National Review of Nursing Education

The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

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The views expressed in this report do not necessarily reflect the views of the Department of Education, Science and Training or the Department of Health and Ageing

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The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

1. Introduction

The study aimed at describing what nurses are doing everyday in various practice and work settings, the type of skills needed and their interactions with other health workers. As a descriptive study the intention was one of providing a snapshot of the challenges faced by nurses and skills needed in the course of their everyday work life.

From information provided by the National Nursing Education Review Secretariat, we assume that other projects invited to inform the National Review of Nursing Education are preparing literature reviews and comparative analyses and therefore these aspects do not form a major part of this brief.

The research plan was designed in a way that provides insights, which demonstrate the range of activities that contemporary nursing practice encompasses. In order to do this, we interviewed registered nurses and enrolled nurses from a variety of metropolitan, rural and remote settings throughout Australia in different nursing practice areas.

The information gained from these interviews has been displayed in two formats: short stories, or vignettes, were written about 'a day in the life' of each nurse's experience and a thematic analysis was conducted to illustrate commonalities and issues that emerged from the interviews. Such
descriptive snapshots provide insights that facilitate possible challenges to assumptions that may be held about the scope of nursing work in Australia. For example predominantly acute care understandings of nursing practice.

The findings of the study form a basis from which implications for the terms of reference of the National Review of Nursing Education can be drawn.

2. Aims and Objectives

2.1 Aims

The aim of this research project was to produce rich data about different contexts of practice that nurses in Australia work in to inform and provide context for the deliberations of the Nursing Education Review Secretariat. By nurses we mean registered and enrolled nurses (registered nurse Div 2 in Victoria).

2.2 Objectives

The objectives of this project were to:

1. Identify participants across the range of work settings delineated by the Australian Institute of Health and Welfare (1998) to gain insights into current understandings about the scope of nursing of registered and enrolled nurses in different areas of practice and locations in Australia;
2. Negotiate access to, and collect interview data about, everyday practice, (supported where appropriate with literature based data) framed by specific questions related to the challenges, skills required and ways of working with other health workers;
3. Analyse data utilising descriptive and thematic analytical techniques;
4. Critically evaluate findings and re-assess current knowledge related to what nurses are doing and type of skills they use, interaction with other health workers and associated skills needed;
5. Prepare a final report that details all of the above and applies a critical lens to provide a contextual anchor from which implications for the Nursing Education Review can be drawn.

3. Method

The project was a descriptive and exploratory study that consisted of three stages.

3.1 Stage One - Identify and negotiate access to participants

Participants in this project were registered or enrolled nurses who work in any of 17 key settings
identified by Australian Institute of Health and Welfare, either in metropolitan or non-metropolitan contexts.

Figure 3.1 Key Settings for Participants

<table>
<thead>
<tr>
<th>Setting</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Hospital</td>
<td>Private Nursing Practice</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>Developmental Disability Service</td>
</tr>
<tr>
<td>Nursing Home [Aged Care Facility]</td>
<td>School/Child Health Services</td>
</tr>
<tr>
<td>Day Procedure Centre</td>
<td>Tertiary Education Institution</td>
</tr>
<tr>
<td>Hostel [Aged Care Facility]</td>
<td>Private Sector</td>
</tr>
<tr>
<td>Hospice</td>
<td>Prison Medical Service</td>
</tr>
<tr>
<td>Community Health Centre</td>
<td>Defence Forces</td>
</tr>
<tr>
<td>Private Medical Rooms</td>
<td>Remote Settings</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
</tbody>
</table>

These settings were located in Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia. Sampling in qualitative research is directed at finding information-rich cases rather than towards randomisation or generalisability (Patton 1990). Patton (1990:174) identifies that it makes strategic sense to pick the site [State or persons] that would yield the most information. Likewise, it makes strategic sense to select participants who are information rich. Thus the primary consideration in purposive sampling used in this study was 'the judgement of the researcher as to who can provide the best information to achieve the objectives of the study' (Kumar 1996:162).

The research team used a combination of strategies for purposeful selection of participants including, judgement, opportunistic, and snowball sampling (Patton 1990). That is, the selection of the participants was based on the judgement of the research team in terms of work setting, geographical location and the number or status of each nurse, registered or enrolled. Ethical approval to conduct this study was arranged with the University of South Australia's Human Research Ethics Committee. The principles of informed consent, self-determination, confidentiality of information and anonymity, protection from harm, and storage, access and disposal of files were adhered to throughout the study (examples of recruitment materials, assurances and alternative contact personnel are included in Appendix A. Following approval we interviewed 38 nurses purposefully selected across the 17 key work settings. All participants provided written consent. To display or highlight our call for volunteers we disseminated information about the study to members of:

- Council of Remote Area Nurses of Australia Inc. (CRANA);
- Royal College of Nursing Australia (RCNA);
- Australian Nurses Federation (ANF);
From these organisations and through the suggestions of other organisations (for example the South Australian Divisions of General Practice), we also provided information to members of:

- National Enrolled Nurses Association (NENA);
- Blue Care Organisation;
- Enrolled Nurses Professional Association (NSW);
- New South Wales Nurses Association (NSWNA);
- Nursing Agency of Australia;
- Queensland Nursing Council;
- Queensland Nurses Union (QNU);
- Eastern Community Mental Health; and
- MINDA Incorporated.

Key senior nurses across States and Territories were approached to alert potential volunteers in remaining target areas to the study. As a result of the extensive recruitment strategy across Australia a total of volunteers to participate in the study was received. Factors that influenced the final selection of participants included geographical location, timing of receipt of participant contact information and duplication of interviews conducted. Only one person withdrew from the study.

The outcomes of stage one were:

- consent from participants to participate; and
- ongoing literature review.

3.2 Stage Two - Articulating 'A day in the life' in-depth interviews

Qualitative interviewing techniques have been successfully used in studies conducted and currently being conducted by Cheek and colleagues to explore aspects of nursing work. Face-to-face in-depth interviews were conducted to explore and describe the nature of each nurse's everyday practice. In-depth interviews are "directed towards understanding informants' perspectives of their lives, experiences or situations as expressed in their own words"(Kumar 1996). The interviews were semi-structured; that is, "a direction is given to the interview so that the content focuses on the crucial issues of the study". The framework for the semi-structured in-depth interviews was drawn from Cheek's work exploring nursing practice (Cheek 1997; Cheek et al 2000). An interview prompt was developed and can be found in Appendix B. Respondents were encouraged to talk about and describe their personal experience of the challenges they face, the skills required and models of working with other health workers they use within the context in which they practice. Of the 38 interviews conducted, 30 were held face to face to ensure rich data was generated. Members of the research team conducted face to face interviews covering the following States and Territories:

- South Australia - metropolitan and rural;
- Queensland - metropolitan and surrounding suburbs;
- ACT - metropolitan;
- Victoria - metropolitan and surrounding suburbs; and
- Western Australia - metropolitan, surrounding suburbs and rural.
The research team also took the opportunity to conduct a face-face interview with the nurse from Tasmania during a conference visit to Adelaide, South Australia.

A total of eight telephone interviews were held with nurses in New South Wales, Queensland, Western Australia and South Australia.

**Figure 3.2.1 Number of Nurses in Metropolitan/Rural Settings**

As illustrated in figure 3.2.1 above, the sample used for this study directly reflects the proportion of nurses working in metropolitan (69%) and rural areas (31%) in the 1999 National Nursing Labour Force Statistics (AIHW:2001).

Whilst the Northern Territory is not visibly represented through specific participant interview it should be noted that more than one participant indicated they had practiced as a nurse in the NT and drew on those experiences to inform their understandings of their practice area.

While it was the intention of the research team to interview approximately one registered nurse and one enrolled nurse from each of the 17 key areas, difficulties were experienced in recruiting enrolled nurses generally. Consequently, there were no enrolled nurse participants in the key areas of private nursing practice or development disability services. Two ENs were targeted for interview in the area of developmental disability. One was interviewed but subsequently withdrew from the study, whilst the second was unable to meet agreed telephone interview schedules. Given the project timeframe it became difficult to recruit a potential third EN in the area. No EN identified themself as working in 'private nursing practice'. To ensure adequate representation of enrolled nurses in the project, two enrolled nurses were interviewed from both the acute hospital and the private sector areas.

The outcomes of stage two of the study was 38 interviews with nurses working in the key settings.

### 3.3 Stage Three - Analysis

The interviews, with the consent of the participant, were audio tape-recorded and transcribed. These transcriptions and notes were carefully analysed to elicit themes, challenges experienced, skills
needed and ways of working with other health workers in the context of that particular work setting. The purpose of the study was to provide rich contextual material from which to draw implications for the review. With this in mind the analysis had two discrete components.

As part one of the analysis of the transcriptions, the research team compiled individual vignettes for each of the participants interviewed. Vignettes can be defined as "a short usually descriptive literary sketch" (www.dictionary.com).

The purpose of vignettes is to provide an overall sense of the range of responses given (Spiker et al: 2000). In this study, vignettes have been used to illustrate the rich data received, as well as to provide the reader with a snapshot of 'a day in the life' of nurses in the variety of work settings that exist in Australia today. The complexity of maintaining a balance between anonymity and contextual detail cannot be over emphasised in the writing of each of the individual nurse 'portraits'.

The second part of data analysis used a process of theme analysis broad following Ekman and Segesten (1995), involved four phases:

1. The entire tape was studied to give a sense of the whole;
2. Themes and categories were identified;
3. Recurrent patterns were identified; and
4. Summative themes and research findings were developed.

To ensure validity, at least two members of the research team independently reviewed each transcript (Becker & McCabe, 1994). Reviews were exchanged and any disagreements discussed and resolved by consensus (Rudman & Verdi, 1993). Themes and issues across interviews were generated and then progressively grouped into categories of similar themes. This is in keeping with Norman et al (1992) who point out that the 'formulation of categories is done inductively by sorting the incidents into clusters that seem to group together'. The theme analysis was an ongoing process that commenced with the first interview and allows a building and layered approach to understandings, which in turn informed the probes used in subsequent interviews. The inductive analysis of the transcripts produced major categories of themes/issues.

The outcomes of stage three were:

- 35 vignettes of nursing in Australia; and
- summary of key themes emerging.

4. Demographics

Demographic information was gained for 35 nurses interviewed. Of these, 15 were enrolled nurses and 20 were registered nurses.

4.1 Age of participants

The age ranges of the ENs are represented in Figure 4.1.1, and the RNs in Figure 4.1.2.
4.2 Nationality and language

Of the 34 nurses interviewed, only one participant cited a language other than English as their first language (Yugoslavian). All participants were Australian citizens, and 28 of the 34 participants were Australian born. One nurse cited Australian Aboriginal as her nationality, while three of the ENs were born in New Zealand, Scotland and Yugoslavia consecutively. One RN was born in Wales, and another in England.

4.3 Years since registration as a Nurse

The enrolled nurses provided a sum total of 309 years experience since their initial registration, with the ENs having completed their EN training on average 19.65 years before the time of interview. The least number of years since enrolment as an EN was 11 years, and the greatest number of
Registered nurses interviewed had a sum total of 410 years experience, with the average number of years since registration being 20.7. The least number of years since registration for an RN was 4 years, and the most was 35 years.

4.4 Practice Areas

Of the ENs interviewed, the average number of years spent in their current practice area was 6.7, with an average of 3.25 years in their current position. The average number of years in their current practice area for RNs was 7.2 years, with an average of 3.3 years having been spent in their current position. The participants were asked to name the areas of practice they had worked in, before entering their current practice area.

The most frequently listed areas are illustrated in Figure 4.4.1. 'Other' areas are those areas of practice mentioned by only one participant and are listed in Appendix C. The most common area worked in by the nurses was in surgical wards. Midwifery and medical were the next most common.

Figure 4.4.1 Other practice areas - all nurses

4.5 Education

Fourteen of the fifteen ENs had gained their qualifications through hospital-based training. One participant had gained their EN certificate through TAFE. Five RNs had gained their registration through university, and the remaining fifteen through hospital-based training programs.

4.6 Further Education

Of the 15 enrolled nurses, 11 specified that they had completed some non-university further education such as a certificate or TAFE course since their enrolled nursing education. The list of these courses appears in Appendix D. Only one of the ENs had completed a University degree. This
was in a field other than nursing.

Fourteen of the 19 registered nurses had completed further education other than their minimal training for registration. The breakdown of the level of education for RNs is seen below in Figure 4.6.1. The specific areas of education are listed in Appendix D.

**Figure 4.6.1 Level of further education completed by registered nurses**

![Bar chart showing the level of further education completed by registered nurses.](image)

4.7 Membership of Professional Bodies

Figure 4.7.1 represents the comparative number of nurses who are members of professional organisations. The organisation which had the greatest number of nurses from our sample were the Royal College of Nursing, Australia, followed closely by membership in a relevant union (dependent on the state of employment), and then by the National Enrolled Nurses Association and the Australian Nursing Federation equally. The specific organisations which make up the groups of 'others', 'unions' and 'continence' are listed in Appendix E.

**Figure 4.7.1 Membership of professional organisations**
4.8 Professional Development

Participants were asked to state their last professional development activity, and how long ago this took place. The responses ranged from 2 years ago in one case to on-going development occurring weekly. Figure 4.8.1 and Figure 4.8.2 represent the approximate frequency of these staff development activities for ENs and RNs respectively. The subject of these staff development activities varied greatly depending on the area of nursing the participant was involved in. The specific topics of these development activities are included in Appendix F.

**Figure 4.8.1 Time since last staff development activity - ENs**

<table>
<thead>
<tr>
<th>Time since last development activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>2</td>
</tr>
<tr>
<td>3 months</td>
<td>8</td>
</tr>
<tr>
<td>3 weeks</td>
<td>4</td>
</tr>
<tr>
<td>2 weeks</td>
<td>2</td>
</tr>
<tr>
<td>1 week</td>
<td>1</td>
</tr>
</tbody>
</table>

**Figure 4.8.2 Time since last staff development activity - RNs**
ENs most commonly stated that it had been around 1 year since their last development activity. It was less time for RNs, with most RNs stating their last training was around 6 months ago. Cumulatively, from this sample it appears that development activities for RNs are more ongoing, with 89% of RNs who provided responses to this question having undergone some development activity in the last 6 months. This is compared to only 58% of ENs having completed development activities in the last 6 months.

### 4.9 Interstate, remote and overseas employment

Table One indicates participants' responses to the question regarding other locations of employment other than their current location. Only 9 ENs responses are included, and 16 RN responses. Exclusions are based on difficulties in comprehension of interview transcripts. Some participants had worked both interstate and overseas, providing for the greater number of responses than participants.

<table>
<thead>
<tr>
<th></th>
<th>Interstate</th>
<th>Overseas</th>
<th>Remote</th>
<th>No other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENs</strong></td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>RNs</strong></td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Overseas countries worked in by RNs were Saudi Arabia, Scotland, England, Papua New Guinea, and Malaysia.

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5. Vignettes

5.1 Enrolled Nurse - Acute Hospital

Deborah is an enrolled nurse who works in a Victorian acute hospital. Her work involves caring for medical and surgical patients, predominantly in the area of paediatrics, but may also include any overflow of adult patients.

A typical day will vary greatly depending on the types of patients that Deborah has been allocated to for any given shift. Her day will begin with handover and the allocation of patients whereupon
Deborah must prioritise, plan and manage her shift accordingly. Deborah is regularly dealing with a high turnover of patients, so that in any one shift, she will be dealing with a number of admissions and discharges of patients. Where there are a number of surgical patients, a morning shift will require Deborah to prepare each patient for admission and theatre. Deborah will monitor and assess any medical patients, organise physiotherapy and provide post-operative care. As an enrolled nurse, some of Deborah's tasks include doing observations and giving oral medication, as well as medicating Ventolin for asthma patients. Overall Deborah works in a busy environment where she must deal with anxious and sometimes aggressive parents and other family members. In addition to her workload, Deborah feels a responsibility to maintain a good working environment, and provide conflict resolution. Deborah encounters conflict on a regular basis, she often finds that she is the target for aggression and so must have strong conflict resolution skills.

Models of Working With Others

Deborah interacts with the nurse in charge of each shift, registered nurses, doctors, a range of allied health professionals, as well as patients and their families. She feels that she acts as a caregiver for her patients, while she often finds herself to be the information/reference point and giver of support to patients' families.

Deborah experiences issues in terms of her position as an enrolled nurse. As a senior staff member, Deborah finds herself to hold great responsibility when she is working with a junior registered nurse. She feels frustrated because she will be seen as a senior member of staff and her skills are utilised when necessary, but other times she is treated like a junior member of staff by registered nurses.

Skills

Deborah makes reference to the following skills:

- Organisational skills;
- Time management;
- Broad nursing knowledge base;
- Assessment;
- Interpersonal;
- General nursing skills; and
- Research skills.

Challenges

- Challenges include:
  - Maintaining an up to date knowledge base;
  - Working the system to get the best outcome for the for patients;
  - Conflict resolution;
  - Co-ordinating a constantly changing and heavy workload;
  - A varied position within the team as an enrolled nurse; and
  - Lack of resources.

Education

Deborah thinks that nurses need a lot more practical experience as part of their education. She believes that "...there should be a better balance of the old system and the new system...." (8:21:502-3). She states that "......... what you see on a video.... and what you see online, is not necessarily what you will encounter on the ward...." (8:23:548-9). A general foundation of medical and surgical nursing knowledge is imperative so that when nurses specialise,
they are able to expand a good basic knowledge of nursing.

In regard to interpersonal and conflict resolution skills, Deborah feels that such topics need to be covered in nurses education, but a large proportion of those skills will come on the job.

5.2 Enrolled Nurse - Acute Hospital

Sally is an enrolled nurse who works in the accident and emergency department of a rural hospital in Western Australia. The hospital doesn't have resident doctors and while there is always a doctor on call, Sally recognises a need to have her skills constantly updated in readiness for whatever comes through the emergency doors.

The rural work environment is most obvious to Sally over the weekends and after hours when access to resources is severely diminished. The lack of available mental health nurses, shelters for the homeless and children's services on weekends creates a challenge for Sally and other emergency nurses. Her work also involves taking emergency calls for the ambulance service whenever the officers are out answering another call.

Sally's work environment is often congested, stressful and fast paced. What is required of her on any one shift is unpredictable. "There is no set routine for the day," (32:9:219). Sally's job requires her to respond to situations as they present themselves.

A typical day for Sally will commence with a brief handover. She will then check that all bays in the emergency ward are fully stocked. If a major emergency patient enters the hospital, Sally will hopefully know in advance by a call through from the ambulance officers, if not however, it is a matter of "just dealing with it.... and hopefully have the staff amongst ourselves to deal with it." (32:8:184-5.) Sally regularly attends to patients who require injections, nebulizers, blood pressure checks or dressings. There is also a minor theatre associated with emergency and Sally will on occasions set-up and assist the doctor during the operation.

Sally identifies the most challenging circumstance is the real emergency situation where the patient arrives unconscious and it is difficult to know exactly what the problem is and how to treat it. Often Sally has to deal with aggressive patients. She encounters verbal abuse on a daily basis. While Sally carries a duress alarm at work, there is no security staff at the hospital and she feels a need to be constantly aware of her surroundings and the safety of herself and other patients and relatives in the department.

Sally finds that the limited resources in the emergency department creates good team work among the staff as each member must be aware of the other's ability and rely heavily on one another.

A lot of Sally's interaction with patients extends to communicating and comforting anxious parents or families dealing with traumas. She finds this can be quite emotional work but feels "...it's nice then when you've been able help them as well and give them a bit of time" (32:13:337-9).

