The RCNA annual national conference ran over three days of which I was able to only attend the final two. The conference theme ‘Illuminating Nursing’ concentrated on themes of challenges, culture, careers and collaboration. The conference was aimed at bringing nurses together to realise how critical our role in the health care system is and how through the themes we can understand and accept our role as health practitioners. The concurrent session that I attended were focused on collaboration as I felt that providing exceptional health care services is all about this collaboration and learning to work with and accept other people. As health practitioners we need to work alongside each other to achieve result and this is accomplished through a multidisciplinary team.

**Friday July 13th**

Friday July 13th was opened by the Australian defence force. The concentration of this opening was not to recruit but to make nurses and staff of undergraduate programs aware of the programs that the ADF have to offer. Nurses do not just administer health care as clinicians but command and lead, train and teach and manage resources. This was the beginning of my realisation of the complexity of a nurse’s role and the arduous positions that we hold.

Dr. Sally S. Goold the executive director of CATSIN (Congress of Aboriginal and Torres Strait Islander Nurses) was the guest speaker for the welcome session. Sally opened her speech by recognising the people of the land on which we were situated at the time of the conference. Culture being shared understanding of actions, beliefs and words and is more then externally expressed characteristics. Culture is changing everyday of our lives and to give full care to clients within the health care system we need to acknowledge the changes to ensure balance in our care. It is not that the indigenous community suffer from different illnesses or diseases but rather the severity is higher and the indigenous population is likely to suffer earlier in life. Collaboration is not just about collaborating with allied health professionals but also with our clients. In the case of indigenous health we need to become aware of their cultural history and how these issues affect modern day nursing.

2007 is the 10 year anniversary of the ‘Bringing them home policy’. Loss and bereavement for the indigenous population is caused by social fragmentation, relocation, lack of social norms, loss of land, alienation and lack of role models. The issues prevalent in the indigenous society are inadequate employment, education and housing and create the need to assess our commitment to social justice. Indigenous people as well as non-indigenous people need to be treated differently, as being treated the same as everyone can be seen as discriminatory. This encompasses the idea of nursing care that is individualistic and holistic. By understanding the history of the aboriginal people we can begin to understand why the prevalence of some illnesses and diseases. Youth suicide is five times higher then in non-indigenous societies and usually as a result of cultural institution and expression. Mental health raises many issues and to alter the way mental health issues affect this community we need to remove the barriers to mainstream health care. This is again collaboration between the client or patient and the multidisciplinary team and one of the dominant issues that needs to be improved to illuminate nursing.

Karen Cook from the Australian Nursing and Midwifery Council spoke about the changes to occur to national registration and organisation of nursing and allied health services. At the present time we have 91 organisations looking after 9 professions. The key issues surrounding the change are that we need one national body with the ability to recognise different medical disciplines and protect the titles of such professionals. The changing structure of the council will mean that there will be a greater focus on the role consumers of health care play. Standards and competencies
that nurses currently abide by will be reviewed in order to achieve what the role of a nurse entails. The state and territory offices that currently exist will be responsible for registration within their state or territory as a means of maintaining accreditation. Implementation of these changes is scheduled to occur by July 2008. By assessing standards and competencies, the learning experience of upcoming nurses and also the future studies of existing nurses will be improved and nursing illuminated!

Panel discussion
How do quality workplaces positively influence patient care?
What is the ideal treatment? What is the ideal workplace? For the treatment to be ideal you will be seen to straight away, have flexible visiting hours, be listened to and treated in a nice hospital. This is not always possible. Doctors and nurses need to begin to interact more directly with clients and be upfront. Although in some circumstances it is not necessary to give bad news due to interference with current medical status, all clinicians should be prepared to do so. All clients should be provided with a safe environment with competent staff that can ensure a continuity of care. For workplaces to have quality all sections, departments, and wards need to work in alignment with each other rather then against or around each other. The issue of students speaking up to higher nurses about issues of care and bullying arose. This assertiveness in my own clinical practicum became an issue. Is there a limit to what student nurses can say? I questioned the workings of staff at my clinical practicum and felt bullied because of the assumed and stereotypical hierarchy within the profession where EN’s ignore student nurses due purely to age and the thought of us being uneducated. The negativity of other staff reduces the professionalism and quality of workplaces. The panel believed that a quality environment is one where each nurse feels comfortable about clients’ conditions, caring for them, the way care is organised and the way care is provided.

Autonomy seems to be limited in a ‘safe’ work environment due to the procedure and policies restricting ones autonomy. Nurses need to be able to develop protocols for nursing care based on what should be done. In some situations not all information is available to make a completely autonomous choice and this can affect patient outcomes. Nurses’ actions dictate patient outcomes and contribute to patient centred care that is outstanding. Nurses need to learn to self critique and look at smaller problems before they become more sever problems. Some health care settings are introducing performance management systems to manage behavioural boundaries and allow for reflection on self behaviour.

