

Remembering Mary O'Brien

Nurses and the Struggle For a

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In the spring of 1981, Mary O'Brien delivered the keynote address at the annual meeting of the Registered Nurses Association of Ontario (RNAO). Her paper, entitled, "Learning to Win," later published in her book of essays, *Reproducing the World*, helped to set in motion a profound shift in how nurses viewed and acted upon their status and struggles for change. The timing of her address could not have been more opportune. Battles over the future of medicare and the directions to be taken in health care reform were gathering momentum. In response, nursing associations and unions across the country were entering into the political frays with strong messages centred on the theme of "putting health into health care."

However, most Canadian nurses at the time, including their political leaders, were only beginning to concede that feminism was a social force having substantial significance for them. Their late arrival to feminist ranks was a product of many factors including occupational isolation, the size and complexity of the nursing workforce, and the tendency of feminist crusaders of the day to neglect or belittle traditional women's work. Mary O'Brien readily understood the uneasy alliance of nurses with feminism and capitalized on it in reaching out to her RNAO audience. She had trained as a nurse, and for many years, earned her livelihood as a nursing practitioner. Although she left active practice in 1971 to pursue new interests, nursing

retained its hold on her scholarly imagination and her sense of personal identity.

It was natural, therefore, that she would begin her RNAO address by speaking of her bonds with nurses. She referred to these bonds as the "we-ness" of nurses, a "sense of community that never fades." By this, she meant something much more than an old school-tie sentiment. It was also, in her words, "something deeper than the simple urge to close ranks against a hostile world; something even more profound than the shared humanitarian impulse which the ideologies of science and technique have failed to ex-

tinguish." She saw the bonds uniting nurses, whether current or ex-practitioners like herself, as made up of "the shared but not always articulated conviction that good health is the necessary condition of a good society." She had no illusions about the difficulties nurses faced in living up to this commitment. As she observed, good health is rather like motherhood—essential and so obviously a good thing that there is no point arguing about what it actually means or how it is to be attained.

As Mary O'Brien continued with her address to the RNAO audience that spring day, even the diehard skeptics, of whom there were many, began to sit up and take notice. Here, at last, was a feminist who was not going to offer another bracing dose of feminist rhetoric or a trenchant analysis of the oppressive working conditions and work structures nurses faced as members of the hospital workforce. By her sense of "we-ness," she was able to offer them an eloquent and compelling defense of why nursing mattered in health care provision, a defense that was grounded in both real life experiences and rich scholarly perspectives. Being wise in the nature of politics, Mary O'Brien also recognized that hope was a better bedfellow than despair. If nurses were to capitalize fully on their strong sense of community and solidarity in the political struggles to put health into health care, they needed to leave the meeting hall with a feeling of hope and a belief that they were in the game to win.

She proceeded to summon the nurses in the audience, most of whom could be considered the opinion leaders of Ontario nursing, to continue to apply their resources, critical intelligence, and political will to the struggle for a new definition of health. Indeed, she went so far as to claim that nurses were the only major organized group which had the courage, the coherence, the experience, and the true knowledge to take on the prevailing medical orthodoxy. En route to making this claim, she wove a tapestry that was both critical and constructive and was aimed at laying out for nursing opinion leaders a compelling gender conscious strategy for social change.

To imply that Mary O'Brien's impact on nursing was the result of a single event is, of course, misleading and even foolish. At least some members of the RNAO audience whom Mary O'Brien addressed in 1981 were already well attuned to her messages and perspectives and using them as a guide to action. They were the small group of like-

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minded nurses who had undertaken graduate work at the Ontario Institute for Studies in Education and had sought her out as a teacher and mentor. Through their studies and discussions with her, they were able to bring purpose and meaning to their lived experiences as nurses and so chart a course for future engagement with health care politics. For these nurses, Mary O'Brien's RNAO address served as a kind of valedictory address, reaffirming what they had learned and buttressing their resolve to continue their engagement with health care politics.

For most members of the RNAO audience, probably much of what Mary O'Brien had to say was new, or at least couched in a language and logic which they had rarely encountered. However, to the extent that chance favours the mind that is prepared, then Mary O'Brien had an audience ready to connect with and act upon what she had to say. Through attentiveness to her own nursing experiences and clear and elegant argument, she was able to help them see feminist theory as a productive tool for understanding and explaining the workplaces few of them were ever completely comfortable inhabiting. Moreover, by sketching out for them a road to participating in health politics that coupled a concern for achieving the social goals of nursing with the struggles for greater symbolic and material rewards for their labours, she was able to touch deeply cherished nursing values. This lent a new respectability to nurses engaging in collective action and the rough and tumble world of health care politics. Armed with these new resources and the bolstered confidence and courage which Mary O'Brien instilled, nurses who came to hear her at the RNAO meeting were able to become the vanguard of a new political force willing to continue the struggles for a new definition of health.

