

## Reflections on nursing : a fortunate life



### GUEST EDITORIAL

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I am glad to have the opportunity to address the readers of the Australian Journal of Advanced Nursing. I have been writing for nursing, midwifery and health related publications for almost thirty years and I continue to appreciate the chance to communicate with nurses and midwives. Here I present evidence of one nurse's engagement with the health and education sectors in Aotearoa/New Zealand through writing.

The first research project I did was consumer-focused (1978). My small unpublished survey identified new mothers' preferred family planning providers. I was hoping that they might nominate nurses. I should not have been surprised they preferred general practitioners because of the expectation of continuity of medical care.

In 1979, I advocated for greater support for home birth in: *Why women and their partners are dissatisfied with maternity care* (1979). Negative and unsafe experiences of hospital care led to women and their partners claiming their own home space for the safe arrival of their babies. In those days, only a tiny number of women had their babies at home, cared for by a tiny number of staunch and courageous midwives. Medical and societal opposition to home birth was played out in a number of different ways but throughout the eighties, support for greater choice in both maternity carer and location grew. In 1989,

my survey of 100 women's groups formed the basis of the New Zealand Nurses Organisation midwifery policy and contributed to the midwifery law reform of 1990 (1989). The findings showed that women wanted to experience continuity of care; to know who their midwife was before they went into labour.

One of the consequences of the return to independent midwifery practice after 1990 was intense media interest in consumer complaints against midwives. Occasionally, this turned into a witch hunt. In 1998, my concern about distorted media representations of midwifery accountability led me to write an article: *Can people having babies trust midwives?* in the New Zealand Health Review, a short-lived publication that took a critical approach to health policy events and issues of the time (1998).

Support of women was also evident in the book chapter: *The wages of caring: women, health and socialism*, published in 1985. In this I referred to Hilary Graham's (1984) materialist analysis of the lives of low income single mothers. Her study made a major and long lasting impact on my thinking. Hilary concluded that mothers are the key expert providers of primary health care for their children. She also revealed the ambiguities for women who smoked cigarettes. On the one hand they knew it was bad for them and their children. On the other hand it helped them to bear their burdens of responsibility. In the same chapter I also used medical research to critique the over-prescribing of prescription drugs to women 65 and over.

My commentary on cervical screening in 1987, pre-Cartwright Enquiry: *Safety screen or smoke screen? A feminist critique of current policies and practices*, focused on the inadequacy and

the unreliability of existing cervical screening practices. Shortly afterwards, the Cartwright Inquiry investigated the research practices at National Women's Hospital, Auckland. They concerned the treatment of women with cervical cancer (Cartwright, 1988). The recommendations in the report have had more influence than those of any other inquiry in the history of the New Zealand health service especially with regard to patient rights and ethical research practices. Post-Cartwright in 1988, I critiqued the way nurses had been portrayed in the Inquiry in: *What does the cervical cancer inquiry mean for nurses?* In spite of the New Zealand Nurses Organisation being a party to the Inquiry, Judge Cartwright reported nurses appeared to lack courage and were prepared to protect patients only by stealth. This was an unfair assertion in my view. There were good reasons why nurses did not speak out about Professor Green's experiments or come forward to speak to the Inquiry. In 1993, in a book chapter: *Watchdogs or wimps? Nurses' response to the Cartwright Report*, I reported the attempts by nurses to comply with the Report's recommendations, eg support for the development of a new Code of Patient Rights and Responsibilities.

Seeking social justice for the indigenous Aotearoa/New Zealand people underpinned the paper: *The white nation has a lot to answer for: toward an analysis of racism* in a New Zealand journal founded by a collective of which I was a member, *Nursing Praxis in New Zealand* (1987). I also published a short article on the emergence of cultural safety in nursing (1990). Irihapeti Ramsden's thinking on cultural safety has also made a major and long lasting impact on me as a thinker, social activist and researcher (2002). Consumer rights at the end of life attracted my interest in the 1990s, resulting in a PhD study (2002) which, amongst other things, showed that consumers and their families had more decision-making power about not-for-resuscitation orders than previous studies suggested. This interest has developed in more recent years to include the requested death movement. New Zealand has no end-of-life legislation in place though there have been attempts to introduce a private member's

*Death with Dignity Bill* into Parliament. My concern that nurses need to debate the issue and clarify their positions was raised in a 2004 article: *The practice of euthanasia: more than a debate*, which argued that nurses would be able to support their patients more substantially if they knew what their own values were regarding requested death.

In 1997, I was pleased to accept an invitation to write an article for the international journal *Nursing Ethics* on nurses' strike action in New Zealand (1997). In the resulting article, I tried to argue that the language of industrial conflict actively works against peaceful resolution. From writing to publication took almost a year of communicating between editor and author; a very salutary experience. Happily, this first contact has resulted in a long and continuing association with the *Nursing Ethics* journal as a reviewer. I still think this journal is the best nursing ethics journal in the world. It is truly international and truly research-based. Best of all, it is useful. The knowledge I have gained from it has inspired me in my teaching and practice. For example, it is where I first discovered Corley's significant work (2002) on moral distress.

