



Australian
College of
Nursing

the hive

#23 SPRING 2018

DIVERSITY

**WHY WE NEED MORE
THAN DIVERSITY
IN NURSING**

**WELCOMING
DIVERSITY: ARE
WE MAKING THE
MOST OF A GLOBAL
WORKFORCE?**

**WHAT ARE FIVE
BARRIERS THAT
MEN FACE IN
THE NURSING
WORKFORCE?**

**+MORE
INSIDE**

**NEWS &
VIEWS**

**NATIONAL NURSING
FORUM 2018**

**ACN'S 3RD HISTORY
CONFERENCE**

NURSESTRONG

Being a nurse means something

People place their trust in nurses

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- works with nurses to improve practice.

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Nursing and Midwifery
Board of
Australia

the hive

#23 SPRING 2018
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We love to see member submissions in *The Hive*. If you're interested in having your submission considered for publication, please see our guidelines and themes at www.acn.edu.au/publications.

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

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



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Professor Christine Duffield
FACN ACN President

President's report

“Nurses are at the front line, dealing with the complexity of these issues every day, and doing so amongst a population constantly growing more diverse.”

Diversity can be defined in various ways but to most of us it has now come to mean understanding and accepting 'difference'. Diversity in the workplace translates into employees with a wide range of differences in physical abilities, political and religious beliefs, race or ethnicity, age, gender and sexual orientation, to name a few. Each of these characteristics influences how we view the world and confront important issues. Importantly for nurses and other health care workers, this includes how we live (our lifestyle), how we deal with illness, and how we face dying. Nurses are at the front line, dealing with the complexity of these issues every day, and doing so amongst a population constantly growing more diverse.

This complexity can be illustrated if we just consider ethnicity as an example. Australia is now regarded as one of the most diverse ethnic populations worldwide. There are over 300 languages spoken in this country in addition to the approximately 120 surviving Aboriginal languages in use (AIATSIS 2017). Nearly half (49%) of our population was either born overseas or is a second generation Australian.

It's not possible to determine from the data collected whether our workforce matches this diversity. We do know that there were 3,187 (1.1%) nurses and midwives employed in Australia in 2015 who identified as

Aboriginal or Torres Strait Islander (CATSINaM 2015), but we know little about the composition of the rest of the nursing workforce. Traditionally Australia has attracted its nursing staff from developed or English-speaking countries such as the UK (including Ireland), New Zealand and some European countries (Duffield 2015). However increasingly we are recruiting staff from non-English speaking or lower income countries such as India, Asia, Pacific island countries and Africa (Buchan et al., 2011; Preston, 2009; Zurn & Dumont, 2009).

The potential, but largely unknown diversity in our nursing workforce, should contribute to a diverse and vibrant workplace. It should lead to differences in how we do things, think about things and provide care. Perhaps most importantly though, it should lead to greater understanding between us about how we relate to each other and those for whom we provide care. Inclusion is one of the most fundamental attributes of our profession, and critical to our continued success as the most trusted profession as we have been for 23 years now (Ray Morgan 2017).

Whether we are providing direct clinical care; a manager overseeing staff providing care; an educator preparing the next workforce; or a researcher identifying best practice, we all have a contribution to make. Despite our diversity, what we all

share is the knowledge that nurses make a substantial contribution to the health and welfare of individuals, their family, the community and society generally.

This edition explores ways that nurses can address and reflect on diversity, following on from discussions at our National Nursing Forum. There are many challenges we still have to address, so let's ensure that nurses continue to lead the way.

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Adjunct Professor Kylie Ward FACN
ACN Chief Executive Officer

Hello!

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

“Diversity encourages all our voices to be heard, enabling us to provide more inclusive and accessible health care.”

'Diversity and difference' was the theme of our recent National Nursing Forum (NNF) held at the Gold Coast in August. In this edition of *The Hive*, we explore ways in which diversity can enrich our profession as well as society in general. On a global level, Australia has a first-class health care system, but we are challenged by a growing ageing population and many members of our community still experience health inequality. We cannot underestimate the importance of promoting diversity in our profession. Diversity encourages all our voices to be heard, enabling us to provide more inclusive and accessible health care.

In her thought-provoking article **Why we need more than diversity in nursing**, Ruth De Souza FACN discusses the need to do more than simply recognise difference by understanding how differences are linked to inequalities. Ruth also reflects that it's not enough to celebrate diversity, we need to ensure that we also address health disparities and reflect the communities we serve. To do this, we need to understand the broader historical and social factors that influence the health care industry in order to provide inclusive and respectful care.

In addition to encouraging diversity in the nursing profession, we must also encourage

equality. Elizabeth Matters FACN highlights the need to look beyond our current way of working, and embrace different attitudes and practices in her engaging article **Welcoming diversity: are we making the most of a global workforce?** Elizabeth notes that although we have increasing exposure to different traditions and values, we need to realise the potential this has to strengthen our profession, rather than being dismissive and assuming our existing ways are superior.

Promoting men in the nursing workforce was a central topic of discussion at our recent NNF. The nursing workforce in Australia is predicted to have a shortage of 125,000 nurses by 2030. Only around 10 per cent of nurses in Australia are men, many of whom experience challenges in the profession due to their gender. ACN Media Officer Jessica Pham caught up with Haydon Cunninghame MACN to discuss these challenges, which Hayden outlined in his presentation at the NNF. In the article **What are five barriers that men face in the nursing workforce? A male nurse's perspective**, Haydon cites public perception, lack of role models, institutional gender bias and historical traditions as some of the factors we need to address and

improve if we are to encourage men to enter and stay in the nursing profession.

In his informative article **Preparing for a diverse future**, Craig Hooper MACN discusses the need to ensure that the way we work addresses the evolving needs of our communities. This includes planning ahead to provide more individualised care in the future, with the focus more on community engagement and additional support services rather than relying on hospital resources.

If you were inspired by the presentations at our NNF, I hope this edition of *The Hive* encourages you to think about ways we can influence health care policy by promoting diversity. We'd love to hear about how diversity has influenced your workplace and what initiatives you have taken or are planning to take to ensure all needs are met and all voices are heard. Send a letter to us at publications@acn.edu.au or start a discussion on *neo* about diversity. Let's work towards becoming an even more inclusive profession, better equipped to address the challenges and inequalities inherent in our health care system.

I hope you enjoy this edition.

NURSES CAN HELP IMPROVE PATIENT OUTCOMES FOLLOWING COSMETIC PROCEDURES

At a parliamentary inquiry into cosmetic health services complaints in New South Wales on Thursday 2 August, ACN recommended fostering strong linkages between the nursing profession and the Health Care Complaints Commission (HCCC) to improve patient outcomes following cosmetic procedures.

For the inquiry, ACN provided input on improving the framework for complaints regarding cosmetic health service providers. The inquiry was launched in response to recent incidents of cosmetic procedures which resulted in adverse patient outcomes. These incidents indicate there is still uncertainty on how to protect and improve delivery of care to patients.

“Nurses work in all settings, including cosmetic clinics. Those who work in this setting must be aware of their professional and legislative responsibilities and service requirements,” said CEO of ACN, Adjunct Professor Kylie Ward FACN.

ACN, in conjunction with the Australasian College of Cosmetic Surgery, has developed an information sheet to clarify nursing’s role in cosmetic procedures.

ACN has established a Community of Interest for Cosmetic Nursing to help examine and better inform on this emerging area of nursing.

ACN also supports the position statement released by the Nursing and Midwifery Board of Australia (NMBA) on nurses and cosmetic procedures.

You can view the information sheet on our website: www.acn.edu.au/policy/position-statements

SHARING OUR PAST AT ACN’S 3RD HISTORY CONFERENCE

The ACN 3rd History Conference was held on Monday 27 August at the Gold Coast Convention Centre, one day prior to the National Nursing Forum.

The Conference showcased how the nursing profession and its many contexts have developed over time. The members of the predecessors of ACN – The Royal College of Nursing, Australia and The College of Nursing (NSW) – laid foundations with history events over many decades.

