

# THE NURSING PROFESSION VIEWED AS A POLITICAL PRESSURE GROUP: SELECTED REVIEW OF THE LITERATURE\*

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## INTRODUCTION

The purpose in this paper is to analyze the extent to which organized nursing can be considered a political pressure group. The development of the paper, therefore, necessitated that the literature be reviewed from two perspectives: What are the critical aspects of pressure group behavior? And what evidence is there that organized nursing resembles a pressure group? In the context of this paper, "political" refers to what David Easton (1965) called "the authoritative allocation of values for a society", that is, an analysis of how professional nursing organizations can influence governments in the exercise of coercive power to achieve the ordering of beliefs, goods, and services that cannot be attained through the economic or the social systems of the society.

Pressure groups are assumed to be integral to the functioning of the public policy-making system in Canada now and in the past. Recent Canadian writers<sup>1</sup> argue that the number of pressure groups is increasing with the trend to increased complexity in the social and economic system, the vast technological changes in the field of information, and the pervasive and powerful influence of governmental policy. These factors serve, as Holtzman (1966) observed "... as a centripetal force, continuously drawing groups into the political sphere" (p. 3).

Even the most cursory examination of nursing literature (or the attendance at a provincial or national meeting) reveals a growing concern within the profession with how nurses, both individually and collectively, can influence the public policy-making process. Like many other fields of endeavor, the practice of nursing seems to be shaped more and more by political decisions which many members of the nursing profession feel they have had little opportunity to participate in making.

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<sup>1</sup> Notably Presthus (1973), Kwavnick (1972), Engelman and Schwartz (1967), Pross (1976) and Van Loon and Whittington (1976).

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At the same time the literature reflects an image of nursing and nurses as "powerless". There seems to be a fair consensus, at least amongst current writers, on the reasons for this lack of power: limited involvement; the female composition of nursing; and the political naïveté of the members. In addition, nursing writers frequently associate lack of power with lack of internal leadership, over-use of a consensus decision-making model, the lack of money and the low socio-economic status of the profession. Bowman and Culpepper (1974) are representative of the tone of the literature when they write:

Many nurses see themselves as objects of the power of others, and have internalized the attitudes of subordination projected by those in positions of authority and by other health professionals. (p. 1054)

However, little systematic study of the political behavior of organized nursing has been done.

What factors aid understanding about modern nursing's apparent lack of political pressure group involvement? How can nursing organize to effectively influence public policy? Political scientists argue that pressure group behavior must be understood within the context of a particular political culture. In other words, the structure and behavior of pressure groups operating in Canada are functions of the total Canadian political system. With this principle in mind, the author of this paper will draw heavily, but not solely, on Canadian political science and nursing literature. Assuming the role of an amateur political scientist, the intent of the author is to examine, in an exploratory fashion, the roles, structures and political resources of organized nursing as a political pressure group.

Two additional introductory comments are required. In the past few years, the study of public policy and policy-making has become quite fashionable. For the purposes of this paper Dye's (1972) definition of public policy will apply: "whatever governments choose to do, why they do it and what difference it makes" (p. 1). Policy emerges from the complex interplay of economic, social and political forces in Canadian society and is manifested in and through the institutions and processes of the Canadian society. Policy-making is not simply a matter of problem solving, of taking some common goal and seeking the "best" solutions. It is rather a matter of choice in which resources are limited and in which goals and objectives differ and cannot easily be weighed against each other. Policy-making is a matter of conflict. There are very few "pure public goods", that is goods which are available equally to all citizens. Most goods distributed by government confer differential benefits — some more than others; some pay more than others. Hence the most important question to ask in the study of pressure group behavior is

Lasswell's (1936) political question: Who gets what, when and how?

The second point is that studies of pressure groups always disclose the very unequal distribution of political power and influence which exist in a society formally committed to political equalitarianism. The studies provide support for the old observation that politics and political decisions are essentially the province of a small elite, whatever the formal opportunities for political participation may be. The only logical answer to the charge that power is unequally distributed is to grant that this is so.

### WHAT ARE PRESSURE GROUPS?

From the study of such political scientists as Arthur Bentley (1908) and David Truman (1951) up to the present day, definition of a pressure group implies a collection of individuals who consciously join together, amalgamate their resources, consult on questions of strategy and undertake action in pursuit of goals. The basic characteristic of the pressure group is its intention to influence governmental decisions.

