The 7 Summits of Nursing
...the willingness to try...

Professor Di Brown, AO
Professorial Fellow Charles Darwin University,
Adjunct Professor, UTS
Visiting Professor University of Indonesia

@di_dibrown

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Today we will talk about reaching for the summit...and what that might mean for nursing
In this talk we will:

• Consider what we can learn about the past of nursing that can help us in the future;
• Examine how the concept of conquering the seven peaks can be applied to nursing;
• Talk about the future of health care and nursing and think about what each of us can do to contribute to a positive future for the profession and the people we care for.
The 7 mountain peaks of nursing’s development

What happened next? What was it like?

Since then...

Out of your comfort zone

Dealing with constant change

Where to from here?

What happened?
In order to understand the present we need to understand the past. What was it like?

Step 1
Brief history of nursing in Australia

• Evolved out of the convict system;

• Nurses were selected from the convicts, they were mostly illiterate, “unruly, dirty & often drunk” (Watson, 1911);

• Sydney Hospital was the first in Australia, there were no toilets in the hospital, the stench of unwashed bodies was overwhelming, water was cut off at 3.30pm every day when the nurses left and the patients were locked in, no drains and lots of rats (Rice 1988);

• Nurses were slovenly & lazy; patients lay unwashed, in unmade beds for weeks
1868 Lucy Osborn arrives in Sydney

- Osborn arrived with 5 other trained nurses from St Thomas’ Hospital in London;
- Instituted formal training programs;
- For the first time the matron was in charge of the nurses
Brief history of nursing in New Zealand

• 1840 New Zealand settled as colony & state hospitals were established;
• By 1870 there were 37 hospitals in NZ;
• 1871 The NZ Inspector General sent for Nightingale nurses;
• 1895 Grace Neil, a nurse, appointed assistant Inspector of Hospitals.
In addition to caring for your 50 patients...

Each bedside nurse will follow these regulations:

1. Daily sweep and mop the floors of your ward, dust the patient’s furniture and window sills.

2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day’s business.

3. Light is important to observe the patient’s condition. Therefore, each day fill kerosene lamps, clean chimneys and trim wicks.

4. The nurse’s notes are important in aiding your physician’s work. Make your pens carefully; you may whittle nibs to your individual taste.

5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath, on which day she will be off from 12 noon to 2 p.m.

6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes, or two evenings a week if you go regularly to church.

7. Each nurse should lay aside from each pay a goodly sum of her earnings for her benefits during her declining years, so that she will not become a burden.

8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.

9. The nurse who performs her labours [and] serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of five cents per day.

(Nursing duties 1887)
In 1899 the Australian Trained Nurses Association was established.
The NZTNA was established in 1909.
The primary objective was to secure self-regulation & responsibility for training.
The Registration Act was passed in NZ in 1901 & introduced NSW in 1913 but passage was delayed as some doctors refused to have nurses on the board, when it was passed in 1924! 4 of 7 members were doctors
We’ll jump to the 1960’s, a time of revolution & change

- Hospital training formalised & institutionalised;
- Between 1967 & 1974 in both Aus & NZ there were innumerable reports into nursing due to poor standards, shortages of nurses, high levels of attrition due to dissatisfaction with training;
- Changing roles & expectations of women in society.

What happened next?
Transfer of Nursing

In 1983 the NSW Minister of Health announced that from Jan 1985 all nursing education was to be conducted in tertiary institutions. In 1994 the Fed Government agreed, and the full transfer was implemented in 1993.

1973 NZ commenced diploma programs, the last hospital trained nurse graduated in 1990.
Since then...

Nursing has become well established in the tertiary sector, though there are still residual complaints.

Career structure in place; Professional standards of practice; Nurse Specialists, Nurse Consultants, Nurse Practitioners, Nursing Professors...

Chief Nursing & Midwifery Officer in each state and territory, plus a CNMO of the Commonwealth of Australia & in NZ.
Recognition that things are changing rapidly in health & society

While there has always been changed, things seem to be moving faster these days.

