



21 April 2012
Sciences Graduation Ceremony
Guest Speech

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Graduands, Chancellor, Vice Chancellor, Dean, Heads of Departments, academic colleagues, family and friends of the graduands and the University.

I acknowledge that this graduation ceremony is being held on the land of the Giabal and Jarowair peoples. I pay tribute to the current, past and future elders.

Thank you for inviting me to give this address. It is lovely to be back in Toowoomba where I spent about 10 years of my life.

This is such an exciting time for you. At the age of 63, I look ahead and feel surprised that I can no longer put together a 10 year work plan (regardless of the workforce shortages, I don't expect to be working at this level in 10 years time). Though the other night my Curtin university nursing colleagues were talking about academics working at 87 and in our school at UWA we have a very experienced academic who is 86 whose knowledge of NHMRC grant applications is very helpful. They are all in emeritus positions though!

I am a nurse and a midwife. I look at the range of graduates from the faculty of sciences and note how these could be seen to be diverse disciplines, but in many ways they all share common knowledge. For example, I notice a bachelor of technology (wine) and have to say that maybe they have red wine tastings to improve everyone's cardiovascular health (at a safe level of intake and not every day of course). And it today's society how could we possibly live without our it support and computing? By the time I cope with my iPad, iPhone and computer, wireless printer, wireless hard drive (to back up the iPad), and keep up (sort of) with my friends on Facebook, I realise that I could not function without the "help" of all of these professions. All of the other disciplines here could also work closely together, and with the trend towards interdisciplinary education, I can see a lot of synergies across this faculty.

However I am a nurse and midwife, and that is my working experience and so I will talk a little about what I see it takes in today's society to be a successful nurse and midwife professional, so my talk will have a nursing focus. I hope the other graduands can see how this can apply to them – but if you are tired from your celebrations and want a short nap – please feel free.

So when I think of working as a health professional I think of the 3 c's.

These are quite different to the 5 c's that I learnt about when I was recently working in Singapore. What are the five Cs?

- country club
- credit card
- condominium
- car (usual a 5 or 7 series BMW or a big black Mercedes)

- career

These are the five Cs that most Singaporeans aspire to and see as a mark of success. Some Australians may also aspire to this, but for me, the life in Singapore was very enjoyable but there are many cultural differences and not much of a work / life balance. I enjoyed it and have a great respect for Singapore and her people, but I could not really identify with the worship of the 5 cs.

I have a smaller list and it has been the 3 Cs

- compassion
- caring
- commitment.

So what do I mean by this? Let me talk a little about each of these. Firstly what does the dictionary say?

Compassion. In the western world this term arises from old French and Latin and means “fellow feeling”, to “suffer with” or to “bear, suffer”.

Other meanings include: understanding charity, humanity, mercy, kindness, tenderness, and tender-heartedness.

While working in Asia I did explore some of the Buddhist philosophy and the main pillar of Buddhism is that we are all born to suffer, but really what we have to do is to overcome this suffering – by using tools like meditation to help deal with the thoughts that cause suffering. As health professionals we also have a large role in helping others. We witness a lot of other people’s suffering. We try to alleviate this suffering. Sometimes we cannot do this. Buddhist believe that if the person still suffers (i.e. has pain from cancer) we have not failed to help them (nor have they failed in their attempt) because suffering is part of life that we all experience. We are all born, grow old (hopefully) and die. We can help alleviate the suffering of others but not stop it completely. Many health professionals feel they have failed if they have not “cured” or fully alleviated suffering, but this is not really failure if one accepts that suffering is part of everyone’s existence. A Buddhist colleague and I have recently written an article on Buddhism and medical futility and in that article we explore this more fully.

Happiness is an outcome of decreasing or absent suffering. I hope at this moment most of you are happy. However, my talk may be causing suffering. Be assured it will cease, and if this is a cause of your suffering, it will then go away! So when we see life like that we realise that no suffering or happiness is permanent, rather they come and go – as opposite states. Recently I was in Bhutan and I was impressed by a country who measures their success as a country by “gross national happiness”.

Interestingly the definition of caring is similar to that of compassion and means – tender-hearted, sympathetic, sensitive, warm, soft, loving, compassionate or I like this one – touchy feely.