Canadian writer A. Paul Pross (1976) suggested that pressure groups be viewed on a continuum positing at the one extreme "issue-oriented" groups and at the other, institutionalized groups. Institutional pressure groups were described in the following way:

- 1) *They possess organizational continuity and cohesion;*
- 2) *They have extensive knowledge of those sectors of government that affect them and their clients;*
- 3) *There is a stable membership;*
- 4) *The operational objectives are concrete and immediate;*
- 5) *Organizational imperatives are generally more important than any particular objectives.* (p. 10)

Examples of institutionalized pressure groups include the Canadian Manufacturers' Association, the Royal Canadian Legion, the Canadian Medical Association, the Canadian Law Society, and I am going to suggest the Canadian Nurses' Association and each provincial nurses' association.

The Pross approach suggests that issue-oriented groups have the reverse characteristics of institutional groups. Though issue-oriented pressure groups have limited organization continuity and cohesion, with often minimal knowledge of government, they are frequently excellent vehicles for generating immediate public reaction to specific issues. Because their objectives are usually very limited, these groups can use forms of political communication (e.g., marching in the case of the Prolife, anti-abortion groups) that the institutional groups are reluctant to use for fear of disturbing relations with government agencies. (It is interesting to note that

some of the women's groups are moving along the continuum toward the institutionalized).

Looking briefly at the Canadian Nurses' Association or at the provincial organizations, we find large, stable memberships; multiple, broadly defined objectives; organizational continuity; paid professional staff and access to influential politicians and bureaucrats. Perhaps the most concrete example of these pressure group characteristics is evident in the history of the collective bargaining programs. Provincial nurses' associations across Canada have established and supported collective bargaining units whose sole purpose is the economic welfare of nurses. These economic gains were primarily achieved in the political arena.

Briefly, then, organized nursing has many of the characteristics of institutionalized pressure groups. Professional nursing associations might be described as organizations whose members act together to influence public policy in order to promote their common interests. The focus of pressure group activities is on influencing public policy for the advantage of a *few*. I wish to emphasize that pressure group behavior by professional associations which exercise authority delegated to them by the parliamentary process, of necessity, is concerned with the "public interest". However, answers to the question "What is the public interest?" are very difficult to decide. I believe that inaction or silence by organized nurses in the general area of social policy may not be in the "public interest". As will be discussed later, the political role of organized nursing is not nursing's primary activity as it is with some other pressure groups. Nurses' associations concentrate mostly on performing functions related to members.

### ROLE OF PRESSURE GROUPS

Political scientists are generally in agreement that the structure and behavior of pressure groups are functions of the political systems in which they are located. Within the Canadian political system pressure groups seem to perform functions which apply to nursing in the following ways:

- 1) *integrative functions*: Through the use of established communication networks within the professional associations, the individual nurse has opportunity for input into policy statements and position papers of the association;
- 2) *distinctive functions*: Nurses try to present a unique view of health and the role of nursing in health promotion;
- 3) *communication functions*: Pressure groups not only act as mechanisms for transmitting demands for government, but they also channel communications from government and offer an avenue through which government can assess public opinion: hence a two-way flow of communication;

- 4) *legitimation function*: As a by-product of the communication function, nursing associations at the provincial and national levels are frequently asked to respond to proposed governmental legislation and to participate in committees and task forces.

An important generalization that is derived from the examination of these four functions (integrative, distinctive, communication and legitimation) is that pressure groups need not see themselves in an adversary role in relation to government. Frequently, various aspects of the role are mutually beneficial. Mutual benefit may be a significant fact in the determination of pressure group effectiveness.

The above four functions constitute what Almond and Powell (1966) call the "input into the political system" (p. 75). More recently, some Canadian writers have identified a group of output functions. These output functions are divided into those of an *informational* nature where the group is acting indirectly for the system, and those of an *administrative* nature where the group and its members are actually a part of the output process. One of the most significant administrative functions is self-regulation. Van Loon and Whittington (1976) believe that the most important output function of pressure groups is the dissemination of information about government policies both to members of the pressure group and to the general public. The importance of these output activities for understanding pressure group behavior cannot be underestimated for they allow and even encourage pressure groups to be integrally involved in government activity.

