The American Nurses' Association: Its relevance to the membership of the American Association of Nurse Anesthetists

ANNE ZIMMERMAN, RN
President
American Nurses' Association

In her capacity as president of the 200,000-member American Nurses' Association, the author highlights some of the objectives of this multipurpose organization. She also relates the role of the American Nurses' Association to the specialty nursing organizations, specifically focusing on the American Association of Nurse Anesthetists.

I am extremely pleased to have the opportunity to examine the relationship between the programs of the American Nurses' Association (ANA) and the objectives of your own organization. I would like to share with you, (1) how the work of the American Nurses' Association relates to all nurses, and (2) how the American Nurses' Association attempts to work with all specialty nursing organizations, including the American Association of Nurse Anesthetists.

The nursing profession is held accountable for:

• providing input into the development of the nation's health care system,
• improving and expanding nursing practice to meet consumer needs,
• upgrading nursing education to insure provision of qualified nursing personnel,
• encouraging the most efficient utilization of nursing resources, and
• increasing basic and applied nursing research.

The fulfillment of these and other basic responsibilities are totally dependent upon the ability of nurses as a unified body to effect necessary changes and innovations.

Very early in nursing's history, nursing leaders recognized the need to create an organization which would serve as the vehicle through which nurses collectively could influence factors affecting the delivery of nursing care. As a result, the American Nurses' Association was established in 1896 as the national professional association of nurses.

Today, the American Nurses' Association, with a membership approaching 200,000 registered nurses, is the official voice of the nursing profession. More than 100 elected and appointed officials, representing more than 20 structural units, are responsible for developing policies and statements which reflect the concerns and interests of the profession. The 170 member staff at ANA headquarters facilitates the implementation of these directives at the national level, while 53 constituent state and territorial associations and more than 900 district associations implement them at the state and local levels.

ANA operates on basic premises which are consistent with the expectation of society that professional disciplines need to be unified and organized in order to carry out effectively their social responsibilities. As a multipurpose organization, the association performs a wide range of functions, each of which impacts on your nursing career. For example, ANA works to:
• establish and enunciate standards for nursing practice, education, and service and to implement them through appropriate channels,
• establish a code of ethical conduct for nurses,
• stimulate and promote research in nursing,
• provide for continuing education for nurses,
• promote and protect the economic and general welfare of nurses,
• act and speak for the nursing profession in regard to legislation, governmental programs and national health policy, and
• represent and speak for the nursing profession with allied health, national and international organizations, governmental bodies, and the public.

Space does not permit me to elaborate upon each program of the association. However, I would like to explain some of ANA's activities in the areas of standard-setting, economic security, nursing research, and government relations. Through these programs, ANA has been able to establish the necessary safeguards to insure professional autonomy. Without this professional autonomy, specialty nursing organizations, such as the American Association of Nurse Anesthetists, would encounter greater difficulty in realizing their objectives and goals.

Standard-setting

The most significant responsibility facing nurses is the development of effective methods of self-regulation. If nursing is to remain a viable profession, nurses must be in a position to assure the public of quality nursing care. Since the public holds the profession accountable for the competence of its practitioners, the nursing profession has an obligation to establish certain standards—authoritative statements by which the quality of nursing practice, nursing service, and nursing education can be judged.

In writing an article on the functions of a professional association, Dr. Robert K. Merton pointed out:

"The foremost obligation of the association is to set rigorous standards for the profession and to help enforce them. ... The association must be in the vanguard. The standards it sets must be more exacting than those with which the lay public might be content. After all, only the informed professionals can know the potentialities and not merely the current realities of professional practice."1

Standard-setting in nursing was launched with the formation of the American Nurses' Association in 1896. The development of standards has been a long, tedious process.

Early efforts of the ANA were aimed at establishing laws to protect the public from poorly trained nurses. At the turn of this century, ANA began to wage a campaign to secure legislation to regulate nursing practice. As early as 1901, state nurses' associations were organized to work for the passage of nurse practice acts which would standardize nurse training as well as regulate nursing practice. By 1941, the ANA was able to secure practice acts in every state.

In 1958, the ANA took concrete action to establish standards of practice. In that year, ANA's House of Delegates adopted a resolution to establish state committees to recommend appropriate action in instances of unauthorized or improper practice of nursing. At that time, ANA was campaigning for mandatory licensure for the practice of professional nursing. By June, 1958, some 20 states had enacted laws calling for the mandatory licensure of nurses. As you know, licensure is a structural standard which reflects the minimal degree of competency necessary to ensure the public's health, safety, and welfare.