My own writing on ethics in the New Zealand context has been very superficial by comparison. I have written short articles on ethical practice such as nurses as moral agents (1998), the ethics of safe staffing (2006), the ethical responsibility of voting (2005), keeping boundaries with patients clear (2005), and linking patient safety and nurse safety (2006). The New Zealand Nurses Organisation journal, *Kaitiaki: Nursing New Zealand*, has been a faithful and regular vehicle for my words. How fortunate I have been that my writing skills have been regarded favourably by the Kaitiaki editors. Since 1979, the numbers of Kaitiaki readers have increased steadily to currently around 40,000; quite a sizeable audience.

My association with the Australian Journal of Advanced Nursing as a Trans-Tasman reviewer and member of the Editorial Advisory Board now extends back several years. It is a privilege to be a part of this journal and to have witnessed its stubborn survival and metamorphosis into an online publication. This

development makes the AJAN universally available and therefore overcomes the disadvantages of being seen as a regional publication. Like previous guest editors, I ponder on future possibilities for the publication of nursing research and commentary. I believe there are good days ahead. I look forward to a time when there is closer collaboration in publishing between Australian and New Zealand research-based journals. I look forward to the day when there can be greater congruence between generating, funding and publishing research and then applying the relevant findings.

The Performance-Based Research Fund (PBRF) is the current system of evaluating research outputs and funding research in the academic setting in New Zealand. According to PBRF assessment, nursing research is struggling to emerge as a credible and therefore fundable field of endeavour. Such an assessment misses the point and disregards context. It has resulted in increasing tensions between entrepreneurial and caring values as individual departments and academics compete for very scarce resources. The PBRF system undermines the fundamental objectives of professional nursing practice, education and research. An alternative process for fostering nursing research that is in keeping with nursing philosophy and values is needed.

Like previous guest editors, I support national research planning and strategising, rather than individual research institutions competing with one another for resources and influence, especially in a country as small as New Zealand. We are not too small to have a national nursing research centre, an organisation to represent nursing research interests and negotiate with funders for resources to promote and support excellent research. Currently, New Zealand's academic and research funding environment precludes this from happening. There is not yet enough mutual trust and respect among nursing research stake-holders to support such an endeavour. What is worth celebrating in New Zealand is that, in spite of the difficulties, nursing researchers are slowly steadily gaining a foot hold in the research

world. There are strong links with international nursing and midwifery research communities, particularly in Australia, the United Kingdom and the United States of America, and with international health organisations like ICN and WHO where New Zealand has much more influence than its size suggests. In this we are only doing what New Zealand has always done.

I have reflected on one nurse's experience of the practice, education and research sectors in New Zealand. I was one of a number of academic nurses who didn't make the cut in the first PBRF round. It was one of my motives for leaving the academic environment. It seemed I was a round peg in a square hole. Why stay in a system that didn't appear to value the contribution I was making to nursing knowledge?

Being able to move on has great rewards and deep ironies. Without planning to, I have arrived in my current employment as a health researcher, happily working closely with research-savvy nurses of great integrity. I feel optimistic about the future. The New Zealand nursing research community is poised to enter a new era of research capacity, founded on a solid cohort of fresh new researchers from all the cultures in New Zealand who are currently undergraduate nursing students. I am sure they will participate in collaborative projects in order to achieve new levels of quality improvement and innovation in health care. There will probably always be contention over the equitable distribution of limited resources and the relevance of education and research to practice, and vice versa. Nevertheless, overall progress will be made. There are major issues to contend with, eg climate change, globalisation, new diseases, new health inequities.

The biggest risk to the achievement of a bright future is that there will not be enough nurses. Workforce shortages undermine every aspect of nursing work in the health, education and research sectors. Those participating in nursing workforce research, in Australasia and in other parts of the world, deserve commendation and support. My own small contribution in this area is in my current thinking

about the link between self-esteem, competence and ageism. I am interested in the notion that if older nurses' self-esteem is low they may be less competent. They may perceive such things as a regulatory body audit or a compulsory education program as too much of a challenge. That, together with the ageism they face at work and in the world at large, may result in their premature departure from their profession.

Therein lies a problem and a challenge. How can those good nurses be supported to stay at work until they really want to finish and retire? As for me, I am doing my best to avoid retirement. Perhaps that is because I am no good at conclusions. Nevertheless, let me finish by saying that what is important to me is kindness, honesty, respect and generosity. In my fortunate nursing life I have been the recipient of these gifts from nurses and patients in a number of different places in the world. This is what has helped me to write the things I have. A fortunate life indeed!

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