

Over to you

Professional industrial action?

Anthony Carr, ANO, Newcastle upon Tyne AHA(T), has announced his intention of resigning from the Council of the Rcn so that he is free of commitment to that body and thus able to submit this article as an individual, moved by increasing concern about nurses and industrial action.

His opening remarks refer to the proposals spelt out after the rally on January 18, (see Nursing Times, January 25). Details of the extraordinary meeting called by Council to decide on amendment to Rule 12, to allow Council to authorise limited industrial action, appear in our news pages this week.

FOR all of its nearly 69 years, the Royal College of Nursing has continually resisted any pressure from within, or more often from outside the organisation, to authorise any action which would reflect in any way on the care of patients.

However, this may not remain the policy of the college if press statements are to be believed following the protest meeting in London on January 18, when nurses belonging to the Rcn lobbied their members of parliament.

Reporting on this meeting, the Rcn news sheet of the next day stated that the Rcn action committee had reported to Council and requested that it made a decision in relation to four areas which it had proposed for industrial action. These were:

1. Nurses working only a 35-hour week.
2. Limitation of clerical and administrative work and no portering or messenger tasks.
3. Community nurses not making their private cars available for use while working.
4. Learner nurses refusing to be left in charge of wards, only doing those tasks for which they have been trained and when they are properly supervised.

The introduction to the written proposals contained what must be the most outstanding remark ever uttered by a union in a century of industrial relations in Great Britain.

It was stated that the action would be 'based on professionally sound principles' and that 'the effects on patients would be limited as far as possible'.

This must be the first time that action contemplated against patients has been called 'professional' or 'sound'. I very much doubt if the patients would agree to the Rcn's interpretation. Is this an attempt, I wonder, to make this type of action seem more acceptable to those nurses who might otherwise oppose it? I believe it is time that the silent majority spoke up and were counted, saying right out without fear of recrimination or victimisation that

industrial action is morally wrong for nurses except in very rare circumstances.

When Rule 12 was first drawn up, I spoke for and supported that rule in Council and believed then, as I do now, that if a time ever came that a government withdrew resources from the patient care without an overriding need to save the country from a catastrophe of some kind, then nurses, having tried everything else, would be justified in taking such action as they felt necessary to protect the patient.

Never did I believe that the rule would be used by the Rcn against patients as is now proposed by the action committee.

Industrial action will affect many areas of the profession and I would just like to highlight four of them.

The effects of industrial action on the Rcn

They must decide whether to change the whole ethos of the college or not. Once industrial action is taken by an organisation it can be guaranteed to be called upon in the future to take greater action, often at an earlier stage in a dispute.

Once the embarrassment of making the initial decision is over it is amazing how the conscience adapts to these situations. At least if the Rcn does take this step, let it be honest and say clearly that action is being taken against patients to increase the salaries of its members — no wrapping the statement up with platitudes of service to patients, protecting standards, or increasing recruitment of nurses. To take industrial action and make it work it must be effective and quickly bring a service to the brink of disaster. Otherwise it is just not worth the effort and energy. If we are not in that sort of game let us say so now, not later when events have overtaken us.

I do just wonder if one of the reasons the membership is increasing at a rapid rate is because many nurses are just

sick of other organisations taking industrial action at a drop of a hat. I believe that in the past many nurses have joined the college because of the 'no strike' clause. Where do they go if the vote goes against them? This proposed action is to my mind divisive and potentially dangerous to the standing of the Rcn and to the profession at large. Industrial action also attracts the militants into the organisation.

The Rcn Council wishes to be empowered to take the initiative or authorise limited industrial action. While having every respect for the personal integrity of every member of Council, I do not believe that such a drastic first step should be delegated to the Council. I believe that industrial action is such an important decision to take that on every occasion it should be the full membership of the college in general meeting that should make the decision.

The Council may wish to exercise control over local disruptive groups but, unfortunately, recent history proves that it does not often work like that. It is the local membership and a minority within that group that takes the action, official or not, and when union officials are elected to office by members' votes, as surely they will in the next few years, the local minority group will have the power they need if they wish to use it in any way they think fit.

It is hard to prove that industrial action actually achieves its purpose. If the action involves a loss of pay if often takes many months or even years to catch up those losses.

I would also ask, is industrial action morally compatible with our Royal Charter even if legally right? Would it not be more appropriate if it is agreed to take some form of industrial action, to surrender our Charter voluntarily and become as other unions?

The effects on nurses

Nursing and nurses have a tradition of service before self. I believe that

there are still many nurses today who wish to continue to offer this type of service and who find talk of industrial action, whether disguised in professional terms or not, objectionable, and against all the principles they have been taught and accepted. They would be more than willing to take their case to the public at large and use every means at their disposal to increase their earning power short of industrial action. They, like me, would fear that the special relationship that they have with their patients would be lost.

So, I would contend that in contemplating taking industrial action the college would change the very nature of nursing in this country and spoil the nurse/patient relationship permanently.

