1989

NYSNA& PMA & CT Meeting; Series II; File 85

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April 11, 1989

To: SNA Presidents

From: Linda Cronenwett
President, NBNA

It is obvious from the sentiments expressed at the February meeting of the Constituent Forum that the SNA membership issue continues to pose a real threat to ANA unity and strength. I'm sure many of you have spent the same number of restless nights that I have trying to envision a way to preserve our unity. I keep coming back to the feeling that we must not allow ourselves to be forced to close our options on membership models now. Because we have no knowledge of what level of unity of purpose there will be across the occupation after we have separate roles and licensing laws for RNs and ANs, all we have is our imagined futures and our rhetoric, and your guess is as good as mine about who will be right.

The reality is that we can follow the COAR recommendations and keep our current unity and future options. But not unless we SNA Presidents exert the leadership needed to keep this issue from dividing registered nurses and ANA forever.

The attached open letter to ANA delegates will appear as an editorial in the May issue of The American Nurse. Would you be willing to include a copy of this editorial in your next mailing to your delegates? Would you be willing to arrange to have a member of COAR or a colleague who supports the COAR recommendation on SNA membership caucus with your delegates in Kansas City? Would you be willing to exert leadership on behalf of this position yourself?

If the answer to any of the above questions is yes, I would appreciate hearing from you by mail (RR1, Box 426C, Lebanon, NH 03766), by phone (work:603/646-8143 or home:603/448-2253), or by message at the NBNA office (603/225-3783). If we have any chance to avert the crises that are inherent in a return to the 1987 action on membership, let's do it. Let's keep the focus on ANA unity and strength, now and in the future.

I do hope to hear from you. Sitting up here in the New Hampshire mud season and worrying about this myself is not good for my health!

Linda Cronenwett

Possible Strategies

1. Letter to all delegates expressing concern about the issue and recommendations for compliance, helpful to understand everyone's position.
2. Meet with SNA leaders who support the COAR recommendation.
3. Private contact with all RNs and ANs.
4. Addressed recommendations.
5. Involve SNA leaders who find out who they are.
6. Question who they are.

Lara Smith
Barbara Cole

7. Letter to Cronenwett: get others to sign.
CONNECTICUT NURSES ASSOCIATION
NEW YORK STATE NURSES ASSOCIATION
PENNSYLVANIA NURSES ASSOCIATION
JOINT EXECUTIVE COMMITTEE MEETING

NYSNA New York City Office
One Madison Avenue
New York City

April 11, 1989

TENTATIVE AGENDA

I. Status of membership issue

II. Positions of CNA, NYSNA, PNA on COAR recommendations

III. Strategies / April to June
   A. Identification of strategies - only if Key (S)
   B. Task assignments

IV. Strategies / during House of Delegates
    Real Case Vote
    Action Orders

V. Communication mechanisms
   - Draft of film
   - Stress of film
   \E\E\E
   - Two weeks report every two weeks

VI. Other items

   Additional Strategies
   Have the minute
   Blank page of paper

4/10/89
A MESSAGE TO ANA DELEGATES:
KEEP OUR MEMBERSHIP OPTIONS OPEN
By Linda Cronenwett, PhD, RN, FAAN

In her April editorial, Dr. Margaret Styles urged us to free ourselves from immutable positions in order to create a new world for ANA and for nursing. During the House of Delegates in June, we have the opportunity to create that future by adopting the recommendations of the ANA Commission on Organizational Assessment and Renewal (COAR). What are the chances that we...the Constituent Forum and the House of Delegates...are up to the challenge of change? I left the COAR meetings in February full of optimism that we were ready to act, to compromise, to do our part to strengthen ANA. WITH ONE EXCEPTION...we were not even able to talk meaningfully about the issue of SNA membership.

The COAR report includes the recommendation that the ANA bylaws be changed to define the individual members of state nurses' associations as RNs. In addition, the report includes a provision for the question of associate nurse membership to be reopened when a substantial number of states have enacted a differentiated professional-associate nurse licensing system and the SNAs within those states choose to bring the matter before the ANA House of Delegates.

The COAR recommendations offer a compromise on the issue of SNA membership that we cannot afford to ignore. If we accept these recommendations, ANA can maintain all-RN membership during a period when no one who currently desires membership is excluded. At the same time, our options for alternate membership models remain open for the future. We need to come away from the House of Delegates in June with a strong, unified ANA. If you are an ANA delegate or have influence on ANA delegates from your state, please give serious consideration to the following thoughts.

