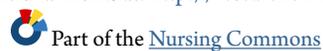

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An Exploration of the Past, Present and Future of Nursing in Early Parenting
Services in Australia

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Chapter 6: Conclusions and Recommendations

6.1 Introduction

This study has produced new and informative knowledge and understanding of the past, present and future of nursing in EPS in Australia. The three phases of the study have resulted in a framework for the future workforce development of nursing within an interdisciplinary context. This final chapter will summarise the most significant findings generated and the importance of these findings for nursing practice, education, research and organisations. Subsequently, some limitations will be presented, followed by some concluding reflections.

6.2 New Knowledge Generated from this Study

This study has explored the spectrum of EPS in Australia across three phases of past, present and future. The past role of the nurse was considered at one site during phase one. The current role of the nurse in EPS within an interdisciplinary context was also explored during phase one and then validated through phase two nationally. The future of nursing within EPS was explored through all three phases, with a framework being developed through phase three.

Previous to the study, little evidence was available on this context and area of nursing. Information on the child health nursing role has been studied in various contexts and mainly in the universal system of child health. Therefore the new knowledge is how nurses and allied disciplines described their role in an interdisciplinary context with a focus on what was unique to the nursing role. In addition, this study has been future-orientated, given the pressure of an ageing workforce and the potential threat to a niche market of service delivery around Australia. The intent of this study was to gain knowledge of where nurses see the future and a way forward to assist national organisations in their challenging task ahead. A number of key findings are important to mention in this concluding chapter.

Previous to this study, the nursing role at Ngala over a period of 122 years had not been described. The rich history of nursing in this context has given a greater understanding of how nursing has evolved and changed over time and how nurses

continue to contribute to the health and wellbeing of families in the early parenting context.

Secondly, no previous work existed on the role of nurses in EPS in Australia in the context of an interdisciplinary team. Exceptions are that there are descriptions of competencies available for child health nurses in some States in Australia, and the NSW Health Department has introduced its Child and Family Health Nursing Professional Practice 2011–2016 framework. This study, along with these descriptions of the child and family health nursing role, provide some detail of the interactions that occur when nurses work closely with other disciplines. There is an overlap of roles that has a positive contribution to working with vulnerable families and support of their colleagues in the early parenting context. Nurses also describe some unique aspects to their current role, including their work in parent-craft and child development, health promotion, health assessment, holism and coordination of care. They were also identified as experienced practitioners with a broad knowledge base and a strong professional identity.

The final area of new nursing knowledge generated from this study was for the future. Rich data emerged through mixed method approaches during the phases of the study that provided a greater understanding and knowledge for the way forward for the future. Prior to this study, nursing workforce issues and the implications of the ageing workforce had been studied, but not for this cohort of nurses. Recommendations for the future have been written into a framework describing the changes that nursing has experienced over time in its role in EPS, and the unique role of the nurse within an interdisciplinary team. A workforce development strategy has been developed, including priorities for the next 3–5 and 5–10 years.

Overall, the new knowledge gained from this study will assist EPS in Australia to consider this workforce development strategy and contemporary alternatives to the development of workforces into the future. Further, this study represents a significant contribution to the evidence base of nursing within EPS contexts.

6.3 Significance of the Findings for Nursing

As a result of new knowledge gained from this study, subsequent clinical implications have emerged. The key implications from this study directly affect the

Ngala site being studied, but can also have ongoing ramifications for other EPS in Australia.

6.3.1 Implications for Clinical Practice

Firstly, the nursing role in EPS described was consistent with current literature in relation to child health nursing roles and competencies. The strengths of nursing for the early parenting context are documented through various sources, and this study documents nursing's history at Ngala, which had not been previously undertaken. The respect held by the public for nurses has also been well documented in the public domain. The uniqueness of the nursing role in EPS when working closely with other disciplines has been identified and will assist nurses to articulate their role with other disciplines in a team environment.

The breadth of experience of the current nursing workforce in Australia is acknowledged. The experience of the baby boomer generation of nurses has included hospital- and tertiary-based training. This component of the uniqueness of their role will not be present when most of these nurses leave the workplace over the next 14 years. Therefore, HR processes, particularly in relation to retention and flexibility, will be important as these ageing nurses transition from the workplace.

The questions asked by Duffield (2008) about the workforce required for the future in paediatrics and child health are partly answered in this study. Nurses continue to be a profession needed for this area of early parenting work, along with other allied disciplines. Due to the threat of looming shortages and the loss of an experienced current workforce, it is necessary to rethink the skill mix. The proposed EPP role is partly a solution, as is the increased utilisation of enrolled nurses with the development of a postgraduate qualification in early parenting.

Secondly, the future nursing workforce needs to focus on outcomes for families rather than the preservation of established nursing positions at the expense of increasing the number of allied disciplines within early parenting work. Due to the vulnerable nature of families seeking assistance from EPS, mono-discipline approaches can exist no longer. Clinical supervision, reflective practice and increasing professional development are necessary to sustain the dynamic learning environments required to lead and drive change in services for the future.

