They can't be what they can't see; helping others understand what rehabilitation nurses do

Alison M New *RN, BHSc (Nursing), MClin Rehab, MHSc (Clinical Education)*
ARNA National President
Email president@arna.com.au

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I was reminded recently, as a rehabilitation nursing colleague described the recruitment of a large number of new Graduate Registered Nurses as "very challenging", that starting a new role can be equally challenging and that anything we can do to support these new starters and 'smooth their ride' is an investment in their future practice. She described the process to review the many applications and then shortlist and interview the Graduate Nurse applicants as "difficult for everyone" and was adamant that we "could (and should) be doing it better". When I prompted for how we might do this – she said "we need to address the main problem. These new nurses are willing, enthusiastic and very bright but many struggled in their interview when describing how they might assist their patients.

Keen to hear how she thought we might do about this, I was surprised when she answered that she believed the fundamental problem was that "they (new staff) don't know what rehab nurses do." It was clear that she had been thinking about this for some time as she then went on to say, "We need to show them this because they can't be what they can't see and without real life rehab nurse role models to show them what rehab nursing really looks like, they won't understand, and the problem will continue".

This conversation was topical and timely and consistent with an excellent *Letter to the Editor* in this issue of JARNA from the authors of the article *Practice vignettes examining the competencies of the Rehabilitation Nursing: Domain 1: The Rehabilitative Approach*. In their letter, these authors call for "further practice vignettes to be developed to specifically explore the other six domanins listed in the ARNA competency standards for registered and enrolled nurses (ARNA, 2023a, p. 8; ARNA, 2023b, p.8). These are

- Domain 2: teaching and coaching;
- Domain 3: observation, assessment and interpretation;
- Domain 4: administering and monitoring therapeutic interventions;
- Domain 5: managing rapidly changing situations;
- Domain 6: management, advocacy and co-ordination; and
- Domain 7: monitoring and ensuring the quality of health care practices.

I echo their requests for these vignettes to be drawn from members practice experience to illustrate, teach and help others to understand the breadth of the knowledge, skills and practice that makes up rehabilitation nursing.

Mark and Laynie have made a great start, but this work cannot continue in isolation, and will almost certainly fail to be successful, without the assistance of you, the ARNA membership. So please get involved and let's do this together!

I'm hoping this will move us to action – but if not, then here is one more very important reason to get involved in this work to teach others about rehabilitation nursing. As rehabilitation nurses we know our practice best and make no mistake about it, if we fail to claim this space, and to define and articulate our rehabilitation nursing practice, then it will be done for us (and in my experience it will be done by someone who is not, and has never been, a rehab nurse but thinks they know what rehabilitation nursing practice is, when in truth they have no idea). So please reflect on your many rehab nursing practice examples and share these with your rehab nursing colleagues (and the wider membership) via JARNA and future surveys, so we can claim this space and support our new and less experienced rehab nurse colleagues as we move forward together.

References

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