

## FROM THE EDITOR - Jackie Jones

### AJAN ENTERS A NEW PHASE

Welcome to the first issue of *AJAN* for 2005. This is an exciting time for *AJAN* as the journal is now available online to more nurses than ever before through their Australian Nursing Federation (ANF) membership as well as through institutional subscription. What a great opportunity for nurses to read and contribute to the many debates and challenges facing nursing. It is also an exciting time for me as this is my first editorial since taking over as Editor. By way of introduction let me give you a potted history.

I am originally from the United Kingdom, and have worked in metropolitan and rural clinical and tertiary contexts in Australia. Since completing my PhD in 1999, I have undertaken a post doctoral fellowship and continue to grow my research portfolio in the areas of health service delivery, aged and acute interfaces and all matters relating to nurses as workers and service providers.

I was very fortunate to have held the first and somewhat unique joint appointment between the ANF South Australian Branch and Flinders University, Adelaide, which blended industrial and professional discourses. The position allowed me to engage in the strategic development of nursing at a state level including nurse practitioner prescribing, recruitment and retention of nurses, care workers in aged care settings and transition to professional practice. I am currently working as a nurse manager in evidence based practice in Queensland.

It will come as no surprise, therefore, that in this new phase of *AJAN* we will be striving to promote an evidence base for practice through scholarly research and critique of contemporary issues including challenging the notion of evidence itself. Sackett et al (2000) remind us that evidence based practice consists of three integrated elements: best research evidence; patient values; and, clinical expertise. Nurses are key decision makers in health care teams and need to make judgements and decisions in an evidence based climate. We need to ensure that best evidence for nursing practice is available and accessible in *AJAN*. We want to build on the direction of leadership offered by Margaret McMillan and Jane Conway our previous Editors, and value the clinical, academic, management, policy and research expertise of nurses. In doing so, we aim to contribute to constructions of nursing and what it might mean to be a nurse. We want to remain relevant to nursing and midwifery and welcome your contributions as reviewers and authors of manuscripts. Ultimately we want to make a contribution that upholds 'patient values' and encourage papers that make visible how nurses can make a difference to our consumers wherever they may be situated.

The tsunami disaster provided a tragic yet timely reminder that we live in a global community and it is hard to escape the magnitude of its ripples. Nurses are working in a global and multigenerational workforce that requires tolerance and mutual respect of the diversity and

complexities such a practice context brings. Our guest editorial by Mi Ja Kim considers why a global mindset is needed for international nursing scholarship and health policy and how to develop global nurse leaders.

In the rest of this issue, Stockhausen explores what it is like learning to become a nurse through student's reflections on their clinical experiences. The study confirms that the registered nurse makes a considerable difference to the student's experience. Furthermore, students begin to construct a personal identity of becoming a nurse through a process of developing confidence, confirmation of nursing practices and assimilating knowledge.

Happell and Platania-Phung argue that the mainstreaming of mental health services within the general health care system has increased the level of contact nurses have with people experiencing mental health problems, yet further argue the research evidence suggests they are not confident or competent in meeting the associated needs. These authors go on to describe the prevalence of mental illness within the general health care population and consider some implications for the nursing profession.

Building on this notion of complex behaviour, Poole's paper reports on an evaluation of the response of residential aged care facility staff to the education programme - *Poole's Algorithm: Nursing management of disturbed behaviour in aged care facilities*.

The complexities of providing care are taken up further by Dunn and Schmitz. Their qualitative study explored senior nurses' perceptions of patient's requirements for nursing resources in a major acute care hospital setting and found that at times demands imposed on nursing resources lead to nurses' perceptions of delivering less than ideal care, stress and frustration.

The diverse threads of practice are taken up by Johnson and colleagues who report on their research of how maternal and infant clinical outcomes compare for low risk mothers receiving a partnership caseload model of midwifery care versus standard care, and argue the safety of this practice model.

Smith reports on a serious occupational skin condition affecting many nurses worldwide.

Finally, Elliot and Lazenbatt argue nurses need to be critical readers of grounded theory research, so that they recognise 'quality' research studies and can develop their clinical practice based on sound research findings.

Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W. and Haynes, R.B. 2000. *Evidence-based medicine: How to practice and teach EBM*. 2nd ed. Churchill Livingstone: London.