Nurses as a Social Force

Dr. (Ms.) HUGUETTE LABELLE

The keynote speech of Madame Huguette Labelle, at the ICN 1985 Congress Opening Ceremony (reproduced below) was received with great enthusiasm. Her direct way of speaking to the audience of nurses from all parts of the world on the theme "Nurses as a Social Force" started the Congress off on a high note.

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I have been invited to speak about **nurses as a social force**. Throughout the ages, nurses have engaged in social action. Whether by caring for persons injured in war, by establishing institutions to help children, the elderly, the sick or by displaying innovation in providing care to the sick and helpless. In all countries, there are outstanding examples of nurses who have had particularly great influence on health and social directions, owing to their own persistence and personality. Virginia Henderson, who is being honoured today, is one of those nurses.

The challenge which we face today is to build on the strengths which we already have individually and collectively. We have within our reach multiple levers to influence social action. But before reviewing these we should take stock of the environment in our countries affecting decision-making of governments, individuals and professionals.

As indicated by Milio: "The debate over health and how to improve it will more than ever be set in the context of other national problems that are increasingly complex and interrelated—economic, energy, environement and social welfare problems". [Milio, 1983][1] These stand as major issues in their own right while being contributors to the overall state of health of the population. They compete for a large share of the nation's budget while retaining the time and commitment of legislators and other decision-makers.

Major Specific Issues

What are some of these major and more specific issues affecting health which must retain our attention?

Population growth and overcrowded cities form one dimension. United Nations statistics show that only 29 per cent of the world's population was urban in 1950, but 50 per cent is expected to be urban by the year 2000. The rapid move to the world's cities has vast implications in terms of food supplies, clean water, and availability of services.

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Appropriate and sufficient nutrition remains a major problem affecting health. The relationship of nutrition to several chronic illnesses is becoming better documented but what is well known is that starvation and nutrient deficiencies cause severe damage in the world population. Shortened life expectancy of the chronically undernourished is important, yet chronic infections and anaemia caused by malnutrition which saps energy is another element affecting productivity and quality of life.

Malnutrition will continue to exist unless there is both availability and accessibility of food supplies for all people. The underlying issues of availability and accessibility are food production and distribution. Trends of food production in various parts of the world are alarming. African food production declined by more than ten per cent on a per capita basis in the 1970s. If trends continue, Africa will be able to feed only half of its population by the year 2000. In terms of numbers of people, it means that 155 million Africans are on the verge of starvation. Equally, many parts of Asia and South America have severe food problems. In the last few years severe draughts have exacerbated an already critical situation. On food production, Israel has much to share with other nations in terms of easily adaptable technology, know-how and perseverance. To conquer the desert in terms of making it a fertile land is a formidable accomplishment, yet this has been a daily achievement by the people of this country. Food distribution within countries and between countries is greatly dependent on transportation systems, aid policy and budgets and trade equilibrium. This is where the interdependence of nations comes at a crossroad.

It is hard to think of nutrition without thinking of the impact of economic conditions on health and nutrition. The World Bank has estimated that 750 million people in the poorest nations live in exterme poverty, with annual income of less than $75. Rapid population growth and inequities in the distribution of income have created a situation in which there are greater absolute numbers of malnourished persons, even though the proportion of malnourished has decreased.

Women in the developing world seem to carry a disprotionate share of health problems. It is estimated that half of the women in the developing world suffer from anaemia. More than half a million die each year from child birth related problems; one in four deaths of all women of all ages is related to pregnancy and childbirth; few third world women have access to family planning services. It is hoped that the Nairobi Conference, marking the end of the International Decade for Women, will address this situation.

As much could be said about the persistent pro-

blems of availability of clean water and the increasing environmental problems caused by chemicals polluting our air, water supply and soil. Increasingly, clean fresh water supplies of the world are being polluted along with damage to a major source of food—our marine life.

Education is yet another factor with impact on health care. Nurses witness daily the impact of illiteracy and low level of education on the people's capacity to care for themselves and their family. They see how this affects the individual's capacity to access basic health knowledge, his willingness to seek and comply with treatment, and the related life-style behaviour which may cause morbidity and premature mortality. Unfortunately the higher levels of unemployment in many countries are likely to exacerbate the cycle of poverty, low education and low level of health and productivity.

