

# Taking poll position

**Most action taken by nurses over pay produces only short-term benefits, says Anthony Carr, SRN, NDNCCert, Queen's Nurse, area nursing officer for Newcastle Area Health Authority. He proposes a political solution to the perennial problem of nurses' pay — election of nurses into parliament.**

**I** HAVE been asked to contribute to the *Nursing Mirror's* campaign "Nurses are worth more". The subject comes up so often — like every year — that some nurses could be forgiven for becoming bored with the whole subject while others may query what an area nursing officer on a comparatively high salary is doing expressing views on nurses' salaries.

## No one can be complacent

I do not believe any group of nurses can afford to be complacent about the money they earn. I mean that literally. Since the unsatisfactory outcome of Professor Clegg's report on nurses' pay, the value of the salary of a nurse has fallen against people like the police, firemen, those in the armed forces, and the medical profession. Nurses still have rising mortgages to pay, families to

feed, dependant relatives to care for and so on. In the area that I work — the north east of England — the married woman nurse may be the only wage earner in the house. I see that happening to the staff working with me and I am therefore concerned.

I can remember very clearly the days when, with a family of four small children living in a condemned house in the inner city area of Birmingham, I was desperate some weeks for money just for food. My wife working nights and me on day duty, not because we wanted it that way, it was the only way to live. Younger nurses may forget that senior nurses' salaries have only recently been attractive and that virtually all those now holding these posts have sampled a different sort of lifestyle to what they have now.

I now have two of my children as nurses. Alison is doubly qualified and Nigel has recently commenced training. In the car this morning I was working out with my son his average take-home pay. We estimated it to be about £55 each week, including enhanced payments. When he qualifies, the pay is only marginally increased.

I do feel, therefore, that I know something of the problems facing nurses today. The present situation is that the government has set a pay norm of 4 per cent for the next 12 months. This will not necessarily affect the nationalised industries or pledges made to some of the public, or, of course, to the private sector.

## A special case

How then can the negotiators for nurses persuade the government that nurses are a special case? They have, of course, the famous Gerard Vaughan letter which he has held out as a solution for all-time to prevent nurses falling behind in their pay levels. From the reaction I have heard from some staff side representatives, the letter will continue to be held out for the life of the government without a solution being offered. It is really an invitation to

"talks about talks".

Perhaps the idea being if one keeps talking long enough, another government can take over the problem. I do not apologise for being cynical. When any government understands it is negotiating pay for some 450,000 staff it will attempt to get the lowest acceptable deal possible. Any way that can be dreamed up to delay settlement is to the government's advantage.

What the remedies are to this difficult situation are more difficult to pursue. The ultimate weapon is major industrial action. This can be carried out in two ways. The obvious way is to totally withdraw nursing services in hospitals. Another way, which may be slightly more acceptable to nurses, is for all nurses to resign from their posts on the same day giving notice to the government of their intention to do just this in, say, three months' time. That period to be used to negotiate a settlement.

I have no doubt at all in my mind that if nurses wished to take that sort of action they would win. They could name their own price. This would settle once and for all the statement that public servants are leeches on society or, put in a more palatable way, non-productive service.

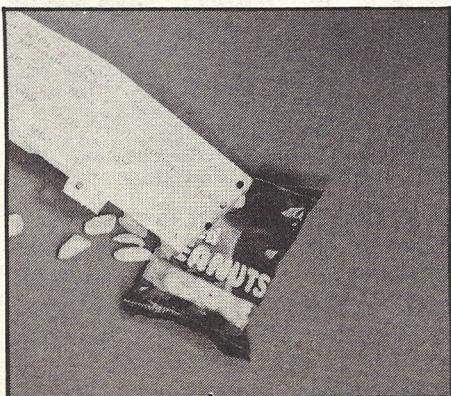
The NHS is a highly productive service taking ill, wealth-producing people in industry and commerce, treating them and putting them back to work. I would go further, without the NHS the wealth of the nation would be seriously affected. This means we are a productive, wealth-creating industry, our production figures are there for all to see. With less beds every year, we treat more people. More of the population receives care in the community than ever before. More out-patients' are seen with waiting lists going down.

