THE PLACE OF NURSES IN OUR SOCIETY TODAY

AN ADDRESS PRESENTED AT THE NURSES' DEDICATION CEREMONY IN
THE PIETERMARITZBURG CITY HALL: 29TH SEPTEMBER 1994

by Professor BM Gourley

You can ask just about anyone you know about what they consider to be the most important jobs in our society and you can be sure that they will include nurses and teachers in their list. Such jobs are so important and require such dedication that it is common to refer to them as 'vocations' rather than jobs. The dictionary definition of 'vocation' uses words like 'calling' indicating that not all people are equipped for such tasks. And so it is with particular pleasure that I add my personal good wishes to the very special people who are dedicating themselves here this evening. As a society I believe we are indebted to you and your colleagues who choose to spend your lives in the service of others and I am sure you will find satisfaction and fulfilment in the process.

We have heard a great deal about nurses in recent times and it is most regrettable that nurses have been subjected to such intense pressure both from within their own ranks and elsewhere. It is also regrettable that while society is quick to place nursing on their list of important jobs they do not attach sufficient value to those jobs that they are willing to pay a fair price for the job done. People shake their heads and make appropriate noises but nothing actually changes. When did you ever hear of a politician running on a ticket of higher salaries for nurses and say teachers? Does it have to be like this? Are there examples elsewhere in the world from which we can learn? And is there some context which will help place this issue in some perspective?

I propose to briefly address myself to such questions and I hope that in this way we come to see ourselves as actors on the stage and helpful in resolving some of the problems in this arena.

As a preamble I must say that I do not think that it is an accident that a profession that it almost totally the preserve of women, is at the same time an undervalued one. Janet Radcliffe Richards in her excellent book called *The Sceptical Feminist* writes as follows: "It must be said on behalf of feminists who are inclined to resist any difference in function, convention and expectation between the sexes that they have

one very strong argument on their side in men's quite astonishing record of downgrading whatever is associated with women. Margaret Mead commented that in every known society, men's activities were regarded as more important than women's, quite irrespective of what those activities were. 'Men may cook or weave or dress dolls or hunt humming birds,' she wrote, 'but if such activities are appropriate occupations of men, then the whole society, men and women alike, votes them as important. When the same occupations are performed by women, they are regarded as less important.'" (1982:195)

So what we are looking for here is a fundamental change in social values - a change I must stress is needed on the part of both men and women. If women themselves acquiesce in the importance of one set of values rather than another, then we can hardly complain if men follow that lead. We have to begin somewhere and taking responsibility is a good place to start. It is clear, for example, that every single male chauvinist definitely had a mother and equally clear that the mother had a hand in defining values and attitudes towards women.

Before you get an idea that I feel negative about prospects in this respect let me hasten to assure you, and indeed hasten to ensure our young nurses this evening, on the contrary, I am extremely positive. I am positive because of various things that I see happening. And let me catalogue such things.

First of all, I see a vast change already in the way in which women are taking their place in the world of work outside the home. Patricia Aburdene and John Naisbitt in their book called *Megatrends for Women* asked the question: "What trends do women need to know about to be empowered now and in the future?" (1993:xi) They concluded "that women need to know about how other women, from every walk of life, are shaping social, political and economic trends, and that men, in order to function in today's world, need to know about it too." (1993: xi) They document cases from all over the world to demonstrate that "women in various stages of freedom and autonomy have found the wherewithal within

themselves to act, to succeed, to transform." (1993: xiii) We have several important examples in our immediate world. Our Minister of Health is a woman and a doctor, the previous Minister was a woman and a social worker. Both have demonstrated themselves to be close to the issues and ready to make bold choices.

One of the most successful and enlightened mayors that the City of Durban ever had was a woman and a nurse. Indeed two of her most able colleagues on the Council were also nurses. Women are making prime ministers, bishops, social activists, business leaders, newscasters, professionals, professors. I cannot think of a field where their influence is not felt. Aburdene and Naisbitt write about the concept of 'critical mass' in this respect. In this context they ask the question: "How many people (what is the critical mass?) are necessary to adopt a new practice, product or belief system before it becomes a chain reaction that in time persuades most people to adopt the practice or product?" (1993: xiv) "Critical mass", they write, "is like a landslide, it is when a trend becomes a megatrend, it is the point when one accepted social paradigm no longer makes sense and is replaced by another. It is an idea whose time has come." Needless to say and happily to report, they believe, and their book documents enough evidence to make a powerful case, "that the critical mass needed for women to eventually reach the goal of liberation, of true equality, has already been achieved." (1993: xv)

Secondly, I see important changes in the way health care is going to be delivered in the future. In South Africa we have a health care system which places far too much emphasis on hospital (so-called tertiary health) care and not nearly enough on primary health care. Primary health care will put health care workers closer to the patients and place a heavy emphasis on preventative health care - that is, promoting healthy life styles rather than treating illness.

