards." (1)

"In undergrad - definitely 80% of minorities flunk out of school." (1)

"It may relate to a need for help with basic skills — reading, writing and study habits." (1)

"What is considered a high attrition rate? I’m sure many variables enter the situation! Is there a way of checking the records of those who did not make it to possibly come up with some reasons for attrition — or some possibilities. I would anticipate that some reasons would apply to non-minority students as well! i.e., Have they taken on too much. Was the workload at the time of attrition? Is it too many credits? Home responsibilities? Are students working; the number of hours interfering with coursework? Are allowances made at the time of admission? With a lighter load could the person meet with success. In other words counseling could aid the person so he doesn’t take on too much. Is English a second language? Perhaps language proficiency impedes progress — an added consideration in medical language. A few ideas!" (1)

4. Why do you think there is a low proportion of minority nurses on our faculty?

Comments: "Same as #3 — lack of support, racism, negative attitudes plus — lack of qualified persons who are interested in teaching." (1)

"Unavailable." (1)

"High attrition rate perpetuates the unavailability." (1)

"Applicant pool has low percentage of minority candidates." (1)

"Limited supply." (1)

"Few qualified (eligible) candidates." (5)

"Poor recruitment efforts." (1)

"Not enough qualified minority faculty have applied." (2)

"Because we have not recruited enough in predominantly black schools." (1)

"a) No active recruitment — e.g., lack of formal and informal encouragement of minority nurses presently working in service settings to apply; b) Limited number of minority nurses presently going on for doctorate in this area." (1)

"Insufficient number of minority nurses with appropriate qualifications willing to move to Buffalo." (2)

"I’m not certain. It may have to do with recruitment practices (or the lack of them). I’m not certain of the number of minority's prepared minority nurses in the community. This may be a factor since we tend to draw applicants primarily from the Western New York area." (1)

"Unable to attract them to Buffalo. Not enough prepared on a M.S. or Ph.D. level to have a pool to recruit from." (1)

"They have not been recruited. Few have attended our M.S. program so are unknown to faculty." (1)

"Low number of qualified individuals. Is it much different than the proportion in nursing?" (1)

"I never gave it much thought Wilma until I had conversations with you regarding inadequate recruitment policies. My question would be — how many qualified people are there in this area? Second — how many in the country who would be willing to move here?" (1)

"4 out of 7407 = 102. We are lucky this year to have 4!" (1)

"Few qualified applicants. Even recruitment is difficult because there are not that many available." (1)

"Perhaps they are not actively recruited!!! There are certainly some high level minority faculty available somewhere! There is also the possibility that because these faculty do not exist in great numbers, they can work anywhere and U.B. simply does not present an attractive enough package." (1)

"You need a certain critical ratio before any minority group feels comfortable. Being a "token" anything in a hell of a job! How you get the critical ratio is the difficult question. The new Dean may help." (1)

"Because anyone would have to be crazy to want this stress. Seriously — they are a highly sought group, we have to have more and better to offer." (1)

"1) Inadequate efforts to pursue & "capture" qualified and competent (the two aren't always synonymous!) minority candidates.

2) A dreadful cycle of drawing and "re-drawing" on a group of potential applicants who often don't meet the criteria for the particular job vacancy, resulting (I'm pretty sure in disillusionment and anger on the part of the rejected applicants and reinforcing the faculty view that the pool of minority applicants is inadequate. (This is conjecture on my part — but I think there's something in it.)." (1)
"Low proportion prepared in geographic area — who are interested in continuing education indefinitely. (Many prefer college teaching)." (1)

2. What do you think the Affirmative Action Committee should be doing in the School of Nursing? What specific tasks do you think should be assigned to the committee?
I don't know - 2
No response - 5

Recruitment Activities

Comments: "Recruiting students with potential for success." (6)

"Active recruitment - Faculty, staff, students go to hospitals, schools, other agencies." (2)

"A search committee for qualified minority faculty with a commitment to assist other minority students in obtaining a B.S. and/or M.S. level education." (1)

"Train minority leaders — capture those with leadership potential and develop them to the utmost." (1)

"Recruiting minority faculty." (3)

"Outreach to b.s. & Jr. h.s. — encourage to consider nursing as a career. Might be a good study for someone in re: minority students do or do not enter nursing at U.B. Are they going elsewhere, & if so where?" (1)

"Recruiting at Jr. & Sr. high schools." (1)

"Continue recruitment esp. at early H.S. level, work more closely with community groups to sell nursing." (1)

"SUNY publishes list of minority people taking exams. Write to all nurses about grad progrum here." (1)

"Assemble info on sources for contacting minority persons for student/faculty recruitment purposes." (1)

"Facilitate recruitment efforts by advising faculty involved in the process." (1)

"Come up with innovative approaches to recruitment at all levels." (2)

"Devise ways to help prospective students to meet the admission requirements." (1)

"Advising high school counselors." (3)

"Recruitment and retention of students." (2)

Comments:

"Informal faculty recruitment." (1)

"Identify minority nurses in this area who are prepared at Masters and doctoral levels, soliciting information via anonymous questionnaires from these persons re: current positions, salaries, career goals. Identify pool of qualified potential candidates who would be interested in faculty positions." (1)

"Involve current minority students in identifying possible reasons for low proportion of minority applicants." (1)

