NURSING PAPERS
PERSPECTIVES EN NURSING

NURSES AND POLITICAL ACTION: THE LEGACY OF SEXISM

THE NURSING PROFESSION AS A POLITICAL PRESSURE GROUP

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NURSING PAPERS
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EDITORIAL

A New Name

"Editorial Representative" will replace the label, "Ambassador". It is felt that the term, "Editorial Representative", more clearly describes the functions of the person in this position, who is in fact the local representative in each university of the Editorial Committee of Nursing Papers. Each Faculty of Nursing chooses one member to be their representative

on the Editorial Board of *Nursing Papers*.

The functions of the "Editorial Representative" from each university are similar to the functions of the Editorial Committee:

> *Circulation* - promotional activities and obtaining subscriptions in her geographic area from university faculty and colleges, and other schools of nursing and all hospitals and health care agencies;
>
> *Soliciting* - research and scholarly papers, knowing the people and their activities in her area, gaining commitment from persons engaged in research and other relevant activities to prepare papers for submission to *Nursing Papers*;
>
> *Editorial* - function by assisting individuals to write papers, to understand *Nursing Papers* policy, and to comprehend the criteria for the appraisal of papers;
>
> *Development* - by communicating ideas and methods from her faculty and geographic area related to issues of quality, content, promotion, circulation, representativeness, etc. of *Nursing Papers*. The forum for this purpose is the *Nursing Papers* meeting of Editorial Representatives and Review Board members held at the time of the annual general meeting of the CAUSN.

* ER - editorial representative

The following paragraph described the role of the editorial representative in a recent letter from the McGill and University of Montreal editorial representatives to the other editorial representatives in the university schools of nursing:

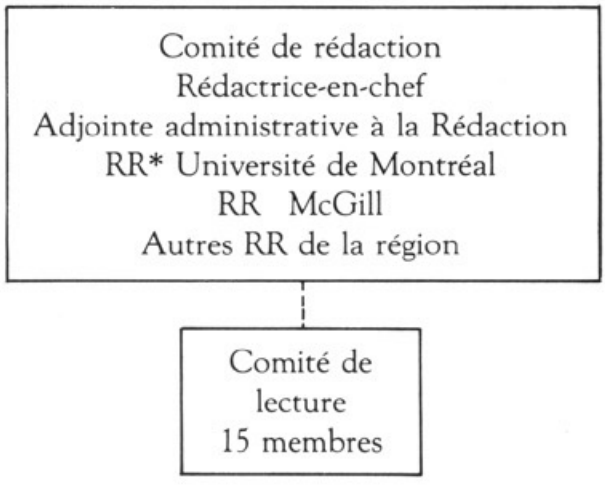
As the local voice for *Nursing Papers*, the Editorial Representative assumes the following responsibilities. She is knowledgeable about research and projects in her university, is able to encourage potential writers, support the scholarly activities of her colleagues, and assist them with writing skills. Furthermore, she must value the communication of nursing knowledge, and is committed to the need for a research and scholarly journal in nursing. Most of all she is willing to give her time and efforts to the development of projects, and activities which will contribute to the advancement of *Nursing Papers* and increase the journal's circulation. It is hoped that a more comprehensive attack can be launched to increase circulation. Obtaining new subscriptions is an important function of the Ambassadors, and is best done regionally.

F. Moyra Allen, Ph. D.
Editor, *Nursing Papers*
McGill University School of Nursing

EDITORIAL

Un nouveau nom

L'expression "représentante de la Rédaction" remplacera désormais le terme d'ambassadeur. Nous estimons en effet qu'elle décrit mieux les fonctions de ce poste dont le titulaire est en fait le représentant local au sein de chaque université du comité de rédaction de *Perspectives en Nursing*. Chaque faculté des sciences infirmières élit un membre au comité de rédaction de *Perspectives en Nursing*.



Les fonctions de chaque Représentante de la Rédaction sont semblables à celles du comité de rédaction:

> *Tirage* - activités de promotion: abonnements à la revue des membres de facultés universitaires et de collèges de la région, ainsi que d'autres écoles d'infirmières et de tous les hôpitaux et organismes de distribution de soins.
>
> *Sollicitation* - de rapports de recherche et autres articles d'excellence, rencontre de leurs auteurs; trouver des chercheurs et autres personnes qui acceptent d'écrire pour *Perspectives en Nursing*.
>
> *Editorial* - aider les gens à écrire leurs articles, à bien saisir la politique de *Perspectives en Nursing* et à comprendre les critères d'évaluation des articles proposés.
>
> *Développement* - faire connaître les idées et les méthodes de sa faculté et de sa zone géographique en ce qui concerne la qualité, le contenu, la promotion, le tirage, la représen-

* RR — "représentante de la rédaction"

tativité etc. de *Perspectives en Nursing* - c'est à cette fin que se réunissent les représentantes de la Rédaction et les membres du comité de lecture au moment de l'assemblée générale annuelle de l'ACEUN.

