

## Reflections on nursing



### GUEST EDITORIAL

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As we approach the end of the first decade of the 21st century it is timely to ask ourselves if nursing has changed and whether it is going somewhere in the future? I hope so.

During my career in nursing there have been great changes in approaches to nursing education, management and clinical practice. However the cornerstone of nursing still remains client/patient relationships and care. In the sixties when I was a trainee nurse in the apprenticeship model, nursing was very much based on a military model. As a first year student I would think very carefully before I spoke to a registered nurse - 'the Sister' - was far above me in the pecking line. Thankfully this has disappeared to some extent but unfortunately the atmosphere can still be treacherous with bullying often rampant in some clinical areas. We need to work to make nurses resilient to such threats and not tolerate this behaviour in the workplace.

In the sixties, nursing was task oriented although we often worked in teams and were always there to help each other - I hear frequently this is not the case today - we need to care for each other. Through the decades, many models of nursing care have been in vogue from team nursing to patient allocation to primary nursing. Today when meeting with clinicians and nurse manager the emphasis is on multidisciplinary teams and patient oriented care.

However we could question whether this is really a reality. In the clinical area today the emphasis for managers is often forced to be on fiscal aspects of care and often the nurse/patient interaction and care at the 'bedside' whether in hospital or in the community is the last aspect that is examined in trying to provide safe and effective care. Care needs to be orientated to the patient and no matter what model of care is proscribed, patient safety and effective care is paramount.

In reality, the quandary between caring and workplace demands has not changed. Nurses may be more vocal than in the sixties but we need to strive for a stronger place in the health system before executives will take notice. Often in area health services the nurse executives have little power - we must fight for power to improve the workplace for other nurses and for our patients. I look forward to seeing many more nurse practitioners take their place in the scheme of things. In the seventies when they were educating nurse practitioners in the USA, I thought of going over on a study program. I am glad I did not as it is now 30 years on and we are still fighting for access to Medicare - well into the future!

In the sixties, under the apprenticeship system of nursing education, we attended lectures often after a long day or night shift. The introduction of the 'block' system of education where nurses were relieved from nursing duties while in the school for lectures seemed such an advance in the late sixties and early seventies. In those days we were predominantly lectured to by doctors with nurse tutors supplementing the doctor's 'wisdom'. My career went the way of many nurses in the sixties and seventies. I did my general training, followed by midwifery and then a specialty. I decided on renal nursing when I was in the United Kingdom. I did my course and while

finishing decided to return to Australia to finish a science degree I had started after completing high school before I went into nursing. It thought I would do part-time renal nursing and full time university. This was too difficult - the option to do part time nursing was not favoured in the health system in the seventies. To make life easier for myself I decided to do teaching fulltime and part time university - no shift work and a Monday to Friday job. I thus ventured into the area which has predominantly been my focus ever since.

Until the transfer of all nursing education into tertiary institutions in the eighties the focus of nurse educators was safe nursing practice and getting students through the nurses' registration board examination. In the sixties these were paper based examinations and in the seventies multiple choice examinations were the mode of choice. I spent much of my time in the early seventies working on multiple choice question banks for final year nursing students. An interesting task but questionable educationally. We still use this mode of examination but it must be mixed with other assessment models to provide future nurses with the communication skills they require.

In the mid eighties I was at the forefront of the move to tertiary education for nurses. I wrote the first curriculum for a diploma program at a College of Education in 1984 and saw the advent of degree programs in a few short years. In less than a decade after this introduction to tertiary education, PhD programs in nursing were popping up all over the country. Do we use the tertiary path of education effectively? There have been and are many models

of this graduate education, including clinically based Masters degrees and leadership focused Masters degrees. Professional Doctorates and PhDs have been developed side by side. Nursing in Australia needs to examine what this education is doing for nursing in the clinical area. From published research I have conducted with graduates from doctorate programs, it is clear we need to recognise their qualifications, including their titles and find a real use for them to improve patient care.

In the late 90s after a decade of educating nurse up to PhD level in tertiary institutions I took up a clinical professoriate position in Western Sydney. This has provided me with a bridge between academia and the clinical area and an open window to explore nurses' roles in various milieus. In many studies I have found the nurses' role still not clearly delineated. In the sixties we did everything - now we often ponder what we do. However what is clear from all my research is that the nurse is often the assessor, co-coordinator of care, and the teacher and supporter, while providing bodily care whether physical or psychosocial. As one clinical nurse consultant said in one study - we are the lynch pins in the health team. One challenge for nurses is to work more in the health team rather than alongside; we are often criticised for working in teams but only our own team.

Today, as I work more with clinicians and higher degree students in nurses, I hope we can delineated our roles in the multidisciplinary team; work toward better patient care; have a workplace which is conducive to many models of employment; and a safe place for nurses to work.