"Contact guidance counselors in b.s. with high minority enrollments to discuss possible reasons for low number of applicants and ways of increasing number of minority applicants." (1)

"Work with the R.N. committee and try to get minority R.N.'s to enroll." (1)

"Special effort to identify qualified faculty-personal approaches." (1)

"Recruitment should be a priority — looking for well-qualified students in the high schools — and counseling of these students and perhaps a summer program to assist them." (1)

"Prepare recruitment brochures." (1)

"Speak with undergraduate students in B.S. programs and in high schools." (1)

"Identify minority faculty (prepared) throughout country." (1)

Retention Activities

Comments: "Providing guidance & group meetings to minority students." (1)

"Supporting students throughout their program or helping faculty to do this." (1)

"Value clarification with faculty and staff." (1)

"Educate the faculty about specific needs of minority students." (1)

"Analysis of data about previous minority students to identify problem areas." (1)

"Development of program to share information with faculty especially in relation to high attrition rate." (1)

"Identifying minority faculty who can serve as resource people to area advisors for attending to any special needs of minority students." (1)
"Subtle education of faculty." (1)

"Develop aspects of our programs where minority status will be associated with an advantage in skills and/or opportunities." (1)

"Find financial assistance." (2)

"Establish scholarships for minority students." (1)

"Arrange for tutorial assistance for minority students having difficulties." (2)

"Help students meet academic standards." (1)

"Maybe the school could have a big push for fund-raising for financial aid for minority R.N.'s to return to school." (1)

"There once was a minority student office and now the general student office is locked most of the time." (1)

"In some way be able to help minority students, i.e., counseling, linking up with other needed services." (2)

"Seeking out funding sources for minority students to have the information available for applicants." (1)

"Develop a program for those who need assistance - basic skills and study habits." (1)

Other

Comments: "Be a watchdog for admissions to program." (1)

"Make recommendations to other committees based upon your reports, data collected." (1)

"I have a feeling you are doing quite a lot now." (1)

"Working to increase faculty awareness of problems minorities encounter, because of socio-economic disadvantages." (1)

"Work closely with minority practitioners in the community providing them with more information about us - elicit their help." (1)

"With the proposed tight budget for 80-81 I think the task of recruiting minority faculty will be doubly difficult. School of Nursing is cutting faculty not increasing." (1)

"1) analysis of data about previous minority students to identify problem areas; 2) development of program to share this info with faculty esp. in relation to question 3 on page 4; 3) identifying minority faculty who can serve as resource people to area advisors for attending to any special needs of minority students." (1)

"Consciousness raising workshops for faculty the issue is complicated - do we fully understand how we (faculty) can be more constructive. The committee could help by bringing facets to our attention." (1)

"Actively seek greater minority input at grad level a) new faculty (fat chance now with budget); b) input from present (support) faculty." (1)

"Sensitize faculty to the issues, (concerns, needs) related to recruitment and maintenance of minority students and faculty." (1)

"Represent the school in efforts to improve our credibility and interpersonal relations with minority groups in the community." (1)

"Cannot adequately answer the questions because I am not that familiar with the reasons for the current situation." (1)
The emergence of nursing associations formulated in ethnic groupings is clearly a statement of these nursing professionals that they lay claim to the right to define the nursing care practice and education for safe and effective service to their respective ethnic group.

It further indicates that the traditional nursing organization and nurses in some way have not been perceived as a viable mechanism for the desired change.

California, the cradle of the student social movements of the past decade, has also been the place for significant ethnic nurse activities.

The traditional nursing organizations, the California Nurses' Association and California nurses, have not incorporated ethnicity and ethnic nurses' concerns into their practice. A view of their historical and current direction is presented herein, along with some suggestions for the nursing profession in California.

In this Bicentennial year, ethnic people of color also look to the past to lend perspective to our present and to suggest a course for the future.

In this retrospection, California nursing's record of its attention to and inclusion of all its people parallels that of the United States generally.

Even with California's rich history and population of American Indians, Asians, blacks, and Mexican Americans, it takes very little to...

Continued -- page 26
A desire for interaction about the mutual problems faced was a pivotal reason for the ethnic nurses seeking out one another. They had a need to know one another, to identify, to gain strength in unity, and to strike out on their own for institutional change. In certain communities, these nurses began to form groups which established, from a grassroots base, organizations to articulate their causes.

In Los Angeles, the Council of Black Nurses was formed in 1967. By 1970, the Los Angeles and San Francisco Bay Area Black Nurses Associations had met and planned the first statewide conference of black nurses. This conference attracted black nurses from places as far away as Miami, Florida, and New York City. Within a year, these cities and others reported the formation of black nurse associations. The black nurses' associations' major purposes were to improve the health care of black people and the professional status of the black nurse.

The Concerned Chicano Nurse was established in Los Angeles in 1969. The consultation of the Los Angeles Council of Black Nurses was utilized, by invitation to a joint meeting, to share experiences of organizational strategies. Unity of purpose was clear in this meeting. The desire to mobilize for improved nursing care to persons of the respective communities was the overriding theme.

The need for increased numbers of Chicano nurses was recognized as crucial to creation of improvement needed in the health care of Chicano people. Local issues include recruitment, admission, and retention of Chicanos in schools of nursing. Further, obtaining positions on policy-making levels was identified as a means for Chicano nurses to exert influence upon their destiny.

