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## **No concession without demand**

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All over the world, public health and welfare services are ever more precarious in the face of an onslaught of neoliberal austerity policies. This dominant political-economy manages to persist, despite weakening of its legitimacy, consolidating global wealth in the hands of a tiny few and literally shortening the lives of the relatively disadvantaged. In these circumstances, hospitals, community healthcare systems and their workforces are routinely fighting a sticking-plaster, rear-guard action; caught up in what John Kenneth Galbraith and others have called a war waged by the rich against the poor. As such, there is a credible case to be made that staff such as nurses ought to be more assertively involved in the politics of persuasion, protest and campaigning against neoliberalism and its deleterious effects. This must move beyond the important task of defending services and wider welfare systems towards imagining the alternative forms services might take in a future, fairer society. From this perspective, nurses need to increasingly assume the role of politically aware activists for change.

In a context of broader political struggles, the recorded speeches and writings of Frederick Douglass, the nineteenth century radical and anti-slavery campaigner, offer us, today, insightful views on the role of human struggle in securing victories from oppression. Douglass's famous words about power conceding nothing without demand have been recycled in contemporary struggles against white supremacists, Nazis and Trump. This maxim has similarly long featured in the lexicon of labour movement organising, featuring on union banners and posters through the ages.

To emphasise the act of demand-making is to powerfully respect the agency and political potential of persons who would give voice to such demands, however powerless they may at first seem. Recognising this opens up the possibility of considering anew the enormous potential of nurses' power to achieve some demands of their own. Nurses have the potential to shed a, perhaps undeserved, reputation for passive docility in the political domain and assume a new activist professionalism that is at once compassionate and radical. If this is to be realised, I contend that Douglass's rhetoric and the understanding behind it deserve

considering in more depth than simple sloganeering. There then flow certain profound implications for nursing consciousness raising and action. To make this case, it is worth quoting Douglass (1857: 21-22) at length:

*The whole history of the progress of human liberty shows that all concessions yet made to her august claims have been born of earnest struggle. The conflict has been exciting, agitating, all-absorbing, and for the time being, putting all other tumults to silence. It must do this or it does nothing. If there is no struggle there is no progress. Those who profess to favor freedom and yet deprecate agitation are men who want crops without plowing up the ground; they want rain without thunder and lightning. They want the ocean without the awful roar of its many waters. This struggle may be a moral one, or it may be a physical one, and it may be both moral and physical, but it must be a struggle. **Power concedes nothing without a demand. It never did and it never will.***

So, we can see that Douglass's appeal must start with a demand, but that this must inevitably involve commitment to struggle or, equally inevitably, the cause is lost. Logically, this means that active agents must first possess sufficient knowledge of their social and material circumstances to be able to formulate a coherent and meaningful demand. Second, if struggles are to be won then the people engaged in the struggle must be collectively organised.

### **Recalcitrance and indignation**

Just as Douglass' and the abolitionists' case was not sustained on the back of moral power alone, it also required a 'rebellious disposition' of the slaves themselves - in the healthcare context, nurses need to strike a more recalcitrant and rebellious pose (McKeown 2016).

Despite the pervasive representation of nurses as collectively passive, that serves governments' and employers' interests in curtailing nurses' power, there is a long history of nursing radicalism and militancy. Nurses have always been organised into trade unions, and have fairly regularly in history taken action up to and including strikes to prosecute their demands. Globally, many of the unions that nurses join are amongst the largest collective organisations within respective countries, and to some extent they have bucked the trend of union decline.

Nevertheless, union membership density in the health and social care sector has much room for improvement despite union renewal and organising campaigns doing well to keep total membership levels static in the face of austerity inspired job losses, service retractions and privatisations. Furthermore, divided membership between traditional unions and professional associations is another impediment to nurses exercising industrial power. A fact remains, that nurses attempting to provide care amid the inimicable pressures and uncertainties of the neoliberal working environment do not always have the luxury of pausing to consider how to frame demands and organise for a political struggle. In this they need support, knowledge and skills appropriate to activist objectives. In essence, this must start with consciousness raising and be extended by deliberative, democratic discussions amongst peers.

### **Critical learning**

For nurses who would defend welfare and health services, there is an obvious place to start for consciousness raising - the established context of nurse learning and continuing education. Unfortunately, too little of nursing curricula, wider campus and clinic spaces, professional and academic publications, or daily discourse is explicitly concerned with political analysis. Arguably, this state of affairs perpetuates a knowledge deficit that deprives many nurses of the analytic weapons necessary for critique and understanding of what is palpably going wrong in services and society. Such obstacles include a diminution of capabilities to critically engage with a mass media in unholy alliance with neoliberalism. This is not to say that nurses are incapable of recognising injustice when they see it, nor that they cannot engage in political debate and action. They clearly can and do. Rather, my argument here is twofold: nurses are typically deprived of an organised, professional foundation for a politicised identity and the educative component of professional socialisation, in particular, is insufficiently geared to support the development of critical political thinking.

My plea is for nursing pedagogy to more thoroughly attend to the political framing of nurses' work. This requires nurse educators and leaders to grasp the value of critically engaged curricula and working cultures for supporting and protecting this and future generations of nurses from the vicissitudes of neoliberalism, and empower them to challenge it. In this regard, morality and politics are inextricably linked, and political consciousness raising is entirely compatible with compassionate concern for the welfare of service users, citizens and colleagues. The process of learning can also model the democratised and creative dialogue

and relationships necessary for activism, especially those forms of deliberation that can prefigure the world as we would like to see it. Freirean, critical pedagogy with its process of conscientisation, for example, is one such means to accomplish both.

Linking learning with activist organizing and identity formation is also a means for nursing to reconnect with foundational ideals. Activist recalcitrance: the channeling of cumulative irritations, grievances and anger can be seen as acts of compassion and love, affording a rethink of what constitutes a virtuous professionalism. From this perspective, to not be moved to activism by the rank unfairness, discrimination and oppressions of the prevailing polity is the more definitely unprofessional standpoint. It is also a denial of our very human propensity to care and work for the benefit of others. This point alone, perhaps, explains some of the alienation contemporary nurses feel when a serious lack of resources impedes their ability to provide care to the fullest extent of their capabilities.

### **In place of fear**

Nurses need the confidence not to be afraid of this challenge. Our current, apolitical models of professionalism and professional preparation have only taken us so far. If we desire a much more substantial collective advance, ideally in solidarity with service user and public allies, then we need a well thought out set of demands. And we need to be prepared for active struggle. The present neoliberal world order represents a clear and present danger to welfare and health care services. Hence, nurses, being the major proportion of the workforce, must be in the vanguard of turning defence into transformative change.

Soon after the advent of the UK socialised National Health Service, its architect, Nye Bevan, wrote a wonderful polemic for democratic socialism. In these pages Bevan (1952: 170) made a plea to activists relevant to nurses today:

*know how to enjoy the struggle, whilst recognising that progress is not the elimination of struggle but rather a change in its terms.*

## References

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