Common sentiments in a disparate global profession, taking control to improve care, avoiding the staffing quick fix and exercising your vote

Disparate but with common sentiments

It is always advisable to prepare well for tricky questions, even better to pre-empt them. A century ago, Ethel Gordon Fenwick said: ‘It will be asked how in the world can such a conglomeration of associations, existing in so many different countries, and formed for so many and various objects, comprising hundreds of thousands of women of different religions, different races and upbringing, have an intelligible purpose and work together for a practical end?’ She was referring to the International Council of Nurses, the organisation she founded, now a ‘conglomeration’ of 119 national nursing associations, which has just held its centennial conference in London. (The celebrations included, fittingly, the unveiling of an English Heritage blue plaque at Mrs Fenwick’s London home in Upper Wimpole Street.)

Mrs Fenwick’s answer proved more succinct than her question. What bound these apparently disparate groups was ‘a common consecration to the service of humanity’. Though we may shy away from such language today, I suspect many nurses, including the 4,000 delegates who attended the centennial conference, share her sentiment.

Take control and improve quality of care

As for the concern about ‘a practical end’, a contemporary example of the potential of the global nursing network is the project based on Linda Aiken’s pioneering work in the United States. Ms Aiken’s research shows that when nurses have more control over their work, patients do better. Taking their cue from Ms Aiken, an international team of nurse and health services researchers is now collecting data in the US, Canada, Germany, Scotland and England. They’re gauging nurses’ attitudes to their work, how patients fare in different hospitals and how those institutions are run. Some of you reading this will contribute to the project by filling in a questionnaire on your views. As the team explained at the ICN conference, pulling all these findings together will be a huge enterprise, but the results will provide an invaluable tool in pinning down the real value of nursing and the conditions needed to provide quality care for patients. Most of us have a fair idea already but proof gives power, as all good evidence-based practitioners know. The clout of this research will be all the greater because of its sheer scope and opportunity for international comparisons.

No staffing quick fix

As a profession, nursing has a strong tradition of internationalism, and not exclusively through an organisation like the ICN. Individual nurses continue to work far from home for reasons ranging from simple wanderlust to economic necessity and altruism. In the UK our health service has benefited hugely from the contribution of overseas nurses, as last year’s NHS 50 anniversary emphasised with its celebration of the arrival in 1948 of the Windrush nurses from the Caribbean. Thinking internationally demands a refusal to tackle our own problems in splendid isolation. A recent seminar organised by members of the Standing Committee of Nurses in the European Union (PCN) revealed that Iceland is facing a 14 per cent shortage of registered nurses, the Netherlands predicts a 12 per cent short-fall by 2003 and Ireland, for years a great nurse exporter, is also struggling.

In our current nurse shortage crisis, turning to another country’s nursing workforce to alleviate a trust’s troubles is merely a quick-fix solution, impractical in its short-termism, not to mention the ethical issues involved when that workforce has been created with a developing nation’s scarce resources.

Time we caught election fever

All this ‘joined up’ global thinking puts an interesting gloss on the lacklustre response to the elections to the European Parliament. I don’t know what proportion of the 23 per cent average turnout were nurses, but the nursing voice needs to be heard in a forum responsible for much employment, health and safety and environmental legislation. In the past women have proved less than enthusiastic about voting in European elections. As members of a profession of which over 90 per cent are women, we are in an ideal position to change that attitude. Let’s make those newly elected MEPs aware of what nursing wants from Europe.

We’re certainly hoping for a strong showing in our own elections. Eleven seats are up for election on the RCN Council, our governing and policy-making body. Nomination papers have been distributed to branches and national forums; further copies are available by ringing RCN Direct on 0345 726100. The closing date for nominations is Friday July 23 and voting papers will be despatched to members in mid-August. We’re undergoing a major modernisation programme at the RCN to meet nurses’ needs and respond to changes in health care as well as political devolution. True commitment exists within the organisation to get more people involved. Your vote will count, more than ever.

And if you are still wavering about exercising your electoral franchise – RCN or otherwise – it’s worth recalling that when they founded the ICN, Mrs Fenwick and her colleagues had yet to win the right, as women, to vote for their own government.

Christine Hancock is RCN General Secretary