Convocation Address - Dalhousie University

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Chancellor MacLellan, President Florizone, Distinguished colleagues, honored guests and members of the Platform Party; and most importantly, our graduates. I am honoured to have been asked by the President to be the Convocation speaker this morning.

Graduates, today marks the end of a rigorous program of study and the beginning of your professional career - or a shift in your career if you are receiving your Masters or your PhD. So it is a time of completion, of change and of contemplation about future directions.

This is also a time of great change in the world; and in the approach to health care policy and delivery. This presents both opportunities and challenges for you and for our profession.

There has never been a greater need for nurses who hold values of health for all; social justice: and who embrace diversity and inclusion. But also for nurses who are ready to take a leadership role to address the very real gaps in access to health care that can be traced to inequity, poverty, racism, discrimination and political expedience. In short, public policy that is short on evidence and long on ideology and heuristics. Politics is the single most important determinant of health. Political decisions determine how scarce resources are allocated and who gets access.

At a recent nursing convocation at the University of Toronto, distinguished colleague Dr. Gail Donner quoted Jerry Garcia of the Grateful Dead: “Somebody has to do something and it’s just incredibly pathetic that it has to be us.”

Canadians want nurses to demonstrate leadership in the health care reform agenda. As the largest health professional group (there are over 300K registered nurses in Canada), we heard that message from the Canadian Nurses’ Association National Expert Commission report on the future of Canadian Health Care in 2012.
We are members of the most trusted profession (confirmed over and over again in public opinion polls) and we must consistently demonstrate application of evidence to individual and collective professional action. It is a Bachelor of Science in Nursing for a reason. For some of us, it is generating and applying the important evidence that can inform healthy public policy. For others, it is ensuring that clinical decisions are based on best available evidence and solid knowledge of the context.

Florence Nightingale is my professional hero. She was the only woman featured in Lytton Strachey’s book titled “Eminent Victorians”. She had the equivalent of a graduate degree in mathematics and statistics at a time when English women could not attend university - courtesy of her father’s Cambridge colleagues and his huge personal library. Nightingale fortunately had no brothers so her father invested in developing her brilliant mind. She was fluent in 5 languages, and was able to translate writings from the classical Latin and Greek. In fact, she was a recognized scholar of Plato and critiqued Benjamin Jowett’s works on the philosopher at his request. She was an invited member of both the Royal and the American statistical societies and expressed the view that statistics was the most important science.

So why was it that an intellect of this calibre chose nursing as one of her contributions to social reform? Her family were eccentrics; involved in the social reform movement and entertained free thinkers at their country estate. Nightingale grew up in this environment but also in the strict context of Victorian social mores. This included the social and economically dependent role of women. Realizing that poor women were turning to crime and prostitution to feed their children, and that their children were conscripted for child labour and had limited prospects, Nightingale wanted to create a respectable, paid profession for women. She rejected marriage, which was itself a revolutionary act, and against the wishes of her family, chose to devote herself to the sick and to primary prevention of illness for the well.

The Victorians were very religious and Nightingale’s theological perspective was that we were given the task to reconcile a perfect God with an imperfect world. Thus we were to “make the world more perfect” by applying God’s laws of science and nature to the world’s challenges and problems.
This is the roots of modern western nursing. In revolutionary acts, social activism and social justice, and in the application of evidence. But Nightingale’s vision for the profession was not to be realised in the century that followed, nor in many countries today. It took almost one hundred years for nurses to take on the role of scientists and researchers. Since the 1950s, nurses have been pursuing graduate degrees and studying phenomena related to nursing, health and social care and persons’ experiences and responses with illness. The first graduate degrees in nursing emerged after World War II and were led by nurses who had assumed leadership roles in the military and could not go back to the confines hospital practice. They became the academics and change agents that created specialty and advanced practice roles in acute and community health nursing. They conducted the research to evaluate the impact of critical care units and better educated nurses on health outcomes. They spearheaded the movement to secure a professional education for nurses, rather than the traditional apprenticeship model accorded a technical occupation.

The need for nurses to be educated in the university was first identified in the Weir Report on nursing education in Canada as early as 1933 but achieving university education for entry to practice was still a hard fought battle at the dawn of the 21st century. It is still a battle in many parts of the world, including in the US, largely because we are still defined by history and by gender.