Canadian political scientist Robert Presthus (1973) argued that within a context of the broad political culture of the society, pressure groups perform essentially a *linkage* function.

According to Presthus (1973):

Essentially...this is a system in which the major decisions regarding national socio-economic policy are worked out through interactions between governmental (i.e., legislative and bureaucratic) elites and interest group elites. (pp. 20-22)

He further argued that the linkage function is necessary because governments cannot perform their synthesizing role without continuous interaction with all segments of the society. "The components of Canadian political culture culminate, in turn, in a national political process that may be called one of elite accommodation" (pp. 20-22). He conceptualized the interactions among the various political elites as a process of trade-offs where power and influence, political resources and strategies varied with each issue and with the resultant political culture. He also maintained that the substantive interest of the pressure group tends to

channel the access points of the group toward specific centers of governmental power. Some groups deal almost exclusively with one or two departments. For example, interaction between the nurses' associations and the bureaucrats in the provincial civil service will be focused primarily with the departments responsible for health, hospitals, and advanced education.

Even the most cursory examination of a provincial nursing association will provide considerable evidence that these organizations, for at least part of their role, function in both the input and output dimensions of pressure groups. But mere functioning does not determine the effectiveness of pressure group role behavior. Canadian political scientists state that the reasons for the success or failure of a pressure group are related to the factors in its own structure and that of the government, to the existing policy orientation, and to the extent of the conformity of the group's interest to the needs of the environment. For example, Taylor (1960) in his analysis of the Canadian Medical Association attributed its relatively high degree of success not only to its privileged access to the focal point of decision-making in its field, but also to the Association's prestige, the cohesiveness of membership, *the lack of articulation of an opposing point of view*, and general agreement among key policy-makers on the Canadian Medical Association's high level of responsibility and public interest.

The role pressure groups play in Canadian society is a function of the Canadian political culture. Political culture is composed of the political values, attitudes, and empirical beliefs of the citizens of a political system and is a major determinant of political action or behavior. The major descriptors of the Canadian political culture include: a "small c" conservative orientation; stress on order, loyalty and deference to government; a hierarchical organization in all spheres of life that is taken for granted; a nation of spectator-participants. The political role of organized nursing will generally conform to the expectations inherent in the political culture. In addition, nurses' associations have a political culture that in many ways is highly specific to nursing. This culture will include fundamental characteristics of the Canadian political culture with additional values and beliefs derived from the following factors:

- a) the role of women in Canadian society;
- b) our religious and military traditions;
- c) the nature of our work;
- d) the age and level of education of the majority of members.

I believe that an understanding of the components of Canadian political culture and the more specific political values generally accepted by nurses must be taken into account for accurate analyses of the political behavior of organized nurses' associations.

## STRUCTURE: PRESSURE GROUPS AND GOVERNMENTS

An analysis of the structure of pressure groups would be inconclusive without a discussion of the structure of the policy-making process which pressure groups seek to influence. In a very real sense, the structure of the policy-making process and the structure of the pressure groups are inter-related. To be precise, "pressure groups", said Eckstein (1960), "tend to adjust the form of their activities not so much to the formal, constitutional structure of government as to the distribution of effective power within a governmental apparatus" (p. 16). For example, in the United States a national nursing organization attempting to influence a major health care policy would try to lobby members of the Senate and the House of Representatives in addition to cabinet officers and senior civil servants. All of these groups have considerable influence on the policy-making process. In Britain the nursing organization's primary access point is the senior civil servants. And in Canada pressure group strategy would be directed toward the cabinet and senior civil servants. In all three countries, the effective distribution of policy-making power is different.

Helen Jones Dawson (1975) has analyzed institutional pressure groups operating at the federal level. She (1975) maintained that Canada's form of federalism primarily affects the structure of Canadian pressure groups and frequently the ability of these groups to represent their members effectively in Ottawa. She argued that these effects are more noticeable in groups concerned with problems where jurisdiction or political interest is shared by both federal and provincial governments. The result, according to Dawson, is frequently weaknesses of the pressure group in terms of organization, financing and in formulation of policy.

