



Australian
College of
Nursing

the hive

#22 WINTER 2018

SELF-CARE & PERSONAL EMPOWERMENT



SELF-CARE AND RESILIENCE

**A FOUNDATION FOR
LIFE THAT DOES
MAKE A DIFFERENCE**

**MY RELATIONSHIP
WITH SELF AND CARE**

**+MORE
INSIDE**

**NEWS &
VIEWS**

**CEO
SLEEPOUT**

**ACN POLICY
SUMMIT**

**ACN NATIONAL
MEMBERSHIP ROADSHOW**



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For enquiries or to submit an article, please email publications@acn.edu.au.

ACN publishes *The Hive*, *NurseClick* and the *ACN Weekly eNewsletter*.



14



24

the hive WINTER 2018

CONTENTS

24

26

WELCOME

- 02 President's report
- 03 CEO welcome

ACN NEWS & VIEWS

- 04 Melbourne Nursing and Health Expo
- 04 ACN celebrates International Nurses Day across the nation
- 04 Melbourne region IND event: a focus on health as a human right
- 05 CEO Sleepout
- 05 ACN Policy Summit: determining health priorities
- 05 ACN national membership roadshow launched
- 06 ACN snaps
- 08 Calendar

HIVE COLUMNISTS

- 09 The practicality of self-care
- 09 Self-care, just as important as patient care
- 10 Who takes responsibility for health?
- 11 Self-care as a minimum expectation of nursing conduct
- 11 Empowering the nursing workforce

SELF-CARE AND PERSONAL EMPOWERMENT

- 12 Cultivate compassion through self-care
- 14 On that night, I was happy I was depressed
- 17 What does self-care mean?
- 18 Are you assertive?
- 20 Self-care and resilience
- 22 A foundation for life that does make a difference
- 24 My relationship with self and care
- 26 Self-care and self-compassion
- 28 A journey to personal empowerment

REGULAR FEATURES

- 30 Nursing matters
- 32 Novel thoughts
- 34 Top 10

LEADERSHIP

- 36 Nurses leading the way
- 38 Out and about with the CEO
- 40 A distinguished career

IN MEMORY

- 42 Margaret McKinnon



President's report

“As a profession we need to ensure individual nurses feel empowered; that they can exercise control over what happens at work and home.”

Nursing is one of the many 'caring professions' which have faced increased scrutiny in recent times for their apparent lack of caring. With a greater focus on system efficiencies and targets, and increased regulatory and compliance measures, the less visible aspects of the caring professions, conversation, compassion and empathy for example, become less valued and yet, they are highly valued by the public we serve.

There is little doubt that work intensity has increased for nurses. More complex treatment regimens from better informed patients passing through the health care system much more quickly, inevitably place additional burdens not only on nurses, but also on the entire health care workforce. Rising incidences of patient physical and mental abuse of staff are commonplace, further exacerbating work pressures and impacting on nurses' health (Edward et al. 2017). Cullati et al. (2017) found that health professionals reported poor self-rated health (SRH), sleeping problems or poor sleep quality, and suffered more often from depression or burnout when compared to the general population. Caring for ourselves and each other has become more important than ever before.

We all need strategies to deal with the pressures of life and work. Exercise might

work for some, while mindfulness exercises might work for others. Still others might take a 'sickie'. As Lamont et al. (2017) found in their sample of 5,041 nurses, 54% took a mental health day with a median of two in one year. Use of a strategy such as this is very costly to the health system. If half of the nursing and midwifery workforce of almost 390,000 takes two mental health days off work each year at an average salary of \$250/day (NMBA 2017) the total cost is \$97,500,000! Worse still, with an annual turnover rate of registered nurses/ward of 15.1% and a replacement cost of \$49,255/FTE (Roche et al. 2015), the financial burden on the health system of burnout leading to resignation and turnover is potentially staggering.

While mental health training for managers can improve workforce health outcomes such as reduced sick leave (Milligan-Saville et al. 2017), this doesn't get to the heart of the problem. As a profession we need to ensure individual nurses feel empowered; that they can exercise control over what happens at work and home. Importantly, the workplace must be a safe environment. If it isn't, nurses need to be able to speak out and if they don't feel they can, then someone else must do so for them. Ensuring a healthy workplace which safeguards the interests of our most valuable and scarce resource, the nursing workforce, requires leadership.

This edition of *The Hive* explores how nurses, as individuals, but also as managers, can lead the way. Self-care plays a significant role in how we all manage our lives.

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Adjunct Professor Kylie Ward FACN
ACN Chief Executive Officer

Hello!

Welcome to the Winter edition of the Australian College of Nursing's quarterly member magazine, *The Hive*.

“We have a strong sense of altruism, empathy and dedication. We carry the pain and suffering of others, putting our patients' needs before our own.”

In the last edition of *The Hive*, I noted that almost one-third of Australian nurses were considering leaving the profession due to work-related stress and burnout. Moreover, research by the Australian Institute of Criminology has identified the health industry as the most violent, with nurses being the most at risk occupational group. With such extreme levels of pressure and demands, it is imperative that we take a step back and put ourselves first.

In this edition, we explore the importance of self-care and personal empowerment. Nurses are givers. We have a strong sense of altruism, empathy and dedication. We carry the pain and suffering of others, putting our patients' needs before our own. However, our drive to help others can cause us to neglect our own wellbeing and, if left unchecked, it can result in compassion fatigue.

In her article **A foundation for life that does make a difference – every detail matters**, **Jennifer Smith MACN** describes how she was one of the many nurses considering leaving the profession due to stress, but by responding to her own needs and taking time to be mindful and pay attention to detail, Jennifer rediscovered her love of nursing. Jennifer describes how she realised that the more she cared for herself, the more she enjoyed caring for others.

We also look at personal empowerment and what we, as individuals, need in order to

care for ourselves. **Catelyn Richards MACN** shares her personal empowerment strategies to manage depression in her article **On that night, I was happy I was depressed**. In her honest account, Catelyn eloquently highlights the importance of community awareness and support to foster a greater understanding of depression. By creating an awareness of mental health issues and reducing the stigma, we can collaborate to promote feelings of empowerment and a shared understanding.

Our personal strategies for coping with daily pressures change over time. Self-care and personal empowerment are individual and evolving concepts. In his reflective article **My relationship with self-care**, **Lee Poole MACN** discusses how self-care requires constant monitoring and adjustment to ensure that our strategies reflect our current lifestyle.

The clear message in this edition is that if we don't care for ourselves, how can we effectively care for others? **Jason Mills FAN** highlights the importance of self-compassion in his engaging article **Sustaining your care for others – self-care and self-compassion strategies**. Jason advocates a holistic and proactive approach to self-care, reminding us that we need to be assertive and kind to ourselves in order to be supportive in the care of others.

Grab a cuppa, relax and enjoy the read.



Connecting with
Rigieta Nadakuitavuki FAN, Fiji



Melbourne Membership Roadshow



Policy Summit Masterclass



MELBOURNE NURSING AND HEALTH EXPO

ACN held the annual Nursing and Health Expo in Melbourne on Saturday 28 April this year. Students, nurses, midwives and other health professionals flocked to the Melbourne Convention and Exhibition Centre to participate in the Expo, connecting with potential employers and colleagues and gaining the knowledge to launch or progress their nursing career.

The Melbourne Nursing and Health Expo is always a great event on our calendar and we are pleased to report it was another success. We were excited to have over 5,000 visitors walk through the doors this year, making the most of the seminars and opportunities to connect with over 100 exhibiting companies and universities attending. It was also a wonderful way for us to catch up with some of our fantastic Emerging Nurse Leaders, who joined us on the day. We thank them for their enthusiasm and assistance.

We would like to thank our State Government Partner, Victoria State Government and our Corporate Partner, HESTA, for their support of this event.



ACN CELEBRATES INTERNATIONAL NURSES DAY ACROSS THE NATION

A record number of events were held across the country on Saturday 12 May to celebrate the nursing profession's contribution to health care in Australia on International Nurses Day.

"ACN would like to congratulate each and every nurse for choosing an amazing profession and for delivering exceptional care throughout Australia," said CEO of ACN, Adjunct Professor Kylie Ward FACN.

The theme for this year's International Nurses Day, as announced by the International Council of Nurses, was *Nurses: A Voice to Lead, Health is a Human Right*. In Australia that could not be more pertinent as nurses across Australia understand the importance of universal health care and patients having access to quality health care.

As the professional and national voice for nurses across the country, ACN is committed to ensuring the

nursing profession has a role in improving health care in this country and will continue to advocate on behalf of nurses at the policy-making table.

This year, over 300 teams registered breakfast events with ACN, which means that thousands of nurses celebrated International Nurses Day across the country with us. ACN thanks all those who hosted and attended events for our National Nurse Breakfast, and for sharing your photos with us of your lively celebrations.

MELBOURNE REGION IND EVENT: A FOCUS ON HEALTH AS A HUMAN RIGHT

By Rosie Eastoe MACN, Catelyn Richards MACN & Jennifer M. Newton FACN

This year's theme for International Nurses Day of *Nurses: A Voice to Lead. Health is a Human Right* led the ACN Melbourne leadership team to host an afternoon tea for members and non-members with special guest speaker Katrina Sangster. Katrina has a long list of qualifications – MPH&TM, PGDACN (Paediatric Critical Care), BN, RN – Advanced Practice Nurse, Immigrant Health. Her address was both inspiring and insightful. Katrina spent many years working in a facility in Thailand for refugees fleeing Burma. It is her work in this

field that inspired much of the work she does today.

Drawing on her expertise in immigrant health, Katrina briefly outlined the difference between refugee visas and their allowances; highlighting the vulnerability of asylum seekers living in the community and their difficulty accessing health care. Common health care issues for those fleeing war-torn countries include parasitic infections, vitamin and mineral deficiencies, developmental and learning disabilities in children and trauma-related mental health concerns.

There are over 65 million displaced people worldwide. As health care providers,

we are in a unique position to screen and provide quality health care for these individuals. Katrina's presentation filled the room with enthusiasm to address this current practice issue – and we were thankful for her contribution to the afternoon.

The event was held at the Nurses Memorial Centre Melbourne, a fitting venue as the Centre celebrates the history of nursing by honouring past, present and future nurses. It was a great day to come together, celebrate the contributions of nurses, and learn about an important topic and growing area in health care and nursing.



**ACN NATIONAL
MEMBERSHIP
ROADSHOW
LAUNCHED**

This year, ACN has announced fourteen events as part of our National Membership Roadshow. These are complimentary events across major cities and some regional centres, hosted by ACN CEO, Adjunct Professor Kylie Ward FACN. These events are designed for ACN Fellows, Members, VIP guests and ACN staff to join together to network and connect.

It was a pleasure to kick off the Roadshow with our Melbourne event on Friday 27 May, followed next by Hobart and Launceston. We love being able to get out and connect with our Fellows and Members in their hometowns, and it was great to see everyone joining together with vibrant discussions in the room.

We then took the Roadshow to Queensland, visiting Brisbane, Toowoomba and Cairns in early June, followed by Canberra, Sydney and Adelaide.

Thank you to those who attended the first of our events, to make them such a success. ACN exists for nurses of Australia and our membership, so we just love being able to meet you all!

The second half of the year will bring more Roadshow events, so keep your eye on our communications for updates. We hope you can make it to an event near you.

CEO SLEEPOUT

ACN was proud to support our CEO, Adjunct Professor Kylie Ward FACN, as she slept outside in the Canberra winter for her third year participating in the Vinnies CEO Sleepout. On Thursday 21 June, Kylie joined over 100 other CEOs and braved the cold weather of the Garden of Australian Dreams at the National Museum of Australia.

This year, Kylie was a champion for the cause, helping to further raise awareness of homelessness, poverty and the services available for those in need

ACN feels it is important to represent and honour the nursing profession for the work that nurses do caring for those in need, including the homeless. Nurses see the aspects that affect

and impact on a person's physical and mental health, including access to care, social isolation, housing and basic needs of safety and security.

Thank you to all those who donated to this cause and assisted Kylie to meet her goal – allowing Vinnies to feed and shelter even more people who are doing it tough this winter.

ACN POLICY SUMMIT: DETERMINING HEALTH PRIORITIES

ACN's second annual Policy Summit in Canberra, held on Friday 20 April, was designed to launch our inaugural 4 Policy Chapters, prepare nurses for seats at the policy-making table, and to recognise the constantly changing landscape of the provision of patient care and services within the Australian health care system.

ACN was pleased to announce Dr Diana J. Mason PhD, RN, FAAN from the United States as the guest Keynote Speaker for the Policy Summit this year. Dr Mason is the current Senior Policy Service Professor, Co-Director of the Center for Health Policy and Media Management, George Washington University School of Nursing and former

editor-in-chief of the *American Journal of Nursing*.

We were also proud to host keynote speakers, Ms Glenys Beauchamp PSM – Secretary, Australian Government, Department of Health, Professor Emerita Jill White AM, RN, RM, MEd, PhD, MHPol, FAN – Faculty of Nursing and Midwifery, University of Sydney and University of Technology Sydney (UTS) and Professor John Pollaers – Chair, Aged Care Workforce Strategy Taskforce.

The Summit was attended by over 80 nurse leaders from around the country to meet and discuss their respective Policy Chapter subjects – Healthy Ageing, Workforce Sustainability, End of Life Care and Chronic

Diseases – which set priorities in which the profession will be working towards for the next 12 months.

Our State and Territory leadership teams also joined for an enlightening Policy Masterclass with Dr Mason, helping to inform the shape of each Policy Chapter.

Our State and Territory leadership teams, including Policy Chapter Chairs Professor Deborah Parker MACN: Healthy Ageing, Professor Lee Boyd MACN: Workforce Sustainability, Professor Patsy Yates FAN: End of Life Care, Professor Lisa Whitehead MACN, Chronic Disease, also joined for an enlightening Policy Masterclass with Dr Mason, helping to inform the shape of each Policy Chapter.

ACN NEWS & VIEWS

ACN SNAPS

At ACN, we love getting out and about with our members and the wider nursing community! If you attend an ACN function or event, make sure you share your snaps with us through our social media platforms!

Remember to use our membership hashtag #ACNtribe

“ Just love the innovative ways ACN is helping members engage and connect. Exciting times ahead. ”

– Yvonne Mckinlay FACN

“ The time has arrived for all nurses to build a voice that sings a chorus. ”

– Drew Dwyer FACN

Join the conversation with other Fellows and Members on neo at neo.acn.edu.au



Policy Summit Masterclass



Melbourne Nursing and Health Expo



Melbourne Roadshow event



Launceston Roadshow event



Japanese nurses group IND breakfast



Ruth Zionee FACN (DLF) and Canberra ACN staff



Brisbane Membership Roadshow event



UoW Shoalhaven IND cake



Policy Summit



Esperance Hospital IND breakfast



ENLs IND breakfast



Commemorative Ceremony for nurses, Bathurst

AUGUST

1

WORLD BREASTFEEDING WEEK

Breastfeeding is the foundation of lifelong good health for babies and mothers.



