Becoming a Nurse

MARIA FEDORUK

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

- discuss the role and function of regulation in relation to professional nursing practice
- understand the nurse's role in the healthcare system
- · identify and plan your own professional development
- discuss the concept of professional boundaries and therapeutic relationships.

KEY TERMS

Competency standards Professional boundaries Registration standards Regulation Standard

Introduction

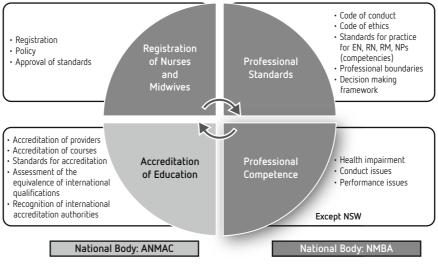
This chapter introduces you to the beginning processes for becoming a registered nurse. Becoming a registered nurse starts with successfully completing an accredited program of study. All university-based nursing programs must be accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC).

ANMAC assures the health and safety of the Australian community by ensuring high standards of nursing and midwifery education. Therefore, your program of education will be accredited by a statutory agency established by the Australian government's Nursing and Midwifery Board of Australia (NMBA) under what is known as the 'National Law'. The full title for the National Law is the *Health Practitioner Regulation National Law Act* (the National Law) and was enacted in all states and territories in Australia, on 1 July 2010, except in Western Australia, where it came into being in October 2010 http://www.healthprofessionscouncils.org.au/Reference_Document_Accreditation_under_the_National_LawFINALEDITED.pdf.

ANMAC is also an assessing authority for the Australian Government's Department of Immigration and Border Protection (DIBP), and assesses the qualifications of nurses and midwives who want to migrate to Australia under the General Skilled Migration category (ANMAC 2014).

It is important to understand the regulatory framework that governs your work as a student nurse and your practice as a registered nurse. All the regulatory agencies work together, as shown in figure 1.1 below.

FIGURE 1.1 CO-REGULATORY TOOL



Source: White, J.F (2011)

You as an Individual

People enter nursing for a variety of reasons, ranging from a desire to help others, because a relative was a registered nurse, or because they have been influenced by images of nurses in film and television, or received impressions of what a nurse is from the many books written about nurses. Whatever your reasons, you will bring to the profession of nursing your own values, beliefs about the world and people, knowledge and experience. Your experiences and learning will be unique to you. As with all study, you will find some subjects uninteresting, while others will pique your curiosity and encourage you to explore the subject matter further. Key descriptors for a professional registered nurse include an inquiring mind and the capacity to continue learning beyond the prescribed course materials.

Professional registered nurses also need to be able to develop professional relationships with their patients and with other members of their healthcare teams. You will have already developed professional and social relationships either in previous occupations or in schooling. Before to coming to university you may

have been involved with community-based activities, sporting and debating teams, book clubs, or worked with international aid agencies. All of these activities will have developed the leadership, and social and relationship building skills that you will bring to your nursing studies. Indeed, some students continue with such activities while at university.

Over the three years of the nursing course, your studies will cover all aspects of contemporary nursing practice and align theory with practice. The emphasis will be on using research-based evidence to inform your practice. Developing these information literacy competencies should begin with your first days of study. The curriculum which underpins your studies has been accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) to ensure your studies are current and meet regulatory **standards**.

The majority of nursing students continue to work while they study, so it is important that you develop a study plan to help you meet your study commitments; that is, assessment, tutorial and workshop preparation. At the end of your studies you will graduate and enter the healthcare sector employment market. Currently, this market is very competitive so, to put yourself in the best position to be a preferred candidate for a Transition to Professional Practice Program (TPPP), you have to ensure that your final grades demonstrate that you have the knowledge and core competencies to be a safe, competent registered nurse. The final grades on your transcript indicate to potential employers your capacity and capability to work in their healthcare organisation safely and competently.

STANDARD -

An accepted or approved example of something against which judgments or measurements can be made. A level of quality and/or excellence.

The Historical Development of Nursing

The first nurses in Australia were convicts with no training and limited education. This meant that nursing care as we understand it was non-existent. In the late nineteenth century, Henry Parkes, who is often referred to as the Father of Federation, appealed to Florence Nightingale for trained nurses. In 1864, he was successful in securing the services of Miss Lucy Osborn, a Nightingale-trained nurse who came to Australia with five other trained nurses to work at the Sydney Infirmary and Dispensary (Griffith 1974, amended January 2014).

