

THE CONGRESS SUMMING-UP

By

MAGDA KELBER

Federal Republic of Germany, Congress Consultant and Keynote Speaker

(This comprehensive coverage of the recent international encounter in Frankfurt, Germany, answers the question, 'Was it all worth while?')

You will not expect me to summarise ten days of such a congress of more than 5,500 participants from 63 nations adequately within three-quarters of an hour. It will of necessity be a subjective picture. I have been with you as your guest, and in that capacity I can only try to present, briefly, what appeared to me significant and important, and indeed exciting. I shall try to record and analyse facts. It is not my function to address votes of thanks to anyone. That will no doubt be done afterwards by those qualified to do it.

I have come to you as an outsider, from the theory of the social sciences, from the practice of adult education and not from what we have here termed the 'health team'. To others, other things might seem more important than those that I am going to mention. And a lot of what I am going to say may appear to you common place. I am, however, conditioned by experiences in Europe, above all in Germany and the United Kingdom, and I must, perforce, see things from that viewpoint. I have asked myself: what can legitimately be expected of such a congress and what not? It is those two questions which I would like to examine.

What is it we were entitled to except? I am concentrating my deliberations on three aspects: we expected personal satisfactions, professional gains and, surely, also the promotion of the interests of the profession itself.

Let me begin with the first aspect, *personal satisfactions*. What kind of personal gains have we

expected and experienced? Surely many of you had looked forward to meeting old friends and making new ones. To begin with, you probably stayed within your own national groups, then you kept to your own language groups, to the blue, red, green and yellow dots on your labels, and then you went beyond the language groups and tried to communicate also with those whose language you actually did not know. Beyond all that, we also wanted to have a satisfying group experience, that is among other things, to feel part of the whole group. I asked myself what it is that helped us to have such experiences.

For one thing, the duration of the meeting was important. Ten days are a goodly span of time in which to overcome the feeling of hectic pressure. The great number of participants could easily have been an obstacle, but previous planning foresaw the need for personal contact and made provisions for meeting it. Think of the social events, 16 of which had been planned and I suppose about three times as many arose spontaneously. Just remember the many announcements we heard: Students were to meet at such and such a place, nurses from Finland at such and such time and so forth. Then there were concerts, theatre, excursions, films, mealtimes not to be forgotten, even if we were not always as comfortable as we would have wished! Think of the meetings at the town hall, of the receptions and above all of the Rhine trip: nine boats, eight special trains! On those occasions, we got to know each other from a different angle. When the dance band strikes up, many of us react in a surprising way, so also, for example, does the President of the German Nurses Federation!

Then, there were the professional visits: 94 special buses and eight special trams took you to 69 institutions, and there again, you were split up into small groups and shown around. Remember also Tuesday morning, the discussion groups where once more you were subdivided into small buzz-groups for a time; remember the panel teams at the plenary sessions. Thus, many individuals became real persons for us by taking on a responsible and active part, and the great number was structured into small units in many different ways. Another factor contributing to this positive group feeling was the smooth functioning of the technical organisation: when there are no hitches we feel secure, relaxed and contented.

This 'we-feeling' arose for the first time during the festive opening, foremost through the imaginative procedure of a roll call of all the delegations present. A few days later, we witnessed the admission of new member associations in the Grand Council. It was a moving experience as they came forward to be greeted with flowers; a large family welcomed new members into its fold.

The *I.C.N. Express*, too, was an excellent link, a means of communication in which humour was not forgotten.

Simultaneous translation into four languages, no doubt, was of the greatest significance in allowing us to enjoy the experience of joint effort and achievement. 'We-feeling' can arise from different causes: from common distress, a common enemy, shared joy, and shared success. In this case, the last two factors have doubtless been decisive. One indication of a relaxed and friendly atmosphere are humour

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and laughter. Of that we have enjoyed a great deal, and it appeared at an early stage. I observed the first smile of relief spreading over the faces of those on the platform during the Minuet played by the orchestra at the opening ceremony at the latest, and during the Grand March at the end of the ceremony, the unofficial photographers had become sufficiently secure to come forward out of the whole hall to photograph the VIP's. I shall never forget the participant from Sierra Leone gracefully kneeling a few steps from the President of the Federal Republic of Germany and with perfect poise taking his picture.

It seems to me we are justified in stating that this congress had fulfilled our expectations on the personal level.