The first and most obvious effect of the federal system of government is the adoption by most national organizations of parallel federal structures. Organized nursing in Canada operates at both the federal and provincial levels. Dawson (1975) pointed out that most federal pressure groups are weak federations whose provincial components tend to dominate policy determination of the national group. Part of the tradition of Canadian federalism requires that national pressure groups consult the provincial counterparts when new interests or concerns arise. This consultative process frequently produces long delays in reacting to government initiatives. In addition, policy statements achieved by national groups frequently are at a level of generality with which almost no one can argue.

Another major impact of Canadian federalism on pressure group structure is that divided or shared constitutional jurisdiction sometimes makes it necessary for a pressure group to exert influence at both federal and

provincial levels of government. Although health care is part of the provincial jurisdiction, the Federal Government has a national Department of Health and Welfare. The influence of the Federal Government in the health care of the nation has been pervasive. Van Loon and Whittington (1976) pointed out that one of the most frustrating outcomes of the Canadian constitutional structure is the fact that both federal and provincial governments often justify inaction on the grounds that they lack jurisdiction.

As well, Dawson (1975) maintained that the shared jurisdiction results in financial weakness at both the provincial and federal levels of the pressure group. National groups, by necessity, maintain offices and employees at both levels and frequently must limit the number of board and executive meetings. The cost of both levels of operation is primarily supported by membership fees from the provincial organizations. Dawson (1975) observed that very few Canadian pressure groups maintain large enough staffs at the national level to provide a continuance of expert advice to the federal government. Ottawa is seen as remote from provincial concerns; and in some national pressure groups, provincial organizations want to ensure control of national policy formulation.

The federal-style structure does not easily facilitate the development of a national outlook in pressure group activities. Although aspects of federalism may continuously draw pressure groups into the political arena, these same forces may make effective operation of the groups difficult. Another way of looking at the problem may be that both members of the groups and governments have come to expect federal pressure groups, like the CNA, to perform too many functions at too many locations. I would maintain that prioritizing objectives and concentrating resources on a few of these objectives over a period of time would improve effectiveness.

Van Loon and Whittington (1976) suggested that a third major impact of federalism on pressure group structure and behavior is the concentration of political power in the cabinet and bureaucracy. The cabinets become one of the main access points for pressure group activities. Van Loon and Whittington (1976) pointed out that the cabinet, by long tradition, has been "representative" in nature. As a result, committees of national pressure groups frequently provide for careful geographical distribution.

The other focus of concentrated power is the bureaucracy. Governmental bureaucracies have power "... through direct delegation of legislative powers and the indirect influence which bureaucrats enjoy over decisions still to be formally taken by legislature" (Pross, 1975, p. 123). The relationship between pressure group leaders and civil servants,

according to Pross (1975), is characterized by the fact that those groups having fairly consistent success in achieving their goals do so by maintaining close connections with the relevant administrative units. Dawson (1975) maintained that effective interaction has depended on "the cultivation of access to civil servants and a willingness to accept short-term defeats of specific proposals in the interest of the long-term relationship". However, Aucoin (1975) stated that this pattern is changing as pressure groups adjust to recent changes in governmental policy-making structures and processes. The use of policy formulation and coordination bodies operating at cabinet level, the formation of task forces, the development of white papers, and the use of the tools of operation research have resulted in a trend toward centralization of policy-making away from departmental levels. In response, Aucoin (1975) suggested that pressure groups are now encouraged to participate more openly in the political process by preparing formal presentations and engaging in public discussions of these presentations in a manner that enables comparison with other groups. From Aucoin's (1975) perspective, pressure groups provide the government and the public with comprehensive expert opinions which are alternative interpretations of complex policy questions.

In general, Canadian pressure groups ignore "ordinary" members of parliament or the legislature. Some groups, like the Canadian Medical Association, frequently have their own members as elected representatives. Van Loon and Whittington (1976) observed that the frequently used technique of writing to members of parliament or the legislature is normally one of the least successful methods available to pressure groups. Members pay little attention to mail from outside their own constituencies and to form-letters even from their constituencies.

The Canadian federal system, with simultaneous policy-making centres at two levels, provides pressure groups with various points of access for the direction of their activities. At the same time groups are forced to spread their resources rather thinly. The most productive points of access tend to be the cabinet and the senior civil service. The factors which seem to be important in influencing the bureaucracy (i.e., informality, secrecy, expert advice) are different from those factors which influence politicians (e.g., political credibility, past associations, issues). Most national pressure groups are weak federations of provincial organizations which have difficulties developing a consensus for policy-making and which have problems associated with unclear constitutional jurisdiction. Although little documentary evidence exists concerning organized nursing, either at the provincial or federal level, I see no apparent reason why these broad generalizations would not apply.

