

## GUEST EDITORIAL - Mary FitzGerald

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### REFLECTIONS ON NURSING

When I reflect on my nursing career I have vivid memories of particular events that happened over time. I can recall patients on my first ward, ward reports, cardiac arrests, the person who had a haematemesis when I was 'in charge', conversations, the laughter, frantic night duties and, of course, professional colleagues and friends.

The positive memories emanate from camaraderie (with both clients and colleagues) and a sense of achievement when challenges were met. These were the highs.

A nursing student once said to me, when enthusing about her first practical experience of nursing, that after a shift she sang all the way home on her bicycle - that simple expression of hers has always seemed to sum up the good feelings for me.

On the other hand there were the lows. The first drug error, the night sisters, working late on my 21st birthday, running out of laundry at weekends, getting 'sent to help', eating chocolates instead of meals, intolerable demands on my time and patience, feeling guilty (I did the wrong thing, I didn't do enough, I said the wrong thing, made the wrong decision, hadn't written an assignment etc), complaints and generally what is coined 'being beyond bizzie', all culminating in that rising tide of frustration that is so palpable among nurses.

There is much to learn from reflection. There are obvious similarities between the cathartic sessions where nurses gather to have a moan and outdo each other with stories of doom and gloom, drama and brave deeds. However, periods of reflection are different in both nature and purpose.

Periods of reflection afford opportunities for the development of new insights and fresh perspectives on old stories; in short, opportunities for the getting of wisdom.

Critical reflection involves such questions as: What was my contribution? Who are the other interested parties? Who stands to gain? Who might lose? How did this situation arise? What and who is maintaining it? and so on. Questions asked in order to construct a more comprehensive and fair understanding of situations and events.

Critical reflection has been subverted to the extent that it is perceived as a technique for education and learning rather than an integral part of practice. I began this commentary by illustrating an obvious balance between the positive and negative enduring impressions that I have of my experience of nursing. Balances and broader views

are a reward of critical reflection. Let me give an example. Keeping in mind the idea of balance, on reflection what emerges from my litany of memories is the distinction between those events that are nurse centred and those that are patient centred. It is the latter that seem so much more important and lead to professional satisfaction. Does an insight of this nature take us any further?

I think that it does. This is about fresh insights and new perspectives and the ability of nursing as a whole to give expression to them. The discussion document of The Review of Nursing Education (2001) highlights the frustration that nurses feel when they are unable to meet client needs. This may indicate a subsisting preference among nurses for patient centred nursing rather than nurse centred nursing and I would advocate this at every level of nursing.

It may be that the arguments put by nursing in the recruitment and retention debate should be reframed to concentrate on the development of a service that supports and promotes the best care of society rather than one that concentrates on better terms and conditions for nurses per se. The former position may, I believe, ultimately result in improved terms and conditions for nurses but for reasons that have more appeal to people outside the profession and therefore are more likely to canvass support.

I recently read an editorial from the UK (Gray 2002, p.3) about what was termed 'the no tolerance dilemma'. The health minister determined that a solution to the problem of aggression toward health professionals was to ban 'perpetrators of violence and abuse'. Apart from the other obvious shortcomings of this remedy, it is hardly client centred, and a more in-depth critique of the situation results in the editor's call for a better understanding of the causes of violence and more staff with appropriate training!

Generally I would advocate more staff, not because staff are tired, overwhelmed and underpaid (all true), but because clients are not receiving the care and treatment they need. I believe that this is a perspective that is more likely to result in nurses working in an environment that enables them to provide a first class service to clients. And by the way - to sing on the way home.

### REFERENCES

- Gray, J. 2002. Zero tolerance dilemma. Editorial, *Nursing Standard*. 16(1)3.  
National Review of Nursing Education. 2001. Discussion Paper. Commonwealth of Australia. Canberra.