Within the rural and remote health care settings quality is lowered as a result of poor funding. The quality of care is lowered also as a result of middle aged nurses opting out of rural health because their skills seem to be valuable elsewhere. As a consequence trusting relationships between nurses and the community are hard to maintain because of the inconsistency of staffing standards and commitment to the clients’ continuity of care. By bringing up these issues for discussion we are illuminating nursing. In doing so we can work in collaboration to assess and improve the quality of care and also the quality of our workplaces.

3E – collaboration concurrent session
Susan Hunt spoke about integrating the National prescribing service quality use of medications (NPS QUM) modules into the undergraduate nursing curriculum. The reason for the introduction of such a module is due to the over/under use of medication, the inappropriate use of medications and also the adverse health consequences of medication administration. The quality use of medication looks at judicious, appropriate, safe and efficacious use. QUM is an online service allowing students to learn, network and gain access from peers about their answers to medically based questions. This service allows staff and students to collaborate to accentuate their understanding of medication administration.

Shane Jasiak described successful partnerships that improve women’s health. Well Women’s Screening Course (WWSC) is funded by the cancer institute NSW and workshops are carried out in rural and remote communities. This collaboration and partnerships achieved in this program
work together to achieve common goals through communication, demand and divisional support. In rural and remote communities there are barriers to accessing education and training. This program focuses on preventative health issues, health promotion and education as well as primary care. Through working with allied health workers and also with the rural and remote communities, collaboration makes women’s health issues more noticed and therefore a positive outcome can be achieved.

Lynne Johnstone addressed the conference about enhancing student workplace learning and undertaking interprofessional strategies to do this. Students need diverse and regular student placements to increase competence of our nurses. Systematic approaches need to be put in place to manage the diversity of placements and also to maintain the reporting’s on practicum. Student evaluations of placements need to reflect the quality of support from clinicians in improving a student nurses’ performance. The enhanced workplace learning should be complimented through the conduction of clinician workshops. These workshops will add to a clinicians understanding of the value of student placements within the workplace. The clinical practice administration database will enable clinicians to effectively manage reporting on multidisciplinary activity within the clinical setting on each placement. The barriers to this enriching learning style are usually based on differences in professional culture and differences in teaching. By improving the standards of student practical experiences undergraduate students have to ability to continue learning and therefore be most prepared for the profession and in doing so illuminate nursing.

4C – Collaboration concurrent session
Mandy Heather described to the conference the building of interdisciplinary relationships between nurses and allied health. Nurses both RN’s and EN’s are mainly hospital trained, where as allied health workers are not. Within the profession allied health workers together with nurses are referred to as “them and us”. This perception is usually because allied health workers move in transition between settings and rarely have the time to shape trusting relationships. Nurses need to improve their interdisciplinary cooperation and begin to work in collaboration with allied health works rather then against them. To have this collaboration achieved all members of the multidisciplinary team they need to work on shared goal setting to achieve a common positive outcome. A barrier to achieving these common goals is the lack of professional definitions of each health care workers role.

To work in an interprofessional manner we need to tolerate difference, work as a team, refine communication and create a clear understanding of each allied health workers roles in maintaining a continuity of care. Everyone needs to understand their responsibilities and also their own competencies and the competency of others. To change the attitudes of nurses towards allied health works ‘nurse shadowing’ has been placed into out health care settings. This is beneficial in understanding a body of knowledge and the skills of other disciplines. Nurses are paired with allied health workers to improve the collaboration between all disciplines. This can improve care plans and all so more effectively manage the discharge plans of clients. My implementing this program nurses and allied health workers begin to work collaboratively and learn from each other.

Christopher Churchouse implemented a pilot program that promotes nursing as a profession to school children in year 10. It is so often that nursing by younger kids is stereotyped as the cleaning up of bodily fluids and has no real potential as a career path. This pilot program allows students to gain insight into nursing and midwifery as a profession. 24 students were enrolled in the 5 day program that aimed to enhance personal growth, and create positive perceptions of the profession. The program introduced anatomy, dietary needs, vital signs, hand washing, infection control, manual handling, ECG and wound dressing. Students will be monitored through their further studies to see what affect the program had on nursing as a profession and the response the students had. By bringing these students into this program, the importance of the nursing role is made clear and collaboration has been achieved between staff, nurses and the upcoming generations.
Rosemary Saunders spoke about issues of undergraduate nursing student clinical placements. Because of the increased demand for nurses, there is an increased burden on universities and health care facilities to accommodate the number of students for placements. Staffing within the clinical settings is an issue because of the need for increased staff per shift to partner with students. Clinical skill level and the duration of the practicum are two major issues faced by facilities with deciding whether they can accommodate students for clinical education. A barrier to succeeding at providing the clinical experience needed is that facilitators and facilities need to become more aware of the university and tertiary system. By bringing forward these issues nursing is being illuminated as an aim to improve the learning experience of others.

Jan Skinner and Alicia Wooding addressed the concurrent session about spicing up community programs and developing integrated community services. The issues of allied health workers being segregated from nurses was again a dominate issue and through community services all practitioners need to work in collaboration to provide key services to health care consumers. Through creating these health care services we learn to integrate services, share resources, empower individuals and develop roles both independently and as a member of a multidisciplinary team. The shared goals that allied health works should have are usually interfered with by lack of communication or broken communication channels. By collaborating, health outcomes can be achieved and the standard of nursing care is illuminated through this collaboration.