## POLITICAL RESOURCES OF PRESSURE GROUPS

A "resource" according to Dahl (1961) is "anything that can be used to sway the specific choices of strategies of another individual" (p. 226). He noted that many participants in the political process do not fully exploit their potential resources resulting in "much slack in the system". The allocation of political resources is a crucial dimension in pressure group behavior. How are political resources distributed among the various pressure groups? What explains the differences in the resources available to different pressure groups?

Simeon (1972) has suggested that the distribution of political resources is "highly variable and relative to both the issues and time" (p. 201). More important, Simeon said, "resources are often not tangible, objective facts; rather they are predominantly subjective," depending in large measure on the beliefs and perceptions of the participants. Presthus (1973) maintained that political activism and effectiveness are essentially a function of resources. In his analysis of these resources, attention is drawn to the studies concerning political participation which generally shows that individuals possessing larger shares of resources such as income, interest, legitimacy, and socio-economic status tend to participate more frequently in politics than those who have fewer of these resources.

Political resources may be divided into socio-economic and psychopolitical categories.

## SOCIO-ECONOMIC RESOURCES

One of the most important resources of a pressure group is money. Funds — usually in the form of membership dues — enable the group to hire permanent expert and technical staff, to print newsletters and magazines, to send delegations to interview government leaders and bureaucrats and, among a wide array of other activities, to prepare briefs and to participate in a variety of official committees. In other words, money can buy other kinds of political resources. However, the concern about budget may not only be related to total amount of dollars but to how the dollars are spent. It is likely that CNA members think that the CNA should spend a high percentage of its budget on direct services to membership whereas a group like the Canadian Manufacturers' Association, with impunity, spent a very high percentage of its (1968) budget on politically related activities (like preparing briefs and meeting with cabinet ministers)<sup>2</sup>. The difference in spending priorities reflects a difference in the primary role emphasis of the two groups.

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<sup>2</sup> Data obtained from *Pressure Groups in Canada Parliamentary* 1970 January, pp. 13-14.

Another crucial socio-economic resource is the size and, as Presthus (1973) stated, the "quality" (p. 131) of the membership of a pressure group. "Quality" in this sense refers to occupation, education and prestige of the members of a group. Resources like higher education tend to increase the parameters of the membership's political interest and knowledge and increase, as well, the conceptual skills required for active political involvement. Milbrath's (1965) research on political participation revealed that correlates of an advantaged socio-economic status included political knowledge and a sense of civic duty and, another vital resource, membership in voluntary groups. Next to organized labor, nursing is one of the largest and possibly most stable pressure groups in the country. However, in terms of higher education of the members and occupational status, nursing is grossly disadvantaged if compared to the membership of the Law Society or Canadian Medical Association.

Van Loon and Whittington (1976) argued that the important attribute of a group may be its organizational cohesiveness more than the size of its membership. If the organization's executive really does speak for its members and if the members might be mobilized 'en masse' in support of the group's ideas, any demands which the pressure group makes or implies will tend to have increased credibility. However, I feel compelled to observe that nursing suffers as a pressure group when examination is made of variables like interaction, participation, and absence of conflicting loyalties. For example, work commitments for many women can conflict directly with home and family obligations resulting in less time and energy being available for nursing activities.

Perhaps the most vital socio-economic resource is access, particularly access of the chief executive to senior elected officials or members of the bureaucracy. Research indicates that direct intervention by the chief executive (or other influential pressure group members) in the formal political process is the most effective political activity of pressure groups. Other writers agreed that access to the decision-makers is the sine qua non of pressure group influence on public policy but, in a way, that is all it is. Access is a necessary but not a sufficient resource in itself for political influence. Very little is known about the methods of access used by nursing associations. My experience suggests this access consists primarily of formal meetings with cabinet members and senior bureaucrats.