The day was split into four sessions: Uncovering past

practice, Nurses in conflict, Progress and technology and Childbirth practice and context. A number of high profile nurses and historians presented across the day, sharing our profession’s rich and insightful history. Delegates enjoyed connecting with each other during meal breaks and reflecting on the presentations together.

ACN was proud to be able to launch two books at the History Conference. Both books, *Unlocking the Past: A Guide to the Australian College of Nursing Archival Collection*

and *A Tapestry of Service. The Evolution of Nursing in Australia* were compiled and edited by R. Lynette Russell AO, FACN (DLF), ACN Honorary Archivist.

Thank you to ACN’s History Community of Interest for championing this conference and ensuring its success. ACN would specifically like to thank the organising committee for all of their efforts: Mrs Marilyn Gendek FACN, Dr Lesley Potter FACN, Dr Gillian Ray-Barruel MACN, Ms Lesley Sieglhoff FACN and Professor R. Lynette Russell AO FACN (DLF).

NURSESTRONG: NURSES ACROSS AUSTRALIA JOIN TOGETHER TO BECOME FIT AND HEALTHY

In August, ACN was proud to launch the NurseStrong campaign designed to support the nation’s nurses to take time each day to focus on their own health and wellbeing. Whilst at the Gold Coast for the National Nursing Forum, we took the opportunity to launch the campaign on live national TV with the TODAY Show.

The NurseStrong Campaign will see 1,000 nurses complete a free 12-week exercise and healthy eating program run by personal trainer Lauren Hannaford of FHIT by Lauren Hannaford.

“Nurses are there for all Australians when we are most

in need. Nurses provide care to all communities in every setting, every day,” ACN CEO, Adjunct Professor Kylie Ward FACN said.

“Australians admire, respect and appreciate all that nurses do for them. Yet, as nurses we do not always give taking care of ourselves the same priority as taking care of others.

“Non-communicable diseases are now the leading cause of mortality and morbidity in Australia,” Kylie explained. “With nurses giving so much of themselves, ACN felt it was time to give back to our selfless nurses in a meaningful way.”

Kylie will be completing the program and has encouraged nurses from around the country to join with her. The program is designed so nurses can take part anywhere and anytime of the day. With many nurses working shifts and long hours, this is a very important element of the program.

The 12-week exercise and healthy eating program kicked off on 1 October 2018.

Find out more at www.acn.edu.au/nursestrong

#ACNNurseStrong
#FHITbyLaurenHannaford
#FHIT

COMMUNITY & PRIMARY HEALTH CARE NURSING WEEK

17-23 SEPTEMBER 2018

Nurses where you need them

COMMUNITY & PRIMARY HEALTH CARE NURSES CELEBRATED

ACN was proud to place community and primary health care nurses in the spotlight this September. Our national campaign, Community and Primary Health Care Nursing Week, held 17-23 September, is a highlight of our annual calendar.

We thank everyone involved in Community and Primary Health Care Nursing Week in 2018 – from those who helped spread the word, those who entered our poster competition and those who hosted and attended events. You all contributed to

ensuring that community and primary health care nurses embody our 2018 campaign message – *Be Seen. Be Heard. Belong*. Thank you for sharing your celebration photos with us too – it was a pleasure to publish so many in our eBook this year.

Primary and community care pathways are the future of Australia's health care system. With our increasing and ageing population, alongside over-crowded hospitals and residential aged care facilities, community nurses are well-positioned to meet the health

care needs of Australians. In addition to recognising individuals and organisations, the purpose of the week is to raise awareness of the value of community and primary care to the public and to our political leaders.

We extend a heartfelt thank you to all community and primary health care nurses – whether you are in a regional or remote area, caring for those in their own homes, schools, or even prisons – your dedication, expertise and compassionate care is highly valued.

ACN NATIONAL MEMBERSHIP ROADSHOWS CONTINUE

The ACN team enjoyed travelling to Northern Territory and Wagga Wagga in the last few months as part of ACN's National Membership Roadshow. We are excited to continue our Roadshow events in Western Australia: Bunbury, Broome and Perth.

The Roadshow is the perfect opportunity to formally introduce ACN Regions to leadership teams and to network with new and familiar colleagues. We have loved being able to get to know you all during these evening events too.

While on the road, the team took the opportunity to visit our Fellows, Members and Affiliates in the region. We were excited to see the development of ACN in the Northern Territory as we have seen 21% growth in membership in the past year there. Connecting with the staff from Alice Springs and Royal Darwin Hospital, Royal Flying Doctor Service, Charles Darwin University and many other organisations has given us tremendous insight to keep driving policy reform.

It was also a pleasure to chat about rural health with our Wagga Wagga membership and hear their current thoughts on health, nursing and ACN.

Thank you to all those exceptional nurses for welcoming ACN.

We are also excited to be rounding out the year with some upcoming cocktail events. Look out for more information on these soon.

1MIN.CARE APPLAUSE FOR NURSES WORLDWIDE

One of the many highlights of our recent National Nursing Forum involved 430 Gala Dinner guests participating in 1min.care, an initiative that started in Germany to acknowledge the work of nurses by sharing applause. Elizabeth Matters FACN wrote an informative article about the 1min.care campaign in *Nursing Matters* in our winter edition of *The Hive* and inspired ACN's recent involvement.

1min.care is about giving nurses the respect and

recognition they deserve. As nurses, we give so much of ourselves to others, yet our work is often private and much of what we do goes unnoticed. With recent attention on the high rate of stress and burnout within the nursing profession, it's time to focus on our own wellbeing and acknowledge our triumphs, celebrating not just what we do but who we are.

The campaign aims to compile hundreds of one-minute clips of crowds applauding into 24-hours of applause for

the nursing profession. ACN is listed as an international participant on the 1min.care website, where you can view our contribution in the clip: <https://1min.care/>.

We encourage everyone who would like to participate to visit the website and get involved. One-minute of applause from your workplace would be a welcome contribution to the emotional health of our profession.



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

“A great community of supportive nurses.”

– Nataly Nobile MACN (Undergraduate)

“I’m an Emerging Nurse Leader and absolutely love [ACN]. So supportive and they have helped me to grow as a young professional.”

– Catelyn Richards MACN

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





ACN History Conference



Adelaide Roadshow event



Honouring Women Last Post Ceremony



Sydney Region July event



Northern Territory visit



Alice Springs Roadshow

NOVEMBER

LUNG CANCER AWARENESS MONTH

An advocacy month for the signs and symptoms of this devastating disease.



12

WORLD ANTIBIOTIC AWARENESS WEEK

Antibiotic resistance is a serious health threat to our future.



14

WORLD DIABETES DAY

This year's theme is 'Family and Diabetes'.



17

WORLD PANCREATIC CANCER DAY

Demand Better in the fight against the world's toughest cancer.

18

SKIN CARE ACTION WEEK

An important reminder for sun protection and early detection of skin cancer.



23

WHITE RIBBON DAY

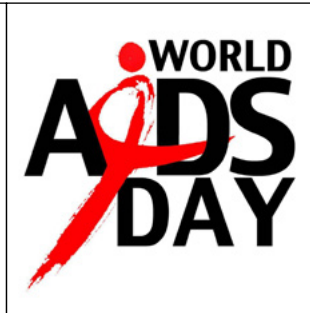
Australia's campaign to prevent men's violence against women.



1

DECEMBEARD

Men grow a beard this month to raise awareness and funds for bowel cancer.



1

WORLD AIDS DAY

A day of awareness and mourning for those who have died from this disease.

10

HUMAN RIGHTS DAY

Anniversary of the adoption of the Universal Declaration of Human Rights.



12

NATIONAL WEAR RED DAY

Wear red to raise awareness about cardiovascular disease and save lives.



20

INTERNATIONAL HUMAN SOLIDARITY DAY

The United Nations' Sustainable Development Goals require global cooperation and solidarity.



