Make nursing visible

Margaret Fry uses her long experience of nursing and investigation to instigate fundamental change in practice. From her early days in intensive care and emergency nursing in Sydney to current roles in practice development and research, she has sought evidence that can lead to better care for all, especially older people. She spoke to Daniel Allen

AN ‘ENDLESS curiosity’ about nursing practice has been a driving force throughout Professor Margaret Fry’s 30-year career. But never content with simply being curious about practice, she has always sought to change and improve it, posing research questions, and then seeking the evidence that will precipitate change and improvement.

She began nursing in Sydney in 1980, fired by an interest in biology and anatomy. Most of her career has been spent in critical care and she is currently director of research and practice development for Northern Sydney Local Health District, where she supports and mentors clinicians and encourages innovation.

She also holds a professorship at the University of Sydney and is adjunct professor at the University of Technology, Sydney. In combination the three roles allow her to fulfil a promise she made to herself when she was rising through the ranks.

‘I grew up in a culture where nursing was invisible and many years ago I vowed that if ever I was in a position of leadership and able to introduce anything innovative and new, I would always publish it, make it visible, so that those coming behind would have an easier road than the one I’ve had to tread.’

Health care in the UK and Australia shares many of the same challenges – tight budgets, staffing pressures and an ageing population. In that context, vulnerable patients, including some older people, may be at particular risk and Professor Fry is keen to ensure that high quality care is available to all.

‘I’m in the middle of a big randomised controlled trial across four sites,’ she says. ‘It’s looking at whether, for example, cognitive impairment is a risk factor for delays in analgesics. The preliminary data certainly suggest that the older population do not receive as timely and appropriate a service as other age groups. The delivery of care is not as equitable.’

Another challenge in Australian health services that might resonate with UK nurses is the management of rising numbers of vulnerable patients in services that were not designed with them in mind. ‘Emergency departments (EDs) are the classic example,’ says Professor Fry. ‘The older person often has other needs and comorbidities that the EDs don’t want to know about. Services need to be rewired to consider the older person more holistically.’

Method of enquiry
Gathering evidence is vital to what she does. ‘You can’t answer questions that are thrown up about practice without a method of enquiry,’ she says. ‘A lot of my research will start with “We know the facts”. But quite often, when you drill down, we don’t know the facts. So it is really important we get a baseline of what our services are doing, and then look towards implementing interventions that fill the gap.’

An example, and one of which she is rightly proud, is nurse-initiated morphine in Australia’s EDs. Traditionally, nurses had to get a medical order before administering morphine but Professor Fry produced evidence to demonstrate that patients were waiting too long for pain relief. Now, as a result of her work, national policy has changed and nurses can initiate morphine for patients who meet the criteria.

None of this work is easy and she sometimes becomes frustrated with the bureaucracy that she says can stifle nurses’ creativity. ‘Innovation undoubtedly comes out of a level of freedom to think you can make a difference.’ Bureaucratic hurdles can be high even for a professor, she says, and for clinicians they can seem insurmountable.

The trick, especially for nurses in the early stages of their careers, is to remain true to the essence of nursing, she suggests. ‘And don’t lose sight of the fact that compassion and empathy are critical to the role.’

Any other advice for less experienced nurses? ‘Remain vigilant and curious about your practice,’ she says. And tell others about what you are doing.

‘We’ve all stood on the shoulders of those who have gone before us and we have a responsibility, wherever possible, to make our work visible and, I think, to publish it,’ she says. ‘I can’t imagine what health care will look like in 20 years’ time so all I can do is leave a picture of what the landscape looks like today so that future generations can build on it.’

Daniel Allen is a freelance writer

AN ‘ENDLESS curiosity’ about nursing practice has been a driving force throughout Professor Margaret Fry’s 30-year career. But never content with simply being curious about practice, she has always sought to change and improve it, posing research questions, and then seeking the evidence that will precipitate change and improvement.