The third c is that of commitment – this can be seen to restrict one’s freedom – like when we make a commitment to marriage, we may perceive that we restrict some of the freedom we had when we were a single person. But this perception could vary from one person to another.

Commitment is about a pledge, a promise, an obligation – for a health professional it is a commitment to caring and compassion – to doing no harm (or as little as possible). In the days that I graduated, we used to say the Florence Nightingale pledge. This was a commitment to caring and compassion as a nurse.

In the twenty-first century, it is harder, I think to maintain the 3 cs. Most of you are already working. You will be exposed to the suffering of others. Even the computer people can see how us non-nerds suffer!!! Sometimes others or we may think that the suffering is self-inflicted (if we take a blaming view). For the nurses and midwives it will be a challenge for you to keep compassion as you are exposed more, I think, to the trauma of life. But of course you are also exposed to the wonderful in life – the birth of a baby, the love of a mother, people getting better and going home.

Most of us come to our profession because we are compassionate, caring and committed. So how do we keep this up, year after year?

Well the first thing is to develop or keep compassion satisfaction. What is this? It is the pleasure we get from being able to give our care to others. Some call it an intrinsic work reward. This is derived from many sources including, the pleasure we experience from helping others, having positive feelings towards colleagues and others, the ability to contribute to the caring role or to the good of society. We don’t have to be a nurse or a midwife to have compassion satisfaction. We may get it from being a parent!

So if this is eroded, what happens? We begin to remember all of the negative things – and when we are at work, we may avoid the patients or clients or residents that remind us of an unpleasant event (such as verbal abuse). This is compassion fatigue.

And eventually if this progresses, many just burn out.

What do I mean by burnout? I mean feelings of

“That no matter what I do it will not change things – I can never make a difference”. Often these feelings come with the high workloads that all workers experience or when we are working in an unsupportive work environment.

But both compassion fatigue and burnout can be prevented and compassion satisfaction can be built and maintained.

So what are some strategies to do this? One very effective (and trendy) way is being mindful. I am sure the psychologists here will know all about mindfulness.

What is this? It involves deliberately bringing your attention to the present experience or your present thoughts in a non-reactive, non-judgemental way. I have a poster on my wall. It says “as we think so we become”.

You know Buddhists believe that we have 6,000 ideas in our mind per second. Wow that is a lot! Most of us drive on automatic pilot and are barely aware of one, let alone 6,000.

For example, we get up and have breakfast (some of us do), drive to work or get to uni and you know if I asked you what you did or thought about at this time, most of you would not be able to tell me – we are on automatic pilot.

I can remember my husband telling me to stop and ‘smell the roses along the way’. Well mindfulness is really about that.

So now I sit down in a quiet place once a day, I look at what I am thinking. I “watch my thoughts” it does not take a lot of time, but it does take practice.

Also important for people in high trauma jobs is to build caring networks. My friends and family are a great support. We also need a good supportive team at work.

I envy you in many ways. Most of you are at the start of your careers (or having a change of direction). Nursing has been so good to me. Since I worked in Singapore and learnt about meditation and mindfulness I now try to be more aware of my feelings and what I am saying to myself. When I am driving to work, I become aware of the moment. Wow, I drive along the Perth River to get to UWA. It is very beautiful. I could be busy planning my day, but now I spend some time just looking and enjoying the river and being alive. As I get nearer to work, I let the ‘doing’ part of my mind take over. So while you care for others, please also care for yourself. If you care for yourself, you can actually care for others better.

A Buddhist friend of mind said to me “Desley just don’t give a dictionary definition of compassion”, rather people need to know that compassion, commitment and caring are concepts that should come from the mind and then we need to put the knowledge we have in our mind into practice and action. Knowledge which is not applied in practice is really wasted. In nursing we talk a lot about evidence-based practice, which is a combination of knowledge, reflection, action (putting the knowledge into practice) and reflection. The context in which the knowledge is applied is very important, as it may influence the applicability of the knowledge, to a particular patient in a particular setting. You have been taught to critically think, and you should use your critical thinking skills throughout the rest of your life.

So good luck, may your journey from this point on be as rewarding as mine has been. Congratulations on your achievements. Celebrate today. Take lots of photos and upload them onto Facebook! Do the twitter thing (whatever that is). Importantly thank those who have supported you. Plan for the future. You have it all before you.