The Latin American Nurses' Association emerged in Northern California in 1972. Subsequently, other local units have organized in Colorado and other states.

The Korean Nurses' Association of Southern California was founded in 1970. There is also a Northern California Korean Nurses' Association and several other local associations throughout the United States.

The goals include increasing the effectiveness of the Korean nurse in order that they in turn can deliver the highest quality nursing care to the Korean-American people.

Korean nurses who are new to the United States must obtain licensure and learn the U.S. health delivery methods. Philosophical differences in Korean nursing and Western nursing as well as language barriers are identified problems. The Korean Nurses' Association in Southern California conducts continuing education programs monthly to assist in the acculturation process.

The Philippine nurses' associations are located in Southern California, San Francisco, Seattle, and other major population centers of the U.S. and Canada. They are chapters of the International Philippine Nurses' Association, incorporated May 9, 1948. The Southern California chapter was established in October 1960. Among their broad goals is that of assisting nurses coming into this country from the Republic of the Philippines to become licensed. They also address the problems of acculturation and adjustment to life in the United States. They conduct activities to improve the health of the Filipino people in particular, and society in general. This includes sponsorship of clinical and scientific workshops and seminars.

The themes

There are several themes which provide the reasons for development of the new ethnic nurse associations:

- the concept of ethnic nurses as best able to identify nursing needs of their ethnicity;
- the recognition of the desirability and need for increasing their numbers on all levels and positions in the nursing profession;
- the desire for equity; and
- the conviction that there is strength through group action.

Further, there was the common "thread" identifying the California Nurses' Association as having one set of functions separate from those of the ethnic nurses' associations. The associations feel the need to include CNA's decisions and become strengthened in order to create better nursing care for all.
As we talk today about nursing and nurses in relationship to new and expanding roles and functions, we are becoming more cognizant of the powerful political, legal and social institutions which are organized and functioning in a manner which may bring about the slow demise of nursing. With the reorganization of federal health programs, there is great possibility that nursing may lose its current identity by being absorbed into related health professions. With decentralization of federal health programs, nursing may be immersed into an allied health pool. At the state level, nursing may not have control of licensure or may have legislative bodies deciding in a vacuum, about standards for continuing practice.

Education for nursing, at all levels, is being severely affected by decreases in federal support. Institutional support funding—such as capitation grants, student assistance funding such as traineeships, and educational grants for recruitment have either not been requested, or have been requested at a lower level than for fiscal year, 1973. As we become enthusiastic about newer dimensions of nursing practice, we may not have that student to educate for those new dimensions or have that patient or client to interact with in relationship to those new dimensions. Decisions at the state level have been made, or are being made right now about health needs of people—how they shall be met and who shall do the "meeting." It is within this general context of where nursing is today that I will briefly discuss the "Profile of the Black Nurse: Then and Now." Because I believe as black nurses we must come to terms with our past and present in order that we may have a future.

The educational system was one of the social institutions which relegated black people to positions of inferiority and subordination for over 300 years. I wonder if the centennial of Mary Elijah Mahoney, as the first trained black nurse started in 1900 and at Tuskegee and Hampton. As you know, Meharry Hospital, School of Nursing was started in 1900.

The fact that, over the years black schools contributed the largest numbers of black nurses to the profession is not debatable. As the black schools struggled for economic viability, recruitment and retention of students and faculty, improvement of curriculum to meet accreditation standards, they also contributed many of the black nurses who are nursing today. With the closure of many of these schools (some fifteen in the 1950s and '60s), and integration of blacks into predominantly white schools of nursing, what will our numbers total? Despite various "efforts" to increase the numbers of black nurses, despite the Supreme Court decision of 1951, despite capitation grants and affirmative action programs in 1968, there were only 27,000 black practicing registered nurses of a total of 750,000 practicing registered nurses. In 1969, blacks represented only 3.4% of all registered nurses graduating from all undergraduate programs responding to a National League for Nursing survey.

As I move about the country in nursing circles, I can't nurses stating there is no need to recruit, there are too many nurses who can't find jobs. My response is there are not enough black nurses, Indian nurses, Chicano and Spanish surname nurses. There are not enough nurses who are willing to serve minority people with an understanding of their culture and the multiple environmental restraints, legal or illegal, which still relegate them to inferior and subordinate positions.

The health care system was one of the social institutions which relegated black people to positions of inferiority and subordination for over 300 years. Black consumers of health care represent approximately 11-12% of the total population. In the past as well as the present, there exists a disproportionately higher percentage of black poor than white poor. Of an estimated 40 million poor, 10-11 million are black. I would remind all black nurses that we are only one step removed from poverty, and there is no guarantee that our children and loved ones, if not already one of the "have nots," will not be in that position in the future. It is within this general context that I will briefly discuss the relationship between the black consumer of health care and the black nurse.

The health problems of the black non-poor are minimally documented, thus the need for study continues to exist. Hypertension is one of the problems which is widespread, very serious, and responsible for various complications in the black poor and non-poor. In a national survey conducted in 1962, the prevalence of hypertension was 3 to 4 times greater in young black men and women than in young white men and women. In a survey in Chicago which ended in 1971, the prevalence was double in blacks.