In August, 1973, ANA's Congress for Nursing Practice published a set of

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generic standards of nursing practice. These standards are based on the premise that the individual nurse is accountable to the client for the quality of nursing care received. The standards are considered baseline for determining that quality.

Between 1973 and 1975, ANA's five divisions on practice published standards of community health nursing practice, gerontological nursing practice, maternal and child health nursing practice, medical-surgical nursing practice, and psychiatric and mental health nursing practice. Since that time, the Division on Medical-Surgical Nursing Practice has collaborated with specialty nursing organizations to develop standards of nursing practice in the operating room, as well as standards of orthopedic nursing practice, cardiovascular nursing practice, emergency nursing practice, rehabilitation nursing practice, urologic nursing practice, and neurological and neurosurgical nursing practice.

When these standards were written, it was not envisioned that they were completed documents, but rather working documents to be modified and revised on a continuing basis by all of nursing. In essence, the standards express the value the profession places on the nursing process. The standards express the expectations of professional nursing practice in the 1970's.

In 1958, ANA's House of Delegates also adopted an association platform which included a plank "to promote educational standards of true professional calibre." The rationale being that responsibility for standards of practice could not be divorced from concern with standards of education. In June, 1975, ANA released standards of nursing education. Contained in this publication are standards for programs leading to graduate, baccalaureate, and associate degrees, and diplomas from hospital schools of nursing. Reflected in these standards is the ANA's position that nursing education should take place within the mainstream of higher education.

In 1974, ANA's House of Delegates voted that ANA "express its strong support for establishing participation in continuing education approved by SNA's [state nursing associations] as one prerequisite for continuing registration of the license to practice the profession of nursing." This action directed the ANA to provide support to those states which choose to establish continuing education as one prerequisite for relicensure, as well as to those states which choose to encourage continuing education through a voluntary program. With this directive in mind, ANA developed standards for continuing education in nursing which are applicable to both mandatory and voluntary systems and are a means by which the quality of the continuing education activities is assessed. The association also developed guidelines for state voluntary and mandatory systems and criteria for the accreditation of continuing education programs.

At the same time that ANA undertook the development of standards of nursing practice and nursing education, it also began to identify the essential elements of a nursing service. This resulted, in 1965, in the development of nursing service standards for use in hospitals, public health agencies, nursing homes, industries, and clinics.

If the nursing profession intends to implement and enforce these standards of practice, education, and service, it must be self-governing. Consequently, the nursing profession has an obligation to see that:

- credentialing processes are brought under the control of members of the profession,
- appropriate mechanisms for monitoring the quality of nursing services are developed and implemented by members of the profession, and
- programs which provide formal recognition of personal achievement and superior performance in nursing are established by members of the profession.

In light of these factors, ANA has undertaken a comprehensive 22-month
study to (1) assess current credentialing mechanisms in nursing, and (2) recommend future directions for credentialing in nursing. All current aspects of credentialing in nursing will be addressed, including accreditation of basic, graduate, and continuing education; accreditation of organized nursing services; certification; and laws which regulate the practice of nursing.

The initiative for this study grew out of action taken by ANA's House of Delegates in 1974. It was launched in September, 1976 after two years of preliminary planning and in response to recommendations from three invitational conferences sponsored by the ANA. Participants in these conferences were selected from the nursing profession, governmental agencies, other disciplines, and public members with expertise in the area of credentialing. [The AANA was a participant in the conferences.]

In January of this year, ANA announced the award of a $410,835 contract to the School of Nursing at the University of Wisconsin in Milwaukee to conduct the study. The American Nurses' Association is the sole sponsor of the study. A significant role has been identified for other nursing organizations, designated as cooperating agencies, and state nurses associations in the implementation of the study.

Economic and general welfare

In addition to the development and implementation of standards, the nursing profession has an obligation to protect the right of individual nurses to participate fully in the determination of all matters relevant to nursing. It is important that all nurses be involved in determining the conditions of their employment and share in decisions which affect the quality of nursing care. This can only be accomplished through collective action. It is the belief of the American Nurses' Association that the professional organization is obligated to provide a channel through which nurses can work collectively to insure their rights to full professional and economic growth.