25

CHRISTMAS DAY

Wishing you all a safe and happy festive season from ACN.

more

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



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Mr James Bonnamy MACN
ACADEMIC

“Many workplaces have started seeking Rainbow Tick accreditation, an important acknowledgement of the work an organisation is doing to ensure LGBTQI inclusivity.” ”

DEMONSTRATE INCLUSIVITY EVERY DAY

According to Google search data, searches for the term ‘diversity’ have increased in frequency significantly since the year 2000. Diversity refers to the state of being different, to multi-formity and the inclusion of humans representing more than a single colour, religion, socioeconomic status, sexual orientation and gender.

Nurses and midwives must be able to anticipate, plan, deliver and evaluate individualised care for a diverse range of people in various settings. This requires our educators to ensure that they are acting as role models and providing opportunities for their students to practice planning and providing care to diverse individuals.

One area of diversity with increasing attention is that of LGBTQI people. We should all be working to make them feel welcome and included in both our educational institutions and hospitals.

An example of this is the inclusion of LGBTQI people in our teaching practices. You could consider including a gender non-binary couple in your case studies and group work activities. The focus does not need to be on their relationship, but it should be visible to the students as is the relationship status of cis gendered couples (gender identity corresponds with sex at birth).

You may also like to consider introducing yourself using your accepted pronouns during your first encounter with your students. This is important as it opens the space for discussion, and encourages students to share their pronouns to ensure they are included. Many people are now including their pronouns in their email signature to make them visible to others (i.e. pronouns he/him/his). Students are being encouraged to do the same if they feel safe to do

so. There are many small things that we can do to make our workplaces more inclusive for our colleagues, students and patients.

There is a long way to go to ensure that we are truly LGBTQI diverse. Many workplaces have started seeking Rainbow Tick accreditation, an important acknowledgement of the work an organisation is doing to ensure LGBTQI inclusivity. Peninsula Health was the first health service in Australia to demonstrate its strong commitment to LGBTQI inclusivity by receiving this accreditation. The Melbourne Clinic, which provides a range of inpatient and community based mental health programs is also accredited.

To find out more about this accreditation for your organisation please visit www.qip.com.au/standards/rainbow-tick-standards/rainbow-tick-accredited-organisations/

ONE IN FOUR of Australia’s 22 million people were born overseas



46% OF AUSTRALIANS have at least one parent who was born overseas



ALMOST 20% of Australians speak a language other than English at home

Migrants make an enormous contribution to Australia’s economy and provide an estimated fiscal benefit of over **10 BILLION DOLLARS IN THEIR FIRST TEN YEARS OF SETTLEMENT**



ONE IN TEN Australians believe that some races are inferior or superior to others





EMBRACING DIVERSITY IN NURSING



**Ms Tomica Gnjec MACN
CLINICIAN**

Quintana & Lightfoot (2016) describe nursing as an ever-adapting profession in its aims to assess and serve the needs of communities. They further suggest that the challenge in health care today is the need for organised commitment to support and embrace workforce

diversity whilst promoting concepts of cultural competence, clinical excellence and inclusion.

My own work environment in the local emergency department consists of a beautiful medley of individuals from all corners of the globe, who add a wonderfully rich layer of input and care in our daily delivery of health care. I strongly feel the diverse backgrounds of all these individuals aids in accommodating the wide and varied needs of local Australian health consumers.

Within such a clinical work environment, how can we embrace and celebrate diversity? The Australian Race Discrimination Commissioner Dr Tim Soutphommasane suggested it is “about capturing

talent... boosting innovation... encouraging productivity” (2015). Further, he speaks of three concepts that are important – privilege, power and empathy. It is therefore valuable to ask of ourselves whose interest we serve in our daily work, and to be mindful of these core interactive concepts in our workplace interactions.

Promoting a positive workplace environment that is based on fairness, equity and respect fosters and supports employee involvement, contribution and performance to their full potential (Commissioner for Public Administration 2010).

Nurses in Australia very much reflect the diversity of our multicultural society and this

diversity can only strengthen our profession. Let’s continue to embrace and celebrate the valuable contributions that each one of us bring into the health care arena each day!

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CLINICAL DIVERSITY: VARIATION IN SKILLS AND EXPERIENCE



**Ms Laurie Bickhoff MACN
EARLY CAREER NURSE**

Diversity in nursing has a number of different components. Often, we focus on the diversity in our patients and how to care for them in a culturally competent manner. We focus on the

diversity in our workforce and how to ensure we welcome team members from a variety of backgrounds. However, we also need to be aware of our clinical diversity and the risk of segregation in this area.

Increasingly, nurses are specialising earlier in their career. A much-asked question at any nursing career forum is “how can I get into this field?” Specialisation is needed in nursing, the same as medicine. ED nurses need specific skills in triage and trauma assessments. Cardiac nurses need skills in ECG and telemetry interpretation. Theatre nurses

need to know how to assist correctly during procedures and monitor in the recovery stage. We need nurses who know how to provide the best care possible and this often requires specialised knowledge and training. However, a medical nurse still needs to know how to care for a surgical patient. A cardiac nurse needs to know how to manage a patient with hepatic encephalopathy. A dialysis nurse needs to know how to look after someone who has suffered a stroke.

By specialising early in their career, a nurse can miss out on the invaluable experience

of caring for patients with a diverse range of illnesses. Each body system does not work independently and an issue in one can often cause another to fail. We need to know how one system impacts the other and how to care for the patient holistically. Therefore, whilst the main focus of our continuing professional education should be on our specialities, we should also be cognisant of maintaining our knowledge in other fields as well. Furthermore, when the situation arises to ‘float’ or fill-in on another ward, this should be welcomed as an opportunity to expand or refresh our skills in another area.

ACKNOWLEDGING OUR PRIVILEGES FOR A BETTER WORLD

The Nursing Midwifery Board of Australia code of ethics mandates that nurses acknowledge and reflect on their own values, beliefs and biases with respect to providing culturally safe care. By not reflecting on our culture and privilege we neglect the social advantages potentially afforded to us. Being a young, tall, white male, I realise that I have certain privileges. I belong to the third generation of those born and raised in regional coastal NSW, with generations of social support in place. This network assists me. I am able to gain employment simply because my mother went to school with the owner of the business. This is a privilege not shared by those more marginalised members of our community. My cultural values are centred on the mantra of ‘a fair go’, an Australian colloquialism which essentially describes the necessity to have equal access to health, education and welfare in a manner which is free from discrimination (Shulman 2013).

On personal reflection, my privileges were highlighted to me recently during an event which led to me receiving dental surgery for my wisdom teeth. I had excruciating pain for several days, towards the end of my first year of studying a Bachelor of Nursing. From the privilege of my education, I understood that the pain was likely due to inflammation and that I needed to take a non-steroidal anti-inflammatory drug like ibuprofen to relieve the pain. I was privileged enough to live in an area where I was able to access 5–10 dental surgeries within 10km radius of my home to arrange an emergency appointment. The treatment provided to me by the dentist was by the extras cover within my private health insurer. After my consultation, I had an x-ray at one of the multiple radiology centres available in my local area, which was billed under Medicare. I was also able to seek a second opinion and relied on a family member who was a dentist to discuss my treatment. Treatment was covered under my private health

insurance and I recovered with the support of my family.

Access to medical services, my knowledge and familiar connections made this situation easy to manage. Those who are marginalised in our community are not afforded these elements and so can ‘slip through the cracks’ of our health services.