The health care problems of the poor, although better documented, are not being resolved because of the dearth of health manpower in the black community. Although progress is slowly being made by the establishment of community health organizations, these agencies still lack the resources in manpower and facilities which are needed in order to substantially correct the inequities which exist. Qualitative and quantitative health services are not available to the black consumer. Some of the documented problems which exist among the black poor are:

4. Higher rates of psychiatric and psychological disorders—particularly among black males.
Another real problem which exists is that individuals prepared in the health care professions achieve textbooks which list signs and symptoms, some of which may be accurate for the larger society. Some norms have not been established for blacks and therefore, deviations from the norm may not be accurate.

The relationship between the black nurse and the black consumer of health care should be one in which the black nurse serves as a practitioner with greater insights and competencies because of similarities in ethnic identity. The black nurse should be most aware of health needs and should serve in an advocacy role in seeing that those needs are resolved. Currently, nurses are not functioning at their highest potential in most health care systems. Currently, nurses are not being prepared to extend or expand the scope of their practice. One would expect, then, that black nurses are practicing below their potential. Blacks continue to be the one greatest untapped resources in this country and, because of having always to work twice as hard to succeed, have the potential for making contributions far beyond our imaginations. We, as black nurses, must continue to seek the proper credentials, that is, education, to get into the mainstream of nursing education, service and research. We should be serving as role models particularly for the black student and encouraging the black student to move on up the ladder.

It is the black nurse who should be in the foreground in helping other blacks to identify health needs and in communicating those needs to the appropriate bodies.

Nursing is at a point in its history when external forces are threatening to relegate it to a position of legal and political powerlessness. Internally, its membership is submitting to these efforts by not becoming involved in the various arenas in which the battles are being fought. Individual and group involvement is essential if nursing is to control its own destiny. This control may be exercised by omission or commission and the question is which route will nurses select. Controlling one's own individual or group destiny is generally thought to be an acceptable way of behaving in our American Society. An individual has the physical and social boundaries, that is his skin, his family, and a group can make decisions around which shall constitute its membership. An individual has the right to obtain what he needs to maintain a healthy physiologic and social state, that is, what he needs to live and grow and a group can establish a membership fee; individuals and groups have a right to keep what they need to remain vital and can make decisions around their future needs and ultimate destinies. Individuals will often organize into groups around common individual needs with the specific purpose of obtaining, maintaining and promoting their objectives or aims. Two or more groups or organizations may achieve the same final state even if they use a different path or have a slightly different composition.

It is within this general context of where nursing is today and within this very limited concept of General Systems theory, that I will discuss organized activities of The Black Nurse: Then and Now.

When Mary Elijah Mahoney was graduated, blacks had just entered their second decade of freedom from slavery. The existing National Association of Black Nurses was dissolved in 1962 and an ANA House of Delegates was appointed to bring about the consolidation of services for all Negro nurses in the United States under the aegis of the National Organization, the American Nurses' Association.
The next milestone occurred in 1972 when the House of Delegates passed an Affirmative Action Resolution which created an Affirmative Action Task Force and the position of Ombudsman.

Blacks and other minorities are not yet in the mainstream of organized nursing associations. In many sections of the country, nurses are organizing in ethnically identifiable associations because they have not felt they were integrated into the professional association. I believe we should be in the mainstream of nursing wherever it exists and we should take whatever steps are needed to get us there.

The past or "then" of the black nurse is analogous with other groups of blacks in medicine, law, education or any of the professions. The past or "then" of the black nurse is the same as it was for all blacks in this country. What we find in the "now" of all blacks is that although progress is being made in striking down legal support for overt racism, there continues to exist covert racism which is even more difficult to identify, prove or institute measures to correct. The current scene for the black nurse is that she is confronted not only with institutional racism but also institutional sexism. The majority group has a set of practices, values and attitudes which are based upon race. Males define a set of practices, values and attitudes which are directed toward females. The future of the black nurse rests upon the elements of change which can only be initiated by the black nurse. The future of the black nurse rests upon whether or not we accept the status quo or recognize that we are far from where we need to be. A few of the specific changes which black nurses need to move toward are:

1. Increasing the number of blacks in nursing.
2. Increasing the educational preparation of blacks in nursing.
3. Identifying and rectifying inequities in quality and quantity of health care services for blacks and, therefore, for all minority groups.
4. Breaking down discrimination where it exists.
5. Developing a mechanism for continuously monitoring the current status of black nurses and black health.

Strategies for change must be carefully planned and based upon desired outcomes. If one wishes to change the structure of a social institution which functions to educate nurses or which functions in the delivery of health services, decisions must first be made about which functions of that structure can be changed without destroying the institution. Institutional structure and function are intricately related and social institutions meet a community need.

Another process which might be used to bring about change is altering existing variables in the group which will benefit from the change. If, for example, one wishes to decrease neonatal mortality, improving the nutritional status of the pregnant woman prior to conception might be the best strategy which could be employed.

The evolutionary process for change is a strategy which is slow and time consuming. Step two precedes step one and many inter-related factors must exist before change can occur.

The very radical strategies destroy social institutions and result in chaos and nothingness.

Very simplistically, if we fold a piece of paper, we may alter its structure and function. We can always unfold if we desire. If we tear the paper we have altered its function even more, but we can put the pieces back together. However, if we burn the piece of paper, nothing remains except ashes.