Secondly, we also expected *professional* gains. Have we actually found them? How many ideas have you noted down? How many resolutions have you registered? What new insights have you acquired? What new professional knowledge, what important materials have you gained access to? Here, we must, above all, examine the proceedings of the last three days. I am not going to attempt to repeat or even to summarise what has been discussed during that period here on the platform and from the floor. I shall, however, try to recall some of the highlights and a few of the particularly striking statements.

Plenary session discussions

The discussions of topics one and two—you remember: *Nurse, patient, family* and *Communication within the health team* (those two topics were taken together in the first plenary session), were, as were some others, characterised by a notable undercurrent of self-criticism. To be able to express self-criticism indicates a feeling of security. Several times you said we tend to hide behind pressure of time because we do not feel able to help the patient in his emotional problems. We blame pressure of time when we do not answer students' questions. Pressure of time is without doubt a very real problem. It is, however, particularly dangerous because it makes authoritarians of us all.

Students and patients, it was said, feel a certain solidarity: both of them are somewhat under pressure. Someone suggested that the first question to be put to a mother entering hospital should be: are your children at home cared for? We were reminded that patients are not born the moment they are admitted to hospital: they have a past, they have social relationships, and they have been treated before by someone outside the hospital. The patient should get the information he asks for and not only what we believe he wants to know. You criticised the common bad habit which has been discussed frequently of calling elderly patients 'grandma' and 'grandpa': you suggested that the services of hospital almoners should be utilised to greater advantage. Employers would be able to assist more in the process of recovery and rehabilitation, but discretion would be paramount here as elsewhere.

Co-operation within the health team serves the well-being of patient and community. That applies to the health team in hospital as well as in public health and to communication between those two fields. The role of the home nurse was particularly stressed. One important question was raised in one of the groups: We talk of the health team; where does the patient come in? Is he a member of this team or only its object?

Topic three dealt with *Communication in planning the human and physical environment of the health service*. The question arose as to what we mean by 'health service'. Is the hospital part of it? Someone used a comparison: When husband and wife build a house they plan together right from the beginning. In hospital planning, too, the nurse should be consulted before the plans are drawn and alterations are only reluctantly agreed to. She should be given the opportunity to prepare herself in study trips and special courses for this task and be freed from other duties. (Grants from governments would not come amiss for such purposes either!). It would be imperative for such a specialised nurse not to isolate herself but to communicate constantly with all sections of the nursing staff about suggestions they consider

essential for an efficient service. Small but significant details were mentioned. The architect asked, where the hall porter hangs his coat and eats his elevenses? Why must patients who are able to walk about have to get back into bed for meals? Simply because in hospital you have to have your meals in bed? Why not provide a dining room for them? The ward sister should have an office of her own, and its door should be so narrow that no bed would go through—otherwise a seriously ill patient would be lying there the day after the opening! All planners would be very welcome to spend a few weeks as patients or, preferably, as auxiliary nurses in hospital!

Planning should also take into account working conditions of other hospital staff. Several times you raised the question why nurses homes are still being built? Why not normal blocks of flats in which newly married nurses could live with their families and go on working in the hospital? But then, there came a wistful sigh from Kenya: if only we had nurses homes! United Kingdom reported of five specialised nursing officers in the Ministry of Health whose function is to help plan hospitals and health services. The nurse is the only one who is familiar with the inter-relationships between all departments in a hospital. In order to fulfil her task she has to practise what many of us have to learn nowadays: team work on an interdisciplinary level.

Then, we came to the question of *Communication within and among nurses organisations*. In a delightful role-play, a Spanish speaking team presented a realistic picture of the hard work involved in building a professional organisation and of the vicious circle which so easily arises: we have few members, and therefore, we have very little money; thus, we cannot achieve a great deal, neither can we finance campaigns to recruit more members, and so our membership remains small! Honorary work is difficult because everybody has too much work to do. It was suggested that students should be interested at an early stage; and the students told us they are willing to learn, but they are not always

willing to be taught ! Again and again, you stressed the fact that young people's ideas should be taken seriously, and you considered whether students' representatives might sit on representative boards and committees. Someone said, "This congress has been a turning point for me ; when I came here I was undecided. But now, when I return home, I shall see to it that next time we meet, there will be two of us instead of just myself, and we shall not be 6,000 but 12,000 ! Retired nurses, it was stated, could be roped in to work voluntarily in central offices. The discussion leader of the following panel promptly presented herself as that very type ! The personal appeal is no doubt essential in recruiting new members for the professional organisation. Its goal is not only the improvement of working conditions, important though that is, but the promotion of better nursing standards and of the profession's standing in the interests of improved services for the patients and the community. Again and again, there came the urgent appeal for great unity among nurses organisations so as to make their voice more effective.

