

'Make space for it'

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The profession of Nursing in Australia is closely aligned to nursing in the UK, however the health systems structures are very different. For example we do not have the formation of the National Health Service [NHS], which were established in the UK in 1948 to provide equity in National health care. To date nurses remain an integral component within that structure. Health professionals in Australia often debate changes to the NHS and UK Nursing. We recognise that parts of the Australian Health system may follow the lead from the UK experience, with the real probability of similar outcomes.

The information we receive in Australia about the UK National Health Service comes mainly from professional articles, books and UK newspapers, plus accounts from visiting Doctors and nurses. From the patients perspective we hear of a system that provides a poor service with long waiting lists, service and report delays, 'dirty and poorly run' hospitals etc. often described as near 'third world conditions'. We receive frequent reports of doctors and nurses under pressure, poor pay rates and conditions, with severe nursing shortages and retention issues. These issues appear to be controlled by a system that is predominantly rigid, management and process driven, and one that lacks the required degree of flexibility to progress satisfactorily. The result is often a 'blame culture' where nurses try and stay out of trouble in preference to developing new initiatives in Nursing clinical practice with improved clinical outcomes.

The authors of this paper have all lived and worked in the UK, and share similar thoughts after returning and discussing our personal experiences. My (Lyell Brougham) recent working visit was my first to the UK, and included the privilege of presenting on 'Implementing Change' at the 2001 BARNA conference. Unlike the preconceived picture, my experiences of the NHS were far more positive. Despite varied differences, the nurses and administrators appeared to be intimately aware of the difficulties within the system and were implementing strategies to promote a positive change. In essence, this is no different from the normal processes in Australian and other western nursing structures.

However during the final session of the BARNA conference I was shocked to learn that some UK nurses were actively encouraging, indeed training non-nursing personnel to provide patient care as a solution to the nursing shortage and retention crisis. Patients can not be advantaged in a system where two or more groups with different standards, competencies and philosophies are actively competing for patient care. This invariably leads to workplace competitiveness or domination which overrides any required collaboration.

While surprised at the information presented in that final session, I was also puzzled by the lack of criticism by the delegates, and amazed when my belated voiced objections appeared to receive considerable support. Why aren't UK nurses more vocal in protecting the rights and outcomes of patients, and their profession? Is it that they feel trapped and powerless, or perhaps exhausted in a struggling system? Or do they simply lack a vision and a direction strategy for nursing in the future?

Over the past 15 years an expression by David Campbell (1974) has been successfully used within our Unit to promote positive changes:

"If you don't know where you are going, you'll probably end up somewhere else"

This principle can well be applied to the current perioperative setting and to the Nursing profession. Unless Perioperative Nurses have a clear picture of where their nursing practices and position within the health system should be in 10 years or even 50 years time, they are unlikely to stumble across it. The erosion of traditional nursing roles in the UK over recent years is an extremely disturbing trend. With increasing numbers of technicians and other non-nursing personnel securing the 'high end' traditional nursing roles, perioperative nursing practice in the future will at best be reduced to obscurity and irrelevance, and at worst EXTINCTION. In the process, nursing may be increasingly seen as menial and subservient to other Allied Health workers, with the accompanying sustained poor pay rates and

staffing levels, plus reduced status in both the health profession and the community. Why isn't the government spending the money within nursing, and for nursing wages instead of setting up additional programs to educate these non-nursing groups? Providing or directing individualised patient care within a health system must remain the domain of the profession of Nursing.

Ideally one solution to arrest this trend, is for all perioperative nurses to join their professional organisations such as BARNA and NATN, write about their concerns, assist the organisation to determine an appropriate vision and direction strategy, plus support it's progress. This may sound difficult, but in our experience the most difficult aspect is establishing a clear goal or ultimate objective, after which the path becomes rather obvious. Professional groups need to do more than support research and education. They need to be the strong collective voice determining and supporting the appropriate future roles and functions of perioperative nurses in the UK. These changes won't occur by themselves. According to David Campbell the final important ingredient is:

"If you want something to happen, you have to make space for it"

Nursing in the UK is at a critical crossroad, and strong vision and action is immediately required particularly from perioperative nurses and by the professional Nursing organisations such as BARNA and NATN. It is hard to imagine how the trend toward new complex structures, with the inherent inefficiencies and competition for patient care, could result in anything but a further demise in patient outcomes. However it is easy to imagine that future efficiency and economics will dictate that only one group will remain to govern individualised patient care. Will this group be Nursing? Not if we keep assisting non-nursing groups to take our place. It may be overdue, but in the interests of future patients and nurses within the NHS, now is definitely a good time for perioperative nurses to 'make space for it'.

Reference

Campbell, D., (1974) If you don't know where you are going, you'll probably end up somewhere else, *Argus Communications*, Allen, Texas.

COMMITTEE UPDATE

Your Barna Committee has reduced in numbers recently as members have moved on to do other things. This has resulted in an increased workload for those remaining, all of which work on a voluntary basis in their spare time. Unfortunately, we were unable to publish the August edition of the journal. We have therefore made this edition a double issue which contains all the information that would have appeared in August.

We are pleased to announce that we are now back on track. We have recently appointed a new editor for the journal and have also been able to fill other important roles within the committee. However, we are always looking for dynamic motivated individuals who wish to be involved in taking Anaesthetic & Recovery Nursing forwards. If you think this could be you, do contact us and come along to meet us and see what you think.

We look forward to hearing from you.....

Your committee