ANA's commitment to the welfare of nurses is long standing. One of the original purposes of the association was to promote the professional development of nurses and advance their economic and general welfare. Four of the ten planks of the association's first platform, which was adopted at the 1946 convention, reflected ANA's interest in promoting nurses' welfare. These planks were:

- improvement in working conditions,
- increased participation by nurses in the actual planning and administration of nursing services in all types of employment situations,
- greater development of the professional association as the spokesperson for nurses in all questions affecting their employment and economic security, and
- removal of barriers that prevent the full employment and professional development of nurses belonging to minority racial groups.

Since 1960, ANA has greatly expanded its economic and general welfare program. In December, 1973, ANA announced that it would commit substantial financial resources to assist 52 constituent associations to expand collective bargaining activities in health care facilities. In 1974, the association launched an aggressive campaign to assist state nurses' associations to organize the nation's active registered nurses for the purpose of professional collective action. Organizing activities by state associations have increased over the past three years as a result of the 1974 amendments to the National Labor Relations Act which extended collective bargaining rights to health care employees in private, non-profit hospitals, and other facilities.

Today, approximately one out of every eight registered nurses in the nation is represented by the professional association. Constituents of the ANA have obtained exclusive bargaining rights for more than 100,000 registered nurses. This is an indication of the ability of the professional association to effectively represent the interest of nurses and their
concerns for patient care issues through the collective bargaining process.

**Nursing research**

Enunciation of professional standards and promotion of the economic and general welfare of nurses are important responsibilities. Equally significant is the profession’s responsibility to stimulate and promote research in nursing, disseminate research findings, and encourage the utilization of new knowledge as a basis for nursing.

Nursing goals of full professional status depend in large measure on a sound theoretical base and our influence and authority will remain weak until nursing can specify its unique contribution to health care.

It is the belief of the American Nurses’ Association that the existing body of nursing knowledge requires further development and testing. Research is one of the primary means of building up a body of scientific knowledge for the profession and implementing findings designed to improve nursing care.

In recent years, ANA has given priority to fostering the initiation, dissemination, and utilization of research as an accepted and integral part of nursing practice, nursing service, and nursing education. In 1974, ANA’s House of Delegates urged the association to build a public image of nursing research as an essential contributor to knowledge in the health care field. Delegates further proposed that the principal thrust of nursing research during the next decade be threefold toward: (1) the development of systematically derived information relevant to the practice of nursing, (2) the development and testing of theories in practice, and (3) the identification of tools and instruments to document the outcomes and effectiveness of nursing practice.

To this end, ANA’s Commission on Nursing Research has developed priorities for research in nursing to assist the profession in focusing its attention on the development of information that is essential for improving nursing practice and advancing the profession.

The priorities are stated in a form that should guide and direct nurse researchers and investigators in the study of areas of nursing that are crucial to the advancement of the profession. These priorities also may provide direction for other groups within the nursing profession as they identify research goals for the future and allocate funds for various activities having relevance to nursing.

**Government relations**

The efforts of the nursing profession to establish and enunciate professional standards, to promote and protect the economic and general welfare of nurses, and to stimulate and promote research in nursing would be meaningless without a mechanism to voice nursing’s concerns and stances to appropriate governmental bodies, national and international organizations, and the public.

One of the functions of the American Nurses’ Association is to act and speak for the nursing profession in regard to legislation, governmental programs, and national policy. ANA interprets trends in government and acts on legislation that bears importantly on nurses, nursing, and health. State nurses’ associations are given consultation on state legislative measures affecting nurses and are assisted in programs promoting nurse practice acts that protect the profession and the public from unqualified practitioners.

ANA testifies for and actively involves itself in legislation on national concerns such as national health insurance, Social Security reforms, health maintenance organizations, health care planning, and all matters vital to nursing and nurses.

The association speaks for nurses in addressing itself to the appropriate government agencies in support of federal health, education, civil rights, and other social legislation that promotes the health and well-being of the public.

The political action arm of ANA, N-CAP, was officially organized in 1974.
The purpose of N-CAP is to promote the improvement of the health care of the people by encouraging and stimulating nurses and others to take a more active role in governmental affairs. N-CAP provides assistance to nurses and others in organizing themselves for more effective political action.

To give you an indication of the actual impact of ANA's government relations program, I would like to share with you a few of ANA's legislative achievements in 1976.

A great deal of effort was needed to maintain support for health programs and health funding in the face of Administration proposals for cutbacks and vetoes of appropriations measures. HEW appropriations bills for both fiscal 1976 and 1977 were vetoed and the vetoes overridden with the help of coalitions organized and coordinated by ANA.

ANA worked closely with the staff of Representative Martha Keyes in developing a bill designed to assure nursing participation in PSRO's.

