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Let's Get Informed and Involved

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It is an exciting time to be a nurse. Christian nurses must take up the challenge to be proactive. We can make a difference.

Let's Get Informed & INVOLVED

BY HILA J. SPEAR

How many times have you heard that we, as nurses, have potential for power if we would only come together? Nurses make up the largest body of health care providers in the U.S., yet we are splintered into special interest groups by level of education, areas of practice, political affiliation and religious beliefs. When discussing membership in professional organizations, I find that most nurses belong to specialty organizations rather than to the American Nurses' Association (ANA) founded in 1896 to

represent the profession of nursing.¹ Only about eight percent of the 2.2 million practicing RNs belong to the ANA.² This article is not offered to recruit nurses for the ANA, but as a challenge for nurses in general, and Christian nurses in particular, to make it a priority to be involved and informed about health issues and policies affecting our practice and our patients. Following are actual accounts, illustrating how Christian principles and values can be integrated into professional nursing practice, in an academic setting, at the bedside or within the political arena.

Late one afternoon, an undergraduate student came to my office to discuss her research project. She was upset about a community health author who stated that a woman who opts to terminate her pregnancy by abortion should not be provided detailed information about the procedure, as it would cause her unnecessary distress and emotional discomfort. The student was appalled at this reasoning. She and her research partner decided to focus their paper on the issue of informed consent about abortion and a woman's right to know.

This learning experience motivated the students to propose a research-based resolution to their state nursing student association that mandated provision of full informed consent for all women prior to undergoing an abortion procedure. The students faced opposition from those who did not support their views; however, they were able to clearly articulate their proposal. The students' efforts were rewarded as the bill garnered the votes needed for passage at the state level, though it did not pass nationally.

A few years ago I presented research information to nursing students and faculty at a conference held on the campus of a highly regarded university. Following my presentation, the audience was invited to respond. The first question was, "How can you teach students to be nurses when you're associated with a school that is judgmental and against freedom to choose [in reference to abortion] and lesbian and gay rights?" Although the question had nothing to do with my presentation, I explained that I teach at a faith-based school that holds a Christian worldview and believes in the authority of the Bible, patients—regard-



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Photo: Corbis

less of their religious beliefs, personal values or lifestyles and behaviors—receive care from nursing students that exemplifies genuine concern, unconditional positive regard and compassion. A colleague further stated that nurses, whether Christian or atheist, embrace values and philosophies that may or may not be congruent with those for whom they provide care.

Recently, graduate nursing students who were enrolled in the health policy and ethics course I teach discussed the reluctance of some Christian nurses to join professional nursing organizations because they disagree with some positions taken by the organizations. A suggestion to form an alternative nursing organization was offered. This seemed like a viable option, but as the discussion continued, the group agreed that although it's appealing to form a separate Christian association, it might be taking the path of least resistance. One class member encouraged her peers to become active members and participate in the leadership of groups that shape health policy and nursing's agenda. She also acknowledged that it would be harder to participate in a secular nursing organization but, in the long run, potentially more effective.

We can choose to curse the darkness and retreat or to be informed, involved and take a stand on issues that we deem important. As Christian nurses we must be responsible stewards of the time and the talents that God has given. Perhaps you belong to a professional organization, or you may decide to join one. Whether the organization is specialty focused or state/nationally based, you will undoubtedly find those who are supportive of agendas with which you do not agree. You may feel inclined to say, "What's the point? I am only one of many." However, by being a part of the organization and having the opportunity to express your opinion in a

respectful way, you demonstrate that there are differing viewpoints and may encourage others to speak.

Today we are bombarded with socially, morally and ethically charged health care issues and related policies and legislation such as reproductive freedom, genetic engineering, cloning, human experimentation and euthanasia. Let's make a concerted effort to ensure that the future practice of nursing maintains a tradition of promotion of health, prevention of disease and compassionate care that respects all life and attends to the whole person: mind, body and spirit.

Implementing the following ideas enables us to have a presence and a Christian influence related to the development of health policies and laws that affect not only the patients and society we serve, but our professional practice and personal lives as well:

1. Know the names of your state and federal representatives. Write letters expressing your support for or opposition to pending health and/or nursing related bills. Address the need to revise or eliminate bills that have already been passed.

2. Write to the editors of local and regional newspapers and magazines about health care policy and related issues; submit articles or editorials to nursing journals.

3. Be informed about the issues. Research literature or access Internet sources. Websites are available that post pending bills and health policy legislation.

4. Join a professional organization and become actively involved. Be salt and light, and demonstrate Christ's love, while taking a stand on issues, particularly those of ethical and moral concern.

5. Consider being part of Nurses Christian Fellowship® to benefit from prayer support and to draw strength from colleagues who share your worldview and belief in Christ-centered practice.

Nurse-author Mary Griep offers the following challenge: "In addition to being the largest group of health care professionals, nurses possess tremendous amounts of knowledge, clinical experience and intellectual and communication skills that can contribute to and expand the dialogue and debate surrounding all health care issues and subsequent decision making."³ It is an exciting time to be a nurse. To be heard and proactive, Christian nurses must take this challenge to heart and become informed and involved in the political process and related debate at local, state and national levels. We can make a difference at the bedside and beyond by adding our voice to promote and secure quality health care for present and future generations. ■JCN

WEBSITES FOR INFORMED NURSES

International Council of Nurses: www.icn.ch/links.htm

American Nurses Association: www.ana.org/

Health Policy Tracking Service: www.ncsl.org/programs/health/hpts/

NursingCenter.com: www.nursingnet.org

U.S. Department of Health and Human Services: www.dhhs.gov/

U.S. House of Representatives: www.house.gov

U.S. Senate: www.senate.gov

¹S.B. Lewenson, "Pride in Our Past: Nursing's Political Roots," in *Policy & Politics in Nursing and Health Care*, 4th ed., Diane Mason, Judith Leavitt and Mary Chaffee, eds. (Philadelphia: Saunders, 2002), 19-30.

²ANA 2000, "A New Association for a New Millennium," *Organizational Change Overview*, <http://www.nursing-world.org/ana2000/overview.htm>, accessed March 8, 2004.

³Mary E. Griep, "Forces Driving Health Care Policy Decisions," in *Policy, Politics, & Nursing Practice* 3, no. 1 (2002), 35.