

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the left and right sides of the page, framing the central white area where the text is placed.

Beyond the Boundaries: A Reflective Component of the Contemporary Primary Health Care Nurses' Practice

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Positioning this session to:

- ▶ Reflect on PHC nursing practice
- ▶ Consider the concept of boundaries & the implications of moving beyond
- ▶ Contribute to ongoing dialogue & the delivery of PHC
- ▶ Articulate to the growing body of PHC nurses' knowledge base in which to inform practice/policy/legislation and the discipline.

Reflection

Reflection is...

A dialogue of thinking and doing
through which I become more
skillful.

(Schön, 1987)



Beyond the boundaries

Boundaries separate areas with different characteristics.

For example, the boundaries between locations defined by lines on a map are considered structural boundaries.

However, the processes that give rise to boundaries are not always associated with identical structures or processes.

Boundaries are associated with:

- Structure
- Movement
- Unknown
- Change
- Difference



Practicing within changing governance structures

- Nurses have practised in the community during the previous century in different roles while the governance structures have changed from:
 - Pre 1930s - Non welfare state
 - Post 1930s - Welfare reform
 - Late 1980s - Neoliberal reform
- National nursing changes in consideration of releasing the full potential of nursing illuminating a strong element associated with the emerging nurses' professional identity and the change processes have spearheaded the contemporary models of PHC nursing practice
- In a climate of a complex flow of a set of relations between different groups and organisations changes with circumstances overtime, reflected as power relations (Danaher, Schirato & Webb 2000)
- And where to from here in practicing beyond the boundaries?

Consider that nurses...

“are to continue playing a pivotal role in a rapidly evolving health sector they must meet [the] challenges and take advantage of opportunities to demonstrate maturity and leadership...” in *different* contexts...
(Gage & Hornblow, 2007: 333)

Urban high density population



Rural low density population



Practising within and beyond the boundaries

Difference

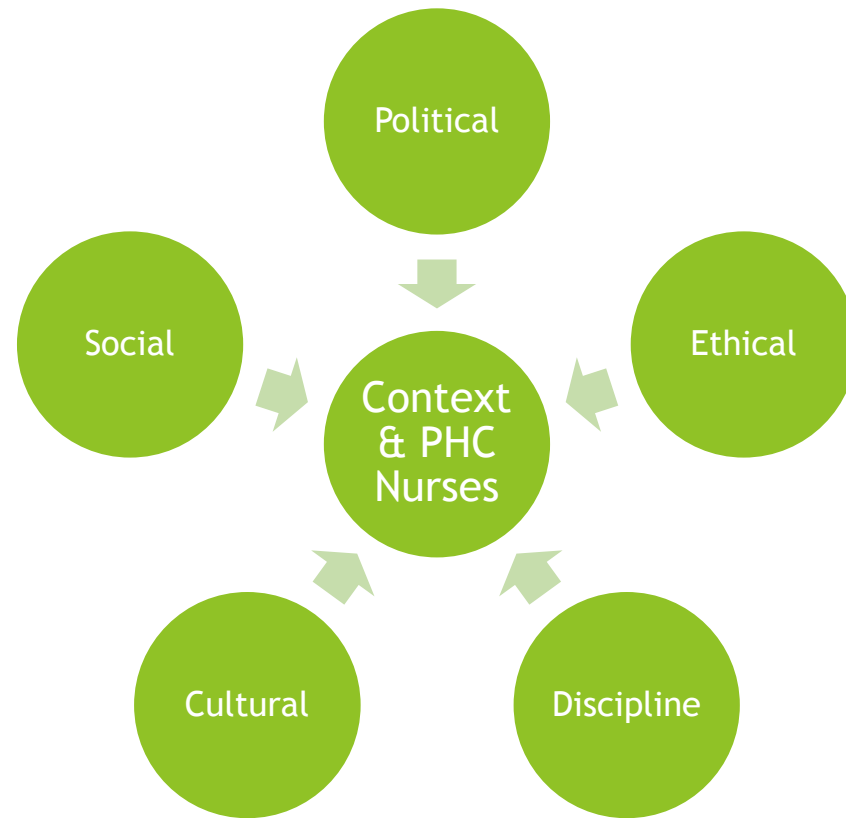
A sense of difference is encountered in our everyday social experiences which is in opposition to those who we identify with, such as people, groups and places (Panelli, 2004).