Perhaps for the time being, action, if proposed, would be voluntary but eventually it would be necessary to use the picket and intimidation against those members who chose to ignore headquarters advice.

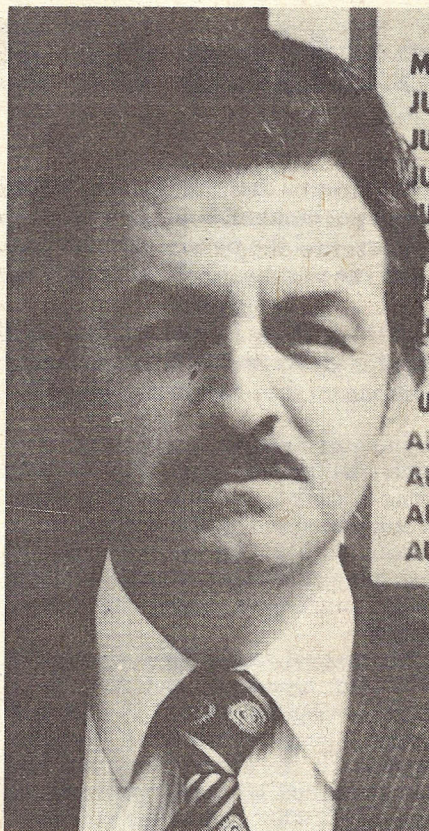
Inevitably, the closed shop principle becomes more and more attractive as action of this type occurs. So it could be that we have large numbers of nurses wishing to work but who dare not defy the unions. It is called in other quarters 'union democracy'. There are also a number of nurses who entered nursing on the basis of a Christian commitment to service. They are not superior in any way to other nurses but have a different point of view. These would fare very badly under such new proposals.

The effects on nurse managers and educators

Industrial action in a health service setting does not directly affect the government or the secretary of state, or even the Department of Health and Social Security. It essentially disrupts the service given to patients and places an undue burden on senior management to provide a limited service.

For nurses in Newcastle to decide to work five hours less a week would mean a drop in the work force available of 12.5% or 500 nurses. There is no way an adequate service can be provided under those conditions. Remembering that a large proportion of senior managers are Rcn members (at least at present), the action can be seen to be against them as well. I believe it is proposed that nurses would be prepared to work the extra hours at enhanced rates.

It would cost my area approximately £361 200 per year for the increase, or £35 397 600 for England and Wales.



Anthony Carr

Where does the money come from? That does not really concern a union, but it should concern a professional association. Sudden unplanned expenditure can mean fewer nurses or a host of other changes, many against the immediate and longer term interests of patients. This is why it is essential for salaries to be negotiated.

All the options to settle the industrial action would have to be worked through by senior nurse managers and directors of nurse education in a crisis. Well may these staff say at the time 'Which organisation represents us?' They would be right to say 'Not the Rcn'.

The suggestion that community nurses should not use their cars while on duty is another proposal. It would prove the point that cars were essential to do community work, but we already know that, and the suffering to patients would be high and, in my estimation, needless.

Learners refusing to be left in charge of wards is again a new departure for the Rcn. Up till now we have not used pupils or students in our cause. The possible effect of such action is to cause nurse managers to believe that they would be less vulnerable to industrial action if they reduced the number of nurses in training. This reduction has already occurred because of limited finance available — industrial action

might confirm the trend.

What I am trying to show from all this is that the effects of industrial action are not always what the instigators have planned. The Rcn may initiate action but be completely unable to control the outcome.

There is no doubt in my mind that a real division is being created between senior nurse managers, nurse educators, and nurses offering direct care. Industrial action among nurses will create an added impetus for nurse managers and directors of nurse education to form their own organisation, basically for their own protection from their own profession! What a state of affairs that would be.

Effects on health service organisation

If the hypothesis is true that once an organisation takes industrial action it is easier for it to take action a second time, then the health service organisation becomes very sensitive about developing services. This will be particularly relevant to nursing. Nothing discourages a management team more than to develop a service which it cannot then fully rely on for its full share of service.

It will be a sad day indeed when nursing cannot be trusted to provide a full service irrespective of the pay norms prevailing at the time.

Affiliation to the TUC, although a separate issue, is relevant in the industrial action situation. Affiliation means a commitment to support another organisation's efforts although not directly involved. Once the college has taken industrial action this cooperation between unions becomes more of a possibility.

To sum up, I would ask all Rcn members to think very carefully before they change the total character of the organisation. I would defend the right of any individual in a free country to restrict or withhold his services from his employer. This is the only real sanction he possesses. I believe nurses in membership of the Rcn have at the present time voluntarily given up that right in the interests of their patients. This is what part of being a member of the Rcn means. Surely this is the real strength of the organisation, not its weakness. It stands out at present almost alone with the Royal College of Midwives in resisting the industrial pattern of pressure in the form of industrial action. It is professional in that it enhances the dignity of the art and science of nursing. There is no dignity in taking industrial action.