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EDITORIAL

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## Speaking up: The voice of New Zealand nursing Te tū ki te kōrero: Te reo o te mahi tapuhi i Aotearoa

The Greek pre-Socratic philosopher Heraclitus, who lived 500 BC, is noted for saying that all things are in flux and nothing is as constant as change; nowhere is this more evident than in modern health care. In the November 2017 Praxis editorial I wrote about the voice of New Zealand nurses often being mute and muffled. Over the past couple of months there has been a change, an increased vocalisation by nurses of the challenges that they face in their daily practice. Nowhere is this more evident than on social media, particularly the public Facebook page of *New Zealand hear our voices*. The posts on the Facebook page share nurses' distress along with the frustration that they feel. The frustration that they are not valued, not respected and that they are not financially rewarded to a comparable level with others in the public sector or that reflects their level of academic preparation.

I am left wondering about the voice that has risen and the ground swell of support it has received. What has ignited it and what would it take for it be harnessed? Certainly the global focus on speaking up has helped the impetus of the current vocalisation. Campaigns like #metoo and #nursingnow and indeed the overwhelming calls for equity for women in the workforce have helped. So too have industrial relations negotiations and perhaps even the change of New Zealand Government and its mandate of equality and social justice. All of these factors, connected or not, have created a climate where nurses are finding their voice. Using this voice is empowering nurses to speak up.

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With this in mind there are other big issues and discussions that are facing the profession that could benefit from this newfound voice; none more so than David Seymour's *End of Life Choice Bill*. The Bill has gone through its first reading at Parliament without much noise or debate from the nursing profession. We need to ask ourselves why is it that as a profession we have been unable to harness our voice and energy to engage in a critical debate about hard-hitting issues like assisted suicide. Issues like pay and conditions are a tangible problem and have a shared adversary (the District Health Boards or perhaps the Government), and this creates common ground from which the profession can vocalise. However, it is difficult to find common ground when it comes to more confronting issues like assisted suicide. Finding common ground requires cognitive readiness and thinking through all the variables and perspectives. Collecting and consolidating these perspectives under a common voice won't be easy because of the diverse range of opinions and the influence of nurses' personal values, which are not as tangible or collective as pay-scales or understaffing. But is it an excuse to say that as a profession we are ready for some contentious debates but not others? With regard to the *End of Life Choice Bill* we have missed a collective opportunity to speak up (indeed many individual nurses and groups have been vocal in this space); we have not raised our voices on an issue that will fundamentally change the social contract nurses have with the New Zealand public.

The International Council of Nurses (ICN) in their latest campaign, *Nurses: A Voice to Lead, Health as a Human Right*, is urging nurses to speak up and advocate for the most vulnerable in our society ensuring health



and healthcare is a human right for all. The ICN, like all professional nursing bodies, understands that nurses have a social contract with society. This contract is situated on nurses delivering high quality safe patient care and primarily caring for the sick and vulnerable. With Seymour's Bill that contract will change to one where nurses may have a role in ending life. What will that do to public trust? How do we take this opportunity and newfound confidence to speak up to explain to the public (who are out there helping us advocate for better pay and conditions), that if this Bill passes, our contract to protect them will alter forever? Are we ready for that? Who amongst us is willing to let the legislators decide our fates? And who amongst us is willing to accept that under the proposed legislation an 18-year-old with mental health problems will be empowered to engage practitioners and ask to be assisted to suicide without the knowledge of parents or principal health care providers? I know some mental health colleagues who are aghast at the thought of it, so let us say so!

Speaking up is professionally and politically important, and yes, it requires courage from nurses, a moral courage

not without personal and professional risk (Numminen, Repo, & Leino-Kilpi, 2017). For a moment let us lean into Heraclitus's teachings who had distain for what he called the 'masses', stating that it is useless to attend to the noises of sheep (Khan, 1979). As professionals we have to be careful that our voice is not confused with the bleating of sheep. The collective voice of unity is important, but so too is the professional voice of discord. Raising this voice and speaking up requires courage. I agree with Brown's (2017) take on courage, when she reminds us that courage is not about bravery or heroism it is about speaking ones' mind and speaking from ones' heart. Speaking from the heart of nursing will mean that we are growing as a profession. So now maybe is the time for us to breathe a collective sigh of relief that our voices are being heard. But let's use this voice courageously, not overlooking hard issues in favour of populous agendas. When we do so, I think then we can truly say that we have come of age.

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### References

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Numminen, O., Repo, H., & Leino-Kilpi, H. (2017). Moral courage in nursing: A concept analysis. *Nursing Ethics*, 24(8), 878-891. doi:10.1177/0969733016634155