Contesting an identity or model is about differences 'others' perceive or imagine about how an identity or model of practice is constructed.

In contesting an identity or model it is the shared meanings which are in conflict associated with difference, opposition, boundaries, governance and power relations.



Reflecting beyond the boundaries presenting the external and contextual factors constructing PHC nurses' practice.



Adapting PHC practice -Which model best fits which context?

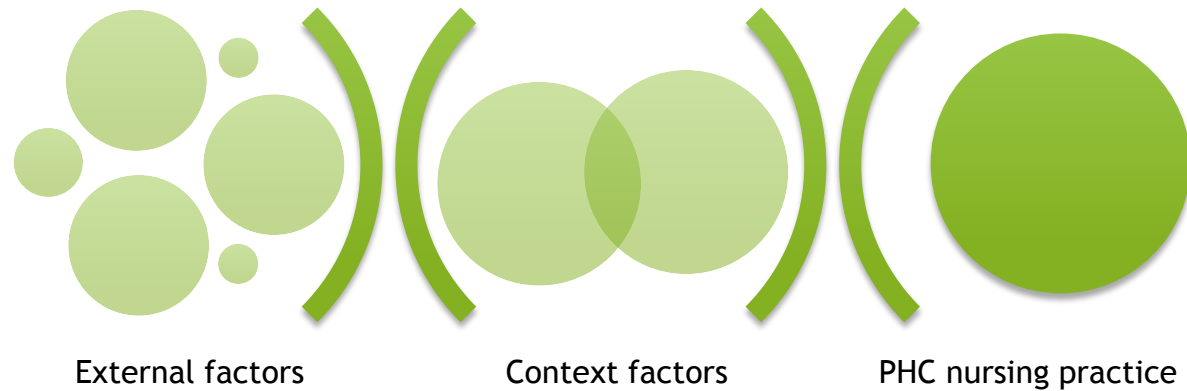
Contemporary practice

- ▶ Adapting practice, responding to the changing health care needs of the community
- ▶ Adapting practice as the restructuring of the health care system develops
- ▶ Embracing the nursing profession's vision for the future of nursing