Think about:
- changes in medical treatments, and the expectations of the public,
- changes in technology,
- changes in how health care is provided,
- changes in the nature of work.
Where to from here...

Contribute now....pay it forward...

- When trying harder doesn’t work, what then?
- What is the purpose of nursing? Where do you see it going in the future?
What does the future look like?

• Jarche (2015), a futurist, claims that by 2020, routine work will disappear...

• “The future of work will be complex and this will be even more obvious in the next five years, as robots and software keep doing more complicated work.

• Just as people had to become literate to work in the 20th century workplace, now they will have to be creative, empathetic, and human: doing what machines cannot do.”
SEISMIC SHIFTS

DISRUPTIVE CHANGE
SEISMIC SHIFTS

DISRUPTIVE CHANGE

DIGITAL CONNECTION
SEISMIC SHIFTS

DISRUPTIVE CHANGE

DIGITAL CONNECTION

Work complexity
SEISMIC SHIFTS

Disruptive Change

Digital Connection

Work Complexity

Hierarchical Power
We are into a new era: a revolution as significant as the industrial revolution.

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Leading change in a new era

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Most healthcare transformation efforts are driven from this side.
INSTEAD OF RISKING ANYTHING NEW, LET'S PLAY IT SAFE BY CONTINUING OUR SLOW DECLINE INTO OBsolescence.
Talk to each other...

• What will nursing look like in the future?

• Will nursing continue to exist?

• Whose responsibility is it to frame and fix the future of health care?

• What role can you play?
We need **boatrockers!**

Rock the boat, but stay in it!

Able to challenge the status quo when we see that there could be a better way

Walk the fine line between difference and fit, inside and outside

Conform AND rebel

Capable of working with others to create success NOT a destructive troublemaker

Source: Debra Meyerson & Helen Bevan, NHS
“New truths begin as heresies”

Huxley, defending Darwin’s theory of natural selection
Thinking again about our theme of mountains and climbing...

- What can we learn from mountain climbers & how does this relate to nursing?
We need to make sure we are focusing on the right things...

Everest climbing experts always say that the best sherpas spend less time focused on the mountain...

...and more time focused on the climbers with whom they are working.
Need to understand what it takes to scale mountains...

“All the newest technologies and top-rated equipment won’t get you to the top of Everest – and back down...

...only a skilled and seasoned sherpa guide can do that.”
Good guides know their equipment...

“You have to know how to skillfully use every piece of equipment you have...

...and you learn how to use everything you have with you in multiple different ways – you’d love to have exactly the right tool for every situation, but you can only carry so much in your pack.”
To be successful takes effort. You need diligence, hard work, application and creativity, you need to be able to alter your pathway when appropriate...
Teaching and training is the first order of business...

“Experienced guides spend a lot of time at Base Camp in a supportive environment teaching and practicing the skills the climbers will need on the mountain... so when they get to the harder, more difficult parts of the climb their climbers have the skills that now make the difference between life and death.”
Need to understand environmental factors...

“The best guides are constantly monitoring what is happening on and around the mountain...

...the weather, how the season has been, who’s ahead, who’s behind, how avalanches have reconfigured the side of the mountain – you have to be aware of all of it.”
The past is not always the best guide for the future...

“Trudging nose to butt up the ropes that had been fixed to the steep slope, [my sherpa] and I were wedged between strangers above us and below us.... Above me were more than a hundred slow-moving climbers...

...the lead Sherpa of our team and I unclipped from the lines, swerved out into open ice, and began soloing—for experienced mountaineers, a safer option.”
"The sherpas are the ones who make the climb to the summit possible. They are the ones who take up all the equipment, set up all the ladders [across the crevasses] and the ropes, and guide climbers across the ever shifting face of the mountain. They pay it forward – often with their lives – every day so that people can experience Everest. Without them, scaling Everest is unimaginable."
“It is not the mountain we conquer, but ourselves.” — Sir Edmund Hillary
• **YOU** are the future of nursing...the journey will challenging, but it will be interesting...work together and encourage one another...give things a go... *be willing to try*

GOOD LUCK!
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