A Comprehensive System of Health

Finally, the availabilty and accessibility of a comprehensive system of health care is still a major problem facing most countries. In the more wealthy countries a substantial network of hospitals usually exists, but at a financial cost which is increasingly being questioned while health promotion and preventive services are still usually totally inadequate. In countries at a lower level of development there are major deficiencies in the total system of health services. In these situations, many would agree with Leisinger that governments should be encouraged to establish basic and essential services, however inadequate, everywhere, "...than to have highly sophisticated medical establishments in a few places inaccessible to the mass of the population, and nothing elsewhere". [Leisinger, 1984].[2]

I mention these problem arease to illustrate the scope and variety of issues which face governments and health professionals, and more particularly nurses because of the place they occupy in the health teams.

Nurses around the world do not find these health conditions acceptable in a caring society. How then can nurses enhance significantly their influence on decision-making about underlying factors affecting helth and about appropriate systems and services of health care? It is these problems which must focus our energy. Our must powerful instrument is the promotion of public good.

In 1977 the World Health Assembly adopted the goal "Health for all by the Year 2000." They adopted this goal because the health of the majority of the world's population remained unsatisfactory.

The declaration of Alma Ata in 1978 stressed that primary health care is the key to attaining health for all. Primary health care was defined as being: "essential health care based on practical, scientifically sound and acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination." [WHO UNICEF, 1978][3]

Dr. Mahler's Warning

The Director General of the World Health Organization (WHO), Dr. Halfdan Mahler, has issued this warning: "If health doesn't start with the individual, the home, the working place and the schools, then we will never get to the goal of health for all." He estimates that in the industrialized countries, self-care, self-responsibility, and self-coping in the individual's family and community represents 50 to 60 per cent of all care.

In January 1985, Dr. Mahler further stated that "it is now evident that the nursing profession is infinitely more ready for change than other professional groups. Nurses should be brought in much more than hitherto, fairly and squarely, as *Leaders and Managers* of the primary health care 'health for all team'." [Mahler, 1985][4] This is an opening not to be missed.

In exercising power the right opportunity and right time to act are key. A special opportunity has now been offered to nurses to exercise a quantum leap. The International Council of Nurses (ICN), National Nurses Associations, State and Provincial Nurses Associations in close collaboration with senior nurses in WHO and with senior nurses in governments, now have an open door. Nationally and locally it means looking at goals, devising strategies for specific actions appropriate to the state of development of their countries. Internationally it means the development of tools to assist countries, offering framework for organized action and continuing to influence member states in order to increase their receptivity in making primary health care a priority and to create a climate of legitimacy for proposals and actions by nurses.

Nurses cannot work in a vacuum. There are many other health workers, and other specialists such as engineers and community planners who belong to a primary health care team. Above all the people are those with the largest stake in their health and they should be central to any plan of action.

Nevertheless, I have found that it is often counterproductive to try to establish comprehensive multidisciplinary teams to focus on a concept. Too often precious time is spent trying to determine roles, responsibilities, authority lines. Frequently complex structures evolve with a good set of goals as a product. Unfortunately it seems to stop there—whether from lack of appropriate strategies being offered, because the plan is so huge that it appears out of reach humanly of financially, or because it does not address the need to build political will.

On the other hand, I have seen progress occur more readily when a group such as nurses working towards a major direction: identify specific and well delineated actions towards this goal; develop a concerted strategy, manageable financially, in time and size to influence government toward required action whether legislative, programmatic or financial while working closely with the general public and/or interest groups at all phases of development; and by co-opting other specialists as required. Let us all remember that every single action counts; success breeds success!

For influence to be applied effectively requires an organizational base.

Adolf Berle Jr., in his book entitled *Power* says "no collective category, no class, no group of any kind in and of itself wields power or can use it. Another factor must be present: that of organization." [Berle, 1969][5] This was further substantiated by several social scientists including Galbraith in his recent book, *Anatomy of Power*. [Galbraith, 1985][6].

Organization—effective organization—sets the stage for collective decision-making. Nurses are organized in professional associations in an overwhelming number of countries. The organizational network is already available to mobilize and build upon.

Organised Nursing Associations

We all have seen suceessful actions by organized nursing associations. In my own country, the Canadian Nurses Association waged a major and concerted effort in lobbying and supporting the Canadian Government in introducing legislation to curtail the erosion of principles of availability and accessibility of health services. Nurses were successful in seeking amendments to the proposed legislation recognizing for the first time all health professionals as equal partners. This was a major conceptual breakthrough setting the basis for future action. The Association prepared its position in a timely manner, sought the support of its member organizations in lobbying provincial and national governments and individual elected members of these governments, presented briefs to the House of Commons Committee, met a number of times with the Minister of Health and attracted the support of a number of other health and consumer groups. Throughout this period of sustained and organized efforts they used the media skilfully.

