

Open your mind: Thinking outside the square

Mary Chiarella

Professor of Clinical Practice
Development and Policy Research



Why think outside the square?



- ◆ There will have to be massive changes in health care delivery systems over the next 20 years
- ◆ These will be driven by the ageing population, which will affect health service demand and supply simultaneously
- ◆ Rehabilitation and chronic care will undoubtedly take centre stage
- ◆ New and emerging infectious diseases could also have a strong role to play
- ◆ The expectations of the role consumers will play will change significantly - eg constructed communities of care



Impact of the ageing population of health care needs

- ◆ Average life expectancy of (non-indigenous) Australians second only to Japan (73.2 years)
- ◆ Depression, dementia, osteoarthritis, hearing loss and diabetes account for 30% of years lost due to disability (Brooks, 2003)
- ◆ The number of people over 80 will double in the next 20 years (NSW Health, 2005)
- ◆ The cost of hospitalisation due to falls is already greater than the cost due to road trauma (NSW Falls Project, 2006)



Other issues which have the potential to impact on future health needs

- ◆ The threat of terrorism
- ◆ Youth suicide trends
- ◆ HIV/AIDS devastation in Africa and Asia
- ◆ Re-emerging transmissible diseases such as tuberculosis
- ◆ The impact of global warming



The Healing Century?

(Robert Theobald, 1999)

- ◆ I am convinced that we face a set of unavoidable crises which are already visible to those who care to look beyond the dominant headlines. These crises are due to our past successes rather than our failures. We have achieved what we wanted to. We have, unfortunately so far failed to recognize that it is now time to move on and to seize the new opportunities which are currently available to us. We urgently need to rework our concepts of success.



What can we be proud of in nursing?

- ◆ Our growing preparedness to respond to difficult issues
- ◆ Our acceptance that uncertainty is here to stay
- ◆ Our ability to engage with the unpalatable
- ◆ Our choice to move forward and increase collegiality
- ◆ Our growing relationships and continuing passions
- ◆ Our ability to have fun



How does a nursing career help one to engage with the unpalatable?

- ◆ A knowledge that bad things happen to good people
- ◆ A recognition that life is far more multi-faceted than often portrayed
- ◆ An awareness that life didn't come with any guarantees
- ◆ BUT
- ◆ An understanding that joy can often come from what may at first appear to be adversity
- ◆ Absolute awe at the resilience and courage of the human spirit
- ◆ Knowledge that ordinary people are capable of greatness

In what ways have we traditionally “debated” or responded to challenges?

**Ethos
of collective
non-
responsibility**

**Practice zone
of abrogation**

**Ethos of
collegial
generosity**

**Practice zone
of
mutual trust
and
Collaboration**

**Ethos of
Individual
accountability**

**Practice
zone of
isolation
or alienation**



Dealing with collective non-responsibility



- ◆ There is a real need to engage both the public and the profession in intelligent debate
- ◆ This requires much stronger alliances with consumer groups than nurses have previously made
- ◆ We need to “get political” – not being interested in politics is a profoundly political act
- ◆ Universities could provide a stronger platform for difficult community debate – research is required into how best to achieve this





Dealing with the isolation of individual accountability

- ◆ We are already revisiting our models of practising nursing
- ◆ Poor communication is the single biggest cause of adverse events (CEC, 2006)
- ◆ We need to recognise that an investment in retention is an investment in the future of our own health care
- ◆ We need to recognise the implications of the globalisation of the medical industrial complex
- ◆ We need to understand better the “systems” issues in health




How on earth do we create collegial generosity?

- ◆ A greater sense of public- professional partnerships in health care
- ◆ Recognition that no-one professional group has a monopoly on safety or care
- ◆ An understanding that scope of practice is not defined by tasks
- ◆ Informed collaborative national debate on health resource distribution
- ◆ Improved projections for future health demographics and needs
- ◆ Better access to informed debate




Learning that uncertainty is here to stay



- ◆ It's much easier to learn new things if we have prepared for it in advance. Most people put off learning anything new at the point where it starts to feel uncomfortable. That's where the real work must be done.
- ◆ Prepare yourself to be uncomfortable. Start your learning curve early in the day while you are still alert & fresh. Resign yourself to the notion that you will not quit when the going gets rough.