6

DENTAL HEALTH WEEK

Australian Dental Association's major annual oral health promotion campaign.



8

DYING TO KNOW DAY

Helping start conversations about end-of-life planning.



22

BE WISE MEDICINE WEEK

NPS promotes the safer and wiser use of medicines in this week.

27

ACN HISTORY CONFERENCE

A conference at the Gold Coast for sharing historical perspectives on nurses and nursing.



28

ACN NATIONAL NURSING FORUM

Join us at the NNF 28-30 August at the Gold Coast.



SEPTEMBER



1

PROSTATE CANCER AWARENESS MONTH

Creating awareness and raise funds to help in the fight against prostate cancer.

RUOK?

8

R U OK DAY

A campaign aimed at encouraging people to connect and support those around them.

9

WOMEN'S HEALTH WEEK

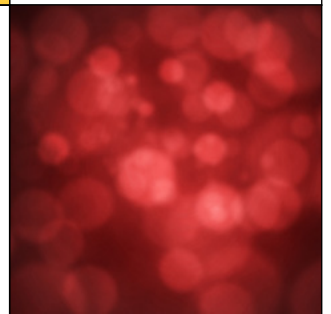
Spreading the word of good health to women across Australia.



13

WORLD SEPSIS DAY

Raising awareness of sepsis across the health care community and the world.



17

COMMUNITY AND PRIMARY HEALTH CARE NURSING WEEK

ACN's annual campaign focusing on the work of nurses outside hospital settings.



22

VETERAN'S HEALTH WEEK

The Department of Veteran Affairs' annual campaign, themed 'nutrition' in 2018.

more

Visit our website to see more upcoming nursing and health events in Australia and around the world: www.acn.edu.au/events

THE PRACTICALITY OF SELF-CARE



Ms Tomica Grjec MACN
CLINICIAN

“How does one integrate this self-care in our increasingly busy lives?”

Over my years in clinical nursing, I have often shared with colleagues and been the receiver of stories of life's personal challenges, hiccups and joys. Recently at work, a colleague made the comment that we discuss a wide array of subjects while in the course of

our work with each other. Within an increasingly pressured clinical environment and while managing the biopsychosocial disruption of illness in a consumer's life, I suggested that these personal discussions may well constitute a form of 'self-care'. That is, this type of dialogue can provide valuable collegial relationship building alongside an appropriate and informal platform to debrief.

The Dalai Lama (2003) advocates that caring for oneself is integral in caring for others. A number of papers in the nursing workforce literature have discussed the interdependence of nurses' care for self and others. Blum (2014) argues that self-care is important in professional growth, nourishment to continue to care for others and overall personal health. How does one integrate this self-care in our increasingly busy lives?

An example of a wonderful Australian initiative is the *Nursewell* app (Inky Smudge

2017). The working group of this resource acknowledged the need for modern, effective and practical resources to support professionals who are front-line health workers (Nurse Uncut Australia 2017). This free app includes information and a number of specific work-related tools to aid nurses and midwives to promote wellness and vitality and support self-care in the topics of sleep, improved back health, mindful eating, gratitude and wellbeing. Further, the app provides opportunities to link this self-care tool to reflection on learning and an ability to collect and save this information as part of the Australian Health Practitioner Regulation Agency annual requirements for CPD for nurses and midwives (Nurse Uncut Australia 2017).

Mills et al (2015) conclude that as educators and health promotion advocates, self-care is essential for the congruence and wellbeing of nurses and builds a foundation for compassionate care.

As working clinicians, it is important that we regularly review and support our practices in self-care behaviours so that we may strive for a sustainable level of job satisfaction and achieve the best level of consumer health care possible.

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SELF-CARE, JUST AS IMPORTANT AS PATIENT CARE



Ms Laurie Bickhoff MACN
EARLY CAREER NURSE

In the past few years, there has been a much-needed push for nurses to be aware of and undertake self-care. However, the vast majority of this focuses on the before and after work periods. Whilst the importance of self-care has

been acknowledged, it remains a low priority during a nursing shift. How many lunches have been skipped, bladders held too long and even drinks of water abandoned in our pursuit of providing the best care possible to our patients? How do we balance caring for ourselves with caring for our patients?

To attain this balance, frontline nurses need a combination of three crucial elements: good teamwork, strong leadership and responsive management. Team work is critical in nursing. We need teams where our colleagues feel they can ask for help, without being dismissed or ridiculed. Every nurse, no matter how experienced, will have

“How do we balance caring for ourselves with caring for our patients?”

shifts when they struggle, and we need to feel confident asking for a lifeline, rather than letting ourselves drown.

Our leaders need to be cognisant of how their teams are coping. A good leader needs to know details such as which nurses skipped morning tea or lunch,

have a heavy patient load or high acuity patients or might be reluctant to ask for help. They need to know what resources they have at their disposal to help their team and how to access them. Importantly, they need to communicate issues to management and advocate for their team.

Our frontline nurses need responsive management who give their staff's welfare the priority it deserves. A manager who values the health and welfare of the nurses working for them, who realises that a little flexibility can prevent a break, will create a culture where self-care is a priority for all.



Dr Madonna Grehan MACN HISTORIAN

“It’s been recognised that workplaces can affect health negatively.”

WHO TAKES RESPONSIBILITY FOR HEALTH?

The modern concepts of self-care and empowerment apply to two groups in health care today, and come down to who takes responsibility for health. In the case of chronic illness, through education, the patient is empowered to take charge of their care, making decisions about how she/he lives with a condition. The idea is to shift power from practitioners to the individual. It is counter to historical models of practitioners making choices for patients and expecting compliance with those directions.

The other side of the equation concerns nurses’ health. The idea here is that the nurse with sub-optimal health is

likely to be more stressed and unable to apply all of his/her energy to their practice, with detrimental effects on others. It’s been recognised that workplaces can affect health negatively. Shift work’s connection to fatigue is one that’s often cited as leading to medication errors. The American Nurses Association argues that employers have an obligation to foster self-care behaviours in nurses at work. This means providing access to programs such as patient handling and managing violence, debriefing, meditation and even Tai Chi, to help manage their stress. The justification is that healthy nurses will

improve hospital safety for everyone (American Nurses Association 2016).

Self-care has its critics. In patients, some say that it’s a way for insurance companies to save costs on hospital admissions, the beginning of a slippery slope to delivering less, or no, care. For nurses, institutional programs promoting self-care and empowerment will make little difference if stress, in the first place, arises directly from workplace shortfalls in staff, necessary equipment or communication.

REFERENCE

American Nurses Association (2016), *American Nurses Association Health Risk Appraisal Executive Summary*

The World Health Organisation estimates that **DEPRESSION** will be the number one health concern in both the developed and developing nations by 2030.

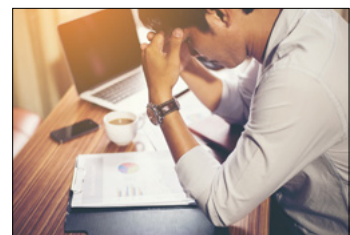


On average, 5% of Australians will experience **SUBSTANCE ABUSE DISORDERS** in any 12-month period, with men more than twice as likely as women to have substance abuse problems.



+++++

Each day, at least six Australians die from **SUICIDE** and a further thirty people attempt to take their own life.



In 2014, one in five Australians reported that they took **TIME OFF WORK** during the year due to feeling stressed or mentally unwell.



Self-criticism, perfectionism and low self-awareness are key behavioural influencers of the nation’s **MENTAL HEALTH**.

REFERENCES: <https://www.humanrights.gov.au/education/face-facts/face-facts-gender-equality-2018>
<https://www.blackdoginstitute.org.au/docs/default-source/facts-figures.pdf?sfvrsn=8>
<https://www.headsup.org.au/docs/default-source/resources/bl1270-report---the-state-of-mental-health-in-australian-workplaces-hr.pdf?sfvrsn=8>
<https://www.medianet.com.au/releases/140342/>
<http://www.mindframe-media.info/for-mental-health-and-suicide-prevention/talking-to-media-about-mental-illness/facts-and-stats>
<https://www.blackdoginstitute.org.au/docs/default-source/facts-figures.pdf?sfvrsn=8>

SELF-CARE AS A MINIMUM EXPECTATION OF NURSING CONDUCT



Professor
Mary Chiarella FACN
ETHICIST

I have long maintained that self-care is critical for effective nursing care. “You cannot serve from an empty vessel” (Brown, nd). I was therefore delighted to see in the Nursing and Midwifery Board of Australia’s (NMBA) new Codes of Conducts (one for nurses, one for midwives) the exhortation (inter alia) to practise self-care under

the domain of promoting health and well-being. Principle Seven of the Code of Conduct for Nurses, ‘Health and Wellbeing’ requires the value that “Nurses promote health and wellbeing for people and their families, colleagues, the broader community and themselves and in a way that addresses health inequality” (NMBA, 2018, p14).

Principle 7.1, “you and your colleague’s health” is unequivocal. I have identified the items relating to self-care below. The overarching statement is that: “Nurses have a responsibility to maintain their physical and mental health to practise safely and effectively”. To promote health for nursing practice, items b, d and e relate to self-care, stating that nurses must:

- b. act to reduce the effect of fatigue and stress on their health, and on their ability to provide safe care
- d. seek expert, independent and objective help and advice, if they are ill or impaired in their ability to practise safely. Nurses must remain aware of the risks of self-diagnosis and self-treatment, and act to reduce these, and
- e. take action, including a mandatory or voluntary notification to the Australian Health Practitioner Regulation Agency (AHPRA), if a nurse knows or reasonably suspects that they or a colleague have a health condition or impairment that could adversely affect their ability to practise safely, or put people at risk.

Note the ‘must’, as this is a mandatory requirement, not an optional extra. It also applies universally. In the introduction (NMBA, 2018, p.4), it clearly states that “the code outlines specific standards which all nurses are expected to adopt in their practice” and further “The principles of the code apply to all types of nursing practice in all contexts. This includes any work where a nurse uses nursing skills and knowledge, whether paid or unpaid, clinical or non-clinical.”

I am delighted to see this approach taken in (both) the new Codes. It is long overdue but very welcome.



Mr James Bonnamy MACN
ACADEMIC

Anybody who knows me will be very glad to hear that I am not about to talk about self-care. I am the least appropriate person to talk about this, as I hobble around on my fractured foot without my moon boot. Instead, I am going to talk about personal empowerment.

Personal empowerment is crucial to nursing and midwifery practice. In fact, Florence Nightingale said that “very little can be done under the spirit of fear”. As a

EMPOWERING THE NURSING WORKFORCE

lecturer, my goal is to promote personal-empowerment. As a registered nurse, I empower patients and my colleagues on the ward. However, I am not always successful, and I believe it is due to underlying fear.

Student nurses frequently report being afraid to speak up on clinical placements about poor practice (Bickhoff, Sinclair, & Levett-Jones, 2017). Patients have described feeling afraid that they won’t be heard following the donning of a hospital gown (Luthra, 2015). Nurses have described being afraid to escalate deteriorating patients to medical staff (Massey, 2016). In fact, there is a blog on the internet dedicated to being ‘Scared to talk to doctors’ (2007).

So serious is the issue, that the Chief Nursing Officer of Ireland commissioned a report into the empowerment of nurses to overcome failings in the Irish health care system (Scott, 2003). The report is quick to highlight that empowerment of nurses should be viewed as both a personal responsibility of individual nurses and that of the organisation.

As the largest group of health care professionals in our workforce, we are well placed to tackle the fear that inhibits personal empowerment. I am starting the process with my students, by spending additional time during simulation debriefing focusing on their fears, encouraging them to explore their origins and to develop strategies to

overcome these in clinical practice. I hope that by starting small, I can help to empower our workforce to be able to take action and empower others.

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CULTIVATE COMPASSION THROUGH SELF-CARE

Preparing for life's curveballs

Whether it is in your personal life or in your career, life can set you onto a course that you never expected. When this happens, you need life skills and determination to help you cope and maintain your wellbeing. Personal empowerment is about taking control of your life and believing you have the power and the right to make choices about your life and fulfil your potential. In Kotter's (1996) landmark book on leading change, he highlighted the importance of personal empowerment and the role of leaders to empower others to act. More recently, Kotter and Rathgeber (2016) used the fable of penguins having to face change in their environments that required a brave journey and new ways of thinking to survive. Empowerment involves developing confidence and wisdom to set realistic goals to use your strengths and skills in ways that will have a positive impact in your social relationships and life.

The confidence and wisdom to act in an empowered manner is based on three personal characteristics that are essential to your self-care, namely:

- **Self-knowledge**, which is knowing your values and goals and taking action toward achievement
- **Self-discipline** to align your values with your actions and minimise negative behaviours and self-talk that stall your personal growth
- **Self-esteem**, which is having the confidence to put your values and goals into action and live your best life. Positive self-talk (even when you make a mistake) is a key element to being kind and caring towards yourself, as you would care for a friend.

The term self-care has different meanings in different contexts. For example, the meaning of self-care for people living with chronic

illness could be about how they manage medication regimes in a safe manner, adopt healthy lifestyle choices, or practice positive self-talk and self-compassion. In health care, the term self-care has been linked with self-compassion and practising compassion. Compassion is not only essential for the optimal treatment of patients but also for mitigating burnout and improving health outcomes in providers themselves (Seppala et al 2014). Nurses need to have self-compassion to be empathic and practice compassion and cope in volatile work environments.

As the quote shows on the top right corner, we cannot prevent what happens, but we can learn how to manage the events in our lives and maintain our wellbeing. Our sense of personal empowerment is crucial.

Self-care as the first step toward self-compassion

The Dalai Lama (2003, p. 125) explains self-compassion and how it links to our capacity to practice compassion toward others. He says:

For someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare... Caring for others requires caring for oneself.

Dr Kristin Neff pioneered research in self-compassion and explains that compassion for self is equally important to having compassion for others and has psychological benefits (Neff, 2003). She says treating ourselves with the same kindness as we would treat a dear friend when things go wrong is the definition of self-compassion (Neff, 2003). But more often we are critical, judgemental, and hard on ourselves (Neff, 2003).

Neff developed a 26-item Self-Compassion Scale (SCS) survey to measure self-compassion (link to SCS survey provided). She identified three components of self-compassion: self-kindness, common humanity and mindfulness; and three components that are barriers to self-compassion: self-judgement, isolation and over-identification (Neff, 2003).

The SCS can be used as an evidence-based learning tool because each of the items in the SCS is a practical example of self-compassion and the barriers that originate from our thoughts, for example:

SCS six Components	Selected item from the SCS survey to illustrate each Component
Self-kindness	I try to be loving towards myself when I'm feeling emotional pain.
Common humanity	When things are going badly for me, I see the difficulties as part of life that everyone goes through.
Mindfulness	When I fail at something important to me I try to keep things in perspective.
Self-judgement	I'm disapproving and judgmental about my own flaws and inadequacies.
Isolation	When I'm feeling down, I tend to feel like most other people are happier than I am.
Over-identification	When I'm feeling down I tend to obsess and fixate on everything that's wrong.