Models of Working With Others

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or families dealing with traumas. She finds this can be quite emotional work but feels "...it's nice then when you've been able to help them as well and give them a bit of time" (32:13:337-9).

Skills

- Basic nursing skills
- Assessment and treatment
- Promotion of awareness and education of patients
- Social work
- Flexibility

Challenges

- Emergency environment
- Limited staff and resources
- Safety of staff and other patients
- Coping with verbal abuse and aggressive patients

Education

Sally believes that too many enrolled nurses "...come out totally unaware of how aware they need to be" (32:17:471-2). She is appreciative of her work training on professional assault response but feels that this is an area that is extremely important and currently lacking in nursing education.

She feels that you need to be a little bit more mature to cope with the first line of the public and need to be a particularly experienced enrolled nurse to work in an accident and emergency department. However, Sally still feels that clinical practice is a critical component in the development of nursing education.

5.3 Registered Nurse - Acute Hospital

Sue is a registered nurse who works as a Clinical Nurse Consultant in New South Wales, specifically in the area of continence care. The aim of her work is to improve quality of life for people with incontinence issues. It is a multi-faceted role with a focus in education. Sue is primarily involved in the education of community groups, other registered nurses, and primary nurses caring for those suffering from incontinence. Sue also tries to maintain a level of nursing research. As is necessary in her highly educative role, Sue spends a great amount of time in updating her own knowledge surrounding continence research and treatments, and in updating the resources provided for those she teaches.

Sue also has a clinical role in consulting with clients with incontinence issues. Although she has few clients of her own because of her strong leadership role, Sue is involved in consulting with other continence care nurses in various community health clinics, hospitals, and in people's homes. She works closely with a great number of allied health professionals because of the numerous and varied causes of incontinence. She feels very satisfied with the respect given to her from the many specialists she works with and feels that there are 'no barriers' between them.

Models of Working with Others
The greatest amount of interaction Sue undertakes is with other Clinical Nurse Consultants. These CNCs come from aged care and orthopaedics, cardiology, intensive care, neurology, and paediatrics. In addition to nurses, Sue works closely with a group of neurologists, gynaecologists, paediatricians, nutritionists, and physiotherapists. One day a week, Sue meets clients of other nurses who are acting as continence nurse advisors. This will occur at one of 23 community health centres, hospitals, gynaecology, cardiology clinics, or orthopaedic clinics within her catchment area. Often she will also accompany a community nurse to people's homes.

Skills

The skills identified in Sue's written job description as a nurse continence advisor are:

- A Nurse continence advisor certificate
- 5 years experience as an RN
- Relevant tertiary education
- A broad knowledge of continence issues and care
- Ability to educate both professionals and the public
- To be able to carry out research projects from proposal through analysis
- Computer skills including use of Excel and spreadsheets
- Ability to create rosters

From her own experience Sue pinpointed the following skills as being integral to her role:

- Need for a broad knowledge base of a great number of areas which can all be related to incontinence including:
  - Disease;
  - Fractures;
  - Dementia; and
  - Pharmacology.
- 'People skills'
  - the ability to empathise without being patronising or over-sympathetic;
  - to be able to be a friend but retain emotional distance so as to remain as an advisor; and
  - the ability to motivate people to stick to their programs when they want to give up.

Challenges

Sue was adamant that the greatest challenge was getting funding. As a non-acute, non-life-threatening area where positive outcomes are delayed rather than immediate, continence is not considered important. "So that's the biggest challenge of all of this- getting funding to get more nurses to do assessments" (19:11:527-529).

Sue also expressed some frustration with young nurses in training who didn't consider continence care a nursing role. She believed that nurses didn't want to take on a role in Continence care because it meant that people were "on the way out" (19:11:540), although Sue also deals with young children and young women who have just had babies.

Also related to her interactions with nursing staff, Sue identified the challenge of trying to convince directors of nursing to make continence assessment and intervention "part of the system" (19:12:549). Rather than just "treat(ing) it palliatively-(and) put(ting) a pad on it" (19:12:554) she feels that continence care should be a core care issue for the benefit of the patient, and of the health care system in the long term. The cooperation of the DON is imperative because it has a filter-down effect on nursing staff. If it is not made a regular part of the system, the nurses, partly through a lack of time will not consider undertaking continence care and
Sue expressed that a lack of time for conducting continence care was caused by a declining ratio of registered nurses and enrolled nurses to patients, and to the vast amount of documentation having to be done by nurses and carers which was detracting from 'care time' with patients.

In dealing with the clients themselves Sue states that it is also a great challenge in initially getting people to admit that they have a continence problem; "people don't want to talk about it, they would rather suffer in silence" (19:11:546-547).

**Education**

Sue is involved with the first year of the nursing degree at one of her local universities. She believes that this university "is trying" to incorporate continence care into the curriculum. In terms of nursing responding to changing health care needs, Sue felt that the major issues to be addressed were:

- that in the future health care will be undertaken more in the home and the community than in the hospital; and
- that older people are going to live longer as they are getting better care, and such will need more ongoing care.

In responding to these changing needs Sue made the following suggestions for responsive education:

- nurses will need to be trained as more independent workers as they will no longer be encased within a hospital setting with other medical staff;
- nurses will need greater training in the skills of aged care rather than care for younger people;
- education needs a greater focus on the social aspects of a persons life relative to their decline in health rather than just the biological/physiological aspects;
- separate from aged care needs, nurses also need a greater understanding of modern health issues such as youth suicide and men's health; and
- nursing education needs to foster an increase in nurse's involvement in health promotion.

In addition, Sue also felt that nurses-in-training needed greater practical experience with formal guidance from experienced nurses:

...for the next 5 weeks your going to work as the extra person here .......with this experienced nurse who will show you the ropes and help you through all the hard things to start off with. I think that's important rather than a 12 hour orientation which you hardly ever get... (19: 14: 703-708).

In support of greater ongoing education of nurses, Sue also expressed the need for greater flexibility in rostering to allow for nurses to attend university lectures, and complete higher education. The difficulty in this is back-filling these nurse's positions with equally experienced staff with such a shortage of nurses in most hospitals and aged care facilities.

**5.4 Enrolled Nurse - Psychiatric Hospital**
Peter is an enrolled nurse who works in a psychiatric intensive care unit in Western Australia. The unit is a secure ward and will admit all types of mentally ill people. It can vary from a relapse of psychosis to drug induced psychosis.

There is "never a typical day" for Peter (38:8:172). The pace of his day can vary dramatically within a shift. The day starts off with hand over and medication round followed by patient interviews with visiting consultants. Peter finds that it can get quite complicated sometimes when a patient comes in "...and you don't know who they are, and they can't tell us who they are and sometimes we've had two or three days before we've been able to find out who this person is...you have to be a bit of a detective sometimes to work here..." (38:10:221-6). Safety is a constant issue for Peter and other staff members. Peter recalls: "...a couple of weeks ago actually, where we had to call security and police because a patient was about to take everybody apart and the ward with him..." (38:6:131-3). After a patient has a psychotic episode, he will be involved in debriefing other patients to ensure they are okay.

Peter communicates with his patients by meeting them on the same level, which often means using street language. Most importantly Peter finds that he has to sell the service that they're providing to the patients and explain that they are not brought to the hospital to be punished. This can be challenging when some patients, suffering very intense paranoid delusions, incorporate members of staff into their delusions. Peter's experience in mental health nursing has enabled him to be aware of his surroundings, anticipate problems and be proactive in his nursing care.

Models of Working With Others

Peter describes his working team as a cohesive unit.

There is a constant flow of staff on the ward, including nurses, psychiatrists, registrars, consultants, pharmacists, as well as police and ambulance officers. Each morning, a number of medical officers arrive for the ward meeting where Peter will make his contribution as a respected fellow team member. At the meeting:

...decisions are made and then sometimes from that meeting they're handed onto the actual teams then and a couple of the team whether they consider they want to follow that line of treatment or whether they have completely different ideas altogether. Sometimes there is a bit of a clash between consultants but generally they work pretty well together... (38:9:200-4).

Skills

- Working knowledge of medications and their side-effects
- Communication
- Knowledge of individual patients and their backgrounds
- Awareness of safety issues and anticipation of violence

Challenges

- Dealing with aggressive, violent patients
- Stressful situations that challenge personal safety
- Caring for psychotic patients

Education
Peter thinks more students should be given an opportunity to work in areas like psychiatric hospitals and intensive care units in particular. He suggests that people need to be on the wards, working with the people to gain experience in his area of work. Peter believes communication skills are most important and nursing education should concentrate on teaching those skills to nursing students.
The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

- 5.5 Registered Nurse - Psychiatric Hospital
- 5.6 Registered Nurse - Psychiatric/ Private Hospital
- 5.7 Registered Nurse - Nursing Home
- 5.8 Enrolled Nurse - Nursing Home

5.5 Registered Nurse - Psychiatric Hospital

Adam is a registered nurse working in an in-patient mental health facility which forms part of a suburban hospital in Western Australia. It is a 12 bed facility that is always full. The patients in the facility range from 'full blown' psychological disorders such as Schizophrenia, through Bipolar Disorder to lesser mental health issues. The facility is still in the initial phase of being established, and as such Adam has only been employed in this facility for three months. However, the long-term aim of the facility is to nurse the in-patients and then "follow them back into the community" (35:5:93).

Adam is involved in the basic nursing of the physical injuries of patients "if they have got cuts and scratches...... or are diabetic" (35:5:102-103), but he describes his primary role as 'role modelling'. As the only male nurse in the facility, he takes on much of the 'role modelling' and often finds himself acting as a 'father figure'. Adam tries to attend to the needs of his patients in a holistic way by trying to establish behaviours and knowledge which will allow them to function in the community "rather than just making sure they have their medication and dealing with behaviours that come up" (35:7:136-137). While he does try to implement cognitive-behavioural therapies and other set techniques, he describes the majority of his interactions with patients as 'role modelling'.

Adam's typical day begins at 7am when he is allocated his four patients. As the coordinator he then arranges jobs to be done by the staff such as organising patients to go for CT scans. In addition to his coordinating position, he also has a full patient load. Adam tries to have a conversation with each of his patients at least once a day in order to assess what is happening with each of them - if they are hearing voices or having any crises. He will find out what the doctor has said about them, and make sure their medications are understood. He also tries to spend time with the Clinical Nurse Specialist to exchange information. If there are difficult patients, the staff will get together in the afternoon to establish management programs to best suit those patients.

Adam also spends time in keeping his knowledge up to date with medications and evidence-based treatments. He does this by liaison with librarians, contacts with psychological services, and through the internet.

Models of Working with Others

There are four nurses working on all shifts with Adam, these are a combination of enrolled and registered nurses. There are also a number of Personal Care Attendants (PCAs) working at any time.
and two doctors present at the facility at all times. When describing his interaction with them, Adam says "because they are there you can sit and argue with them over what's going on..." (35:8:182-183). The registered nurses give all medications and concentrate on the behaviours of the patients whereas the doctors are more focused on ensuring the correct medications. There is a psychiatrist in charge of the medications who also has a broader focus than the regular doctors.

Adam describes the model of working with colleagues as very collaborative. The backgrounds of the staff are very broad and so they will collaborate to establish the best treatments for the patients and to share information. Adam also liaises with the staff working in emergency because all patients are referred to the mental health unit through the emergency department of the hospital. There is also a physiotherapist and an occupational therapist who work with the unit as part of a broader health service.

Skills

Adam identified the specific skills of being empathetic, diplomatic, and assertive. However, he felt his greatest asset to his work had been gained through life experience in working in a number of different areas, and in entering the nursing profession at a mature age. Through this experience in other mental health positions, he has learned to deal with police, to testify in courts, and just to stand up to demanding patients to achieve a better outcome for the patient, and the staff. He felt that he drew on his life experiences constantly. He also felt that it was especially important to set boundaries with patients, and it was his life experience which allowed him to be assertive enough to do that.

Although he admits the need for a basic knowledge of the physical ailments of his patients, more important was knowing where to find information that he did not know; "where to go to get the right information and the right treatment" (35:14:357-248). Adam also believes there is a need for a knowledge of the broader community and the services available within it so that he could refer the patient to outside help when leaving the facility; "who to ring, what to ring, what people to refer to, or at least push it that way" (35:14:358-359).

Challenges

Adam finds it a challenge to be one of very few male staff in the mental health facility and feels that much of the role modelling falls on him. This is quite challenging to Adam in making him think of things he never had to before relative to how to deal best with patients he is role-modelling for.

There are also challenges which present themselves from the channelling of patients for the emergency department into the mental health unit. The general nursing and medical staff are quite afraid of the mental patients, and of the unit itself, and Adam tries to break down this stigma. Because of this fear, the emergency department want the unit to take on more patients than Adam feels is necessary and there is friction when he refuses to take them.

In being a new facility, challenges also lie in 'keeping up with all the new managers" (35:16:411), and in the changing the culture of mental health and establishing a new model of mental health care. There is uncertainty as to the role of the nurses as the unit gets established. Things that have always been done are no longer, or are done in a different way:

...silly things like being in charge you do the book every time and we list everybody and we don't do that sort of thing now. It's done by computer and the main base is that sort of nursing that its fully integrated...... it's been hard for myself and plus 2 nurses to sort of go and re-look again to see where we are going and what we are doing (35:126:422-430).
Education

Adam feels that student Nurses need to be more exposed to "what it's like to be a nurse on the ward" (35:17:458) from the very beginning of their education so that they are better able to put their knowledge into practice:

...they've never been exposed to what it's like in the day to day staff, they know all the theories of schizophrenia and as one said to me, but they are not reacting like they we're taught, well they are individual human beings and every one has their good days and their bad days (35:17:459-463).

He also felt that this kind of exposure would help with the transition of "student one day and nurse the next, with all the responsibilities that go with it and it awesome to have it dumped on you" (35:17:463-465).

Adam has been involved in being a mentor to many students and feels that it is important to let students input into treatments of patients, regardless of whether you do as they propose. He feels it is also important to have students realise that the anger of the patients should not be taken personally, and to set those kind of boundaries from the very beginning.

5.6 Registered Nurse - Psychiatric/ Private Hospital

Carl is a registered psychiatric nurse working in and not-for-profit community owned mental health service in Tasmania. The service provides alcohol and drug detoxification programs and a full range of other mental health services.

Carl deals with both the physical and mental/emotional problems associated with mental illness on a daily basis, such as in the withdrawal process in drug and alcohol detoxification. However, his principle responsibilities are with the administrative management of the service. This involves promotional and public relations work, liaison between the patient's, their families, GP's and Psychologists/Psychiatrists, medical records department, and the nursing service. He is jointly responsible for most of the major managerial decisions, with other chief executives.

Carl works with a core team of permanent staff as well as a large component of casual on-call staff. His typical day begins at 6:30am and starts by ensuring all necessary resources, and an appropriate skill mix of staff are available. He attends many organisational and administrative meetings, and is involved on a daily basis in; 'pre-emptive' problem solving, liaison with the University, working with consumer organisations, planning of staff development, and interacting with Nursing staff to produce the best possible treatment for patients.

He feels that maintaining staff morale among nursing staff is of major concern, and that nursing education could be most responsive to the mental health area by introducing an 'intern' year at the end of the academic postgraduate years, and better clinical tutors in the workplace.

Models of Working with Others

Carl stated that there was not a bureaucracy. He is involved with all major management decisions with a small group of chief executives including the clinical director. The staff consists of a small core group of permanent staff and a larger group of casual call-in staff.
In his work, Carl interacts with the patients, the patients' families, the patient's GP, their psychologist and/or psychiatrist, nursing staff and medical records staff. In addition, he is involved in liaison with the University, consumer organisations, GP groups, and health funds.

Carl highlighted the necessity of easing the tensions between the nursing staff and psychologists and psychologists and psychiatrists. He expressed his concern over what he called "institutional abuse and professional abuse" towards nurses, and the "lack of respect for nurses and lack of acknowledgement" (15: 5: 190-191) which translates into low staff morale and staff turnover.

**Skills**

Skills identified as a necessity of Carl's job were:

- Medical skills;
- People skills; listening to what people are doing and talking with them to arrange the best course of treatment
- Budgetary skills;
- Conflict management skills;
- Organisational skills;
- Problem solving ability; "fix it before it gets out of control" (15:4:13);
- Specific psychological and psychiatric knowledge; and
- Business management skills.

**Challenges**

- Easing tensions between Nurses and psychologists, and psychologists and psychiatrists.
- Changing nursing attitudes from just 'doing what they are told to' to initiating treatments by staff development
- Ensuring a viable business
- Keeping the workforce engaged and happy
- Dealing with institutional and professional abuse of nurses, and the lack of respect shown and the consequent lack of morale.
- Increasing staff morale

**Education**

Carl believes that while more actual skills based education is necessary in nursing education is essential, reverting to the old 'apprenticeship' scheme should be avoided at all costs. Tasmania has implemented some education schemes which he believes are particularly useful. These include a very close relationship between workplaces and the university to discuss curriculum and student placements, and being involved in accrediting courses. He feels that his organisation needs more time to spend on this and that better clinical tutors in the workplace are imperative.

He states that in their mental health organisation, graduate nurses are employed and paid to ensure a future workforce. In the future they plan to offer scholarships to pay graduate nurse university fees. He believes that this employment allows supportive experience and feels the need for similar programs Australia wide where learning goals are set and assessed within a practical environment. He feels that preceptorship is very useful.
5.7 Registered Nurse - Nursing Home

As manager of a co-located large residential aged care facility in rural South Australia, Sarah, a registered nurse, is involved in more professional nursing intervention and direct supervision than in similar aged care facilities.

At times, she will be the only registered nurse on duty for fifty-one residents. Her nursing encompasses a holistic approach, from managing simple illnesses through to the provision of palliative care. She finds it difficult to juggle her management and practical nursing roles. Sarah's strong supervisory role sees her having to fragment herself in order to deal with so many issues. She has a to be there with the carer to assist with the difficult manual handling or wound management as well as oversee the provision of care by a number of staff. Her typical days are busy and Sarah often spends her time 'chasing her tail' and 'putting out a lot of spot fires' such as dealing with issues and families that have concerns. Sarah also has to assist fellow nurses who are working so hard that they are 'hitting burn out.' A drug round will normally take up approximately an hour and a half of Sarah's time. Sarah constantly has to have the "ability to just pick up and drop things and pick them up as needed..." (21:15:345-7.)

Models of Working with Others

In the course of her work, Sarah interacts with residents, families, volunteers, fellow nurses, carers, clerical support and all the professionals belonging to the allied health services.

As a registered nurse working in residential aged care, Sarah feels undervalued.

In particular, Sarah expresses issues that arise with doctors. She finds it difficult to get GPs to the site because they see their acute care responsibilities as their primary focus. Sarah has a reasonably good rapport with GPs, however she finds that "...sometimes they treat us as if we're second rate nurses as well which is quite sad" (21:24-5:570-2).

In contrast, Sarah works in partnership with the physiotherapist. She describes the physiotherapist as "...wonderful, he sees us as being extremely innovative..." (21:26:598-9). She works in a team setting with other nursing and carer staff and finds that they are really keen to make a difference in aged care.

Skills

- Organisational/Prioritising Skills
- Communication
- Self-learning
- Assessment
- General nurse training

Challenges

- Keeping up with a heavy workload
- Travelling to Adelaide for work purposes
- Juggling numerous nursing and management roles
- Physical exhaustion
- Lack of available staff

Education
Sarah believes that "... people need to come out, when they're doing their placements they need to come to some of these aged care facilities and see what it's like, there are some wonderful, positive aspects of aged care that are not portrayed" (21:21:482-5).

