



# SASOHN

SOUTH AFRICAN SOCIETY OF  
OCCUPATIONAL HEALTH  
NURSING PRACTITIONERS  
Registered Public Benefit Organisation (Reg no 8571079153)

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## **PRESIDENT REPORT - MAY 2011**

**Karen Michell**

### **1. DEPARTMENT OF LABOUR PRESENTATIONS**

February 2011 present to the DoL in Johannesburg on Risk Based Medical Surveillance in the Construction sector. Presentation went well.

March 2011 presentation to the DoL in Port Elizabeth on Risk Based Medical Surveillance in the iron and steel industry. Focus for this presentation was the impact of NIHL. Presentation well received

### **2. AAOHN GLOBAL SUMMIT ON OHN**

The global summit was held in Atlanta, Georgia (USA) from 1 -2 May 2011. It was followed by the AAOHN conference. Due to the support of SASOHN, for which I am grateful, I was honoured to be able to attend the full global summit and the first day of the ASAOHN conference. I opted not to attend more than day one of the conference as the programme showed there were many closed meetings which would have made my attendance redundant and the cost of the conference is very expensive when converting to ZAR.

#### 2.1 Global Summit

The objectives of the summit were to;

- Identify key topics relevant to OHN professionals working globally.
- Describe global OHN practice models, models of OHN training, research, evidence based best practice, OHN contributions to global healthy workplaces, and workforce issues from a global perspective.
- Discuss creative and innovative approaches to achieving healthy workplaces around the world.
- Identify the skills that can enhance and sustain OHN best practices in global, diverse settings.
- Identify strategies for future collaborative efforts for dissemination to OHN's, other OH professionals, OH managers, OH policy makers and OH organizations throughout the world.

Some highlights from presentation include the following:

#### 2.1.1. Susan Wilburn Creating a global culture of health- opportunities for OHN's.

Changing context of work places include;

- Globalization
- Structural reforms
- Financial crisis
- Lay offs and unemployment
- Increased vulnerability, and
- Job insecurity

Concerns that are arising as a result of these changing factors include;

- Low coverage/access to OH services
- Preferential coverage of low risk workers
- Commercialization of OH services
- Provider driven content of services (something we can especially relate to)

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- Weak link between OH services and PHC and rest of medical system
- Problems with referrals
- Few interventions offered to prevent or limit OH diseases.

2.1.2 Melinda Venter discussed the role of the OHN in delivering quality OH . Highlights from her presentation included;

- the need to be aware that disease patterns are changing,
- that there are more problems associated with lifestyle factors than previously
- non communicable disease are a concern for the health of the work force
- three major issue sin USA are stress, lack of exercise and poor nutritional patterns
- the OHN should market her value in controlling and managing these health issues
- at Johnson and Johnson it has been shown that the OHN can effectively impact non communicable disease
- the OHN needs to set goals in terms of achieving a healthy workforce
- OHN should tell workers what services she can offer them, many workers do not understand what is offered
- Measuring achievements is important. An effective way to do this is to compare statistics from the organisation compared to national averages.

I have sent all a copy of Susan's paper on WHO Workers health: global plan of action. Readers will get benefit from reading this paper.

2.1.3 Summary

At the global summit I presented a poster as well as an oral presentation on OH in South Africa. The overwhelming realization for me was that so many of the issues in OH are global. In South Africa we are faced with the commercialization of OH at what cost, so much of what the worker receive is driven by the cost factor and what the service provider says should be implemented. An effort will be made in the future to try and unite global OHNs. A few models were proposed with the AAOHN leading the venture. This was discouraged by WHO and it was stated that there must not be a perception of power by one organisation. A suggestion was made to use SCOHN but the success of this was questioned based on its current ability to unite OHNs. I have requested that consideration be given to a member organisation fee as opposed to an individual membership fee. This would facilitate better understanding and cooperation in an affordable manner. As they say time will tell and Mexico may be a good opportunity to raise this with SCOHN.