Self-kindness is about being supportive and understanding toward ourselves when we are having a hard time, rather than being harsh and self-critical. Common humanity is about connecting and remembering

“ You can't stop the waves but you can learn to surf. ”

that everyone makes mistakes and has difficult experiences, so we are not alone. Mindfulness is being focused on the present moment and sounds such as the breath. It is not dwelling on your past, or planning for your future, or making judgements about yourself or others. It is an evidence-based practice and works by regulating our attention and emotions and changes our self-perspective (Germer, 2017).

It is also important to challenge the myths about self-compassion. Specifically, self-compassion is not self-pity, weakness, being selfish, or self-indulgent (Germer, 2017; Gessler & Ferron 2012). It is essential to understand that others have similar difficult experiences to ourselves (Neff, 2003). Self-compassion is about self-care during difficult times that can build resilience to cope in demanding work environments and circumstances. Self-criticism, anger, judgment, impatience, resentment and rumination are self-destructive and lock us into negative emotions (Germer, 2017). When we feel angry, exhausted, tired and depleted, we have little energy to care for others in a meaningful way. Self-care is about knowing when to 'let go' and move on. Personal empowerment fosters this action by reducing barriers such as our negative self-talk and rumination. It helps with our emotional regulation so we are prepared to be empathic and act with compassion toward others.

Compassion for others begins with empathy

Empathy is 'sharing with' others and compassion is 'feeling for' others with warmth and concern who are suffering and having motivation to help (Singer & Klimecki, 2014). Empathy is crucial for successful social interactions, but we must not confuse ourselves with others and absorb others' feelings, unpleasant emotions and suffering.

There are two distinct empathy-related responses, specifically: empathic distress and compassion (Klimecki, 2015).

However, it can be challenging for health care providers and caregivers to maintain this 'self-other' distinction. But if our 'self-other' boundary becomes blurry when 'feeling with' others in their suffering, we will absorb their suffering and negative emotions. The outcome of this maladaptive condition will be empathic distress, ineffective role performance, depersonalisation, stress, withdrawal and burnout (Singer & Klimecki, 2014).

Neuroscientific evidence confirms that empathic distress is the form of occupational stress experienced by caregivers who report fatigue and burnout. Compassion fatigue cannot be empirically validated or measured (Singer & Klimecki, 2014). Compassion education and training is linked to positive emotions, prosocial behaviours and capacity to care compassionately for self and others.

Resources to foster self-care and compassion training

Self-care and kindness are essential to our wellbeing and must exist before we can practice compassion toward others. We provide a list of online resources and websites to develop your self-care plan. 'The Pause' is a self-care strategy developed by Jonathon Bartels, (Bartels, 2014). The Pause is practiced globally in emergency departments and other clinical settings as a strategy to honour the caring work we do with others on the team when we care for patients who die. It creates a moment of stillness when we can stop, listen to our breathing, focus, and then move onto the next patient with a calmness and readiness to care compassionately.

Useful websites

- Kristin Neff's research and Self-Compassion Scale: www.self-compassion.org
- Mindful self-compassion developed by Germer & Neff (2010). Center for Mindful Self-Compassion: www.centerformsc.org
- Chris Germer: www.mindfulselfcompassion.org
- Jonathon Bartels, The Pause: www.vimeo.com/143628865
- Schwartz Center for Compassionate Healthcare: www.theschwartzcenter.org
- Cambridge Health Alliance & Harvard Medical School Teaching Hospital Centre for Mindfulness and Compassion: www.chacmc.org/

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AUTHOR

ANNE HOFMEYER MACN

ON THAT NIGHT, I WAS HAPPY I WAS DEPRESSED

What does ‘empowerment’ look like in the context of mental illness?

It is the numb feeling. The little voice that is subtle, yet unrelenting, persistent enough to claw its way through. It is the times you catch yourself wandering aimlessly, no direction, nor aspiration, no memory. The times you cannot make a decision, or have any desire to. It is the days where you wish for time to slow down, for a pause button... sometimes even for an off button. Depression is an experience that is unfortunately familiar to many.

This segment of *The Hive* is much needed, and using this as a platform, I hope to explore a topic that needs greater exposure in the media: mental health and self-care within the nursing community. Because irrespective of who we are, or at what level we are in our career, from the most senior nurse unit managers to the junior nurses wearing scrubs for the first time, we will all experience challenges to, and variation in, our mental wellbeing. So let us talk specifically about depression.

The World Health Organisation recently recognised depression as the leading cause of ill health and disability worldwide (World Health Organisation, 2017). Depression, as a predicted cause of fatigue and subsequent sick leave and turnover; equates to a population-attributable risk estimate of 8.7% and an estimated \$693 million in lost productivity in Australia (McTernan, Dollar and LaMontagne, 2013). It is impossible to ignore the influence depression has on our workplace. Depression is categorised by the American Psychiatric Organization as a medical illness where feelings of prolonged sadness, emptiness or a loss of interest in activities, interrupt the ability to function in everyday life settings. And this is the reality

for over one million Australians (Australian Bureau of Statistics, 2008).

Transitioning to the ‘life-of-a-nurse’ and also simultaneously battling a major depressive disorder has been a perplexing experience. Day to day, my own ‘internal voice’ chews on the notion I’m too tired to do things. That my actions and decisions are so inconsequential that they are not worth the effort I would expend. And I fear that my tiny dents may never surmount to the changes that I wish for. I go to sleep on a Sunday night retching with excitement for dreams I can’t wait to live out; and yet I wake on Monday morning aching with fatigue. And such are my weekly battles of inconsistency. I am irrationally optimistic. Then all at once overpowered. I am so deeply moved by the world and all of its intricacies, yet simultaneously superficially defeated.

So what do we do about depression? What does empowerment look like in the context of mental illness? An excellent starting point is helping to reduce the association of shame that latches itself onto mental health disorders.

An article published in 2012 sought to depict how people perceive their depression. An interesting concept was verbalised by one interviewee when she remarked on her recovery:

“It was almost disappointing when you did get better, because it was just like, it’s not a magical cure. There is nothing you can tell the person next to you—“Hey, go do this and you’ll feel better.” It’s not like that. You don’t notice the change is happening.”
(Fullagar & O’Brien, 2012)

This person touched on one of the greatest challenges associated with mental illness – that there is no formula for a complete and total cure. And though I wish I could procure a solution to this ongoing issue, I feel that it is almost a disservice to attempt to do so. Perhaps the biggest service we do for those battling with depression is knowing that it is out there and it is far more common than we could have ever anticipated. This transparency is vital in taking steps toward minimising the stigma of mental illness and allowing for open discussions about how we can offer support.

A year and a half ago, I went to a comedy show where a woman shared her experiences battling chronic depression. The highs. The lows.

And. I. Could. Not. Stop. Laughing.

It was the first time in many years that I was not ashamed of my depression. Although my mood issues did not dissipate, I felt overwhelming relief that for once I was able to view my depression in a different light. I was laughing at it; laughing with it. I was celebrating my sensitivity. I was applauding the surges of emotion I ride each day. I was giggling at my abstractedness. I was battling depression, and on that night, I was happy I was depressed. I felt a sense of belonging and comradeship, and feelings of empowerment. I may not be able to magically cure my depression, but opportunities such as these help to break up the monotony. Sometimes, even the smallest light can allow us to navigate in the fog.

So while there is no easy, one size fits all, solution for depression, I feel it is possibly more important to use this opportunity to reach out to the community. A humble

“A humble community is our greatest tool in treating mental health. With the support of our community we increase our chances of finding a treatment plan that works, and the strength to keep trying.”

community is our greatest tool in treating mental health. With the support of our community, we increase our chances of finding a treatment plan that works, and the strength to keep trying. I hope that this article reaches out to people in a way where they feel understood and respected for their internal struggle. I hope that someone out there might have been nodding as they read this and thought: “yes... that’s a little like me.”

So help me out a little in building this shame-free community and leave your copy of *The Hive* on your workplace tea-room coffee table. Start a conversation. Have a little giggle. And make it less shameful to talk about depression.

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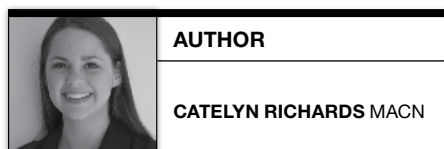
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A woman with blonde hair and bangs, wearing a dark blue V-neck top, stands with her hands clasped in front of her. She is smiling and looking directly at the camera. The background is a solid purple color. Two vertical purple bars are positioned on either side of the text.

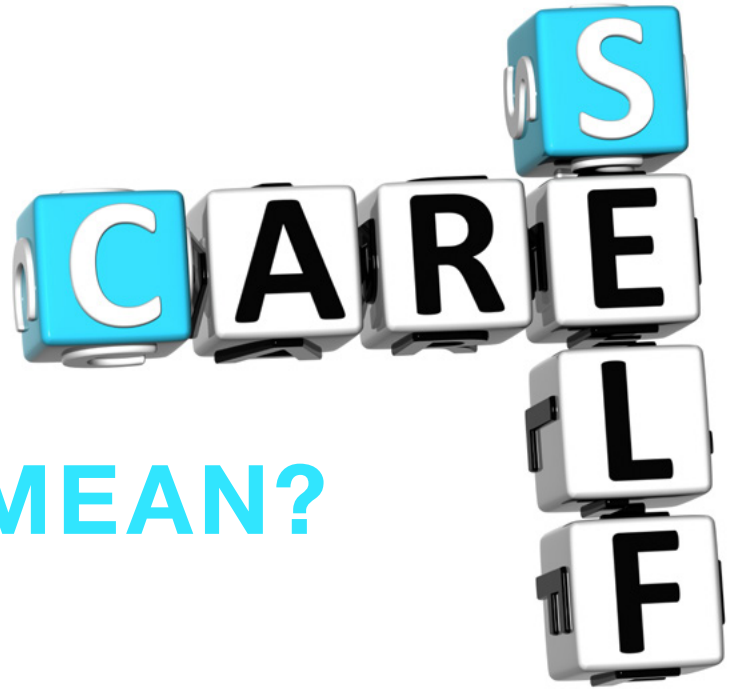
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best interests.”**

Sarah Tooke,
Midwife

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WHAT DOES SELF-CARE MEAN?

Identifying individual needs

“Should we accept that nursing is a career that rewards us with a bad back at the end of our careers?”

Nurses nearing the end of their career will often state to the generation about to begin their careers “make sure to look after your back!” Some statistics, unfortunately, say nurses are prone to retiring with less than optimal health from their many years of service. Just because of that reason, self-care is worth paying attention to; however, should we question what sort of actions lead a nurse experiencing such debilitating conditions? Should we accept that nursing is a career that rewards us with a bad back at the end of our careers?

If so, is there a different way?

Is self-care merely making sure we look after our backs or does it encompass a broader universal definition?

Self-care is vital for every nurse and should be an active consideration with all that they do. There are many reasons why nurses can be even better ‘self-carers’. I make this statement because as nurses we have extensive knowledge and expertise about the human body and what it requires to be healthy. After all, our profession is about caring for others, evidently we can care for ourselves also.

Self-care is further emphasised because the majority of nurses who work clinically

are required to work day, night and every hour in between. Our workloads can be complicated and be demanding while emotionally and mentally draining. We have many aspects to consider that take a physical toll on our health.

Could we implement tools with greater emphasis on self-care to help combat the adverse health effects that our job entails?

Self-care can be simple; at the same time self-care is different for everyone.

Caring for ourselves isn’t about following a book, a fad or a movement – it’s about supporting what our body needs and asks of us.

Everyone experiences signs from their body all the time. It’s that feeling when you’re tired and your body is asking to go to sleep; it’s when your stomach tells you when you have had one too many sweets, or that feeling of satisfaction when you make an effort to make yourself a healthy meal that you felt you needed at a particular time.

Not only is self-care what we do for ourselves, but also how we are with ourselves and think of ourselves. More often than not, self-perceptions of what we think we ‘should’ be as a profession and as individuals significantly affect how we

choose to care for ourselves... or not to care at all.

If you have tried to begin the process of doing self-caring activities and you have given up or found it difficult to remain consistent, what barrier could be in the way? Identifying these barriers is an individual journey for everybody.

Is it a belief that things can’t and never will change?

Is there pressure from peers or family?

Do you have financial, social or political stressors that impact your choices?

Do we depend on our unhealthy habits to cope with the stressors of everyday life?

Self-care is not and can never be considered a flat topic, but it is one that extends into many aspects of our lives. It is more than one or two changes to unhealthy habits, but a choice to know deep within yourself: “I am worth looking after.”



AUTHOR

LUKE YOKOTA MACN

ARE YOU ASSERTIVE?

How the use of assertive skills can save a patient's life



When you think about the term 'assertive', what comes to mind? Is it obvious in the nurse who readily raises his/her voice to get a point across? Who appears to stand up easily for patients, but whom others secretly regard as rude? Do you think of it as being lacking in the nurse who cares so greatly about the opinions of others, but can't sleep at night wishing s/he had said something in that vital moment?

This article aims to describe the concept of assertiveness and how it differs from passive and aggressive behaviour; share why it is imperative for the nursing profession to be confident in its use, and extrapolate upon the historical and current day constructs. I will also discuss techniques to assist today's professional nurse who identifies as non-assertive, and will conclude with some practice examples of graded assertiveness.

WHAT IS ASSERTIVENESS? WHY IS IT IMPORTANT?

In their seminal study into the assertive behaviour of nurses, Timmins and McCabe (2005a, p. 62) defined assertive behaviour as 'a person giving expression to his/her rights, thoughts and feelings without denying the rights of others.' Being assertive sits in the middle of a continuum, with passive being on one end, and aggressive on the other (Queensland Nurses Union, 2016).

Good use of assertive communication is an essential skill for today's professional nurse (Timmins & McCabe, 2006). It can form a basis for healthy interpersonal boundaries and improved psychological wellness (Queensland Nurses Union, 2016). Gaddis (2007) shares that assertive nurses are more likely to get what they need – either for themselves or when advocating for their patient; have more self-confidence

and less anxiety. Michel and Fursland (2008) state that self-esteem increases with assertiveness; and resentment decreases as both parties' needs are being communicated in a professional way. McCartan and Hargie (1990, p. 1371) believe that "assertiveness allows for open and honest communication with the resulting improvement in interdisciplinary collaboration and cohesion, enhancing staff performance and consequently heightening standards of patient care".

In contrast, the nurse who raises his/her voice is a basic illustration of aggressive, not assertive, behaviour. It can be seen as effective whereby the aggressor often gets what they want; they may feel 'protected' (Gaddis, 2007), they may appear in control, and are unlikely to be bothered by others seeking assistance. However, aggressive behaviour has many disadvantages. Primarily, the other person's rights are violated; people may feel threatened and a stance of superiority is displayed which may alienate the aggressor (Gaddis, 2007; Michel & Fursland, 2008).