I have also seen in a number of developing countries the organized nursing profession convince their governments that providing nutritional supplements, communal tap water and latrines was of little use if not accompanied by proper education. I have seen how they had identified the women of the community as a target group. How they had trained systematically a number of women who then became the teachers of other women and of their own families. In this way they multiplied themselves and permitted the programme to be culturally sensitive.

Naturally, the ways in which nurses exert influence will differ depending on the country, history and customs, and the extent of its development.

Whether you have a Parliament, a Congress, a Knesset, or some other form of government, the relationship which you establish with elected officials is vital. The presentation of briefs to government is one way of exerting influence. Briefs should not just be in response to requests originating elsewhere. Nurses should be identifying issues, researching them, developing them, for original and unsolicited presentation to government. There are always those hidden issues which don't get much attention, but which you, as nurses, see, since you are closer to the people and see their needs from the closest range. It is also essential to establise and maintain an on-going relationship with key ministers and with members of Parliament in your own area. They need to be informed of issues and be provided with solutions. Private member bills often originate in this way. Most of us feel ill at ease in writing or asking to meet elected people. We feel that they are very busy people. Indeed they are—busy meeting others with other needs, problems and solutions to bring forward. Elected people cannot be effective without this vital link to groups and individuals.

Importance of Collective Action

I have spoken of the collective influence of nurses on decision-making. Organized collective action is paramount in order to influence major legislative policy and programmes of governments. But let us not underestimate the capacity of individual nurses to bring about change especially at the level of the institution and the community.

I have witnessed how a public health nurse convinced a community television net-work to work with her and provide a health education series at prime listening time. It was a major success and lasted for a few years. She did this on her own.

I have seen an occupational health nurse work with employees in developing a programme of health and safety that met their needs and preoccupations. By careful collection of simple data she was able to demonstrate important reductions in injuries and improved attendance at work. This meant productivity gains and an improved balance sheet for the employer. Needless to say that this programme is thriving and is used by other employers.

I have also seen a public health nurse assiduously work with the teachers and principal of a secondary school in introducing major health promotion changes to the curriculum. Again she worked by preparing teachers to become on-going health promotion agents. She convinced the Faculty of Education of the local university to develop and test learning materials. As a consequence the Faculty of Education made significant changes in their curriculum for teacher preparation. The long term effects of this nurse's initiative are obvious.

All of us have examples of individual nurses or of small groups of nurses within an institution who succeeded: in influencing a local government to change its housing policies to reduce overcrowding and exploitation of the poor; in introducing palliative care services in a hospital; in developing a culturally sensitive family planning programme; in developing mechanisms to bridge the hospital, the home and supporting community services.

Consensus with Perseverance

How did they do it? By questioning the status quo, by looking for underlying factors to unacceptable situations and problems, by developing commitment, by developing allies, by working through

others, by building consensus and by perserverance.

By working with people, nurses witness everyday the ravages of ill-conceived basic health services of the population. Nurses have seen the ability of the poor to survive in extreme conditions and how skilful they are in meeting their own basic needs albeit at sub-standards level and unacceptable to any society. Yet governments in trying to improve the quality of life of the poor, have often done for them what they previously did for themselves instead of strengthening their own capacity for self-help. The people's early self-relianee turns to dependence on the government. As a result they become vulnerable to changes in government policies and programmes and on bureaucratic will. Nurses' actions and representations are therefore more likely to be sensitive to individual and community self-sufficiency [Koroten and Alfonso, 1981][7].

Nurses can encourage the development and take part in the growing number of self-help groups whether they are in drug abuse, child nurturance, community clean water projects, community fresh food cooperatives or family planning information. The perceived needs of the community dictate the kind of action to be taken. In the self-help movement health professionals are important in providing access to information and to community services as required. The role should be supportive and facilitative—not directive and central.

In my own experience, I have found that accepting and volunteering to serve on Committees, Commissions, Boards within the place of work or in the community and nationally, have provided me with additional multiple mechanisms of influence.

First it afforded me the opportunity to affect decision-making in terms of policies and programmes and to serve my community and country. Second, it brought me in contact with community and national leaders who were all in their own way instrumental in setting the agenda for community and national action. Getting to know the mayor of the city, presidents of large industries, the owner of the community television network, for example, provided me with personal access to those shaping the life of the community.