5.8 Enrolled Nurse - Nursing Home

Vicky is an enrolled nurse who has been employed in a private aged care facility for seven years in New South Wales. In a semi-rural area, the facility has 72 beds and houses older people from the very frail to some who are relatively active. A typical day for Vicky involves the care of the residents including helping with Assisted Daily Living (ADLs), making beds, showering, feeding, toileting, helping them to be ready for the day by fitting glasses and hearing aids, walking with them, and conducting basic observations such as blood pressure, and blood glucose monitoring, encouraging socialising among residents, helping to care for the terminally ill, and completing required documentation.

The documentation Vicky is required to complete is related to restraint of residents, ensuring they are not restrained for more than 2 hours at any time, location charts for patients who are likely to wander, stating their whereabouts, their mood and what they are wearing every hour in case they do wander from the facility; and sleep charts for residents requiring night sedation. Bowel records are also kept for some residents, and enemas may need to be given in certain instances.

Vicky describes the pace of her work as 'constant:;' "you are aware that 5 minutes lost can put you behind in other areas" (27:11:219-220). She believes she would spend an average of 45 minutes a day with a more dependent resident, while only 5 minutes with a less dependent one. She would like to have more time to spend with the residents in talking with them, but realises that the heavy workload of all staff prevents very much of this social interaction from occurring.

Model of Working with Others

Vicky will be the only enrolled nurse in her section on any particular shift. There will also be a registered nurse on shift and a number of Assistants In Nursing (AINs). As the only enrolled nurse on shift, the AINs will often come to her for guidance, especially when the care staff are new, and she will also be involved in a number of managerial duties such as scheduling staff meal breaks, and assigning staff to resident's rooms.

Vicky was very satisfied with her interactions with the registered nurses on staff, with whom she had a very open communication and who will often ask her opinion when making decisions.

Apart from the residents themselves, the only others that Vicky will interact with on a regular basis are the activity staff who attend the facilities on Fridays, and the resident's families. There will also be occasional interaction with a doctor. Most daily care activities for the residents will be undertaken with another member of staff.

Skills

Communication skills were the greatest set of skills Vicky identified as being essential to her position. These communication skills include being able to relate to the residents in a kind and caring manner, and to communicate to the families that their loved ones are being taken care of. Communication skills were also important in dealing with staff conflict, particularly in determining...
where the break down in communication has occurred.

Vicky also identified time management and the ability to prioritise work as very important. The ability to multi-task was also alluded to; "having your eyes on numerous different things at the same time so that you know when you've got to get x amount of people ready by a certain time that it is a reasonably smooth and coordinated procedure". (28: 10: 212-214)

Vicky identified basic monitoring procedures such as blood-glucose levels, TPR, and blood pressure as central to her role.

**Challenges**

Having new staff in an environment dictated by very tight scheduling was identified as being quite difficult; 'so you have to be constantly informing other staff members of the routine" (28:10:239-240). More personally, Vicky found dealing with terminally ill residents a strong and ongoing challenge although it only occurred periodically. She felt that any training to deal with death and dying had been seriously lacking in her formal education.

In terms of time constraints, Vicky also found it frustrating to not be able to find the time to spend just in social interaction with the residents, or to give them extra care when it is necessary; "if they have got a cold or flu or even bordering on a chronic illness, you really don't have any more time than just to do the very basics for them and I think that is a bit unfortunate" (28:17:390-393).

Time constraints are also forcing the staff of the nursing home to falsify legal documentation. Vicky referred specifically to the legislation that states that residents must be released from constraints for 15 minutes every two hours. She says that to take 15 minutes out of every two hours to stand a resident and walk them around is 'impossible'. So, the staff will routinely fill in the charts to say that this task has been fulfilled, though it has not. This was a major concern to Vicky.

Vicky felt that taking the time to complete this task or to sit and interact with the residents without performing another task at the same time would lead to herself or any other staff trying to do this to being labelled as 'slow'. For casual staff, this would mean not getting called in for extra shifts, or in Vicky's case, to the loss of her job for not fulfilling the basic requirements of her position.

**Education**

When asked how nursing education could be responsive to preparing future nurses to fulfil her position, she replied "I think theory needs to reflect practice a little bit more" (28:22:531). By this, Vicky meant that there needs to be more focus on time management aspects, prioritising workloads, communication and interpersonal skills, rather than the more physical anatomy and physiology aspects which are not called upon so much in aged care. She felt that role-playing and being placed in situations where greater empathy and understanding is necessary as important concepts for nursing education.

Vicky felt a greater need for the understanding of psychological aspects of illness. She also felt that education in dealing with the terminally ill was definitely lacking from her education. While she recalled studying Kubler-Ross' stages of grief, she felt she needed greater preparation for dealing with the patient's themselves, the families of deceased residents, and in dealing with her own grief.

*Continued on next page...*
The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

- 5.9 Registered Nurse - Hostel
- 5.10 Enrolled Nurse - Hostel
- 5.11 Enrolled Nurse - Hospice
- 5.12 Registered Nurses - Hospice
- 5.13 Enrolled Nurse - Community Health
- 5.14 Registered Nurse - Community Health Centre

5.9 Registered Nurse - Hostel

As a registered nurse and coordinator in a Queensland hostel, Rebecca's role is both clinical and administrative.

Clinical observation and assessment forms a major part of Rebecca's typical day as she nurses patients in the area of dementia and palliative care. She feels it is important to have a strong knowledge base in the medications that are used and be aware of her patients' needs, as well as their capacity to become distressed or violent. Her position as coordinator also requires her to respond to patient complaints and actively problem solve. Rebecca must manage staffing resources effectively in an environment that relies heavily on government funding.

Models of Working with Others

Rebecca holds a managerial role in relation to her fellow nursing staff members. However she sees her work and ability to best allocate resources as being a team effort. As coordinator, Rebecca considers it to be her responsibility to maintain a harmonious working environment and ensure that staff members feel important and valued.

Rebecca is accountable to the director of nursing, other registered nurses, personal carers, assistants in nursing, members of the allied health profession as well as patients and their families.

Skills

- Listening
- Open-mindedness
- Empathy
- Observation
- Intuition
- Interactive
- Leadership/management
- Computer
- Communication
Challenges

- Limitations of funding
- Understaffing
- Patient behaviours

Education

Rebecca describes graduate nurses as being under trained. She comments that nurses should be taught in the environment that they are going to be working in, and consequently student nurses need to be "...out (on) the wards some of the time (4:17:411-2)." However Rebecca still sees it as "imperative that the nurses do get a very theoretical background...that they are taught to assess (etc)" (4:18:427).

5.10 Enrolled Nurse - Hostel

Linda works as an enrolled nurse in a hostel in rural South Australia. She is the co-ordinator of the facility and is responsible for the holistic care for all residents, which includes attending to their physical, social, cultural and spiritual needs.

All nursing staff, including Linda, take part in a variety of tasks which include medication rounds, making beds, showers and dressing, vital signs, oxygen therapy as well as preparing, delivering and cleaning up all meals. As co-ordinator, Linda has significant additional responsibilities. She plays a supervisory role over all the care workers and volunteers. In addition to the hands-on work, Linda will also run the management side of the facility, including conducting assessments, duty statements and Resident Classification Scales. Her afternoons will often involve documentation work and responding to residents' and relatives' concerns or questions. Linda enjoys the ability to develop long-term relationships with the residents and on the whole, finds it to be very fulfilling and rewarding.

Models of Working with Others

Linda sees herself as working within a multi-skilled, multi-disciplinary team that includes doctors, pharmacists, podiatrists, physiotherapists and dieticians. She is also in constant interaction with other nurses, residents and their families.

She finds that doctors can be slow in responding to requests. While Linda generally has a good relationship with the doctors she works with, she feels that sometimes they do not listen enough to her concerns about residents or address problems that arise.

Skills

- Time management
- Leadership
- Nursing knowledge
- Persistence, tactfulness, assertiveness
- Developing and nurturing long-term relationships
- Problem-solving

**Challenges**

- Time limitations
- Budgetary constraints
- Lack of resources

**Education**

Linda suggests that nursing education should provide its students with good time management, leadership and management skills. She feels that developing students' communication skills is very important and in particular life skills that provide an understanding of the problems that face the aged population.

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**5.11 Enrolled Nurse - Hospice**

Rhonda works as an enrolled nurse in a hospice located in Western Australia. She describes the type of work that she does as "...helping (patients) pass through that phase in their life and [assisting] their family..." (34:6:107-8.)

Rhonda outlines how her work actually involves acute care because the patients' physical and emotional conditions and symptoms will often change. She experiences the tension that is brought about by attending to routine requirements and being available to each individual person that needs assistance at that time. Rhonda illustrates this problem in the following way:

...you're sometimes moving from someone who is actually died and a family that needs support and there is a bell and so you have to walk to that room and it might be something minor but you have to give that person that respect that you know they are not aware and that is not important, well it is important to them, but you know you don't pass on that information, so it is actually, then you are moving back and treating that as that's important as well (34:11:260-3).

A typical day for Rhonda will commence with handover by the night staff, which is normally followed by reviewing notes and a doctors' meeting. Rhonda then assists with the medication round and taking patients to x-ray or oncology appointments. Rhonda's area of work is, however, less task oriented and more about managing oneself emotionally in order to provide each patient with care and create within them a feeling that they are special.

**Models of Working with Others**

Working within a small establishment, Rhonda feels that nursing staff, occupational therapists, doctors, patient care assistants, physiotherapists and volunteers are team members.

Rhonda sees her role as a patient advocate and sometimes experiences tension with doctors in terms of patient care. While registered nurses do take on more responsibility and as an enrolled nurse, Rhonda is unable to administer schedule eight drugs or give intravenous drugs, she still describes her input as equal with the registered nurse in her area of work.
Skills

- Observation
- Compassion
- Understanding of medications and their side-effects
- Awareness of family dynamics

Challenges

- Providing support for families, dealing with difficult family members
- Being a patient advocate
- Dealing with death on a daily basis

Education

Rhonda suggests that people skills and time spent nursing are what nursing education needs to address. She describes her hospital based training as fantastic and feels that today's students need more clinical support.

However, Rhonda believes that ongoing knowledge that provides education in a specialised field is essential to nursing education. One area of contention that Rhonda identifies is the current lack of career structure for enrolled nurses. She feels that there should be in place a structure that recognises years of experience achieved similar to the structure that currently exists for registered nurses.

5.12 Registered Nurses - Hospice

Angela and Kym are registered nurses who work in the Australian Capital Territory. Specifically, they work in palliative care within a hospice setting. They find it to be an interesting practice area that can be quite stressful and emotionally and physically draining.

Descriptive words used by Angela and Kym to describe the type of nursing they do include 'rewarding', 'holistic' and 'multi-layered'. They highlight the issues of working with patients who are terminally ill. Both nurses feel that to do their job it is important to "know who you are and how you interact .... and where you fit" in order to effectively care for their patients (13:13:617-9). In depicting a typical day Kym states: "There is no typical day. I think we lurch from crisis to crisis but I don't think there is a typical day" (13:11:496-7).

Angela and Kym rate highly the importance of nurses continuing to do the simpler, hands-on tasks for the purpose of assessment:

I have had to give a lot of people showers - I don't have a problem giving that away .... but it still all hinges on your daily work. You can give somebody else a shower but you might have to go and help them and then you know that you do an assessment while you are standing in the shower helping them.... I think the role of the nurse is ...just looking at the whole picture ... we can give it to other people but we still need to know what the information is so we can treat the whole person (13:10:478-85).
They also believe that palliative care is not "just about death and dying" but rather facilitating living:

…it's about caring and sharing, working as a team, communicating all those types of issues, it's about just being you and getting on with living. Self-preservation is probably one of the most important things - that's what palliative care is - looking after yourself to be able to look after others. To do that you need knowledge and you need skills, craft and academic (13:18:910-8).

Models of Working with Others

Angela and Kym see themselves as a member of the team that provides care to the clients. While a number of other allied professionals are involved in the provision of care Angela and Kym feel that they "... are the people who are there 24 hours a day and know the patients better than anybody else - facilitators who make it all happen" (13:10:486-7).

Skills

- Humour
- Compassion
- Caring
- Knowledge of medications, basic nursing skills
- Communication
- Assessment - listening, intuition
- Ability to work as a Team member
- Pain management
- Culture - an understanding of spirituality
- Self-awareness, self-preservation and distancing skills-"so you don't hurt them and they don't hurt you..." (13:11:xx).

Challenges

- Stress from dealing with so many people in a day
- Time management
- "Just doing what we have to do at that time in a given time..." (13:9:398).
- Emotional intensity

Education

Angela and Kym feel that there needs to be more of a bridge between the clinical and academic components of nursing education. Angela states:

you can educate somebody on pain management - you can't educate somebody on going in and sitting down and talking to that person - some basic skills - its experience its about knowledge and experience of sitting down and talking to that person, finding out where they are at and then dealing with whatever their problem at that time...(13:11:508-12).

Kym also thinks, "death education is really important" (13:17:822) for nursing education because, particularly in this practice area, nurses are dealing with death on a daily basis and they need to have a good understanding of death and grieving in order to work in palliative care.
Melanie is an enrolled nurse (RN Division 2) who works in community palliative care in Victoria.

In one day Melanie will see five or six clients in their homes, all of whom are terminally ill and have usually requested to die at home rather than in hospital. She will assist the client in hygiene and will provide support to family members. Melanie is left to organise her own day, which is not so task oriented, and enjoys the independence that work in this practice area brings, particularly because it enables her to spend time communicating with clients and their families. Her day starts at the central office where handover occurs and concludes with a debriefing session for the nurses.

The nature of Melanie's work means that there is no typical day and she is often unsure of the environment she will encounter behind each door. Melanie is regularly involved in conflict resolution either between family members or on occasions where clients or their relatives relinquish their frustration and aggression on her. In comparison to other nursing practice areas, she finds the work to be less physically demanding but more emotionally tiring. She finds it difficult to not get too emotionally involved and to also prevent the clients' relatives from becoming too attached to her.

Models of Working With Others

Melanie has a supportive relationship with other members of her nursing team. Because she is in patient's homes everyday she plays a pivotal role for psychologists and pastoral workers who are also involved in the clients' care but often are unable to visit as frequently.

Given that her work environment is the client's homes, Melanie interacts most with the clients and their families, providing them with support and information.

Skills

- An ability to work independently
- Self-confidence
- Time management
- Counselling
- Self-assessment of when to call an RN
- Flexibility
- Patience
- Empathy and supportiveness

Challenges

- Uncertainty of what will be encountered on a daily basis
- Staying calm
- Not getting too emotionally involved, so you don't burn yourself out
- Lack of staff/lack of funding
- Conflict resolution with clients as well as family members
- Time management

Education

Melanie feels that there are insufficient courses in palliative care for enrolled nurses. However, she also recognises that it is a small field and few enrolled nurses are encouraged to enter palliative care
In preparing for palliative care work, Melanie found the course she undertook was very useful, particularly the education that it provided on spirituality and bereavement. She found that this information assisted her in her ability to counsel and support clients and their families, which is a fundamental skill for Melanie in undertaking her nursing work.

5.14 Registered Nurse - Community Health Centre

David is a Registered nurse employed within a community based alcohol and drug service in rural Queensland. His client base is around 30,000 people from the surrounding shires, comprised of a number of small communities. In his role, David is responsible for counselling of persons with drug or alcohol addictions, arranging detoxification referral and set-up, and support and education of hospital staff (medical and nursing) involved in the detoxification process, and in constant liaison with local GP's.

A typical day for David will involve starting work at 8am, and possibly attending a hospital first, and ending around 4:30pm. Here he will see if there are any referrals from the local area and if there are any inpatients to see him. He may also need to speak with staff about incidents which may have occurred since he has last seen them, as for example, in regard to the needle availability program. Following this, he will begin his 'client load' of counselling sessions.

For his own safety, David tries to avoid consultation in the client's home. He may consult with them in a hospital, in crisis care or community centres; "I see people on the side of the road. I see people wherever it is convenient for them and whichever suits my treatment regime at the time.....I've seen people in the car, under the tree." (26:14:326-328) In a day, David will consult with a minimum of three clients for an hour each, to a maximum of 7-8, although he tries to avoid this many.

The aim of David's involvement, he says, is based on 'harmonisation'- bringing the client back in control of their life. His is a holistic approach which looks at the client's lifestyle, relationships, past, future, and their physical and emotional functioning. His role is to set up the client's detoxification program in a local area, or to give the person details of facilities in other towns close by.

Wednesdays are of a different nature and is held as a 'team day'. It is a day for a sort of informal team supervision. This day includes clinical updates from other members of the team.

Model of Working With Others

Within the service where he is based, David works in close consultation with a range of health professionals. These include Nurses and medical staff associated with the Methadone program, Psychologists, health promotion, education and research staff, an exercise therapist, senior promotional health officer, a staff education and training officer and a research officer.

In rural areas within his client base David is constantly involved with medical and nursing staff of the community hospitals in providing support and education related to detoxification programs. He will also interact with non-medical staff at these hospitals such as cooks and cleaners because they also have some extent of involvement in detoxification programs. He is also in strong liaison with GP's. The level of interaction with the GP's depends on their isolation, with most interaction occurring with those doctors most isolated from other peer support networks. He also provides a
business hours on-call partial service to one shire outside his area. This service is counselling and treatment only, with no health promotion or education roles involved.

In the broader community, David is also involved in working with community centres, domestic violence groups, crisis care accommodation, women's groups, church groups, and local councils.

Skills

Skills identified by David as being central to his type of work include:

- Physical assessment - "good basic nursing stuff for addiction" (26:12:351) - signs of addiction and withdrawal syndromes;
- Psychological assessment - looking at their affect and mood, their social interactions;
- Self-preservation and self-awareness - related to extricating yourself from dangerous situations arising from drug abuse which can lead to violence; and
- Communication skills - talking and listening, the ability to paraphrase to induce understanding, the ability to confront the person about their life, reflecting the person's speech back to them - "assertive and diplomatic" (26:16:398).

Challenges

David identified the greatest challenge as being the lack of services to rural communities:

I can talk to a client and they will agree they need to go in for detox and there is just none there. They might have to go to Brisbane for detox. They may have to wait three days to go to Brisbane for detox because no beds available........the challenge is for me to try and support that person as much as I can so that they are still able to maintain some sort of abstinence or some sort of lifestyle until they can get into rehab- and some motivation. (26:17:404-412)

Another major challenge lies in trying to break down the stereotypes of people with addictions held by Medical and Nursing staff and GP's in order to gain the best treatment for the client. This is done primarily through education programs, especially with GP's. Time is also a major factor. David finds it difficult to find the time to include all facets of his multi-faceted role including community building, treatment, education, and health promotion.

David also finds a major challenge in one of his educational roles with an acute psychiatric unit of a hospital. The challenge lies in "getting them to look at or modify their practice as far as clients who have a dual diagnosis or come in with a drug induced psychosis" (26:20:485-487).

Education

David is a Level 2 Registered Nurse with a graduate diploma in mental health. He thought that these courses could be more suited to his profession by a greater emphasis on alcohol and drug abuse; "we hardly touched it in my degree and I was told that drug and alcohol nursing was not a part of psych. when I did my psych." (26:21:521-523) David believed that drug and alcohol addiction was more broadly involved in people's lives than nursing staff would believe. He offered the following example; "a lot of older people do have addictions and you bring them in out of their environment and you take away their...half beers a day, their sera pax, or temazipan and they go right off" (26:22:542-544).