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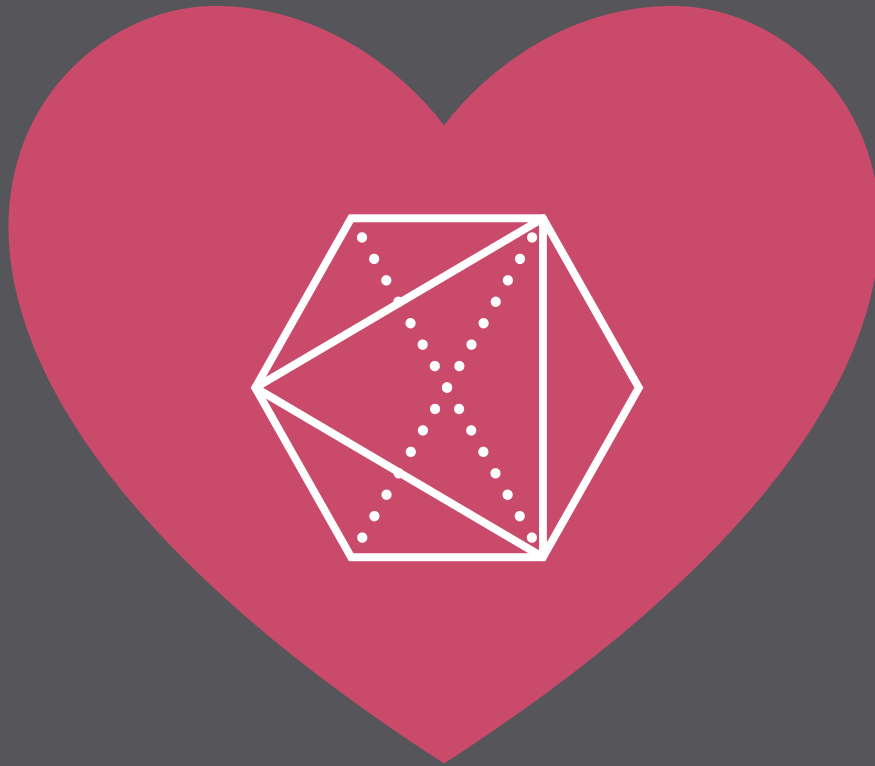
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“My cultural values are centred on the mantra of ‘a fair go’, an Australian colloquialism which essentially describes the necessity to have equal access to health, education and welfare in a manner which is free from discrimination.”



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**Excluding free Start-Up members.*





IS IT ENOUGH?

Why we need more than diversity in nursing

Diversity is a hopeful, positive and celebratory idea; it generates more happiness than words like inequity, racism and privilege. It feels good for a large number of people precisely because it is depoliticised (Hall & Fields, 2013). It does not demand accountability. It does not demand transformational change of our minds or our environment, but requests that we continue to put up with difference or to tolerate it (Bell & Hartmann, 2007). What does it mean for our profession to be diverse? And is it enough?

Is it enough, when we have a yawning chasm of health inequity and disparity, of deaths in custody, of punitive policy aimed at Aboriginal Australians? Is it enough, in an era of devastating Islamophobia and racism enabled by nationalist right wing xenophobia? Is it enough, when politicians challenge group-based rights and argue that they undermine social cohesion and “our way of life”, maligning and scapegoating already vulnerable groups like African youth. Is it enough, when media only catapult the spectacular and exceptional into our view. Is it enough, when the entire world is condemning Australia’s abhorrent offshore policy of deterrence and detention. Yes, we need to recognise difference, but we must also understand how differences are connected to inequalities. As Mohanty observes: “diversity by passes power as well as history to suggest a harmonious and empty pluralism” (Mohanty, 2003, p. 193).

We might be ticking the diversity boxes and celebrating diversity — whether in university brochures and websites or on Harmony Day — but do our combined activities address health disparities? The problems of inequity and disparity are bigger than us but we can be accountable for the parts we play in larger political struggles. For a politics of equity, we also need to consider race, disability, ethnicity, class, gender, sexuality, and religion and integrate these into our analyses of our social world. We need to expand the frames we use to look beyond individual behaviour and to consider social and systemic issues, and call for systematic interventions to address inequity. ‘Celebrating’ cultural difference isn’t the same as action, as fighting for justice. As (Perron, 2013) notes, nurses can be both caring for individuals and advocating for the collective rights to equitable care, they aren’t mutually exclusive.

DIVERSITY ASSUMES THAT CARE IS STILL A NEUTRAL TECHNICAL ACTIVITY

As nursing emerged from being a class of handmaidens to the medical system to the dynamic profession it is today, we have understood it to become an intellectual, cultural and contextual activity. This means it is also a political activity (De Souza, 2014). Nursing is connected to systems of power and privilege. Nurses and clients bring multiple ways of being in the world and yet we only privilege some of these ways of being. Iris Marion Young describes oppression as being “the disadvantage and

injustice some people suffer not because of a tyrannical power coerces them but because of the everyday practices of a well-intentioned liberal society...” (Young, 1990, p. 41). There continues to be clear links between institutional bias in health care systems and health disparities (Hall & Fields, 2013). Let’s ask ourselves what practices we enact every day that contribute to inequity?

DIVERSITY MAINTAINS WHITENESS AT ITS CORE

In diversity talk in nursing there’s an assumed white centre with difference added. White people are conceived as the hosts and people of colour viewed as guests and the perspectives of Indigenous people are erased. Allen (2006, pp. 1–2) calls this the ‘white supremacy’ of nursing education: an assimilationist agenda that converts diverse groups people into a singular kind of nurse, which can then add ‘others’ into the mainstream to create a multicultural environment. But, this addition reinforces rather than displaces whiteness from the centre of structures and processes of educational or clinical institutions (p.66). It’s important that we focus on whether nurses reflect the communities that they serve. But representation in the workforce doesn’t mean that the people who are culturally different have a voice in the corridors of power. There are questions also about “who’s at the decision-making table and who’s not. And what’s on the agenda and what’s not” (Brian Raymond, 2016).



DIVERSITY FOCUSES ON SENSITIVITY AND RESPECT RATHER THAN THE SOCIAL AND HISTORICAL

Race and racism are determinants of health inequities (Krieger, 2014) therefore it follows that a key area where nurses could intervene is to address discrimination. It is inadequate for us to provide individualised sensitive and respectful care while ignoring the historical and structural conditions that shape health and health care. As nurses, we understand more than most that life is an uneven playing field – we need to bring this knowledge to the way we work as a profession. Cultural sensitivity and awareness tend to assume that racism is ‘out there’, rather than something that is also enacted within health care systems. Our claims to colourblindness reinforce the problem, as ‘treating people the same’ doesn’t take into account their differing needs, which is one definition of what care is.

CREATING A MEANINGFUL DIVERSE AND MULTICULTURAL NURSING PROFESSION

In an era where both patient populations and the nursing workforce are becoming more diverse, where are the spaces for nurses to talk about both institutional and societal racism and how they impact on care? How can nurses broaden their focus from the micro-level to see the big picture, especially when they labor in unstable and under-resourced working environments (Allan, 2017)? Nurse educators must confront our own resistance to teaching about race and racism (Bond & Others, 2017) – the recent debates about the inclusion of cultural safety into the Nursing and Midwifery Codes of Conduct

reflect how far we have to go. Our curricula must more explicitly embed anticolonial and intersectional perspectives into learning experiences in order to prepare nurses for not only understanding how structural inequities affect health but also for the skills to counter them (Blanchet Garneau, Browne, & Varcoe, 2016; Thorne, 2017; Varcoe, Browne, & Cender, 2014). In Australia, the Indigenous Health Curriculum Framework developed by the Committee of Deans of Australian Medical Schools, recognised the critical need to teach students about racism. In particular, it asks us to see the connection between history and current health outcomes; to be able to identify features of overt, subtle and structural racism or discrimination and to be able to address and help resolve these occurrences.

Viewing nursing as a neutral, universal activity where appreciation, sensitivity and respect are adequate, prevents us from considering nursing as a political activity where power is at play. Conversely, embedding an understanding of the historical, structural and systemic factors that shape health, into our practice will allow us to create a meaningfully inclusive – and more caring – profession. This however, requires courage, commitment and accountability. Do we have it?

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FIVE FACTS ABOUT CULTURAL SAFETY

1

Addressing racism in health systems is vital for the health of Aboriginal and Torres Strait Islander people.

2

Whiteness and white privilege refer to systems that privilege some people while disadvantaging others; these terms are not insults.