Each time that a nurse takes a position on a decision making Board of Directors, each time that a nurse contributes to its agenda, each time that a nurse provides significant input to the decision—yet another move is made in becoming a more effective social force.

Why Not for Parliament ?

And why not run for Parliament yourself, or seek to encourage other nurses to run for public office. If legislative bodies are to be representative of their electorates, surely they need the participation of health professionals—not only because health concerns take up an increasingly high proportion of national budgets, but because the health professions have very real impact on the lives of citizens.

What is needed, therefore, is a myriad of individual actions by nurses and a myriad of collective actions by nurses in association.

It is through individual nurses and small groups of nurses that new or extended services can be tested and implemented. We have within our reach a capacity to do more without requiring direction or delegation from others. This is especially true for nurses working outside of acute care hospitals. To illustrate this point let us remember that in a number of countries home care was not started by governments, it was initiated by nurses. They recognized a need and started to provide the required service within the realm of their expertise. Over time they demonstrated the essential nature of this service. As a result governments began to support it financially and structurally and to extend it to the total population. Initially this sometimes means finding alternative sources of funding—through foundations or using community agencies as a launching base. But frequently it can be done from our place of work by extending or changing the way we work. The way that nurses work in a kibbutz is a prime example of implementation of an important segment of primary health care.

For nurses it is important to know that the levers of power are close at hand.

These levers are exemplified in many ways.

- Nurses provide care at all levels—primary, secondary and tertiary.
- Nurses work in all settings—in schools, work places, institutions, community facilites and government administrations.
- Nurses are the largest category of health workers in many countries. There are approximately four million nurses in the world.
- In most countries, nurses have an organizational structure at hand—maybe not a perfect structure in all cases—but, in any event, one on which to build solidarity and group belongingness.
- Nurses are in direct contact with the population at large—all strata and in all conditions—for extended periods of time.
- Nurses possess and control massive amounts of information.
- Nurses are frequently the main connection between the individual and family and other health professionals and community agencies.
- Nurses have competence, knowledge and specialized skills which requires constant nurturing through advanced education and enhancement of research.
- Nurses have access to communication channels.
- Nurses vote.

Social scientists would recognize all of the above as the most important bases of influence. Nurses should stop and reflect on these and perhaps their self-esteem and self-confidence would be enhanced.

Not only are the levers of power close at hand; they are intimately and innescapably tied to promoting the public good—a goal so primordial and so strong

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Nurse researchers and theorists are delving into newer methods and concepts with inbuilt quality assurance. Progressive Patient Care is one method in which there is reorganization of the complex system of health care delivery into systematic methods based on structure and function. Patients are grouped into units based on their needs and physical and manpower resources are arranged to meet these needs. Since patients in each unit will be in similar stages of illness and dysfunction it is easier to meet needs and develop outcome criteria.

The Nursing Process with its phases of assessment, planning, intervention and evaluation has quality assurance inbuilt within it. Primary Nursing Care is another method which is adopted to improve quality of the care given. But research and newer methods alone will not suffice without some basic changes. Nurses must fight for manpower without which it is impossible to give quality care. Professional organizations need to strengthen themselves and strive for improvement.

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the patient's role as a team member, nature of his illness, treatment schedule, complication expected, the need and the method of maintaining good body alignment for the prevention of deformities, use of improvised aids and the need and the preparation of the special procedures.

Rehabilitation

The Nurse should co-ordinate with the Physiotherapist and Occupational Therapist to help the patient live normal or near normal life with or without the use of aids. In the absence of the Occupational Therapist the nurse should encourage the patient to preserve finger movements by simple activities.

Community Care

The Community Nurse bridges the gap between home and hospital. She has a supportive role in times of stress, sometimes acting as a therapeutic listener or in some instances referring patients to agencies if there is need for change in occupation, changes in the house and office environment. She has to observe for adverse reaction of drugs and helping for urine analysis if the patient is on Gold or Pencillamine or steroid therapy. She has to continue the health education for the patient and family as and when required.

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that it cannot possibly be questioned or denied as a goal of the greatest significance when priorities are being ordered.

The multiple sources of power available to nurses, when utilized together, can magnify impact. Allying yourselves with available technology and communications means it can help you to actualize power.

We acquire influence by demonstrating our capacity to act—by demonstrating our capacity to change policies—by demonstrating our capacity to establish new programms, by taking action. **Madam President, let's call for a new world health order; current and future generations deserve such a legacy.**

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