

University of Wollongong

Research Online

Faculty of Science, Medicine and Health -
Papers: part A

Faculty of Science, Medicine and Health

2003

Better ways to cook bacon - Reflecting on nursing

Kenneth Walsh

University Of Wollongong, kenw@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/smhpapers>



Part of the [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Walsh, Kenneth, "Better ways to cook bacon - Reflecting on nursing" (2003). *Faculty of Science, Medicine and Health - Papers: part A*. 2020.
<https://ro.uow.edu.au/smhpapers/2020>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

Better ways to cook bacon - Reflecting on nursing

Abstract

Editorial

Keywords

ways, reflecting, nursing, better, cook, bacon

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Walsh, K. (2003). Better ways to cook bacon - Reflecting on nursing. Kai Tiaki Nursing New Zealand, 9 (10), 2.

BETTER WAYS TO COOK BACON

— REFLECTING ON NURSING

By **Kenneth Walsh**

WHEN I started nursing in 1978, a nurse told me a joke. A couple recently married. The young man noticed that his wife always cut the bacon in half before cooking it. When he inquired as to why she did this, he was told that was the way bacon was cooked; that's how her mother cooked it. Curious, he asked his mother-in-law the same question and received the same answer. Even more curious now, he sought out grandmother-in-law. "Why do you cut the bacon in half before you cook it?" he asked. She produced a small pan and said, "It's the only way I can fit it in the pan".

My colleague concluded the joke by remarking, "That's what nursing is like". She was not remarking on traditional male/female domestic roles (though the joke has some resonance with nursing in that respect too) but rather on the reliance upon traditional rules and tasks.

In the 1970s, nursing began to move from a routine-driven mode of care delivery where one did not question why things were done in certain ways, to one that was simultaneously trying to be more "scientific" and more patient-centred. In our haste, we replaced one set of rules with a slavish adherence to another. We introduced into nursing, ideas and processes derived from outside nursing and we did this in an uncritical way.

It has been said the mixed motives of trying to move away from a traditional medical perspective, while still being seen as scientifically credible, and simultaneously producing care tailored to the individual patient, produced its own set of problems. It led to the development of nursing theories that were difficult to apply in practice, and processes that became more important than the results they were designed to produce (eg the nursing process and nursing diagnoses). Naturally, the side effect of this was the perception that the education sector was out of touch with the reality of practice. I remember well trying to teach nursing diagnoses to sceptical groups of clinicians.

So where are we now? Talking to nurses today, it is evident

— *Kenneth Walsh, RN, RPN, BN (Armidale), PhD (Adelaide), is clinical professor of nursing at the Waikato District Health Board, a joint appointment with Victoria University of Wellington's Graduate School of Nursing and Midwifery.*

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.



Kenneth Walsh

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. □

REFERENCE

1) Binnie, A. and Titchen, A. (1999) *Freedom to Practice: The development of patient-centred nursing*. Oxford: Butterworth Heinemann.