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Dr Jill Wilkinson's discourse analysis of the sources of power and agency for nursing

Helen Rook, PhD RN, Senior Lecturer, Te Kura Tapuhi Hauora School of Nursing, Midwifery & Health Practice, Te Herenga Waka Victoria University of Wellington, Aotearoa New Zealand

Caz Hales, PhD RN, Senior Lecturer, Te Kura Tapuhi Hauora School of Nursing, Midwifery & Health Practice, Te Herenga Waka Victoria University of Wellington, Aotearoa New Zealand

Kaye Milligan, PhD RN, Senior Lecturer, ARA Institute of Canterbury, Christchurch, Aotearoa New Zealand

Shelley Jones, RN BA MPhil, Independent Professional Nurse Advisor, Aotearoa New Zealand

Articles

Wilkinson, J. (2008a). The Ministerial Taskforce on Nursing: A struggle for control. *Nursing Praxis in New Zealand*, 24(3), 5-16. <https://doi.org/10.36951/NgPxNZ.2008.008>

Wilkinson, J. (2008b). Constructing consensus: Developing an advanced nursing practice role. *Nursing Praxis in New Zealand*, 24(3), 17-26. <https://doi.org/10.36951/NgPxNZ.2008.009>

Synopsis

Over two decades ago the **Ministerial Taskforce on Nursing** (the Taskforce) (Ministry of Health, 1998) made recommendations to the Minister of Health (the Honourable Bill English) to enable nursing to reach its full potential. The Taskforce was established in response to concerns raised by the College of Nurses to “resolve the complex matrix of barriers impeding the full utilisation of nursing services” (Adams, 2003, p. 303) and achieve what the Minister described as, a “much smarter utilisation of nursing skills” (Ministry of Health, 1998, p. 3). The Minister was seeking a more effective contribution from nursing to respond to challenges of the rapidly changing delivery of health care.



Wilkinson (2008a) describes how the Taskforce made recommendations on a range of concerns, including access to funding, education, research, management, and leadership; resourcing the nursing workforce; issues pertaining to Māori; and expanding the scope of nursing by developing new and advanced nursing roles. However, it was this latter concern, including nurse-led services, nurse prescribing, and developing a nurse practitioner (NP) workforce, that became front and centre of the Taskforce's report. Wilkinson states: "The Taskforce identified substantial attitudinal, structural, legislative and health purchasing barriers to the development of advanced nursing roles. Their recommendations, however, did not arise from a unified nursing voice. Rather, a struggle within nursing arose over the power to control its future" (p. 5).

Through these two articles, Wilkinson describes the conflicted course of the 1998 Taskforce, emerging from her 2007 doctoral thesis *The New Zealand nurse practitioner polemic: A discourse analysis*. In the thesis, Wilkinson (2007) traced the development of the NP role in Aotearoa describing the divergent discourses both inside and outside nursing as the profession carved a new chapter in its history. In the first article (Wilkinson, 2008a), she describes the constitution and work of the Taskforce and the fractured relationships of the Taskforce membership as they navigated their competing priorities of autonomy and unionism. The Minister appointed a nine-member team "selected for their particular skills and attributes but a 'fair' and united representation was an overriding goal" (Wilkinson, 2008a, p.8). However, tensions arose early for two key players, the College of Nurses Aotearoa (New Zealand), and the New Zealand Nurses Organisation (NZNO); the former being more concerned with the professional status of nursing in New Zealand, and the need for additional clinical preparation and masters education – the discourse Wilkinson describes as autonomy; while the NZNO, a union representing the majority of nurses, argued that experience was central to NP qualification and protecting individual members employment rights and conditions - unionism.

Standout paragraph (Wilkinson 2008a, p. 6)

Autonomy privileges the individual and his or her attainments and specific contributions to health-care needs; unionism privileges the collective strength of its membership and improved health services via a non-exploitative work environment that furthers professional development for all nurses.



A further dimension Wilkinson (2008a) described related to Māori: “The hasty assemblage of Taskforce membership also jeopardised effective consultation with Māori” (p. 9). While the Taskforce considered themselves bound by Te Tiriti, in actuality, they continued to privilege a non-Māori frame of reference, meaning Māori tikanga (protocol) was neglected and the “pervasive disregard for cultural practices intrinsic to the health sector was paradoxically reproduced” (p. 10).

In the second article, Wilkinson (2008b) describes the tensions within nursing, representing the contrary discourses of autonomy and unionism. There was concern from NZNO (embedded in a unionist discourse) that the NP role required elitist education that would create divisions in the profession. Despite NZNO’s long-standing experience with credentialling the nursing workforce, consensus on the educational requirements could not be reached, leading to the withdrawal of NZNO from the Taskforce. Instead, the Taskforce deferred to the Nursing Council of New Zealand to not only be the regulator with accountability for public safety, but to also stipulate the advanced nursing competencies and monitor master’s level education programmes.

Wilkinson contends that the fractures and divisions that occurred through the period of the Taskforce was problematic for nursing and has had longer-term consequences, including in the role of the Nursing Council of New Zealand. She argues that a more productive course would have seen a ‘unified voice’ and a collaborative effort to advance the practice of nursing and improve healthcare access.

Standout paragraph (Wilkinson 2008b, p. 24-25):

Within a discipline as large as nursing, there will inevitably be competing discourses that position nursing as internally divided. While contained within nursing, these tensions can be generative and ultimately collaborative, but when aired outside of nursing the image of a unified profession is readily destroyed.

The articles in context

Wilkinson’s articles remain relevant as they highlight the sometimes difficult realities that precede meaningful advancement. The Taskforce signalled a significant period of Aotearoa’s nursing history, where the role of advanced nursing to meet the ever-changing and expanding healthcare needs of the population was pronounced. Over the past two decades, the development of advanced nursing roles



(both registered nurse prescribers and NPs) has required significant changes to legislation and regulation in New Zealand. Since the establishment of the NP role, there are now over 500 registered NPs, with just over half working in primary health. Yet challenges persist to establish NP roles as mainstream healthcare providers (Adams et al, 2020). The Health Workforce Directorate at the Ministry of Health has committed to fund a national Nurse Practitioner Training Programme (NPTP). A national partnership for the NPTP has been specifically designed to provide 500 hours of supervised advanced clinical practice, mentoring by NPs, and to ensure timely NP registration. However, the number of NP trainees far exceeds the national places on offer. Further, Ministry of Health funding has been set aside to establish NP positions to improve access and healthcare for those with primary mental health and addiction needs, particularly in underserved areas and areas with high healthcare need. An important part of this initiative is the development of Māori NP roles and NPs working in partnership with Māori communities. In recognition of the growing NP workforce, Te Taura Whiri i te Reo Māori Language Commission have given Nurse Practitioners the title Mātanga Tapuhi.

Many articles have been published in *Nursing Praxis in Aotearoa New Zealand* about advanced nursing practice ranging from historical accounts (Jacobs, 1998; Jacobs, 2003; Jacobs & Boddy, 2008) and international comparisons (Diers & Goodrich, 2008) of the development of the NP role, to questions about the role in relation to nursing's social mandate (Litchfield, 1998; Nelson et al, 2009; Richardson, 2002) and the centrality of caring (Connor, 2003) in nursing; to prescribing rights and practices (Lim et al, 2014); and to political commentary on the challenges and solutions facing NP workforce development (Adams, 2020). The increasing contribution that nursing as a profession, and nurses as individual health professionals make to the promotion and management of the health of New Zealanders is essential.

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