

Nurses shouldn't have to fight alone

Hospital woes affect all in health care. They need to work together.

By Sarah Russell

In their present industrial dispute, nurses are seeking the right to care for patients properly. The issues that underpin this industrial action affect all health care professionals, not only nurses.

A shortage of experienced and qualified nurses makes it difficult for all health care professionals to do their jobs effectively. It also puts patients at greater risk of experiencing unnecessary complications.

Take, for example, a patient who spends four days receiving specialist medical, nursing and technological care in the intensive care unit. He is then discharged to the general ward where a nurse, probably an inexperienced new graduate, is allocated to care for him (and five other patients) for the morning shift.

In public hospitals, nurses are often given unsafe and unmanageable workloads. Is it surprising that, by mid-morning, the patient is lying flat on his back gasping for air with the oxygen mask on his forehead?

The ability of nurses to look after people with significant health care needs is a

serious concern for *all* health care professionals – doctors, social workers, personal assistants, and psychologists.

So why is the nursing profession receiving so little support from other health care professionals? Why aren't we all marching on the streets demanding safe staffing levels within our public hospitals?

The silence of other health care professionals during the nurses' dispute causes me to reflect on the way the profession interacts with other professions. It also causes me to consider the way health care professionals collaborate.

Words such as "collaboration" and "partnerships" are popular in health policy-speak. These words inspire images of people from a range of professions all working together as equals. But the reality is that collaboration is often much easier said than done.

For a collaboration to be successful, the health care system needs to provide supportive structures. These may involve things as simple as allocating time to encourage those working within different health care professions to talk together.

To collaborate, a group of people with different personalities, perspectives and professional power come together to work on a joint project.

This "working together" requires people with different professional interests to value each other's contribution to patient care. This requires, for example, a neurosurgeon who performs life-saving neurosurgery respecting the importance of work done by nurses, physiotherapists, occupational therapists, speech pathologists etc during the rehabilitation process.

Collaborations become difficult when members of a collaborating team have different understandings of what working together means. It is common, for example, for hierarchies to develop – with some members of the group expecting other members to work for them.

This hierarchy within the team is often based on traditional professional roles.

Even well intentioned collaborations may become quite problematical in practice. Take, for example, a collaboration between hospital administrators, doctors, nurses and consumers.

Do nurses collaborate with consumers in the same way as they collaborate

with doctors? Do doctors come to the table as equals with both nurses and consumers, or do varying degrees of professional power disrupt the processes of collaboration?

The lone industrial action by nurses reflects the reality that different professional groups in health care do not always support each other. Clearly, there is a range of institutional, professional, historical and personal forces that contribute to this lack of support.

Surely, after years and years of talk, it is now time to develop the mutual respect required to build genuine partnerships within the health care system.

Collaboration between health care professionals in public hospitals is something we should all be working towards. Who knows? With genuine collaboration, the quality of our health care may improve.

For some of us, the traditional professional inequalities may simply cease to matter. Others will continue to sit alone saying: "What would she know? She's not a nurse (or a doctor, or a physiotherapist, or a health economist)."