3

One-size health care does not fit all; it results in systems designed for white people or the dominant group, rather than cultural minorities.

4

Culturally safe health systems are more likely to be used by those groups in greatest need of health care.

5

Only the person and/or their family can determine whether or not care is culturally safe and respectful.



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 HESTA


Investing in the future of health care

HESTA invests our members' super in ground-breaking health care businesses to create the highly skilled jobs of tomorrow

Did you know that HESTA invests in projects that develop new products and services for the health and community services sector?

HESTA also supports the success of large, publicly listed health care companies through investing in their shares. That means our members' super has directly supported the construction of much-needed health infrastructure for communities across Australia.

BUILDING HIGH-TECH HOSPITALS

Some of our investments in health infrastructure include providing debt finance. Examples include supporting the construction of hospital facilities like the Royal Adelaide Hospital and the Victorian Comprehensive Cancer Centre (VCCC) in Melbourne.

The purpose-built, state-of-the-art \$1 billion VCCC supports patients and their families, and researchers focused on finding better treatments for cancer.

SUPPORTING INNOVATION

Some of our investment managers also invest on our members' behalf in a range of small and growing health care companies.

These private equity investments are designed to help small private companies not listed on the stock exchange to develop ideas for new products, services and technologies. They can also help grow established businesses with a proven track record of high performance.

IMPROVING HEALTH CARE PRODUCTS AND SERVICES

A vocational training and education provider is one example of a business we support that has a specific focus on improving health care services and products. This particular provider focuses on improving the quality and access to training for professionals in health and aged care, and other operators in the sector.

Another company is working to expand the availability of bulk billed in-home GP services, improving access to high-quality healthcare.

A BETTER TOMORROW

We know our members are passionate about what they do. That's why we're helping them build not only a better future for themselves, but for the next generation of health professionals – and for all Australians.

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WHAT ARE FIVE BARRIERS THAT MEN FACE IN THE NURSING WORKFORCE?

A male nurse's perspective

In the wake of this year's National Nursing Forum (NNF) registered nurse Haydon Cunninghame MACN, Nurse Unit Manager of Acute and Aged Services Tallangatta Health Service, lists five barriers that men face when entering the nursing workforce as he discussed in his NNF presentation. Haydon's address at the NNF was "designed to foster discussion, rather than provide solutions."

1 COMMON PUBLIC PERCEPTION IS THAT MEN ARE NOT SUITABLE TO BE NURSES

The typical stereotype of a nurse does not usually first fall to a man, which lends to the image of the gender not being suited to the profession.

Florence Nightingale, often referred to as the 'founder of modern nursing', was found to have further reinforced this idea by saying men's hands were "hard and horny" and were not fit to "touch, bathe, and dress wounded limbs, however gentle their hearts may be"(as cited in Masters, 2015).

American popular culture has certainly helped to influence and perpetuate this perception, with a notable reference being that of Ben Stiller's character in *'Meet the Parents'*, being judged and criticised for choosing to be a male nurse instead of a doctor.

2 NURSING IS NOT SEEN AS 'MASCULINE ENOUGH' FOR MOST MEN IN THEIR YOUTH

Haydon tells me that most men enter their career in nursing after pursuing other careers – it isn't a first choice. "Career advisors do not promote nursing to males in high school [and] almost all men who enter nursing have family members who are nurses."

This idea is supported by Dr Roslyn Weaver, Adjunct Fellow at the University of Western Sydney School of Nursing and Midwifery, who said in an interview with Reuters Health (Goodier 2013):

"...TV perpetuates negative stereotypes about nursing that they then have to address in practice. So when men in nursing are almost invisible in popular culture or are stereotyped as incompetent or somehow 'unmasculine', then men who choose to enter nursing can find it difficult to combat this.

Being in the minority may put male nurses at a disadvantage. This not only means men might be stereotyped but they can also be excluded from particular clinical specialties, face difficulties dealing with older female patients and be expected to do more 'masculine' work such as heavier manual work."

In a 2017 study, depictions of men in the nursing profession were found to "have few role models to look up to on television or in

films where they are mainly portrayed as gay or comical characters" (Ross 2017).

3 INSTITUTIONAL GENDER BIAS AGAINST MEN INHERENT IN MOST NURSING PROGRAMS

A barrier that men face in nursing may also come from their education – more specifically in written examinations. In a study by Kiekkas et al (2016), gender bias favoured female nursing students over their male counterparts in written examinations.

Haydon highlights that "especially during clinical practice requirements, different standards are applied to students based on gender".

Predictions of the national nursing workforce sees Australia being short by 125,000 nurses by 2030, with a majority of that number being retired from the profession, indicating that recruiting and retaining nurses is of a high priority.

4 LACK OF REFERENCE TO MEN'S CONTRIBUTION THROUGHOUT NURSING HISTORY

What might not be common knowledge is that historically speaking, the men in society were the ones who were the primary provider of structured care to patients who were ill. According to Martin Christensen in 2017, "it is only in the last 166 years that nursing has become predominantly female... and this was largely a result of the sterling work of Florence Nightingale".



As mentioned earlier, Florence Nightingale was outspoken on her thoughts on men in the nursing profession, by saying that men were allowed to be trained to work in asylums where their strength was suitable to care for violent patients, as “she believed the traits of caring and nurturing came naturally to women” – an attitude that has certainly paved the way in which nursing is perceived today.

Due to the Nightingale philosophy being so ingrained in how care is practiced, Haydon concurs by crediting the fact that she was “instrumental in 1850s in setting up the first formal nursing in the UK which was then widely duplicated in the Westernised [and] developed world”, as another factor as to why men face barriers when entering nursing.

5 LACK OF ACCESS TO MALE ROLE MODELS DURING TRAINING AND ENTRY TO PRACTICE

For a man to be entering a workforce that is female-dominated and is generally stereotyped as a role for a woman (and vice versa), it can be hard to pursue the profession.

Our RN Haydon describes the situation in nursing:

“Seeking support from other male nurses [is] often seen as a sign of weakness by other clinicians, [and] sadly the adage of nurses eating their young is perpetuated by this perception held by many students that seeking support is not encouraged in the profession, leading to a feeling of professional isolation.

Professional isolation is a bigger issue for males, due to them being in a female-dominated field, similar to females in male-dominated fields, such as mining or engineering-related professions.

While other female students often support one another during studies, due to the perception that men are either gay, failed entry to medicine or have ulterior motives, female students have been found to be less trusting of male nursing students.

Once men enter the workforce or clinical placements their practice is constantly under scrutiny, with several studies finding that males report the presence of double standards in nursing: one set for female students and another for male students.

This has been found in studies across several countries including: Australia, Canada, New Zealand, the UK and the US.”

Haydon’s presentation certainly helped to raise awareness of these barriers and how we can better address and improve these issues at the NNF this year.

Do you agree with the points discussed above? Know of any other barriers that weren’t mentioned? Let us know what you think in an online discussion on *neo*.

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PREPARING FOR A DIVERSE FUTURE

Adapting to the needs of an ever-changing world



“ While we are well placed to incorporate new knowledge into our practice, I wonder if we are as well placed to provide services to the diverse communities of the future? ”

The Emerging Nurse Leader panel discussion at the National Nursing Forum, and Jessica Pham’s article in a recent ACN blog post (2018), gave me pause to think about the future of the nursing workforce. Not in the relatively contemporary sense of numbers, needs, specialities, and rural/urban disparities. More about the need to ensure a diverse and agile workforce prepared for the unknown.

It was after World War II that Australia started to move away from the so-called ‘White Australia Policy’. While migration since 1947 has remained heavily European, especially UK immigration, there has been a large swing to other cultures and countries (Price 2000). It is now commonly suggested that Australia has become one of the most ethnically diverse countries in the world.

While the ‘average nurse’ in Australia may be described as a 44-year-old female working part time, probably in an urban hospital, this is nothing more than an average and does not reflect the diversity within the profession, nor the diversity that the community will expect into the future.

