1984

Ombudsman; Series II; File 86

Juanita Hunter

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Representatives of the Cabinet on Human Rights, the ANA Ombudsman and staff with program responsibilities related to human rights and affirmative action attended a half day meeting around organizational structures and functions related to human rights and affirmative action on Tuesday, January 24 at ANA headquarters in Kansas City, Missouri.

The executive director welcomed the group and explained that the meeting was the direct result of discussions with the Cabinet on Human Rights in September 1983 in which concerns were shared by the executive director about the evolving role of the cabinet within the modified federation structure, the continuing role of the ombudsman in a federated structure, and the association's future ability to focus proper attention on minority affairs. The cabinet appointed two individuals to serve as a sub-committee to advise the executive director on the role of the ombudsman and the possible establishment of an Office of Minority Affairs.

Participants raised questions about expected outcomes of the meeting, their desire not to focus on subjects appropriately addressed by the cabinet, the staff vehicle for implementation of strategies identified by the Cabinet on Human Rights, and the organizational unit accountable for monitoring unit assessment.

The group reviewed a memorandum from the executive director dated November 2, 1983 which outlined current organizational mechanisms which are engaged in aspects of human rights/affirmative action functions. Members suggested the inclusion of the Council on Intercultural Nursing, Awards for Affirmative Action and the Unit Assessment Committee of the Cabinet on Human Rights in this listing.
Dr. Murillo-Rohde and David Waldron shared a historical overview of the evolution of the role of ANA in human rights and subsequent expectations and activities of constituent states as a result of leadership in this area at the national level. Concern was expressed regarding what will happen to the individual in the states given the new federated structure, particularly in those states without organized affirmative action programs. It is apparent that a need continues to exist in this area.

Dr. Bessent shared comments with the group regarding the responsibility of a professional organization to be concerned with the civil rights of the protected classes (affirmative action). It was noted that an Office of Minority Affairs could collect data on hiring practices, recruitment, salaries, gender and investments and monitor institutional practices to determine their consistency with institutional policies. A function of an Advisory Committee on Human Rights would be to identify the kinds of data to be collected, sources, and once compiled, determine appropriate recommendations.

The participants raised questions about the role and accountability of the Council on Intercultural Nursing. Judith Ryan advised the group that the council and its functions are now evolving to become more consistent with the ANA Bylaws and with other councils.

**Concensus focused on the following items:**

1. That the role of the ANA ombudsman within the federated structure is not the appropriate mechanism to advise the executive office with regard to overall effectiveness of the American Nurses' Association in addressing its commitment to human rights and that the executive director bring dignified closure to this role, and include in her report to the House of Delegates information on the proposal calling for the establishment of an Office of Minority Affairs.

2. That a document be prepared describing the structure and functions of all organizational units related to human rights and affirmative action. (See draft attached)

3. That an advisory committee to the executive director be appointed with the primary purpose to advise the executive office with regard to overall effectiveness of the American Nurses' Association in addressing its commitment to human rights and identify necessary achievable goals and that its secondary function be to look at the constituent states to determine if they are achieving practices consistent with policies.

Inconclusive discussion occurred around composition of the advisory committee. Suggestions were made that a representative from the following groups be considered: Cabinet on Human Rights, Cabinet
on Nursing Practice, Council on Intercultural Nursing. It was further discussed that representation from all of the cabinets might be considered. It was noted that a larger committee might be unwieldy.

4. That the American Nurses' Association move toward the establishment of an Office of Minority Affairs within the Executive Unit with necessary allocation of resources for staffing at the deputy, coordinator and secretary level, and that it be accountable to the Board of Directors.

5. That the following time frame be followed:

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity</th>
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<tbody>
<tr>
<td>January '84-January '85</td>
<td>Appoint advisory committee, begin review of existing practices at the national level.</td>
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<tr>
<td>January '85-June/July '86</td>
<td>Develop framework and foundation structure.</td>
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6. That the Cabinet on Human Rights be accountable for raising necessary questions for the House of Delegates regarding individual rights of members within the new federated structure.

It was agreed that a copy of the meeting summary would be sent to Ethelrine Shaw-Nickerson and Malinda Carter as members of the Board of Director's Committee on Unit Assessment/Affirmative Action.

