

Through the Looking Glass

The Politics of Advancing Nursing and the Discourses on Nurse Practitioners in Australia

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Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

I had a name change part way through this thesis. Because of this, mention of my previous surname of Turner is sometimes made.

C. L. E. Harvey

Date

Abstract

Nursing has a tradition of subservience and obedience. History provides an account of secular and religious orders of nursing shaping a view of virtuous and tireless dedication in carrying out the doctor's orders. Nurse Practitioners were first introduced to the health care system in the 1960s as a solution to the medical shortage being experienced in United States of America at that time. They assumed clinical tasks, traditionally regarded as doctor's work. Since then the Nurse Practitioner movement has expanded globally.

Australia introduced the Nurse Practitioner role in 1998, heralding a new era in the health system of that country. Its introduction has created diverging views which are influence role implementation. This study examines social and political discourses that are affecting the development of Nurse Practitioners in Australia, using text and language to identify discursive practices. It has set out to determine whether Nurse Practitioners have the autonomy that professional nursing leaders have described in policy, or whether the introduction of the role has merely shifted nursing's sphere of influence within a traditional health care system.

Using Fairclough's notion of power behind discourse, the language and discourses of Nurse Practitioners were explored in relation to what was happening around role development and how Nurse Practitioners positioned themselves within the environment where they worked. The use of a Critical Discourse Analysis has allowed for the various social, historical and political perspectives of nursing to be examined. Fairclough's three levels of social organisation have been used to identify the divergent discourses between the truths of implementation of the role at individual and organisational level and comparing it to that of the rhetoric of health policy.

The discourses surrounding the creation of this advanced nursing role have been the focus of analysis. This analysis has revealed how role development is controlled by powerful groups external to the nursing profession. The dominant discourses use the traditional health care divisions of labour to maintain control through a financially driven focus on health care which does not necessarily revolve around clinical need.

Further complicating the position of Nurse Practitioners is the internalisation of those dominant discourses by the nurses themselves. It reinforces Fairclough's view that the dominant power lies behind the discourse, using the system itself to maintain a status quo, rather than overtly opposing it.

Nurse Practitioners, despite being held out by the nursing profession as clinical leaders, are not able to influence change in health care or in their own roles. The results have further shown that nursing managers do not have an influence over the direction that health care and nursing takes. Further research is necessary to examine the broader leadership role of nursing within health care nationally and internationally, in order to establish the real position of nursing within the decision making framework of health care service development.

List of Publications and Conference Presentations (Relevant to the thesis but not forming part of it)

Publications

Turner* C, Keyzer D & Rudge T, 2007, Spheres of influence or autonomy?
A discourse analysis of the introduction of Nurse Practitioners in rural and remote Australia. *Journal of Advanced Nursing* 59(1), 38–46

Turner C & Keyzer D, 2002, Nurse Practitioners: A Contract for Change and Excellence in Nursing, *Collegian* Vol 9(4), 18 – 23

* Former name of author

Conference Papers

Year	Conference	Title of Paper
2009	International Council of Nurses Congress Leading Change: Building Healthier Nations Durban South Africa	Sphere of Influence or Autonomy? A Critical Discourse Analysis of the Nurse Practitioner in Australia
	International Council of Nurses Congress Leading Change: Building Healthier Nations Durban South Africa	Poster presentation An Evaluation of the Nurse Practitioner Endorsement Process: Does it Ensure Safe Clinicians? (Co-author)
	Australian College of Nurse Practitioners 5 th Annual Conference October 2009, Auckland New Zealand	Lukewarm Defenders: The Nurse Practitioner Journey
2008	Australian Nurse Practitioner Association Conference Melbourne	Stepping Stones and Stumbling Blocks - The Influences affecting Nurse Practitioners in Australia
	Australian Nurse Practitioner Association Conference Melbourne	Nurse Practitioners in Victoria: Reviewing the Journey through Legislation and Authorisation (Co-author and presenter)
	Invited speaker - School of Nursing University of British Columbia Vancouver Canada	Through the Looking Glass - The Discourse of Nurse Practitioners in Australia
2004	International Nurse Practitioners Conference, Groningen, Holland	Development of Nurse Practitioners – An Australian Outback Experience

Year	Conference	Title of Paper
2002	Rural Critical Care Conference, Albury	Progress on the Nurse Practitioner Development in the Far West Area Health Service
	AARN Conference Sydney	Nurse Practitioners in the Far West, NSW: A Contract for Change and Excellence in Clinical Nursing Practice

Acknowledgements

In memory of Mom, Dad and David
who all passed away before this study reached its final chapter

There are times when we know that we could not have got to where we are on the journey of life without the support of others around us. This is one of those times. There are many people who have assisted me in completing this study, through practical, academic or emotional support, or combinations thereof. I would like to acknowledge these people now.