Learning that uncertainty is here to stay - (cont)

- ◆ In distance running, the work is done gently - pushing your limits day after day just a little bit. The work takes a toll, and recovery is as important as the work itself.
- ◆ The breakthroughs usually occur soon after we take a step back. Rest is as important as the work itself. When we step back it's easier to see things more clearly.
 - ◆ Robert Smith
 - ◆ *Working outside the comfort zone*, 2000



Taking the “step back” (and then the “steps forward”)

- ◆ Reflect on practice
- ◆ Clearly understand what is happening now
- ◆ Find out what is possible
- ◆ Find out how to get there
- ◆ Engage your fellow “travellers”
- ◆ Obtain support to “travel” fully equipped
- ◆ Review both the journey and the destination by...
- ◆ Reflecting on practice



Reflecting on practice




- ◆ The 1970s/80s mentality in a 2006 world
- ◆ Jones & Cheek (2002) – “no such thing as a typical nursing day”
- ◆ Need to understand that routine was part of our comfort zone “at least I got my showers done”
- ◆ Working with new professional grades of nurses – the NUM isn’t the ward sister





Understanding what is happening now



- ◆ Good decisions are made on good data
- ◆ Measure
- ◆ Observe
- ◆ Evaluate
- ◆ Discuss
- ◆ Analyse



Finding out what is possible and how to get there



- ◆ Consult the literature
- ◆ Consult your specialist group
- ◆ Use your colleges
- ◆ Go to specialist chat rooms
- ◆ Advertise in journals
- ◆ Advertise on web sites
- ◆ Look at conference presentations and collections



Engaging your fellow “travellers”

- ◆ Try practice development techniques
- ◆ Values clarification
- ◆ Emancipatory processes
- ◆ Read McCormack, Manly & Garbutt (and others –theirs is just a really easy read)



Travelling fully “equipped”



- ◆ Obtain support from academic nursing colleagues
- ◆ They can help with measurement and evaluation design
- ◆ They can also help with grant application
- ◆ If you have practice development nurses in your organisation engage with them too
- ◆ See whether medical or allied health colleagues might be interested in joining you



Our choice to move forward and increase collegiality

- ◆ Franz Fanon (1961) “The Wretched of the Earth”
- ◆ 1979 Socio-pathology of oppressed groups
- ◆ 1990s – horizontal violence literature
- ◆ Steve Biko (1971) “The most potent weapon in the hands of an oppressor is the mind of the oppressed”
- ◆ BUT - realism is not the same as cynicism
- ◆ It is time to find our voice



Finding our voice

- ◆ Moving away from “false consciousness”
- ◆ Finding language to give voice to practice
- ◆ Allowing ourselves to speak with authority
- ◆ Enjoying our humour



Finding language to give voice to practice

- ◆ Understanding the difficulties of an oral culture
- ◆ How do we find our “voice”? (Jospice)
- ◆ The experience of the NP vivas
- ◆ The experience of the MET teams (rainbows)
- ◆ The value of reflection
- ◆ The gift of research



The nursing handover (Parker, Gardner & Wiltshire, 1992)

- ◆ Reconnaissance
- ◆ Savoir
- ◆ Connaissance



Allowing ourselves to speak with authority



- ◆ There is a real need for nurses firstly to become politically sophisticated and later (hopefully) to lead the way
- ◆ We need to be prepared to debate the difficult issues
- ◆ We need to be prepared at all times to provide a perspective on health issues
- ◆ We need to become policy entrepreneurs



Enjoying ourselves

- ◆ Nurses have always been very good at enjoying themselves
- ◆ Great sense of humour (if a little strange at times)
- ◆ Wonderful camaraderie
- ◆ Great team workers



In conclusion




- ◆ Thinking “outside the square” can be challenging but we really need to do it
- ◆ As Einstein said: “Insanity is doing the same thing over and over again and expecting things to be different”
- ◆ Such challenges require us to be confident and comfortable in our own “skin” so that we can move forward from a position of strength
- ◆ So let us acknowledge our enduring strength: the care and skill that we offer to our patients



Nurses

- ◆ A baby's born. Its first faint cry is drowned
In mother's tears for what is and for
What should have been – a perfect child.
Around them nurses set about their healing
chores.

A breast is gone and in its place a gash
Across the very heart of womanhood
Still bleeds in tiny kills. Unabashed
A nurse keeps vigil, willing loss to good.



A beam collapsed and left him less a man.
He rattles bedrails, pelts the air with curses.
A nurse confronts him eye to eye and hand
To trembling hand.

I want to ask these nurses

Do you face the dark because you trust in light?
Or is it that you've come to terms with night?

Veneta Masson (1999)

From *Rehab at the Florida Avenue Grill*





Thank you

