

Reflections on nursing



GUEST EDITORIAL

Karen Francis, RN, PhD, M.Hlth.Sc (PHC), M.Ed, GradCert(Teach/Learn), B.HlthSc(Nsg), DipHlthSc(Nsg)

Professor and Head of School, School of Nursing and Midwifery, Monash University, Churchill, Victoria, Australia

As a child my dream was to study at university and contribute meaningfully to society. I chose nursing as a career and was fortunate to witness and participate in the transfer of nursing education from the hospital apprenticeship system to the tertiary sector. I had long held the view that nursing was an academic discipline and that education of professionals such as nurses should be undertaken in institutes of higher learning. As I traversed my pre-service education in NSW, offered at that time in Colleges of Advanced Education, my understanding of nursing practice and the contribution nurses make to health outcomes increased. I was inspired to continue studying after my initial registration at the bachelor, and higher degree levels. My thirst for knowledge was also driven by a desire for my work and that of nurses in general to be recognised and valued by both global peers and the broader community.

In the current era of political, social and economic upheaval, the profession of nursing in Australia is challenged to consider carefully nursing's role and future. Nursing is a dynamic profession that continues to evolve. The global nursing shortage; ever increasing reliance on complex health and communication technologies; expanding research; and the changing health care needs of populations, are triggers for change.

Nursing education in Australia has been the focus of much attention in the past couple of decades

(Crowley 2002; Heath 2002; Reid 1994). Innovative undergraduate nursing curricular that are inclusive of licensure in two discrete professions such as nursing and paramedic studies, nursing and early childhood teaching, or programs that allow for general nursing registration and studies in a nursing specialism such as nursing and rural health practice are gaining popularity, as universities attempt to predict the nature of the future health workforce while accommodating the demands of the 'Y generation' who are said to want broader career choices on completion of initial studies (MacGregor 2004).

Nursing workforce shortages have necessitated that industry explore variations to the traditional nursing staff skills mix and the models of care used. The number of enrolled nurses and non-regulated health workers such as nursing assistants is increasing in all health services including the acute care sector (Lumby 2007). Regulatory authorities are grappling with the implications of nursing workforce shortfalls and meeting their prime mandate to maintain the safety of the public (QNC 2008; NBV 2008; NSW NMB 2008). Expanded roles for enrolled nurses, is one strategy that all jurisdictions in Australia have embraced to address the immediate impact of registered nurse workforce shortage. Enrolled nurses who have completed a recognised program of study are able to administer a range of drugs and poisons including, in some jurisdictions, intravenous drugs (QNC 2005).

Registered nurses in attempting to retain a scope of practice that differentiates their credentialing are increasingly focussing on specialist roles. In many jurisdictions, specialisations are endorsed by the regulatory authorities following completion of postgraduate programs. As the registered nurse workforce is predominantly part time, the challenge

for operating in a fiscally constrained economic climate is justifying support for nurses to undertake specialist education and training (Banks 2005). In some jurisdictions, new health worker roles are being trialled to meet needs which have the potential to undermine advanced specialised nursing practice (Jolly 2008). Developing pathways for advanced specialised practice is necessary for the ongoing sustainability of the registered nurse workforce however the challenge is to ensure that credentialing can be completed in a realistic timeframe and the associated scope of practice is protected.

Nurses in Australia are celebrating the introduction of a national regulatory framework, which will provide a vehicle for the advancement of the profession in conjunction with the appointment of a Chief Nursing Officer for Australia (Professional Regulation 2007). A national approach to nursing regulation may facilitate a collaborative effort to chart the way forward for nursing that provides for professional growth while protecting the public. The elimination of state and territory borders for health care professionals will facilitate better articulation between the states and territories on nursing education and accreditation, ensuring greater flexibility for the nursing workforce.

My work history is similar to other nurses in that I have witnessed many changes including the expansion of practice opportunities and the growth of nursing research. I have always been intrigued by issues and or problems that seem complex or insurmountable. Clinical practice provides nurses of today with a myriad of opportunities to question beliefs and practice. All nurses' practice should be evidence based and all nurses should contribute to the expansion of the body of nursing knowledge. Research is fundamental to the future development of the nursing profession. As the practice environment changes, nurses must preempt implications for their practice and develop strategies that accommodate new knowledge and practices. Expanding nursing scope of practice and accommodating modifications to the health workforce such as the introduction of physician's assistants and allied health workers

assistants are contemporary challenges that our research should be informing.

I have lived the majority of my life in rural Australia and regard myself as a rural woman and a 'rural nurse'. It is this connection that has directed my career and informed my own research agenda. I consider that rural Australians are disadvantaged and have poorer life chances compared with their urban counterparts. The discourse of disadvantage that I and many others have sustained however may not be the most advantageous method for advocating rural nursing as a deliberate career choice (Dalton, 2008). Geographic distance and access to services is more difficult for rural people than it is for urban people and there are additional financial and social burdens for rural people when they must travel to access services particularly specialist health services (Francis et al 2002 in Heath 2002). However the sense of belonging and the potential to be innovative in practice, proactive and recognised are definite advantages of working in a rural environment.

The future of nursing will need to be thoughtfully considered and crafted if the profession in Australia is to prosper and progress. Research that explores the potential of advanced specialist practice is fundamental if the scope of practice of registered nurses is to be consolidated and accepted. Dynamic undergraduates programs that are considerate of the needs of young Australians will ensure the sustainability of nursing as a profession.

REFERENCES

- Banks, G. 2005. *Australia's health workforce*. Productivity Commission Research Report. Productivity Commission, Canberra: Australia. Available from: http://www.pc.gov.au/_data/assets/pdf_file/0003/9480/healthworkforce.pdf (accessed May 2008).
- Crowley, R. 2002. *The patient profession: time for action*. Report on the inquiry into nursing. Canberra: Australia. Available from: http://www.aph.gov.au/Senate/committee/clac_ctte/completed_inquiries/2002-04/nursing/report/index.htm (accessed May 2008).
- Dalton., L. 2008. *Professional socialisation and identity formation in rural health education*. University Department of Rural Health, University of Tasmania, Launceston, Tasmania. PhD:402.
- Heath, P. 2002. *Our duty of care*. National review of nursing education 2002. Canberra: Australia. Available from: http://www.dest.gov.au/archive/highered/nursing/pubs/duty_of_care/default.html (accessed May 2008).

Jolly, R. 2008. *Health workforce: a case for physician assistants?* Available from: <http://www.aph.gov.au/library/pubs/RP/2007-08/08rp24.pdf> (accessed May 2008).

Lumby, J. 2007. Solving the global nursing workforce shortage problem. *Nursing.aust*, 8(1):16.

MacGregor, L. 2004. Mentoring, the giving of wisdom in the workforce. *Journal of Banking and Financial Services*, 118(2):46-48.

NSW Nurses and Midwives Board. 2008. *Functions of the nurses and midwives board*. Nurses and Midwives Board of NSW: Australia. Available from: http://www.nmbwa.org.au/1/1096/50/welcome_to_the_board.pm (accessed May 2008).

Queensland Nursing Council (QNC). 2005. *Policy on medication administration by enrolled nurses*. Queensland Nursing Council: Brisbane, Queensland, Australia. Available from: http://www.qnc.qld.gov.au/upload/pdfs/practice_standards/Policy_on_medication_administration_by_enrolled_nurses.pdf (accessed May 2008).

Reid, J. 1994. *Nursing education in Australian universities*. Report of the national review of nurse education in the higher education sector 1994 and beyond. Australian Government Publishing Service: Canberra, Australia.