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EDITORIAL

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Our guest editorial this month is written by Joy Bickley Asher who is a member of the AJAN's Editorial Advisory Board. Joy's reflections on nursing describe a career in nursing committed to scholarship and research. Authors in this issue of the AJAN demonstrate a similar commitment to inquiry, scholarship and research across a broad range of nursing and health care contexts.

Joy argues for "greater congruence between generating, funding and publishing research and then applying the relevant findings". Researching and validating processes to apply nursing research to enhance nursing care is a consistent theme in this issue of the AJAN.

Chew et al explored whether a process-oriented integrated care pathway was effective in a rehabilitation setting and whether the improvement gained through the rehabilitation process could be sustained post discharge. The study found that the introduction of a generic clinical care pathway gave positive results with the sample group maintaining functional status and independence post discharge. The authors conclude that process-oriented integrated care pathways may be a useful tool in effectively managing patients with a wide range of complex presentations and diagnosis-related groups in rehabilitation and aged-care units.

The next step in conducting research and disseminating research findings is integrating

research findings into changed practice. Cioffi et al describes a systematic process adopted to change nursing practice in the area of assessment in order to improve health care. They suggest that essential elements in bringing about change include: engaging all staff in the change process; building professional development into the practice change; developing transformational strategies that address not only the dominant organisational culture but also existing subcultures; and employ an emancipatory practice development process. Their main recommendation for practice development in bureaucratic organisations is to develop and establish the evidence base necessary to ensure the process is effective.

Fernandez et al conducted a cross-sectional study to evaluate the long term adherence to medications in patients following percutaneous coronary intervention (PCI). Findings suggested that following PCI medication adherence is high, however knowledge about medication storage is limited and patients report cessation of medications which they consider to be deleterious or unnecessary. Fernandez et al concluded that their findings will be useful for informing development of nursing interventions to improve medication compliance following PCI.

Keatinge et al report on a study to investigate nurses' experiences of implementing and educating colleagues in the Family Partnership Model (FPM) of maternal and child health care. Findings from the study identified that the FPM built on and extended existing knowledge and was relevant and useful to clinical practice. The authors suggest the FPM's value was evident in participants' positive comments about it and their ability to successfully implement it in their practice and educate and encourage colleagues to do the same, however the sustainability of the FPM

program and implementation depends on adequate support for practitioners and the commitment of resources to this process overall.

Access block in emergency departments is a major issue for Australia's public hospitals. Access block refers to the situation where patients in an accident and emergency department (ED) requiring inpatient care are unable to gain access to appropriate hospital beds within a reasonable time frame. Dowling et al studied the nursing issues associated with access block in an accident and emergency department. The themes and inter-related sub-themes which emerged from the data present a distressing picture for nurses working in accident and emergency departments as they endeavour to provide effective and holistic nursing care: lack of space, powerlessness, health and safety issues, infection control issues, poor service delivery, lack of respect/dignity, unmet basic human needs, not feeling valued, moral distress, and stress/burnout. While the research was based in Ireland, the findings have resonance for nurses in Australia and for health policy.

The issue of access block was highlighted during the recent federal election campaign in Australia with all political parties suggesting innovative solutions to improve the responsiveness, the quality of care and the efficiency of Australia's accident and emergency departments. Now that the election is over the new government needs to make fulfilling this election promise a priority.

E-health is another aspect of health care which is having an increasing impact on nurses and nursing practice. Edirippulige et al investigated the perceptions and attitudes of nursing students with regard to e-health, the level of their knowledge in e-health and their expectations of e-health. Barriers which impede the development of knowledge and skills in e-health within a nursing curriculum were also explored. Despite the fact that the majority of the nursing students who participated in the study regularly used computers and the internet in their day to day activities and nursing education, their awareness and knowledge with regard to e-healthcare was very limited. Edirippulige et al

found that the main barrier for nursing students was the lack of systematic education and training and concluded that students need to be provided with formal e-health care training if they are to be equipped with the skills required to effectively incorporate information technology into their practice.

The findings by Edirippulige et al are supported by a larger study conducted by a research team from the University of Southern Queensland for the Australian Nursing Federation with funding from the Australian Government Department of Health and Ageing. This study of 10,000 nurses in Australia (44% response rate) on their use of information technology identified that nurses recognise benefits to adopting more information technology in the workplace; they are however frustrated by limitations of access to the technology; software that is not always fit for purpose; and lack of opportunities for training. The level of use of information technology and information management systems is generally low and confidence in use is low even among those nurses who are users. Nurses feel poorly informed about information technology health initiatives and poorly consulted about their implementation. Workload, number of computers and technical support are the principal barriers to use of computers. Technical support is largely insufficient especially in more remote locations. Neither the full potential of information technology in the provision of health and aged care nor the recognition by nurses that information technology is an integral part of nursing will be realised until these limitations are addressed. The full report of the study can be found at: http://www.anf.org.au/it_project. The Australian Government Department of Health and Ageing are now funding the first phase of a follow up study to develop nursing information technology competency standards. The standards when developed will be integral to improving the education of nurses in information technology applications and use.

Also on the theme of information technology, O'Connell et al explored the education and training experiences of intensive care unit (ICU) registered nurses in using computerised technologies and

assessed the relationship with role performance and level of clinical experience. Participants identified a range of formal and informal education and training sources available to them within their ICU setting and articulated both positive and negative experiences associated with using computerised technologies. Their level of confidence in using computerised technologies was clearly related to their years of experience and differentiated clinical nursing roles and reflected whether they worked in a fully or partially computerised unit. O'Connell et al conclude further research needs to be undertaken to investigate the training needs of ICU nurses to use computerised equipment.

Understanding the nursing workforce is critical to addressing the current nursing shortage and ensuring a sufficient supply of nurses in the future to meet the needs of the Australian community for nursing care. Turner et al gathered data from ten universities across two Australian states in order to: provide a descriptive demographic profile of undergraduate Australian nursing students; provide baseline data for a prospective analysis of attrition within undergraduate nursing programs; and to facilitate student recruitment into a prospective cohort study to examine graduate outcomes. The authors conclude that there is a need to systematically track undergraduates and new graduates to quantify student attrition, graduate retention and career plans. They recommend that a demographic dataset of all undergraduate nursing students in Australia should be established to track trends over time to inform future workforce planning.

Retaining new nursing graduates in the nursing workforce is an essential strategy in addressing nursing workforce shortages. The paper by Litchfield et al presents the findings of a study which explored the lived experience of 'managed time' for new graduate nurses working in a neonatal unit in the public health system in Australia. Litchfield et al sought to understand how the individual graduate nurse copes with the stressors associated with spending the graduate nurse year in the demanding working environment of a neonatal unit. Five themes emerged including: knowing; planning; support; fulfilment; and adapting and being flexible. The findings suggest that the retention of new graduates could be enhanced by providing them with the working environment and the skills to better manage the stresses associated with the graduate year.

Advocating for patients is an integral part of nursing care. In a paper by Massey et al the association between income inequality and health status is reviewed and an appropriate nursing response considered. Massey et al argue that social factors, such as income inequality, are at the root of much of health inequality and that this knowledge needs to invoke political action and advocacy from the nursing profession to promote the development of healthy public policy.

Finally, the provision of the AJAN free online has been an outstanding success. Statistics for the month of October and November indicate a high level of exposure for authors with an impressive number of manuscripts downloaded from right across the world. This dissemination of Australian nursing research can only enhance nursing practice world wide.