Self-governing practice

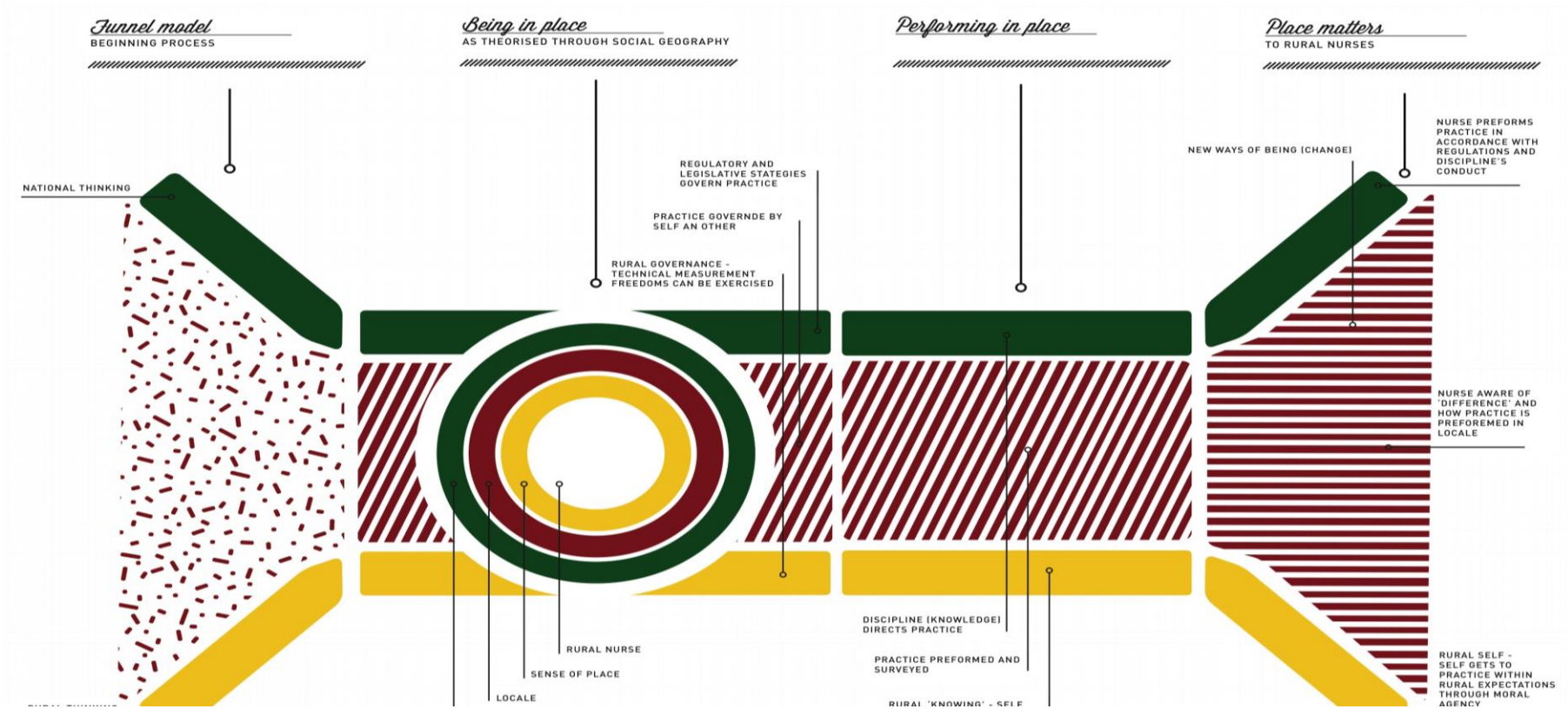
- ▶ Self-governing promotes individuals to take responsibility for their own actions and furthermore the outcomes of those actions
- ▶ Individuals conduct and govern their own practice, by enhancing a certain form of freedom (Foucault, 1988)

Reflecting beyond the boundaries presented on a continuum



Outwardlookingness offers the opportunity to accept difference is a part of identity existence and instead of placing boundaries around identities which Massey (2005 refers to as 'turf guarding') there is a need to accept difference in terms ofwhich at times may be in opposition to the dominant practice models and by engaging with the concept of 'outwardlookingness' this permits the profession to become creative in accepting and understanding practice as different which is highlighted in the following model...

A Model to reflect on the external and contextual factors in which boundaries are highlighted and the progressive nature of PHC nurses' practice and their contribution to the sustainable and resilient delivery of health care is considered-and a way forward, can be progressed.



Adapted version of the Funnel Model (Robert, 2000)
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Consider Dalziel & Saunders vision for the provision of health care in New Zealand

Wellbeing Economics: Future Directions for New Zealand is an excellent thought provoking read.



In Conclusion.....

Practising, beyond the boundaries necessitates that the professional identity of PHC nurses need to be understood in context of their environmental & geographical locations, including the external political, social, ethical, disciplinary & cultural factors which construct nurse's practice.

Therefore, PHC nurses are required to adapt & create sustainable models of practice that meet the particular circumstances in which the nurse and the community are positioned.

To achieve these aims, a robust debate is required within and beyond the discipline in which to create local community driven solutions for the provision of urban and rural PHC and were the notion of outwardlookingness prevails.

Thank You



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