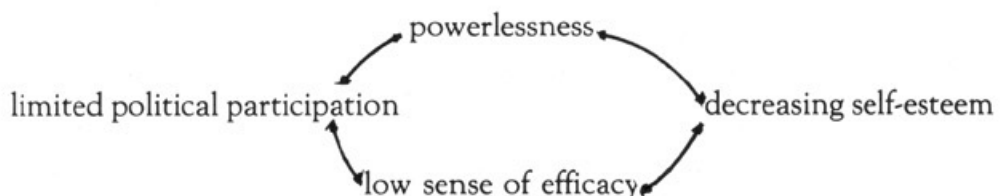
Discussion of socio-economic resources is rather scant in nursing literature. However, the impression fostered is that nursing has few socio-economic resources to mobilize in terms of pressure behavior. I believe this impression understates the reality.

## PSYCHOPOLITICAL RESOURCES

Understanding or, more important, using psychopolitical resources depends on the individual's or the pressure group's conceptualization of power. "Power" has always been an elusive concept in the social sciences. There are literally dozens of varying definitions of the term. Perhaps the one most relevant to this discussion of psychopolitical resources is that of Bertrand Russell (1962) who defined power as "the production of intended effects" (p. 25). Thus, power can be viewed as the influence that A has over B in terms of the actions B takes which would not have been taken without A's efforts. An individual's perception of her personal power or influence is rooted in the political aspects of the socialization process, and is a learned response.

Perhaps the most important psychopolitical resource of a pressure group is the *sense of political efficacy*. Political efficacy is defined as an individual's feelings that she has a meaningful role to play in the political process and her confidence that the system will respond to her efforts. It is the belief that the individual can influence events by personal effort. In other words, individuals with a high level of efficacy are likely to be participants in the political process. These individuals tend to be middle class and upper middle class individuals who believe life is going well generally. Stated another way, individuals who have the most cause for discontent do not feel they can have any influence over political decision. This attitude leads many individuals to abstain from participating and their absenteeism makes their low sense of efficacy a self-fulfilling prophecy. The political efficacy of a pressure group is in large part dependent on the chief executive's sense of personal influence.

These observations have significant implications for understanding nursing as a political pressure group, particularly in understanding the sense of political efficacy of individual nurses. The overwhelming impression which I have obtained from the nursing literature reviewed for this paper is that nurses and nursing feel relatively powerless. The result of this perceived state of powerlessness is a self-fulfilling prophecy, depicted in the following diagram:



However, I believe that evidence exists which shows a growing awareness of the use of political power by professional nurses' associations. This can be seen in the solidarity, confidence and determination with which the

Order of Nurses of Quebec fought to obtain recognition of their professional identity and autonomy.

Another significant psychopolitical resource of a pressure group is the prestige or status of the group. Van Loon and Whittington (1976) argued that governmental decision-makers may be impressed by the group's ideas in direct proportion to how impressed they are by the members as individuals. The point is that almost everyone will at least listen to a medical association, but nursing groups may have difficulty getting a hearing.

*Monopoly over a certain area of expertise* is a potent factor in determining the prestige of a pressure group. But Van Loon and Whittington (1976) suggested that the prestige may also depend on how much the government needs the expert resources of the group, on the past record of the pressure group in its relationship with the government, and on the socio-economic status of group members.

The present status or prestige of the nursing profession is inevitably linked to the status of women in society and to the various bureaucratic and professional role conceptions. Stinson (1969) observed that nursing in the 1960's had undergone a process of deprofessionalization when compared with nursing in the 1920's. She (1969) outlined the evidence:

- 1) there has been a deterioration of the substantive knowledge-skill component, a decline in aura of mystery, lack of theoretical development of methodology suitable to research in nursing, and adaptations to technological innovations have, by and large, taken the nurse away from the patient, her chief focus of nursing knowledge, as have adaptive responses to the organizational control within which nursing care is given;
- 2) increased responsibility has not been accompanied by a concomitant increase in authority in relation to substantive decisions, and there would seem to be evidence of powerlessness in the occupational association and feelings of powerlessness and alienation among a substantial proportion of nursing practitioners; (and)
- 3) the socialization of recruits would seem inadequately articulated with the realities of what are highly bureaucratized work-settings. (p. 378)

The professional role of nursing seems, at best, vague. If nursing does have control over a certain area of expertise, this expertise in many respects is of a coordinative or facilitative nature — exactly the kind of knowledge that has systematically been removed from nursing curricula during the 1970's.