Le paragraphe ci-dessous décrit le rôle de la représentante de la Rédaction tel qu'apparu dans une lettre adressée par les RR de McGill et de l'Université de Montréal aux autres écoles d'infirmières universitaires.

Porte-parole local de *Perspectives en Nursing*, la représentante de la Rédaction assume les responsabilités suivantes: Elle est au courant des recherches et des travaux en cours dans son université, elle peut encourager les auteurs et collaborateurs éventuels, appuyer les activités de recherche de ses collègues et les aider à rédiger leurs articles. De plus, elle valorise la communication des connaissances en sciences infirmières et est profondément convaincue de la nécessité d'une revue savante dans la discipline. Mais par dessus tout, elle doit être prête à consacrer son temps et son énergie à l'élaboration de projets et d'activités qui contribueront aux progrès de *Perspectives en Nursing* et permettront d'en augmenter le tirage. Nous voulons mettre en oeuvre un plan d'action global et concerté à cette fin. Finalement, la représentante de la Rédaction doit s'efforcer de recruter de nouveaux abonnés, ce qui est surtout possible à l'échelon régional.

F. Moyra Allen, Ph. D.
Rédactrice, *Perspectives en Nursing*
l'Ecole des sciences infirmières de
l'Université McGill.

Nursing Papers wishes to thank our Editorial Representative of Université de Montréal, Julienne Provost, for her continuous support in proofreading and copy editing all French-language translations of the editorial and articles prepared for publication of each edition.

NURSES AND POLITICAL ACTION: THE LEGACY OF SEXISM

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The 1970's witnessed a reawakening of the political consciousness of nurses. Not since the struggle for registration at the turn of the century has political action assumed so high a priority on the agenda of organized nursing groups. Fuelled by social and political forces such as the women's movement and the shift from entrepreneurial to political power in Canadian health services, organized nursing associations in Canada have begun to define themselves as political pressure or interest groups having a direct, continuous, and active role in influencing health policy.

The problem for most organized nursing groups in Canada is that their views on policy matters have rarely been heard and found plausible, much less accepted. The women's movement has helped to bring into sharp focus some of the fundamental causes. Most nurses are women and the cultural conditioning and opportunities of women have been such to effectively exclude them from the corridors of power in our society.

If nursing is to keep up the pressure to have its interests better represented, it is important for nurses, individually and collectively, to be aware of some of the ways in which sexism contributed to their political inexperience and lack of political influence.

POLITICS AND THE MALE-FEMALE SEXUAL DYNAMIC

Politics in health care, as elsewhere, consists in exercising power, consolidating power, or effecting a change in power relationships - or put more crudely, working the system to advance one's interests.

In Canadian society, men, to a large extent, have appropriated the positions of power and authority in public life. Men have also controlled the production of ideas, images, and symbols by which social relations are expressed and ordered (Smith, 1975). It is men's perspectives which have determined which issues or problems are considered salient and whose views to credit or discredit. Further, the policies and procedures of most major social institutions have been built on male values and have been designed to protect and promote male interests (Wood, 1978-79).

Consequently, women who have sought access to traditionally male preserves have not been able to count on society for much encouragement or on the male power-holders for fair treatment. Indeed, until the

mid-1960's, the social climate in Canada was basically hostile to the notion of women taking their fair share of political power. The accepted social norm was that politics and the holding of power were incompatible with "femininity" and the "nature" of women. The control of power was seen as requiring a high degree of rationality, objectivity, and stability, properties thought to be lacking or undesirable in females. Women who breached the boundaries of acceptable female behaviour by seeking or obtaining power were considered deviant, unnatural, disturbed, or utterly unhappy.

The strength of these social dictates has rendered problematic women's participation in even the most basic political acts, the casting of a vote. Although the situation is changing, the finding that women vote less often than men is one of the most thoroughly documented in social science (Safilios-Rothschild, 1974).