Advantages and disadvantages can also be identified in the example of the nurse who may be viewed as passive. Being submissive is an easy way to avoid confrontation and lessen the burden of responsibility. Others may feel the need to 'care' for a passive colleague (Gaddis, 2007). However, like in our example, the passive stance can lead to feelings of frustration – primarily because the passive person's needs are not being met. This can lead to resentment (Michel & Fursland, 2008) of themselves and others.

WHY AREN'T NURSES SEEN AS ASSERTIVE?

Timmins and McCabe (2005) offer historical insights into why nurses have been traditionally perceived as unassertive.

Primarily this has stemmed from 'oppression of gender and an oppression by medical dominance' (Dargon, 1999, in Timmins & McCabe, 2005a, p. 61). Restriction in education was a factor (McCartan & Hargie, 1990); and for many years, nurses were seen as handmaidens to doctors (Timmins & McCabe, 2006) which perpetuated this status. Further research (Proroch & McIntosh, in Timmins and McCabe, 2005a, p. 62) highlight additional historical barriers preventing nurses from being assertive – "a lack of knowledge about personal/professional rights, concern about what others will think about their behaviour and anxiety because of a lack of confidence and poor self-esteem". Nurses are furthermore perceived to be 'nice' (Timmins & McCabe, 2005a, p. 61). Again this may prevent assertive communication, as it is seen to conflict with the concept of a 'good nurse' who acts in a caring and nurturing manner (Timmins & McCabe, 2005b, p. 43).

WHAT ABOUT TODAY?

I was quite surprised to find an absence of present day research pertaining to the assertive skills status of today's nursing professional (as opposed to teaching of the construct to the pre-registration nurse), and that the last 'spike' in study was around 2005-6. Surely in our current socio-political climate, where gender equality and the respected professional status of critical thinking skills as a given part of the nurses' role and mandated legislation with regards to patient advocacy are well known, this subjugated image is no longer valid. Research widely agrees that experienced nurses do indeed have assertive skills, but there are barriers to these skills being utilised (McCabe & Timmins, 2006). Sadly, however, some issues highlighted in the existing literature – albeit old – are still significant today.

Management style has been repeatedly identified as the main issue that either enabled assertive communication in the workplace, or prohibited it. McCabe and Timmins (2006, p. 35) found via a qualitative study that nurses were disempowered by an autocratic and hierarchical management style, and found it to be “most helpful having a team approach where each individual’s contribution is valued and respected”. They also reported that nurses were more likely to behave in a passive way with managers (Timmins & McCabe, 2005a; Timmins & McCabe, 2005b), and medical colleagues. Poroch and McIntosh (in McCabe & Timmins, 2006) found that “fear of punishment or being disliked and isolated by nursing colleagues ranked highest as barriers to using assertive behaviours”, which to me, shows the great impact management style has on the working culture of a nursing team.

In order for nurses to be assertive and facilitate a workplace culture with patient safety at the forefront, McVanel and Morris (2010) suggest that hierarchies should be flattened, and nurses learn assertive skills.

While it may not be feasible to change network structural hierarchies and culture of management in the short term, today’s nurse leaders do have power at the coal-face to spearhead change via education to produce an immediate transformation.

One of the main findings from Timmins and McCabe’s seminal study (2005b, p. 42) was a lack of knowledge as a barrier to using assertive skills. Their research with 500 participants showed that “the respondents were very much in favour of assertiveness training for all nurses and midwives” (Timmins & McCabe, 2005b, p. 44). They also found that “gender, age, years of experience and clinical setting do not influence individual assertiveness levels. However, nurses with higher levels of education and assertiveness training were more assertive” (McCabe & Timmins, 2006, p. 30).

SO, HOW CAN ASSERTIVE SKILLS BE LEARNED?

In 2010, McVanel and Morris (p. 259) published their experience of facilitating a three-hour voluntary assertive skills training course. Their results were consistent with other studies, in that participants “expressed increased confidence in asserting themselves in their healthcare workplaces”. Indeed, Burnard’s study (1992, in Queensland Nurses Union 2016) noted “the positive effects of education on assertiveness skills”.

Assertive skills courses have multiple similarities, the basics of which are outlined below.

- 1. The basic assertion** (Michel & Fursland, (2008). This is where an “I” statement is made, in order for the speaker to show responsibility for their own feelings, in an unthreatening way. (McVanel & Morris, 2010). By avoiding the use of “you”, the other person is not blamed (Queensland Nurses Union, 2016). For example, “I feel frustrated that” or “I’m concerned about...”; “I need to leave on time today”; or even “I feel relieved that you charted some IV fluid, thanks”.
- 2. Empathic assertion.** This is where the others person’s feelings, needs or wants are identified, as well as your own (Michel & Fursland, 2008). For example, “I can see that you feel frustrated in needing to put in another IV cannula, but I’m concerned because the patient needs to have their antibiotics on time”.
- 3. The broken record technique.** As it sounds! Michel and Fursland (2008) share that this is a good technique to use if you are in conflict with someone who is very articulate, or you are feeling uncomfortable. For example, if a colleague asks to swap a shift, your replies might include “no, I am unable to that day, I have plans”; “no, I can’t, I have plans”; “no, sorry, I have plans already” and so on.
- 4. Remember your body language!** Gaddis (2007), and Michel and Fursland (2008) remind nurses to be aware of their body language when using assertive skills. Use good eye contact, keep your tone of voice even and not stressed, and remember to use ‘open’ body language. No crossed arms!
- 5. The PACE approach** to graded assertiveness is popular in professional literature (Nickson, 2017) and involves a gradual escalation of concern, culminating in ‘stop!’.

Probe – “do you know that...?”

Alert – “Can we re-assess the situation...?”

Challenge – “Please stop what you are doing while..”

Emergency – “STOP what you are doing!”

Let’s examine a tragic example from *The Clinical Communique* (Cunningham, 2017, p. 2) where a lack of assertive skills may have contributed in part to the death of a patient. For practice, we will pretend that the patient’s oxygen saturations were dropping rapidly under anaesthesia.

“Dr X directed nursing staff not to push the emergency button that would have summoned medical assistance to deal with the emergency”.

How would you use the PACE model to practice graded assertive skills?

P – “Are you aware that the patient’s saturations have dropped?”

A – “Can we look at the patient’s oxygen status – is the saturation probe accurate?”

C – “Please stop what you are doing and look at these saturations.”

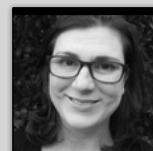
E – “STOP. I am getting help now”.

CONCLUSION

The use of assertive skills is a vital instrument for the professional nurse, not only for their own self-confidence and worth, but for providing effective advocacy for patients in our care. There is much research yet to be done, particularly investigating assertive skill use in today’s professional climate.

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AUTHOR

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SELF-CARE AND RESILIENCE

It's about you, yes you!

A 'call' to nursing put you at the bedside of the patient, where you can make a difference. A commitment to self-care may well keep you from occupying a ward bed and subsequently requiring a nurse. Where it is suggested that "a good half of the art of living is resilience" (de Botton 2018), self-care underpins the ability to sustain resilience of the body, mind and spirit, form a stable platform of health and wellness and create longevity in your nursing career.

Fundamentally, "*effective health care depends on self-care*" (Illich 2018), meaning that if you are ill, you are in no position to help another to get well. For those of us in the caring profession, we are accustomed to putting ourselves last and yet the importance of putting ourselves first cannot be underestimated.

Having been conditioned (particularly as women) to put others first; family, friends, work, the community, our significant others etc, we are often left feeling guilty for taking even a teeny weeny little time for ourselves. Dare I mention taking a break at work? Sometimes just the thought of doing it sends us into conniptions. The only exception seems to occur mid-flight (in an emergency mind you), and in the unlikely event the oxygen pressure in the aircraft cabin decreases, where then and only then are we instructed to put our own oxygen mask on first before assisting another. This is food for thought! My concern is that significant levels of sustained stress have become normalised and somewhat expected of us, but the consequences will feel anything but 'normal'.

The stress response was designed by nature so we could run from rabid tigers. However, in current times, our "rabid

tigers" look like Facebook, work demands, social expectations to keep up with the Jones', running a household and simply staying ahead of the mortgage, all of which hound us day in and day out. Smoking, caffeine, negative attitudes, over-exertion, lack of sleep, a lack of exercise and being overweight also contribute to our stress load.

Seyle (1950), in the 1950s, clearly defined the dangers of long term and sustained levels of stress, which you see every day on the ward. Not much has changed in 70 years.

Consider these conditions, all of which are strongly linked to stress:

- Asthma
 - Angina
 - Auto-immune diseases
 - Cancer
 - Cardiovascular disease
 - Common cold
 - Depression
 - Diabetes Type II
 - Headaches
 - Hypertension
 - Menstrual irregularities/PMT
 - Ulcerative colitis
 - Irritable bowel syndrome.
- (Murray & Pizzorno, 2012)

Or perhaps you have personally experienced:

- Feeling tired for no reason
- Cravings for salty or sugary foods
- Reduced concentration
- Increased confusion/reduced memory recall
- Insomnia
- Increased menopausal symptoms
- Loss of ambition or drive
- Feeling lazy but know that you are not
- Increased fears

- Loss of libido and drive
 - Increased weight gain
 - Increased PMT symptoms.
- (Wilson, 2015).

Oh dear! What to do?

There is only one way to eat an elephant... one bite at a time! I recommend the same for reducing your stress levels. Take it slowly, do one thing at a time and be patient with yourself.

Here are my tips to identify your stressors and some suggestions for resolution. Before you start, remind yourself that clarity precedes change.

FOOD

Are you loading up on coffee, chocolate, chips and stimulants? Please know that these foods are increasing the pressure on your adrenals and reducing your energy and resilience over the long term. They are like a fickle lover – whisking you off your feet one minute and dumping you the next, leaving you broken. Fresh fruits and vegetables, whole grains, good quality meat and seafood and plenty of water will reap you benefits you dream of – increased energy, healthier bodyweight, improved moods. The Australian dietary guidelines are a great place to start for hints and tips if you are not sure. Keep it simple.

MOOD

Feel down, anxious, angry, can't get a grip on your emotions? Feeling bad is stressful and futile. I encourage you to breathe, meditate, scream underwater, go for a walk (morning sun definitely regulates your mood), engage a professional (hypnotherapy is great) and learn how to 'calm your farm'. You are worth it and you will love who you really are.

“ My concern is that significant levels of sustained stress have become normalised and somewhat expected of us, but the consequences will feel anything but ‘normal’. ”

CONNECTION

In her research, Pinker (2017) showed the number one determinant for a long and healthy life is social connection. If you are feeling lonely, unsupported or left out, engaging in a hobby, making new friends and generally putting yourself out there is going to make a difference. Connecting with activities and people who bring you joy and make your heart sing will do you the world of good.

TIREDDNESS

Tiredness really is a downer and a double-edged sword – stress fatigues you and being tired increases your stress (shift work doesn’t help). However, good sleep hygiene can help: no screens 30 minutes before bed, no stimulants, eating your evening meal three hours before bedtime, exercising regularly, healthy exposure to sunlight, meditation or mindfulness before bed (I love the Headspace app.), a cup of chamomile tea, rubbing some lavender oil on the soles of your feet as you hop in to bed may all contribute to sweet dreams.

SICKNESS

Sometimes we have long-term health concerns and sometimes we have acute attacks. Either way, seeking the assistance of a supportive health care practitioner to guide you in health and wellbeing is going to be priceless on your mission to reduce your stress levels and improve your overall health. Your GP, alternative health care practitioner and other specialists are part of your cheer squad. Let them help you. Remember your objective is to be beside the bedside not in it!

BACK ON THE WARD

I know it is unpopular, guilt-ridden, whispered about and frowned upon to take a break. However, word on the ward has it that your senior mentors and leaders want you to take a break, one even suggesting you call it a self-care moment.

Hold your ground, flip open your cape, blaze your own trail, keep your chin up and live the values of self-care. You’ll love it, your world will change and your patients will thank you.

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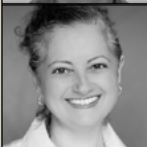
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A FOUNDATION FOR LIFE THAT DOES MAKE A DIFFERENCE

Every detail matters

In the previous edition of *The Hive*, Adjunct Professor Kylie Ward CEO ACN stated that “Almost one-third of Australian nurses and midwives are considering leaving the profession due to work-related stress and burnout”. Stop for a moment and consider what this means. In fact read it again and again. Imagine your own workplace with one-third less nurses or midwives. But also stop and consider that that one-third of nurses are currently working under so much stress that they are wanting to leave the profession in which they have worked so hard to qualify, and would have loved in the beginning.

Admittedly nursing is not an easy profession. Nurses face all sorts of challenges in our work day and work life and they are not limited to what we experience with the patients in our care. Very few go into nursing not knowing this. Nurses are people on the whole who are prepared to jump in, boots and all, roll up their sleeves and get right in it up to our elbows... so to speak.

So what is it that is resulting in high levels of burnout and being under so much stress that we would rather do anything but nursing? Yes in the last edition our workplace cultures were very much discussed, as was the quality of our education and how we can work together to create positive workplaces. All of this is hugely important. But where are we in all of this?

I was one of those ‘one-third of nurses’ who was actively looking for a ‘way out’ of nursing and I invested a lot of time, effort and money for this to be a reality. Fortunately, this didn’t quite work and I am still nursing. I have gone from what I used to call the ‘reluctant nurse’ to one that is deeply committed and I enjoy so much more of what I now do. The secret was not about getting a new job (even though I did along the road, but the shift was happening along way before the new job). The secret (which really isn’t a secret) was about the way I cared for and tended to myself.