The future of the black nurse rests with the black nurse. Any group which allows others to make decisions for them and therefore control and regulate them, has no future. Your involvement can be in any number of places and as you select your arena, always remember the past - or "then," the present - or "now," so that we may in fact have a future.
COALITION OF NURSES FOR A HUMAN RIGHTS TASK FORCE

The Coalition is composed of nurses representing the following nursing organizations: New York Black Nurses, Gay Nurses' Alliance/New York and Philippine Nurses Association of New York. This Coalition came into existence to address the needs of minority nurses, as well as minority consumers.

In 1972 the ANA formed the Affirmative Action Task Force to study the needs of minority nurses. In 1974 the Task Force recommended in a resolution that ANA encourage and promote Affirmative Action Programs on the state and local level. In 1976 this Task Force was formally established as the Commission on Human Rights.

A particular concern of this Coalition is a need for quality health care that includes an awareness of culture, ethnicity and alternate lifestyle of the consumer. Quality health care requires that nurses be knowledgeable about these aspects of a consumer's life. At present there is a serious problem in dissemination and sharing of knowledge relative to these aspects of patient care to nurses.

WHEREAS, Quality health care for all Americans is a major concern of nursing; and

WHEREAS, Quality health care requires recognition of differing perspectives in planning, giving and evaluating care for all people; and

WHEREAS, The American Nurses' Association established a Commission on Human Rights in 1976; and

WHEREAS, This Commission on Human Rights has recommended that organizational units explore and take action on the needs of minority nurses as well as consumers; therefore,

BE IT RESOLVED THAT, The Voting Body recommends to the Board of Directors of the New York State Nurses Association that it continue to honor its commitment to develop and maintain quality standards for the profession of nursing by taking immediate steps to establish a Human Rights Task Force; and be it further

RESOLVED, That this Task Force shall analyze issues related to culture, ethnicity and alternate lifestyles of nurses and consumers of nursing services in order to effect high quality health care; and be it finally

RESOLVED, That this Task Force shall include representation from all minority groups similar to American Nurses Association's Commission on Human Rights.

Minority being defined as a part of the population differing from others in some characteristic, and often subjected to differential treatment.


copied:wmb
12/12/79
Dear Juanita:

The Coalition received from NYSNA and reviewed the questionnaires that were distributed at the convention program, "Human Rights: Young, Thirsty and Cured." Members of the Coalition believe that the 146 returned questionnaires is not a good indication of the actual number of persons who attended the convention program. There were approximately 400 fact sheets distributed at the program by the Coalition members.

NYSNA's summary of the program evaluations clearly validated that the participants had an increased awareness of culture, ethnicity and alternate lifestyles of health care consumers. The difficulty that participants expressed in translating this knowledge to the delivery of patient care documents the need for further educational programs. The need for this effort and thrust was further substantiated by the few negative responses. One respondent said it nicely, "We don't know what we don't know."

Program evaluations were not forwarded to the Coalition but, if you recall, several Coalition members made a quick appraisal of the sheets immediately following the program. In examining the evaluations it was noted that the participants believed that:

1. NYSNA does indeed need a more active role in the arena of human rights which can be achieved by:
   a. having an input into the recruitment of minorities into nursing.
   b. ensuring that minorities have a greater visibility and voice on state and local levels.
   c. acting as a watchdog to ensure and preserve minority rights.

2. NYSNA has a responsibility in disseminating education about minority nurses and minority health care consumers to all nurses.

3. There was a repeated call for NYSNA's commitment to be translated into action. Several respondents specifically called for a formation of a Council on Human Rights. This is consistent with Ethelene Shaw's recommendation to the Coalition in our meeting with her the evening before the program.

In reviewing the material on other SMA's human rights programs provided by Cathy Welch, it was clear that some SMA's have translated their commitment into action. The following was identified by the

Coalition as important:

- adoption of a human rights policy by the house of delegates.
- setting goals and/or subgoals and a timetable to meet these goals that stem from a philosophy or policy of human rights.
- collection of demographic data on minority nurses on both a state and local level. It was made clear by the various SMA's reports that this should be one of the first actions to be undertaken.

The Coalition believes that these actions will be helpful in establishing programs which will improve the quality of health care relative to the culture, ethnicity and alternate lifestyle of the health consumer.

We wish to thank you, Juanita, for your support, direction and assistance in all our accomplishments to date, and look forward to continuing this cooperative effort in future endeavors.

Sincerely,

[Signature]

Barbara Holder
Coalition of Nurses for a Human Rights Task Force
The Nurse Graduate From Other Lands

Whenever the nursing shortage becomes acute, providers of health care in the U.S. recruit nurses from other lands. In the 50's recruitment was done under a "Visitor's Exchange Program". The foreign nurse graduate (FNG) who came to the U.S. under this program held a temporary visa, was here to "learn" and work in hospital units and was paid a stipend.

In the 60's, FNG's entered the U.S. under a third preference permanent visa available to qualified immigrants who are members of the profession or who, because of exceptional ability in the sciences or arts will substantially benefit prospectively the national economy, cultural interests, or welfare of the U.S."1

During the 70's, the U.S. actively recruited FNG's under the H-I program. According to the Immigration and Naturalization Service, the FNG with an H-I visa is "a non-immigrant alien having a residence in a foreign country which he has no intention of abandoning, who is of distinguished merit and ability, and who is coming to the U.S., temporarily to perform services of an exceptional nature, requiring such merit and ability."2 The candidate is required to obtain a permit and a license soon after entry. Many FNG's fail the SBTPE (State Board Test Pool Examination), thus failing to obtain a license. At this point, departure from the U.S. is necessary because of inability to practice professional services for which the visa was granted. Those who do not or can not leave the country are forced to take jobs such as

The screening examination is given twice a year, in April and October in twenty eight centers around the world. The first examination was given in October 1978. This past October 1979, it was also given for the first time in five centers in the United States: Chicago, Houston, Los Angeles, Miami and New York for FNG's already in this country. This screening examination covers proficiency in both nursing practice and English comprehension. The candidate pays $70 when taking it for the first time, $30 for repeating both examinations and $25 for a repeat English section only.