Early nurse training and education was based on the Nightingale model; hierarchically organised, with nursing students employed by the training hospital. This was the case for most of the twentieth century. Even though nursing was not her chief interest, Florence Nightingale is widely credited as the founder of modern secular nursing. Nightingale based her reforms on the system of voluntary

hospitals in England that were already using nurse labour. This enabled her to use existing labour force structures. Nightingale grafted onto the voluntary hospital system these principles:

- all nurses should be trained
- promotion should be dependent on demonstrations of leadership and merit.
 Historically, nurses have been defined by the nature of their work and images evoked by the stereotype of the Nightingale nurse (Fedoruk 2000).

Since the 1990s, nurse education has moved into the tertiary sector, and beginning registered nurses enter the profession with a Bachelor's degree. There are now other levels of nurse, such as the enrolled nurse, who may have a diploma and/or certificate, and unregulated workers who have no formal qualifications recognised in Australia by the statutory authorities. While nurses have been in Australia for more than one hundred and fifty years, the regulation of nursing practice began in the early twentieth century. In 1920, the first Nurses Act was proclaimed in South Australia. By 1928 all states had a Nurses Act and the statutory regulation of nursing in Australia began.

Regulation of nurses in 2014 and beyond

Since 2010, the establishment of two national agencies, the Nursing and Midwifery Board of Australia (NMBA) and the Australian Health Practitioner Regulation Agency (AHPRA) saw the beginning of the national approach to regulating nurses and nursing practice in this country. NMBA and AHPRA work closely together to ensure that all registered nurses are safe, competent practitioners. The NMBA and AHPRA have standards that registered nurses must meet in order to continue with their registration. AHPRA has registration standards which define the requirements that applicants, registrants or students need to meet to be registered. NMBA (http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards) has competency standards organised into domains:

- Professional practice
- Provision and coordination of care
- Collaborative and therapeutic practice.

The NMBA, AHPRA and ANMAC are all statutory bodies endorsed by the federal government under the National Law. All these regulators have been developed to protect the community from unsafe health practitioners, including nurses. It is worth noting that, as student nurses, you are registered with AHPRA under the National Law (http://www.ahpra.gov.au/Registration/Student-Registrations .aspx).

REGISTRATION STANDARDS -

Registration standards define the requirements that applicants, registrants or students need to meet in order to be registered.

COMPETENCY STANDARDS – The

national competency standards for the registered nurse are the core competency standards by which your performance is assessed to obtain and retain your registration as a registered nurse in Australia.

It is the responsibility of your education provider to ensure your registration, but it is your responsibility to comply with the requirements of this registration. Just as registered nurses can be removed from the register for unprofessional conduct or behaviour, so can student nurses. The URLs provided in this section will take you to the information relating to standards and registration requirements. The National Law states that students must be registered in the interests of protecting the public's safety in much the same way that health practitioners must be registered (AHPRA 2014).

This national approach to **regulation** is closely linked to the national safety and quality initiatives for health services organisations and practices. (See the National Safety and Quality Health Services Standards—NSQHSS (http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf).

REGULATION -

Rules, guidelines and directives that are enforceable through the appropriate laws.

Critical reflection

Take the time to become familiar with the legislative and regulatory documents provided in this section. Reflect on how you meet these standards at your level of nursing experience. Discuss how these standards shape and will continue to shape your professional practice.

There is a wealth of information in the nursing literature that focuses on nursing competencies from around the world (Chang et al. 2011; Hsu & Hsieh 2013, Meretoja et al. 2014). Core competency standards have been developed to support safe nursing practice in healthcare organisations, and in Australia, these are used to measure individual nurse performance. Grealish (2012) describes core competency standards as the 'preferred technology' for measuring and classifying nurse performance in Australia. This again reflects the national approach to managing safety and quality in the healthcare sector through ensuring that care is provided by assessed competent nurses. This assessment is then the formal performance management review completed annually.

As a professional registered nurse, there will be many benchmarks you will have to reach or work within. These benchmarks include:

- fitness and propriety to practice
- · recency of practice
- english language proficiency
- competence
- continuing professional development.

(Wickett & Wickett 2012, p. 102)

'Fitness and propriety' (Wickett & Wickett 2012, p.102) refers to your moral and legal fitness as a person; your capacity to work within legislative frameworks and to act with honesty and integrity with patients, families and professional colleagues. The NMBA has a criminal history standard that requires all persons applying for registration to provide a criminal history through a National Police Check. As a student, you are required to have this form of evidence before you go out on clinical placement. Employers will also require you to provide a current National Police Check or its equivalent before offering you a position, for example in the Transition to Professional Practice Program (TPPP).