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**Organizational Mechanism**

<table>
<thead>
<tr>
<th>Structure</th>
<th>Functions</th>
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</thead>
<tbody>
<tr>
<td>Elective/Appointed Officials Structure</td>
<td>Development and evaluation of policies and strategies directed at achieving equity within the nursing profession and national policies directed toward the establishment of a health care system in which services are provided to all people in a manner that recognizes, values, and accommodates the difference among people.</td>
</tr>
<tr>
<td>Cabinet on Human Rights (Elected/Appointed Body Accountable to the Board of Directors)</td>
<td>Established as an organizational unit through which members of constituent SNA's improve their professional practice and development.</td>
</tr>
<tr>
<td>Council on Intercultural Nursing</td>
<td>Program established to implement 1972 resolution. Recognizes achievements of organizational units or constituent states.</td>
</tr>
<tr>
<td>Affirmative Action/Unit Assessment Awards</td>
<td>Presented each biennium for outstanding contributions to the nursing profession and the field of health care.</td>
</tr>
<tr>
<td>National Awards (Appointed by the Board of Directors)</td>
<td>Recognizes the outstanding professional contribution of one public health nurse and calls this achievement to the attention of members of the profession as well as the general public.</td>
</tr>
<tr>
<td>Pearl McGiver</td>
<td>Recognizes significant contributions, by an individual nurse or a group of nurses, to integration within the nursing profession.</td>
</tr>
<tr>
<td>Mary Mahoney Award</td>
<td></td>
</tr>
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AMERICAN NURSES' ASSOCIATION
FRAMEWORK FOR ANALYSIS OF ORGANIZATIONAL FUNCTIONS RELATED TO HUMAN RIGHTS/AFFIRMATIVE ACTION
Organizational Mechanism (cont.)

Advisory Panel on Human Rights
(Appointed by Executive Director)

Committee on Unit Assessment/Affirmative Action
(Committee of the Board of Directors)

Ethnic/Minority Fellowship Programs
(NIMH Project)

Staff Structures

Employee Relations Committee
(Committee of the Board of Directors)

Affirmative Action Committee
(Staff Committee)

Functions (cont.)

Advise executive office with regard to overall effectiveness of American Nurses' Association in addressing its commitment to human rights.

Systematic assessment of organizational units at the national level to determine how well they have responded to affirmative action goals related to nomination and appointment to office in the association.

Development of a cadre of doctorally prepared ethnic/minority leaders in nursing.

Monitors the employment practices of the American Nurses' Association to ensure their consistency with the administrative plan for implementation of the Affirmative Action Program.

Development and evaluation of the administrative plan for implementation of ANA's affirmative action program.

TJL:kp
2/29/84
AMERICAN NURSES' ASSOCIATION

Report to the Board of Directors
by Patricia E. Sloan, R.N., Ed.D., F.A.A.N.
Special Consultant to the Executive Director, Ombudsman
December 1, 1982

The final quarter of 1982 has continued work initiated in 1981 and earlier this year. Telephone and written follow-up for persons with concerns about discrimination by a constituent of ANA through an employing registry, gay rights and how to pursue public relations equality when the press perceives the most outspoken person as the leader were three items of continued follow-up. One consultation visit to ANA headquarters resulted in recommendations for revision of the unit assessment tool, and specific organizational considerations to preserve individual contact with ANA at the executive level.

One request to continue the "Ombudsmans Corner" series was received. Until my role with individual members of state associations is clarified, it can only be a general description of what occurred during my most recent consultation at ANA headquarters. The next quarter is planned to have the suggested revision of the unit assessment tool through the first draft; meet appropriately with councils and committees; follow-up with written communication to contacts for whom the files remain open; obtain legal advice about the role where an ANA state association is being used but an individual member has been consulting with me by telephone since 1981 and continue to more clearly define my role as member advocate and consultant to the executive director within the new structure.
TO: Patricia Sloan, Ed.D., F.A.A.N.
Ombudsman
Advisory Committee on Human Rights
David Waldron, R.N.
Illdaura M. Murillo-Rohde, Ph.D., R.N.

FROM: Judith A. Ryan, Ph.D., R.N.
Executive Director

DATE: November 2, 1983

RE: Framework for Analysis of Organizational Functions Related to Human Rights/Affirmative Action

During the last meeting of the Cabinet on Human Rights you indicated a willingness to advise me regarding the role of an ombudsman within a federated structure and the possible establishment of an office of minority affairs. Subsequently, the cabinet has asked that I describe in more detail the thinking that I have done about how we might better organize to engage in program activities related to human rights within ANA.

We have a number of organizational units engaged in one or more aspects of the broader function:

Organizational Mechanism
Cabinet on Human Rights
(Elected/Appointed Body Accountable to the Board of Directors)
Ethnic/Minority Fellowship Programs
(KIMM Project)

Functions
Development and evaluation directed at achieving equity within the nursing profession and national policies directed toward the establishment of a health care system in which services are provided to all people in a manner that recognizes, values, and accommodates the difference among people.

Development of a cadre of doctorally prepared ethnic/minority leaders in nursing.

I propose that we plan to meet in early 1984 to address these functions. In the meantime, it would be helpful to receive your advice on how we might more cost-effectively structure these functions.