ANA was instrumental in getting authorization for nursing research projects and nursing research fellowships. Previously such authorization had existed only under a blanket provision which did not specifically mention nursing. This lack of specific authorization threatened continuation of the research program administered by the Division of Nursing.

During 1976, ANA strongly supported and worked for inclusion of home health services as a mandatory covered benefit of HMO's. This provision was retained in the final bill when it was passed and signed into law.

Another function of the American Nurses' Association is to represent and speak for the nursing profession with national and international organizations concerned with health. I would call your attention to the fact that ANA is the official representative of United States nurses in the International Council of Nurses.

Federation of Specialty Nursing Organizations

It should be obvious how these ANA activities relate to all members of the nursing profession. It also should be obvious how these activities can enhance the work of specialty groups such as the nurse anesthetists. As a result of ANA's efforts to establish fundamental standards, to advance the nurse's economic and general welfare, to promote nursing research, and to strengthen government relations, specialty nursing organizations can concentrate on the special interests of particular groups of nurses.

Moreover, ANA has taken special measures to maintain a working relationship with all nursing organizations, including the American Association of Nurse Anesthetists. For example, ANA has testified on behalf of the AANA. In doing so, ANA expressed its support of the AANA Council on Accreditation in its petition for continued recognition by the U.S. Office of Education as the accrediting agency for programs preparing nurse anesthetists. ANA also has waged a campaign to prevent other health professions and government agencies from classifying nurse anesthetists and other nursing positions as physician extenders.

In November, 1972, ANA convened a meeting of presidents and executive directors of organizations of registered nurses. The purpose of the meeting, as defined by ANA's Board of Directors, was to explore how the organizations could collaborate in areas of mutual concern, such as continuing education and certification. In 1973, as a result of this and other meetings, the Federation of Specialty Nursing Organizations and ANA was formally established. Periodically, representatives of specialty nursing organizations convene to discuss nursing issues and to influence constructive changes in health care. It is through the federation that ANA continues to maintain a liaison relationship with the American Association of Nurse Anesthetists. In addition, ANA's Division on Medical-Surgical Nursing Practice is
exploring additional avenues for communication between the division and appropriate specialty groups and development of joint activities.

"The Year of the Nurse"

Finally, I would call your attention to ANA's newest public relations program, "The Year of the Nurse." Launched in April, 1977, the two goals of this campaign are to: (1) inform the general public what nurses do and to emphasize nursing's unique contributions to health care, and (2) approach and to win the support for nursing of more opinion leaders and opinion shapers on a national, state, and local basis.

ANA has released one 30-second service film and has completed a 60-second message tentatively scheduled for viewing in mid-August. Both segments are entitled "Think About Nursing" and focus on the expanded role of the nurse. The films, which will appear on approximately 300 stations, are part of ANA's Year of the Nurse Program.

I am pleased to announce that ANA has received a grant of $6,000 from the AANA to produce an additional television spot in conjunction with this project. We are delighted that the American Association of Nurse Anesthetists is participating in this public relations campaign.

In closing, I would like to make one final observation. Throughout nursing's history in America, the need for nurses to band together has been apparent. The magnitude of the issues confronting nursing today warrants the same kind of unity that nursing leadership called for in 1869, 1926, 1946, and 1966. In the future, I can assure you that the American Nurses' Association will take the necessary steps to maintain open communication with the American Association of Nurse Anesthetists and other specialty nursing organizations, to encourage joint endeavors, and to actively support the interests of specialty groups.

AUTHOR

Anne Zimmerman, RN, is the current president of the American Nurses' Association, which encompasses some 200,000 nurses. While serving as ANA's 24th president, she is on partial leave from her position of executive administrator of the Illinois Nurses' Association. She earned her nursing diploma at the Sisters of Charity of Leavenworth School of Nursing in Helena, Montana. In 1975, she was awarded an honorary Doctor of Humane Letters from Loyola University of Chicago. Prior to directing the Illinois Nurses Association for 22 years, Ms. Zimmerman was executive director of the Montana Nurses Association and associate director of the California Nurses Association. She also practiced pediatric nursing in Montana for 7 years. While serving with the Illinois Nurses Association, she helped that state develop the first program of continuing education to be accredited by the ANA. Ms. Zimmerman has served on the ANA Board of Directors and as chairperson of the Commission on Economic and General Welfare. She recently represented U.S. nurses at an international conference in Moscow on the life and work of health workers. She is a past president of the Alliance of Business and Professional Women in Chicago and the Medical Society Executives of Greater Chicago.

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