The topic *Communication between employer and employees in the health services* touched on controversial issues, and it has already been stated in this room by Dr. Bergmann from Israel that being able to tackle such problems and to discuss them calmly and objectively is a sign of maturity. First of all, you spoke of the matron's 'three-hats' : that of the employer, the employees, and frequently, that of her professional organisation. Which of them is biggest ? You complained that nurses in hospital and elsewhere are often indifferent to problems of working conditions and do not take the initiative when they should. We ought to learn to stand up for our rights as employees at all levels of the hierarchy without feeling guilty and should learn to estimate our work at its proper value. When the director of nursing services makes her round through the hospital she not only expresses criticism but is also ready to hear criticism, suggestions and wishes. It is certainly an art, not too easily acquired, to

accept critical statements also in staff meetings in such a way that the next remark in the same vein is not stifled. Young nurses in Australia have formed their own group within the nurses association. Negotiations and collective bargaining were discussed. The ICN can help and advise greatly in such questions. The art of negotiation must be learnt, but in such work, there is at least never a dull moment ! Nurses should be prepared and trained for such work, but they should also have the courage to jump in at the risk of getting their feet wet. The importance of being able to identify with one's colleagues was illustrated by the example of the head nurse of an old people's home who was taken to the minister as a member of a delegation and told she would not have to speak at all. And then, the minister suggested that in an old people's home all you had to do was to cook well. That made her rise to defend her colleagues, and she succeeded in helping her delegation negotiate successfully.

The most delicate issue was the problem of the relationships with trades unions. The discussion helped to clarify the situation and to explain policies and principles of the ICN which make constructive co-operation in every way possible. You raised the question of strikes. Strikes, you agreed, would damage the profession's reputation and would hit the patient much sooner and much harder than the employer. If the worst comes to the worst, a hospital can manage for a little while without doctors, but without nurses...?

Then we dealt with the topic of *Communication with organised groups in society*. Many were named : professional groups, women's organisations, authorities, welfare organisations, the press and the radio. Someone said : don't be afraid of the press : journalists are prepared to co-operate, but they want to be well informed. You discussed political parties and agreed that the nurse as a citizen should certainly be able to work within a party and stand for local councils and for parliament. The nurses association, however, would have to remain above parties. The need for com-

munication with allied professional groups was stressed. We heard that, in Israel, nurses not only sit with doctors on committees for the education of student nurses but equally on committees for the training of medical students and social workers. They teach there as doctors teach in the school of nursing. The emancipation of women, it was said, has only begun. We must learn to communicate with each other as partners on the same human level and overcome feelings of inferiority as well as those of superiority. We must outgrow patriarchal—or matriarchal—habits. There's still too much of the 'yes, sir', 'no, sir'. We should learn the language of other groups in society into which we grow in the course of our lives. In public, the nurse should also speak for the patient. He is not organised, and she can voice his concerns.

The topic *Communication with the Local Community* was presented by lively, vivid and informative reports from India, Kenya and Jamaica. We were reminded that all five senses, indeed, as Kenya said, all six senses including 'common sense' must be appealed to. There it is essential for the health team to consist of indigenous people who know the local community's mentality and language. It was interesting to hear how they deal with habits and ideas which we might look upon as superstitions. They do not invalidate and offend anyone but try to demonstrate something better. You remember that the 'Nana', the wise woman of Jamaica, and the traditional healer of the Kenya village are taken into the local health team, that they work with the team, that team does not work through prohibitions but by co-operation, communication, and persuasion. I should think we can learn from that example !

Just because there are few trained nurses in those countries they have to specialise on indirect work and on effective techniques. The opportune moment must be seized : when a child has come to harm through an accident the community is alerted, and that is the time to discuss accident pre-

vention. But it is important to gain confidence first. The nurse must, so it was stated, first learn from the community for three months before she begins to teach. She must gain the confidence of the key people, of those who are opinion leaders in the village. She must learn to take up those problems which are urgent on the spot, be it water supply, hygiene, vaccination, family planning or nutrition. Home nursing was mentioned as a particularly good opportunity for making contact with a community. A home nurse nurses hundreds of patients from different strata of society within a year and can discuss local problems with them.

