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ONTARIO OCCUPATIONAL HEALTH NURSES

EIGHTH ANNUAL CONFERENCE

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TORONTO

KEYNOTE ADDRESS

" CREATIVE CARING "

Presented by: Helen Mussallem, Executive Director, Canadian Nurses Association.

I was very pleased when someone gave me credit for your conference theme for I am one who believes that "creativity" is in the eye of the beholder and also that chance favours the mind that is prepared.

"Creative Caring" and "Creative Nursing" is, for me, the heart of nursing. The art of nursing is derived from the skillful and creative use of scientific knowledge and supplied for human comfort and welfare. Occupational health nurses have the greatest and most unique opportunity to demonstrate and be involved with creative caring for people in health, in sickness and for those of us who kind of linger in between. You have the opportunity, more than any other group in all of the profession, to demonstrate what we mean by "Creative Caring".

First I would like to place our theme in a world-wide context. During the early '70's the world decided to examine what this world is all about in terms of people, in terms of caring creatively for the peoples of the world. From the World Health Organization has come the one resolution affecting all of us in the health profession. It was ascribed to by the 150 member nations at the meeting in Geneva. This resolution was that the main social target of the W.H.O. will be the "attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". Thus the theme for W.H.O. has become "Health for All The People of The World by The Year 2000".

H. Mussallem noted that, if this were to be more than just a dream then there must be international social justice. There is a growing demand for social justice. The W.H.O. has been so concerned it has called a series of international conferences. In 1972, in Stockholm, the world concentrated on human environment; in Bucharest on population; in 1973, in Rome, to look at food and its distribution. In 1975 the world met in Mexico on the status of women and also the resolution on the new economic order. In '76 on human settlements in Vancouver. 1977's target was water and set a target that in two decades everyone in the world would have clean water. And still thousands die every day from contaminated water. Next, in the Soviet Union, the whole world concentrated on developing plans for primary health care for everyone, everywhere. This year is the year of the child and then we move into the years for rehabilitation, the disabled and the elderly.

Ms. Mussallem then went on to discuss this theme from a national point of view. At the moment Canada is faced with some very serious issues. Last Thursday, she noted, David Crombie, the Minister of Health, met with the CNA board to look at what was happening to Medicare. Has Medicare made a difference in the

health status of our people? What are the greatest health problems of Canadians? These, she said, must be looked at closely. Primarily these are the problems of an affluent country, the diseases of 'choice', the self-imposed diseases. True - we have the great killers - cancer, CVA, heart attacks, accidental death etc., but our greatest problem is to deal with the diseases we inflict upon ourselves. This is quite different from the goal we are trying to attain in closing the gap between the rich nations and the poor nations. Less than half the world's population has access to even the most primary health care and this applies to some parts of Canada as well. In some areas of Canada the only health care available is the nurse and there they are served well.

Ms. Mussallem went on to question what are the challenges facing us as nurses? How can we translate into the milieu that we find ourselves the creative caring, the touching of hands? One of the greatest tragedies of our age is that the full potential of nursing has never been realized. The full potential of the highly qualified occupational health nurse has never been realized. Nurses, she said, are trapped in the bureaucratic system. A lot of funding that has been implemented in the provinces has, to some extent, promoted the deterioration and eroding of health care as a right for individuals. I believe, she noted, that this presents new opportunities for nurses. When we presented to the Minister some of the alternatives for health care at this time, we said that nurses can provide new avenues and creative ways for providing health services that will be available to the people of Canada. She expressed the concern that we, as nurses, are locked into a system that limits the accessibility, that limits availability of health care people and that nurses are unable to develop their full potential; unable to provide the kind of care they can provide.

You, perhaps, as occupational health nurses can be the prototype of the nurse of tomorrow, carrying on the responsibilities and being accountable for 'caring' in the ways in which you can be prepared and delivering the kind of service you wish to deliver. The 'law' is not an impediment. You can go far beyond the activities that you are now providing if you look creatively at how this may be done. I know you are concerned about the promotion of industrial hygiene. I know that, as nurses, you are research-minded. You work with 'well' people and with families and who else has more opportunity to reach more people at any one time than the occupational health nurse? I know you are studying alternate ways of delivering your health care. I know that you are concerned with health teaching. Each one of you has the opportunity to help conquer the diseases of choice - smoking, alcoholism, obesity. I know that you are also concerned about the proposed legislation and it chills me whenever I read legislation affecting the health of people where the very word "nurse" is never mentioned.

I think, she indicated, that in 'organized' nursing we have failed. We have the most powerful voice of any of the health professions. We represent over two hundred thousand registered nurses and yet we permit this to happen. It shows that our grapevine isn't very good. In order to be heard we must be vocal. You are also concerned about the requirements for employment and I am very impressed with the document that you have produced in looking at various ways of implementing certification.