I respect too many people on both sides of the membership issue to be certain what our preferred future should be. But I firmly believe that an issue as important as "who is a member?" should be decided after we have professional and associate nurses in separate roles with separate licenses. At that point, and only then, will we know to what extent there is unity of purpose across the occupation. If there is unity of purpose and associate nurses want to be represented by ANA, the RN/AN occupational membership model would be preferred. If unity of purpose does not exist, or if associate nurses prefer to be represented by an organization of their own, then ANA would be weakened by an occupational membership model. We cannot predict the future today. We can keep our options open.

The two arguments that surface repeatedly in support of the need for an immediate decision on membership options are: "If we don't declare that ANA membership is an option for the associate nurse of the future, nurses prepared at the associate degree level today will not support our efforts to achieve entry legislation," and "We need to maintain control of the whole scope of nursing practice."

The first argument hinges on the belief that ANA membership is an incentive powerful enough to overcome the kinds of
resistance to entry into practice legislation that we are experiencing in our states. I'll admit that deferring the decision on membership creates an opportunity for opponents to use our position to irritate current associate degree nurses, but I see no evidence that ANA membership is the kind of carrot that can ensure cooperation on entry legislation. The potential risks to ANA of a premature decision on membership far outweigh any known political gain.

As for the second argument, the idea that any group of professionals can maintain control of any other group is pure illusion. The occupational membership model will work only if there is unity of purpose among nurses in professional and associate roles. If or when either group feels inadequately represented by the larger organization, separate organizations will evolve.

We have suffered in our not-too-distant past from the illusion that ANA could control all of nursing. In response to that stance, we have watched specialty organizations and their memberships proliferate. For ANA's sake, we cannot cling again to the illusion that we can gain or retain control just by saying so. Currently, more than one of ANA's constituent SNAs perceive a need for an all-RN association, both today and in the future. And, in the only state where professional and associate nurses are licensed separately, there are associate nurses who perceive a need for membership in an organization of their own. So it is not a question of whether there will be a perceived need for separate organizations; the question is only when those organizations will form and how many nurses will go with them as members.

Why is an illusory belief in our ability to control the whole scope of nursing practice even more dangerous today than it was ten years ago? Because we can rightfully argue that nurses need to belong to ANA even if they also belong to a specialty organization. No such argument holds if an occupational-model ANA is forced to compete with separate RN and AN organizations in the future. Nurses who choose to join these organizations will be lost to ANA forever. And ANA's ability to claim the spokesperson role for RNs or ANs will be tenuous at best.

None of us can predict the future. But all of us will do a better job of assessing the risks and benefits of occupational versus professional membership models for ANA after we have lived through the long, slow processes in which we are now involved to differentiate nursing roles in our practice settings and our state laws. In the meantime, we have everything to lose by a premature decision on membership. We run the risk that competing professional associations will form and drain ANA membership at the very moment when we need all the unity and strength we can muster to accomplish our goals of strengthening ANA and making the march to Washington, D.C.

The many constituencies who were surveyed by COAR said that they could live with the all-RN option. Let's believe them and move forward with the strength that COAR's compromise position provides. The decision on an occupational versus professional membership model will need to be made in the future. It does not need to be made now. Please hold off on your decision about membership until a time in the future when we have a better basis for determining which model will truly strengthen ANA. Preserve our strength now by supporting the COAR recommendation on SNA...
Linda Cronenwett, PhD, RN, FAAN, director of nursing research at Dartmouth-Hitchcock Medical Center, Hanover, NH, is the president of the New Hampshire Nurses' Association and an ANA Delegate.
Emergency

Emergency Away at 5 am

Letter to all delegates expressing concerns. Notify all states first

Issues and recommendations as early: understand every state's position

Work Ny. Thought delegate list.

Meet with SNL to show support

What can you support with

Confident bottoms line

Express in expressing to Bob: delegates - how decisions would be made

How judgment calls are made - Communicate to board

Members

Deliberate decisions about who you talk to

Blue document including where NY would be best to meet other people

Joint State Leadership Meetings

Solidify support of 13 States

Other Regional steps could be met with share position

Emphasize that policies on Organ effort contradictory

Strictly Political