I began to run my own personal self-care research project. At the time I was feeling

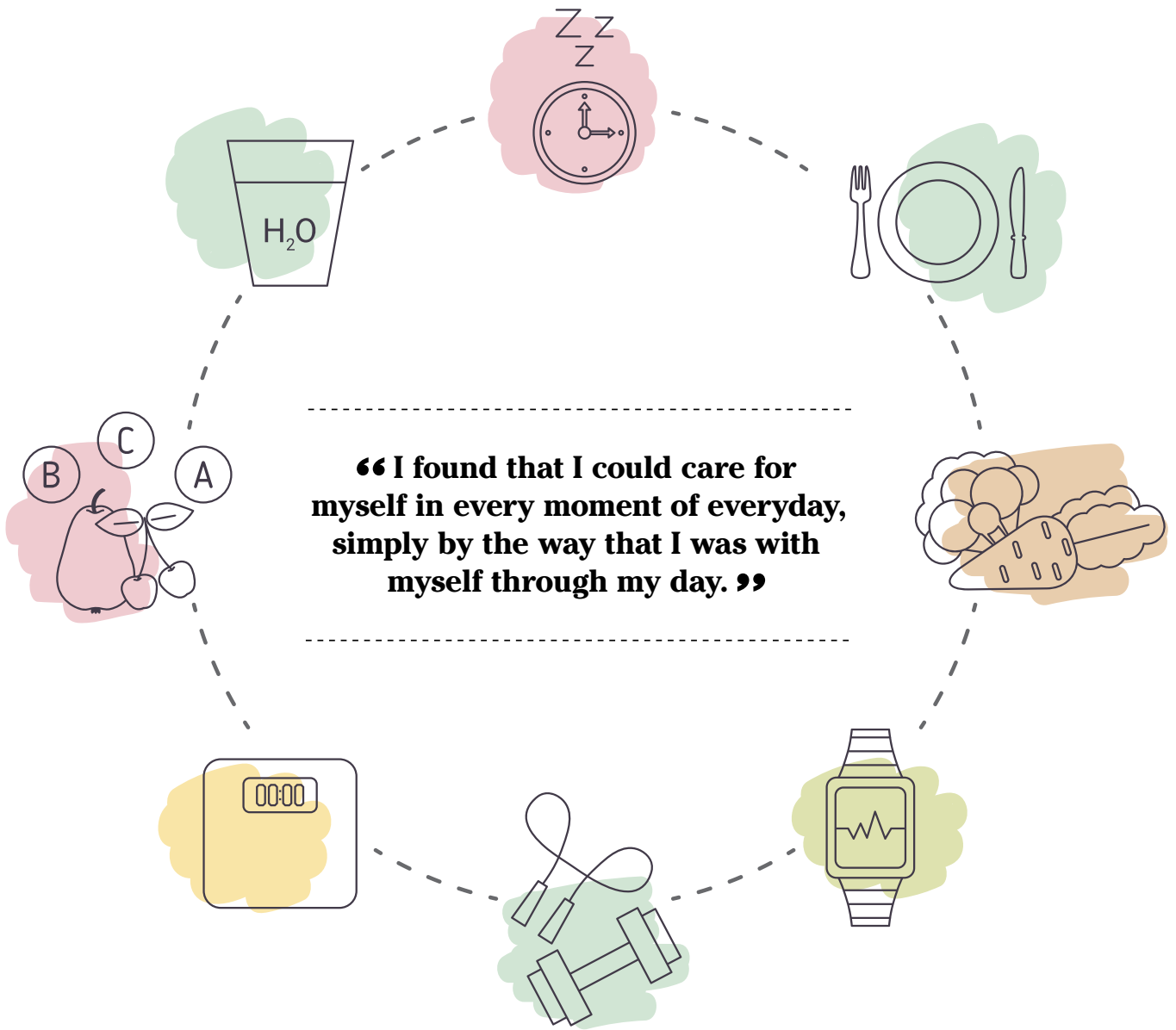
very tired, if not exhausted, and I began by asking myself a few questions:

- “What happens if I go to bed when I begin to feel sleepy, instead of falling asleep on the lounge?”
- “What happens if I take myself out for a walk?”
- “What happens if I give myself a little more time to prepare for my day?”

Slowly but surely I began making a few changes; going to bed when I felt tired, which was often before 9pm – that was when I was working a morning shift; I started walking (outside of work) and I gave myself a little more time to get prepared for my work day (or night – whatever the shift was that I was working)

Then I began to observe that how I felt began to shift. I began to observe that:

- I felt less tired and no longer exhausted
- I was more engaged in my work and genuinely enjoyed it



“I found that I could care for myself in every moment of everyday, simply by the way that I was with myself through my day.”

- I realised that I really did care about people and enjoyed people, because I was beginning to take greater care of myself and wait for it...
- I loved nursing. I really never thought I would say that.

I also began to realise that self-care was much more than the tasks I did for myself each day, it was about the way I attended to them; in fact, it was the way I attended to everything. The way I approached how I cared for me.

I found I could care for myself in every moment of everyday, simply by the way I was with myself through my day. It was tending to the details of caring for myself, just like I tended to the details of how I approached my nursing work. It wasn't in attending to the details to get them done and complete, it was coming down to the *quality* in or the way in which I attended them. I found that the more gentle and tender I was with myself, I was being that way in all that I did, including my work. There was a very clear ripple

effect, in which I was finding a new 'spring in my step'.

It was the way that I walked in and out of patient rooms, the way I washed my hands, the way that I sat down and offered myself that opportunity during a busy shift when I was taking a patient's observations, it was the way that I placed a blanket over someone and assisted them into bed. It really was the way that I was with everything. I realised that every detail mattered.


As a result, I began to learn that my body was the greatest indicator of how I was taking care of me. I found that when I listened to my body, my body responded with less tension. If I was being hard on myself in some way or if I was overriding the very clear messages my body was giving me, such as 'go to the toilet' or 'have a drink of water,' my body responded to say that doesn't feel so good.

What I have found through my personal research project of self-care is that caring for myself is never boring, stagnant and is

not a 'tick-box' list of things to achieve in my day to make myself feel better and it didn't need a budget. Caring for me has become a foundation for living my whole life and it's a foundation that I gradually keep building on that I find so supportive in the work that I do as a nurse.

Yes, I still feel stressed and overwhelmed at times and I still have days at work that are challenging, for it's not about perfection. But I know what to come back to when I feel this way to support myself and the most amazing thing is, that I still enjoy every day of my nursing work. I want to be at work, I am very happy to be there and I can't imagine now wanting to do anything else. A far cry from the 'reluctant nurse' I was only a few years ago.

Self-care does make a difference.

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MY RELATIONSHIP WITH SELF AND CARE

An honest reflection

“ I would never treat my children with the harshness or the hardness that I treat myself with at times, so why do I allow this? ”

I have always had a keen interest in my personal health, wellbeing and taking care of myself at all levels.

This started in school, long before I thought of nursing as a possible career and long before I would have called this interest self-care. Over the years, I have explored and refined through experimentation and honest reflection, the different activities that I find that support me physically, emotionally and energetically.

Often, when discussing self-care, people go straight to diet and exercise and say that they need to exercise more and eat less. For me, this is too simplistic. For me, self-care is the way that I approach myself and would like to care for myself. I look at it as if I were someone else having to care for this body then what would I do? Often, I have found that I am my own harshest critic and have been the one to treat myself worse than anyone else treats me and that I treat others better than myself. Why would this be so? Why would I not want to take care of myself

and treat myself like the precious being that I am? After all, I only have the one body to take me through this life. I would never treat my children with the harshness or the hardness that I treat myself with at times, so why do I allow this?

It has been an interesting journey to explore these and many other aspects of self-care over the years. When I was younger and going through university I played competitive rugby. This involved training up to four times per week, weight sessions in the gym four to five times a week and playing one or two games per week depending on representative commitments. I ate a diet that was low in fat, high in carbohydrates and sugar – to give me enough energy for all of the activity. At the time I felt like this was supporting me to be fit, strong and healthy, however, I also used it as an excuse to party too much on the weekends. I had an attitude that I do so much exercise and am healthy enough to handle drinking as much alcohol as I could and eating whatever I liked on the weekend.

Once I finished my nursing degree and started working shift work I realised that this lifestyle was not truly supporting me, despite seemingly being fit and healthy. My body was actually battered, bruised and hard as a result of the exercise and sport. My sleep was poor, I was eating constantly to maintain enough energy to sustain my exercise and I started to develop skin and gastrointestinal issues. This was a big stop for me as I had to look at my choices to see whether my ‘picture’ of what healthy meant was really healthy for me.

At the advancing age of 23, having had a couple of minor injuries while playing rugby and having moved to a new town for a new job, I decided to retire from rugby and took up running, continuing with regular gym work and then moved to triathlon training. I also made some changes and refinements to my diet by removing gluten and dairy, to which I felt I was reacting. With these changes I thought I was continuing to care for myself and refining my definition of



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what self-care was. After some time, I began to realise that continuing all this exercise was not actually supporting me in my day to day life. Exercise had actually become my life.

Outside of training, there was nowhere in my life that I would be required to run 15 kilometres or lift something ridiculously heavy or swim for a couple of kilometres. What my life did require of my body was to be on my feet and walking all day, I needed to be alert, not tired, and thinking clearly, and I needed to be able to relate to patients with kindness, compassion and empathy. I realised that my food, exercise and the way I treated myself was not actually caring and did not actually support me in my daily work and home life. I had built a body that was full of useless, hard muscle that I could torture through exercise but that would not support me on a daily basis. I was not unwell, but I was not vital and energetic or full of life.

I began to look at what would truly support me in my daily life. I changed my food, eating more foods that I had prepared from scratch

rather than processed foods, I reduced my carbohydrates, I reduced the amount of weights I did at the gym and changed to working out at home for shorter periods of time. I stopped running and started walking. I changed my approach to the way I cared for myself and started to listen to my body and treat it as precious – not brittle or fragile. I would reflect on how I was treating myself and ask if this was a way that I would want to take care of a child, and if not, then why would I treat my body in this way?

The biggest shift for me over the years has been in my approach to the way I care for myself and the commitment to continually reviewing the way I care for myself, and asking if what I am doing is truly supporting me. I now feel more healthy and vital at 40 than I did in my 20s, and sleep better than I ever have, despite continuing to work shifts, having two young children and a wife who works full-time. I am engaged and committed to my work, study and supporting the profession in a way that I have not been previously.

Through my experience, I have learnt a great deal about self-care and what it is that truly supports me. This continues to be an evolving journey of experimentation and incremental changes. I know that what supports me currently may not be supportive in the future. By sharing my experience of my relationship with self, I hope I have been able to demonstrate that self-care is more than just diet and exercise and that what supports one person may not support another, or what supports someone currently may not in the future. In my experience, there is no 'one size fits all approach' or program that will deliver self-care; rather, it is about developing a relationship with myself and if I listen to what my body tells me I will be caring for it to the deepest level I know.



AUTHOR

LEE POOLE MACN

SELF-CARE AND SELF-COMPASSION

Sustaining your care for others

What kind of self-care strategies do you use to sustain your nursing practice? With the growing demands and complexity of contemporary health care practice, self-care is increasingly important for nurses. After all, we're not immune to suffering; our own health and wellbeing matters.

As highlighted by Ferrell (2008, p.88), the practice of self-care is vital if we're to care for others in a way that is truly compassionate and sustainable:

“Nurses, like patients, are first and foremost, people. Failure to care for oneself ultimately diminishes the ability of the nurse to witness or relieve the suffering of patients or their families. Providing care for others without caring for oneself is unsustainable.”

It is important then that, as nurses, we understand self-care isn't selfish – it's essential (Mills, Wand & Fraser 2015). The need for self-care is implicit in the registered nurse standards for practice, with Standard 3.1 requiring that every nurse “Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice” (Nursing and Midwifery Board of Australia 2016, p.4). While this is important to know, understanding the meaning of self-care can help us put this knowledge into practice.

Self-care is a proactive and holistic approach to promoting personal health and wellbeing to support professional care of others; it involves maintaining a range of personalised self-care strategies in both professional and non-professional contexts; as well an ability to manage barriers and enablers to self-care practice (Mills, Wand & Fraser 2018a). A balance between physical, social and inner self-care strategies was found to be important in a

recent study of Australian palliative care nurses (Mills, Wand & Fraser 2017). This research also highlighted the importance of self-compassion in supporting self-care practice (Mills et al. 2018a; Mills, Wand & Fraser 2018b).



The meaning and practice of self-care (Mills et al. 2018a)

Self-compassion is a positive emotion that can be understood, quite simply, as compassion directed inwards (Neff & Germer 2017). While self-compassion is correlated with psychological wellbeing and emotional intelligence (Heffernan, Quinn, McNulty & Fitzpatrick 2010), it may be lacking in some nurses. For example, high levels of compassion for others has been associated with low levels of self-compassion in nurses, in contrast to others from the general community (Mills et al. 2018b). Being self-compassionate doesn't mean being weak. To the contrary, Neff and Germer (2017) explain that it takes strength and contributes to resilience.

Practising self-compassion can be as simple as being assertive in saying ‘No’, if you find yourself always saying ‘Yes’ to things whilst neglecting your own needs. It also involves remembering that you are not alone in your suffering, and being kind to yourself; rather than engaging in endless self-judgement or criticism—learning from mistakes doesn't require ‘beating yourself up’.

According to one nurse, “self-care is built on self-compassion” (Mills et al. 2018a, p.8).

But compassionate leadership, team support and a proactive approach to planning for self-care is vital in overcoming the barriers to self-care practice. We prioritise and systematically plan care for our patients all the time.

But if you were asked to develop your own (self)care plan, what would it look like? A regular infusion of self-compassion might do wonders for your self-care practice, and help sustain your nursing care for patients.

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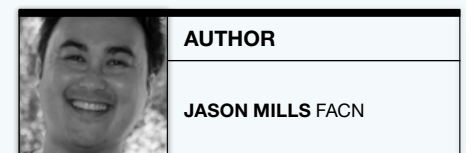
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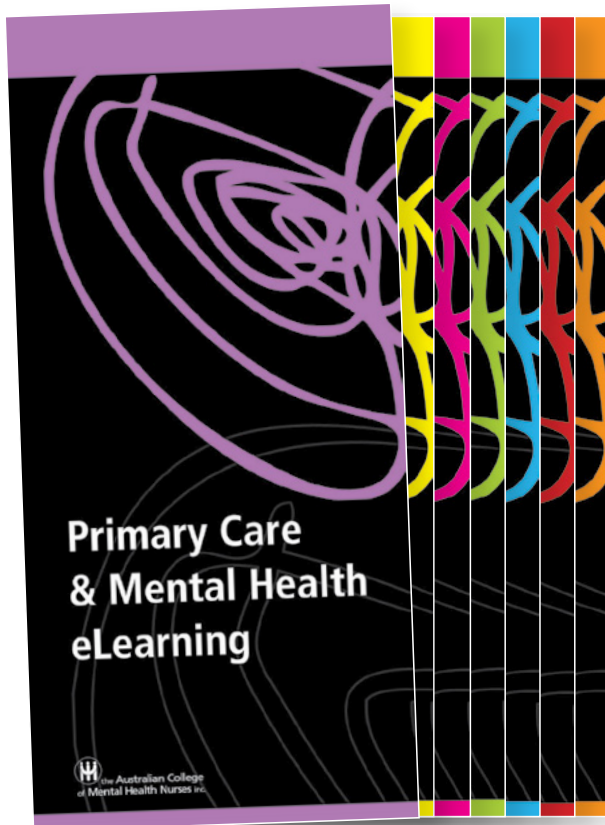
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Primary Care & Mental Health eLearning Modules

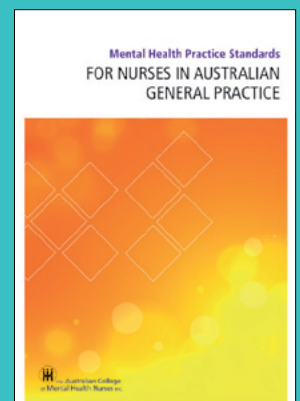


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A JOURNEY TO PERSONAL EMPOWERMENT

A junior nurse's perspective

As a junior nurse, you will find that encouragement and praise are not commonly given by your colleagues. It is an expectation that you perform to a high standard. If you are someone who works towards receiving praise, it can become extremely hard and often depressing. Your first few weeks or months can be as much about the ward getting to know you as it is you getting to know the ward. Once you have established confidence within your ward, it is unlikely you will receive ongoing recognition for being a competent graduate or junior nurse.