English language proficiency is an essential competency for all registered nurses, and this is captured in the English language skills registration standard.

Critical reflection

In your study groups, discuss the impact the core competency standards can have on your future professional practice as a registered nurse.

Then, in class, measure your performance against these standards. Can you identify areas for improvement?

The national competency standards for the registered nurse are the core competency standards by which your performance is assessed to obtain and retain your registration as a registered nurse in Australia. As a registered nurse, these core competency standards underpin your practice and create the professional boundaries.

Professional Boundaries

PROFESSIONAL BOUNDARIES -

Limits that protect the space between the professional's power and the client's vulnerability. It is important to understand the significance of **professional boundaries** to all health professionals, especially students. As a student, you may not be aware of this concept of 'professional boundaries'. Professional boundaries in nursing are defined as limits that protect the space between the professional's power and the client's vulnerability; that is, they are the borders that mark the edges between a professional, therapeutic relationship and a non-professional or personal relationship between a nurse and a person in their care (NMBA 2013). Nurses who cross over the professional boundary usually have behaved in an unprofessional or unethical manner. It is important to understand the limits of a professional boundary, especially when you first go out on clinical placement. The professional boundary protects you from being the subject of an investigation when a complaint

Oxford University Press Sample Chapter

has been made against you, either by a patient, their family or another staff member. Understand the limits of your practice and always behave in a professional manner.

Professional boundaries may also be breached because a nurse abuses the inherent power imbalance that exists between patients and those providing care. This abuse can range from actual physical abuse to denying care in an appropriate manner, or through exploiting a patient unable to defend or speak for themselves. In such cases you act in an advocacy role for the patient.

All nurses enter into a therapeutic relationship with their patients, using their skills and knowledge to provide care. This knowledge includes information about the patient, which should be kept confidential. The community trusts that nurses will act in the best interest of those in their care and that the nurse will base that care on an assessment of the individual's specific needs. The power imbalance present in a professional relationship can lead to under involvement or over involvement in terms of professional boundaries (NMBA 2013). As a new registered nurse or as a student nurse on placement, it is important to know the limits of your professional boundaries when interacting with patients.

Figure 1.2 shows a schematic representation from the NMBA of professional behaviour.

FIGURE 1.2 A CONTINUUM OF PROFESSIONAL BEHAVIOUR

| DISINTERESTED NEGLECTFUL | THERAPEUTIC RELATIONSHIP | BOUNDARY VIOLATIONS | |
|--------------------------|-----------------------------|------------------------|--------|
| under involvement | zone of helpfulness | over involvement | \int |

Every nurse-client relationship can be plotted on the continuum of professional behaviour

Adapted from: National Council of State Boards of Nursing (2004)

The zone of helpfulness in the centre of this continuum is where all nurse– patient interactions should occur. Under involvement or over involvement are centres of boundary crossings or violations.

THEORY TO PRACTICE

Mrs X is an elderly resident in the aged care facility at which you work. She has no living relatives. Because of this, you tend to spend extra time with Mrs X so that she is not so lonely. Mrs X considers you her friend as well as her nurse, and you have

often done her shopping for her, including buying essentials such as toiletries, and the occasional treat. You have cared for Mrs X for more than five years and she considers you a member of her family. On one of your days off, Mrs X has a cardiac arrest and dies. Some months later, you receive a letter from a solicitor informing you that Mrs X has left you \$50,000 in her will.

Discussion Questions

- 1. Do you accept the money?
- 2. If you do accept the money, will you be in breach of the NMBA standards and code of conduct?
- 3. Did you and Mrs X have a therapeutic relationship?
- 4. How would you deal with this situation?
- 5. Where on the continuum of professional behaviour do you sit?

SUMMARY

This first chapter discusses your entry into the nursing profession as a student nurse in accredited program of study at a university. You are introduced to the regulatory frameworks governing professional nurses and other health professionals. The regulatory frameworks include the National Law that underpins the NMBA competency and AHPRA registration standards. The relationships between the NMBA competency and AHPRA registration standards and the NSQHSS standards is explained, and so you should be aware that these standards align and shape your practice as a registered nurse.

