

Submission

Educating the Nurse of the Future

(Secretariat)

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I started nursing on the 19th of May 1983 at the Royal Newcastle Hospital. With three years of hospital based training under my belt, I graduated with a certificate in general nursing. I have gone on to complete post basic training as a Psychiatric Nurse in 1991, a Graduate diploma of Midwifery in 1995 and a Masters in Nursing (Mental Health) with Distinction in 2008.

In the last ten years I have primarily worked as a Clinical Nurse Consultant in Adult Community Mental Health in addition to a number of project and managerial roles.

I have sadly concluded that nurses are poorly prepared for their role as a health professional and this is becoming increasingly apparent as the years go by. This is nowhere more apparent than in mental health nursing where exposure to mental health education locally consists of one subject, in one semester of a three year degree with an 80 hour placement. That is 1/24th or 4% of the curriculum to replace what was a standalone education programme in years gone by.

In the ten years I have worked in Hunter New England Health District, I have seen the retreat of nurses from frontline Monday to Friday positions in the community with nursing positions being filled by newly graduated social workers and occupational therapists. The only nurses who work in the community have personal reasons to prefer regular hours to shift-work, otherwise, the accountability (lower) to wage (higher) ratio in ward settings is a clear driver for many nurses.

As a hospital trained nurse it is interesting to look back over my career and reflect on how we have arrived in this position. The transition of nursing into university with an aspiration for 100% of bedside care to be provided by registered nurses has, in part, been the cause of our down fall – one against many. Nurses undertake a great deal of ‘manual Labour’ and it is unrealistic to expect that we could have such a highly qualified workforce to be ‘labourers’.

I am absolutely an advocate for tertiary education and higher, I have loved both my post graduate qualifications for the challenge and growth they have provided. While there are greater numbers of people seeking out post graduate qualifications there is an enormous gap in knowledge for those who don't. Furthermore, theoretical education cannot prepare you to interact with consumers in an engaging, therapeutic and non-judgemental fashion.

When I observe the educational strategies of our allied health colleagues I suffer irrational jealousy at the length of their clinical placements, and also the amount of value placed on mental health subjects. These lengthy placements allow students to build relationships in the workplace and to undertake the full range of in scope practices in the placement setting. Staff invest in students with longer placements and allied health are careful to ensure that all staff members offer a placement each year and provide weekly supervision for them throughout the duration of their placement.

On the other hand, nursing students in my setting feel like an onslaught. They start in March and for four – 5 months we have 3 new students every two weeks. They are not able to contribute to documentation

due to the length of time it takes to train in the medical record software and cannot really learn to manage a session with a client in the two weeks available to them. Furthermore, there is little thought about rationalising these numbers as nurses dwindle in the community mental health setting and so it truly seems burdensome to the remaining nurses – who are ill prepared to supervise a placement anyway.

Recommendations

In my personal opinion,

- Mental health nursing should at the very least be accorded a major, preferably a minimum of a full year of mental health subjects, similar to the model that has been used in Ireland and the UK for many years.
- Nursing should be a four year degree to allow for a significant increase to placement length
- We would be better focussing on exposing students to real experience to allow for dropout before the end of the degree rather than training a heap of extra nurses to account for the enormous drop out in transitional years.
- Train less nurses with a higher quality of experience by the end of their training. We need to consider the use of a tiered workforce again – sadly – in recognition of the volume and type of work that occurs in most nursing practice.
- Supervision should be incorporated into student placements to build the expectation and skill through the workforce
- Placements with a minimum wage compensation would be wonderful

Regards,

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I Acknowledge and Respect the Traditional Lands Of All Aboriginal People, I Respect Elders Past & Present,

I Ask All Those That Walk, Work & Live on Traditional Aboriginal Lands to be Respectful of Culture & Traditions.