JAR:ksp

cc: Cabinet on Human Rights

Organizational Mechanism (cont.)
Ombudsman
(Consultant to Executive Director appointed by Executive Director)
Employee Relations Committee
(Committee of the Board of Directors)
Affirmative Action Committee
(Staff Committee)
Affirmative Action Unit Assessment Committee
(Committee of the Board of Directors)
Advisory Panel on Human Rights
(Appointed by Executive Director)

Functions (cont.)
Protection of the rights of individual SNA/ANA members to full participation within the American Nurses' Association.
Monitors the employment practices of the American Nurses' Association to ensure their consistency with the administrative plan for implementation of the Affirmative Action Program.
Development and evaluation of the administrative plan for implementation of ANA's affirmative action program.
Systematic assessment of organizational units at the national level to determine how well they have responded to affirmative action goals related to nomination and appointment to office in the association.
Advise executive office with regard to overall effectiveness of American Nurses' Association in addressing its commitment to human rights.
American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-6720

Barbara L. Nichols, M.S., R.N.
President

Myrtle K. Aydelott. Ph.D., R.N., F.A.A.N.
Executive Director

American Nurses' Association
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-6720

Barbara L. Nichols, M.S., R.N.
Cables: American Nurses U.S.A.

Myrtle K. Aydelott. Ph.D., R.N., F.A.A.N.
Cables: American Nurses U.S.A.

Executive Directors, State Nurses’ Associations
Chairpersons, Structural Units

Patricia E. Sloan, Ed.D., R.N.
Ombudsman

July 22, 1981

Please find enclosed a description of the office of ANA ombudsman for your information. You may use it in your newsletters, meetings with district presidents, or share with local members in whatever way you wish. The brief article, "Ombudsman's Corner," is for your use also. Follow-up articles are planned for October and January.

Some small sample of members shall be getting a questionnaire this summer from me about their participation in ANA. This questionnaire was developed as one of the activities to help assess if members are as active in ANA as they want to be, and, if not, what inhibits fuller participation.

Letters of individuals who write to me in care of ANA headquarters will be forwarded directly to me and are not opened by ANA staff. Members who wish to contact me can call or write to me at home or work as follows:

Box
Hampton Institute
Hampton, Virginia 23668
(804) 727-5672
or
2712 Victoria Blvd.
Hampton, Virginia 23661
(804) 727-2198

FAX: (804) 727-5672

TO:
FROM:
DATE:
RE:

Functions and Activities

The Office of Ombudsman seeks to ensure appropriate application of the rules and regulations to members of the American Nurses' Association by investigation, collaboration, persuasion, negotiation and by offering advice or recommendations.

A. Receives complaints from members that they have been discriminated against in the application of ANA rules and regulations in matters of benefit of membership; in appointment or election to office or congresses, commissions, or committees; or in services provided by structural units or staff.

B. Investigates the situation collecting a description of facts in the case. Provides hearings and due process in order to ensure fairness.

C. Makes an assessment of the issues, situations, etc., involved in the case and determines from analysis and assessment of the issues and facts whether the rules and regulations have been inappropriately applied or not followed, or no policy exists, or the policy is not good.

D. Seeks a resolution to the complaint by negotiation, persuasion, etc., in order to ensure appropriate application of rules, regulations, policies; makes recommendations for solutions. Projects time for reasonable resolution.

E. Provides for appeals and alternative routes to be followed by either party if recommendations are unacceptable. Determines how the move to the administrative channel should be made. Makes recommendation to the Board of Directors as it involves the structural unit of ANA. The individual then can appeal to the board, who can appoint a hearing body.

Relationship of Ombudsman to Structure of ANA

A. Relationship to executive director
1. Serves as special consultant to executive director.
2. Makes reports to executive director and seeks assistance and resources from executive director.
3. Is accountable to executive director for appropriate exercise of duties.
B. Relationship to Commission on Human Rights

1. Serves as a resource body to the ombudsman and the executive director on matters where association does not have established policy.

2. Receives periodic reports from the executive director and the ombudsman in order to determine the nature of complaints received and the resolutions obtained.

C. Relationship to the structure of the ANA

1. The position is independent of all structural and functional units of ANA.

2. The ombudsman has access to all units and freedom to use information related to the case.

3. The ombudsman power lies in negotiation and persuasion.

4. The ombudsman does not have the power to enforce decisions by the nature of the office.

ANA members' concerns about unfair treatment can range from policies which may discriminate against entire groups of nurses to specific problems one nurse is having with one committee about participating more actively on the local level. Those which the Ombudsman identifies as having broad applications can be communicated directly to Dr. Myrtle Aydelotte by virtue of the way the Ombudsman fits into the overall organizational structure.

