

GHANAREGISTERED NURSES' ASSOCIATION

Celebration of International Nurses' Day and GRNA Nurses' Week 2011

**Theme: (ICN) – "Closing the Gap: Increasing Access and Equity."
(GRNA) – 'Nurses/Midwives: Self Assessment on Attitude'**

Seminar Topic: The Nurse/Midwife under the Microscope

Submitted by: Kwaku Asante-Krobea, General Secretary, GRNA - 18th May 2011

Salutation:

Mr Chairman, Thank God we are opportune to celebrate another Nurses' Week to pay some honour and tribute to the architect of modern Nursing, who is the legend and celebrity Miss Florence Nightingale.

May we all be reminded that the celebration of National Nurses Week is held yearly and opens on May 6, which is the official National Nurses Day, and continues through May 12, which coincides with Florence Nightingale's birthday.

Nurses Day 2011 starts off a week of many celebrated events to honour the dedication and commitment of Registered Nurses and their contributions to the health care profession across nations.

Within the professional fraternity the world over, events have include honorary dinners, banquets, professional workshops and seminars, and local city and state participation to honour nurses. Nurses Week is then a time when doctors, patients, co-workers, family, friends, and others let the nurses in their lives know how much they appreciate them with gifts, cards, flowers, candy, and dinners.

As a historical record, let me put in, that a Dorothy Sutherland, of the U.S. Department of Health Education and Welfare, proposed to Eisenhower in 1953 to proclaim a Nurse's Day starting in 1954, but the proclamation never took place.

National Nurses Week was observed just the same in 1954 from October 11 through October 16, to mark the centennial anniversary of Florence's Nightingale's Crimean War mission, which came about based on the reports making their way back to Britain regarding the condition and care of the wounded.

In the fall of 1854, Florence Nightingale and 38 other female volunteer nurses were dispatched to the Ottoman Empire to the location of the British encampment. There was a shortage of medicine, a disregard for hygiene, and infections were rampant and often fatal.

It was here that the dedicated Nightingale earned her famous nickname, "The Lady With the Lamp," because even after the rest of the medical staff had retired for the day, she still persisted in making her solitary rounds in the dark.

It was not until 1974 that President Nixon, the then president of the United States of America, finally proclaimed an official National Nurses Week, and in 1982 May 6th was designated National Nurses Day by President Ronald Reagan.

Not to be confused with National Nurses Day, another celebrated day falls within Nurses Week designated solely to school nurses, and is referred to as National Student Nurses Day. It falls on the Wednesday within National Nurses Week each year.

It is on May 12, Florence Nightingale's birthday, when International Nurses Day is celebrated each year. The International Council of Nurses creates and distributes to nurses kits that contain useful information and materials for nurses around the world.

The International Nurses Day (IND) 2011 theme is "Closing the Gap: Increasing Access and Equity." If you know a nurse, be sure and remember them with even the smallest token of appreciation during this year's nurses' week. They deserve it.

In keeping with the ideals, principles and philosophy of Florence Nightingale, the International Council of Nurses encourages quality assurance and has been focussing on the delivery of quality care as the theme for the celebration of International Nurses' Day in the last three years preceding the year 2011.

In the year 2008, the theme delivering quality, Serving Communities: Nurses Leading Primary Health Care was addressed. In 2009, Delivering Quality, Serving Communities: Nurses Leading Care Innovations was focused on, and in 2010, the theme was, Delivering quality, Serving Communities: Nurses leading chronic care.

Celebration of Nurses' Week 2011 by the GRNA

Nurses and Midwives constitute the largest number of health care professionals within the health care fraternity in all settings. To a large extent, nursing and midwifery contribution in the health care continuum influence the direction of the management of disease burden across communities in the preventive, curative and rehabilitation dimensions.

In recent times, as disease management has become more complex, with the emergence of new disease conditions, health seekers are becoming aware of their rights to respect and quality care from carers at the same time. It is therefore required of nurses to live up to client expectations through the adoption of acceptable practices and innovations that will impact positively on health care outcomes. Among these are respect for human rights and individuality of the client and the reshaping of our professional ethics that will strengthen our code of conduct.

In this light, the GRNA has dedicated the celebration of the 2011 Nurses' Week to addressing shortfalls in our care contribution with particular reference to attitude towards care and the human subjects who constitute our clients and stake holders. For this reason, the theme, 'Nurses/Midwives: Self Assessment on Attitude' was chosen to address the question of client satisfaction deficit in our care. We are here today then to examine the quality of nursing and midwifery contribution to health care as demanded by the Nightingale philosophy of patient-centred care.

May I dare say at the starting point that many things have gone amiss with our caring attitude. Over the years, the standards of care have kept falling and this has translated to a multiplicity of shortfalls in nursing and midwifery outcomes that has huge repercussions on the quality of health care generally. I share the opinion that nurses and midwives are to blame more for the gloomy picture of gross disease burden arising from chronic ailing conditions, addiction of unhealthy lifestyles among the populations, the seemingly unassailable toll of malaria on members of our communities and the prevalence of maternal and infant morbidity and mortality.

