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EDITORIAL

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This issue of AJAN covers some interesting and contemporary issues of relevance to nurses and midwives.

Eley et al surveyed nurses in Australia to determine their current use of information technology and barriers to that use. They found that for most Australian nurses, experience and confidence in use of information technology is confined to basic computer skills and common applications and that in order to use information technology to support health delivery, action to increase access for nurses and remove barriers to use is urgently required. These findings are particularly pertinent in an age where there is increased use of information technology to support care delivery. With nurses at the forefront of health and aged care delivery, it is of considerable concern that nurses have limited confidence in and access to information technology applications.

Addressing another contemporary issue, Walters explores the experience of nurses educated in other countries in being recruited to work in Australia and suggests some important strategies to ensure their experience is as efficient and supportive as possible. With so much current commentary about the abuse of temporary work and training visas by recruiting agencies, it is a timely contribution to the debate.

In another important contribution to nursing, Zhao and Turner reviewed the evidence around the impact of shift work on people's daily health habits and the

association with adverse health outcomes. They found that shift workers had more adverse lifestyle behaviours and compared to non-shift workers, their nutritional intake was less healthy; they were more likely to be overweight; and to smoke cigarettes. Zhao and Turner concluded that with the majority of Australian health care workers, and in particular nurses, working rotating shifts, it was essential to address the impact of shift work on a health care workforce in short supply.

A number of the papers in this issue of AJAN make a significant contribution to nursing practice. Armstrong and Goldfield report on the results of a community based project in regional Victoria (Australia) focused on early childhood intervention for developmental and behavioural problems. The project successfully established a questionnaire that could act as a communication and developmental screening tool between providers, and between providers and parents, as well as having sufficient psychometric properties to enable its use as a developmental screening tool for maternal and child health, childcare, preschool and primary school staff.

Cummins and Trotter explored the perspective of HIV positive clients on issues related to ageing; noting that the continuing advances in the treatment of HIV through the use of highly active antiretroviral therapy which reduce HIV viral load allowing immune recovery, has led to an increased survival rate and the emergence of an ageing population. This has implications for people who are HIV positive, their carers and service providers as diseases associated with ageing need to be considered together with ongoing care for HIV.

The management of pain in labour is the subject of a study by Peart who evaluated the efficacy and

acceptability of sterile water injections to relieve lower back pain during labour. The significant finding of the study was that the majority of women (with a response rate of 87%) found the administration of intra dermal sterile water to be a satisfactory method of pain relief and a highly acceptable method because it was not harmful to the baby. Peart concludes that sterile water injections should be routinely offered to manage lower back pain during labour.

Brunero and Stein-Parbury reviewed the evidence in relation to the effectiveness of clinical supervision for nurses in mental health settings and found sufficient research evidence to suggest that clinical supervision provides peer support and stress relief for nurses as well as a means of promoting professional accountability and skill and knowledge development. While the nursing literature dominates with specialty areas of practice such as mental health and aged care, the authors conclude that more research is needed to evaluate the effectiveness of clinical supervision in other specialty areas of nursing.

AJAN's international papers provide an interesting insight into nursing care in other countries and an opportunity for cross fertilisation of ideas and practices.

HyunSoo and WhaSook from Korea evaluated whether the Critical Patient Severity Classification System (CPSCS) could be effectively used to predict the mortality, functional disability and cognitive ability of brain injury patients at one month and six months after admission to an intensive care unit. They found the probability of discriminating survival and death correctly with the use of the CPSCS was 77.3% and 81.3% respectively. They also found the system was less reliable at predicting functional and cognitive recovery in brain injury patients and suggest that to expand the CPSCS applicability to functional or cognitive recovery, the system needs to include brain injury specific nursing activities such as managing brain oedema or brain tubes.

Mercer et al from New Zealand present findings that emerged from a hermeneutic study that explored the experiences of people whose partner was hospitalised in a non-local tertiary setting. They found that participants in the study faced the fear of death and put their 'life on hold' amid social isolation from family and friends. The authors suggest strategies that nurses can use to facilitate resolution of the uncertainty and minimise fear of the unknown.

Foster et al's survey was based in Fiji and aimed at identifying the attitude of mental health workers in Fiji toward mental illness. Their findings included both positive and negative attitudes toward mental illness with their survey providing a baseline measure of attitudes which will enable future educational interventions to be evaluated and comparisons made.

Tabak and Zvi from Israel present a case study which explores the issues around the participation of a minor with a life threatening illness in decision making about their medical care and the role of the nurse in that process. In the face of parental opposition to the minor's involvement in decisions about care, Tabak and Zvi discuss the respective rights of the parents; rights of the minor; and the role of the nurse.

Our final paper is from Brazil. Rocha et al explore a nursing care model for temporarily institutionalised child victims of abuse using therapeutic play. The nursing care model presented allows the needs of the child to be identified by the nurse and addressed in a non-threatening and supportive environment. Rocha et al encourage nurses to be more actively involved in the care of child victims of abuse and suggest their model offers the opportunity for children to have a healthier institutional experience. They found the developed care model was concise and practical, and easily applied by nurses in their day-to-day practice.