David also felt that counselling should have been a stronger part of the curriculum, stating that it
had been 'mentioned' but not "reinforced that well" (26:22:571).

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- 5.15 Registered Nurse - Private Medical Rooms
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5.15 Registered Nurse - Private Medical Rooms

Carmen works as a registered nurse in two general practice surgeries that are run by the same doctors. In these practices Carmen is involved in a great number of tasks. These include specific medical tasks, as well as management focussed tasks such as ordering of stock, rotation of drugs which have expired and monitoring refrigeration temperatures of vaccines.

The more typical medical tasks Carmen undertakes are ECG's, vaccinations, wound dressing, blood-tests for sugar levels and pregnancy, taking blood for laboratory testing, and checking patient's blood pressure. She also undertakes preparation for minor surgery such as removal of moles, and suturing of minor cuts. Much of Carmen's time is also taken in education of patients in regard to their medical condition, and answering phone calls of people with medical questions who are unsure if it is necessary to see a doctor. Occasionally emergencies will arise accidents or falls which have occurred close by, at which time Carmen will be involved in giving First Aid and making Triage decisions.

Carmen's major challenges are related to her educative role within a multicultural community. Often there are language barriers to overcome, and even more difficult are cultural barriers associated with a male patient and a female nurse. She also cites the doctor-nurse relationship as a minor challenge with one particular doctor who believes the nurse's "primary role is to take the patients into his waiting room" (18:8:213-214), and such undervalues her skills as an experienced nurse. Associated with these difficulties, Carmen feels that communication skills and patience are paramount to her position.

Models of working with others

Carmen is one of two registered nurses working within two general practices operated by the same 8 doctors. However, there is only one RN on duty at any given time, with the days split evenly between them. In addition to her daily interactions with the GP's, patients and reception staff, Carmen is also involved in liaison with radiology staff, some District Nurses, physiotherapists and the Aged Care Liaison from various hospitals. On fewer occasions she will interact with patient's social workers and carers, and will make appointments with specialists for referred patients.

At the changeover of shifts between the two nurses, the RNs will each count the PBA drugs held within a locked cupboard in the surgery.
Interactions with doctors are generally relative to gaining instructions for the ongoing care of a patient after initial treatment has been given. Occasionally the consulting doctor will ask Carmen for her opinion, but usually the interaction is quite directive. Carmen understands the boundaries between nursing duties and the duties of the doctors and seems to happily accept them. She only cites one problem with one particular doctor who underrates her abilities as a nurse and believes she is really only there to fulfill reception duties.

Skills

Carmen states that the greatest skill necessary in her position is the ability to communicate; "probably the biggest thing is not really a nursing skill, you have to be able to communicate. You have to be able to communicate with a lot of different age groups, a lot of different ethnic backgrounds, a lot of cultural differences." (18: 12: 313-315); "but you have to be able to talk to your patients and be able to assess what level of understanding they might have about things that you need to tell them and choose what sort of language you will use without being patronising." (18:12:320-323)

Further to this, Carmen also expressed the need to be able to communicate on a professional level with the Doctors, reception staff, and pharmacists with whom she had much interaction. Similarly, she emphasised the need for extreme patience, particularly when dealing with older patients with memory difficulties who need to have information relayed to them repeatedly.

On a more specific 'medical' level, Carmen identified assessment skills by visual, physical and verbal observation of the patient, and emphasised the need to assess beyond the presenting problem to other possible issues. She felt this was particularly important because often patients would avoid presenting 'smaller' medical concerns to their Doctor because they "don't want to bother them".

In addition to assessment skills Carmen identified some more specific medical skills such as Cardiac assessment skills and what she considered 'basic' technician skills such as taking blood pressure, examining blood tests for blood-sugar levels, urinalysis, and understanding pregnancy tests. Wound dressing was also addressed.

Time management was imperative to Carmen's position, as was being able to understand and make decisions based on product information provided by pharmaceutical and medical equipment sales representatives. She also stressed the need for a particularly comprehensive knowledge of pharmacology as she is often called by people asking questions about side-effects and interactions of particular drugs. Carmen felt it was also very important to know how to readily access information when she did not already possess the necessary knowledge.

There was also a legal angle to Carmen's skills: "...knowing your limits, not only your personal limits, but your legal limits and where your liabilities lie and where your responsibilities are." (18: 15: 417-419) Relative to this, maintenance of patient confidentiality was also vital.

Challenges

The majority of Carmen's challenges arose from having to communicate on a regular basis with people with a limited knowledge of English, and also overcoming the beliefs of certain cultures associated with the interaction of a male patient with a female nurse. While older people with limited English often bring a family member as an interpreter, Carmen expressed concern over the use of children for this who may have a limited comprehension of her instructions as well. Use of the Commonwealth interpreter is also difficult because of the difficulties associated with coordinating the interpreter, the patient and the doctor for the same time frame.
The only other specific challenge discussed was that of those who 'abuse the system' by repetitive use of the Doctor's services for no particular medical reason.

**Education**

Carmen felt that her education had prepared her very well for her position as a Registered Nurse within a General Practice; "I think, generally, to meet the needs of the general practice nurse, certainly the course that I did was more than adequate" (18: 20: 577-578). She did feel that perhaps a greater emphasis on paediatrics may have been useful, but that this was not a major issue.

**5.16 Enrolled Nurse - Private Medical Rooms**

As an enrolled nurse working in a medical centre in Western Australia, Kylie does everything from "...whatever walks in the door, casualty wise to assisting with the procedures with the doctors..." (33:3:62-5).

Kylie's day starts by checking what appointments have been made for the doctors and whether there will be any minor operations or procedures. She will then set about preparing any necessary equipment for the operation and will assist the doctor with ECGs, ultrasounds, making appointments with pathology and conducting aged care assessments. Describing the pace of her day as 'flat out', Kylie rarely finishes her work in the time allocated "...because the jobs they are requiring you to do are huge..." (33:7:187). Given that there are a number of doctors working at the centre at any one time, Kylie often finds she has requests for assistance from more than one doctor at the same time and so prioritising and anticipation are important skills for her to have. Despite the hectic environment and challenges that confront Kylie, she loves the variety of her work and "...the fact that you just honestly don't know what is going to walk in the door next" (33:15:474-5).

**Models of Working with Others**

Kylie finds her workplace has a good atmosphere and she works well with receptionists, fellow nurses and doctors alike.

A number of work issues have arisen as a result of nursing staff cutbacks and removal of penalties at the clinic where Kylie works. This has created tension among employees and the doctors who are also their employers.

**Skills**

- Knowledge of wound care
- Organisational
- Computer
- Communication - listening skills
- Assisting people suffering from depression

**Challenges**

- Dealing with aggressive, verbally or physically abusive patients
- Attending to drug overdose patients
Education

Kylie identifies triage, first aid and computer knowledge as areas that nursing education could cover in order to be more responsive to the work that she does.

5.17 Registered Nurse - Agency

Suzanne is a registered agency nurse who works in metropolitan Queensland. She works predominantly in one acute hospital, but on occasions will complete shifts at two other acute hospitals in the area.

Given little time to familiarise herself with the ward, fellow staff and patients, Suzanne has to 'hit the ground running'. She is often given a heavier load of patients than the other nurses who work regularly on the ward because they either want a break, or she is partnered with the team leader who will be busy with other nursing activities. Consequently, Suzanne is left with the heavy showers and sponges for their allocated patients. Fellow staff have a high expectation of assumed knowledge regarding patients and procedures particular to the ward that she is working on. Suzanne is often rushing in her work because as an agency nurse, she has one hour less at the beginning and the end of her shift to get everything done.

Suzanne feels that it is imperative that she is aware of what is happening around her, that she knows who she is and where she fits within the hospital/nursing system. Changing workplace on a shift-to-shift basis requires her to keep in mind how much she can do for her patients in a single shift that might make a difference for them.

Models of Working with Others

Suzanne identified a feeling of remoteness from the other nurses who work regular shifts on the ward. This experience increases in circumstances where she is not introduced to fellow staff or given a ward orientation.

In her work, Suzanne interacts with nurses, doctors, kitchen staff, pathologists, oncologists, pastoral carers, nuns and priests, visitors, orderlies, and police. Suzanne identified both benefits and issues created by her interaction with a wide range of people. She finds it interesting and beneficial that there is such diversity involved in the patient's care.

She hi-lighted difficulties that arise in contacting and communicating with doctors:

...it can be difficult to contact somebody or you know, because it's a private hospital you can two or three specialists involved with one patient, and you're trying to get onto them and they're just not returning their calls or ... umm... you're trying get onto them and they're just not returning their calls or ... umm... you're trying to find out which is the right specialist to contact for this particular thing, for this particular patient umm...so yeah, those kind of things can be a hassle... and I guess the main hassle is with the doctors... historically for nursing it has been umm... and I don't think that's gonna change... (1:4:78-84).
Suzanne also felt that her work with the team leader under-utilised her skills:

...because I'm doing all the sponges and all the showers and it seems like all the junior nurse kinds of stuff... you know like, every so often I'll get to do the pills, but it's the team leader who's doing what...all the extra stuff that distinguishes an EN from an RN ... you know like, the doctors rounds umm... getting pathology reading dong the compute doing the notes ... doing the discharge and admissions...(1:10:274-280).

Skills

Suzanne listed a number of skills that are required of her in the work that she does, including:

- The "basic qualifications and basic skills of any Registered Nurse" (1:14:406);
- General nursing duties;
- Oncology work eg. General medical and surgical oncology;
- Basic patient care - eg. Pressure area care, feeding, bathing;
- Admitting and discharging;
- Medications and doing the paper work
- Knowledge and understanding of various disease processes and medical conditions;
- Knowing how to access information;
- Recognition of patients' confidentiality;
- Communication skills;
- Assessment skills;
- Interacting with doctors; and
- Being a patient advocate. Suzanne perceives caring as being more one on one with the patient.

Challenges

Challenges identified by Suzanne were:

- A lack of ward orientation;
- Not being introduced to staff at the start of the shift;
- Not being placed on the same ward or with the same patients in future shifts,
- The allocation of the heaviest load of patients;
- The expectations that she was supposed to just know things without instruction; and
- The need to be more acutely aware of what is being done around you. Basically getting the motivation to go to work.

Education

Suzanne would like to see:

....a greater amalgamation between hospital and the new training, I want to see them out in the workforce, for the majority of the time and like we did, come back into the school of nursing at the university for blocks of lectures that are going to mix with where they're working so that they're going to get a lot of clinical practice... (1:21:596-600).

She believes that students:
... need to be out there on the wards, working the whole time like we did as hospital trained nurses and still getting that professional university input because I think both are important, I don't think that there should be one at the exclusion of the other... (1:21:606-8).

Suzanne believes that students should:

have a year as a staff nurse before they're actually registered......and then umm... perhaps after that they need to get some experience in agency or something I don't know but.....they need a lot of education about who the staff are, what their roles and how to treat people because nurses are not coming out knowing how they should treat each other let alone how they should treat patients... (1:23:685-90).

5.18 Enrolled Nurse - Agency

Joy is an enrolled nurse working for a nursing agency in Sydney. As an agency nurse her work is quite varied. She provides care in people's homes who are associated with Home Care, Veterans Affairs, or who are Insurance clients. Joy also works in the aged care sector in both public and private arenas, in public and private hospitals, blood banks, group homes, and with Health services Australia which involves screening for migrants.

Joy feels that working for an agency, her major challenges are associated with time pressures. She expressed the concern that the agency was not allowing her enough travelling time between clients, and that sometimes she was scheduled too many clients in too short a time frame. Joy also believed that agency nurses were in great need of more on-going education; having been with same agency nurse for 9 years, she had received only one continuing education course.

In addition, she had often felt that her skills as an experienced enrolled nurse were undervalued and undermined by some registered nurses, including very inexperienced registered nurses. Relative to this, she was very aware that the scope of an enrolled nurse's duties varied between organisations, and such she was sometimes reprimanded for doing tasks of which she felt she was capable and of which she had performed at other places.

While Joy did not really have a 'typical day' as an agency nurse, she does have some regular clients. These include general care of a 13 week old baby of a mother with a mental illness, personal care of a man with severe rheumatoid arthritis, putting a quadriplegic into bed at nights, personal care of an elderly woman who is very frail, and attending to a gentleman with severe muscular atrophy.

Although the skills she will use in a day depend on her clients for that day she identifies a number of generic skills important to her job. Among the more unusual of these included repairing and adjusting equipment needed by clients such as wheel chairs and caring for client's attendant and companion dogs. Joy also identified feeding and bathing, assessment of a new client's condition with little or no background information, understanding of the psychosocial aspects of a client's condition, and knowing how to access other health professionals to undertake care beyond the scope of her position as an enrolled nurse.

Models of Working With Others

Joy works independently most of the time. However, she is involved on a daily basis with the agency staff who communicate to her by phone the clients she is to see on any given day. In addition to the
clients themselves, Joy may also interact with home care personnel if she is given a 'double-job' (such as heavy lifting). She is in contact with a range of health professionals on a regular basis to arrange the use of additional resources she cannot provide her clients (such as the client's doctor). On the occasions Joy is employed in nursing homes and hospitals she also interacts with other agency nursing staff and permanent staff of the facility.

Skills

Joy alluded to sometimes having to use nursing skills "going over the scope of practice for an enrolled nurse" (17:6:228-230). The skills she identified specifically as being part of her job were:

- "repairing things that fall apart or making adjustments to wheelchairs and repairs" (17:6:220-221);
- Helping care for "personal care attendant dogs who provide their independence or companion dogs" (17:6:223-224);
- Feeding, bathing, clothing and playing with babies;
- Helping clients with domestic chores;
- Lifting;
- The ability to assess people on meeting them;
- Being able to 'gently' assess the situation and ask the client about their condition, "because some don't want to let you know...and asking them what they want you to do and help them when necessary" (17:8:350-353); and
- An understanding of the psychosocial aspects of a client's condition.

Challenges

A majority of Joy's major challenges came from the time pressures placed on her by the agency. She felt that sometimes the agency tried to 'squeeze in' more jobs than she was able to do in a day. This was due in part to the agency not taking travelling time into consideration when booking clients; "the agency doesn't allow for traffic jams, it doesn't allow you to drive from one side of the city to the other because the girls are unaware of where the clients are located" (17: 7: 285-287). Similarly, she often felt frustrated with the lack of communication in terms of the client's locations, as not being able to find a client's home can take over care time. Joy also felt that often she was not allocated enough time for each client "the time constraints on some of the clients are totally impractical." (17:7:287-288)

Joy also felt that the screening for agency nurses had also declined. Previously agency nurses had to have a minimum of one-year experience and a letter of recommendation from a DON. Now there was no such screening and that left other nurses faced with some incorrect diagnoses, and with a concern for the level of care being received by their client's.

Another concern raised was in regard to instances where the EN was put in a situation where the severity of the client's condition would not allow them to leave. The process to be followed in this situation is to contact Veteran's Affairs or Home Care so that they may approve the EN to stay with the Client. In addition the major carers of the client such as the Doctor or other in-home carers may also be contacted. These carers must be identified by the agency; "You try to get the agency to find out for you. Which is very difficult, they will sometimes acknowledge what is going on but others they will not. I have had success with some clients but non success with others" (17:8:366-368).

The lack of on-going education as an Agency nurse was also a major concern. Joy felt that the agency had a responsibility to provide this, while the agency does not take responsibility. In addition to these difficulties as an Agency nurse, Joy also felt that Enrolled Nurses were 'missing out' on education programs as they were being aimed only at Registered nurses:
A lot of the education that comes through the hospital system or the nursing homes are basically directed to registered nurses. They come into the hospitals but actually don't get down to the floor level so the enrolled nurses are aware of them (17:12:574-577).

Joy also articulated a conflict between Registered and Enrolled Nurses:

Also you have got the educational differences where your post graduate registered nurses are not aware of the scope of skilful enrolled nurses and therefore there can be some animosity with the junior registered nurses coming on to the floor and creating hassles for the senior enrolled nurses who have been there for donkey's years. You have also got bullying and things like that that goes on between the registered and enrolled nurses but that's been in existence for a while, but it needs to be addressed (17:12:562-568).

Education

Joy felt that too little time was now being spent in the clinical components of tertiary nursing education; "but the clinical components to me, you can't get your feet on the ground in 3 or 4 weeks and actually will be able to learn in that time as well, where my clinical components were I think were 12 weeks in each area. Ok I didn't do midwifery but I think the clinical components need to be looked at so that they get exposed as much as they possibly can." (17:11:536-541)

As an enrolled nurse Joy also felt that trainee enrolled nurses should have senior enrolled nurses as preceptors rather than the current practice of using Registered nurses as preceptors; "For trainee enrolled nurses the use of enrolled nurses as preceptors or as their peer support because we know where they are coming from because we have actually been there" (17:11:541-545).

She also believed that the final block of nursing education should include presentations from various speakers from within the nursing community and professional nursing bodies. This would provide an overview of the 'different criteria's' of various nursing professions.

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- 5.19 Registered Nurse - Private Nursing Practice
- 5.20 Registered Nurse - Development Disability Services
- 5.21 Registered Nurse - Day Procedure Centre
- 5.22 Enrolled Nurse - Day Procedure Centre
- 5.23 Registered Nurse - School/Child Health Services

5.19 Registered Nurse - Private Nursing Practice

Michelle is a registered nurse who works in Queensland in the area of health education. For the last two years she has had her own health and fitness practice where she practices as an exercise physiologist. In this practice she devises health and fitness programs for clients with a pre-existing health condition, and acts as a personal trainer to clients not wanting to attend a gymnasium. Michele also works in the field of midwifery conducting post-natal home visits, and is very active in various areas of health promotion. For example, she works for a health insurance company devising their health promotion programs.

As well as her clients, Michelle interacts on a daily basis with allied health professionals such as physiotherapists, naturopaths, occupational therapists, and medical doctors. Her clients are gained through referrals from these professionals.

Michelle states that no day is really typical in her position, and her tasks are dependent on the day of the week. However, her more typical activities include consulting with clients in developing their health and fitness programs, either at her practice or in the client’s home, promoting her practice by writing to or visiting doctors or developing fliers which are left at various places. On other days she will attend her office at the medical insurance company where she will do customer service, and spend around five hours a week completing work from the insurance company. This type of work includes phoning people, or writing letters to people who have requested information.

In her consultation with clients requiring a health and fitness program, Michelle will conduct health assessments involving aerobic threshold, body fat analysis and heart rate, examining their gait, balance and flexibility. Based on this assessment she will then create a program incorporating fitness, nutrition, and other issues dependent on the client's condition - eg: stress management.

Models of Working with Others

Michelle works independently in her practice but is regularly involved in interactions with:

- Physiotherapists;
- Naturopaths;
- Occupational therapists;
Medical doctors (GP's); and
Nursing students.

Skills

Skills that Michelle felt she used on a regular basis were:

- Counselling skills;
- Education/Teaching skills;
- Accounting;
- Management;
- Writing;
- Marketing;
- Health assessment skills (heart rate/body fat/blood pressure etc.);
- Understanding of confidentiality; and
- Interpersonal skills - "that skills of building a rapport with people so that they will trust you and talk to you about how they are feeling. A lot of people have issues that they don't want to discuss, they do want to discuss it but they don't know how to." (16:6:246-248).