My conviction of the fact that we are more to blame among all other health care professionals for poor quality of health care arises from the fact that to whom that more is given, more will be expected. How can we continue to pride ourselves in the truth that nurses and midwives constitute the largest percentage of health care professionals and not take more of the blame when the general care across the health care continuum is seen to have been compromised? It for this reason that we are here today so that we will bring ourselves under the microscope to unravel hidden truth about ourselves and seek the way forward to

change of attitude. As we discuss issues so dispassionately, let us endeavour to accept blame, refrain from apportioning it renounce mediocrity and pride within us, avoid praising ourselves and persist in what we can and always do right with the hope of broadening our horizons of strengths and opportunities to effect change.

Suggested Topics

- Customer Care Service
- The Law and the Nurse
- Nurse/Patient-Patient Relatives' Relationship
- Nurse/Nurse Relationship
- Nurse/Professional Colleagues' relationship
- Remuneration and Motivation for the carer (Nurses and Midwives)
- The Nurse/Midwife as a social advocate
- The Nurse under the microscope: Attitude and commitment to work
- Influence of conduct on quality nursing care

For us as Nurses, it is not only an event of grand celebration of achievements and challenges, it should be a sacred moment of reflection and stocktaking of what we have to contribute to the bright Nightingale philosophy of patient care and of attitudinal care as well as human relationship. As almost all of us are religious and adherents to some religious beliefs, especially Christianity and Islam, we can understand how important religious festivals are to us. As in my view, the expression of our religious faith and beliefs come next to nothing, my conviction is that we attach the same commitment to our professional calling.

Florence Nightingale believed in her day that God was the founder of Nursing, in other words, the foundation of human-centered care. As a Christian, she brought Christ at the centre of all things that that she did with and for this noble profession. In her own words, she exhorted nurses to transform the profession to a human-centred vocation where the patient as in the Christian religion the witness becomes more important than the witness because he or she is next in importance to the message which also in Christian religion is Christ Himself.

Once whilst addressing nurses at the St. Thomas' Hospital in England, a caring facility she founded, Florence never minced words in letting her audience at the bedside of their patients imagine how Christ touched and felt for the helpless and put empathy in the place of mere sympathy so that salvation could be brought to the needy.

Mr Chairman, beloved colleagues, professional partners and our highly valued members of the public, I know that I am not in my familiar pulpit, but I too well that nursing and midwifery cannot be separated from Christianity and I wish to commend the fear of God to all nurses and midwives as well as all health professionals here present so we can establish the God-factor in our caring attitude. And how I wish we know that we profess two professions, first of all, religious people and then health care agents. What we do with the agency of health care is reflects the friendship we have with God our creator and in all we do, the client becomes the blessed beneficiary for God's sake.

With my little experience in nursing, one thing that I know militates against our devotion to care is the myriad of external factors that become the useless emphasis, and pressure from forces without. In our day, it is materialism and parochial interest which are such forces of regression. In the days of the Hebrew midwives, it was the insignia of pharaoh the king of Egypt, and his palatial command to Shiphrah and Puah, the two midwives believed to be the GRNA leaders at the time. (Exodus chapter one, verses fifteen to twenty-one). And as you all know, the command was flouted for the fear of God and the sake of professional ethics out of which Moses was born and raised as an instrument of deliverance. You can see how a Moses is passing through your hand if you will seek first the wishes of God and restore the hopes of a needy client. Your reward has already been spoken about, and because the midwives feared God, He gave them families of their own (vrs 21)

Issues that have become critical for discussion and need to engage our attention are our customer service, legal implications of our actions, communication with our clients and professional colleagues, building of our relationships and the influence of our conduct on quality care.

I must emphasise that meeting our clients' needs are basic to our care. We are often accused of neglect of our duties as nurses and midwives and the manner in which we communicate to our clients and their immediate relatives.

Communication

Colleagues, the importance of communication in our chosen profession cannot be downplayed if we have to make a good impression on society that now sees the nurse and midwife as having misspent their talents opportunities and rich expertise. And I must emphasise that communication becomes apparent as one tries to share or implement one's ideas or vision. Amassing a wealth of ideas only helps you clarify your plans or goals, but it becomes meaningful only when you communicate it in a manner that will achieve its purpose. Our communication with clients must show respect for their dignity.

Professionalism and ethics

The International Council of Nurses has the principles of human rights and equity as an integral part of nursing ethics. This is affirmed within the preamble to *The ICN Code of Ethics for Nurses* (2006) which states that “Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.” Many elements of the Code directly address issues of equity and access, including

- The nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual family and community are respected (ICN, 2006, p. 2).
 - The nurse shares with society the responsibility for initiating and supporting action to meet the health and social need of the public, in particular those of vulnerable populations (ICN, 2006, p. 2).
 - The nurse, acting through the professional organisation, participates in creating and maintaining safe, equitable social and economic working conditions in nursing.
- The Code also provides guidance for how it may be enacted for nurses in different contexts.

This interactive discourse is leading us to answer the following questions and I hope you will do well to contribute your quota to provide answers.

- ✓ How do you rate nurses and midwives in their performance in customer care?
- ✓ Are there any challenges to our effective communication and quality care to clients?
- ✓ If yes let us discuss a few
- ✓ What are the ways of behaviour nurses and midwives need to change?
- ✓ What constitutes quality time with our clients?
- ✓ Do we spend quality time with our clients?
- ✓ If not, what are the barriers?

As we settle into this discussion, it is my hope that the celebration of this years’ nurses’ week will be auspicious and lead nurses and midwives to greater heights in professional excellence.

God bless us all.