There is no doubt whatever that this will strengthen the need for nurses and indeed primary health care will rely very heavily on nurses. There is no way that the system could

afford to produce enough doctors to run such facilities nor indeed would it be desirable in my view. I may add in passing that there is a limit to what even primary health care can do in a country where the majority of the population do not have access to basic services like running water, electricity and adequate sewerage systems. It is a well documented fact that advances in standards of health owe much more to improved hygiene, nutrition and sanitation than anything else.

South Africans are going to have to face the cost of neglect in this area and I only hope we have the time before the dimension of the problem engulfs us. Nurses will have to provide not only the primary health care service but indeed the management of such facilities. In so doing they may well find themselves with better career opportunities. While many may not want to leave the bedside of their patients and that will be to their credit, others will find within themselves management skills that can be applied in situations beyond the clinics. I fail to understand, for example, why there are not more nurses who are the senior administrators of hospitals. I would imagine that nurses have a more intimate knowledge of how a hospital functions than a doctor, and yet doctors seem to have cornered the market.

I see tertiary institutions having some responsibility in this regard. Post-graduate diplomas, degrees and certificate courses in Health Care Management should be available that are tailored specifically to such an end. Such courses would make it possible for nurses to compete more confidently in the field. Indeed they would also make it possible for doctors to compete more confidently in the field! One unusual outcome of being asked to present the address this evening is that it has made me think about this and I will do what I can to facilitate this happening at my institution at least.

It is interesting to note that there is more and more a realization dawning that the management of organisations in the public sector (such as hospitals, universities and the like) need to be run according to all the basic principles that apply to business organisations. They too must be run in a business-like fashion. The *Harvard Business Review*, a prestigious journal for senior management, has in the last few months instituted a new section devoted to the management of what they call Social Services and I believe that this is further evidence of the importance accorded to a sector which, after all, does consume a large slice of the public purse.

Thirdly, there are significant changes taking place elsewhere in the world in this respect. I know that South Africa has a unique set of conditions at this time in our history but we cannot escape completely from the effects of being in a global village. Changes are often best viewed with an eye on history. You will be amused by an extract that I found in an encyclopedia on the history of nursing. They

were describing the impact the big wars had on nursing and the significant impact that nurses made during those difficult times, and one passage read as follows: "During the (American) Civil War, Dorothea Dix sought respectable and plain-looking women to attend sick and wounded soldiers, striving to overcome the association of nurses with camp-followers." (Grolier, 1992)

I must say that television has more than made up for the image of nurses in the meantime - indeed the glamorous ladies that appear on sitcoms would make the average male hospital patient waking up in hospital think he had died and gone to heaven.

Anyway, to return to reality, Aburdene and Naisbitt have collected information that shows that the ladies in some places at least have taken considerable strides. In America, according to the Bureau of Labour Statistics in 1991 nursing is listed as the eighth-best-paying profession for women. In the same year they record that American women nurses earned more money than (what they call) "non-entrepreneurial" female physicians. It is a startling metaphor of change in the health-care establishment - and a testament that seemingly intractable matters can change if there is the will for that to happen.

All over the world, including South Africa, nurses with an eye on the market and often a belief that the public deserve better than they are getting from the health system are setting up private business where they care for the sick and the elderly in settings which do not require expensive infrastructure and are more "patient-friendly". The growth of the hospice movement is, I believe, attributable to the many nurses and doctors who often donate their time and make death a less frightening affair for thousands of grateful people. I know that there are some people who abuse the system for their own ends and for many, the notion of making money out of people's misfortune is repugnant, but I think cases should be judged on their merit because I have no doubt that there is room for more personal and accessible health care. The greedy will always be with us but that is not a case for throwing out the baby with the bath water, as the proverb goes.