The screening examination is not enforceable; therefore, it
was not accomplishing its purpose. FNG's entered the country without being screened. Thus, the next logical step seems to be to make it mandatory. In August 1979, the U.S. Immigration and Naturalization Service, in order to support the CGFNS, proposed an amendment requiring the FNG to pass the CGFNS screening examination as a pre-requisite to visa issuance.

Considerable furor resulted all the way from California to New York in communities that were still aware of their ethnic background. Many questions were raised, some of the most common and significant ones are as follows: (1) Why are FNG's screened by one examination (CGFNS) in order to take another examination (SBTPE); (2) How reliable is the CGFNS examination as an indicator of the ability to pass the SBTPE; (3) Is this not a violation of human rights? (a) It is discriminatory to require FNG's to pass two examinations (CGFNS and SBTPE) when the law requires passing one (SBTPE only) examination in order to practice nursing, (b) FNG's are discouraged and/or prevented from immigrating as a result of unnecessary requirements and stresses, (4) Is there not a more equitable way to solve this problem that will meet the needs of the American public, nursing profession as well as that of the FNG?

Those that have raised questions generally concede that the high SBTPE failure rate is a legitimate problem in need of a solution. They agree with the CGFNS purposes but disagree with how these purposes are met. There is a growing and festering mistrust because of double-bind communication stemming from the lack of consistency between the stated CGFNS purposes and its implementation. There is a need to reassess the assumptions, collect additional data, look at the present method of implement-
for further exploitation becomes a reality.

An Alternative

An English examination should be given first to screen those who have a realistic chance of passing the nursing part, which is in English. Requiring a satisfactory English examination as a pre-requisite for the nursing examination would reduce the number of failures with its consequent psychological and economic devastation. It will discourage unrealistic hopes and unnecessary economic sacrifices. Thus, the CGFNS would not be an inadvertent participant to the exploitive process which it seeks to prevent.

A second step to preventing the exploitative process is to allow FNG’s who pass the English examination, to take the SBTPE directly, in the candidate’s own country. This will assure that nurses who do enter the U.S. will be licensed. To allow entry prior to licensure, knowing that the majority (80% and more) will face nonlicensure status within the year is to set them up for and encourage exploitation.

It costs an estimated $174,582 to prepare the CGFNS examination. The nursing section, like the SBTPE, covers the five nursing areas developed by the NLN under a $120,640 subcontract from the commission. The English section is developed by the Educational Testing Service under a $53,942 subcontract, also from the commission. Since the SBTPE already exists, the cost of developing another but similar examination is eliminated. Administering the SBTPE to FNG’s will result in more candidates taking the same examination and will be cost effective.

It is beyond question that the security of the SBTPE administered overseas can not be maintained, since the CGFNS examination requires as much security as the SBTPE, if results are to be valid. The savings in avoiding duplication of cost and work can be used towards more stringent security measures at home and abroad, thus preventing future licensing problems similar to the July 1979 one.

Assuring the American Public of Safe Care

A nurse’s failure to pass the SBTPE is an indication that the nurse has not met minimal standards for safe nursing practice. Such being the case, would it not be valid to conclude that a nurse who practices (as on a permit) who subsequently fails the SBTPE has been practicing unsafely? Allowing FNG’s into the U.S. without first ascertaining licensure is not assuring the American public of safe patient care according to presently established standards.

An Alternative

Require licensure prior to entry into the country. This means giving the SBTPE in the FNG’s country of origin. Licensure prior to entry is the only sure way to assure public safety if this is the standard used.

Human Rights

Every human being has a right to be treated fairly and without discrimination. By law, the U.S. educated nurse is required to pass the SBTPE to obtain a license to practice nursing. To require the FNG to pass the CGFNS examination and SBTPE is discriminatory since it sets a double standard.

This double standard imposes unnecessary difficulty by compounding expenses and stresses. In effect, such difficulty will discourage or even prevent many potential FNG’s from immigrating
to the U.S. Therefore, it violates another human right - the right of an individual to immigrate. This also directly contradicts the CGFNS position of neither encouraging nor discouraging immigration.

**Conclusion**

The FNG is not a threat but a human resource. Like any other resource, it should not be abused or neglected but preserved and nurtured. There is no evidence that they are taking jobs away from nurses in this country. They fill a definite need in American society by going and giving nursing care to patients in places and hours where otherwise none or very limited professional nursing exists. They bring their diverse cultural backgrounds and make it available to a culturally diversified and pluralistic American society.

It is highly significant that the FNG's highest state board failure rate has been in psychiatric nursing which contains the largest percentage of psycho-social questions. As more and more psychiatric concepts are incorporated into the other areas of nursing, the failure rate also shifted and increased in the other areas of nursing. The cultural orientation of the examinee determines her/his choice of the 'right' answer to these psycho-social questions, since meanings change with each cultural group.

