GUEST EDITORIAL

The Changing World of Nurses – The Global Village

Clare Harvey
School of Nursing Midwifery and Social Sciences, CQUniversity Townsville, Australia

I have just completed some research and teaching at the Lithuanian University of Health Sciences, who funded my stay here through the Erasmus+ program. My normal place of work is Townsville, which is located in the tropical state of Queensland in Australia, but I am not a 'dinkum (real) Aussie' because I grew up in Zimbabwe (Africa) where I trained as nurse, worked in South Africa, and my home is located in New Zealand. I have done a fair bit of travel in Europe although I have never visited Lithuania. The trip was not only a good academic experience, sharing knowledge and comparing notes with my academic peers in the nursing school, and meeting students, but it was also a rich cultural experience. Whilst 'Dr GOOGLE' on the Internet offers some good background knowledge to a country, nothing beats actually visiting it, and experiencing first hand, conversations with people, connecting with health professionals in the health care system, exploring the important landmarks and locations, and tasting the cuisine of the country.

What struck me the most about my stay in Lithuania is the enthusiasm of the profession in gaining traction academically and practically and catching up with the world post-Soviet occupation. The leadership of nursing that I saw in my very short stay is remarkable. There are also definite synergies in nursing between Australia and Lithuania. I am not just talking about how nurses are educationally prepared, or how they actually work, but how similar the issues related to care provision are. Common issues emerge, for example, we are all thinking 'lean' (1), where we are looking at the best way to manage the escalating costs of health care within limited budgets, whilst still attempting to give the patient the best deal in care. Population demographic is the same – increasing ageing populations, increasing chronicity and multimorbidity, and global migration, all bringing with them illness complexities (2). Care has become multifaceted, and with increasing chronicity, it is also becoming multi-specialist, requiring improved communication and collaboration between multiple health departments. Although the world around us is going digital, this efficiency-driven intervention in health care delivery fails to improve individual care episodes and to capture the impact of the patient journey across time, and thus the patient voice is getting lost (3, 4). Additionally, there is a focus on the physical illness with little attention placed on the psychosocial impact that long-term illness has on the patient and their family (4). As chronic conditions increase in prevalence and complexity, new ways of managing care are now being sought (5). Person-centred care (PCC) is becoming almost fashionable, yet there is no real definition for the term, instead there are concepts about how we include care that is supportive of the patient's individual needs and worldview (6).

For nurses, care is both technical and humane. The International Council of Nurses (p. 2) embeds PCC into their Code of Ethics stating that, 'in providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected' (7). This, in my opinion, is PCC. There are many examples of how nurses are providing care that is integrated across a life-long trajectory of care, and how PCC is embedded into the care (8, 9). One such role is that of the nurse navigators in Queensland (10). These nurses 'navigate' (co-ordinate) care for patients with complex problems and for those who become what is termed 'non-compliant' as they miss appointments, get confused about their medications, and get sicker as a result of misunderstanding and miscommunication between themselves, and their multiple health providers (11). Early data analysis from the evaluation we are currently undertaking on the nurse navigators shows that they have directly assisted in improving patients' capacity to cope with their illness, thereby improving their quality of life, allowing them to remain at home, and thus demonstrating savings through reduced hospital admissions. In just six months of data collection, we are able to show up to 60% reduction in what is termed unnecessary emergency department presentations, more than 50% reduction in 5 day and 28 day post-discharge readmissions, and up to 40% reduction in hospital length of stay. The value-based activity that is being demonstrated by the navigators is also considerable, even at this early stage of data collection, and there-

Correspondence to Clare Harvey, School of Nursing Midwifery and Social Sciences, Tertiary Education Division, CQUniversity Townsville Campus, Finsbury Place, Townsville, QLD 4810, Australia. E-mail: c.l.harvey@cqu.edu.au

fore PCC and improvement of health literacy is being clearly demonstrated.

In this changing world of health, illness and health care service, nurses have an opportunity to play key roles in the delivery of care. We are the single health profession that is continuously involved with the patient. Holistic care is embedded into our standards of practice and our code of ethics, and it is these attributes and characteristics that allow us to take up the role of care co-ordination. As care costs increase alongside the increasing chronicity, so too are health services seeking new ways to do business. Lean thinking focuses on cost, and we focus on care. Like the nurse navigators, we can show that we can do both. We need to get strategic in our thinking and to put our hands up to leading the way in providing care that is patient-centred, cost effective and holistic. Lithuanian nurses have an opportunity to lead the way, not only in your own country, but in other post-Soviet occupied countries as well, by playing a pivotal role in the care of patients with chronic conditions.

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