

Reflections on nursing



GUEST EDITORIAL

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Moving from the comfort zone of eight years as Executive Director of Royal College of Nursing, Australia to the position of Commonwealth Chief Nurse and Midwifery Officer in July this year stimulated me to reflect on my nursing career and the various positions I have held.

As a teenager I did not have a burning desire to become a nurse and to a degree drifted into the profession along with several other friends from school. Very soon after I commenced as a student nurse at Princess Alexandra Hospital in Brisbane, I felt instinctively I had made the right choice. The nursing course was interesting and stimulating and I found clinical practice rewarding and fulfilling. However it was compulsory to live in the nurses' home and the attendant rules associated with living-in felt petty and constraining. As a result I spent a great deal of time getting to know the Matron as I was a frequent visitor to her office!

A great deal of my clinical experience in intensive care and cardiac surgery nursing and at that time I was lucky to have two mentors who had positions of influence at Royal Adelaide Hospital and who encouraged me to further my nursing career. I was also becoming politicised and I was developing progressive social ideas. I began to explore how I could implement some of those ideas through nursing. Clinical practice was deeply satisfying but I

also felt that I wanted to have influence in the wider society and I entered a period of intense involvement in nursing politics through being elected to various positions in the Australian Nursing Federation in South Australia.

My position as Director of Nursing at Royal Adelaide Hospital gave me the opportunity to influence the development of nursing in general, and nursing education and standards of nursing care within the hospital. As well, I was able to encourage many of the more than 2000 nurses who worked in that hospital at any one time to have the enthusiasm for nursing that matched my own love of nursing as a profession.

When I moved to Victoria to take up the position of Director of Nursing Policy and Planning with the Victorian Government it felt like the logical next step in my career. In this position, I was able to use the political skills I had acquired. I became involved in health policy analysis and more importantly, sought to influence the implementation of health programs. Throughout this period I remained conscious of the basic goals I had set myself when I moved away from clinical practice, to contribute to the development of nursing and improve patient care. My personal belief is that everyone in the community irrespective of their ability to pay has the right to expect and receive the highest quality care.

Being at the centre of policy making can be intensely satisfying and at the same time the impediments to change are very frustrating. However the potential to contribute to systematic change in the health system compensates for the frustrations.

The eight years I spent as Executive Director of Royal College of Nursing, Australia gave me the opportunity to contribute to nursing and midwifery

from a national perspective and having worked at the national level for some years now, I am conversant with the enablers and barriers to advancing nursing and midwifery practice in Australia. Australia has to a degree lagged behind its international counterparts in terms of developing new and enhanced roles for nurses, midwives and allied health professionals. The potential to reconsider the role of nurses and midwives in a variety of practice settings presents an exciting opportunity.

Also during my tenure at Royal College of Nursing, Australia (RCNA) I began to participate in the international nursing community through RCNA's membership of the International Council of Nurses (ICN). In 2001 I was elected to the Board of ICN and I am currently its Second Vice President. These positions gave me an opportunity to broaden my knowledge and pursue my goal of implementing socially progressive policies at an international level. Being conversant with global nursing and midwifery trends and innovations is of great benefit as nursing and midwifery are more than ever a global workforce.

I have been the Commonwealth Chief Nurse and Midwifery Officer for a few weeks now and am feeling my way into this role. I am the first incumbent in this

new and expanded role which was a major election commitment of the Rudd Government. I am sure that it is of utmost importance that the role quickly evolves into one of the essential positions within Government.

Currently the position has no other staff other than a policy officer and executive assistant and it therefore has no management or financial responsibility. I work across the Department of Health and Ageing providing a nursing and midwifery perspective to policy work as well as advising on developments which are specific to nursing and midwifery. In particular I am currently leading a Review of Maternity Services. Development of the nursing and midwifery workforce is also a high priority as it is necessary to determine how Australia is to meet the demands for health care in the coming years. As well I shall be contributing to the Primary Health Care Strategy which is currently being developed. I shall be looking to engage the nursing and midwifery professions as the work in these areas unfolds.

I hope to do everything within my power to contribute to real structural change within the health system as I remain committed to access and equity in health care for the Australian community.