2.2 AAOHN Conference

The conference was such a revelation. There are 22000 OHNs registered in USA. There is an annual attendance in the region of 800 members. There was an exhibitor area where over 100 exhibitors present their products to the OHN membership and delegation. Some very interesting concepts were seen. The following are a few that made an impression on me. Each delegate is given ribbons to attach to their name badge. These included things like: first time attendee, Board or EXCO member, speaker, exhibitor, life time member, 10 attendances and others. The impact that this has is interesting as many people openly welcomed me as a first time attendee. Maybe a concept we should investigate as SASOHN. I have brought my badge for you to see. The interaction from the audience was also very encouraging. To see peers ask questions through interactive presentations was a new but enthralling experience. Each speaker has a session of 45 minutes to 90 minutes and solutions are



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presented rather than just theoretical knowledge. 74 posters were presented at the same event. The emphasis on the development of OH as a profession was evident.

### 3. SOUTH AFRICAN NURSING SUMMIT

The dates of the Nursing Summit were shifted at the last minute. They were eventually held from the 4 – 7 April 2011 at the Sandton Convention Centre. There were more than 2000 nurses in attendance and included in this groups were retired, practicing, student and specialized nurses. The event was opened by President Jacob Zuma which caused security chaos as all delegates had to be screened before entering the conference venue. There were exhibits from the various departments of health. Each department was show casing its achievements which were encouraging to see. This was the first summit in democratic South Africa.

President Zuma's speaker was made public and distributed electronically to all SASOHN members and EXCO members so I will not go into much detail here. Suffice to say that it was acknowledged that nurses are the backbone of society and that we have to inculcate in nurses the culture of caring that is traditionally associated with nurses. His words were "to return nursing to the heights is used to enjoy". This will be done by drawing the best people from society to be nurses – the most compassionate, the most caring, this who made a warm greeting their standard greeting. The ANC is committed to delivering programs that will work towards a long and healthy life for all South Africans. The commitment is for change in five areas of service delivery with the first priority being education and the second health.

There has been a call to reopen the nursing colleges that were closed due to rationalization. ANC will revitalize 106 colleges to increase the number of nurses that can be trained at basic level. Skewed deployment of nurses needs to be addressed and university education should be a choice and not the only means to nursing training were other key issues addressed. One of the things that President Zuma was drawn to and which attracted much support was the need for nurses to move back to white uniforms. There is scientific proof that it decreases cross infection and the incidence and morbidity associated with cross infection cannot be questioned. .

The Minister of Health spoke about the fact that there is much to be done to revitalize the nursing profession. One thing that has been successfully implemented is an agreement with the UK not to poach SA nurses. This has drastically decreased the number of nurses who leave the country for SA. No statistics for other countries were presented. The revitalization of the profession needs to be driven by nurses. The training, scope of practice and activities must be driven by the nurses and not other disciplines. Nurses are disillusioned and the aim of the summit is to acknowledge mistakes and correct them.

Some of the envisaged solutions include;

- ✓ Teams at district level which include; obstetrician, pediatrician, family care physician, midwife and PHC components.
- ✓ SANC needs to review the scope of practice to cover the specialist practitioners. EEmergency care and IMCI training should be mandated as part of basic training.

Daisy 10 Common concerns that have been raised in terms of the profession are;

- Occupational specific dispensations
- Moonlighting

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- SANC related issues in terms of failure to deliver service
- Need to intensify and strengthen community resources
- Standard uniform for nurses
- Management and supervision of nurses (unions with non professional stewards and lack of supervision)
- Creation of a nursing services component at senior strategic decision making level i.e. DG of Nursing Services
- Nurses have lost their caring and compassionate attitude which is linked to recourses, working conditions, staff shortages etc
- Comprehensive national nursing education and training policy frame work is needed which includes positioning and locating nursing education and student status

The proposed Model of Nursing Education and the role of the college sin higher education was distributed to all and both area received much discussion in the break away sessions.

A report will be submitted to the OHSa journal. But the take home message is that the problems are known and solutions are being sought. It would appear that the SANC will be pressurized into a better level of service delivery.

A handwritten signature in black ink that reads "K Michell." The signature is written in a cursive, slightly slanted style.

Karen Michell  
SASOHN President