## They want it all ways

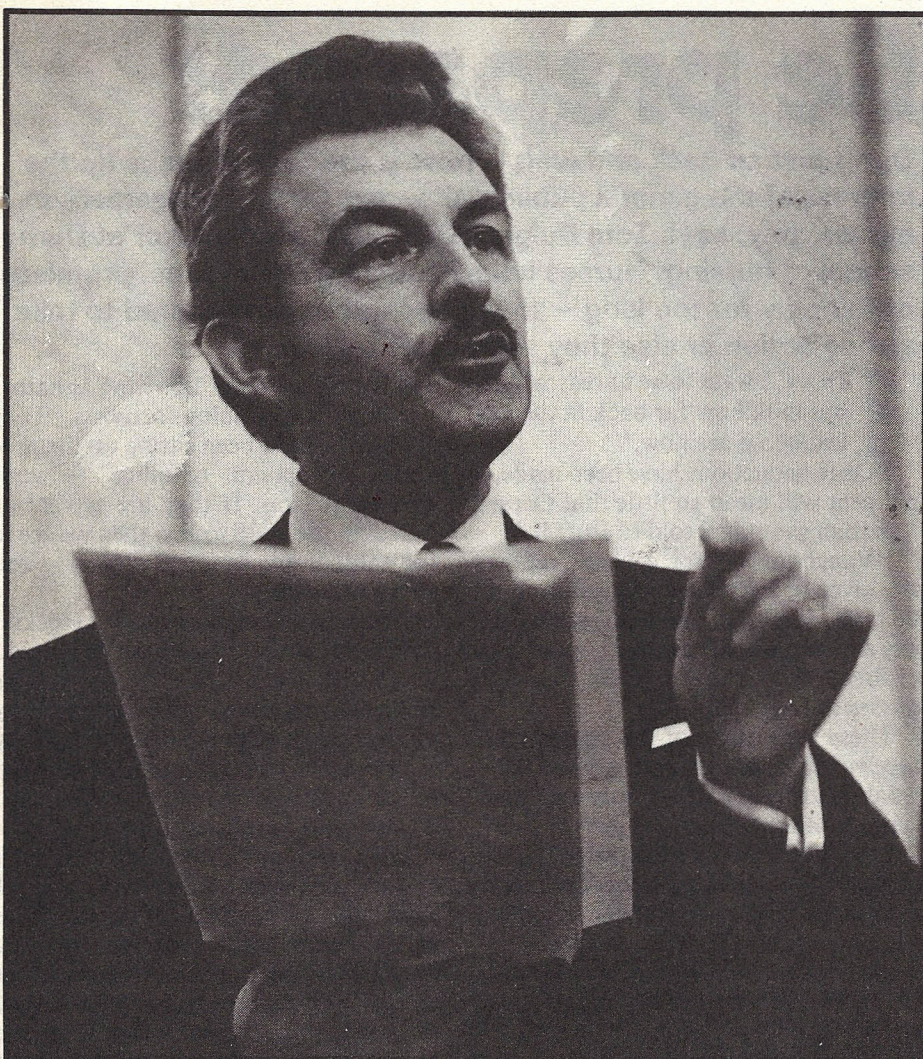
Unfortunately, government ministers want it all ways. That is, high productivity, shorter waiting lists — the sort of information that political capital can be made out of in the form of press state-

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ARE  
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MORE**







Tony Carr: Can't afford to be complacent.

ments and speeches at conferences. But when it comes to the rewards: "Well, we think you are great people, dedicated and all that, but you will have to wait until industry produces more wealth. Sorry, but meantime carry on the good work. You are doing a great job, the country is proud of you", and so on. Unfortunately, this does not pay mortgages or buy shoes for the children.

As I have said, the ultimate weapon would tear this façade apart, revealing a frightened group of ministers. I do not believe this action would be taken by the vast majority of nurses. The very fact that nurses "nurse" means that they are caring people. I certainly believe the stand taken by many of us in 1979 when we said publicly that we would not withdraw our labour was used by government, and is still used, to keep pay levels lower than they would have been had that action taken place. Many nurses put conscience before pay and they now know the price they had to pay for that. Unfortunately, it is only people that have consciences about these matters.