All of these factors are heavily influenced by the pressure group's perception of themselves as well as by the perceptions of governmental decision-makers.

## CONCLUSIONS

I believe this paper has demonstrated that organized nursing is an institutionalized pressure group. The organizational base provided by the professional associations allows opportunity for the concentration and translation of nursing interests, resources and energy into political action. Nursing is structurally and functionally similar to many other pressure groups. It has considerable human if not financial resources. The objectives or goals of both the CNA and its provincial member associations are multiple, fairly broadly defined and collective. The effectiveness of the integrative process in organized nursing was very difficult to assess from the literature. Both provincial and federal associations have professional and support staffs who participate on joint committees, write briefs, establish alliances with other groups and have contacts which extend into the civil service.

In spite of these apparent strengths, the nursing literature generally presents a picture of nurses as being powerless. The literature provides reasons for this lack of power: lack of involvement; female composition of nursing; and political naïveté of the members. In addition, nursing writers frequently associate lack of power with poor internal leadership, over-use of a consensus decision-making model, the lack of money and the low socio-economic status of the profession. I wonder if these reasons can more accurately be seen as indicators of the political culture within the profession itself. Political pressure group behavior may conflict with desired professional behavior and/or perhaps with feminine role conceptions of many members. Drawing on the political science literature for a moment, the effectiveness of organized nursing as a pressure group may equally be affected by the lack of a substantive body of unique expertise that is required for decision-making by the various elites. The predominately male composition of the various decision-making bodies cannot be overlooked as a factor affecting the success of political behavior of nurses. Another factor affecting nursing success could be a lack of frequent and close ties with the bureaucracies. However, in a very real sense, nursing's political resources and potentials are intertwined with the perceptions nursing members have of themselves. A low sense of political efficacy results in limited participation by most nurses in political activities. The belief that nursing is powerless becomes a self-fulfilling prophecy.

Most of the available nursing literature on the subject of political power or leadership has been written in the last fifteen years, with a very heavy concentration during International Women's Year. I had considerably mixed feelings about much of this literature. So many of the authors seemed to be "putting down" the average member of the profession by labelling her as insecure, naïve and fearful. What this type of writing adds to the understanding of nursing escapes me.

Frequently, I had the impression that causes were "identified" before the problem was fully understood. As well, very few writers seemed to offer any solutions to the problems of being "a powerless group".

In addition, only minimal discussion was found concerning the political activities of nursing groups operating in the provincial arena. Since both education and health are primarily provincial responsibilities, this feature constituted a serious deficiency in the literature.

Looking beyond the literature, I wonder whether the actual situation of nursing as an influential pressure group, is as hopeless as the literature would suggest. It would be interesting to do a study comparing ourselves with other national and/or provincial pressure groups. Instead, the nursing profession constantly compares itself with organized medicine. Among pressure groups, medicine is as yet one of the elite, and in comparison with medicine most other groups seem powerless. Surely a more careful and thoughtful analysis would include broader comparisons and result, possibly, in a more valid and informed view of nursing's potential as a political pressure group.

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## RESUME

### LA PROFESSION D'INFIRMIERE EN TANT QUE GROUPE POLITIQUE DE PRESSION

Cette analyse a pour but d'examiner jusqu'à quel point la profession d'infirmière peut au Canada être considérée comme groupe politique de pression.

Une recension des écrits sur les groupes politiques de pression au Canada a permis de constater que leur caractéristique essentielle consiste dans le fait de présumer une entière participation à la formulation des politiques gouvernementales. L'auteur du présent article propose qu'étant donnée leur organisation fondamentale, les associations professionnelles permettent aux infirmières de concentrer leurs intérêts, leurs moyens et leur énergie afin de les traduire en action politique.

Toutefois, l'auteur souligne que la plupart des infirmières se sentent impuissantes à infléchir la prise de décisions politiques. Un tel sentiment n'incite guère à prendre part à ce type d'action et en conséquence, perpétue l'image d'inefficacité politique que les infirmières se font d'elles-mêmes.

En conclusion, l'auteur propose que les infirmières cessent de se comparer aux médecins qui ont jusqu'à présent constitué une élite de pression politique. Elles pourraient plutôt comparer les résultats de leur action à ceux d'autres groupes de pressions actifs sur la scène nationale ou provinciale.