Unless you were part of the feminist movement of the 1960s, names like Simone de Beavoir, Gloria Steinham and Betty Friedan are just as unfamiliar to you as some of the suffragettes who fought for the right of women to vote were to me at your age. Similarly, you may not be aware of nurses like Lillian Wald who established the Henry Street settlement house in New York City and Margaret Sanger, who was jailed for promoting the rights of women to access birth control information in the 1920s. These are now taken for granted civil rights for women. But it is important that you know that these were hard fought and can be eroded.

Today, we are witnessing an unprecedented movement backwards in some pockets of the world. Our neighbours to the south have elected a government that seems committed to Social Darwinism. They are introducing legislation that will remove up to 23M Americans from health insurance; and executive orders
that will roll back controls over police, environmental and financial protection, and civil rights for immigrants; persons who identify as LGBTQ; and for women.

Hungary’s elected officials voted in April to suspend admissions to the internationally recognized Central European University in Budapest. More recently, Turkey voted to give its President unprecedented powers. In Europe, recent elections included far right, anti-immigration candidates. There is a rise in autocratic leadership and in acts of intolerance and violence toward under-represented groups.

There is also a growing gap between rich and poor and consolidation of wealth, such as we have not seen since the Robber Barons of the 1920s and 30s. In addition, there is a concentrated effort to demonize the media in favour of state controlled or state aligned journalism.

These developments are determinants of population health and thus of concern to nurses.

This can all seem a bit hopeless but there are reasons to be optimistic. For one thing, recent elections in Europe, including most recently in France, have rejected intolerant options.

We must know that democratic societies depend on engaged and committed citizens. Today, as global citizens, we have unprecedented access to information but must be thoughtful and critical consumers to distinguish between real and “fake” news. We must not be disengaged and passive bystanders; we must instead be the active agents needed to transform 1) the health system to one that is team based, accessible, inclusive, and person centric and 2) the world to a more inclusive, tolerant and equitable place. As Dalhousie Alumni, you must embrace the messages of the Belong Report and take these with you, beyond the university, to your practice settings and to your communities.

Health care is not a business and it never was. It is a human service and a human right. Population health is a product of equity and the basis of peace and prosperity. By systematically generating and applying the best available evidence, we can make the case for changes that will benefit the people and populations that we serve. This is why health services research and research conducted by nurses and, in teams with other health professionals, is so vitally important. We
bring a unique perspective to research to inform healthy public policy. At the most recent meeting of the International Council of Nurses in Barcelona, CEO Dr. Frances Hughes asserted that “Nurses must be the conscience of their countries”.

The nursing profession is a bit like a dragonfly trapped in amber – constrained by history as an engendered profession and by a level of cultural blindness that prevents the system from envisioning new models of nursing practice.

Registered Nurses are currently the most under-utilized and under-deployed profession in the health care system. While needs go unmet and access is compromised, particularly in rural, remote, and disadvantaged communities, we are systematically wasting nursing intellectual capital. Nurses are well prepared to do more and there is evidence to support this assertion. We need more nurse practitioners and family practice nurses in team based, collaborative practices. We need RNs to be able to independently prescribe medications to address system inefficiencies and currently unmet needs.

So in closing my advice to you as you go forward today is:

Do not be satisfied with the role that is currently assigned to you. At all times, consider where there are service gaps that nurses can fill and how can we remove the barriers that prevent them from filling these gaps?

Recruit more men to the profession to address the persistent gender imbalance and associated stereotypes of nursing work. Recruitment also needs to address under-represented groups so that we look like the people we serve.

Be informed and engage in professional and advocacy organizations that do more than just advocate for individual nurses and the profession. Partner and volunteer with community and health care consumers’ groups and link with decision makers wherever they may be.

Don’t wait to be invited to that board table or that vital committee. As a registered nurse, your contribution is essential.

Finally, think of the legacy of Nightingale as a Victorian woman and the current potential of the best educated, most experienced nursing workforce in history. The possibilities of over 300,000 well-educated, engaged, civic minded, evidence informed and activist Canadian nurses - and millions world-wide. People are
counting on you to take a leadership role. And you are well prepared and ready
to make a real difference; indeed, as Nightingale charged us - to make the world
more perfect!

Thank you! And Congratulations! And I am proud of each and every one of you!

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