Challenges

Of the question regarding challenges in her work, Michelle states, "I am challenged everyday. It's difficult because it's so broad." (16:6:156-157) However, some specific challenges she identified were:

- Understanding the vast variety of health conditions she is faced with (physical and mental);
- Staying focussed on the client's holistic health (nursing and fitness);
- Recognition as an 'exercise physiologist' by other health professionals (doctors, specialists), and health insurance companies; and
- Lack of recognition from other nurses that Michelle's work in health and fitness constitutes 'nursing practice'.

Education

Michelle felt that there was not one particular tertiary pathway that was suited for her profession. She encouraged the initiative of QUT to combine degrees in Exercise Physiology, Nursing and Human Movement in order to streamline education into her field. She felt that as an exercise physiologist she was limited in the amount of medical information she received in her formal education, and that more was necessary.

Having been involved with teaching clinical skills to student nurses, Michelle thought that tertiary education in Nursing and Medicine should teach more in terms of health promotion, in order to promote holistic health in their patients. In relation to this she stated, "nursing could certainly know more about how your health does revolve around how fit you are- to improve your health you should be fit" (16: 8: 357-359).

5.20 Registered Nurse - Development Disability Services

Matt is a registered nurse working in South Australia in development and disability services.

As a registered nurse, Matt is responsible for administering medications to patients that reside within the separate units that make up the service. Each unit has its own environment that can vary
greatly between a calm quiet setting to a very noisy dementia unit and Matt has to quickly adapt as he moves through the units on medication rounds. Matt deals with challenging behaviours of patients on a daily basis. His assessment skills are vital to caring for patients, particularly because many patients are unable to effectively communicate:

You have to do all with your assessments to be able to work it out exactly with them moaning or crying or something, why they are doing it is it because they are sad or is it because they are in pain and so on and we need some time to spend with them and to have a really good start to be able to assess all those problems and their needs. (10:3:33-7).

Matt's medication rounds take up a substantial part of the day and need to be well co-ordinated, as certain patients require medications at certain times before or after meal times. Matt finds that emergencies and other events will often interrupt medication rounds. He feels that his situations in his work environment change daily and he needs to be quick to respond to these changes. Matt's work also requires constant research, training and acquiring information For example, about medications and their side effects.

Models of Working with Others

Matt relies heavily on written and oral information provided by the registered nurse from the preceding shift about his allocated patients. They have an extended handover, which allows for the two registered nurses to work together as a team. Similarly, Matt works in close collaboration with a number of care workers and mental deficiency nurses, as well as a number of doctors and allied health professionals who are also employed by the service.

Skills

- Nursing skills
- Psychiatric nursing knowledge
- Interpretation of medication and side effects
- Research skills
- Time management
- Adaptability and flexibility to changing work environments

Nursing skills are of greatest importance for Matt in his area of work because of:

... people's mental ability - most don’t communicate their needs and their problems and you have to look for the signs and symptoms to be able to work it out exactly what you have to do. Some other staff notice happening connected with behaviour or with pain - need time to collect all the information (10:7:158-161).

Challenges

- Challenging behaviour
- Lack of time
- Fulfilling government requirements regarding documentation, accreditation

Education

Matt identifies that there is a lack of clinical experience to enable graduate nurses to feel comfortable wherever they are working. However, he feels that he has gained significant knowledge
from education programs that are run on site by his employer.

5.21 Registered Nurse - Day Procedure Centre

Stacey is a registered nurse who works in the theatre of a day surgery in the Australian Capital Territory.

Her work environment is very confined. She spends long hours on her feet and finds the pace of theatre work can be very busy, with quick turnaround times between patients. Her work as a theatre nurse sees Stacey 'scrub in' and assist the surgeons with instrumentation. She is responsible for setting up the operating theatre at the start of the day and preparing all the equipment, which includes sterilisation. During operations, Stacey will provide instruments to the surgeon and often anticipate his or her needs. At the end of each operation, Stacey has "... about a minute turnaround time, so you have got to pack up your trolley, separate the sharp and dirty instruments and count off how many needles and swabs are there, get that out into the CSC area, ... and then straight back into the room" (11:9:175-9).

Models of Working with Others

Stacey works in conjunction with the anaesthetist, recovery staff, and anaesthetic and scout nurses, but is primarily involved with the surgeon. On occasions, Stacey will experience conflict with some doctors, as a result of their direct sexual comments and innuendo.

If under a local anaesthetic, Stacey will communicate with the patient throughout the operation by "asking them if they're okay and telling them periodically what's happening." (11:7:140-1).

Skills

- Adaptability and flexibility
- Having a sense of humour
- Sterile skills
- Anticipation and assessment skills
- Social skills and diplomacy

Challenges

- Time pressure
- Conflict resolution
- The physical environment, heat and dehydration experienced while in theatre
- Sexual harassment

Education

Stacey believes that to work in her practice area student nurses need "... some background in understanding of the sterile field and I guess it helps if they have had some previous experience in scrubbing up..." (11:12:243-4) She refers to the skills as qualities that student nurses need acquire for education to respond to the type of work that she does.
5.22 Enrolled Nurse - Day Procedure Centre

Sonia is an advanced skills enrolled nurse working in the day surgery of a community hospital. Sonia has been working in day surgery for 8 years, although she has only been employed in her current place of work for one month. Sonia described her place of work as "very busy, very futuristic and currently we do two-thirds of all day surgery in this place" (36:5:85). Her shifts are from 7am until 3:30pm, 10am-6:30pm or 12-8:30pm.

On a regular morning shift, Sonia arrives at around 6:45am. The patients begin to arrive around this time, Sonia will go and introduce herself to her patients and do her best to relax the patient and any family or friends who are in attendance. She will get their details, then do baseline observations, ensure consent forms are signed and will then orient the patient to the wards. Sonia may repeat this process a dozen or more times each day for different patients. The orderly then comes to take the patient to theatre and Sonia will go with them to do a hand over with the ward nurse.

When the patient is done in theatre, Sonia is called for and will take hand over back from the ward nurse if she feels the patient is recovering well enough to return to the ward. On return to the ward, Sonia will do observations for several hours while the patient wakes, and then will arrange for them to have food and drink if they want it. Pain management is also a major role for Sonia. The staff avoid the use of narcotics for pain relief because it prolongs recovery time, therefore she will try other means such as positioning and talking to the patient, but will them request narcotic pain relief if necessary.

If the patient is recovering well, Sonia will contact the family or other contacts to come and get the patient to go home, and discharge them. There is much documentation involved in this whole process, documenting observations, drugs given, whether they have eaten and drank, if a doctor has been contacted and the consequent conversation, and discharge of the patient. After all patients have left the day surgery, Sonia is involved in tidying up and getting ready for the next day by restocking, and general 'house work'.

Model of Working With Others

On a daily basis Sonia interacts with the patients and their families, with her immediate peers who are all registered nurses, with medical staff from theatre, and with other staff such as domestic services for people with particular dietary requirements, and sometimes with religious workers who visit the hospital. Although the nursing staff are required to work quite independently, there is also open communication between them if they feel the need to discuss problems or help in making decisions. Sonia would also inform the coordinator of theatre if there were potential problems.

Sonia will make decisions to administer patients with pain relief medication but is legally unable to give injections. She will make a recommendation for medication and an RN will check this. If the medication is oral she will administer it, or an RN will administer any injections. Sonia also interacts with the surgeons who will often visit before and after surgery, and she will inform them of any problems she has observed. If the surgeon is unavailable, then she will call a ward doctor. For the majority she feels that the doctors recognise her as a professional and feels there are very few of the 'old school' who have issues with nurses.

Skills

The skills Sonia identified as central to her position were:
Clinical skills: blood pressure, pulse, oxygen saturations, when to apply oxygen therapy, dressings, taking drains out, taking the drip down, IV infusions, setting up ECG;
Emergency skills eg: CPR;
Communication and public relations skills: talking and listening, understanding body language;
Interpretation of physical actions to documentation;
Being able to set people at ease and reduce stress by using a relaxed manner;
Technological skills and the ability to update skills to use new technologies;
Visual observation/sight surveillance/vigilance: the ability to tell if something is wrong and needs to be checked by just looking at a patient, being able to do this with several people in one room, being constantly vigilant of these visual signs.

Challenges

Rather than identifying challenges which were an obstacle to her work, Sonia identified challenges inherent in her work which she thoroughly enjoys; "the challenge for me is making a smooth transition through the operation, they can feel safe and comfortable about, obviously coming out successful and limited pain support and not being too scary for them"(36:12:292-294).

Emergency situations were out of the ordinary and a challenge for Sonia, although she felt that she didn't recognise them as a challenge until after the event. However, public relations presented the greatest and most common challenge to her in her constant interaction with patients and families. This particularly related to dealing with aggressive people. Through her experience Sonia now feels that she is quite adept at dealing with aggression, and feels it is largely through feelings of discomfort and stress that prompt the aggressive behaviour.

Another positive challenge is in teaching new staff and student nurses who come into the outpatient ward. These include TAFE enrolled, postgraduate nurses, and registered nurses also who are new to the position.

Education

Sonia stated, "I can't stress how important public relations is in the day surgery" and felt this was an important thing to stress to students and new staff who came to her to learn. In terms of responsive education, Sonia felt a stronger need for day surgery training; "we so have a same day association that we go to, it is usually quite popular..... a lot of them tend to think that day surgery is just taking obs. and meeting them and taking them to theatre but it is a lot more than that. I think that education could teach that there is a lot more to it than that" (36:14:346-351).

Sonia also felt that it was important to teach nurses to be able to thorough but quick; 'like walking into a room and not focus (on one person)...... teach them to scan the room, look at the drips and drains quickly, look at their colour, look at their eyes and whether, you know different things you can teach them as being more observant"(36:14:355-360).

5.23 Registered Nurse - School/Child Health Services

Jill is a registered nurse who works closely with 2 other Level 2 RNs in a Child health service. The service is located in a metropolitan shopping area as to be more accessible to clients. The majority of infants Jill is involved with are 0-3 years, although the clinic caters for children up to 12 years of age.
Generally, the clinic is an information service for parents. Most commonly, Jill is involved in ‘wellness’ assessments of infants at key developmental stages. These assessments involve examining the child’s growth, and their physical, mental and behavioural development. These assessments are aimed at gaining early intervention for any developmental abnormalities suspected. Jill will refer the child and the parent to a medical officer or a GP if she feels there may be an issue beyond her scope as a nurse practitioner.

Jill is also a lactation consultant and thus deals with mothers who are having difficulties with breastfeeding. She may also become involved with other more social family issues, such as those that arise with very young mothers, and domestic violence and postnatal depression. With these social issues, Jill will aim to gain an insight into the general background of the family, and refer the client to other suitable services.

Jill also spends much time in following up the progress of her clients with whom she has developed intervention strategies. She tries to maintain some ongoing education, and has been involved in the development of information for parents.

Models of Working With Others

The structure of the organisation in which Jill works is currently undergoing a great deal of reform. She referred to a great number of ‘teething problems’ to do with these changes, and also to the increasing difficulty in accessing allied health services as a result.

On a daily basis, Jill works closely with two other nurses within the clinic, and a clerical person, and addressed both the advantages and disadvantages of working in such a small group:

...we do support each other as peers also, and if we've got any queries about practice or issues that come up, we will quite often speak to each other and we do de-brief, we do do that very easily, but it's not quite as easy not, I mean you've got a smaller network so the dynamics of the team has changed, it's now, you've only got like 3 nurses so I mean if the dynamics are not getting on very well, it would be very unpleasant. (23:10:271-276)

A team manager is also housed within the same location, but their duties are spread between two locations. Formerly, Jill's team had had very close connections with an early intervention worker and two social workers, but under current reform their services had become much more difficult to access. Their access to the organisation’s physiotherapist had also decreased. The Physiotherapist is currently employed 2.5 days a week, but this access is shared.

Skills

Jill identified certain skills as an integral part of working in such a small group. She referred to these as the ‘tools of teamwork’. These included conflict resolution skills, and the ability to confront.

Clinically, Jill referred to the skills involved in 'normalising' in childcare; normalising feeding and settling of the child in order to help parents who are having difficulties in these areas. Formally, all Nurses in the clinic are required (in addition to their qualifications as a Registered Nurse) to have either a graduate certificate or prior training in child and adolescent health. Relative to this is a strong need for a sound knowledge of normal physical and behavioural development.

In addition to this, there is also a need for the understanding of more social aspects of the family, and of other family-related issues such as domestic violence and post-natal depression.
Challenges

Many of the challenges Jill described related to the difficulty in accessing allied health professionals for referral. A decrease in access to early intervention co-ordinators and social workers meant that the ongoing care normally undertaken by these professionals was now falling back to the Nurses themselves. Speech pathology was one particular area of difficulty, with none being employed within the organisation, and the region severely lacking speech pathologists in general.

Allied health professionals were having to "share themselves" around more and more. The medical officer employed by the organisation visits the clinical only one-half day a week. At other times it was difficult to contact them for consultation referrals.

Other challenges were more related to the social aspects of the job; "it can be quite draining and because of the social issues you have to be really aware of not owning the problem, taking a step back at times." (23:3:28-30) Particularly difficult were those cases were Family and Youth Services (FAYS) becomes involved. Often clients would not come back to the service following their involvement:

... they don't want your involvement anymore, they get angry, and even though they are not really supposed to be told and you've got that choice of whether you let them know that you've notified or not, sometimes they put 2 and 2 together and sometimes they think that it's you, and it's not, so it's hard (23:9:222-227).

Relative to this, there is also the ongoing challenge of trying to work within the confines of Confidentiality legislation when dealing with other organisations such as FAYS, when there is conflict between loyalty the client and the role as a mandatory notifier.

Liaison with GP's was also difficult. Jill expressed the recognised need for, and the on-going challenge of trying to promote their work with GP's. After referring clients to other services, Jill and her colleagues need feedback to understand the ongoing situation. This feedback was rarely given to them from GP's and with their strenuous workload it was difficult for them to 'chase it up'. Also relative to GP's and other health professionals was Jill's concern that there need to be more cooperation between them to limit the amount of 'doubling up' which frequently occurs. However, this cannot be decreased until Jill and her colleagues are recognised as competent child-health practitioners.

Education

Jill felt that the greatest education gap for her current position was in the area of infant feeding. To fill this gap Jill states, "they need to be an RN and they do need some postnatal, midwifery training, definitely and they do need the child as a postgraduate..." (23:19:566-567). She also identified a problem with bringing RN1's into the organisation where an RN2 was really necessary

[I] think it's hard for us too to provide an RN1, to provide that gap in the organisation, because once your in the organisation your under the pressure of service delivery. If the RN1s could work with us, if it was programmed based, maybe if we had a program that was family and baby program and we worked in that program a level 2 with an RN1 and a level 2 with an RN1, I could see that working, as long as you work in a particular area doing that specific thing for a period of time, they would develop skills in that area because they learn, a bit like a teaching and learning. (23:20:585-591).

Jill also felt it was a good idea for those training to be midwives to gain experience in their
organisation to gain more community experience.

Continued on next page...

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The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

5.24 Enrolled Nurse - School/Child Health Services
Laura works as an enrolled nurse in a school in Western Australia. The school is an education support school that take students who have both physical and mental handicaps. Laura describes the type of nursing she does as community nursing, which involves prevention through empowering and educating people. However, Laura finds that "...my role in the school and my role as a community nurse is often questioned." (37:5:69-70).

Laura comments that there are no typical days. The only routine will be the commencement of her day where she will join teaching staff in the staff room in order to open up lines of communication and make herself accessible. Laura finds that this also provides her with an opportunity to find out about any problems that particular students may be experiencing. Laura will then have a brief meeting with the other nurse who is working at the school that day, "....but from then on... it can be very planned, or it can be very unplanned" (37:8:174-5). A large portion of Laura's work will involve health promotion and student advocacy. She conducts information sessions for students on topics such as school bullying, building self-esteem and a feel safe program. Laura will also attend to playground accidents and school outings.

Laura's employer is a local hospital, rather than the school. She finds that working as a community nurse with health promotion as her focus is in contrast with the hospital's medical model. She finds this to be a great challenge because the hospital's set up does not provide for Laura's unique work environment.

Models of Working with Others
Laura interacts with school psychologists, physiotherapists, occupational and speech therapists. Laura's role of caring for and educating members of the school community about health issues extends to the teaching and therapy staff as well as the families who also act as carers for the students.

Skills
Communication
Advocacy
Basic first aid
CPR
Medication
Updating knowledge base
Assessment

Challenges

- Apathy - building staff morale
- Nursing staff that lack the necessary skills
- Working as a community nurse under a hospital - medical model

Education

Laura strongly believes that nursing should incorporate more education about community nursing and the benefits that arise from preventative and primary health. She finds that new registered nurses entering her area of work are often unwilling to be involved in duties that might be seen as unconventional or beyond the scope of regular nursing and feels that an emphasis in educating nurses about a community approach to nursing in school and child health services would be advantageous.

5.25 Enrolled Nurse - Tertiary

Theresa is a Nursing Laboratory Technical Officer at a Victorian tertiary institution that educates registered nurses. Theresa has enrolled nurse qualifications and finds that she utilises her skills and knowledge in a somewhat unconventional setting. She acts as a support person for the student nurses, in particular with regard to their laboratory practicals.

Theresa states that "no day here is typical" (7:9:198) and she finds that her workplace can sometimes be as stressful as an acute environment. Often her work will involve the task of setting up and dismantling laboratories with the necessary equipment for student practicals. She has to know what equipment is required, how to set it up and anticipate the needs of both students and instructors. Theresa is in the process of implementing self-directed labs and provides assistance to students who utilise these facilities. She sets up policies, procedures and inventory systems for the laboratories.

Theresa liaises with equipment sales representatives, many of who are also nurses, for the purpose of recommending and purchasing new equipment for the laboratories. She must remain up-to-date with the latest equipment that is available and being utilised in the workplace.

Models of Working with Others

Theresa works closely with lecturers and staff, who provide her with an outline of their needs for each practical. Theresa is a mentor for student nurses; she tries to create a sense of team among the students because she sees this as an important quality for student nurses.

In addition to student nurses, Theresa also interacts with re-entry nurses and students from other disciplines. She provides an intermediate reference point for students who have general or specific
queries or concerns about coursework within nursing laboratories.

Skills

- Patience
- Interpersonal skills
- Time management
- Prioritising
- Anticipating needs
- Nursing skills and knowledge

Challenges

- Possessing and acquiring expensive modern equipment on a tight budget
- Finding time for further personal study and education

Education

Theresa thinks there needs to be more clinical practice for students. She feels that:

...we try and create here in the labs, as close to... the .. the umm, health settings as we possibly can to compensate for the lack of hours ... constantly... the umm... students are saying, "it just wasn't long enough.... there was so much more... and I was just starting to get into the rhythm of things and that's it we were finished"....and that's also why, umm.. my manager umm.... and I ...have set up the... self directed labs ....also....and encouraged the students to ... use them as much as possible (7:14:334-340).

Theresa believes that nursing education should occur within close proximity to acute hospitals, allowing students to interchange between studying nursing and completing clinical practice. She thinks that nurse educators in health care facilities could do some sessional work with students while nursing academics in the universities could provide some specialty education to nurses in the hospitals. Theresa considers that more interaction and collaboration between facilities such as the university and the education of staff in a health setting will be beneficial for nursing education at all levels.

5.26 Registered Nurse - Tertiary

Jane is a registered nurse, who has the position of nurse educator in a Queensland Hospital. She runs the orientation program for all new staff and is particularly involved in continuing education and trouble shooting for the new graduate nurse program.

A typical day requires Jane to liaise and negotiate with nursing staff working on the wards and other nurse educators. She runs a number of projects including transition and education programs for all levels of nurses. A lot of her time is spent in front of a computer to organise and publish education programs and utilise email to communicate with nurses on the ward.