Finally, we discussed *How the nurse is educated for communication*. It can be done during the training by using suitable teaching methods, from the buzz-group technique which we experienced here, to interviewing staff members and neighbours so as to inform oneself instead of being informed, and to the students' representative body where joint responsibility and parliamentary procedures can be learnt. Altogether, a climate free from authoritarian or matriarchal attitudes allows for learning by doing and by helpful example. Civic education was mentioned and we were urged to read newspapers—and not only family news in the local papers—if possible several papers, even foreign newspapers. Of course, there came the question: How can we find time for all that? Communication with the outside world was stressed as important and it should be facilitated by such simple matters of organisation as announcing off-time as early as possible so that nurses can plan accordingly.

In post-basic training, supervision was described not only as an administrative control function but as a counselling aid and in that way, a piece of post-basic education. In addition, there are specialised training courses. Allow me at this point to make a personal observation. I wonder how many professions offer their members the opportunity to prepare themselves for administrative positions? How many teachers, how many doctors, have the chance to prepare for

administrative functions to which they are suddenly called when they become heads of schools and chief medical superintendents? It seems to me that the nursing profession has for many years devised ways and means which other professions are only beginning to utilise. Post-basic training is indispensable in all professions in these days when everything we learn is soon outdated. To go in for further training is not to admit weakness but to act professionally responsible. Admittedly, further education can mean, as we have heard, that we are only 'worried at a higher level'! Seminars in group dynamics were mentioned as one possibility of improving our capacity for communication. Professional journals and libraries were recommended.

Altogether, we have surely gained a wider view and can see our own problems within a larger framework, the framework of many countries and continents and of many different stages in the development of the profession according to each country's needs. That produces a mutual learning experience: Young countries can no doubt avoid the detours and mistakes of their elder brothers and sisters if they know about them. They will, of course, make their own mistakes, because no one can get away without them. Older countries, on the other hand, sometimes see with surprise how you can build a structure unhampered by tradition and conventions and that an entirely different system can be good, too. We have had many different sections of the profession represented here and different age groups, not to mention the difference in temperament, interests, likes and dislikes. A varied programme of films and an excellent exhibition—in some ways exemplary in content and presentation—contributed to the widening of our professional horizon.

Generally speaking, it appears to me that on the professional level, some basic principles have been confirmed and illustrated which you share to a large extent with the whole of modern social work; basic ethical values which are expressed in certain fundamental principles such as: accepting people as they are; beginning with people where

they are and proceeding with them at their own speed; individualising; working with people's strength; and as a general principle permeating all modern social work—and surely your work is part of it—that we do not work *for* people but as far as ever possible *with* them.

Gains for the Profession as a whole

Thirdly, what gains did we expect for the profession and its organisations? For one thing, we surely hoped for *Publicity* aimed at interpreting the nursing profession to as many people as possible, to raise its status, to create understanding for its problems and to create and improve the climate and the psychological and political conditions for helpful measures.

What was it that helped in this respect? To begin with, no doubt the fact that the President of the Federal Republic of Germany accepted patronage of the Congress and opened it in person; then the recognition of the Congress by the government of Hesse and the city of Frankfurt. Neither should we forget the great number of participants! Who would have taken such notice of even a few hundred such prominent nurses, directors of nursing services and presidents of nurses associations? Then there was the interest and magnificent co-operation of press, radio, and television even before the event, when many facets—such as the large attendance—were by no means so certain. A great attraction was no doubt the colourful scene and the splendid robes of some delegations, who are probably no longer able to recall how often they were photographed. Five thousand five hundred participants however attractively dressed in western fashion would certainly not have achieved such a success with the public.

Secondly, the congress served the interests of your professional organisation, i.e. the ICN. After all, part of the Congress consisted of the quadrennial world parliament of the ICN, as it was called, the *Grand Council*, which met, interestingly enough, publicly before all members.

What is it that appears to the outside observer as remarkable?

For one thing: the debates were interesting and exciting also for those who were not allowed to take part directly: proof of that was the fact that the spectators' seats were always well filled during the Grand council proceedings. I would like to stress two aspects in particular: some highlights of the decisions made and a few observations on procedures, the 'know-how'.