Cabinets, with their collective responsibilities, are not required to have one.

What other short-term action is available? There is the much underused individual letter to MPs. If every nurse had their facts right, then wrote to their MP, some notice would be taken. Just imagine about 400,000 letters arriving at the House of Commons, each one requiring an individual reply.

There is the local press and television. If the story is genuine and good, they will use it. Nurses can ask to meet with the chairmen and members of existing and new health authorities so that when chairmen meet with the secretary of state for health the subject can be raised on the agenda.

Nurses could start attending local branch meetings of their trade union or professional association for the first time in their lives, making sure their voice is heard among the few. The leadership of these organisations is spurred into action more by the reaction of their members than anything else I know.

Most of these proposals have, however, been tried before. They only produce short-term compromises. A radical rethink is overdue to the whole business of political influence and power. At present, whatever nurses do they do on the fringe of the major political base. This is not good enough. They can pull-off, at best, very short-term benefits for nurses, influencing one year at a time, and only that after taking negotiations well into the pay year.

### National action

I will propose here what I have just recently suggested at a European conference in July. There is a great possibility that the whole political structure is changing in this country. With the tendency of the present two-party system to represent two extremes, a vacuum in the centre has been created. Should a major third party take this middle ground, a whole new political dimension is created. The introduction of proportional representation would have an added effect to this change.

To solve the long-term problems associated with nurses' pay, I would propose two forms of action at national level. The first is to find out what commitment there was from each party in turn relating to rewarding nurses in an equitable manner.

The political parties have to be told in advance that professional associations jointly will be letting their members know in writing what they believe this commitment to be.

Second, all professional organisations not affiliated to the TUC should unite and exploit to the absolute limit this possible political change. Now is the time when nurses should start to develop a political base for themselves. Whenever the associations approach government at present it is from the outside. If, however, there were nurses inside parliament, then the nursing influence would be both inside and out.

For this to work at all, I would suggest that about 12 nurses need to be elected, supported by all professional associations. That may mean 30 or 40 candidates. They need to be spread in all the major political parties because we need, as never before, to have across-party agreement. If the associations can neutralise the effects of different party stances, then there is just a chance that a lasting policy can be established. I am asking for active sponsorship of nurses into parliament by all the major nursing associations. Until the nursing influence is extended in this direction, any satis-



factory agreement is likely to be short-lived.

I am sure there are sufficient politically-motivated nurses who would welcome an opportunity to combine the professional aspects of nursing with their political aspirations.

### **Political input**

Now, to talk about conditions of service in the context of a group of nurse members of parliament is a totally different matter to the present campaign of "Nurses are worth more". This political approach would also produce many other benefits for both the patients and the profession. Government reports and consultative papers could be influenced at drafting stage. Health legislation could be changed at committee stage, and so on. Another effect would be the drawing together of different professional bodies to an even closer working relationship, resulting in common objectives in a number of areas.

I see very little future in continuing the present system of negotiation without a genuine effort towards political input. Before nurses question this approach I understand Finland has more nurse MPs in parliament than I am proposing here, and their influence on national health policy, and nursing in particular, is considerable.

To join the TUC and their health trade unions is not to increase negotiating power with government because it is not attacking the problem on all fronts. It is also associating with a particular political party. For nurses to demand and get a fair deal, I can only see industrial action or political power succeeding. I believe nurses refuse to take the first type of action and are apprehensive about being involved in politics. While they remain in that position the pay question will remain unanswered.

Now is the time for the nursing profession to come of age and recognise that they should no longer react to policy already made but have a major influence on how that policy is made up and proposed. It will cost money, but I am sure nurses would be prepared to contribute to such a cause if it is attractively presented by all the professional organisations, not in relationship with the TUC.

This alternative base is, I believe, the only alternative to the weak situation nurses continually find themselves in when it comes to the yearly pay round ☐