Perhaps the most visible effect of the ideology that "politics is not for women" is the small number of females who have sought or won elective office. Based on the number of women elected to Canada's House of Commons to date, it has been estimated that it would take 842 years for women to achieve equal representation with men (Kingston Whig-Standard, 1980).

Negative images and beliefs about women and power are beginning to lose their deterrent effect as more women seek political office and individuals such as Flora MacDonald in Canada and Margaret Thatcher in Britain emerge as political superstars holding 'blue chip' political posts. But there is still a long way to go. Available evidence suggests that in vital ways, women in political life remain second-class citizens. The reasons may be found in the reciprocal effects of women's political socialization and the structure of political institutions.

WOMEN'S POLITICAL SOCIALIZATION

In the nursing literature and in much of the research and writing on women in North America, the socialization paradigm is the most common way of explaining the difficulties women face on entering public life. This perspective also provides the foundation for popular repair programs for women such as assertiveness training and corporate political exercises described in best sellers like *Games Mother Never Taught You.*

The socialization paradigm takes as its starting point that male and female children are encouraged from birth to behave and think differently. For females, the object of socialization has traditionally been preparation for the private world of wife, mother, and housewife, and the characteristics assigned to females have included warmth and emotional expressiveness, dependence, submissiveness, and passivity. For men,

socialization practices have been aimed at preparing them for public life where the achievement of success required traits such as agressiveness, intellectual agility, and independence (Tavris and Offir, 1977).

Thus, according to the socialization paradigm, the traditional division of masculine and feminine roles has deprived women of an adequate political education, undermined their motivation to become politically active, and encouraged them to devalue both themselves and other women. That is, to the extent that women have adopted as a guide to life "the ideal female" stereotype, they have grown up psychologically and experientially handicapped for participation in mainstream political roles (McCormack, 1975).

The results of many studies of sex differences in political behaviour may be viewed as consistent with a socialization analysis. For example, in line with the sex stereotype that politics and femininity are incompatible, studies have generally shown that women are less interested, less informed, and less involved with voting than men (McCormack, 1975; Safilios-Rothschild, 1974). Another common finding in political studies is that women tend to vote more conservatively than men and are less inclined toward radical social changes and protests (Safilios-Rothschild, 1974). There is also considerable evidence that women vote as their husbands do, presumably using their vote to reassure their husbands of their "femininity" and superior knowledge and judgement in such "masculine" spheres (Safilios-Rothschild, 1974).

The tendency among women to undervalue themselves and to hold other women in low regard is apparently on the wane in North America (Tavris and Offir, 1977). However, the lingering effects of traditional socialization practices may be seen in the results of a recent Common Market poll in which about half of the men and over 80% of the women surveyed expressed a preference for male political representatives (Financial Post, 1980). In a similar vein, in a 1972 American study, close to two-thirds of the men and women sampled ascribed to the belief that "most men are better suited emotionally to politics than are most women" (Safilios-Rothschild, 1974). Canadian data from the 1960's cited in the *Report of the Royal Commission on the Status of Women* (1970) may be slightly more encouraging. Polls conducted by the Canadian Institute of Public Opinion in 1964 and 1969 have shown that a majority of respondents favoured women playing an important role in politics, including assumption of federal leadership positions. A greater obstacle to fuller participation of women in Canadian political life is the lack of confidence women have in their ability to influence politics. According to a 1968 study by Meisel, women have a very low sense of political efficacy in comparison to men *(Report et al, 1970).*

Research on women who have "made it to the top" in political life provides further evidence of women's conformity to traditional sex stereotypes. For example, studies have shown that women often take to the political floor less than men and use a different style in presenting their opinions. Their presentations and speeches tend to be restricted to feminine subjects such as family, health, housing, and children. On subjects considered areas of "masculine" competence - economics, national defense, foreign affairs, and so on, - the voice of women has rarely been heard (Safilios-Rothschild, 1974).

Undoubtedly, the degree to which women have been socialized to live in a different world from men has played a part in producing the behaviours just described. However, as sociologist Jessie Barnard has noted, "emphasis on socialization merely offers an easy way out, it does not open doors" (Tavris and Offir, 1977).

It leads women to believe that the problem lies almost wholly within their own psychology and education; that women must somehow change if they are to be admitted to the decision-making and policy strata of society. As nurses frequently express it, "nurses are their own worst enemies". Mounting evidence suggests that a more adequate explanation of the obstacles to women in political life may be found in the disadvantaged organizational circumstances in which most women find themselves.