Growth in a profession comes from a number of places and, in regard to nursing, its focus must remain firmly based in an evidence-based approach, rooted in science. While we are well placed to incorporate new knowledge into our practice, I wonder if we are as well

placed to provide services to the diverse communities of the future?

As an example, there is a general awareness that a person’s ability to remain fluent in a learned language may decrease with the ageing process. This has seen the conceptual emergence of a single-language aged care facility, however this presents the challenge of finding suitable clinical staff who are fluent in the specified language.

It also means that our profession must be agile enough to adjust to the changing demand of the community, including moving out of the historic centre of health care – the hospital – into a more person-centered approach in the community. This change will require engagement skills that are more personal and individualised than before, often without the perceived ‘on-tap’ resources of a major medical centre. We will need to not simply embrace changed practice but also change our way of practicing to one that strengthens a holistic, out of hospital approach that relies on community engagement more than health centre resources.

The ability to build an agile workforce becomes increasingly difficult as we move away from the major population centres. Rural and remote health care is already struggling to provide services to a geographically diverse population. While organisations, including ACN, work hard to narrow the service and resource

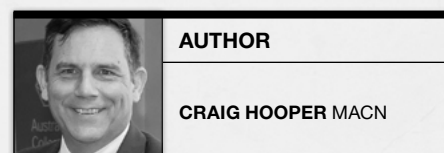
gap, there is such a diversity within the population that will fall upon the nursing workforce for support. As a profession, we need to ensure we are agile enough to respond to a farmer’s mental health in one session, measles vaccination for newly arrived immigrants, to having that cup of tea with Mrs Jones after dressing her ulcer. This includes the possibility of needing to communicate in more than one language while engaging with this sector of the population, and ensuring additional support services are locked in where needed.

Nursing must stay ahead of the game in preparing for the issues a diverse community will bring. As a profession, nursing should continue to embrace and support its own diversity that adds strength, depth and insight into the way we service the population and support ourselves.

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NURSES LEAD THE WAY



Senator Richard Di Natale



Keynote speaker Ms Lucinda Barry



Welcome to country

From 28–30 August, nurses and health leaders from all corners of Australia gathered at the Gold Coast for the 2018 National Nursing Forum.

The Forum was another resounding success and a chance to reflect on nursing's inclusiveness and advocacy for quality care for all.

This year's theme, Diversity and Difference, attracted a variety of thought-provoking and inspiring presentations, leaving delegates with plenty of ideas and information to take back to their professional, as well as personal lives.

THE PROGRAM AND SPEAKERS

Opening with an enthralling welcome to country from Bundjalungkunjiel and closing with a highly memorable and powerful presentation from Ms Carren Smith, the Forum program sought to inform, inspire and entertain delegates through an impressive line-up of keynote presentations, concurrent sessions and specialty workshops delivered by leaders in nursing, health and government.

A highlight was the entertaining and endearing Dr Veronica Croome, who led our delegates through the jam-packed three days with her wit and humour as our Master of Ceremonies.

Delegates heard from influential and engaging speakers including two Queensland leaders in the health sector, Senior Policy Advisor to The Hon Cameron Dick, Dr Michael Riordan and Queensland Chief Nursing and Midwifery Officer, Adjunct Professor Shelley Nowlan FACN.

Another outstanding keynote speaker was Ms Lucinda Barry, CEO Organ Tissue Authority who spoke of her inspiring career journey, particularly in her transition from nurse to Senior Advisor in Health and Aged Care to the Prime Minister.

The annual Oration was delivered by Adjunct Professor Veronica Casey FACN, who addressed attendees on the idea that 'Everything old is new again'. It was a pleasure also to have so many Fellows and Members as part of the line-up of high-calibre keynote presenters sharing their unique outlooks on Diversity and Difference.

In addition to the plenary and concurrent sessions, our delegates had numerous opportunities to connect with colleagues and mentors such as in the Speed Leading and Networking Session. These are advice sessions with numerous senior nurse executives, clinicians and academics, where delegates can ask questions about their career and profession from some of the best in the nation.

This year, we were also excited to hold a panel session with four young Emerging Nurse Leaders, called Next Generation Health Care: Millennials Making a Difference. In conversation with Adjunct Professor Kylie Ward FACN, our panellists spoke on the future of the nursing workforce and profession, the challenges presented for the younger generation of nurses and innovative solutions to these challenges.

FEDERAL MINISTERS ADDRESS FORUM DELEGATES

ACN was honoured to have Members of Federal Parliament from the major parties address delegates at the Forum. The Hon Greg Hunt MP, Federal Minister for Health, Ms Catherine King MP, Shadow Minister for



Australian College of Nursing

THE NATIONAL NURSING FORUM

Diversity and Difference

“Connecting, learning and exploring diversity and difference at the 2018 National Nursing Forum.”



The Hon Greg Hunt MP



Ms Carren Smith

Health & Medicare and Senator Richard Di Natale, Leader of the Australian Greens all presented fascinating keynote presentations, including some allocated question time with delegates.

Minister Hunt announced a number of welcome promises of funding for nurses and the health sector, whilst Senator Di Natale spoke passionately to the theme of diversity and health inequalities that the government still needs to address. Ms King also put forward the opposition’s viewpoint, balancing out the debate on health policy. These varied perspectives on nursing and health policy were very enlightening – stimulating healthy debate.

ACN was excited to be able to provide delegates with an opportunity to hear from

and engage with leaders in government who can influence policy for a better future.

GRADUATION, FELLOWSHIP & AWARDS PRESENTATION

After the Oration on Day 1 of the NNF, we held the investiture of ACN’s newest Fellows and Distinguished Life Fellow. This session also included the presentation of ACN Grants and Awards and a graduation ceremony for our Graduate Certificate recipients. All three are fantastic achievements, and demonstrate the many aspects of ACN – and it was a pleasure to be able to recognise them, together in the collegial environment of the Forum. The Welcome Reception that followed was a lovely chance to further celebrate our esteemed Fellows and award-recipients as well as the hard work of our students.

GALA DINNER

The Gala Dinner, held on the Wednesday night of the Forum, was the perfect chance for delegates to catch up over a delicious three-course meal and let their hair down on the dance floor. We thank Ms Meaghan Scanlon MP, Assistant Minister for Tourism Industry Development for Queensland and Cathy McGuane of The Health Union for joining us and speaking at the dinner. On the night, we also held a 1min.care applause, in support of a campaign that recognises nurses across the globe.

We look forward to welcoming you to Hobart for next year’s National Nursing Forum on 21–23 August 2019.

WITH THANKS TO OUR FORUM PARTNERS AND SPONSORS





Adjunct Associate Professor Veronica Casey FAcN

EVERYTHING OLD IS NEW AGAIN

Thank you to Adjunct Associate Professor Veronica Casey RN, FAcN for the 2018 Oration

ACN was honoured to have Adjunct Associate Professor Casey FAcN deliver the Oration at the 2018 National Nursing Forum.

Adjunct Associate Professor Casey has held executive leadership roles within Queensland Health since 1997, currently serving as the Executive Director of Nursing and Midwifery Services for the Metro South Hospital and Health Service. Her experience and expertise in the nursing profession extends to national and international platforms, holding membership on the Nursing and Midwifery Board of Australia, serving as an International Magnet Commissioner for the American Nurses Credentialing Centre from 2010 to December 2017, and past contribution to the Australian Quality and Safety Commission.

In her compelling Oration, Adjunct Associate Professor Casey took the audience through the transitions nursing has made over the course of her forty-year career. The focus was on the 'watershed' moments, which altered the course of history. You can read the closing remarks of her Oration below, as

she goes on to discuss the future of nursing in this diverse world.

Nursing and nurses cannot practice care delivery as had been for decades. Leaders need to support and facilitate new styles that embrace the rapid change environment. We need to facilitate collaborative and flexible networks to support innovation, rapid transformational change and improvements that reflect the patient experience, data that is accurate and current, build positive workplace cultures that look for stretch and possibilities, and re-engineer evaluation to be multi-model.

