

*Union***POLITICISING NURSES***Scene*

NURSING THE FUTURE

Politics is a dirty word to most nurses, who are usually regarded by other health service trade unionists at best as apathetic and at worst as traitors. Yet the Royal College of Nursing is one of the 10 biggest unions in the country - and the largest union outside the TUC.

Until the RCN admitted men for the first time in 1960, it was ruled by respectable matrons whose chief preoccupation seemed to be garden parties and OBEs. Today it has nearly 250,000 members, comprising 65% of qualified nurses, 75% of nursing students and nearly all those in management and education. And the men have done very well in a 90% female occupation; Trevor Clay, the college's general secretary, is living proof of what he himself describes as a 'rising tide' of men in top nursing posts.

It may be more than coincidence that the increasingly male-dominated leadership of the RCN is seeking a place on the broader political stage. No longer content with its powerful influence over professional issues like education and clinical practice, its ambitions are turning towards larger forums like the media, parliament and even the TUC.

Since its certification as a trade union in 1977, the RCN has enthusiastically taken up everything on offer, including government funding for membership ballots. Last year it appointed a political officer to lobby MPs of all parties, and early this year it spent £250,000 on a national media campaign against the introduction of general managers to the NHS.

Affiliation to the TUC has been on the cards for some time and is supported by the self-styled progressives among the leadership. The move was rejected in 1982 in a full membership poll with a poor turnout, but the issue is still alive and the sizeable minority in favour has swelled. While this is partly due to Tory reforms, allaying nurses' fears that the TUC was a home for strikers and subversives, there is no evidence to support claims that the RCN would line up alongside any right wing breakaway movement initiated by such as the EETPU and the UDM. Its main interest is the NHS, not industrial unionism. Furthermore, such an overt move would probably drive out some of the activists to rival unions such as Cohse and NUPE.

If the RCN applied for TUC affiliation in the next few years, how would it affect

NHS trade unionism? Co-operation might be improved and the RCN might take a firmer stand on issues like privatisation. Despite their public posturings, the college and the other two major unions representing nursing staff have worked effectively together through Whitley Council collective bargaining. In 1982, RCN members twice threw out government pay offers and this unexpected unity undoubtedly prolonged the dispute.

The college's determination to secure a pay review body (in the mistaken belief that it would award doctor-style rises) caused a big rift, however. The other unions find it hard to forgive the RCN for effectively removing nurses' pay from the bargaining arena.

The other big problem - though bigger on paper than in reality, probably - is the RCN's Rule 12. This is popularly regarded as a no-strike pledge. In fact it bans 'withdrawal of services' but not other limited forms of industrial action - the only kind of action most nurses are prepared to take, whatever union they belong to. Emotionally, though, it is important, not least in the public's eye, and the angelic no-strike stance is often exploited by the college.

If the RCN does join the TUC it will be walking a tightrope between its desire for greater influence and its dislike of cloth-cap unionism. The winds of change, though, are blowing in its direction; its concern with public image and apolitical politics is certainly this year's model.

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