Saturday 14th July
The Saturday session was opened by Rosemary Bryant of RCNA who introduced the chief nurses of Australia and New Zealand. Mark Jones addressed the conference about the Trans-Tasman agreement and the inevitability of globalisation. The nursing profession needs to move into a borderless world that transcends all boundaries and erases perceived variations. Trade agreements like that of the Trans-Tasman agreement are in place to increase choice, create freedom and support human rights. By employing these trade agreements we can break barrier to unemployment in other regions of the world. At the moment New Zealand can not employ all of its graduate nurses and the USA does not have the capacity to accommodate for its graduates.

Belinda Moyes introduced the topic of professional culture and our understanding of it being a nurse’s greatest challenge. Nurses need to be aware of reform and change and that its affects on the nursing profession are inevitable like that of globalisation. Nurses need to overcome the notion of change. “Constructive engagement and strong, authentic leadership at all levels of the profession are required to position nursing and midwifery for the future”. Nurses are willing to engage in the profession on numerous levels however to do so they need to be engaged and be provided with information and tools to make the changes. Leadership in the nursing faculty needs to entertain new ideas and explore alternative options whilst maintaining personal integrity.

Problems that arise in understanding this professional culture usually lie within changing relationships and in power balances. Nurses have increased demand and expectations as the rise in chronic disease influences our care. There is a growing shortage of nurses and an increased change in expectations and attitudes of health care workers towards undergraduate students. Currently in Victoria there are 600 nurses and no where near enough facilities to accommodate for all students and their levels of study. This raises issues of careers, one of the themes of the conference.

Following on from Belinda Moyes was a discussion about generating changes in the workplace. The focus of this was the changing attitudes to nursing between generations. Generation X ‘baby boomers’ valued commitment and group contributions, who valued the time they worked and were ambitious in both work and personal life. Generation Y – nurses of my age have a desire for independence freedom. This generation enjoy responsibility and desire strong collaboration. For an institution to evolve strong leadership is required to meet the demands of the future. Leadership is the key to bringing different generations into the work force.
Phillip Della spoke further on the roles of nurses in the future and how it requires interplay between policies and politics. Changes to workforce skill are enhanced by extending roles and the scope of practice within the profession. To do this we need to minimise the confusion of what each health care workers positions entail and by increasing the education of nurses.

5F – Challenges concurrent session
Maureen Harris described her studies on hand hygiene compliance for the care of women in labour. EPIC standards suggest 1. Cleaning hands, 2. Gloves on, 3. Perform one procedure, 4. Gloves off, 5. Wash hands. Nursing staff in labour wards were to be examined by video during vaginal examinations, catheterisations, venous cannulation and epidurals. Many staff members were caught not following the EPIC standards and not just infecting surfaces and themselves but also infecting patients with their own bodily fluids – causing great humiliation for women in labour. The issue of undergraduate students and infection control training arose. As a first year undergraduate student at the University of Wollongong I felt it was necessary to comment on the training standards with in the university. Within our practical classes we were tested on our infection control and warned about how much we need to wash our hands and put gloves on in between each different client within the clinical setting. I explained my experiences from my first clinical placement, and made the attending academics and nurses aware that it is not necessarily student having a lack of training for infection control, but also older nurses becoming impatient, or enrolled nurses being ignorant or not taught properly. It felt very rewarding to have experienced nurses listen to my opinions and congratulate me on speaking up and supporting my views with clinical experiences.

Mimmie Ngum Chi spoke about Female genital mutilation and the culture impacts and challenges associated with cases of FGM. Mimmie introduced the different types of FGM and placed the cases in a global context. 100-140 million women are affected by FGM. For most women it is a result of tradition/culture, religion, marriage and hygiene. FGM looks deeply at sexual rights and responsibilities. The procedures bring with it many complications from infection and pain to foetal distress and death. Staff are often unsure how to approach a client who suffers from FGM and this uncertainty is usually a result of minimal cross-cultural training. Nurses in mainstream society see FGM as genital mutilation rather then circumcision. This misunderstanding produced a lack of trust between the affected women and the health care worker. FARREP provides staff as liaison officers that are located in hospitals and provide community outreach services. Nurses need to overcome communication barriers and maintain a continuity of care.

The conference was closed by Mary Bryant who summarised the results of the conference and the main issues that were raised. Rural health seems to be a major contributing issue to the concepts and themes of the 2008 conference to be health in Perth. I felt that I gained very valuable knowledge by attending this conference. I was very interested in rural and remote health. I believe that all students should have access to rural and remote placements, not necessarily because it should be a career path. My reasoning is that when aboriginal and Torres straight islanders enter city hospitals, we as nurses need to be more aware of their history and also the way in which certain diseases and situation change their health dramatically. By being faced with their health issues directly in their communities we are prepared for many more situations and gain a greater acceptance of their culture and history. I have since looked into gaining a rural and remote placement and am very excited about being given any experience in this sector of the nursing profession.

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