Unity Among Nurses: An Evasive Concept

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The purpose of this paper is to elucidate contributing factors to the disunity in nursing, and argue that if united nursing would be able to achieve harmony, respect, and, above all, recognition. Social and historical identities imperil nurses, make them defenseless, and cause disunity. The relation between nursing and effects of gender discourses in power struggles is also accentuated. The paper concludes by advancing solutions to the disunity and argues that if measures are not taken urgently, unity in nursing will remain intangible and a legacy of disunity passes to the incoming generation.

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Introduction

Nurses around the globe represent the largest group of health professionals (American Nurses Association, 2006). They are also described as veritable caregivers and the strength of the health system (Gordon, 2005; Sello-Khupe, 1997). This numerical strength gives them power over other health professionals, if only they could unite. However, unity has remained elusive to nurses and, hence, programs geared toward improving their welfare have never succeeded. Unity has been defined by Ogbeni (2004) as a means of coming together and working toward one goal. He further stated that unity needs love, respect, tolerance, cooperation, and, above all, a sense of mentorship. A united nursing profession would be able to improve the economic image and general welfare of nurses. The purpose of this paper is to elucidate the factors that contribute to preventing unity among nurses, and suggest ways that could help to make nursing a formidable force within the health profession. Some of the contributing factors to disunity include the culture of nursing as a profession, divisions within nursing, and diversification. Power struggles within nursing are also discussed to augment the factors contributing to disunity in the profession.

The Culture of Nursing

The ability of nurses to practice in a professional manner may be influenced by the organizational culture of their work environment (Manojlovich & Ketefian, 2002). Culture is made up of collective knowledge structures, which are communicated through the socialization process and everyday interaction (Kaminski, 2005). The nursing culture is made up of its

historical rituals, myths, and stories. The culture within nursing is structural and dynamic (Worley, 1997). Also, Learnard (2001) reported that in simplified form, culture is an illustration of the lifestyles of individuals belonging to a group or a social system such as nursing. In any culture, there are some beliefs and rules that generate and interpret social behaviors (Worley). In nursing, such behaviors include victimization of one another, bullying of young staff by seniors, and lack of acknowledgment of others' expertise and performance, and this culture is passed from generation to generation.

A united nursing profession would be able to improve the economic image and general welfare of nurses.

Divisions in Nursing

Divisions or factionalism have existed in nursing for a very long time and have emerged from the cultural origin of nursing. Cliques in nursing may be found at all levels and perpetuate ill feelings that prevent object assessment of nurses. Because of cliques, merit is being replaced with favoritism. This factionalism also defeats the purpose of the mentoring of junior staff in general (Cangelosi, 2005). There is a strong belief that positions are filled on the basis of the faction one belongs to. Such an allegation has created a lot of animosity between members of different factions (Selelo, 2006). This has had a negative impact, especially on the newly recruited nurses who join the profession with vigor and willingness to develop into professional nurses.

Social class and status divisions within the profession also hinder much-needed defense (Gordon, 2005). The defense that nurses need is against other health-care professionals, the community they serve, and policy-makers. Nurses should forget the status within themselves as individuals and fight for the status outside themselves that would bring them together and not separate them. In developing countries like Botswana, some nurses (e.g., the family nurse practitioners) are believed to be more aligned to medical officers than to nursing (*Botswana Guardian Newspaper*, March 24, 2004), and this creates disharmony within the nursing fraternity. The preamble to the International Council of Nurses (ICN) constitution in 1900 emphasized the fact that nursing will be highly developed by greater unity of thought, sympathy, and purpose (American Nurses Association, 1996). However, after a century, unity still evades the nursing profession.

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Diversity in Nursing

Diversification means spreading knowledge into a variety of specialties. Diversification strategies must be based on one specific goal and time horizon (Dochterman & Grace, 2001). Real diversity means drawing on the strengths of different specialties in order to make nursing more manageable and focused. It could turn nursing into an essential and valued part of every healthcare system. Diversification is one factor that could have strengthened nursing, but this diversity has rather created many compartments within the profession, which are based mostly on medical models, such as surgical nursing, psychiatric nursing, and others.

In addition, to emphasize the point of division within the nursing fraternity, there are different goals

within the profession as currently practiced in Botswana, and some of the specializations created by these differing goals are either alienated from nursing or exist within nursing as subsidiaries. Examples of such specialties include midwifery—whose practitioners strongly believe that they are not nurses (Mogobe, 2006). Family nurse practitioners are another example of specialized practitioners who prefer to be associated with medical officers than nurses (Chabata, 2005). Fragmentation of nursing organizations also demonstrates the disunity in nursing. These divisions in nursing have been clearly demonstrated in the report by Allen (2004), when he alluded to the many specialties and their singular standing. The factors outlined above contribute to the lack of unity and fragmentation in the nursing profession. Do nurses want to unite or is unity beyond their comprehension? If this question is not answered in the affirmative, unity will only be a dream.

Control issues have negative implications and often exacerbate power struggles within nursing, leading to disunity.

Power Struggles Within Nursing

The enemy of nursing is inside the profession. Seboni (2003) noted that nursing personnel in sub-Saharan Africa are not managed—they are controlled. Control issues have negative implications and often exacerbate power struggles within nursing, leading to disunity. Many nurses are unprepared for this political maneuvering and power politics that occur in every nursing institution (Duffy, 2005).

Porter-O'grady (1992) noted that a new level of leadership must emerge. Such leadership in nursing must recognize the abilities of individual nurses and assign positions based solely on merit. Nurses need to defeat the view that as females they can only undo others. Nurses need to recognize ability among colleagues who may not be their social friends or who may even belong to different ethnic groups. This would go a long way toward curbing power struggles and help today's nurses to leave a legacy of true professionalism to coming generations.

Collaboration among nursing organizations would strengthen nursing.

What the Nursing Profession Can Do to Unite

As Allen (2004) noted, unity will be the right thing to have in the nursing profession. There is also a common adage that says, "United we stand, and divided we fall." The truth of this adage rings through the nursing profession. The authors of this paper suggest the following ways to achieve unity.

1. Nurses must respect each other's specialty and work toward enriching each other's job and work environment. A statement such as "community health nursing is just an environmental principle that could be taught or practiced by everybody or that mental health is practiced by those who are mentally compromised" is really self-defeating and does not add any value to the nursing profession.
2. Nurses can only unite through acknowledgment of different expertise that will help promote the quality care expected of them.
3. Nurses need to search themselves to identify weaknesses that have been alluded to by many studies (Stierle, 2004; Learnard, 2001).

4. Nurses need to examine the nursing legacy that has negatively impacted on their behavior. It is only through thorough analysis of self that nursing could do away with the heritage that does not promote unity.

5. Accommodation of new vibrant views should be encouraged. This could be done through proper mentoring of the newly graduated nurses. When new nurses join the workforce they usually come with new ideas and enthusiasm. This needs to be nurtured and developed. If nurses were to talk with one strong voice, the profession would be taken more seriously by political forces.

6. Unionization has been suggested as another measure that could build unity into the profession. Collaboration among nursing organizations would strengthen nursing.

Conclusion

The purpose of this paper was to elucidate contributing factors to disunity, decent working conditions, recognition, and respect on the job in the nursing profession, and suggest measures that could assist nurses to unite and have better working conditions. Arguments have been put forward as to what unity can achieve, and this includes gaining strong recognition from political forces, collective bargaining that can improve the earnings and status of nurses and ultimately lead to the improvement of the healthcare system, among other things.

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