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Q: BON elected

I think the point was to have an all nurse board, rather than a board appointed by the governor and other members appointed by organization like the Medical Society and the Hospital Association and interests whose focus was not the same as nursing's in all respects. We felt that having the kind of Board that we had all those years was an impediment to nursing's vision for its future. And we identified that as a real legislative need to target the 1981 General Assembly and work toward achieving that goal. And we did start 3 years ahead and we formed a taskforce that was composed of every nursing interest that we could identify in the state, so that they'd all have a voice and we began to create drafts of what we thought the nursing practice ought to be and what the composition of the BON ought to be. We worked with all groups and went through if I recall, about 9 drafts to get finally a version that all nursing could agree on, and of course I think that was the secret of the success, is that all nursing interests in the state could come together and support that bill.

Q: self controlled profession

That's, the fact that other professions controlled their own board, their boards were composed of members of that profession, was another reason for us to examine why is it that nursing was not in that position? And we decided that nursing was a vibrant profession and certainly capable and deserved to have it's own board. That was a factor that was very important to us, that we became equal with other professions in that our own members controlled our board.

Q: why not before?

I think nursing in the early days was a subservient kind of profession, employees of hospitals, employees of physicians, in health departments certainly as the years progressed and they were considered less than top rank professionals. And it was a great struggle for nurses through the years to achieve professional status. The early days as employees as rather subservient to their employers was the reason that employers thought they knew best for nursing. And they were uneasy and always have been for nursing to control it's own profession.

Q: obstacles?

As I think about it, I don't think that would ever have come to pass if it had not been for the energy and the resources that the NCNA put into that effort. They initiated it, they put all their resources, staff, financial that they could into the effort and solicited help from the other nursing groups and did receive great help. The obstacles I think, number one tradition. It had always been a board appointed and a board that had a composition including other professions. Other states in the US did not have such a board. It was certainly a forward-moving, a very significant achievement for nurses that at last one

state could achieve it and to my knowledge, we're still the only state in the country where nurses elect their own board of nursing.

Q: more obstacles?

There were certainly obstacles. But we had obstacles from nursing groups themselves who weren't quite as courageous as the nursing, as NCNA was to attempt a thing of this sort. We got opposition from those professions who had representation on the board because they didn't want to give it up easily. We had opposition from certain, some of the lawmakers who, number one, didn't understand until we educated them, which thankfully we were able to do, number two, they had allegiances to other groups who weren't too fond of our bill. But in the end, we worked very hard to educate....telephone

Tape 2

Q: obstacles?

There were significant obstacles to overcome. Professions that had representation on the BON were not eager to give it up. Also many nurses were not totally convinced that this effort was worthwhile or even appropriate at the time. But we launched a very extensive educational campaign to work with nurses, other professions, law makers, public groups to try to convince them of the appropriateness of this profession controlling its own board of nursing. And fortunately we must have succeeded because the law passed. And it was the first in the US, first law to create an all nurse board.

Q: why necessary?

Nurses, nursing rather is a full-blown, honored profession. It deserves to have its own board to control its own practice. When nurses can control their own practice, then there's much more opportunity for the profession then to grow, to expand and to be able to serve the patients the way nursing really want to serve.

Q: what was necessary?

This was probably one of the greatest challenges that the association ever undertook and it took as I said, years. It took a lot of resources, but the main thing that we had to accomplish was to truly educate not only nurses, but people everywhere about the right of the profession to control it's own practice and the need for that control in order for nursing to then grow and expand and progress into new fields and new roles, which it has done and I think we'll see examples of that everyday.

Q: lobbying

Nurses are good as lobbyists, if you'll accept that word, because number one, they're not with the people who throw money around and give money to candidates. So when they go to a member of the General Assembly and they sit down and talk to him earnestly, it's

he knows it's from the heart, they're sincere. And we had much effort to teach nurses how to talk to lawmakers, to be straightforward, to never try to threaten, to never be offended when they didn't accept your viewpoint, to never forget to thank them for their time or thank them for their vote. I think that earnestness and that sincerity and the straightforwardness from nurses really sold that bill.

Q: mobilize nurses

To encourage nurses to approach their lawmakers was very difficult because many of them had never done that before, they didn't know how to do it, they thought there was some secret to it. And one of our tasks was to teach nurses that it was their right to speak to their lawmaker, that they could do it in a straightforward, earnest way. They didn't have to have any special formula, you sit down and you tell him why that bill is important to you and to your profession and it usually works when they are sincere and straightforward.

Q: nursing communication

Nurses are understanding of the patient, the constant contact with the patient and the knowledge of the patient, not just a person suffering from an acute problem but a person whose whole converges to make that patient what he is. That's a part of nursing and therefore, they're so much more aware of the patient's needs, the patient's concerns and they are in a position to make decisions about patient care that no other profession is because no other profession has that kind of contact. And I think they show that, they demonstrate that when they talk to lawmakers and other people about their role.

Q: guidance from other states

Well, no other state had done it so no other state told us how we could do it. They all said 'What?! You're going to try that?' Most of them just...

We got practically no guidance from any other state because it had never been done in any other state and most of them were astounded that we were trying it. But they all said, 'Go for it!' And we did.

Q: Why never before?

I think in some of the other states there was not quite the pressure to achieve an all-nurse board that we had in this state. The controls of the BON by other professions was not as strong. In some respects it was a more pronounced in our state. Now, I'm not sure we can analyze why that's true. I think some of the appointees that other governors made to their boards were more acceptable to nursing than had been the case in history in our state. So there was not the same pressure I think, but they all envy us and I'm sure, you know, in due time others will come along and do the same thing.

Q: Why NC?

The leadership in nursing in NC, to our great fortune, has always been superior. And I think great nursing leadership has contributed a lot to the firsts that have been accomplished by nursing in this state. And there are several.

Q: NCNA

The NCNA is responsible primarily for every significant piece of nursing legislation that has been passed in this state from the beginning. The first act in 1903 for registration of nurses was the result of the work of the Nurses' Association. And ever since then, every single, significant piece has been because of the efforts of the NCNA. And I think that's true because the Association is the one voice of nursing in the state that represents all of nursing.

Q: mobilization of nurses

To achieve this particular legislative goal, it was important that every interest, every segment have a role in it. And to accomplish that, we tried to show to them how their interests would be served so that each one would say, 'I have a special interest in this. And my organization will be better because of it. My practice will better because of it.' So that was a really huge educational job that we had to attempt (standing up??) I think in large part we were successful.

Q: quality of practice

Having an elected all-nurse board is important to nursing because nursing is a dynamic profession, it's constantly growing and changing. Medical science is advancing everyday and all of those new advances mean nurses need to know more, they need to know more techniques, they need to have a broader education, and they need to take on new roles. But sometimes, the only way they could achieve those new roles is to have an all-nurse board that would open the doors and pave the way and remove barriers for them.

Q: first state

It was a totally new experience for nursing in this country to try to achieve an all-nurse licensing board. We had no model to go by. We had no experience to draw on from any other state, so we had to pave our own way. We had to make our own model and I believe now we're a model for other states. But we devised our own pathway. We set our own goals. We established our communications with other groups and proceeded in that pattern to attract all nursing interest and their participation and their support.

Q: why some nursing opposition?

There's some nursing groups that are smaller organizations who are controlled so much by physicians in that field that I think in a lot of ways they were afraid of antagonizing them. They didn't want to disturb their working relationships they had with them. Other

nurses, unfortunately, were too willing to let an employer tell them what their job was and how to do it. And it was a massive job to teach them that nurses could make those determinations for themselves.

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