EDITORIAL

Some reflections on the evolution of nursing over the past 50 years

When I reflect on the early days of my career, there are feelings of both embattlement with the day-to-day hierarchical nature of our professional environment and, at the same time, joy, as I went about delivering care to patients practising the profession I loved. We were at the bottom of a very big pile with very little power. This led to a perception of change only being brought about by conflict, a situation which to a degree exists until this day. We had internalised notions of being seen as followers and not leaders in changing health care. Of course, where we were at the beginning of this 50-year period was to a large degree shaped by our forebears, particularly following the Second World War which had such a significant effect on the delivery of health care and on the development of our profession.

Significant international and system developments which had a profound effect on the development of our profession begin with the 1948 Universal Declaration on Human Rights which was adopted by the General Assembly of the United Nations.[1] Included in the Declaration are amongst other things, the right to social security, health, and education, as well as racial equality, and equality between the sexes. The latter was to have a profound effect on the development of nursing as we became swept up in the women's movement and the rise of feminism in the 60s and 70s.

Health as a human right is fundamental to the concept of access to and indeed equity in health care. Universal access to health care in Australia was introduced as part of the reforms of the Whitlam Labor Government in 1975 under the rubric of Medibank – later Medicare. Its purpose is to provide free access for Australians to hospitals and, today, subsidised access to medical practitioners, nurse practitioners, optometrists, eligible midwives, and some dental services. Alongside Medicare is the Pharmaceutical Benefits Scheme which was introduced in 1948 by the Chifley Labor Government. In the post-war period we also saw profound societal changes such as smaller families, increases in the standard of living, the rise of feminism and changes in education. Nursing, as a female dominated profession, was affected by all these changes. Nurses played a significant role in universal access to health care as they were central to the implementation of new and expanded health services.

From the 1960s hospitals began to develop into the hospitals we know today. The role of the nurse intensified, and nurses needed to deliver care which was more than providing comfort. They needed to become technically competent and move to a plane where nursing diagnosis and interventions contributed to patient outcomes.

Along with the rise of the modern hospital we saw profound technological change, especially in clinical practice and treatment of so many conditions. If nurses were to maintain their role in patient care they had to become educated in the care of patients through enhanced treatments and resist the rise of technicians who cared for specific aspects of a patient's care. Wholistic care was paramount.

We now see demographic change in the form of an ageing society and the rise of degenerative disease occurring alongside the recrudescence of quiescent communicable diseases such as influenza and viral haemorrhagic fevers. We have experienced several epidemics in the past 30 years and now are coming out of the most virulent pandemic in 100 years. In addition, we also see a rise in non-communicable diseases.

It soon became evident that the educational preparation of nurses needed a radical overhaul. In the 70s and 80s there were several major drivers to transfer nursing education from the health sector into the education sector. The overwhelming reason in the beginning was the realisation that with rapid technological change taking place within the health system, nurses needed a much broader and deeper educational base if they were to function with technical competence whilst continuing their role in providing care to patients and their families. It was clear that if the profession were to contribute on an equal basis to the health care debate, there was need for them to have a more scientific education and to move from being unsophisticated epistemologists to possessing a more comprehensive understanding of the political economy of the health system and their potential to change it.

What was not as evident and did not play a part in the campaign was the gradual realisation by the funders of the public hospitals that nursing education in the form of apprenticeship training was a significant drain on the health budget. Students were paid to spend an increasing amount of time both sitting in classrooms and gaining clinical experience external to the hospital. Pressure was also applied by the local state/territory nursing boards in the form of gradually increasing the content in the curriculum. Furthermore, nursing education was a standalone system with no articulation to the mainstream education framework.

The campaign to transfer nursing education into the education sector began in 1973 with a small group of nurses representing all the major nursing organisations in Australia coming together to devise a plan of action.[2] Nursing

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leadership was paramount in achieving a consensus on how to proceed.

Following this meeting a document entitled The Goals in Nursing Education – Part II was developed and formed the basis for a concerted and highly organised national campaign. Lobbying materials were produced and a plan to approach every federal candidate was developed in each of the States and Territories. Truth needs propaganda as much as the opposite! The resistance from politicians was enormous, spurred on it seems by their constituents and their families.

The campaign began in the 70s which was around the time of the second wave of feminism which was part of a general liberation of all gender and sexually diverse groups. You may recall that Germaine Greer's seminal work The Female Eunuch was published in 1970 and this set the scene for women demanding the same rights as men enjoyed both in Australia and overseas.[3] We were caught up in that movement as with nursing being overwhelming female, the campaign to transfer nursing education became a feminist issue. Anne Summers, a famous Australian feminist, and author had a later role to play in this struggle.

