Better ways to cook bacon - Reflecting on nursing

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Abstract
Editorial

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many still perceive a theory/practice gap. Usually this is expressed as being a gap between what happens in practice and what is taught in tertiary institutions, with the fault firmly lying with the university sector. However, I think this is misleading. As a relative newcomer to New Zealand, I have a different view. There are many nurses within the university and practice settings who see a blurring of the distinctions between these settings. These nurses recognise there is no magic solution to nursing practice issues, no one magic panacea in the form of a theory or process that will be the golden road to nursing’s future. These nurses put the client and the community at the centre of nursing and recognise that nurses themselves are also clients and members of our diverse communities. They see nursing practice (incorporating education, management, research and clinical work) being like the people it serves — full of complexity and paradox.

Education is not the sole province (or responsibility) of the tertiary education sector but is integral to a nursing service that sees change and development as essential elements of nursing education/practice.

The reality of change and development, in conjunction with education, research and practice, can be seen in two interesting nursing initiatives. One has been the establishment of nurse practitioners (NPs), with education, research and the improvement of practice as part of their role. The other has been the appointment of clinical chairs of nursing as joint ventures between universities and health services.

Both these initiatives have developed in the Waikato. The Waikato District Health Board (DHB) now boasts three NPs and the Waikato DHB, in conjunction with Victoria University of Wellington’s Graduate School of Nursing and Midwifery, has recently appointed a clinical professor of nursing who heads the new nursing research and development unit — a position I am privileged to hold.

The unit is now embarking on a process of practice development, whereby wards and units will be facilitated to improve client outcomes through a process of bottom-up change. This values the knowledge embedded in practice and the experience of clients. In the next 18 months, ten practice development units will be established, with more planned. This initiative can only succeed in a climate where development and change are seen as the responsibility of all, where co-operation is the norm and where education is the responsibility of the individual nurse, as well as the health service and the tertiary education sector.

These units are expected to identify areas for clinically focused research and education, and will be facilitated in this by targeted staff development and co-operative ventures with a variety of tertiary institutions, multidisciplinary colleagues and other health services. By asking the question “what works the best for whom in what circumstances?” these units may well develop new processes and practices that serve nursing and the community better than the relics of the past. We might even discover better ways to cook bacon.

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**REFERENCE**