Jane sees herself as having a facilitative role within the hospital:
... as an educator I have a very strong belief that my job is to make nursing as easy as possible for nurses.......to give them the information that they need and to help them to cope as best they can ...... (3:13:336-9).

Model of Working with Others

The isolation from the wards means that Jane has to research information and take it upon herself to upskill and increase her knowledge base. Jane’s position in the hospital also sees her interact with all the new staff to the hospital, and she sees her role as an initial contact person for those staff. Jane works in concert with the other educators and has a collaborative role with the nurse practice coordinators who are responsible for the new graduates on the wards.

Skills

- Communication
- Sales/marketing
- Administrative
- Written communication

Challenges

- Time/ time management
- Maintaining enthusiasm
- Lack of job stability

Education

Jane believes nurses need time to learn nursing in a clinical setting without the stress of having to make the decisions of a registered nurse: "I very strongly believe that I would never go back to ....... the hospital based training...... but I do think that they need umm......... a less..... stressful....... clinical component..." (3:15:406-8). She supports the view of graduate nurses being given 12 months experience before having the expectation and responsibility of working as a registered nurse.

Jane rated interpersonal skills as highly important in the educational preparation of nurses. Jane also identified sales/promotional skills as important for nurses to learn so that they may encourage patient education and awareness of the health issues that affect them.

5.27 Enrolled Nurses - Private Sector

Both enrolled nurses, Claire and Tim work in the theatre of their respective West Australian and South Australian private hospitals. While both nurses are responsible for the set up and maintenance of anaesthetic equipment, Claire has the additional qualification of anaesthetic technician.

Claire and Tim refer to the unique, specialised culture that exists in theatre practice. Claire finds it to be very demanding, particularly when she is on-call. The pace of their day is fast and the stress level is high because of the constant risk that something may go wrong during the operation. A typical day for Claire and Tim involves setting up and maintaining theatre equipment, including the
anaesthetic machine, recording fluid balances, and assisting the anaesthetist. Claire is also involved in ordering stock and purchasing equipment, as well as educating registered nurses about theatre work. Claire and Tim see their observation skills as being paramount to their job. They are constantly observing the patient and their surroundings and feel they must often anticipate potential problems and be quick to react.

Models of Working with Others

Claire and Tim interact regularly with anaesthetists, surgeons, registered nurses, orderlies, and ward staff. While Claire finds that some surgeons and anaesthetists can be difficult to work with, she feels there is a mutual respect between herself and other professionals, including the registered nurses.

Claire and Tim both express an enhanced responsibility for the unconscious patient. They feel they must be a good advocate for the patient, being constantly aware of where the surgeon is leaning, placing instruments, and how the patient is responding to the anaesthetic.

Skills

- Multi-skilled
- Observation and anticipation
- Maintaining a cheerful, helpful disposition
- Communication
- Interpersonal
- Clinical skills
- General nursing skills
- Problem solving
- Anaesthesia knowledge

Challenges

- Updating your knowledge base
- Dealing with theatre culture
- Impatient people
- Fatigue
- Maintaining motivation and enthusiasm
- Working in an emotionally tough and high stress environment
- Feeling under valued by the hospital

Education

Tim suggests that nursing education should more effectively combine hospital and university training. He feels there is much that simply cannot be taught in the classroom. Tim states:

In the real world industrial parity, staff being paid and treated like people who are actually worth what they do, and they can also start educating people in a realistic sense because .... nursing will always be a hands on profession. (24:6-7:145-151).

Claire thinks that it would be good to include some theatre experience as part of the enrolled nurse's training course, even if that means observation or working with the staff development workers in theatre. She also approves of the hospital's recent implementation of an enrolled nurse career structure which will provide greater incentive for enrolled nurses to do more training and education.
Working in metropolitan Victoria, Carol is a registered nurse. She is a continence nurse advisor and is employed by a private community nursing practice. Carol conducts home visits to see adults who are experiencing either urinary or faecal incontinence or may have a bladder or bowel dysfunction.

Carol's work environment varies from hospitals and clinics to client's homes. A typical day may involve visiting clients in all three settings. Carol allows a couple of hours for an initial home visit which normally involves Carol interviewing the client and family carer. She will explain to the client that: "...it's a bit like a detective story and I'm trying to work out why they have this problem .... so I'll be asking lots of questions and..... not to feel too ...hopefully overwhelmed by all of that....and then once we work out what's going on then we'll know what are the things we can do to improve it....." (6:4:58-61). If necessary, Carol will then conduct a physical examination of the client.

The societal views on the subject of incontinence means that Carol must be mindful of how to broach the topic without upsetting the client, as well as overcome difficulties that arise when clients are in denial about their incontinence. Carol also has clients who do not speak English, creating further challenges, even with an interpreter present, to communicate with clients who are already in denial about their incontinence.

Models of Working with Others

Carol works in a multi-disciplinary team that includes a continence physiotherapist. She also interacts with other professionals within the community health care setting, such as urologists, GPs and gynaecologists. Carol works as a member of this team, however, she is often called upon to provide advice and education to members of the medical profession, particularly general practitioners.

Skills

- Diplomacy, counselling, educator
- Have sound medical and general nursing knowledge and then layer onto that specialised skills
- Assessment skills
- Planning
- Public speaking and education
- Listening being sensitive to and maintaining rapport with clients
- Flexibility - being prepared for all eventualities when you knock on a client's door.

Challenges

- Government funding - have to submit statistics and achieve KPIs
- Managing a person with limited finance
- Time management - finding time to write reports

Education

Carol feels that "...the tertiary education does prepare a clinical nurse.... for.... the things that you have to do..." (6:8:188-9). She would like to see a continence nursing course offered through
tertiary institutions that allows for an educator to be present for physical assessment, who looks at professional issues. She sees continence nursing requires the establishment of an independent nurse practitioner role.

Carol believes that continence management is a huge part of most nurses' practice but remains an area that is not well understood or covered.

5.29 Registered Nurse - Prison Services

Brenda is a South Australian registered nurse working in prison services in a rural setting.

Brenda's work environment plays a large role in the type of nursing and issues that she faces on a daily basis. Brenda does all the nursing diagnosis, treatment and medication in the prison. The pace of her work in the prison is busy. On a typical shift, there will be Brenda and one other registered nurse on duty. They will see up to 40 prisoners a day which will often involve conducting assessments, diagnosing, medicating and documenting each visit. In addition, Brenda conducts medication rounds and assists in the doctor's parade, transfers and admissions of prisoners. No doctor is in the prison at all times, and consequently Brenda is the first reference point for any medical emergency or situation within the prison. She will often attend to injuries sustained from fights, overdoses or self harm attempts such as 'slashers' or 'sorry cuts'. One challenge for her is knowing what emergency equipment to physically take to the prison cell and then the ability to work on the floor of the confined space that she finds herself in.

Her work is diverse. It requires her to be a counsellor, someone who will listen to a prisoner's problems and concerns. Brenda's lengthy period of employment at the prison and background as a psychiatric nurse allows her to be more trusted and freely communicate with the prisoners, although she always needs to be aware of the risk of being manipulated for drugs or sick days.

Brenda feels frustrated by issues arising from her employer not being the Department of Correctional Services. She believes that she does not get any support or advocacy from her employer and finds herself spending a lot of energy dealing with issues that surround this fact, in addition to coping with the stress and uncertainty that a prison environment brings. However, despite these frustrations, Brenda finds that working in a prison can be a very rewarding job.

Models of Working with Others

While Brenda works most closely with her fellow registered nurses and officers of the prison, she refers to the autonomous nature of the prison environment and the work that she does. However, there is a wide range of allied health professionals who Brenda regularly interacts with, including doctors, psychiatrists, physiotherapists, drug and alcohol workers, dieticians, diabetic educators, podiatrists and dentists.

Skills

- Counselling
- Nursing
- Psychiatric nursing knowledge
- Knowledge of the prison environment and prison mentality
- Cultural knowledge, particularly in relation to Aboriginality
- Communication
Challenges

- Not working for the Department of Corrective Services
- Staff shortages
- Security issues
- Communicating with some male Aboriginal prisoners

Education

Brenda does not ".... think you could actually train or educate a nurse to go straight into prison nursing" (14:24:660-1). She suggests that students need experience in emergency nursing, consultation, counselling and some understanding of security and cultural issues, before they can enter a prison practice area.

5.30 Enrolled Nurse - Prison Services

Paula is an enrolled nurse working in a rural West Australian prison. Working within an institution, Paula feels the need to utilise her initiative more than in the regular hospital setting. Her days are busy and can be intense when dealing with particular prisoners or attending to emergencies after fights or slashes have occurred.

Paula will usually work a shift with the clinical nurse manager and the medical ward clerk. She assists in data collection, immunisation and assessment of prisoners, which includes the annual assessment of all prisoners. A typical day for Paula will start by going out to the blocks and giving out medication and evaluating prisoners on sick parade. Paula will also provide first aid to prisoners and officers injured during prison fights.

Models of Working with Others

Paula's nursing practice means that she has a different relationship with her clients. She must be on the lookout for prisoners feigning medical conditions for the purpose of seeking drugs or having a day off from work. On the other hand, Paula tries to build a good rapport with the prisoners so that they feel more comfortable talking openly to her when they come to visit her in the medical clinic. Paula describes herself as an Aboriginal Australian which can facilitate cultural communication but simultaneously can inhibit communication with aboriginal males who don't like to talk to women.

Paula must work with the doctor who visits the prison once a week. The doctor is quite willing to teach Paula about medications and assessment which she finds to be very helpful.

Skills

- Communication skills - includes an ability to communicate with aboriginal and Indonesian people through interpreters or sign language.
- Cultural understanding
- Assessment
- Computer skills
- Interpersonal skills
Challenges

- Personal safety and feeling comfortable in the work environment
- Knowledge of the prison system, prison mentality and standing orders
- Ability to work in a crisis situation
- Dealing with cultural and communication issues
- Maintaining an awareness that the workplace is a prison and the clients are prisoners

Education

Paula's view on education is best explained in her own words:

I think to go into that sort of job, you need to have a bit of experience, a general experience in the hospital. I wouldn't recommend that sort of job if you have just finished uni and then you went straight out into a job like that. Because you would really have to go and consolidate some skills before you actually entered a workplace. Because there are a lot of skills that you learn over the years, that's what helps you to be a better nurse out in an environment like that. Plus if you have been around awhile, you do wise up to people, especially people trying to scam things off you or try to get a day off, or try to get drugs out of you. They try to manipulate some way, then at lease, if you have been around awhile in the hospital system and things like that, you will be on to it (30:19:516-25).

Mental health training is an area that Paula believes will be useful for her work. In addition to the clinical training, Paula suggests that theoretical knowledge is also important, as she often finds a need to supplement her experience with conducting research to find relevant written information on a particular subject. Paula intends to become a registered nurse.

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5.31 Registered Nurse - Defence

Helen is the nurse unit manager of an outpatients department for a defence hospital in New South Wales. Her job is to 'look after' defence force personnel in an outpatients' treatment area on the military base. Helen will see personnel for scheduled check-ups and assessments. She will also, attends to 'sick parade', will attend to 'walk-ins' who feel unwell and present for assessment, may referring them to a doctor or to the hospital, and also conducts preventative health programs. Preventative health programs include education of military personnel in lifestyle, diet, and smoking.

Helen describes her clients as "healthy patients. Healthy, wonderful, motivated patients." (29:7:120) She may remove plasters and sutures, and conduct ECG's as part of the medical check-ups. As a nurse manager, much of Helen's time is also spent in dealing with administrative problems related to rosters and safe manning in other buildings from where she has her treatment clinic.

Although scheduled to work from 7:30am until 3:30pm, Helen generally doesn't leave work until around 5pm. She feels that is part of her leadership role to be the 'last out-turn the light out'. Helen spends this extra 1½ hours in tidying her 'messy desk', looking up statistics and collating them for the physiotherapists injury prevention program, talking to doctors about 'interesting cases' and liaising with the ward staff.

Models of Working with Others:

In the department, Helen manages there are four doctors housed within four consulting rooms. She also manages two other related medical facilities, and a specialist centre where outpatients clinics are held. In her daily work, Helen interacts with specialists, GPs, officers and soldiers, other clinicians, physiotherapists, hand therapists, psychotherapists, clerical staff, and administrative staff. There are no on-call or agency staff, so the medical and nursing staff will aid in other areas if need be. Helen will work on the wards if they are short of staff.

Skills

Good communication skills are first on the list of skills that Helen feels are central to her position. She describes the necessity of being able to communicate with other staff and the patients without intimidating them, and being able to know what questions to ask. As part of a military organization,
Helen also felt it was very important to gain credibility by understanding what is involved in the jobs of the officers and soldiers. She feels that felt she has gained this credibility by serving in uniform herself "otherwise they just think you're a dumb civvy" (29:10:209). Assertiveness was also an advantage in Helen's position, as were "honesty, integrity and professionalism" (29:12:304).

Helen also discussed the need to look at the patient holistically and understand the support structures, or lack of, which might be in place in their social life:

… you might be looking at someone who comes in, with a very high fever and you don't think he can self-care so you throw him in a ward to be observed and helped out, stuff that wouldn't be admitted to a normal hospital (29:11221-224).

Relative to this, Helen cites assessment skills as being also very important, and believes that her own are highly developed.

A broad knowledge base and the ability to triage a situation is also very important, "from one end of the spectrum to the other......strapping for an ankle...preventative stuff right through to when to dial 000" (29:12:294-297). As a leader, Helen also believes that loyalty and the willingness to 'roll your sleeves up' is also very important (29:12:307). Also from a management perspective, Helen believes that honesty in letting workers know when they are not performing adequately is important, as is listening to their opinion.

Challenges

Working as a contractor, rather than an 'employee' of the military presents a set of challenges. Helen is not paid sick leave, annual leave or superannuation, and as such doesn't feel that her loyalty to the organisation is recognised, and is also concerned about her future, which is unstable.

Keeping a 'harmonious relationship' with such a variety of personalities is also a challenge that presents to Helen as a Nurse Unit Manager. This is relative to a great range in age and demographics associated with the military. On a personal level, Helen finds trying to balance work and family quite difficult, especially when she is called upon out of hours to deal with work problems.

Education

Financial assistance would be useful to Helen in trying to gain continuing education:

it would have been easier if I didn't have to pay quite as much in fees to do a course. At the moment I have to argue with the business manager to get them to pay either for the course or my salary for those hours of attendance (29:16:402-405).

Helen in no way condoned the way that she was taught when gaining her Nursing education, referring to self-taught blood taking on her flatmate, working them like 'Trojans', spilt nights off, and 12 weeks of constant night shift, but she did feel there was a greater need for more clinical skills in modern nursing education.
Mary is a civilian enrolled nurse working for the defence force in Western Australia. She works predominantly with outpatients, seeing the patients before they the doctor attends to them.

The environment is very unique to Mary's practice area. The medical centre is impeccably clean and orderly. While the pace may not be as busy as it is in previous civilian workplaces, Mary does experience a variety of tasks and challenges in her work. Mary takes blood, conducts ECGs and inoculations under the supervision of a registered nurse. A typical shift for Mary will commence with seeing outpatients, followed by conducting preliminaries for upcoming medicals and attending to any dressings. Minor operations are also conducted, whereby Mary will be required to assist and ensure that all equipment required is in order. Mary is also receiving training in a number of tasks unique to her job, including search and rescue training which involves her being winched out of a helicopter. If an emergency occurs on the base, then Mary will be among medical staff that provide assistance and administer first aid to the injured.

Models of Working with Others

Mary interacts with doctors, nursing officers and other medics, the majority being members of the defence force. She describes her interaction with these staff as comprising of teamwork, however she indicates a distinction between the civilians and defence members with an increase in tension due to the possible increased intake of civilian nursing staff whose wages are significantly lower than their defence counterparts.

Skills

- Extensive nursing skills that enable taking bloods and giving injections
- Ordering stock
- Providing preventative mechanisms for an already healthy population

Challenges

- Improving skills
- Knowing the boundaries
- Working within the chain of command
- A civilian working in a military environment

Education

Mary feels that enrolled nurses could be given more extensive training and involvement in the community. To make work more interesting for enrolled nurses, she would like to see training in skills such as taking blood and doing ECGs.

5.33 Enrolled Nurse - Remote Setting

For two years Jodie has been working as an enrolled nurse in a small 20-bed hospital in a remote, rural area of South Australia. The area in which she works has a very large catchment area and has a large aboriginal component, as well as a large number of people from other cultures.

Jodie describes the work she does as "general medical", in which she is involved in every aspect of nursing from the most basic of wound dressing to major trauma from road and mining accidents.
Although she is an enrolled nurse, the remoteness of the hospital means that Jodie has to perform many duties enrolled nurses are not called upon to perform in metropolitan hospitals.

In a typical day then, Jodie may work as the Triage nurse, initiating emergency care is some cases, sometimes assisting doctors in minor theatre once a month, taking blood, facilitating student nurses, stabilising emergency patients, and doing general showering and observations of inpatients.

In the case of major emergencies such as mining accidents, all medical and nursing staff available may be involved in the emergency department. In this case, one member of staff will have to leave to care for the inpatients, otherwise the DON may be called to take on duties in the ward.

Model of Working with Others:

On a typical day, Jodie will be involved in interactions with other nursing staff at the hospital- both enrolled and registered, medical staff, and with visiting allied health professionals such as a physiotherapist. Agency nurses may also be employed at the hospital periodically. There are a number of community health workers involved with the hospital including mental health workers, a social worker, and a women's health nurse. There is also a visiting female doctor who deals with women's health issues for three days every six weeks.

Staff of the remote hospital are in regular liaison with the Royal Flying Doctor Service, and also videoconference with specialists from a major metropolitan hospital when needed. Jodie also describes use of out-of-hours remote services such as drug-and-alcohol counsellors and domestic violence hotlines.

There is a one to one ratio of enrolled nurses to registered nurses in the hospital where Jodie works. She describes her interaction with the registered nurses as "indirect supervision". By this she means that she acts autonomously within her legal boundaries, but will always inform the registered nurse on shift of any treatment she undertakes independently.

When rostered as the triage nurse, Jodie will often have to work alone in the emergency room, with other nursing staff being involved with working on the wards. In this instance, Jodie will instigate a number of treatments herself, or may call upon the registered nurse if she feels the need to triage a person very highly.

Skills:

The small number of staff employed in the hospital where Jodie works, the one to one ratio of registered nurses to enrolled nurses, and the remoteness of the hospital require that Jodie is very multi-skilled and that she be able to perform duties not generally associated with being an enrolled nurse. The skills Jodie pinpointed as being central to her nursing role were:

- Triaging skills - deciding in what time frame a patient needs to see a doctor, instigating ECG's;
- Communication skills - the ability to be a 'front person' for the hospital and deal with grievances from patients and families as there "is not always somebody to palm it off to" (27:11:228-229);
- Confidence in her own judgement and nursing abilities;
- Setting up and assisting minor theatre (preparing patients, setting up trays, cleaning up, re-setting, and sometimes scrubbing in and assisting;
- Taking blood; and
- The ability to work medical equipment such as monitors and pumps.
At the time of interview Jodie was soon to be assessed to gain approval to be able to cannulate. She emphasised that her strong need to be multi-skilled required that she was always adding on to her skills, either by participating in set accreditation processes, or through her own research.