As for *content*: There was lively discussion on the definition of the nurse, and the emphasis lay on the international character of the profession and the need for flexibility in defining it. It was impressive to see the readiness to practise tolerance while at the same time striving to raise the level of the profession; in connection with that, there came the decision to have an enquiry made into the functions of a nurse, which shows the ability to examine one's profession with objectivity and detachment. I also thought the thorough examination preceding the admission of new members significant. There was no tendency of getting new members at any price so as to be able to impress with ever bigger figures. The discussions on the transfer of the head office from London to Geneva were characterised by objectivity made easier because of the provision of ample information, facts and figures. There was no undercurrent of feelings of national prestige. Is that to be taken for granted these days?

A new constitution and by-laws had been worked out in discussions at various levels, with the help of a legal adviser—and we should allow ourselves to be helped—and were now debated and passed. Thus, a worldwide organisation has given itself new basic laws providing for greater flexibility and efficiency. They reveal no trend towards centralisation and more direction from above, on the contrary: over and over again, the autonomy of the member associations was stressed at the same time as the need for more intensive co-operation. One of the impressions that remain with me is that of the magnificent work done by the committees in collaboration with the full-time staff; also the fact that in all executive committees rotation is practised as a matter of course. It is a wise

rule which we have among others taken from the Catholic Orders. It means that change can take place and that no one needs to serve a life sentence in a post she has once agreed to accept.

Concerning the *procedure* I would like to remark on a few things which for many of you are self-evident and may appear too simple. My foremost impression is this: here you have put into practice the principle: 'The members govern the association' instead of, 'The association governs the members'. How do you as members do it? You do it by your financial contributions. No over-head organisation can be more effective than the member organisations enable it to be. That is an insight which is not often understood. Secondly, members take on a great deal of honorary and highly responsible work in the Board of Directors, in the Grand Council—it now has a new name—and in the different committees. The reports came from the committee chairman, not, from the full-time officers. That, too, is not the practice everywhere. Members carry the association by preparing themselves very thoroughly for the meetings and debating in a disciplined and objective manner. On the other hand, the Board of Directors and the committees as well as the central office made a most important contribution by providing timely, adequate and relevant information and documents and by laying open the financial status. The latter point is not to be taken for granted either. How often do I hear the remark: 'Oh, our members are not interested in finance!' Thirdly: the rules of procedure were explained; they were given out in writing beforehand, they were interpreted verbally at the outset, and they were explained again in the meetings. Such rules often become an instrument of power in the hands of clever tacticians who like to push inexperienced counterparts to the wall. To the inexperienced these techniques falsely appear as a secret science. I was also impressed by the way the elections were conducted. They had not been manipulated beforehand, and one did not know beforehand who would be elected. On the other hand,

they had been prepared carefully, they represented decisions that were taken seriously and on objective grounds without considerations of power politics. Is that to be taken for granted in this age of power blocks?

We witnessed a living example of thinking, speaking and acting together—which is the three-step process in good team work. I have counted up how many people have during this congress taken on some honorary function, and I would like to enumerate them to you as a point of interest: Six members of the Board of Directors, 10 chairmen of committees, 22 members of the executive board of the German Nurses Federation, 212 members of the Grand Council, 112 discussion leaders, speakers and secretaries in the discussion groups, 51 speakers and leaders on the platform in plenary sessions, 102 speakers from the floor, and in addition to that more than 250 helpers assisting you at the airport and at the railway and at innumerable stations here in exhibition grounds. That amounts to a grand total of 765 people who worked in an honorary capacity for this Congress.

We hear it often said that nowadays it is impossible to find anyone willing to do voluntary work. We have witnessed a brilliant counter-proof. There is a legend abroad to the effect that although democracy is desirable on moral grounds—'you have to wear democracy these days'—we know in our hearts that dictatorship is much more efficient. Those who say so mistake speed for efficiency. But for democracy to be more efficient than dictatorship, you have to know its rules and be able to handle them. They must be practised and taught in the family, in the factory, in hospital, in the schools, in associations and organisations. Only then will democracy become the 'way of life' we hear so much about, rather than a political system only. Let no one belittle such questions of know-how, of method and techniques say they are 'only' methods and techniques. If we seriously strive for goals we must take the means equally seriously. Conscientiousness in the field of methods is a measure of the sincerity of our intentions. 'A little dictatorship now and then' is not only