Teams look different, hierarchies and old structures will evolve into governance models only effective when they are goal focused, collaborative and are defined and formed by experts that may emerge from any part of the 'organisation'. Many teams are now virtual, bringing people together from many areas such as health professions, data analytics, evaluation experts, innovators, researchers, business and improvement experts to name a few. This collaboration is not based on existing structures, but established based on a purpose that they bring people together

to leverage varied and diverse skill sets for ideas, collaboration, innovation and problem solving. The participants do not want or need to be directed, but leaders and structures are required to enable, facilitate and resource in a very different and positive manner. New indicators of patient outcomes will be developed, by data and research outcomes, but the patient experience and outcomes as defined by the consumers will be strengthened. Nurses will become facilitators and enablers as well as advocates, and apply skills and knowledge in a flexible and agile manner. Accountability, empowerment and professional judgement underpin the future.

In conclusion, the excitement is that diversity and difference encourages so many questions, possibilities and constructive debate. In fact, we are entering the watershed moment 'The Future is Now'. You and I are the leaders, it is up to us to make a difference! My call to action is to embrace the fundamentals of the art of nursing but stretch the boundaries, build the science, be courageous and don't just think about our possibilities, but leap forward and create the future.



The power is in our people

Thank you to our NNF delegates

A CN was thrilled to have an increased number of delegates again this year, with almost 600 attendees joining us at the NNF. The Forum really is such an incredible and memorable experience because of the people who attend and the connections made during the three days.

Thank you to all of those who joined us and engaged with each other and our program. You brought passion, insight and a great buzz of energy to the National Nursing Forum, and for that ACN is grateful. We just love our community.

WHAT ARE THE HIGHLIGHTS OF YOUR 2018 NNF EXPERIENCE?

Hear from some of our Fellows and Members who entered the NNF neo competition...

"Sharing the experiences of our amazing nurses and midwives during the speed leading sessions was amazing. The future of nursing and midwifery is in good hands, with enthusiastic, passionate innovators leading the way."

"Great opening and address from Catherine King – social inequities are core issues for nurses!"

"I love being amongst 'the young ones' at the NNF. Such vitality is infectious."

"This is a great opportunity to network with nurses from all areas and backgrounds. I particularly like the support provided to novice nurses, and the respect they demonstrate to our more experience nurse colleagues through the NNF and ACN."

"Being dazzled by the brilliant Lucinda Barry. What an inspiration."



NATIONAL NURSING FORUM SCHOLARSHIP RECIPIENTS

Thank you to our Partners and Sponsors
who provided 14 lucky delegates with a free
registration to the National Nursing Forum.



TOP ROW: Christine Bernasconi (HESTA), Zara Mills (SEEK), Meagan Bransgrove (HESTA), Leeanne Schmidt (CDNM), Amanda Husselbee (JCU), Lynette Bowen (HESTA), Marli Millas (SEEK), Susan Jennings (SEEK) BOTTOM ROW: Thilakavathi Chengodu (Union Health), Alysha Touné (CDNM), Jade Martin (HESTA), Aaron Alejandro (ANMAC) ABSENT FROM PHOTO: Shirley Burke (HESTA) and David Carpenter (CDNM)

THANK YOU TO OUR SCHOLARSHIP SPONSORS:



Hear from some of our scholarship recipients below on their experiences of the NNF:

MEAGAN BRANSGROVE MACN

In August, at the National Nursing Forum I was inspired. Once again the buzz of nurses engaged me back into this amazing profession. Heading to the History Conference before the main event set me up to think about where we have been and the NNF showed me where we are going. There are some exciting times ahead, some scary times too, but the breadth and scale of our reach as a profession grows bigger every day and I'm personally loving where it is leading me!

CHRISTINE BERNASCONI MACN

I'll use any excuse to justify attending ACN's NNF; this year, it was the theme of 'diversity and difference' that drew me in. I was reaching the halfway point of my graduate nursing program, and the many ways in which I felt 'different' had been at the forefront of my mind. Taking a few days off for the conference gave me an opportunity to pause and reflect on my differences, and consider how they could be seen as strengths, rather than weaknesses. The inspiring collection of speakers reminded me that the world of nursing bursts at the seams with different opportunities. It gave me the confidence to be patient throughout this transitional period of my grad year, knowing that there will come a time (and possibly place) where my 'differences' can shine.

DAVID CARPENTER MACN

Participating in the 2018 National Nursing Forum has reminded me that as nurses across Australia we have influence at multiple levels, leveraging our numbers, presence, knowledge, judgement and kindness, and the respect we have earned as a profession. We all make a difference individually in our own practice context, but together we can and do achieve even more to benefit our communities and wider society.

Best quote: "You can't change an experience but you can change the meaning and therefore the reality." Carren Smith, Closing Session Keynote Speaker

ALYSHA TOUNE MACN

It was inspirational to be around so many like-minded, brilliant and revolutionary thinkers of our profession, all in one place

at the same time. With all the great ideas being presented, I could have powered a small country off the neurons firing in my brain! I have now got an interest in research that I had never had before. Thank you so much ACN!

AARON ALEJANDRO MACN

The NNF 2018 is a firm commitment to the nursing profession in Australia. A place where resilient nurses converge to discuss emerging local and global nursing issues. A venue that upholds leadership and values our contribution to the society. A time to connect with nurses from all walks of their career. After all, we are diverse but committed to one goal of making a difference.

JADE BONSER MACN

The NNF 2018 exceeded my expectations from discovery, networking and professional development. Attending the sessions, visiting with colleagues and interacting with the exhibitors was eye opening. The conference was full of an inspiring and diverse array of presentations from all aspects of Nursing. This was a conference which instilled my pride to call myself a nurse.

MARLI MILLAS MACN

The 2018 NNF has been a mixture of what I expected, blended perfectly with inspiration from a surprising source, with the theme of difference and diversity. Nursing as a profession is quite diverse and has opportunities to vary your career and these were highlighted:

- Change focus if you choose or your lifestyle changes,
- Specialise if you choose and become an expert in your field or,
- As I have learnt through the forum, branch out as an *EntrepreNurse*.

We should celebrate the diversity amongst ourselves as we all have different backgrounds, different areas of interest, and different career pathways. We may be culturally or socially different, but that is what we need to embrace, because these are the differences also demonstrated in those we care for. Our diversity provides us with strength.

LEEANNE SCHMIDT FACN

The 2018 NNF was like three whole days of peer supervision – restorative, energising and action!

My key take away messages are:

- We all share sameness for health being a fundamental human right, regardless of our diversity and difference
- Take all opportunities to challenge our practice lens
- Continually advocate to reduce inequity
- Demonstrate kindness and self-care; role model these qualities
- At the heart of every leader is generosity, validation and self-esteem – it is an inside job.

AMANDA HUSSELBEE MACN

One of the first things I noticed about the National Nursing Forum 2018 was the energy in the Gold Coast Convention and Exhibition Centre. All three days had a terrific buzz about them. With a packed program covering a broad range of current and future nursing issues this year's forum was stimulating and thought-provoking. I am already looking forward to next year's Forum.

ZARA MILLS MACN

Attending this year's NNF on the Gold Coast was a great opportunity to meet other nurses in various positions from across Australia. In addition to the sessions, I found this year's keynote speakers to be thought provoking and inspiring, in particular Ms Lucinda Barry and her journey from nurse to federal government.

SHIRLEY BURKE MACN

I found the dialogue related to informatics in nursing to be particularly interesting. This is an area for which nurses influence and we need to get on the front foot, to ensure that patient care continues to be the priority and that workflows assist in this aim and do not detract from it.

Nursing matters

**Welcoming diversity:
are we making the most
of a global workforce?**

A few years ago, my hospital hosted two enthusiastic overseas nursing students. It was the first time we had tried such a program and we were excited to show them the great work we did for our patients and the high standards of quality that we set for ourselves. We thought they could learn a lot from us and it was also fun to have some new, keen and slightly exotic personalities join our team for a couple of months.