**Challenges**

Jodie identifies her greatest challenge as the unpredictability of her work; "you never know what is going to come through the door" (27:14:320). She also cites the remoteness of the area as a particular challenge in emergency situations:

> ... if we have got something that is really acute, high risk that comes through the door we have to stabilise that patient and we are at least 1 1/2 hours before we can get a flying doctor plane in, sometimes its 2 1/2 hours if we need to get a retrieval team to come.....You have to wait that time. You really feel the remoteness in those situations (27:14:321-326).

A high incidence of alcohol abuse from within the community also presents a major challenge for Jodie as a nurse. The challenges are particularly associated with people entering the hospital while intoxicated and becoming abusive. Often this results in police intervention. She also describes how often people will often present to the hospital with feigned injuries in the hope of gaining a bed for the night.

Working with agency staff also presents some challenges for Jodie. This was associated with trying to explain basic information such as where things are located to the agency nurses. This is a problem because of the small number of nursing staff available to work with the agency nurse, especially in emergency situations.

**Education**

To be sufficiently prepared to work in her position as a remote area enrolled nurse, Jodie felt the need for quite vast experience. She states:

> ... to at least have done some acute medical surgical stuff. To be aware of what the drugs are, what could go wrong with things especially the cardiac side of thing, more preparation for accident and emergency (27:22:541-544).

She again reiterated the need for multi-skilling.

Jodie discussed the need for the 'melding' of what is learnt in university and what is used in the hospital. She felt there needed more time to be spent on learning and practising clinical skills. While she supported formal academic schooling, she felt that physically being taught by someone was more important. She supported the model of education she experienced 14 years ago when doing her nursing education at TAFE:

> ... you did that initial block then you went out in the hospital for 3 months and you worked on the wards as one of the team and you put into practice everything you had learnt in that first block.......then you did another block at TAFE and then you went out and practiced until your time was up (27:26:623-628).

Jodie also felt that generally enrolled nurses were undervalued and deserved more credit. She felt that registered nurses needed to be given the opportunity to develop their skills, and that the responsibilities of her position had allowed her to do that.
5.34 Registered Nurse - Remote Setting

For the last ten years Jenni, who currently works in remote Western Australia, has worked as a remote-area nurse. She spoke of a number of these roles, many of which dealt primarily with Aboriginal health. Often she was the only medically trained person in the community, or one of two. She described the skills she required in these positions as needing to be "a master of all trades" (25: 12: 247).

As a nurse in a number of very multi-cultural communities, Jenni expresses the need for a knowledge base vastly different from that needed in mainstream emergency settings. This is because of the exposure to and susceptibility of an entirely different set of diseases arising from an entirely different background relative to climate and genetic predisposition in a remote and sometimes tropical setting.

The facilities in which she works are often one-roomed facilities, which are frequently cut off from power and water because of problems with the power-supply. Jenni emphasised the focus on trauma nursing, especially that arising from alcohol and other substance abuse and related violence. Jenni spoke of a typical Saturday morning in one of her sole charge positions:

...you spend the whole day repairing trauma, anything from someone with seven stab wounds in the back to a dead person because a besser block crushed their skull, to that one is probably dead because the wire is still hanging on the tree, to I've got pain sister to oops I have got a baby (25: 17: 420-424).

On a day such as this, Jenni may see up to 40 patients in a day on her own.

Any patients needing overnight care will be flown out by the Royal Flying Doctor Service. Being so isolated, Jenni will be called upon to perform procedures beyond the normal scope of the registered nurse. These include intubation and drug therapy with the guidance of a doctor by phone.

Health promotion is also a major concern to Jenni in her work where what would be considered basic sanitation and nutrition could be lacking in these isolated communities:

We provided everything free to the people right down to hoses, toilet paper, bleach. They needed to be able to clean the toilets, clean the floor-they had poor housing. That stopped a lot of dysentery and diarrhoea.. (25: 14: 330-333)

Other predominant health related areas that Jenni deals with in a 'typical day' are paediatrics, malnutrition, liver damage, imuno-deficiency presentations, and renal disease. In the case of dialysis, the patient will return to Jenni's clinic everyday for the first few months because 'self-management' in the community is almost impossible within the home setting. She also undertakes about 40 hours of driving a week in order to service the surrounding communities.

Model of Working With Others

In Jenni's first sole-charge remote area position she received back-up support from regional 'Aboriginal Medical Services'. From this service she gained pharmaceutical, medical, and sanitation supplies such as bleach and toilet paper, and baby formula.
Skills

Jenni described the need of being a 'master of all trades' (25:10:247). The first skill that Jenni was taught as a remote-area nurse was four-wheel-driving. The location and isolation of this position makes this a necessity. Jenni talks about having to learn the skills of plumbing, being an electrician and learning to be "a bit of a motor mechanic" (25:8:161).

Other skills she described were environmental, communication and assessment skills. Jenni placed an emphasis on 'top-to-toe' assessment skills because "when you rang up a doctor you have to have systematically-top to tail gone through everything" (25:20:525-526). In addition, she described the importance of public health, health promotion, primary health care and emergency type skills. On a budget of $220,000 a year, Jenni also needs excellent budgetary skills.

Due to her isolation, Jenni often performs medical duties usually undertaken by a doctor. Examples of this include cannulation and intubation, where a doctor would stay on the phone for the duration of the procedure.

Now working in a remote area of Queensland, Jenni also describes the skill base needed for working in an extremely multicultural community.

...we have about 13 different cultures. Just having worked in a cross cultural environment and just knowing where they have come from and what their background is and where they have travelled and what to look for......Hansen's and rheumatic hearts.......knowledge about what to look for when they see a person who comes from Cocos or Christmas Island- they have their own set of risk factors...(25:15:359-370).

Challenges

Despite all the challenges involved in working in a poor, and remote community, the challenge that drove Jenni out of remote practice was the legal restrictions on remote practice. As legislation became increasingly restrictive of what Jenni was allowed to do without a doctor's permission, she felt that she was no longer able to practice properly in the interest of the patient.

In some communities you just have to get in and go for it and you can't-not unless you are getting Doctor's orders to do everything. You may give the Oxygen, you may out an?? angine in under the tongue, but then you must have phoned the doctor. You can cannulate but you wouldn't be allowed to run the fluids unless you had the doctor's order (25:20:533-538).

Some days you had acute asthma or acute bronchi with kids and often through the night, because that's when kids get the sickest. Often the RFDS were really busy. They had huge workloads. The doctor might be on duty all night. You might be phoning up 20 times a night. They were finding that pretty tiresome of course. We were only allowed to give two Panadol without doctor's orders. When you are on call at night in a community that is packed with trauma, gets a bit wearing and that is what in the end burnt me out of there. I just thought I can't practice properly (25:21:551-560).

Another challenge relates to violence, especially when working in isolation at night:

...we had one time petrol sniffing. And when young kids from the age of 4-18 are roaming in gangs petrol sniffing its like living in a war zone. They would literally charge the clinic with weapons. We would really just hide (25:26:709-712).
Jenni described the difficulties of having different standards for nursing education between states and between Australia and New Zealand. This means that it is impossible to assume that a graduate nurse has certain skills and knowledge. She felt that there was a general lack of background knowledge in pharmacology and microbiology which was important to her position.

Jenni stressed the need for both a strong theoretical background and an equal amount of hands-on clinical experience. As a nurse in a somewhat unique setting, she also felt it was necessary to "expand our view of what a nurse is going to be doing" (25:26:668), because not all nurses will be working in a hospital setting.

She also emphasised the need for a focus on holistic practice with a "background of science and technical skills ...making you a really accountable nurse in today's society" (25:26:674-765). As part of being holistic, Jenni stresses a need for nurses to also practice health promotion, public health and primary health care, rather than just taking a curative role.

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5.35 Registered Nurse - Health Promotion

As manager of health promotion for a large private acute hospital, Bridget, a registered nurse working in Queensland, has an educative role and is responsible for all the community education at the hospital.

Bridget's hours and the type of work she will do on any given day varies. She co-ordinates all patient information and runs information seminars and programs as well as creating informative material for patients that may be written, web or television based or found in the consumer focus library. She sees patients on a one to one basis, assisting them with gathering relevant health information that relates to them.

To work in health promotion, Bridget needs a wide range of skills including a sound knowledge of health promotion, theory and practice. She needs strong organisational, management, assessment and information technology skills. The number one skill identified by Bridget is to be a good communicator and communicate with a range of people in a clear, professional but also empathetic manner.

Models for Working with Others

Bridget identifies herself as playing an integral part within the hospital's staff environment. She sees herself as having a collaborative role, working in tandem with nursing staff from the wards, as well as doctors, specialists, pharmacists and other members of the allied health profession and community.

Bridget lists three main groups of people that she interacts with in her area of work. They are: hospital staff, in particular with the Clinical Nurse Consultants; patients, who she will often have one on one communication about their individual health issues; and the general community, who may be situated anywhere in Australia who give and receive information.

Skills

- Highly tuned communication skills
- Technological skills - accessing and using internet
● Developing, running and evaluating education programs
● Knowledge of consumer information and health promotion practice
● Training and education skills
● Writing patient information
● Creating budgets
● Being aware of consumer participation
● Management skills
● Negotiation and network skills
● Assessment of patients and needs

Challenges

● Marketing
● Time management

Education

Bridget expressed a number of areas such as computer skills, communication skills and time management as important and integral parts of the nursing curriculum.

The clinical, hands on component of nursing education was viewed as very important to Bridget. She also believed that the increase in community nursing and care in the home will require nurses to be more adaptable and highly skilled at assessment.

Bridget considers the University training of nurses as beneficial because:

\[\text{they get a lot of the theoretical stuff...umm...... with nursing....and it's in my role too you learn by experience, you know, things happen, things go wrong, and that's how you learn... it's when you're out there..... umm...... yeah you give 'em the basic umm.... the basic concepts and then it's ...it's up to them ... (2:20:523).}\]

6. Thematic Analysis

Analysis of the 38 transcribed in-depth interviews framed by attention to the experiences and concerns as provided by the participants themselves across a range of practice areas and geographical contexts clearly shows that registered and enrolled nurses face many challenges in the course of their daily work. Almost always such challenges are contextually driven linked to the politics and people of the place but find common ground across practice areas. Some of the challenges, skills needed and models of working with others are explored through identified grouped themes or issues in the section that follows. Each major theme or issue is not discrete, rather many overlap and interlink and need to be read as connected parts of a whole. They are presented in no particular order.

There's no such thing as a typical day

Participants in this study overwhelmingly advised that there really is no such thing as a typical day. Regardless of practice setting, even in day surgery for example where routines are the norm, nurses are called upon to be flexible and adaptable, to expect the unexpected and deal with the ever changing environment, people and politics. Nurses practice nursing wherever and whenever
individuals might need care. Although located in an acute setting many nurses traverse not only ward or unit boundaries but hospital walls and interdisciplinary territories to practice nursing in the course of their daily work. Working with the community is a common feature where some see patients in their own homes others are seen 'out on the street'. The focus of their care is to facilitate people living their lives through prevention of illness and injury, health promotion and lifestyle, through community adaptation, illness and disease to living with dying. Nurses work with many people, face a myriad of challenges and need a contemporary complement of skills for practice.

6.1 Skills

Assessment is the key

Having strong theoretical and clinical assessment skills are an essential component of nursing work. However, assessment for the nurses in this study relies on the tools of observation, questioning, vigilance and monitoring. Nurses talked of the need to anticipate events, to be able to prevent a problem occurring and to be able to watch over people and circumstances. For example, one participant said:

I watch them very closely, I watch how they move around the ward, I listen to what they say, I watch their eye movement, their body movements...get an overall picture of a person ...getting as much information as I can, where he comes from, what he's done to be brought into hospital, is he violent, and so on and so on. And then eyeball the person and then put it all together. Complete the picture sort of thing. And then be aware of potential problems, you can identify any potential problems just information you get and what you see and what you hear" (38:13:316-24).

Having a proximity to patients or to the 'grass roots' of practice facilitates the ability of the nurse to make an assessment in context. Nurses also referred to knowing the person, knowing the networks, knowing the context and being able to pull everything together-like being a detective. This involves spending time with people, spending time in the environment. Lawler (1991) speaks of 'dependent knowledge', that is nurses say it depends on the context, it depends on what is going on, it depends on the person. Nurses in this study advise they use assessment as a lynch pin for their practice but that assessment knowledge is 'contextually dependent knowledge' that comes with experience facilitated by theory and is not necessarily assessment of the physical body.

Having a passion for people and being self aware

Many nurses spoke of having a passion or great love of people. Without this affinity of working alongside or providing assistance to people nurses can be seen to be ineffective, distant and cold, where going to work may become a chore. Part of the requirement for enjoying being with people, liking people is having 'life skills'. Some nurses indicated that maturity brings a depth of understanding people but age is not the indicator, rather it requires having life experiences on which to draw. In a climate of crisis, seemingly the norm for many nurses in this study, the ability to keep life in perspective, the person in context, is a core skill. Having breadth to life experience and nursing in general are seen to provide a more stable basis from which to practice. Interwoven with such breadth is the need to be self aware. The skill of being self aware allowed these nurses to monitor themselves, their capacity to cope, their motivation for practice and directions to take in their nursing career.

Communication-the basic skill
...I would say number one ... skill, you need in this job is ... to be a good communicator, to actually be able to get on with people and to communicate in a very clear, professional way, but with a lot of empathy...(2:13:326).

Every nurse spoke of the very foundational skill required of nursing, that of communication. One nurse suggested communication is not really a nursing skill yet all nurses relied upon their ability to communicate effectively. Often communication is a word that is loosely used, its definition is assumed and yet when communication skills fail nurses find many more challenges ahead. Communication skills permeate every interaction, every assessment, every intervention. Specifically nurses referred to being able to read people and situations, to be able to pick up non verbal cues and behaviour, to effectively network and traverse boundaries, to work in an interdisciplinary manner, to provide education and share information, to give direction all require diplomacy, tact, assertiveness and PR skills. Listening and talking were skills that nurses valued and found to be important regardless of the area in which they practice or their status as registered or enrolled.

The nursing workplace is fast paced and time to talk is a rare commodity. Written communication either email as a tool or documentation of nursing care provides a means by which nurses and others they interact with can stay in contact, stay in touch with practice and the person requiring their help whether it be a graduate nurse, a co-worker, a member of the health team, the patient or their family.

Lifelong learning

Almost as a given nurses spoke of 'basic nursing skills and then...' as an indication that some core knowledge of activities of daily living (ADLs), observations, and first aid were merely in the background, a part of the scenery. Each specialism had its required knowledge eg mental health, paediatrics, trauma management but these were part of not necessarily the focus of nursing work in the area. Nurses in the study referred to the need to keep up to date with new technologies, with new drugs, new techniques, new procedures and equipment. The skills required of nurses includes the use of the aforementioned 'technologies' but more importantly is the skill of problem solving, lateral thinking and clinical judgement which is underpinned by a quest for knowledge and skills to question, search for, locate and use such knowledge.

A great strength for nurses, it is suggested, is the capacity to recognise and acknowledge the unknown, to seek advise, to consider alternatives and thereby improve practice as well as improving individual nursing skills. Experienced nurses rely on the years spent in nursing practice, across a variety of settings both within and without hospital boundaries. Nurses in today's practice arenas are constantly faced with limited human and material resources. The skill such nurses benefit from is the ability to consider new ways of doing things, new or alternative ways of approaching people and their circumstances.

Hand in hand with this need for more flexible practice is the development of new initiatives such as the nurse practitioner and Advanced Skills Enrolled Nurse. Of great interest was the need for community knowledge, the sense that nurses need to function within the community with acute skills and with community and 'social work' skills in acute settings. Nurses advised that more and more of their focus involves interfaces of care, multiple networks with which they liaise and a greater emphasis on health promotion, healthy lifestyle and disease or injury prevention to facilitate living and health often among an ageing population with increasing chronic disease. Death and grief however, still colour nursing work where not all nurses are well equipped for this dimension of practice. The shape of nursing, based on the insights from participants, is changing from a hospital based model to needing one of greater seamlessness and collaboration. To illustrate the ways in which nursing is applied in today's environment, one participant stated:

I still call myself a nurse and an exercise physiologist and I use those two - I devise
health promotion programs for people largely who have a pre-existing health condition. Because of my nursing background and my fitness physiology background, those health promotion programs involve lifestyle changes, diet, of course exercise and emotional health and workloads and sleep (16:4:111-116).

Management and Leadership

You have to have management skills...you've got to know about project planning, you've gotta know about quality improvement, you've gotta know about budgeting, you've gotta know about employee human resource management, staff training, those are all really important elements...I'm trying to organise the police to come and do safety awareness for our nurses, now that's not particularly my role, because I'm community .. but because you know, the assaults and everything on nurses, I'm actually liaising with the local police to come and run some... (2:12:306).

Both registered nurses and enrolled nurses across the study required management and some degree of leadership skills. The current health care environment is complex with management tools, financial systems and human resource allocation part of most everyday practice for nurses. Nurses are leaders of teams within given settings for example, enrolled nurses are seen to lead teams of AINs or PCAs in aged care settings, they manage stock and finances linked to a general practice or theatre and are required to manage not only their time but to maintain efficiency with the system. Both registered and enrolled nurses expressed the need to have good time management skills in order to progress through the requirements of any one day and to meet the needs of those in their care or those to whom they provide a service to.

6.2 Challenges

Conflict

Nurses provided insights into the turbulent nature of nursing across Australia where a health system remains under constant stress. Conflict was experienced as a significant challenge by many nurses both at an individual and interpersonal level but also at the level of conflicting philosophy and availability of resources. Nurses experienced tensions within and across their place of work involving other health professionals, doctors, patients and family members. As one nurse described:

... and sometimes it's quite difficult cause often... the family's have got a lot of conflict going on just in their own relationships and then someone's dying in the middle of it and the grief is sort of happening on top of it and sometimes it can be really difficult... you walk into [the house] and there's people sort of arguing with each other and somebody fighting over a will or something...(5:9).

At times the nurses in the study expressed concerns regarding the degree to which they function as a patient advocate and the increasing conflict that can arise form such a role. Conflict also arose between enrolled nurses and registered nurses. Tensions were evident between structures such as organisational need and the ability to carry out the required load. The burden of poor conflict resolution seems to rest with the individual with little support or action from management. The risks of conflict in the workplace have been highlighted by participants to include attrition and burnout, stress and sick leave.

Aggression and/or violence in the workplace
Of grave concern throughout the study has been the degree to which nurses have shared experiences of aggression and or violence in their practice area. Aggression can be verbal abuse from other staff, doctors, patients and/or their family members or it can be threat to harm, and at times physical assault. Many nurses expressed concerns for their personal safety and those in their care. Some workplaces within the study do not have readily available on site security or adequate systems of security. A significant challenge expressed by many nurses was the lack of support provided by management for safety and a sense of feeling ill-prepared to anticipate and manage escalating events. This is illustrated by one nurse who said:

*I've had a few times when the police have brought people up that are really quite violent and they will be in the ambulance bay waiting to get in and one policeman was going to report me 'cause I wouldn't let him in, oh, they had about five police with just one guy who was just wreaking the place and I wouldn't let him in because I wanted to like get people out of the department and he was actually okay where he was but you've got to be really careful with letting someone like that in when you've got a lot of other patients within the department...so that sort of thing can be quite scary at times really. And, here we don't have chemists open after eight o'clock at night so we get a lot of people presenting for needles and they'll get really aggressive because we don't give out exchanges at the hospital (32:14:364-74)*.

