

Reflections on nursing



GUEST EDITORIAL

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I never really planned to make nursing a career. I worked in a bank when I left school (which I hated) and it was not until I visited a hospital with a friend that I decided nursing was what I wanted to do.

I consider I was very fortunate to have 'trained' in a private hospital. We had no doctors on site and if we needed a doctor, we had to call them in. So we learnt early to undertake comprehensive assessments and to make our own clinical decisions (often supported by a telephone consultation with the doctor). This problem-solving was critical to my later work in occupational health nursing and rural nursing.

The next significant part of my career was the years that I worked in occupational health nursing. I loved this primary health care role. We not only patched up the walking (and not walking), but we also ran preventative programs such as hearing and routine health screening and spent considerable amounts of time making some suggestions on how to improve safety within the workplace. Working with well people instead of sick people was also different - the challenge was keeping them well or rehabilitating them back into a suitable work situation after an illness or injury.

Having lived in a major city all of my life, I was excited when my husband and I decided to move to a rural area and commence farming. My husband had experience in rural life and I had the need for a 'tree

change'. It also changed my focus from delivering clinical nursing to teaching as I was appointed to a position of Nurse Educator in a hospital training school. At the same time, I had begun to work toward other qualifications. I completed a Diploma in Nursing Education and then enrolled in a Bachelor of Arts (there were no Bachelor Degrees in Nursing available externally at that time). This was a productive time of life - managing an orchard and production nursery, studying for my degree and then my PhD and working full-time in a School of Nursing.

My background in a rural community and teaching nursing made me realise that rural nursing was very different to the role of nurses in larger hospitals. It was very like the work I had undertaken as an occupational health nurse. Usually there are no doctors on-site (they may be within the town, but again they may be distant with only telephone backup). There was also the visibility within the community. Many country people tend to ask the nurse for health advice (they do not want to bother the doctor and often a trip into town to see the doctor is economically difficult). So documenting this work became the focus of my PhD.

I also realised there were little professional activities for rural nurses. And so, with the help of several nursing colleagues, we established the Association for Australian Rural Nurses. I would like to think that this Association (now the Australian Rural Nurses and Midwives Association) has put rural nursing on the map as a nursing speciality. Certainly the role of rural nurses is now considered by all levels of government and there are several universities offering rural nursing programs at both the undergraduate and postgraduate level (including nurse practitioner programs).

At the same time as we established the Association for Australian Rural Nurses, we also received funding through a Rural Health Support Education and Training (RHSET) grant to establish the *Australian Journal of Rural Health*. I was the Editor of this journal from 1992-2002. The journal has gone from strength to strength and is now in its 16th year of publication. While it is a multi-disciplinary journal, it has published rural nursing research and continues to provide an excellent source of new evidence for all rural health professionals.

I am still passionate about rural nursing. However I am also passionate about nursing workforce issues and looking at different models of care. For example, we are currently undertaking two studies examining the impact of nurse-led models of care (one in a general practice setting and one in an acute hospital setting). One of these models is a nurse practitioner model and the other is an advanced practice role for registered nurses who are not nurse practitioners. The other work we have been undertaking has focused on nursing workforce issues. In particular, we have

worked with both the Australian Nursing Federation (ANF) and the Queensland Nurses' Union (QNU) (ANF Queensland Branch) to ascertain barriers to information technology¹ and job satisfaction. It was re-assuring that the QNU work (we now have data from three studies) has been used in negotiations to improve the workplace environment for nurses in Queensland.

I remember one of our second year nursing students saying to me after I gave a lecture to them about research methods/methodology "Do you really feel you can make a difference with research?", and I could answer "Yes, absolutely". Nursing has been kind to me. While I have worked hard, I have also had the privilege of working with wonderful supportive colleagues - colleagues who often push the boundaries. I have also been 'driven' by the need to try to improve the care that nurses deliver and consider that research is one way of making a significant contribution to this work.

References

¹ http://www.anf.org.au/it_project/