Thirdly, the benefits of collaboration within an interdisciplinary team have been well demonstrated by study phase one at Ngala and the agreement of nurses nationally. The challenges presented by working closely with other disciplines also represent strengths in collegial approaches and learning that can only benefit families with children in the early years. The changing nature of the work needs a diverse skill mix and multi-generational workers that can take services into a new phase of planning and development for the future. Although the nurse's role has expanded, it is consistent with being a very experienced practitioner. In the future, it cannot be expected that workers will stay in this area of work as the current senior cohort of nurses have. Hence, it is important to include a range of disciplines to support the unique role of the nurse in EPS, rather than continuing to rely on the much expanded role that has become challenging, onerous and a burden for many nurses.

As one of the major disciplines of a health service for communities, nurses (along with their practice) must be linked to the health care needs of those communities. Consumer pressure for specific services, technological changes, changes to other roles in the health workforce and resultant government policy will continue to contribute to increasing specialist service requirements. The specialist nursing service demand will continue to grow, requiring supply strategies. There is an opportunity in the current environment, with indicative professional organisational support and government strategy direction, for the development of a national specialist nursing framework. Such a framework would provide consistency in articulating this level of practice and support more effective workforce planning into the future.

Finally, this study has highlighted the need for nurses to take up the challenge of leadership and contribute to the redesign of EPS for the future. Further, through change management strategies, nurses can become involved in developing leadership potential in the up and coming workforce of new graduates.

6.3.2 Implications for Education

The findings from this study also have implications for national education in child health and parenting, with calls for the development of new qualifications and innovation in continuing professional development in early parenting work. Nurses are not the only ones that work with parents in this kind of work. There is a large not-

for-profit sector already supporting the universal child health system and early parenting services. This sector could be assisted with extra qualifications to enhance relevant knowledge and skills to enable consistency of service delivery for parents. The demand is such now that new approaches have to be considered and the use of social media and online education is part of this solution. National standards and competencies would assist child and family health nurses and allied professionals to develop consistency in their approaches.

Secondly, interdisciplinary team education has been taught at a large number of universities for some years but there remains room for improvement in this academic discipline. Commitment is required for workplaces to provide the right environment for the application of IPE theory and practice to be successful. Support and education at all levels of an organisation are necessary to move interdisciplinary frameworks and collaboration forward. The commitment of partnerships means persistence and consistency in this area from individuals, organisations and universities.

Thirdly, an investment in strategic professional development is essential to moving nurses forward to embrace innovation and change in early parenting work. The support for online approaches, coaching and mentoring programs is also necessary as the baby boomer workforce transition out and multi-generational workforces are created.

Finally, a range of qualification pathways need to be considered in early parenting work to enhance the overall skill mix for EPS. Both NSW and Victoria offer qualifications for enrolled nurses and these could be explored with the offer of an online component and placements being offered interstate.

6.3.3 Implications for Research

This study has initiated a research journey into the future of the workforce in EPS, but more work is needed. Firstly, this study focused in-depth on one organisation and one State context, and further questions arise as to whether there is overall commitment by some organisations in EPS to interdisciplinary work. There is commitment on the whole to multidisciplinary approaches, but if one considers the ratios of other disciplines to nurses at some sites, where there are either no (at one site) or very few allied professionals working alongside nurses, gaps may exist.

Nurses are gate-keeping this area of work to their own detriment, and to that of effective outcomes for families with young children.

Secondly, developing research cultures and practice development approaches takes time and investment in terms of resources. There are a number of best practice strategies that can be employed, but commitment is paramount at all levels of an organisation to achieve success. Small projects could be undertaken, for example, to elicit the gains from an interdisciplinary team approach, particularly for client outcomes.

Thirdly, the workforce development strategy developed here will need to be implemented and evaluated, and research projects that seek new knowledge on the various elements of the strategy will need to be devised.

Finally, the contemporary role of both the child and family health nurse and the enrolled nurse (Diploma of Nursing) with qualifications in early parenting can generate further research into how enrolled nurses work with an interdisciplinary team and navigate their decision making and supervision elements. Moreover, increased pathways and competencies for child and family health nurses commencing at level one for newer graduates could be considered, such as is already done in SA.

6.3.4 Implications for Organisations in Early Parenting Services

AAPCH now has the resources of a workforce development strategy that can assist in providing a way forward to create national consistency and standards. While there are variations in the contexts of each State, there are basic principles that can be adopted to guide services and potential future innovations that can maximise efficiencies such as online professional development and research into early parenting approaches. Given the small number of EPS employees nationally, this should be possible.

A framework for collecting workforce data to identify current supply and enable the development of a clear career pathway would greatly enhance future nursing workforce planning. The absence of a clear framework for articulating the demand for specialist nursing practice nationally has important consequences for the quality of future workforce planning, the essential development of appropriate educational

programs for the workforce and the provision of services. The ‘lack of’ is an indication of the complexity of the task, the diversity of the current professional organisation approaches and the health care context. The acknowledgment of the need for political support at the professional organisational or government level to effect change for nursing is widely reflected in the literature.