It can be disheartening that we work hard to gain the confidence and approval of our seniors and preceptors and once we get it, we are completely on our own – but welcome to the real world. I found after the first month of my grad year, I stopped receiving feedback and had to actively seek it. This would need to be specific, such as asking my buddy how I did today or I would ask my specialist nurse, in charge nurses and doctors, if I could assist in procedures, shadow for a day or gain accreditation in a new skill. I knew that if my request was

accepted that I was doing well. This is one step on my path to personal empowerment.

According to *SkillsYouNeed* (2018), “Personal empowerment involves developing the confidence and strength to set realistic goals and fulfil your potential. Everyone has strengths and weaknesses and a range of skills that are used in everyday situations, but all too often people remain unaware of, or undervalue, their true abilities.”

Setting realistic goals, reflection and staying confident are the key features of personal empowerment. These are all activities I hated completing at university but love doing as a practicing nurse. I found at university, reflection and goal setting activities were too structured and forced. I wasn't able to comprehend the power of doing these, as the activities were usually getting us to consider events that I was already confident and comfortable with. But I use goal setting now, in two ways, I call it, near and far.

‘Near’ goals are those that I will aim to achieve in the upcoming months, maximum six months away. They are current,

achievable and always further my education or career.

‘Far’ goals are my goals that are career and life goals. Goals that are ongoing and are usually big. My far goals have changed in the last few years, as I explore nursing and find which parts of it I really enjoy – and that's great, you need to keep your goals relevant. Just because you once wanted something doesn't mean it suits you now. My near goals nearly always relate and affect my far goals, ensuring I am always working towards my final destination.

In nursing, we are given opportunities to learn more, do more and give more, but most of the time we need to extend ourselves, seek and sort even more opportunities to reach our potential. At university sometimes you need to focus on the alternative ways of learning or problem solving rather than the facts of the information. Learning to critically think, connect the dots and problem-solve are tremendously important in nursing. Being able to learn without guidance and source information when you are lacking are two skills that enhance personal empowerment.

“If you can have confidence in your own researching skills, your depth of knowledge and your critical thinking, you are on the way to being a fantastic nurse.”

Confidence is also a key part of nursing and comes from personal empowerment. “Personal empowerment is about looking at who you are and becoming more aware of yourself as a unique individual. Taking steps to set and achieve goals – both short and longer-term and developing new skills, acts to increase confidence which, in itself, is essential to self-empowerment,” (SkillsYouNeed 2018). The way I ensure I always, well mostly, have confidence is knowing my limitations and strengths. As a junior nurse, you are not expected to know everything; you need to know how and when to ask questions. When you find a gap in your knowledge, seek the information yourself first – go online or use hospital resources. Then if you need further consolidation or are still not understanding, ask your colleagues. It shows great initiative to research on your own first and most of the time I was able to answer my own question. If you can have confidence in your own researching skills, your depth of knowledge and your critical thinking, you are on the way to being a fantastic nurse.

Practice makes perfect – and perfect doesn’t exist, so keep practicing. Once you find your balance with confidence and continued

learning, you will find your need for exterior praise diminishes and you will be happy with your own reflection.

In short, you control your personal empowerment, sometimes it is easy and sometimes you need to work to attain it. It is always worth it and as a nurse it is 100% necessary. Compassion fatigue, burnout and simply a lapse of passion can all be minimised with good self-empowerment.

Although in the past few years we, as a profession, are becoming better at recognising each other’s hard work in and out of the clinical setting, it can still be improved. Give your colleague a shout out if you think they have done something great, it goes a long way.

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AUTHOR

JANE BORN (PSEUDONYM)

Nursing matters

The power of recognition

This year, my city's national league soccer team played in the grand finals and won. It was a big match and a big win and they, and most of the local inhabitants, were ecstatic. As they flew back into town, clutching the enormous gold trophy, they were picked up from the airport in a fleet of convertible Mercedes sports cars. They were driven to the Town Hall along streets lined with cheering fans of all ages. The square in front of the Town Hall was packed to capacity with dancing, jubilant supporters as a DJ stirred up an impromptu disco. When the team appeared on the balcony, fireworks erupted and the roar could be heard across town. The whole thing was broadcast live on national TV.

In Australia, this level of commitment to a sports team surprises no one. It is expected that every big triumph is suitably celebrated. In fact, most professions which encourage public acts of support such as this seem to be popular, well paid and widely admired in our communities. The general public accepts that the professionals are skilled, they perform a service to the public (in this case defending the city's honour) and they deserve support in hard times and in good.

While nursing is certainly an endurance event, its professionals do not expect or receive quite the same amount of jubilation when they encounter a win, even when that win is actually saving someone's life. Our work is private, modest, unseen and for the benefit of others and not the glory of ourselves. Can we learn something, however, from other industries who are not ashamed to celebrate their triumphs? Can we find a way to boost our

own psychological reserves for the next challenge by requesting public support and not being embarrassed to accept it? One project, started in Germany, is giving it a try.

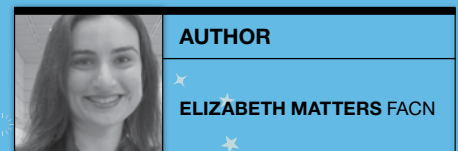
1min.care is a public campaign to promote acknowledgment for the work of nurses through the simplest of gestures – applause. The creator of the campaign, Sandra Mantz, recognised that our society uses applause to indicate many emotions – recognition, encouragement, respect, gratitude and attention. She also saw that while our society accepts that certain professions often receive this kind of acknowledgement, others almost never do. As someone familiar with the challenges nurses face and concerned about the low self-esteem and burnout evident in many of the nurses she met, Sandra decided to start a movement for change. A campaign which allowed nurses to receive the emotional lift of their own standing ovation.

The premise is simple, 1min.care aims to record 24 hours of applause for nursing. 24 hours because that is the amount of time per day when nurses are in service and may need an emotional injection of support and love. Groups of patients, nurses, community groups, politicians or friends gather together and view a short video of nurses speaking about the power of their profession before they are invited to applaud. Their one minute of enthusiastic applause is filmed and uploaded to Facebook, YouTube and the campaign's website where they join a library of visual and acoustic support for nursing. For 24 hours of footage, 1,440 one minute clips are required. Since the program's launch in March, more than 7,281 people have taken part and, in so doing,

recognised nurses in their community with their applause and possibly considered the real worth of the nursing profession for the first time.

I was privileged to be at the launch of this campaign at a German national nursing conference earlier this year and was among the first group of participants to record one minute of applause for my colleagues, my profession, and if I admit it, a little for myself. I must say, as a relatively unsentimental person, that I was utterly surprised by the rush of emotion which I felt when hundreds of people stood and I heard the crack of thunderous applause. It made every professional battle, every disappointment and every moment of exhaustion seem acknowledged and it made me so proud to be a nurse. Looking around, I saw other nurses many decades older than myself in tears and I knew that Sandra was right. Everyone, including nurses, needs recognition, respect and acknowledgment.

If you are interested in learning more about 1min.care or your institution would like to submit a 1 minute clip of support, you can view the video here https://1min.care/wordpress/wp-content/uploads/2018/04/1min.care_Bühnentrailer_Subtitles_EN-09.04.18.mp4 and get in touch with me via the ACN *neo* site.



A night of nights for nurses

Three outstanding winners take home a HESTA Australian Nursing & Midwifery Award

Three remarkable nurses have been celebrated at the 2018 HESTA Australian Nursing & Midwifery Awards.

More than 300 people attended the awards presentation, held on Thursday 10 May at Pullman Melbourne on the Park and hosted by writer, broadcaster and presenter Yumi Styne.

In its 12th year, the national Awards are Australia's most prestigious recognising nurses, midwives, nurse educators, researchers and personal care workers who excel in their area of expertise or service provision across the three categories: Nurse or Midwife of the Year, Outstanding Graduate and Team Excellence.

Proud Awards sponsor ME – the bank for you, generously provided the \$30,000 prize pool, divided among the three winners.

HESTA CEO Debby Blakey said this year's winners demonstrated an outstanding commitment to the nursing profession. "We're proud to recognise the winners of this year's Awards, who have shown leadership in advocating on behalf of their patients for improved access to health care, while also providing meaningful solutions to overcome these challenges," Debby said.

"Their work has had a profound impact on the lives of many Australians."

NURSE OF THE YEAR:

Gail Yarran Derbarl Yerrigan Health Service Aboriginal Corporation

Gail was awarded for her work in improving and advocating for better delivery of health care services to Aboriginal and Torres Strait Islander peoples living across Western Australia.

With a nursing career spanning more than 50 years, Gail is a prominent Aboriginal health care leader and nurse ambassador. Her work includes holding multiple advisory roles, as well as developing clinical research projects and pilot programs designed to meet the specific needs of Aboriginal and Torres Strait Islander patients.

Gail's tireless work continues to help Aboriginal people living across Western Australia reach health parity.



HESTA Australian Nursing & Midwifery Award winners 2018 L-R Mim O'Brien (Kombi Clinic), Gail Yarran and Veronique Murphy

"I know I can't close the gap, but I can do my little part to make a difference," said Gail. "Currently I work in maternal child health doing screening, child health checks and immunisations. By doing this I would like to see better health outcomes for Aboriginal and Torres Strait Islander women and their babies."

Gail said she would like to use the prize money to explore how to improve antenatal health services and make them more accessible for women. As a nurse ambassador with The Heart Foundation in Perth, she said she would also like to put some of the prize money towards researching Aboriginal women's heart health.

TEAM EXCELLENCE:

The Kombi Clinic, Hepatitis Queensland

Awarded for designing a mobile medical clinic to provide life-saving treatments to people living with hepatitis C across South East Queensland, the Kombi Clinic's innovative service is a one-stop-shop for hepatitis C testing, treatment, and information. Run by a team of health professionals, including Outreach Fibroscan Nurse Mim O'Flynn, the clinic treats patients with life-saving medication following an initial consultation which includes blood tests and fibroscan.

"The Kombi Clinic is a team of passionate people who want to eliminate hepatitis C by 2030," Mim said. "Our patients often haven't spoken to anyone about their hep-C

status and we offer them a safe environment and the opportunity to seek treatment free of judgement."

She said the team plans on using the prize money towards new point-of-care testing, enabling on the spot diagnosis.

OUTSTANDING GRADUATE:

Veronique Murphy, Alfred Health Melbourne

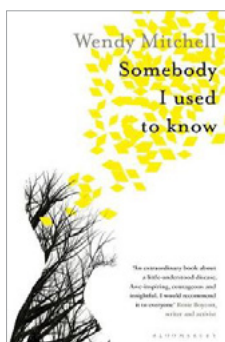
Veronique was awarded for improving the care experience of patients who have difficulty communicating by developing a process to facilitate the record keeping of patient likes, dislikes and interests, enabling easy communication of their preferences between team members.

"The more we know about the patients, the more easily we can guide them through the times when they're struggling to communicate," said Veronique. "The sheet was designed to help those patients, whether they are experiencing delirium or have dementia."

Veronique plans to use the prize money from her award win to help pay for a Master's degree in nursing, in addition to funding work experience in under-resourced parts of Australia and the world.

See all the night's action at www.hesta.com.au/awards/nursing-midwifery-awards.html

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SOMEBODY I USED TO KNOW

Author: Wendy Mitchell
Publisher: Bloomsbury, London
Published: 2018
Reviewer: Professor Trisha Dunning FACN (DLF)

The book, *Somebody I Used to Know*, should be required reading for all health professionals, not only those who work in aged care settings. The story is a simply told true account of Wendy Mitchell's journey with dementia from her diagnosis at age 58 and the strategies she used to accept

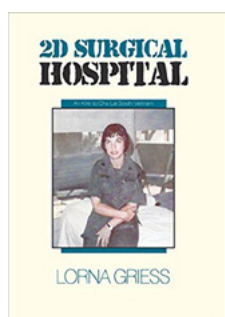
and live with dementia. The book was ghost written by Anne Whorton and is based on Wendy's online blog: *Which me am I today?*

The book recounts Wendy's attempts to hide her unexplained memory lapses from her work colleagues in the National Health Service in the UK before she was diagnosed – she was, after all the 'go to' person if there was a problem. The story shows how her resourcefulness, her creative and extraordinary problem-solving skills,

her resilience and positive thinking, despite her dementia, enabled her to live independently.

The story is one of hope and resilience amid periods of fear: *There is so much sadness about the diagnosis of dementia that if you dwelled on the sadness all the time you'd simply end up depressed. It is not a depressing story.*

(Extract from longer review, view it in full on NurseClick at www.acn.edu.au/blog)



2D SURGICAL HOSPITAL: AN KHE TO CHU LAI SOUTH VIETNAM

Author: Lorna Griess
Publisher: Xlibris
Published: 2016
Reviewer: ACN Communications Lead Emily Stone

An inspiring autobiographical account of a nurse's deployment in South Vietnam, 2D Surgical Hospital takes readers on a journey to life in a mobile army surgical hospital (MASH).

We follow author Lorna Griess and share her experiences, from joy and friendships to fear and mass casualty. Griess provides a refreshingly honest account of wartime living, with short simple snapshots of the challenges

involved in working on a MASH with limited resources.

The book is well written in its simplicity. Griess has not attempted to embellish facts or garner sympathy. The strength of her stories lies in her ability to share the realities of life as a nurse working in wartime Vietnam.

Griess describes her daily routines, light-hearted moments and causal observations, along with moments of terror and grief. Occasionally, she shares the emotional impact of her time in Vietnam.

If I dwell on it now, some of the sights, sounds and smells are still very real.

They were perceived at the height of emotion and are etched forever in my mind. Tears are filling my eyes and cascading down my cheeks as I write this. That was forty-eight years ago, and it is as fresh as yesterday in my mind.

The many photographs included in the book – most taken by Griess during her deployment – add a rich visual history, capturing simple moments, connections, a way of life.

Recounting the challenges and the triumphs, along with the daily routines involved in working as a nurse in Vietnam, 2D Surgical Hospital is an enlightening read.



AS GOOD AS GOODBYES GET

Author: Joy Nugent
Publisher: Balboa Press
Published: 2017
Reviewer: ACN Communications Officer Olivia Congdon

This book draws on author, Joy Nugent's extensive palliative care nursing experience, in Australia and overseas, to reexamine the meaning of death. It is a compilation of her patients' stories over the years, conveyed from her pragmatic, yet spiritual and compassionate perspective.

Through looking closely at what makes 'a good death', we realise what is most important to individuals and to humanity. For this reason, this book returns again and again to notions of community, kindness, nature, family and quality of life, among other themes. Approaching fear from the patients – but also fear from their carers and those close to them – is another important and possibly challenging aspect of this book. You'll find no idea is too large for Nugent.