**Pace of work in the context of shrinking resources**

All nurses in the study described the pace of their day as fast or too much to do with so little time. Many nurses experienced the challenge of not having enough staff to provide the care or service that they would like to, they felt they were chasing time constantly. The realities of working at this accelerated pace means risk of error and low morale. Nurses are frustrated at the lack of people, suitable equipment and resources. Carrying such a heavy workload can mean that nurses work either double shifts or work beyond their agreed shift time on a regular basis. As one manager illustrated, "I do work long hours, I tend to get here at 7 in the morning, because officially the centre opens at 9 ... I have two hours to get a lot of paperwork done" (2:6:124).

Many participants considered the expectations that organisations and employers have of nurses are too high. Consumers of health care and nursing services also have high expectations regarding what nurses can do for them in any given timeframe.

**Rigid models or structures**

Whilst participants described at length the need to be flexible in their practice to use problem solving and be innovative, they also told of rigid models or structures that are barriers to nursing. Examples of such barriers include the restrictions placed on nursing practice between States, the degree of restrictions to practice between settings and the incongruence between metropolitan and rural practice.

Nurses spoke of being competent and experienced with aspects of practice but because they had moved States they were not allowed to carry out such work. Remote nurses can also be restricted and placed in difficult positions regarding immediate management and monitoring of patients or communities in their care.

Of the snapshot of nursing provided by the nurses in this study, it is clear many nurses move around Australia. Rigid legal or policy structures negate development and mobility and subsequent diversity of practice. Nurses in the study often function independently in rural areas and without ready access to medical or support services. Enrolled nurses in particular express concern over the challenges of being able to administer medication in one setting but not another, even when they
have been assessed as having the appropriate experience and knowledge.

Structures such as defence with civilian nurses on site or the prison service where nurses have little or no input or influence over those who employ them inhibit and stifle practice but also can create tensions between work processes for nurses. Where a medical model is applied to a practice context nurses can feel restricted for example in child health.

**Being undervalued or not respected**

Being a registered or an enrolled nurse continues to be a role that is undervalued by many who work not only alongside nurses and the community but also by the organisations who employ them, as illustrated by one nurse who stated:

... there is institutional abuse and professional abuse as well and from the patients there is abuse as well. Probably for me that is one of the biggest things - after 25 years it just gets you down, it gets everybody down. It's the biggest thing...staff morale (15:5:189-98).

Whether this is a perception or not, nurses feel undervalued and that their input, judgement and experience is not respected. The negative effect of this is seen in low morale for nurses, increasing turnover of staff and eventually nurses who leave nursing for a what they see as a more worthwhile job. For example, one participant said

... nursing itself is such a rewarding career but at the present time and the climate internationally as well there’s just not enough of us around and I think that becomes, that’s come that way because we’re not valued as a professional. I think people don’t see a nurse as a professional and the whole thing is we’re losing our staff to go and work at Woolies and to find work elsewhere because they can earn just as much money, not as much pressure and they feel valued in their work and I don’t think nurses feel valued anymore (21:31:731-40).

Nurses in the study noted that nursing is not well marketed, and at times nurses do not value their own professional worth suggesting they are 'just a nurse'. In addition, nurses can stereotype what nursing is or should be, as exemplified by a private exercise physiologist:

I still do home post natal midwifery visits, I still work in health promotion and I have absolutely no qualms about signing off my registration and saying I actively work as a nurse because I do. As far as I am concerned health promotion is a part of nursing, but you do get a lot of nurses who do say you are not working anymore because I am not doing that hands on, put a bed pan under someone (16:9:407-412).

Agency nurses felt undervalued and not respected by the nurses with whom they work leading often to a lack of continuity of care or under utilisation of skills and experience.

**6.3 Working With Others**

**RN and EN boundaries**

Enrolled nurses suggested that their practice was very similar to that of a registered nurse except
for 'paperwork and medication,' although some enrolled nurses have greater input into both aspects of the registered nurse role in some settings. Of concern to enrolled nurses within the study is the apparent inconsistency almost daily in what they are allowed or expected to do. Variation in expectations and role function occurs between registered nurses on a shift and can occur between wards or units within an institution. One nurse explained that:

...sometimes it's not that easy to manage because within the system you are a junior member of staff ... as in an EN but by experience you're actually perceived as a senior member ... they'll utilise your skills as a senior member when it's necessary and when it's not necessary you're actually put down a lot as a junior member of staff and I find that very frustrating (8:18:424-9).

Links between different roles in nursing, for example the indirect supervision of enrolled nurses relies on an acceptance of competence. As this enrolled nurse describes:

You've gotta be fairly happy to work on your own, so you've gotta be fairly self confident I suppose... and also willing to acknowledge when you're out of your depth and knowing the times when I need to ring the div 1 (registered nurse) (5:5).

Many enrolled nurses do not want to become a registered nurse and value their role as it stands although more enrolled nurses would like to be able to extend their practice and be valued for example as has occurred in Western Australia with Advanced Skilled Enrolled Nurse status.

Team work, autonomy and collaboration

In this study nurses told of working with many and varied groups of health professionals and service personnel in the course of their daily work. Strengths and positive gains for consumers were felt to occur when nurses were able to collaborate with others, to be recognised as part of a team with equal input. Many nurses gave examples of flexible working structures that sees the nurse based in a number of venues with a diverse client group perhaps community based yet have acute facility input. In these examples nurses have developed ways of working positively with other health professionals and at times take on a strong leadership role. Nurses also work in teams with unregulated workers such as PCAs or AINs who provide a continuity with the patient and support for a nursing role. In community health centres, the prison setting or emergency department in rural areas nurses work with greater degrees of autonomy, although they may not be recognised for such independent practice.

Collaboration within and across settings and networks seems the most productive way for nurses to work with others. The nurse practitioner role was mentioned by some nurses as a model that offers potential for nursing practice in the future. Roles and boundaries within health care seem to be blurring and nurses, especially in this study, are maximising some possibilities to improve their practice.

Working in isolation

Some nurses practice in isolation from a team or their peers on a daily basis but remain part of a larger group which facilitates vision and direction for the service. In remote settings the physical presence of other nurses or health workers can be limited. Nurses in this study shared experiences of great satisfaction at being able to make a difference and a contribution to the health and lifestyle of not only individuals but also communities. Working in isolation demands a degree of flexibility and the development of new skills. Nurses working in prison services or in general practice surgeries also experience a sense of being isolated from other nurses. Agency nurses although flexible and multi-skilled often feel disconnected from nursing through a lack of team membership.
An alternative view of isolation is one of feeling isolated from the 'nursing norm.' For instance, one nurse stated:

\[I \text{ feel very isolated in what I am doing which I don't like - it would be nice to think that there was a little bit more support and to give that support from nurses - I don't know how you feel but I have always felt that because I have always wanted to do something a little bit different or a little bit by the side of that I found largely and this is certainly not everybody, nurses as a group they tend to say - well what do you want to do that for? (16:9:391-6).}\]
The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

7. Discussion

Based on the information and insights gained from the study, implications for the National Review of Nursing Education can be drawn out. The following outlines the terms of reference for the review and where relevant suggestions are made drawing on new understandings gained through the discussions with 38 participants across the 17 key areas of nursing practice within Australia.

Models of nurse education and training to meet the emerging labour force, including practical training, processes for articulation between different levels of competency and professional expertise and re-entry into the workforce.

The most prevalent point made by nurses interviewed was the move towards a greater clinical component in nursing education. However, an emphasis on theoretical knowledge and associated research skills are also important elements of education that must be maintained. Essentially, a balance is required between the academic and practical elements of nursing education, which means innovation in the ways in which quality contextual practice for nurses can best be achieved. Nurses move around Australia and to date, barriers exist that are often linked to differing State or Territory restrictions. There is a need for a national curriculum that is broad but also allows for specialisation into particular areas of nursing practice. Analogous to this view, it has also been suggested that there should be:

- More significant interface between the universities and the workplace;
- A greater contribution by the workplace in developing the nursing curriculum;
- Guided contextual learning with appropriate resources to support;
- Mentoring and preceptorship. These are key initiatives that would facilitate the growth, personal and professional development of nurses as lifelong learners. Mentors could be those senior role models not necessarily located in the same setting. Preceptors are located in the same setting to precept through a new environment or context;
- Greater placement in the community - not just in acute setting; and
- Increased time for graduate registered nurses to be initiated into the workplace before having full load responsibility (possibly a paid intern year).

Many nurses interviewed, in particular enrolled nurses, were frustrated with a lack of career direction and recognition of experience within the enrolled nurse position. Suggestions of how to combat this are:

- the introduction of an Advanced Skills Enrolled Nurse position. This position has recently been employed in Western Australia. It provides for the recognition of senior, experienced enrolled nurses on the wards and creates career pathway opportunities for them; and
- an increase in the application of the nurse practitioner role.
The types of skills and knowledge required to meet the changing needs of the labour force involved in nursing;

According to some there has to date been a fragmented approach to education for nursing with little or no fundamental agreement on what we are educating for. Nurses interact with a diverse range of people daily, regardless of the context of that practice. As a consequence nursing education needs to make better use of other disciplines and groups in education.

Overwhelmingly there is a sense that educational preparation of nurses today must prepare them for the future, the constant and dynamic changing world of health care that moves swiftly from the acute hospital into acute care in the community, interfaces between and an ageing population. Education needs to allow for flexibility, to educate nurses to be flexible, to think laterally, to problem solve and consider what might be not what is or was.

There is too much emphasis on acute based or disease based models. From the insights gained from the diverse range of nurses interviewed, core building blocks include:

- communication and people skills;
- life experience;
- problem solving;
- life long learning;
- IT and information literacy;
- negotiation and conflict resolution;
- health promotion;
- education and disease and injury prevention; and
- a knowledge of people and their social context, local environments and networks, time management and working with and alongside others.

Leadership and management skills are also required if nurses are to develop nursing where a balance between educating for autonomy and interdependence is achieved.

Mechanisms for both attracting new recruits to nursing including those from different age groups (both male and female) and encouraging the commitment to life-long learning of those already engaged in nursing.

- applying a more positive portrayal of nursing in media;
- diversifying contemporary understandings of nursing work amongst those nurses already in practice;
- fostering an environment of supported learning either through paid leave or replacement staff; and
- role modelling by senior nurses.

The changing context of nursing and health requirements and the levers influencing these changes:

- fast turnover from acute hospitals - forcing an increase into community care;
- increase recognition of the advantages of patients staying in the home eg. palliative care;
- increase in focus on holistic care and rehabilitation;
- ageing population and the associated increase of chronic disease;
- increase in technology; and
- increase in need for independent decision-making.

The links between nursing, medicine and other groups in the health workforce (including) those with no health qualifications in the provision of health services:
From the analysis of models of working with others, it has been found that:

- an increase in PCAs creates a need for their management and supervision. However, their role in supporting nurses should not detract from or replace nurses participating in certain interactions necessary for assessment eg. showering;
- while there is an increase in the need for greater collaboration between health professions, there is also a decrease in the ability to access resources because of budgeting constraints;
- strategies need to be developed to facilitate mutual respect between doctors, nurses and other health professionals;
- on the whole, nurses tend to work within a team environment with other allied health professionals, although there is an emphasis that nurses are present 24 hours a day.

Any comments or queries should be sent to: highered@dest.gov.au

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The Scope of Nursing in Australia: A Snapshot of the Challenges and Skills Needed

8. Appendices
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     - Letter to Organisations
     - Information Letter
     - Consent Form
   - Appendix B
   - Appendix C
   - Appendix D
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   - Appendix F

8. Appendices

Appendix A

Recruitment Materials

Letter to Organisations

Request for Volunteers

The Study

The Centre for Research into Nursing & Health Care is conducting a study "The Scope of Nursing in Australia: A snapshot of the challenges and skills needed." The aim of the study is to provide rich data about different contexts of practice that nurses in Australia work in and therefore provide a snapshot of the scope of nursing in Australia. The study will involve in-depth interviews of nurses about the everyday practice of nursing and the challenges they face in their particular field. The results of this study will form the basis of a report that has been requested by the Nursing Education Review Secretariat by 4 October 2001.

Your Involvement

We have specifically targeted your organisation to assist us in accessing nurses for our study. Given it is a snapshot of nursing could you nominate people who you believe have a story to tell. We want to capture a range of settings, both practice and geographical. We would like to interview Registered and Enrolled Nurses from across key areas identified by the Australian Institute of Health and Welfare:
Please find attached a flyer and an information sheet that provide further details about this study. These can be used to inform those members of your organisation, from across any of the 17 key areas you believe should participate, about the study. Once you have selected these individuals we ask that you direct them to contact:

Ms. Susanne Reynolds  
Ph. (08) 8302 1108  
Email: susanne.reynolds@unisa.edu.au

The other members of the research team are:

Dr Jacqueline Jones  
Email: jacqueline.jones@unisa.edu.au

Prof Julianne Cheek  
Email: julianne.cheek@unisa.edu.au

In order to comply with our ethics requirements, please confirm in writing or by email that your organisation is happy to facilitate.

Your timely assistance in informing members of your organisation about this study is crucial to our study and we thank you in anticipation of your help with this study.

Centre for Research into Nursing & Health Care. University of South Australia.
The Scope of Nursing in Australia: A snapshot of the challenges and skills needed

Information Sheet For Nurses

What is the study about?

Registered and Enrolled Nurses are invited to take part in a study that aims to explore their personal experience of the challenges they face, the skills required and models of working with other health workers they use within the context in which they practice.

The study will involve interviewing nurses either face-to-face or via telephone (for remote rural regions.)

The objectives of this project are to:

1. Identify participants across a range of work settings to gain insights into current understandings about the scope of nursing of registered and enrolled nurses;
2. Negotiate access to, and collect interview data about, everyday practice, framed by specific questions related to the challenges, skills required and ways of working with other health workers;
3. Analyse data, critically evaluate findings and re-assess current knowledge related to what nurses are doing, the type of skills they use and associated skills needed.

By collecting information from this interview we will explore the issues of:

- Work settings as context of practice including geographical location;
- Skills needed;
- Models of working with other health workers, and
- Understandings of nursing and the education requirements/needs pertaining to those understandings of nursing.

The study is being conducted for the purpose of obtaining a report for the Nursing Education Review Secretariat.

What do I have to do if I want to take part?

You are invited to participate in a one-on-one interview with a member of the research team. The interview will take place at the University of South Australia, or at a mutually convenient location. The interviews will be quite informal and during the interview we will explore your personal experiences and challenges of everyday practice as a nurse. The interviews are expected to last no longer than an hour and will be audio-taped and transcribed.

How will confidentiality and anonymity be assured?

You will not be identified in any way in the interview transcripts. Anonymity and confidentiality will be maintained at all times. The information collected as part of this study, in the form of records containing personal information, the interview tape and the transcript will remain in a secure area at the Centre for Research in Nursing and Health Care, University of South Australia, for seven years.

Your participation in the study is voluntary. If you agree to take part in this study you are free to change your mind and withdraw at any time. Any data you have provided will be returned to you without penalty if you decide to withdraw.
We look forward to hearing your views on this important topic and thank you in anticipation of your help with this study.

Please contact:

Ms. Susanne Reynolds  
Ph. (08) 8302 1108  
Email: susanne.reynolds@unisa.edu.au

Alternative contacts are:

Dr. Jacqueline Jones  
Ph. (08) 8302 2124  
Email: jacqueline.jones@unisa.edu.au

Prof. Julianne Cheek  
Ph. (08) 8302 2675  
Email: julianne.cheek@unisa.edu.au

Centre for Research into Nursing and Health Care.  
The University of South Australia (City East Campus).

**More Information?**

If you would like more information about the study or have any concerns, you may wish to initially contact the researchers (see above.)

If you would like to speak to someone about ethical issues associated with this study, you may contact Ms Eimear Muir-Cochrane (Chair of the University of South Australia Human Research Ethics Committee), on (08) 8302 2751 or fax (08) 8302 2830.

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**Consent Form**

**The Scope of Nursing in Australia: A snapshot of the challenges and skills needed**

Researchers:

Dr Jacqueline Jones  
Ph. (08) 8302 2124  
Email: jacqueline.jones@unisa.edu.au

Prof Julianne Cheek  
Ph. (08) 8302 2675  
Email: julianne.cheek@unisa.edu.au

Consent Form for Interview Participants
I have read the Information Sheet and the nature and the purpose of the research has been explained to me. I understand and agree to take part.
I understand that I may not directly benefit from taking part in the project.
I understand that I can withdraw from the study at any time and that this will not affect my status now or in the future.
I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
I understand that I will be audio taped during the study.
I understand that the tape will be stored at the Centre for Research into Nursing and Health care, University of South Australia and that access will be limited to the research team and the transcribers.
I confirm that I am over 18 years of age.

Name of Subject:

Signed:

Date:

I have explained the study to the subject and consider that s/he understands what is involved.

Researcher's Signature:

Date:

Appendix B

Interview Prompt

The interviews will be conducted in an open-ended manner. The interviews will be structured around a series of questions that will be used as probes. Participants will be free to discuss any issues that may be pertinent to them. Possible 'probe' questions are as follows:

- Can you tell us about the area you work in?
- How would you describe the type of nursing you do?
- Who do you interact with in your area of work?
- Describe a typical day.
- What are the skills required of you in your area of work?
- What are the challenges you face in your area of work?
- How can nursing education be responsive to preparing for the work that you do?

Appendix C

Other Practice Areas
Appendix D

Non-University/Certificate Courses - ENs and RNs

- Palliative Care Certificate
- Aged Care Certificate
- Stomal Therapy
- Diabetes
- Orthopaedics (3)
- Paediatrics (2)
- Wound Management
- Aromatherapy
- Remedial Massage
- Peri-operative Anaesthetic certificate
- Autotransfusion
- Advanced Skills for Nurses
- Remote Emergency Nursing
- Remote Cardiac for enrolled nurses
- Gerontology
- Working with difficult patients
- Grief and Counselling
- Community and Mental Health Nursing
- Forensic Nursing
- First Line management
- Psychiatric Nursing
- Asian Processes (TAFE)
- First Aid
- Teaching CPR
Professional Bodies - Other Organisations

'Others':

Wound Care Association of South Australia

Women's Association of New South Wales

College of Mental Health Nurses

Fellow College of Nursing

Fitness Queensland

Queensland Nurses Council

Victorian Neurological Nurses Society

Enrolled Nurses Professional Association

Australian Community Health Association

Australian Association of Gerontology

West Australian Society of Anaesthetic Technicians

South Australian College of Lactation Consultants

Drug and Alcohol Nurses Australia

Palliative Care Association

Healing Foundation

'Continence':

International Continence Society

Nurses for Continence Society

'Unions':

Queensland Nurses Union

Miscellaneous Workers Union

HSUA
Appendix F

Topics for Staff Development

Enrolled Nurses

- Manual handling (2)
- Equipment
- Infectious diseases/Infection Control (3)
- Wound management (2)
- Basic foot care
- Safe waste disposal
- Domestic Violence
- Parkinson’s disease
- Terminal illness
- Clinical interviewing
- CPR update
- Fire and Safety
- Occupational health and safety

Registered Nurses

- Child protection
- ‘Cell saver’ course
- Immunisation
- Management
- Fire Safety
- Trauma update
- Hepatitis C
- Quality Management
- Day surgery (2)
- Borderline personality disorder
- Palliative care
- Pressure control
- Medico-legal
- Developing procedure manuals
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9. References


Cheek, J. Ballantyne, A. Jones, J. & Roder-Allen, G. 2000, Ensuring Excellence: Issues impacting on registered nurses providing care to older Australians living in residential aged care facilities, Australian Research Council-Department of Education, Training & Youth Affairs SPIRT grant with Aged Care and Housing Group Inc


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