

GUEST EDITORIAL - Professor Mary Chiarella, Chief Nursing Officer, NSW Health, RN, LLB(Hons), PhD(UNSW)

SIX WEEKS IN....

Margaret McMillan asked me if I would put fingers to keyboard to provide my first impressions of the role of New South Wales Chief Nurse. I am not sure whether or not such an endeavour takes me where angels fear to tread, but I had promised (rashly) beforehand and Margaret is holding to it.

I took up the post when the NSW Government had gone into caretaker mode, three weeks out from the election. This is a relatively quiet time in terms of Government activity, but is obviously busy as requests for information come from the Government, the Opposition and the media. Fortunately the office staff and the Acting Chief Nursing Officer (who nobly remained in post for two weeks to overlap with me) were extremely skilful and guided me through that time.

My immediate orientation was concerned with meeting key people within the Department and learning the ropes. A number of early pieces of advice were fairly sobering, especially for an academic who is used to being argumentative, sometimes just for the sake of it! Let me share them with you:

- 'Whatever you say, expect to be quoted'
- 'It is your responsibility to provide the Minister with frank and fearless advice'
- 'Rapid turnaround of information is essential'

Notwithstanding the sombreness of such advice, I am grateful for it, and am learning to understand the nature of life as a public servant quite quickly. There is a great deal of protocol to be observed, particularly in the preparation of briefing documents (only one page - dot points on each topic), but it is a stimulating intellectual exercise to condense a complex issue into a one-page document - quite the reverse of my previous work.

If there is one phenomenon that has struck me more than any other since I have been in the NSW Health Department, it is the presence of nurses. So often when I have met a senior bureaucrat they have told me with considerable pride, 'of course, I'm a nurse, you know'. A significant number of the senior bureaucrats in the Department are nurses. They may not be working in nursing positions any more, but they certainly identify with nurses and they are interested in and supportive of us and our endeavours. They are working in a range of settings and are tackling diverse issues which include the development and maintenance of the Clinical Information Access Project (CIAP), the management of the NSW Private Hospitals and Day Procedures legislation and

major portfolios in quality, primary healthcare and mental health, to name but a few.

It has long been my view that the skills we develop during our education and clinical practice are extremely valuable commodities. In addition to our clinical skills, we have a range of finely developed interpersonal skills, which stem from the fact that we deal with people in extreme situations and under significant stress. We also learn to stay calm in emergencies, to multitask and to triage, clinically and managerially, from a very early stage. These skills have long been recognised by other industries as being highly desirable and it is heartening to see that nursing skills are able to be used within health to influence the wider health care agenda. What we are now starting to see are nurses as leaders in the wider health arena, and this development means that many nurses are moving through nursing to use their nursing skills in a diverse range of senior positions in health. Until recently, nurses seeking advancement have rarely considered this a possibility, because nursing affairs have been managed within an internal nursing structure, and such affairs have consumed all nurses' efforts and energy. In the past, nurses who moved to non-nursing appointments (even within health) would have been regarded as having 'left' nursing, and indeed many of the nurses who did so would also have considered this to be the case. Often it was simpler to leave health altogether, rather than to take up such roles.

But this was because there was no prevailing philosophy that, in moving to non-nursing positions, nurses might have been manoeuvring into other key influential positions in health care, which could help those left practising nursing to have their voices heard and their contribution recognised.

Today that cannot be the case. We must celebrate and embrace those nurses who work in these diverse roles because they still celebrate the fact they are nurses and feel able to contribute to the profession in many different ways. While I do not wish to encourage nurses to leave the bedside, it appears to me that it is preferable to provide 'time out' for nurses within the health system rather than to lose them to other careers completely. Furthermore, if we allow them to take time out with a good grace, rather than making them feel guilty, the probability of their returning to clinical practice is greater. There is no doubt that the nurses I have met in the Department identify themselves as such with pride and confidence, and I have been delighted to encounter them.