My appreciation goes to all those Nurse Practitioner pioneers who bravely shared their inner most feelings and their experiences willingly for this study, despite what they were telling me would be controversial alternatives to accepted nursing views.

My principal supervisor, Professor Trudy Rudge, rescued me after commencement of the study. Trudy has been amazing in her ability to put me right on track to the completion of the thesis. She has been the back bone without whom I may well have given up.

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I also want to thank Dr Anita De Bellis who, because I had two external supervisors, became the 'on campus' supervisor in the last 18 months of the study, and to Shaun Bowden, a friend and colleague, for being a sounding board in times when I questioned my own ability and reasoning.

There are others who deserve a place in this thesis. David Turner, my late husband had immense enthusiasm and gave me so much encouragement for my work. That encouragement gave me space to extend myself and to challenge 'the what is' in order to look at the 'what could be'. He passed away six months into this study.

I want to acknowledge Paul Harvey, who, from the beginning of a new relationship, has frequently taken second place to my thesis and, with understanding has allowed me to persevere. He has also willingly assisted in the editing and formatting process of the thesis.

To my son Dale, thank you for being patient with a mother who has always been studying and for always being there on the journey.

Finally I want to acknowledge all those nursing and medical teachers and mentors in my early nursing years who believed in, and encouraged, the full potential of nursing, not only because we worked under difficult conditions, but also because they sanctioned debate around professional and clinical boundaries. Without them, I would not be the nurse I am today nor would I have ever considered tackling this challenging study in the way I have done.

Preface

This study has been fraught with personal tragedies and professional challenges. It has its beginnings in my early life as a nurse back in the bush war of Rhodesia, now known as Zimbabwe. As nurses and civilians at that time, we contributed to the war effort because there were no military hospitals and civilian hospitals became their substitute. As such my nursing training was a mixture of the tragedy of war and the routine of surgical and medical patients. In this unusual situation we, as student nurses were delegated responsibility far beyond what our training and nursing regulations supported. As such, we learned the value of accountability and responsibility very early on, in order to practise safely and effectively within logistical and professional challenges that the situation imposed upon us.

These reflections only crystallized in my consciousness many years later when I was involved in developing the newly created Nurse Practitioner role in the outback of one state in Australia. My own values and outlook of what nurses are capable of doing, which were so natural and normal to me, came crashing down around me when I realised that this role, with all its potential to provide expert and valuable care to communities that were far away from the specialist centres, was unable to do so because of the obstacles being thrown in its way. What for me seemed a simple matter of development became the most complex challenge that I have encountered in my nursing career. From this the seeds for this study were sewn.

I never anticipated uncovering the hidden discourses that have emerged from this study. What started out as questions around why the Nurse Practitioner role was struggling to progress in Australia, became a study fraught with politically charged findings. As a result of this I have had to reflect on my own position as a nurse and a leader in my various professional nursing roles, because I am as much a part of that system that has created the political and economical web as those involved in this study, either directly through interviews, or indirectly through the examination of literature relating to Nurse Practitioner role establishment.

This study views the position of Nurse Practitioners from one lens only, using the chosen theoretical framework to uncover the discourses behind those obstacles that we are all aware of but are not sure why they exist. Some nurses may not like what has been revealed and others may welcome the findings from this study. Either way, this study always had one objective in mind, to uncover issues influencing Nurse Practitioner role implementation in a way that supports nursing sustainability for the future.

I owe it to the Nurse Practitioner pioneers who participated in this study, to share their views and truths about their role.