Fourthly, I am also encouraged by what I see in happening in tertiary education. Medical Schools are re-examining their syllabuses with a view to making education less dependant on so-called hospital medicine and more concerned with the whole patient. The continued specialization of medicine has made the doctors less and less in touch with the person and this is not always in the patient's interest. There is a recognition that we need to be more sensitive to that.

There is also the research work that is being done in academic departments of nursing. The nursing professor at our University tells me that it will be the nursing academics who will

advance nursing practice and procedures and I have no doubt that she is right. She is one of our most dynamic professors and I assure you that if you talked to her she would leave you in no doubt either! It is reassuring seeing women such as this leading us out of the age where the doctor was the only one who could authoritatively pronounce (or so he or she thought) and seeing nurses doing quality research.

There are other aspects to research which encourage me. We are finally coming to realize that the age old art of the sangoma and the properties of herbal medicine are vastly under-credited in so-called Western medicine. Eastern medicine has seemed to be more amenable in this respect. Whatever the case, I was delighted to see a collaborative group of researchers from several disciplines at our University win a tender for an ambitious and imaginative project. They are establishing what they call eco-botanical reserves to protect plants with herbal properties which are in danger of becoming extinct. The first such reserve is on University property and the herb-gatherers themselves will be part of the project - as will sangomas, botanists, chemists, biologists, pharmacologists, anthropologists, doctors, nurses and others. It is a particularly inspiring project and will no doubt generate a lot of understanding in a field where we have come to realize there are no final solutions.

I am also delighted to see that there is considerable research in the 'holistic' treating of patients. Devereux and Dirschel in an article entitled *Interdisciplinary Politics* describe a successful form of patient care which requires that nurses interact continuously with social workers, dietitians, physical and occupational therapists, respiratory therapists, radiology technicians and other specialists (1985:248). Nurses, they comment, need leadership skills to work effectively in groups while retaining the right and obligation to direct nursing care. (1985:248) Here too, tertiary education could provide suitable assistance.

In this address I have touched on only a few of the issues facing nursing as a profession and indeed nurses as individuals. Fritjof Capra in his book called *The Turning Point* calls this a momentous time in the history of our species. His so-called 'turning points' are described in such a way that they show that women are going to play a much more active role on the many stages where human affairs are played out. He also points out the change that is taking place in health care - what he describes as a move from the bio-medical model to one which is conceived as a more holistic and ecological concept of health. All these have a special resonance to our preoccupations here this evening. They mean that all individuals will also have to re-educate themselves and take more responsibility for their own health and indeed other affairs.

In the context of the various things I have described, it is not only the nurses who should

be dedicating themselves to a cause this evening, it is everybody who is here. We can all play a role in improving the lives of women, of nurses, of our sick, our dying and our elderly. If we do not we must accept the old adage as applying fair and square to us, as individuals: If you are not part of the solution, you are part of the problem. I would hope that the young people dedicating themselves this evening do not feel alone in what they are trying so valiantly to achieve but rather feel they have the active and tangible support of all people to whom justice and equity and compassion and humanity mean something.

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Editor's note:

Professor Gourley is the first woman to be appointed as head of a University in South Africa.

BOOK REVIEW

STAFF DEVELOPMENT FOR NURSES by K. Jooste and R. Troskie. Published by Southern Book Publishers (Pty) Ltd., P.O. Box 3103, Halfway House, 1685.

This is a very practical and helpful book on staff development. It is clearly written and easy to read. It has a pragmatic view to staff development. Part 1 consists of 6 units. The unit regarding the concept of preceptorship clearly explains the role and functions of the preceptor. The preceptee's guide on self evaluation and setting new learning objectives after evaluation is a valuable contribution.

Part 2 consists of 4 units. It starts with the conceptual framework for staff development. Practical guidelines for planning a management staff development programme are highlighted thus making this a valuable book for unit and regional managers, as well as a valuable resource for undergraduate nursing administration students and teachers. Activity sessions are thought-provoking, realistic and applicable.

Part 3 has one unit which starts with a programme for preparing the preceptor for the staff development role. The unit ends with a

competency evaluation instrument which forms a useful guide for self and or staff evaluation.

Nurse managers, nurse educators and staff development officers will find this book very valuable.

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