As Dorothy E. Reilly says, "A pluralism of value systems now characterizes a society. As the 'melting pot' theory is losing its significance, the acceptance of multi-varied culture groups is becoming prevalent... the concepts of health, illness and sick role have particular meanings to different groups; we now need to respect these diversities as we provide our care... nursing process enables us to value more these diversities but we are challenged not to bias our assessments of interventions on the basis of our value system." Much of this thinking is applicable to how we view and handle the FNG. Do we let our value system allow us to assess the FNG as not having enough nursing knowledge to function in our society because of failure in an examination that is conceptually based on the needs of a 'culturally unilateral American society'? In fact, the U.S. has always been and becoming increasingly multi-cultural as is the rest of the world because of transportation technology. If consumers of health care are multi-cultural, what better way to meet these needs than to have multi-cultural health providers.
References


3. Guidebook For Applicants, CGFNS Qualifying Examination Commission on Graduates of Foreign Nursing Schools March 1979, p.1

4. Ibid, p.6

5. Filipino Reporter, July 13-19, 1979 p.2

6. Filipino Reporter August 31-Sept.6, 1979 p.4


8. Pre-immigration Tests Start in October for Foreign Graduate Nurses American Journal of Nursing, March 1978, p.359


10. Dorothy E. Reilly, Moral/Value Decisions in Nursing Practice The Journal of the New York State Nurses Association, Dec. 1979 Vol. 10 No.4
PHILIPPINE NURSES ASSOCIATION OF NEW YORK, INC.

The organization was originally established in 1929 as the Philippine Nurses Association of Greater New York & New Jersey. In 1979, the name of the organization was changed to Philippine Nurses Association of New York, Inc.

The organization is a member of the Federation of Philippine Nurses Associations, which is a national organization. It is also a member of the Philippine Communities Executive Council (PCEC).

The purposes of the Philippine Nurses Association Inc. are:

A. To unite all Filipino nurses in New York State in their constant endeavor to promote the highest standards of professional practice, educational and cultural advancement, and socio-economic stability.

B. To uphold the rights and prerogatives of Filipino nurses practicing in the United States, within the framework of existing laws and organizational policies.

C. To study, discuss, and exchange information regarding problems and issues relevant to nursing practice, education, and research.

D. To provide continuing education designed to assist practitioners in identifying and fulfilling their goals and responsibilities.

E. To hold meetings at intervals for the advancement of purposes of this association.

F. To secure and support legislation that would improve and enhance the practice of nursing as defined.

G. To cooperate lawfully with other professional organizations, health care institutions, universities, industries, technical societies, research organizations, and government agencies in matters affecting the purposes of the Association.

Categories of membership in this Association are:

A. Active: Any professional nurse of Filipino ethnic origin currently registered under the professional nurse licensure laws of New York and/or any other State of the Union.

B. Associate: Any professional nurse of Filipino ethnic origin registered under the licensure laws of the Philippines and/or any country other than the United States.

C. Honorary: Any outstanding leader in nursing and allied fields, a Philippine or United States government official, member of the diplomatic corps or any individual who has made valuable contributions towards the achievement of objectives of the Association and the nursing profession, who is conferred honorary membership, by virtue of a two-thirds vote of the Board of Directors.

The Organization has constantly endeavored to meet the above-stated purposes in a variety of ways.

For further information:
Please write: Mrs. Eufemia Sonza-James
40-28 A 73 Street
Woodside, New York 11377
Or call: Trini Lum
(212) 594-2139
THE NEW YORK STATE NURSES ASSOCIATION

Summary of Convention 1980 Convention Program: Human Rights - Your's, Their's, and Ours

Sponsored by NYSNA and The Coalition of Nurses for Human Rights Task Force

Part A

The participants were requested to respond to the statements by using a range of 1-5 to indicate whether they strongly agreed (1), strongly disagreed (5), or fell somewhere in between (2-4). The mean scores for each statement were:

As a result of this program, I have:

1) An increased awareness of culture, ethnicity and alternate lifestyles of health care consumers;  
   Mean Score: 2.35

2) An increased awareness that quality health care requires knowledge of culture, ethnicity and alternate lifestyles of the health care consumer;  
   Mean Score: 4.00

3) Become informed about the problems of dissemination of information to nurses relating to this aspect (culture, ethnicity and alternate lifestyles) of nursing care.  
   Mean Score: 2.14

Most participants felt the program had increased their awareness of culture, ethnicity and alternate lifestyles of health consumers and also, informed them of the problems of dissemination of information to nurses relating to this. Most participants, however, felt the program had not increased their awareness that quality health care requires knowledge of culture, ethnicity and alternate lifestyles of the health care consumer.