Woven into each story is useful advice for navigating both life and death; incorporating insights that will stay with you long after reading. *As Good as Goodbyes Get* is emotional, but enlightening reading for all, as its themes will resonate at some point in each of our lives. It would be particularly of use to nurses, and those working in palliative care. Just ensure you have tissues handy.

A COLLECTION OF NURSING BOOK REVIEWS If you would like to submit a nursing book or film review for publication in an upcoming edition of *The Hive*, please email us at publications@acn.edu.au

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TOP 10

Self-care and Personal Empowerment

MENS HEALTH

As you may be aware, 11–17 June this year was Men's Health Week. It is a reminder for us to work together to ensure men take up self-care strategies, and encourage more men to value and prioritise their health and wellbeing.

On average, men's life expectancy is around six years less than females and their mortality rate is also much higher. The leading causes of male deaths in Australia include ischaemic heart disease, cancers, respiratory system disease and suicide. Men account for 75% of suicides in Australia, and one in two Australian men experience a mental health issue at some stage in their lives.

Regardless of gender, everyone deserves the opportunity to live our healthiest life.

1

GOALS

Take time out to work towards your goals and prioritise your needs. You might want to change your career, work on a relationship, become a confident public speaker or declutter your house to get rid of things that are holding you back.

2

BATH

A relaxing bath works wonders to ease physical and mental tension, allowing your mind and body to connect and recharge. Add some lavender oil or special bath salts, light a candle and enjoy some decadence.

6

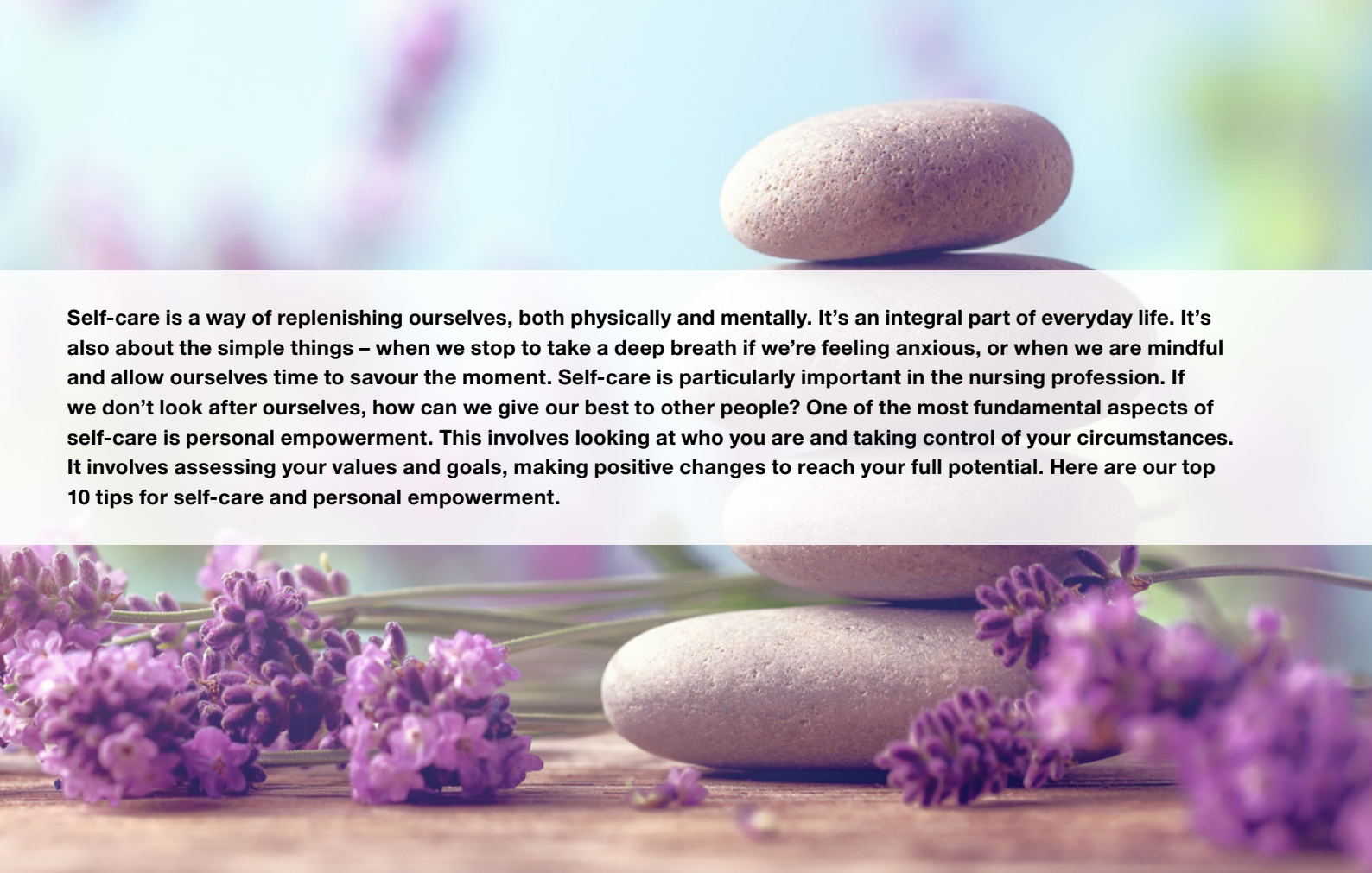
MASSAGE

Massage is an ancient healing tradition used to relieve stress, anxiety and muscular injuries. Massage releases endorphins to promote feelings of wellbeing and relaxation. Try different types of massage, such as remedial, therapeutic, shiatsu, sports and reflexology.

7

NOURISHMENT

It might sound obvious, but eating healthy food and drinking enough water is important. Make cooking interesting by trying new recipes – get the kids involved. Find inspiration by shopping at the farmer's markets to enjoy seasonal local produce. Talk to the producers who are passionate about their food!



Self-care is a way of replenishing ourselves, both physically and mentally. It's an integral part of everyday life. It's also about the simple things – when we stop to take a deep breath if we're feeling anxious, or when we are mindful and allow ourselves time to savour the moment. Self-care is particularly important in the nursing profession. If we don't look after ourselves, how can we give our best to other people? One of the most fundamental aspects of self-care is personal empowerment. This involves looking at who you are and taking control of your circumstances. It involves assessing your values and goals, making positive changes to reach your full potential. Here are our top 10 tips for self-care and personal empowerment.

3

RECONNECT

Spend some time with friends and family, especially people you don't see often but wish you did. Making time for a phone call or to catch up with a loved one will help you reconnect and prioritise what really matters.

4

LOVE YOURSELF

Realise your own worth. Self-confidence can be elusive at times, but self-doubt only holds us back, so it's important to find your spark again. Talk to a friend, reflect on your achievements or simply do things you enjoy, such as going for a walk or enjoy a night out with people who make you laugh and value your company.

5

GET MOVING

Exercise is an important way to stimulate your mind and body. If you don't have time to go for a run, a swim or dance class, try using the stairs instead of the lift and go for a walk at lunch time, or get up half an hour earlier to go for a morning bike ride. No excuses!

8

SLEEP

Make sure you get enough sleep and put your phone away one hour before you go to bed. This is a hard one for many of us, but excessive screen time has been linked to poor sleep quality. Try to put the day behind you and don't dwell on stress and negativity. End the day on a positive note and look forward to tomorrow.

9

EMBRACE INDIVIDUALITY

Stop comparing yourself to others. It's easy to forget that life is not a competition. Constantly comparing ourselves to others causes low self-esteem. Instead, look at who you are and all that you have achieved. Be aware of yourself as a unique individual and be proud of who you are and the joy that you bring.

10

LET IT GO

Lower your care factor and let it go. Sometimes we get caught up in things that really don't matter. Check your perspective and try to look at things objectively. It's just not worth worrying about the small stuff, so let it go and move on. It's liberating! Focus on what really matters.



Nurses leading the way

Congratulations to our 2017 Emerging Nurse Leader program graduates!

To celebrate the conclusion of the 2017 Emerging Nurse Leader program, we have compiled an e-book of our graduates' achievements and reflections from the program. Below is an excerpt from the pages, you can view it in full at acn.edu.au/enl



“The program has given me the confidence to say that I have a national nursing organisation that believes I have the capacity to make change happen.”

ARIELA ROTHER MACN (STAGE 3 ENL)



“Being a part of the ENL program has been amazing in further developing myself as an individual, which will be beneficial in both personal and professional aspects of my life.”

MITCHELL DAGGER MACN (STAGE 1 ENL)



“I’m excited and grateful to continue working with ACN and other Emerging Nurse Leaders to build on leadership skills and contribute to the nursing community.”

ANDREA JANSEN VAN RENSBURG MACN (STAGE 2 ENL)



“Engaging with the Member Mentoring Program was possibly the most beneficial aspect of the ENL program for me. The opportunity to take part in one-on-one dialogue about my work, with an experienced practitioner and leader in the field, proved invaluable to me.”

ADAM ROZSA MACN (STAGE 3 ENL)



“I was mentored by two ACN members. Both were encouraging about my achievements this year and helped me set goals regarding my nursing future, facilitating meetings with nurse-managers working in environments where I see myself in the future.”

MELANIE ESLICK MACN
(STAGE 2 ENL)



“This program has given me the confidence to seek out and take opportunities I would otherwise have not known about. The chance to be a part of such a supportive and inspiring team has shown me how much it is possible for an individual to grow and develop when surrounded by like-minded people.”

HOLLY MARTIN MACN (STAGE 1 ENL)

Do you want to become one of our next Emerging Nurse Leaders? Applications for the 2019 ENL program are open from 22 June to 24 July.

If you are looking for an opportunity to fast-track your leadership career, boost your leadership skills and confidence and build a profile for yourself within the profession then this is the perfect opportunity for you!

Head to www.acn.edu.au/enl to find out more and apply.



“The development I have seen in myself and my career has been invaluable. I honestly believe that is due to the networking opportunities and exposure to different activities while in the ENL program.”

TONI SHERRIFF MACN (STAGE 4 ENL)



“The ENL program has been valuable in assisting me to identify my strengths as a leader, and has broadened my perspective on how nurses can demonstrate leadership across both clinical and non-clinical settings.”

JENNIFER HUMMELSHOJ MACN
(STAGE 1 ENL)



“From the activities I engaged in as part of the program, I feel that I have grown personally, gaining resilience and courage to reach for opportunities.”

JUDITH LEE MACN (STAGE 1 ENL)

Out and about with the CEO

International Council of Nurses Triad Meeting and World Health Assembly, Geneva

Our President Professor Christine Duffield FACN and I recently attended the International Council of Nurses Triad Meeting in Geneva, representing ACN. There were approximately 80 countries represented from all six regions of the World Health Organization (WHO). ACN is the Australian member of International Council of Nurses (ICN) in collaboration with the Australian Nursing and Midwifery Federation (ANMF) and it was a pleasure to have Lori-Anne Sharp MACN, acting Assistant Federal Secretary Australian Nursing and Midwifery Federation (ANMF), attend with us.

Triad meetings occur every two years. Triad infers three groups come together to discuss international issues. Broadly the ICN, International Confederation of Midwives (ICM) and WHO come together and within the ICN the three groups are:

1. National Nursing Associations (professional organisations and unions globally)
2. Regulators and Credentialing
3. Government Chief Nursing and Midwifery Officers.

Representing Australia for the Regulators and Credentialing Forum was Professor Lynette Cusack MACN President NMBA and Tanya Vogt, Executive Officer NMBA. Our Commonwealth CNMO Adjunct Professor Debra Thoms FACN (DLF) represented Australia at the Government Chief Nursing and Midwifery Officers (GCNMO) forum.

National Nursing Associations comprise national professional nursing organisations and/or unions globally. Australia is fortunate that we are the only country at ICN to have a

collaborative partnership for our membership category as described above.

The programs were filled with discussion, debate and presentation of global issues affecting health care. Triad meetings for the National Nursing Associations, of which Christine, Lori-Anne and I attended, facilitated presentations from countries sharing the global challenges facing workforce, politics and education. Universal health care and delivering the World Health Organisation (WHO) Sustainable Development Goals were key priorities and themes as was the need for a sustainable workforce and the ability to influence policy nationally and globally.

A communique was released on the 25 May 2018 from Geneva Switzerland by the ICN, ICM and WHO, in advance of the World Health Assembly. Among other things, the communique highlighted the key role of the nursing and midwifery workforce in achieving universal health coverage and strong economies. All groups including: Government Chief Nursing and Midwifery Officers (GCNMOs), leaders and representatives of National Nursing and Midwifery Associations, Regulators and ICN, ICN and WHO committed to several actions including:

- Increase recognition of nurses' and midwives' roles in strengthening primary health care and progressing towards universal health care and the Sustainable Development Goals
- Develop nursing and midwifery leadership; promoting investment in nursing and midwifery
- Support midwives and nurses to practice to the full extent of their education and scope

- Contribute to health workforce strategic intelligence; improve nursing and midwifery workforce data
- Support the International Platform on Health Worker Mobility
- Promote productive work, fair income, security in the workplace and social protection for families
- Advocate for an enabling practice environment
- Call for the protection of midwives and nurses and other health personnel;
- Increase the participation of midwives and nurses in formulating solutions to local problems of national and international significance
- Support the continuous implementation of the Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020

More can be read on the ICN website, *neo* or within the ACN weekly newsletters where ICN correspondence is circulated.

We were very proud to see our very own David Stewart MACN take a leadership role for the excellent work he has been doing, particularly promoting Australia in the recent International Nurses Day *Health is A Human Right* publication.

Nursing Now's founder Lord Nigel Crisp talked about his vision for global recognition and influence for nursing. ACN is proud to be a leader in the campaign here in Australia and we are working very closely with Nursing Now Board Director and Emerita Professor Jill White FACN, CCNMO Adjunct Professor Debra Thoms FACN (DLF), ANMF and other nursing leaders to develop the strategy to gain the traction needed to influence nationally.

The Korean Nurses Association (KNA) gave a very emotional presentation, showing a video highlighting two Austrian nurses Marianne and Margaritha. They volunteered for four decades on Sorokdo Island to care for the Hansen's Disease patients. The KNA require one million signatures as a petition calling for the recommendation of these nurses for consideration of the Noble Peace Prize. If you would like to know more please visit mm.kna.or.kr

Apart from the Australian nurses representing the three triad groups, it was great to meet up with other Aussies at the ICN including Professor John Daly FACN. Our very own DLF Christine Smith was an observer for her fourth ICN and listening to Christine's reflections of the similarities and differences of the four was very informative. Aussies including Michelle Rumsey FACN attended a cocktail function hosted by the Australian Embassy. Here we met the WHO CNMO Elizabeth Iro, who presented alongside a line-up of speakers including our very own Commonwealth CNMO Adjunct Professor Debra Thoms. We were all very proud of Deb as the Australian representative at the WHO Executive Board meeting. We believe Deb is the first nurse to be asked to take this role.

Our days of connecting with nursing leaders from all over the world at ICN came to an end and we had one day off to prepare for 71st World Health Assembly (WHA).