STRUCTURAL DETERMINANTS OF WOMEN'S POLITICAL BEHAVIOUR

The case for a structural explanation of the performance of women in public life has been most fully elaborated by Kanter (1977 [1]) . According to Kanter, the difficulties faced by women around issues of power and leadership are built into the dramatically different division of labour between men and women in most organizations. Typically, women are clustered at the bottom of organizational hierarchies; they occupy most of the lower echelon positions having few prospects for mobility or the exercise of system-wide power. Kanter argues that it is these disadvantaged organizational circumstances, rather than sex differences or sex-role socialization, that define and shape the behaviour of and toward women in public life. From her analyses of large-scale organizations, Kanter (1977[1]) has identified three factors as critical in limiting the influence of women in decision-making and policy spheres: blocked opportunities for advancement; limited power to mobilize resources; and the problem of tokenism whereby women are kept "in their place" in situations where men vastly outnumber them.

Blocked Opportunity. Kanter (1977 [1]) has found that in positions of blocked opportunity or little mobility, people -be they men or women -respond with various forms of disengagement such as depressed aspirations and self-image, lower commitment to work, and reduced feelings of competence. In contrast, in high opportunity positions, people have high aspirations and self-esteem, value their competence, and engage in various forms of active change-oriented behaviour. In other words, blocked oppportunities create a vicious cycle: women tend to hold organizational positions offering limited opportunities for advancement and growth; being disadvantageously placed in the opportunity structure they lower their aspirations and orientations to accord with reality and so are less likely to be perceived as promotable.

Powerlessness. Kanter (1976, 1977 [2]) contends that a similar interaction exists between the current distribution of men and women in the power structure of organizations and their leadership behaviour and political influence. As she notes, women have been handicapped by both their low visibility, low status positions in organizations and their limited access to the informal social networks, sponsors, and peer alliances which pervade organizational life (1976).

Thus, they tend to be caught in a self-perpetuating downward cycle of disadvantage. They are isolated from other powerholders and so, even if occupying a leadership position, may have little influence. Further, and probably more incapacitating, powerlessness has been shown to produce the rigid, controlling, authoritarian leadership behaviour caricatured in the "mean and bossy woman" stereotype (Kanter, 1976). Blocked from exercising power, powerless leaders substitute the satisfaction of lording it over others. Unable to move ahead, they hold back talented subordinates and restrict opportunities for their growth and autonomy. In turn, these behaviours provoke resistance and so contribute to a further restriction of power (1977 [1]) . Kanter (1977 [1]) concludes:

> Power issues occupy center stage, not because individuals are greedy for more, but because some people are incapacitated without it. (p. 205)

Tokenism. The third factor that Kanter (1977 [2]) believes is critical in limiting the influence of women in decision-making and policy spheres is tokenism, a problem occurring in situations where women typically find themselves alone or nearly alone in a peer group of men. Such "skewed" groups not only perceive the token woman in a stereotyped way, but they also pressure her to behave in conformity with that stereotype.

In short, the dynamics of tokenism trap women in limited roles that give them the security of "a place" but with little choice about accepting

the perspectives of the dominants. They find it hard to gain credibility; they face misperceptions about their role and competencies; they are more likely to be excluded from the networks by which informal socialization occurs and politics behind the formal system are exposed; and they have fewer opportunities to be sponsored. In a process analagous to the biological response to a foreign body, women become isolated both physically and symbolically. Thus, the dominant men are able to preserve their positions of eminence and power.

STRUCTURAL CONSTRAINTS AND POLITICAL INFLUENCE

From the structural perspective just elaborated, it may be inferred that the political influence of women is restrained not so much by their own lack of political consciousness and skills, but because of the greater power that has operated against them. What scant research has been done on women's efforts to gain a stronger foothold in political arenas supports this contention. For example, in a rare study of the activities of women's organizations, Dubeck (in Hiller and Sheets, 1977) found that the influence of two elite groups in Cincinnati from 1920 to 1945 varied with the type of issue and the extent to which a shift in power was a part of that issue. As one might expect, efforts to solve social problems, especially in fields congruent with "feminine" interests, were most successful (although by no means all of such efforts were successful). Those concerned with power-related issues, such as government reorganization or the appointment of women to senior decision-making bodies, were least effective. A study by Vickers (Kingston Whig-Standard, 1980), a political scientist at Carleton University, also offers useful insights into ways by which women are kept "in their place" in political life by being nominated in low opportunity constituencies. Her survey of 1200 women who ran for elective office in municipal, provincial and federal levels of government in Canada between 1945 and 1975 shows that 63% of the candidates contested ridings in which their party had not won in the previous five elections. It also interesting to note the extent to which the opportunities afforded by familial encouragement and immersion in political communication networks have been virtually essential for the election of women to the Canadian House of Commons. Of the 18 women elected between 1921 and 1970, six were widows of former Members of Parliament and one was the wife of a former Member. Two of the widows were also daughters of former M.P.'s (Royal Commission on the Status of Women, 1970).