Secondly, change management approaches need to be considered to facilitate the development of leadership in the current workforce so that champions are developed and assisted to lead the way forward as the current senior cohort of nurses transitions out of the workforce. Nurses in EPS have a strong professional identity and thought needs to be given as to ‘what’s in this for me’ as well as trail blazing a new multi-generational workforce and skill mix for the future.

6.4 Summary of Recommendations

A summary of the recommendations are as follows.

6.4.1 For Clinical Practice

- Strengthen and resource clinical supervision models and reflective practice activities in interdisciplinary teams;
- Source relevant and implement leadership development programs for nurses;
- Explore strategies to increase the consumer voice in services;
- Refocus service delivery to focus on outcomes for families; and
- Explore strategies to promote nursing within EPS.

6.4.2 For Education

- Develop innovative professional development programs nationally;
- Explore the concept of an EPP;
- Develop national standards and competencies; and
- Explore a post-certificate qualification in early parenting for enrolled nurses.

6.4.3 For Research

- Develop sustainable research cultures in EPS; and
- Conduct follow-on research activities, including an evaluation of the workforce development strategies.

6.4.4 For Organisations

- Implement a workforce development strategy at Ngala, and through AAPCH. This includes the immediate implementation of strategies for the transition out of the workforce of the baby boomer generation and plans for national professional development;
- Continue the focus on the development of interdisciplinary team approaches when working with families with young children; and
- Continue to invest in and evaluate family partnership or C-Frame approaches, which are crucial to working with families with young children.

6.5 Study Limitations

One of the limitations of this study was the potential for a perceived unequal power differential between the researcher, who is the Director of Services of Ngala, and the nurses as participants at Ngala. The researcher anticipated possible harm or risk to participants and in the study the possibility of harm or risk could have existed in relation to the interview participant's career and perceived role potential within the organisation. Every attempt was made to minimise the impact of this potential risk.

As indicated previously, this study focused in-depth on one organisation in one State during phase one, and while there was support from nurses nationally, organisations are not an homogenous group of services nationally—variations of organisational contexts and funding sources influence diversity in nurse perceptions. There are also variations of interdisciplinary team work and commitment to this nationally. This limitation was minimised by structuring the study in three phases and including nurses nationally in phases two and three.

The teleconference research strategy included a small sample of five or less self-selected nurses from nine services. They can therefore be considered as having a strong interest in the study and their contributions may not have captured other views of nursing. This limitation was minimised by all nurses nationally being invited to participate in phase three.

Nurses in the cohort of this study were also a homogenous group of participants, who were predominantly of Caucasian background and felt more comfortable with

families of similar ethnicities. This might have influenced their perceptions and/or their approach to their work. For example, an interesting observation is that there was very little mention from nurses as to the cultural security emphasis on their role, which also could indicate that the focus on multicultural work with migrant, refugees and Aboriginal families is limited, or that nurses did not think that different strategies needed to be used for different groups of people. Moreover, the number of enrolled and mothercraft nurses were small in this study, and this role was not specifically considered.

Participation in phases one and two exceeded the researcher's expectations. The national survey in phase three had a response rate of 37 per cent. This was considered acceptable, although a higher response rate would have enhanced the findings.

As indicated through the study, the voice of the consumer is often missing in studies that directly affect them. There is a need to be mindful of this in the future.

6.6 Final Reflections

This study has made an important contribution to nursing knowledge in the area of EPS in Australia. The past nursing role in EPS has been explored, with comments made on how the changes in history have influenced the current state of EPS nursing in Australia. The future remains unknown, although workforce predictions give some certainty about a large cohort of nurses leaving EPS over the next 14 years. A concerted effort and focus on workforce development approaches will thus be needed for the next decade. Addressing educational preparation and the professional development of child and family health nurses may be one way to address some of the concerns raised in this study. Providing nurses with the skills to negotiate active participation in decision making, to plan and develop programs based on needs and outcomes for families, and to demonstrate the value of their practice through research would, in the longer term, go some way in addressing their concerns.

The interdisciplinary context in this area of work has been developing over the past two to three decades but still has a long way to go in EPS. Students having undertaken interprofessional learning through universities need to be able to experience consistency and congruence in workplaces to apply their learning. The

strengths displayed by collaborative team approaches were demonstrated by participants in phase one, and there was overall support from nurses nationally during phase two and three to develop innovative approaches for the future workforce framework.

As articulated in the introduction to this study, EPS in Australia is crucial, as is the need for these services to provide comprehensive prevention and early intervention services and programs for children and their families that have long-term benefits for children's physical and mental health, educational achievement and emotional functioning. The consumer of these services is an important stakeholder and should be considered as central in further research and in relevant education and training. This study was about exploring the past, present and future of nursing in EPS. While a framework for the future has been recommended, the test will be whether it can be explored further and implemented nationally to assist the development of consistent practice to benefit families with young children.