ICN's delegation to WHA had almost 60 members from around the globe including myself for one day and Christine Smith FACN (DLF) attended for two days representing Australia. It was an honour attending the WHA and hearing the policy priorities on the global stage. For me, it reinforced the focus of ACN, particularly launching our four Policy Chapters this year and how important this work will be for all Australians. Non communicable diseases was a strong feature at WHA and there is much nurses can do to lead community improvements at home. I have come away giving myself a personal challenge to do more in this area, now I just need to decide what it is I can do.

Other focus areas can be found on the WHO website: www.who.int

ICN prepared interventions to present at the World Health Assembly including:

- Health, environment and climate change
- Human health and biodiversity
- Road map for an enhanced global response to the adverse health effects of air pollution
- Addressing the global shortage of, and access to, medicines and vaccines
- Preparation for the third high-level meeting of the General Assembly on the Prevention and Control of Non Communicable Diseases, to be held in 2018
- Preparation for a high-level meeting of the General Assembly on ending Tuberculosis
- Physical activity for health
- Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): sexual and reproductive health, interpersonal violence, and early childhood development
- mHealth. Use of appropriate digital technologies for public health
- Improving access to assistive technology
- Maternal, infant and young child nutrition. Comprehensive implementation plan on maternal, infant and young children nutrition: biennial report
- Rheumatic fever and rheumatic heart disease
- Global vaccine action plan.

In conclusion, I am reminded that although there are so many differences in health globally, including challenges of first world and third world nations, there are some things that bind us. This is the human connection. Every nurse I spoke to during my trip to Geneva was committed to wanting to make a difference, no matter how overwhelming the challenges are. That is at the core of who we are, this grand profession of nurses. We never shy away from a challenge, we do not discriminate and we are prepared to face the adversity to keep our communities healthy and cared for. It is why, after 27 years, I am still very proud to call myself a nurse and feel honoured for the career I chose.

	AUTHOR
	ACN CEO ADJUNCT PROFESSOR KYLIE WARD FACN





A distinguished career

A tribute to John Daly MACN

After a long and influential career as an academic and prominent nurse leader, John Daly MACN is set to retire. We recently caught up with John to reflect on his achievements and wish him all the best.

What is your career background?

I undertook the General Nursing Certificate at the Wollongong Hospital (1977-1980), after which I was invited to remain on staff as an RN. I started a BA in Psychology and Education at the University of Wollongong part-time in 1978 while a shift working second year student nurse. The impetus for that came from a fellow student nurse Trish Davidson (currently Dean of the School of Nursing at Johns Hopkins University in the USA). We went to university together and worked together as new RNs in Intensive Care at Wollongong Hospital (for me that followed some experience in medical-surgical nursing).

I went to work at Sydney Hospital ICU in late 1981 with the objective of doing the Intensive Therapy Nursing Course there. Shortly after my arrival the NSW state government moved to decommission Sydney Hospital and all post-grad courses were cancelled. I was encouraged to apply for a position in the School of Nursing there and that was my first teaching appointment at the age of 23. After a year, I returned to Wollongong and practised as an RN in ICU and worked in teaching roles in ICU and in the Illawarra School of Nursing. I completed two bachelor degrees in the early to mid 1980's (BA and BHSc (Nursing)), followed by a Master of Education in 1989.

By 1985, I was teaching in the tertiary sector (NSWIT/UTS, followed by Cumberland College of Health Sciences, University of Newcastle, CSU, UWS and then UTS). I have been in senior academic admin roles since

1991. I was appointed as Chair in Nursing in 1996 at UWS. I completed a PhD in 1994. I have published a number of nursing texts and research-based refereed journal articles with colleagues, and occupied national and international leadership roles in nursing and health over a number of decades.

Why did you choose a career in nursing education?

Well, others chose that for me really at the outset. Charge Sisters I worked with as a junior RN decided that I had an aptitude for teaching and guided me in that direction. The rest is history really. I came to love teaching and have enjoyed watching students and colleagues I mentored in part move ahead in their careers.

What are some of your career highlights and what is your greatest achievement?

I would have to say the privilege of working with some truly outstanding, inspiring nurses and midwives in a number of settings. Some of the most intelligent, resourceful and creative colleagues I have had in the hospital and university settings have been nurses and midwives. I remain in awe of the quality, resourcefulness and commitment of such colleagues. They are the glue that holds systems together to benefit patients sometimes against incredible odds. I don't think I have had a personal 'greatest achievement' per se, I am proud of many achievements I have accomplished in co-operation and collaboration with others. It takes a village!

What do you think the future holds for the nursing profession in terms of both challenges and opportunities?

The future is very bright, the changes required to enable a high quality health care system with good access for populations will require nurses and midwives prepared to work in advanced practice roles. Integrated care and primary health care as well as expanded roles in hospital settings will need a highly skilled, well educated, research literate workforce. Workforce shortages will be a big challenge in the decades ahead.

What advice would you give to aspiring nurse leaders?

Be confident, bold and courageous. Moral courage is very important. Sit at the policy table as an equal. Know the facts in constructing arguments based on evidence. Be assertive and contribute your views and ideas to debates in health. Set high standards for yourself and others. Recognise and nurture talent. Humility is important. Avoid mediocrity. Surround yourself with a nurturing, supportive, intelligent network. Be kind to yourself and others.

What are your plans for your retirement?

A long holiday initially, achieve at least Grade 6 with my Cello and join a community Orchestra within 12 months, improve my French language skills, become a more engaged animal rights activist, and do pro-bono work in health in areas internationally where I can contribute to situation improvement.

Posted



At ACN, we love connecting with our Members, Fellows and the wider nursing community through our social media channels. Engage with us and keep up to date with all things ACN by following us on Facebook, Twitter, LinkedIn and Instagram!



“ This organisation has helped me immensely. Thank you for the ongoing support and I’m very happy now I have finished my degree. Couldn’t have done it without you! ”

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Margaret McKinnon

FACN (Ret), DHSc (Deakin), General Nursing Certificate; Certificate in Midwifery (Gold Medal), Associate Professor (Australian Catholic University)

5/11/1930 – 13/10/2017

Margaret was born in Melbourne in 1930. Her family later moved to Ballarat, where she completed the Matriculation examination at the Convent of Mercy in 1947.

Margaret commenced nurse training in July 1950 and graduated from St Vincent's Hospital, Melbourne three years later. She moved to Perth, completing a Certificate in Midwifery at the King Edward Memorial Hospital for Women. Margaret was awarded the Gold Medal as the top midwifery student in Western Australia for that year, before returning to St Vincent's where she was the Charge Sister of the Gynaecology Ward.

Margaret was an Internationalist. She developed a deep interest in nursing and education practice from around the world and a concern for the lives and experiences of people across the globe as well as those at

home. This curiosity led her to seek learning experiences throughout her life.

Margaret began travelling in May 1957, when she visited Canada and the USA, the latter as an Exchange Visitor, Graduate Nurse at Johns Hopkins University Hospital, Baltimore. In December that year, she travelled to Rome to join her family at the Ordination of her brother as a priest. From Rome she travelled to France, Denmark and the UK, where she presented to the International Council of Nurses/Florence Nightingale International Foundation on her nursing experiences in Denmark. She revisited the USA practicing in Galveston, TX, and later in Denver, Colorado.

In 1961 Margaret returned to St Vincent's as a Nurse Teacher. During this time, she was awarded a Florence Nightingale Scholarship from the Hospitals

and Charities Commission, Victoria, to study for the Diploma of Nursing Education, at the College of Nursing, Australia (CNA). She graduated with Distinction.

In 1964, during the rising magnitude of the Vietnam War, Margaret followed her life-long convictions of compassion and service and joined the Australian Army Reserve, 6th Field Ambulance. Passing the requisite exams, she was assigned the rank of Lieutenant, which she held until the early 1970's.

From 1978–1978, Margaret developed and co-ordinated one of the first pilot programs of the initial three year Diploma of Applied Science nursing courses introduced by ACN as an alternative method of providing basic nurse education in the hospital setting. This course foreshadowed the significant changes to basic

nursing education to be offered throughout Australia. She did this while completing a Bachelor of Arts (Sociology) at Monash University.

Margaret's appointment, in early 1981, to the position of Principal Lecturer, Head, Department of Clinical Nursing, Deputy, Head of School, Phillip Institute of Technology (PIT), in Bundoora, VIC, marked a new era in her career. This appointment came about in close timing to her award as a W K Kellogg Australian Nursing Fellow (short-term). This significant professional and personal development opportunity allowed her to study at the University of Rochester, NY. In early 1982, she visited a number of academic institutions and hospitals in the USA to explore the practical aspects of Faculty Practice. Later that year, she completed a Masters Bridging Course at University of Rochester.





“ We salute and commend your outstanding achievements and leadership in a time of significant change in nursing education and your unassuming confidence, personal style and passion to explore the world.. ”

Returning to Melbourne, Margaret was elected to the Council (Board) of CNA. In 1983, the Victorian Government appointed her to a three-year term as a member of the Victorian Nursing Council.

Margaret was later appointed Principal Lecturer, Nursing Education, Institute of Catholic Education, Victoria, the precursor to the Australian Catholic University (ACU).

In 1991, Margaret was appointed a member of the Victorian (and later Australian) Council for Educational Administration in 1991, and was later appointed to the Research Ethics Committee of the Royal Australasian College of Surgeons (RACS). She remained on that Committee until her resignation in 2002.

Margaret retired from ACU in December 1996. A celebratory dinner was hosted to honour her leadership in nursing education. The Inaugural Margaret

McKinnon Lecture – named in her honour – was held the following year.

Margaret used her retirement to travel, to give back to the community and to pursue her academic interests. She travelled to China, India, Greece and Turkey in the early part of her retirement, with other trips to Scotland and the UK, with her brother, to explore their ancestral ties. Later, she travelled to Syria, Israel and Lebanon, took a cruise around South America and a flight over the Antarctic!

Margaret also increased her volunteer activities and devotion to Palliative Care: at her local church; St Vincent’s Hospital, Caritas Christi and Eastern Palliative Care. During this time, she quietly helped and supported hundreds of people during times of severe distress.

Prior to her retirement, Margaret had enrolled in a Doctorate, Health Science, Deakin

University. Her studies focussed on Volunteering in Contemporary Palliative Care. Her Doctorate was conferred in 2008 when she was 78. Ever academically curious, Margaret expanded her academic interests to explore her Catholicism and returned to study in 2012, completing a Masters in Theological Studies in 2017. This postgraduate degree was conferred, at her bedside, only weeks before she died.

Margaret lived a full and meaningful life, founded in her Catholicism, her enduring curiosity of the world, coupled with her dedication to nursing and nursing education. In the course of her 43-year-career she taught and influenced thousands of student nurses; inspired hundreds of registered nurses in the post registration courses she taught and coordinated, and made a significant impact on the new path nursing would take in the transition of nursing education in Victoria.

All this in her own calm, confident and respectful manner.

Margaret died on 13 October 2017 after a short illness.

Margaret!

We salute and commend your outstanding achievements and leadership in a time of significant change in nursing education and your unassuming confidence, personal style and passion to explore the world.

Ave Atque Vale Associate Professor Margaret McKinnon, we remember you.

By Christine Smith FACN (DLF)

*Thanks to the following people for their contribution:
Emeritus Professor Margaret Bennett AM;
Emeritus Professor Helen Cox;
Professor Lerma Ung;
Ms Susanne Kean.*





SHARE YOUR STORY WITH US

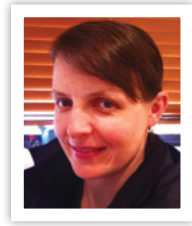
Thank you to all of our wonderful Fellows and Members who contributed to the 2018 Winter edition of *The Hive*.

The themes for the next few editions of *The Hive* are:

- Diversity
- Our future workforce

If you have a research piece, clinical update, profile piece or personal story to share that addresses these themes, please contact us at publications@acn.edu.au.

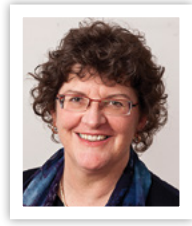
Thank you to all of our authors!



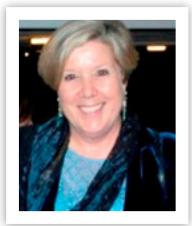
MS TOMICA GNJEC MACN
The practicality of self-care



MS LAURIE BICKHOFF MACN
Self-care, just as important as patient care



DR MADONNA GREHAN MACN
Who takes responsibility for health?



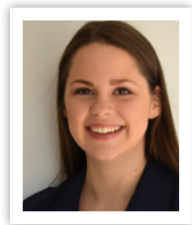
PROFESSOR MARY CHIARELLA FACN
Self-care as a minimum expectation of nursing conduct



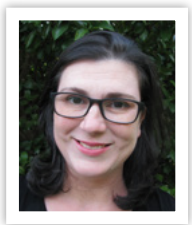
MR JAMES BONNAMY MACN
Empowering the nursing workforce



ANNE HOFMEYER MACN
Cultivate compassion through self-care



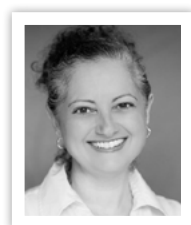
CATELYN RICHARDS MACN
On that night, I was happy I was depressed



ERIN WAKEFIELD MACN
Are you assertive?



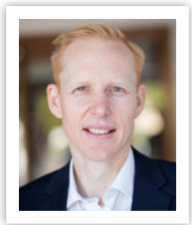
DOT YAM MACN (ASSOCIATE)
Self-care and resilience



TIFFANY BAXTER MACN (ASSOCIATE)
Self-care and resilience



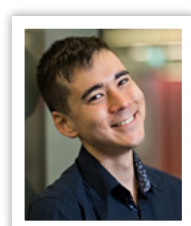
JENNIFER SMITH MACN
A foundation for life that does make a difference



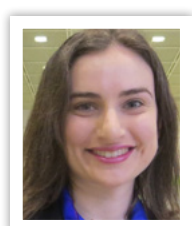
LEE POOLE MACN
My relationship with self and care



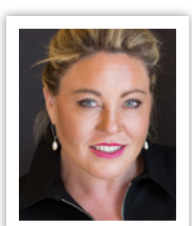
JASON MILLS FACN
Self-care and self-compassion



LUKE YOKOTA MACN
What does self-care mean?



ELIZABETH MATTERS FACN
The power of recognition



ACN CEO ADJUNCT PROFESSOR KYLIE WARD FACN
Out and about with the CEO

ACN would also like to thank the author of *A journey to personal empowerment*, who has chosen to remain anonymous.



Meets
Immunisation
Education
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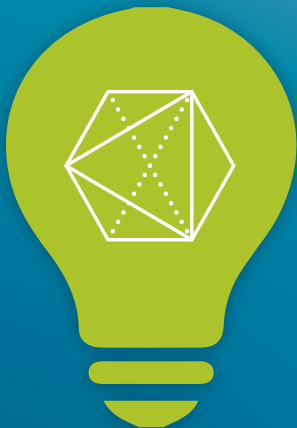
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