

FROM THE EDITOR – Dr. Jackie Jones, RN, PhD

IS NURSING BECOMING A POLITICAL MINEFIELD OF THE UNACHIEVABLE?

‘We have just got too much to do and carry too much responsibility.’ Times have changed and the pace and nature of nursing work has changed but have people changed in line with them? In recent conversations with experienced clinicians and academics I have increasingly become concerned that, in addition to the challenges being faced by nurses in terms of complex and highly political health care contexts, nurses themselves are unclear about the role they are now expected to undertake. Nurses are also frustrated by how such a role can even be possible at all. There are frameworks for practice that help articulate and name a nurse’s role but one must now question whether they set the bar too high for such a role to be realistically achieved.

Karen Cook, the CEO of The Australian Nursing and Midwifery Council, announced the release (ANMC 2006) of its revised National Competency Standards for the Registered Nurse (ANMC 2005) and newly developed National Competency Standards for the Midwife (2006). These documents provide ‘a nationally consistent framework by which the performance of nurses and midwives can be measured’. Karen advises, ‘they are used to ensure that nurses and midwives completing their studies meet the required standards to practice, that nurses and midwives registering each year remain competent, and that nurses and midwives arriving from overseas are able to meet Australian standards. The Standards also have an important role to play in measuring performance when issues of professional misconduct and competence to practice are being investigated’. They are also being used as a means to communicate to consumers the standards the state and territory nursing and midwifery regulatory authorities expect from nurses.

As a case in point Competency Standard 4.3 states a registered nurse ‘Contributes to the professional development of others – supports health care students to meet their learning objectives ...’ (ANMC 2005). This is a very high expectation as students are considered to be a burden despite even the best intentions of registered nurses because of the heavy workload being experienced by nurses at the clinical level. In a recent systematic review (Abbey et al 2006), a project funded by the Australian Government Department of Health and Ageing, it was found that nursing workload inhibits clinical practice and can negatively influence the perceptions of undergraduate students about the nurses’ role. Furthermore, the review identified that a heavy workload reduces the nurse’s capacity to provide adequate and effective clinical supervision of undergraduate students. This is of concern because the quality of interaction and knowledge, skills, and practice knowledge

transfer is seen to be a linchpin to best practice in clinical placement supervision, whether it is in an acute or aged care environment (Abbey et al 2006, p25).

What choice do nurses have: do they decide how many students are in need of their professional contribution at any given time and do they have a choice when workloads run to extremes and patient care needs are so complex? Do the students have a choice about where they gain clinical experience and which nurses are available to provide clinical supervision? Over and over again clinical nurses lament they just don’t have ‘time’ to give the care that they want to, let alone take on yet more students. Are we asking too much of nurses in an industrial relations climate that threatens to take away basic supports that nurses have come to expect?

In this issue our guest editorial is by Professor Jenny Abbey who makes the potent argument that ‘we must ask: is it choice for its own sake that we want; or would we happily settle for less choice and more of other desirable qualities in many areas? We need to distinguish choosing among the options others decide to offer us and making choices about what options should be available.’ It is a plea for nurses to get more political, to understand that the very basis of their clinical practice (and practice elsewhere) is highly political. There is no such thing as just going to work for a day’s wage; the very act of participating as an employee in a health care system positions the nurse within a political landscape of health choices and choices about health care.

Our featured papers in this issue also explore the many dimensions of patient needs and some of the roles nurses have. We start with St John et al who identify an often hidden group of women who experience grief and loss to ‘give voice to the women who have suffered a prenatal loss prior to a full term pregnancy’. The emergent theme from this small qualitative study suggests that further research needs to explore how society and the health care community may compound women’s grief and isolation and in-turn perpetuate their feelings of anger. Specifically, the study identifies a need for nurses and midwives to offer sensitive care, acknowledgment of previous loss and supportive counselling strategies for women following prenatal loss and during antenatal care for subsequent pregnancies.

Keatinge used a telephone survey to determine parent’s preferred health information sources related to their child’s health. Parents frequently selected more than one item on a list of health information sources. The study highlighted that parents prefer to receive information

about the health care needs of their child from another person rather than a printed or audio-visual source.

The next three papers focus on medication issues. Bajorek and colleagues used a qualitative group interview method to explore the barriers to warfarin use from the perspective of nurses working in aged care. Identification of their perceived role/s, experiences with patients, and potential strategies for managing the therapy produced five main themes: perceived patient attitude toward warfarin; barriers to the use of warfarin; expressed lack of confidence in the processes involved; nurses' role in warfarin use; and strategies to improve warfarin use. Nurses were concerned about warfarin use in the elderly, but felt they had a limited capacity to intervene. Bajorek et al argue nurses are potentially underutilised as a resource and support for both patients and prescribers, in the management of warfarin therapy.

Brownie continues the theme with the role that nurses can have in relation to 'alternative medications'. Her study aimed to identify the health conditions and symptoms that predicted dietary and health supplement use in older Australians. Data (n=1200) were obtained using a self-administered postal survey which identified that at the time of survey, 43% (n=548) reported using some form of supplement. Brownie argues that nurses have an important role to play in encouraging older individuals to disclose their use of supplements to all health professionals involved in their continuing care.

McBride-Henry and Foureur present a contemporary literature review that highlights research addressing the issues related to medications that arise in tertiary care facilities. Medication administration errors are reported to occur in one in five medication dosages. Such events have long been scrutinised, with the primary focus being the practice of nurses and their role in medication error. Over the past few years a shift in how medication errors are understood has led to the identification of systems-related issues that contribute to medication errors. Initiatives

such as the 'Quality and Safe Use of Medicines' in New Zealand are said to present an opportunity to address some of the safety related issues with a view to enhancing patient safety.

Ski and O'Connell continue with a focus on older people to increase knowledge and awareness of early detection and efficient management of delirium as the first step toward its prevention in the acute setting. These authors argue that managing patients with delirium is challenging not only for the management of their basic nursing care needs but also because they are prone to adverse events such as falls and medication problems. The argument suggests it is vital that health care professionals routinely assess patients for signs of delirium as research indicates that early identification and intervention can help to limit any negative effects or adverse events.

Our final paper by Davidson et al, reminds us that contemporary health care systems are constantly challenged to revise traditional methods of health care delivery. Subsequent discussion of potential alternative models of care ensues with scant reference to defining what constitutes a model of care. Utilising a systematic approach to the literature, this paper aims to define what is meant by the term 'model of care' and document the pragmatic systems and processes necessary to develop, plan, implement and evaluate novel models of care delivery.

REFERENCES

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