Abbreviations and Explanations of Terms

ACT	Australian Capital Territory is the territory in which the seat of federal government is located.
AMA	Australian Medical Association is an industrial organisation for doctors in Australia
ANF	Australian Nursing Federation is an industrial organisation for nurses in Australia.
ANMC	Australian Nursing and Midwifery Council is the guiding policy body for nursing in Australia. They are not a regulatory authority rather they develop overarching policy and regulatory recommendations for states and territories to adopt.
APN	Advanced Practice Nurse is the umbrella term recognised by the International Council of Nurses as those nurses who are considered advanced in their field of practice. They include, but are not exclusive to, Nurse Practitioners, Clinical Nurse Specialists and Clinical Nurse Consultant.
CDA	Critical Discourse Analysis is a methodology used by social researchers.
CNC	Clinical Nurse Consultant is a nurse who has considerable clinical experience in a chosen field of health. The actual scope of practice differs in Australia between the states, in the way it is configured in terms of education, clinical practice and co-ordination.
CNS	Clinical Nurse Specialist is a clinical expert in the chosen field of practice. The scope of practice differs between states in Australia.
CPG	Clinical Practice Guidelines are clinical advisory documents developed to support evidence based clinical practice.
DON	Director of Nursing is a person who is in charge of a nurse workforce in a hospital or health care facility. There are many different titles that mean the same thing and the scope of work has expanded to include service budget and human resource management.
EN	Enrolled Nurse is a nurse who has undergone a tertiary level diploma course and is allowed to work as a practical nurse following admission to the role on a nursing and midwifery regulatory authority. Recently extensions to their practice have endorsed them to take on tasks that are normally considered within the scope of practice of a Registered Nurse.

Enrolled Nurses are mentioned in this study but their role is not examined in this thesis.

- GP General Practitioner is the term given to medical doctors who work in the community and who provide a general health care service to the public.
- ICN International Council of Nurses – “The International Council of Nurses is a federation of national nurses’ associations, representing nurses in more than 128 countries... Operated by nurses for nurses, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce”. <<http://www.icn.ch/abouticn.htm>> accessed 5th November 2009
- NMRA Nursing and Midwifery Regulatory Authority is a board promulgated by a nursing or health professional act and is charged with maintaining public safety by maintaining a register of nurses and regulating training and practice. In Australia each state and territory has a NMRA. This is set to change with a national registration scheme anticipated for implementation in 2010/ 2011. Also known as Nurses Boards.
- NP Nurse Practitioner a protected title by legislation. It is a Registered Nurse who demonstrates advanced nursing practice skills and has been registered by a nursing and midwifery regulatory authority to practice as such.
- NSW New South Wales is a state in Australia
- NT Northern Territory is a territory within Australia
- NUM Nurse Unit Manager is the general term for a clinical manager in charge of a clinical unit or department. There are numerous iterations of nurse/clinical managers in terms of job description and title. All have similar scopes of practice.
- PCA Patient Care Assistant is a person who has undergone a short training period after which they can carry out basic nursing duties. In some countries the training is more formal and they are also on a role. In Australia they are not regulated. Also called Care Assistants or Nursing Assistants.
- QLD Queensland is a state in Australia
- RAN Remote Area Nurse – Nurses working in the remote regions of Australia are often called Remote Area Nurses. They are also called Rural and Remote Nurses or Outback Nurses.

RCNA	Royal College of Nursing Australia is a professional organisation for nurses in Australia.
RN	Registered Nurse is a nurse who has undergone an undergraduate degree leading to the registration by a nursing and midwifery regulatory authority.
SA	South Australia is a state in Australia
TAS	Tasmania is the only island state of Australia
VIC	Victoria is a state in Australia
WA	Western Australia is a state in Australia
WHO	World Health Organisation – “WHO is the directing and coordinating authority for health within the United Nations. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.” < http://www.who.int/about/en/ > Accessed 5 th November 2009

Formatting of Quotes

Times New Roman font size 12 with 1.5 line spacing has been used throughout this thesis.

Short text quotes and field note quotes are identified by the use of parenthesis within the main body of text.

Where long sections of text and field notes are quoted, these are identified by separating them from the main text using single line spacing with no parenthesis.

Participant interview quotes are identified by the use of italics.

Short participant interview quotes are kept within the main body of the work in italics with no parenthesis.

Longer participant interview quotes are separated from the main body of text using single line spacing and italics with no parenthesis.