

# Nurses recognised

**PETER BATEMAN** finds lifetime achievement award recipient Marlene Thomson typically self-effacing.

**"I feel a bit overwhelmed,"** says *Marlene Thomson* about receiving the award. "It's a great honour for the nurses, and I was thrilled to be presented alongside Ross Wilson."

It's a typically humble response to personal recognition, deflecting attention away from herself and onto the many occupational health nurses who, as she says, make a big contribution to occupational health and safety but who generally labour away in the background.

Thomson arrived in New Zealand in the 1980s after five years as an OHN with Philips in the UK. After a couple of years at a new public health office in Porirua she was appointed as nurse advisor – later chief advisor nursing – to the Department of Labour, which was being reorganised in anticipation of taking over the occupational health role formerly carried out by the Department of Health and via the district health boards of the day.

It was, she recalls, a heavily male-dominated environment at the time. "The department had never really dealt with nurses. They referred to us as the skirt brigade."

A key task was to negotiate the transfer of nurses from the boards to the DoL, which happened first in Auckland, resulting in 35 nurses coming into the department's branches around the city.

## Nurse role evolving

During the 1990s the role of OHNs changed, and key institutions such as the Petone and Penrose occupational health clinics disappeared, to her everlasting regret. "They were good places for smaller employers to access occupational health services they could not otherwise afford. Maybe this is a model to re-examine."

Nurses within the DoL did

less individual monitoring of workers, instead refocusing on working populations and advising employers.

After six months as the department's HR manager Thomson was appointed manager of health and technical, with a budget which allowed her to hire specialist staff – scientists, medical practitioners – based at head office and in the branches.

"It built critical mass and gave individual branch managers the opportunity to understand having health expertise in their own branch."

At the same time, she recalls, the former bush and factory inspectors were having to grapple with the new HSE Act and to start acknowledging the health side of the OHS equation.

"I took an integrated approach, bringing in the unions, negotiating standards, and trying to get the specialties to work collectively: hygienists, nurses, inspectors. They each brought a useful perspective."

## Social marketing

Later, in a marketing and communications role, Thomson had an opportunity to begin promotion of health and safety to the wider community, using the concepts of social marketing for the first time.

"Worksafe Week brought a lot of employers on board. We looked at Canadian and South Australian models taking an emotional approach. I think it helped the inspectors and nurses to feel recognised."

She is proud that as nurses, she and her colleagues were able to recognise that many inspectors suffered post-traumatic stress after dealing with workplace fatalities.

"We were able to put counselling in place to support them. The managers who understood its importance would



**Marlene Thomson: nurses need to constantly re-evaluate their role.**

refer their staff. I thought that was great."

A long-time member and office-holder of the *NZ Occupational Health Nurses Association*, Thomson has recently taken on the voluntary role of professional development coordinator, reflecting her desire for nurses to constantly re-evaluate their role.

"Occupational health nursing has become quite diverse. We need to re-examine our role and our standards. Do they still apply? What professional development do we need to keep up our practising certificate?"

Half the NZOHNA's membership, she says, are now in independent practice, a far cry from 20 years ago. While she welcomes this move, there is a downside.

"Nurses are now paid to go into a workplace and do a spe-

cific task, rather than seeking to understand the bigger health picture. They can lose the ability to identify other health risks that are arising."

## Business focus

When she left the DoL in 2003 she did an MBA to help sharpen her business focus.

"You need an understanding of how organisations work. A health programme might appear critical to a nurse, but it's important to know how to make the business case, to explain the value-add, to speak in the language of business."

Looking ahead, she is confident the NZOHNA can work more closely with the DoL to support its health objectives.

"Nurses play an important role in HR departments. If you work closely and confidentially on the factory floor you can avoid angst at the HR level." ■