Part B

Responses to the request to check the dissemination method that would best meet the respondents' need for culturally related patient information were:

<table>
<thead>
<tr>
<th>Method</th>
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<tr>
<td>Continuing Education Programs</td>
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<tr>
<td>NYSNA Publications</td>
<td>76</td>
</tr>
<tr>
<td>Printed Material</td>
<td>70</td>
</tr>
<tr>
<td>District Publications</td>
<td>56</td>
</tr>
<tr>
<td>Speaker's Bureau</td>
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</table>

(over)
Method
Other
Workshops 3
Media-Public Programs 2
TV and Radio 1
Films 1
Preamble to the Constitution 1
Education with Children in Elementary School 1
Personal Contact and Dialogue 1

Part C
Responses to the open-ended question, "What else would you like to know about this aspect of nursing care?" were:

<table>
<thead>
<tr>
<th>Response Category</th>
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<tr>
<td>Research</td>
<td>7</td>
</tr>
<tr>
<td>Need to generalize beyond minorities</td>
<td>7</td>
</tr>
<tr>
<td>Need help in daily practice</td>
<td>6</td>
</tr>
<tr>
<td>Continuing education</td>
<td>5</td>
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<tr>
<td>Person-to-person contact</td>
<td>3</td>
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<tr>
<td>Graduate courses</td>
<td>2</td>
</tr>
<tr>
<td>Journal articles</td>
<td>2</td>
</tr>
<tr>
<td>TV-radio; self-education; bibliography</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

147 participants completed the Program Evaluation Form.

THE NEW YORK STATE NURSES ASSOCIATION

Summary of Opinionnaire re Human Rights
from 1980 Convention Program

of

NYSNA and Coalition of Nurses for Human Rights Task Force

No. and % Responding to Need Questions

<table>
<thead>
<tr>
<th>Need Question</th>
<th>Response</th>
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<th>No</th>
<th>Both or No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>More Min. in Nsg. in N.Y.S.</td>
<td>104</td>
<td>67</td>
<td>36</td>
<td>23</td>
</tr>
<tr>
<td>NYSNA Recruit. Min. in Nsg.</td>
<td>99</td>
<td>65</td>
<td>44</td>
<td>29</td>
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<tr>
<td>More Min. in NYSNA Activities</td>
<td>117</td>
<td>76</td>
<td>18</td>
<td>12</td>
</tr>
</tbody>
</table>

No. and % Responding to NYSNA Influence Questions

<table>
<thead>
<tr>
<th>Question NYSNA Can Influence</th>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Both or No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Education Members re H.R.</td>
<td>134</td>
<td>88</td>
<td>11</td>
<td>7</td>
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<tr>
<td>Nsg. Care Minorities</td>
<td>132</td>
<td>92</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Increase Min. in Nsg.</td>
<td>111</td>
<td>72</td>
<td>24</td>
<td>16</td>
</tr>
</tbody>
</table>

JF/15
11/7/80

JF/15
11/7/80
Juanita Hutter, R.N.
New York State Nurses Association
127 Shirley Avenue
Buffalo, New York 14215

Dear Juanita:

The Coalition received from NYSNA and reviewed the questionnaires that were distributed at the convention program, "Human Rights - Yours, Theirs and Ours." Members of the Coalition believe that the 146 returned questionnaires is not a good indication of the actual number of persons who attended the convention program. There were approximately 500 fact sheets distributed at the program by the Coalition members.

NYSNA's summary of the program evaluations clearly validated that the participants had an increased awareness of culture, ethnicity and alternate lifestyles of health care consumers. The difficulty that participants expressed in translating this knowledge to the delivery of patient care documents the need for further educational programs. The need for this effort and thrust was further substantiated by the few negative responses. One respondent said it nicely, "We don't know what we don't know."

Program evaluations were not forwarded to the Coalition but, if you recall, several Coalition members made a quick appraisal of the sheets immediately following the program. In examining the evaluations it was noted that the participants believed that:

1. NYSNA does indeed need a more active role in the area of human rights which can be achieved by:
   a. having an input into the recruitment of minorities into nursing.
   b. ensuring that minorities have a greater visibility and voice on state and local levels.
   c. acting as a watchdog to ensure and preserve minority rights.

2. NYSNA has a responsibility in disseminating education about minority nurses and minority health care consumers to all nurses.

3. There was a repeated call for NYSNA's commitment to be translated into action. Several respondents specifically called for a formation of a Council on Human Rights. This is consistent with Ethelreda Shaw's recommendation to the Coalition in our meeting with her the evening before the program.

In reviewing the material on other SNA's human rights programs provided by Cathy Welch, it was clear that some SNA's have translated their commitment into action. The following was identified by the...
Coalition as important:
- adoption of a human rights policy by the house of delegates.
- setting goals and/or subgoals and a timetable to meet these goals that stem from a philosophy or policy of human rights.
- collection of demographic data on minority nurses on both a state and local level. It was made clear by the various SNA's reports that this should be one of the first actions to be undertaken.

The Coalition believes that these actions will be helpful in establishing programs which will improve the quality of health care relative to the culture, ethnicity and alternate lifestyle of the health consumer.

We wish to thank you, Juanita, for your support, direction and assistance in all our accomplishments to date, and look forward to continuing this cooperative effort in future endeavors.

Sincerely,

Barbara Holder
Coalition of Nurses for a Human Rights Task Force

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If yes, how do you think this can be accomplished?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you think there is a need for increased numbers of ethnic minorities in nursing in New York State?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you think that NYSNA should be actively involved in recruiting minorities into nursing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you think there is a need for increased numbers of ethnic and other minorities actively involved in NYSNA activities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you think NYSNA can effectively influence:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Education of its members re human rights?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Nursing care of culturally diverse clients?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Increasing minority enrollment in nursing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Other (please specify)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please return to NYSNA Staff or return to headquarters office.