Discussion questions

- How much do you know about the regulatory framework for registered nurses?
- 2. How aware are you of professional boundaries?
- 3. What are your responsibilities when you observe a colleague's work with patients to be incompetent?
- 4. What are your responsibilities if you know that a colleague is breaching professional boundaries?

Further Reading

Benton, D, Gonzalez-Jurado, MA, & Beneit-Montesinos, JV 2013, 'A structured policy review of the principles of professional self-regulation', *International Nursing Review*, vol. 60, issue 1, pp. 13–22.

- Dixon, K 2013, 'Unethical conduct by the nurse: a critical discourse analysis of nurses tribunal inquiries', *Nursing Ethics*, vol. 20(5), pp. 578–88.
- Duffield, CM, Gardner, G, Chang AM, Fry M & Stasa, H 2011, 'National regulation in Australia: a time for standardization in roles and titles', *Collegian*, vol. 18, issue 2, pp. 45–9.
- Huby, G, Harris, FM, Powell, AG, Keilman, T, Sheikh A, Williams, S & Pinnock, H 2014, 'Beyond professional boundaries and resources in health services modernization in England and Wales', *Sociology of Health & Illness*, vol. 36, no. 3, pp. 400–15.
- Starr, L 2012, 'When is it mandatory to make a report to the NMBA?', *Australian Nursing Journal*, *ANJ* vol. 20, issue 5, p. 29.
- Yanhua, C & Watson, R 'A review of clinical competence', *Nurse Education Today*, vol. 31, pp. 832–6.

Useful websites

- Australian Commission on Safety and Quality in Health Care (ACSQHC): http://www.safetyandquality.gov.au/. This website has links that detail the national approach to safety and quality in health care in Australia today.
- Australian Nursing and Midwifery Accreditation Council (ANMAC): http://www.anmac. org.au/about-anmac. This website will take you to information about ANMAC and the history of the development of the national accreditation agencies used to regulate nursing practice in Australia.
- Australian Health Practitioner Regulation Agency (AHPRA): http://www.ahpra.gov.au/ Registration.aspx. This website will take you to the national registering authority for nurses and other health professionals.
- National Law: http://www.ahpra.gov.au/About-AHPRA/What-we-do/Legislation.aspx. This website will take you to the Health Practitioner National Law Act 2009 legislation in all states and territories.
- Nursing and Midwifery Board of Australia (NMBA): http://www.nursingmidwiferyboard. gov.au/. This website has links to all the information you will need for competency standards, professional boundaries, and codes of conduct that govern professional nursing practice in Australia today.

References

- Australian Nursing and Midwifery Accreditation Council: http://www.anmac.org.au/sites/default/files/documents/National_Accreditation_Guidelines.pdf.
- Chang, MJ, Chang, Y-J, Kuo, S-H, Yang, Y-H & Chou, F-H 2011. 'Relationships between critical thinking ability and nursing competence in clinical nurses', *Journal of Clinical Nursing*, vol. 20, issue 21–22, pp. 3224–32.
- Fedoruk, M 2000, 'The role of the director of nursing in South Australia at the end of the 20th century.' Unpublished PhD thesis. University of South Australia.

- Grealish, L 2012, 'How competency standards became the preferred technology for classifying nursing performance in Australia', *Australian Journal of Advanced Nursing*, vol. 30, issue 2, pp. 20–31.
- Griffith, J & Osburn, L 1836–1891, Australian dictionary of biography, National Centre of Biography, Australian National University, http://adb.anu.edu.au/biography/osburn-lucy-4345/text7054, published in hard copy 1974, accessed online 6 April 2014.
- Hsu, LL & Hsieh, S-I 2013, 'Development and psychometric evaluation of competency inventory for nursing students: a learning outcomes perspectives', *Nurse Education Today*, vol. 33, issue 5, pp. 492–497.
- Meretoja, R, Numminen, O & Isoaho, H, & Leino-Kilpi, H 2014, 'Nurse competence between three generational cohorts', *International Journal of Nursing Practice* (early view published 1 April 2014) DOS. 10.111.ijn.122297.
- National Law: http://www.healthprofessionscouncils.org.au/Reference_Document_ Accreditation_under_the_National_LawFINALEDITED.pdf.
- Nursing and Midwifery Board of Australia, Registration Standards 2013, http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx
- Wickett, D & Wickett, A 2012, 'Professional regulation' in M Fedoruk & A Hofmeyer (eds) *Becoming a nurse: transition to practice*, Oxford University Press, South Melbourne, chapter 7.