An early test of the impact Mary O'Brien had on her RNAO audience was provided by the Grange Inquiry into the death of babies at Toronto's Hospital for Sick Children. This inquiry was to become a defining moment for Canadian nurses in terms of their understanding of the workings of gender in justice processes. Chaired by Justice Samuel Grange, the inquiry was set up by the Ontario government following the discharge, in May 1982, of Sick Children's nurse Susan Nelles on charges of murdering four babies during the course of her nursing duties. The proceedings were to last 191 days and put nurses and nursing work under intense legal scrutiny, most of it in the

glare of continuous and often sensational press and television coverage.

Sparked by perceptions that the nurses involved in the hearings were being harshly and even unfairly treated, people such as Gail Paech, then the President of RNAO, spoke of nurses "losing their innocence" and Frances Kitley, lawyer for RNAO in the matter, called the nurses the "sacrificial lambs" (Wiebe

1988). Others went so far as to accuse Justice Grange and lawyers representing the Crown of conducting a witch hunt. The offending actions ranged from perceived differences in the courtesies extended to nurse and physician witnesses, to the lines of questioning pursued with nurses while they were on the stand, to the refusal of Justice Grange to allow nurse experts to present testimony on contemporary nursing practice and standards. Although he finally relented on the matter of nurse witnesses, permitting Dr. Marian McGee, Dean of the School of Nursing, University of Ottawa, to appear on the last day of the proceedings, he was a reluctant listener. He refused to let her be heard on certain matters and cut her off from commenting on others.

The common strand in these dynamics was the immense resistance shown by Justice Grange and representatives of the Crown to any evidence that would shatter prevailing nurse stereotypes or myths. At their worst, these stereotypes portrayed the nurses caring for



critically ill babies at Sick Children's Hospital as evil mothers and torturers and so the only logical murderers. More pervasive and also some distance from the reality of nursing practice, were the premises derived from the well-known stereotype of nurses as the servants or handmaidens of physicians. These beliefs allowed inquiry officials to sustain the view that nurses caring for babies with life-threatening illnesses neither think nor act on their own. Their work is simply responsive to the directives of physicians. In a like manner, no nurses should be credited with possessing expertise on nursing practice since physicians are the overall authorities on all aspects of hospital care.

Mary O'Brien acted as a back-room consultant to RNAO officials involved in representing nursing interests in the Grange proceedings. However, her greatest influence on surrounding events may have come from the lessons in gender politics she provided to Ontario nurse opinion leaders two years earlier. Comprising a critical mass of nurses right across the province, they were much quicker in seeing and speaking to the public on the personal and professional implications of the Grange Inquiry than their colleagues in other provinces. It seems fair to suggest that it was not simply a function of the greater immediacy of events surrounding the Grange Inquiry to Ontario nurses. It was also their greater appreciation of gender roles and the exercise of power. Mary O'Brien's lessons had taken hold.

If she were to deliver her address anew, she would, perhaps, express her despair at how nurses' gains of the 1980s have evaporated in the face of the rapid restructuring of hospitals and the market ideologies driving health care reform. She would also have some trenchant words to offer on the dynamics by which nurses are being squeezed into ever narrower corners by labour practices built on the assumptions that they are mainly a cost to be minimized rather than knowledgeable and skilled practitioners. However, the "we-ness" that she saw as the foundation for the pursuit of good health has not come unraveled. The new politics of nursing which she helped to shape continues to thrive. I believe that she would say about this, as she did then, "my we-ness springs proudly to life."

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References

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MARY O'BRIEN

VIII

Do I think people are shitty?
Well yes I do
but that's all right
as long as I can turn my trenchant
tongue
upon myself.

Do I see around a lot of crap?
I guess I do
and that's O.K.
as long as I can look with mordant eye
into myself.

And strangely, sometimes as I turn
sardonic face
to someone else
I feel, surprised, the brush of lips and
taste
the salt of joy.

XVIII

Scream protest
cut the cruddy clay
from futile feet.
There's no way now
for me to say
Me, Too
worse than red-necked growling
from those who live
in hot clay graves stretched empty
but we
who might have staged a rendezvous
interlocking
with phantom grace
in conquered space
that's the gap
not empty
crammed with little liberals
intoxicated
with complacent draughts of mea culpa.

Comes the revolution
we shall be first
to be lined up
against the wall.