During this period there were two cases in the Industrial Commission in 1969 and 1972 on equal pay. The first was equality of pay between the sexes,[4] and the latter equal pay for work of equal value.[5] Numerous cases to increase salaries for nurses were mounted during this period and more recently. Nurses became more aware of their centrality to the health system and demanded rightly to be properly remunerated. Cases for salaries and conditions which were more in line with similar occupations in the wider community continued at both state and national levels throughout the 1980s and 1990s until the present. Gradually nursing and midwifery wages caught up with expectations although time lags were frequent.

The campaign to transfer nursing education was long and hard and was waged during and between elections. Success was finally achieved nationally on 24 August 1984 when in principle support was given for the full transfer nationally. An Interdepartmental Committee was established in Canberra as this transfer involved the movement of state/territory health funds to federal education coffers. Anne Summers who at the time was head of the Office of the Status of Women in the Keating Government was a strong advocate and ensured that the process did not stall.

This campaign is emblematic for us on several levels. First and foremost, it showed that we have a tradition of formidable leaders in nursing and midwifery. It also showed that determination, hard work and consistent messages are required if a vision is to be realised. This campaign took the better part of 11 years with national elections coming and going and powerful forces opposing us. The Country Women's Association and some factions of the Parliamentary Labor Party as well as it seemed at the time the whole Parliamentary Liberal Party all fought against us. In addition to the presence of feminism in the debate, elements of class warfare also emerged. Opponents particularly from the union movement ran a campaign citing disadvantage for girls from lower socio-economic backgrounds not having the opportunity to be paid while they trained. Their prediction was that nursing would become an elite profession and that women would be denied a career which was flexible and sustaining to many families particularly during straightened economic times.

The transfer agreed to in 1984 was then debated at individual State and Territory level. Initially the programs were established in colleges of advanced education at diploma level, but the goal was bachelor level. Another battle ensued and this time the goal was accomplished quickly along with other changes to higher education. Thus, we were on the way to educational parity with other health professionals at an early stage which was to stand us in good stead down the track.

Once the question of the location of the foundational programs in nursing was settled, postgraduate programs gradually followed to the point today where we have large faculties of nursing and midwifery with a wide range of offerings. The effect of this has been to enhance access by nurses and midwives to education particularly specialist education. Online formats are readily available and those who live in the more sparsely populated areas of Australia have access to programs on the same basis (internet access permitting) as their metropolitan counterparts. Access to health care by the population is also enhanced as nurses and midwives gain qualifications which enable them to provide specialised care in a range of different settings.

The campaign by nurses for recognition by the Commonwealth as independent health care providers and specifically for access to Commonwealth reimbursement via Medicare was again a long-drawn-out affair and not as successful as the transfer of nursing education. Work began on Medicare and prescriber numbers for nurse practitioners and eligible midwives following the 2009 budget. This was eventually achieved but with significant barriers.

Another more successful campaign which was waged for approximately 20 years was the goal of national nursing and midwifery registration. In 2010, the National Registration and Accreditation Scheme was established. This scheme encompassed most of the health professions and provided for common registration and accreditation standards across the professions and had the effect of nurses and midwives being on an equal footing with other health professionals.

Finally, the issue of leadership over the past 50 years has been critical in achieving our goals and developing our profession. We need to ensure there are visionary nursing leaders throughout the profession. It goes without saying that we need cooperative relationships between the various

strands of nursing and midwifery, and we have good role models from our history in achieving this. With any group or organisation of like-minded individuals or professionals there is always the possibility of internal dissension. Nursing has certainly had its share of internecine fighting often played out in the courts. In recent times good sense has prevailed and the leaders of the various groupings have shown significant leadership in creating partnerships and making sure they are maintained.

Whilst we have achieved much in both the development of health care and of nursing and midwifery, there are still challenges in both areas. Policy development of the health workforce with its attendant competing imperatives is one of the significant contemporary challenges facing nursing and midwifery as we struggle to maintain professional standards and relevance at the same time.

I have pointed to the main developments leading to the evolution of our profession over the last 50 years. There are many factors which have influenced that progression. My view is that the transfer of nursing education into the mainstream and eventually into universities is the most critical factor in our development in my lifetime. I hope that I have illustrated that a broad scientific basis to our practice is the foundation of our past success and our future development.

We inherited a situation where powerful, innovative nursing leaders took advantage of the opportunities for nursing when they were presented. I am confident that this tradition will be carried on and that we have the nursing and midwifery leaders to guide our professions judiciously to increase access to health care for our community.

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