What about all the other issues that are facing us as nurses? You have already tackled one, whether you call it 'credentialing' or 'certification'. Then there is accreditation, continuing education for competency to practice, specialization, entry into practice etc. Who makes the decisions for nurses? Are they

government, doctors, nurses or clients? Who spells out the parameters? What about the diploma programmes that are under fire? Are we to follow our American counterparts so that by the 1980's the entry into practice will be at the baccalaureate level?

Some of the things that have to do more with creative caring are the moral issues - the reaching out and touching people in the greatest problems of their life. What is our position on euthanasia, life support services? What do we believe about social and economic welfare for nurses? Are we moving away from creative caring in our quest for better wages? I do not believe, Ms. Mussallem said, that you can reach out and touch people and let them know that you care if, on one hand, you are not remunerated sufficiently for the kind of commitment that you give. If we are to have people that are well educated and can care creatively they must also be well paid.

Nursing is dynamic! No two problems, no two clients or patients, are alike. It is always new; it is always progressive. Occupational health nursing, I believe, is scientific; is based on the principle of biological, physical and social sciences and occupational health nurses translate these into ways of caring creatively. I believe that occupational health nursing is dramatic! Occupational health nurses are concerned with families and are, therefore, the custodians of crises from birth to death. I believe, too, that occupational health nursing is creative! It deals with a medium not of colours, paints and so on but with a medium of human comfort and welfare.

Those are some of my beliefs about you and what your potential as well as your current practice is. When I think about how great we are as nurses and what we have done to improve the status of people throughout the world, I go back to the words of great people such as Thomas McEwan of Birmingham when he tells us that "past improvements have been due mainly to modification of behaviour and changes in the environment" and it is to these influences that we must look for further advances. Louis Thomas - again the skeptical remark - says that he notes that the great secret known to internists and learned early in marriage by internists' wives is that most things get better by themselves. Health professionals, themselves, may be responsible for the lack of advances in health care according to some people who also suggest that we are interested only in illnesses and deny people the right to have an interest in their own care. I believe that occupational health nurses are concerned primarily with 'health'.

Our Canadian system has built into it the promotion of 'illness'. In order for me to have a physical examination I must go to a doctor and if I am OK then he doesn't get paid. We must all go through the medical profession in order to end up in the health system in Canada. In other countries the system is different but not so in the industrialized western nations. We have been brought up in a 'hospitalized, sick way' and we tend to perpetuate it and the relationship between all health workers is solidified in the hospital setting and then it is translated to the community.

So few nurses in Canada are employed in other than 'illness' settings. Only about 1% of the over two hundred thousand registered nurses in Canada work in "health" settings and only a small percentage of that group are occupational health nurses. It is sad when you look at the 'few' that have so much to do! In spite of a federal policy proposing a plan to promote the improvement of the quality of life we continue to spend about 95 cents out of every health care dollar on illness care. The patient/client is coming to demand a better health care system while, at the same time, he is relieved of the responsibility of financial worries

that accompany illness. Their problems have been updated too. They find it difficult to make even the first contact with the health care delivery system. They find it difficult to obtain continuing and co-ordinated care and most difficult of all to obtain ongoing supervision, support and rational explanation. Today's patient is bewildered and frustrated. He feels himself fragmented and dehumanized while daily opportunities are being lost in preventive care and mental health.

So it is to you, the occupational health nurse, that we look to assist and promote health care. We have a great, exciting and formidable task if we are to improve the occupational health care in Ontario and throughout Canada. To postpone a large and difficult task simply because it is large and difficult means to abandon all hope of significant advance. If you put the value on yourselves as I have put it, and you have brought people from across Canada to discuss this with you, this is a possibility. This task requires the assistance of all of you. No one can indulge in the luxury of thinking they can do nothing. I suggest, Helen Mussallem said, that it is just as presumptuous to think you can do nothing as it is to think you can do everything.

I am in no position to criticize people but only a state of affairs. It is we who will have to answer for deficiencies at the bar of history. I believe that there is nothing better that any of us here can do than to live our lives for the purpose of improving occupational health care. The quality and quantity of occupational health care that we need in a world that becomes newer each day, that is in abrupt collision with the future. We are privileged to be part of a health evolution that is bigger, better, more enduring and, I presume, more worthy than we are. But people, ideas & causes offer the one possible escape from the pangs of solitude and the sorrows of aimlessness. The pitiful people are those of you who dare to be spectators rather than participants. The tragic people in the health profession are those sightseers who deliberately turn their backs on the profession. The only true happiness comes from spawndering our lives for a purpose.

May I wish us, and you, all the true happiness in spawndering your lives so that this eighth annual conference of the Ontario Occupational Health Nurses will be the one that made the difference in "Creative Caring".

Thank you all for giving me the privilege of opening your conference.