Studies of interest group activities in Canada provide further glimpses of the structural barriers to women in political life. As Hartle observes, "It is in the best interest of key actors in the legislative process to exclude some, perhaps most, interests from the process. The key question is,

therefore, which interests *do* have access and why?" (Thompson and Stanbury, 1979, p. 38).

According to Thompson and Stanbury (1979), the policy system in Canada tends to give the edge to recognized interests, that is groups possessing generous shares of political legitimacy among ministers, bureaucrats and legislators and having prestige, wealth, organizational strength, and cohesion. They also note:

> the resistance of recognized groups and their bureaucratic sponsors to the recognition of new interests. Outsiders, interests that are not initially included in the policy-making or legislative process, must overcome the entrenched positions of those that are "close to the throne" if they are to win recognition for themselves. Furthermore, the barriers to group organization that can be erected by those having influence (recognized groups and their bureaucratic sponsors) are substantial, if subtle. (p. 38)

For nursing, a chastening demonstration of the exclusiveness of interest group representation in Canada and the dynamics of maintaining it is provided, of course, by the medical profession. Indeed, Taylor (1960, 1978) has suggested that no other interest or pressure group has been so deeply involved in the initiation and execution of public policy and the use of pressure group tactics to resist encroachment by other interest groups. This exclusiveness, especially in health care, is beginning to break down, however. With the advent of national health insurance and more recently the fiscal crisis in health care, medicine's degree of control over the delivery of services and the economic aspects of the system have come under direct challenge. More generally, concern over the narrowness of existing interest group representation in Canada has led recent federal governments to open the legislative process to wider group representation (Thompson and Stanbury, 1979).

What does all this add up to in terms of nursing undertaking an enlarged political role in health care policy-making? What are the implications for nurses who might want to participate in the political process? How do they do it?

MASTERING THE POLITICAL REALITIES OF HEALTH CARE

Nursing in Canada appears to be making significant strides in at least one important aspect of interest group politics, namely communicating and building relations with public decision makers. In other words, nursing has been successful in gaining a measure of recognition as a key interest group in health care (Mussallem, 1977).

But recognition does not necessarily mean effective influence. Even though government now consults nursing more regularly on policy

issues, policy decisions with far-reaching implications for nursing services and nursing education are still being made without the input of nurses. Where input is sought and even where nursing's views on particular issues are accepted, there is a tendency to ignore nursing's policy solutions. This is illustrated by the long-term care program introduced by the British Columbia government in 1977. It was largely through the pressure of organized nursing in that province that action was taken, but it is interesting to observe that while government accepted nursing's analysis of the need for such a program, they turned to more powerful interest groups to help decide on the program components (Parker, 1978).

Noteworthy in this context is the degree to which sex-role stereotyping seriously constrains nursing's policy-influencing ability. Studies by Vance (1977) and Le Roux (1976) of the American nursing leadership suggest that stereotyped notions of nurses and what they do is a problem of significant proportions in the political domain. Although many nurses are now taking on independent and innovative roles in health care and a sizeable body of nursing research is accumulating, nurses are still widely viewed as merely executing physicians' orders. Their knowledge is downgraded in comparison to medical authority, even in areas where medicine has no demonstrable expertise.

This response does not differ greatly, of course, from the stereotyped reactions to women and women's knowledge wherein the sex of the person modifies the authority of their message (Goldberg, 1968). As sociologist D.E. Smith (1975) observes:

> There seems to be something like a plus factor which adds force and persuasiveness to what men say and a minus factor which depreciates and weakens what is said by women. (p. 362)

Kanter's work (1976; 1977 [1], 1977 [2]) suggests that it would be naive and politically hazardous to tackle the problem of sex-role stereotyping simply by attempting to bolster the persuasive powers of nurses or by cultivating a new public image of nursing. These strategies fiddle with effects rather than coming to grip with causes and so rationalize and maintain the existing power structure.

Though we have much to learn about the practical application of Kanter's model, her analyses underscore the importance of structural approaches to helping nurses gain greater political influence. Specifically, there is a need for strategies which take account of the structural forces that support stereotyping - blocked opportunity, powerlessness and tokenism.