The Ombudsman is actually entitled "Special Consultant to the Executive Director of the American Nurses' Association." Ombudsmen are troubleshooters, agitators, statesmen, advocates and facilitators of change—depending on the situation in government, industry, education of corporations through which they operate. They are "insiders" who are employed to nibble-at-but-not-bite-off-the-hands that are feeding them; because once bitten off, the hand is in no condition to continue to function on behalf of the parent body. Perhaps a more apt description is that of the precursors to a headache—always there to call attention to a problem such as excess tension, overwork, hypertension, or even a brain tumor—activated to call attention to something the body needs to ameliorate.

I admit to being surprised by some of the issues which members have not brought to me. The first anticipated membership concern before the last convention in 1980 was for nominations. No murmur of concern has been sent to me about the slates of officers nominated in any state or national election of the American Nurses' Association since my appointment before the biennial convention in Houston. Yet I ask you, are the people who are knowledgeable about your special interest represented on the local and state nominating committees? If not, they may be omitted from the national nominating committee as well. Check it out.

We each have a dual responsibility in relation to preparing local slates. The dual responsibility is, 1) to get to know the potential candidates, exploring their knowledge and interests while making yours known, and 2) to encourage those who share your views to run. Then the responsibilities increase for we each must vote and influence others to vote as well, once the candidates declare their interest in assuming the responsibilities inherent in the position. We have each been guilty of
missing important meetings, deadlines, and votes on important issues. In the current socio-political climate of 1981, that is a luxury nurses cannot afford.

The American Nurses' Association encompasses all states, Guam, and the Virgin Islands. Nurses educated with diplomas, doctorates, and all degrees in between rightfully claim membership. In spite of our ethnic, religious, educational, and geographic diversity, to list but a few aspects of our varied membership, the official nursing organization sets policy for all through delegates elected to conventions. Who are the elected delegates? Who are their elected alternates? In what ways do you agree with or reject their positions on issues related to the future of professional nursing? Active, vocal, and letter-writing American Nurses' Association members are the ones to whom those voting delegates must pay attention. Such active participation in ANA is also a good training ground to prepare for similar local, state, and national governmental elections where nursing needs officials knowledgeable about the profession as well as concerned about patients who vote in their districts.

We who are members are the American Nurses' Association. We must be self-analytical as we examine the organization we have created. By remembering that neither we the members nor the structure we have developed are perfect, we may be able to respond effectively to Pogo's ironic realism: "I have seen the enemy and he is us."

Members with concerns can contact me by writing to: Box, Hampton Institute, Hampton, Virginia 23668; or by calling, (804) 727-5672 or (804) 723-2198.
In response to your request for suggested direction about whether or not the Ombudsman Committee should be reactivated, the Cabinet on Human Rights agrees that it should be.

Members of the cabinet agreed that the role of the ombudsman is now less clear as a result of the revised bylaws. The cabinet requests that you consider using the Ombudsman Committee as a resource to work with you to clarify the role of the ombudsman.

KT:js:2:7

cc: Lyn Eddy
February 7, 1984

Marian Davis Whiteside, M.P.H., R.N.
Assistant Professor
University of North Carolina at Greensboro
1000 Spring Garden Street
Greensboro, North Carolina 27401

Dear Marian:

You were right about your letter being too late. I received it February 2, 1984, and the meeting in reference to the Ombudsman took place on January 24, 1983. However, before I left I spoke with Juanita Hunter who made me aware of some of your concerns.

I can tell you now that the meeting went on better than I had anticipated. Those in attendance made sure that all of the issues of concern were discussed. There was no doubt in the minds of all that the Ombudsman have never really worked even before the new structure but given the federation model for A.N.A. is even more obsolete. The Ombudsman herself, brought a letter for the Executive Director, with copies to us in effect rendering her resignation as soon as possible.

Dr. Ryan proposed something that seems to make sense and that could work. That is, there would be an office of minority affairs with an Executive Deputy Director and with all the necessary staff, just like any other unit of A.N.A., and with its own budget. It seemed to those present, that if this is the situation then this office indeed could be viable. I proposed, at the time, that this office should be accountable to the Board of Directors at the Deputy Executive Director level. As such, then this office would be as permanent and viable as any other Deputy Executive Director unit.

We discussed several important issues which they will be recording in the minutes that we will be receiving soon, for comments and corrections before they go out to the Cabinet members. You will have the opportunity then to see the discussions and actions taken.

I hope that this clarifies some points, and it may allay your fears. I am sure we will have opportunities to once again discuss this at the Cabinet meeting in March, 1984.

I am looking forward to seeing you.

Best wishes,

Ildaura Murillo-Rohde, Ph.D., FAAN
Dean and Professor