A first point of attack may therefore appropriately be the design of nursing services. Kanter (1977 [1]) stresses decentralization or flattening of the

hierarchy as among the more general and important strategies to adopt. As she points out, flattening the hierarchy has the virtue of increasing the number of leadership positions and adding to the visibility and power component of jobs. It also provides more persons with access to the power structure of an organization. Additionnally, Kanter stresses the need for opening channels of communication and making system knowledge such as budget, salaries, and the minutes of certain meetings more routinely available for everyone.

V. Cleland (1978) advocates the use of collective bargaining as an effective process for bringing about some of these changes. Her strategy is built on the principle of shared governance, that is, the creation of joint staff-administrative groups who have responsibility for determining the policies and standards of nursing practice within an agency. To Cleland, shared governance represents an important means of democratizing the work place and providing a more attractive work setting for professionnally motivated nurses. It is also an important training mechanism for the development of decision making and political influence skills. Further, shared governance brings nurses from various agency units into regular communication with each other and so provides the opportunity for the development of social support networks in nursing. Given the numerical advantage nurses enjoy in most agencies, shared governance also has immense potential for giving nurses greater political leverage at the system level.

Nurses, especially in leadership positions, also need to be educated about the problem of tokenism and some of the strategies for overcoming it. Particularly important in seeking representation for nurses in policy and decision-making bodies is the support network that might be put in place to help the nurse representative in a skewed group. Certainly, in some circumstances, a more effective means of providing nursing input may be through the numerical advantage of the delegation.

No doubt there are many other strategies that should be explored. The crucial point remains. If the nursing profession is to gain effective influence in policy-making, the coupling of structural or organizational approaches with individual initiatives is the first requirement of success.

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RESUME

LES INFIRMIERES ET L'ACTION POLITIQUE: L'HERITAGE DU SEXISME

Le sexisme que pratiquent les hommes qui détiennent le pouvoir politique au Canada représente encore de nos jours, une force importante qui influence les résultats de l'action politique des infirmières.

Le présent article examine la situation des infirmières en tant que groupe de pression selon deux perspectives: celle du conformisme des femmes aux stéréotypes sexistes traditionnels et celle de leur situation désavantageuse dans la hiérarchie de la structure d'organisation.

Afin d'accroître le pouvoir de négociation des infirmières en matière politique, l'auteur puise dans les écrits pertinents et propose des modifications dans la structure des services infirmiers. Ces changements se fondent surtout sur une décentralisation hiérarchique ainsi que sur la création au sein des organismes, de groupes conjoints formés de membres du personnel ainsi que de l'administration. Ces groupes seraient chargés d'élaborer les politiques et les normes de la pratique infirmière dans les organismes de santé.

Canadian Lung Association

The 81st Annual Meeting of the Canadian Lung Association and its sections, the Canadian Thoracic Society, the Canadian Nurses' Respiratory Society and the Physiotherapy Section, will be held June 21-24, 1981 at the Bessborough Hotel, Saskatoon, Saskatchewan. For further information, contact the Canadian Lung Association, 75 Albert Street, Suite 908, Ottawa, Ontario K1P 5E7.

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[1] 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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[1] 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 accomodation" (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 interrelated. 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 priorizing 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 succesful 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)[2]. The difference in spending priorities reflects a difference in the primary role emphasis of the two groups.

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2 Data obtained from Pressure Groups in Canada *Parliamentarial* 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.

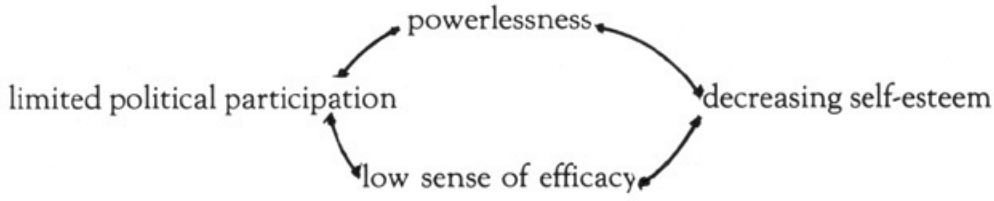
Discussion of socio-economic resources is rather scant in nursing literature. However, the impression fostered is that nursing has few socio-economic resources to mobilize in terms of pressure behavior. I believe this impression understates the reality.

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 adaptions 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 seen 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 predominatly 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 efficacity 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.

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