When the students arrived, they were indeed very impressed with our facilities and work ambiance. They appreciated the time we had for our patients and the knowledge of the nursing staff they were buddied with. They found being a part of our team fun and expressed the wish that they could work with us forever. We were thrilled that they admired our work so much and that they had had the opportunity to learn about the way we work in Australia.

On their last day in the workplace, the students presented their experiences and thoughts after being part of our team. While they were overwhelmingly complimentary about their program, they also had a few reflections on our hospital which surprised us. In speaking about the clinical care they had observed, they felt that the standards set for use of personal protective equipment and transmission precautions were much higher at home and they couldn't understand why it was not a rule on the ward that any patient out of bed must wear closed, stable shoes as this was a clear way to reduce falls. They thought on the whole that we did a very good job but they openly acknowledged that in some aspects we could definitely learn from their system of health care.

“ We have to stop seeing diversity in our workplaces as ‘nice to have’ provided that it doesn’t challenge us, and start seeing it as an invitation to ongoing dialogue between equal colleagues. ”

As this was an educational experience on both sides, the criticism was taken in the spirit of some interesting trivia. I wondered later, however, how this would have come across if it came from qualified nurses who had arrived to be a permanent part of our team? Would the idea that there were other and better ways than our own local practice traditions be so well received then?

Nursing is blessed with an incredibly mobile global workforce and Australia is privileged to be a target country for many travelling colleagues. Our teams are ever increasingly diverse, with many cultural, educational and practice traditions represented. It is a bonus for us to access this supplementary workforce and broad palate of expertise and a bonus for our multicultural patient population to encounter nurses who mirror their own cultural diversity. Yet, do we always make the most of this opportunity?

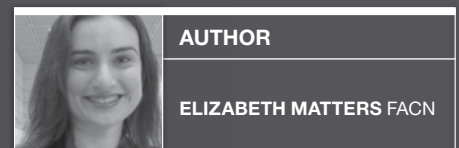
In my practice as an educator, I assisted to integrate overseas nurses into the team. It was never an easy process. While in theory it was known that the aim for all was a strengthened workforce and high quality care, in practice, the aim of orientation for these staff members seemed to be to get them to work in ‘our way’ as quickly as possible. Obviously, there was much for them to learn, as indeed there is for any of us entering a new practice environment where the skillset, drugs and procedures are unfamiliar to us. I found, however, that the level of criticism and scrutiny aimed at a newly arrived overseas trained nurse was always much harsher than between Australian-trained colleagues. Often the

initial months on the ward were full of tears and loss of confidence. The quicker new team members could mirror ‘Aussie-ness’ in their attitudes, language and work practices, the better it would be for them. I also discovered that many highly qualified foreign nurses who had undertaken further study and had years of experience found it preferable to conceal this and behave like a new graduate because it seemed to provoke less tension with their colleagues. The process of integration was one long and rather draining test in proving that the new team member could do everything ‘our way’ with almost no appreciation or interest in what we might be able to learn from ‘their way’.

This is a problem within nursing communities the world over, where, on the one hand, workforce strengthening from outside is desired but on the other hand the respect for the diversity these colleagues bring is somewhat lacking. There is no doubt that the attainment of safe and consistent evidence-based care is the goal for any united nursing team and any nursing system, but is approaching colleagues who represent diverse practice traditions with distrust and a superior attitude the best way to achieve safety? There is huge potential to engage and utilise the diverse expertise of our colleagues if we counterbalance our appraisal of their knowledge and skills gaps with an active effort to uncover their resources and knowledge. Instead of spending the time to sit down and ask, ‘How would you perform this skill and why?’ and taking time to compare practice traditions and discuss the differences

and their rationales, we put an overseas trained nurse into a patient scenario, tell them to perform a skill and then react with shock and criticism when they don’t follow ‘our way’ to the letter on the first go. A few experiences like this can reduce the experienced nurse’s confidence in their own practice to zero and their colleagues’ confidence in their competency and safety to around the same. Hardly a win for the patients or the workplace.

We live and work in a globalised world with ever-increasing contact to traditions and attitudes different to our own. It is exciting, broadening and empowering to see the potential this has to make our profession stronger. It also means that we have to be open to treating difference of opinion or custom with respect and a degree of healthy curiosity. In doing so, we must lose the idea that our way is the best simply because it is what we know and be prepared to accept challenges and differences of opinions without condemning and discrediting the messengers. We have to stop seeing diversity in our workplaces as ‘nice to have’ provided that it doesn’t challenge us, and start seeing it as an invitation to ongoing dialogue between equal colleagues. We may have different perspectives to share but our aim is the same: best practice care, health and safety for the world population.





EGGSHELL SKULL

Author: Bri Lee

Publisher: Allen & Unwin

Published: 2018

Reviewer: Chrissie Bernasconi MACN, Registered Nurse in Women's & Newborn Health Services, Royal Brisbane & Women's Hospital

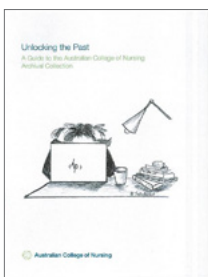
Disclaimer: this is not a nursing book. In the spirit of diversity though, if you live in Australia and have even the faintest interest in women's rights, the legal system, and its impacts on health and well-being, you must read this book.

Bri Lee takes us through a journey of Australia's legal system. Firstly, from the perspective of her position as a judge's associate in both metropolitan and regional Queensland, handling trials mostly related to claims of sexual assault on women and children. Secondly, from her perspective as the complainant in her own case which she pursued at the conclusion of her associate year.

It made my blood boil to read of medical professionals being called to the stand and the defense tactics used to elicit arguably irrelevant information about which medications female complainants were taking at the time of the alleged assaults; for example, contraceptives. Other tactics included challenging women called for jury duty due to the 'risk of bias'. Between the challenges and the number of women who request to be excused on the basis that the case material was, in fact, too close to home, the percentage of women participating in these decisions comes across alarmingly low.

Bri speaks so articulately about how 'life just goes on' when you're

working your way towards a chance of justice. Days, months, years go by – delays, speed bumps, challenges, negotiations, witness statements, and seemingly endless recounting of events. *Eggshell Skull* was a great reminder of how important it is to show compassion to the women we care for. When the percentage of women who have experienced sexual assault continues to rise (#metoo), it pays to remember that the women before you might have more going on in their lives than we've managed to cram into those tiny boxes for handover.



UNLOCKING THE PAST: A GUIDE TO THE AUSTRALIAN COLLEGE OF NURSING ARCHIVAL COLLECTION

Author: R. Lynette Russell AO, FACN Honorary Archivist and Dr Lesley Potter FACN

Publisher: Australian College of Nursing

Published: 2018

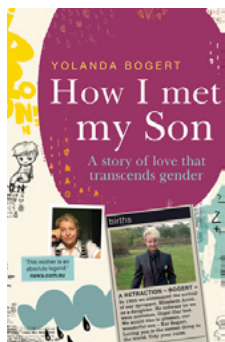
Reviewer: ACN Communications Officer Olivia Congdon

Launched at the ACN 3rd History Conference in August, this 38-page book details the contents of the ACN archival collection. Author, Lynette is very close to the work of the ACN Archives, as an Honorary Archive volunteer and historian. The archived materials in *Unlocking the Past* tell the story of ACN, particularly the history of our predecessor organisations and their unification to become the organisation we are today.

In these fascinating pages you will find exclusive information and artefacts about the nursing profession in Australia. The Archive also contains thought-provoking material about specific individuals who have made a major contribution to nursing in Australia and material pertaining to a limited number of other nursing organisations and hospitals.

ACN is so fortunate to have this rich collection of history at our fingertips, and it is a privilege to have people like Lynette who have compiled the guide to make these archives so accessible.

Nurses, members of the public and historians alike can purchase this small book for \$5.00 from the ACN online shop: <https://shop.acn.edu.au/products/unlocking-the-past>.



HOW I MET MY SON

Author: Yolanda Bogert

Publisher: Affirm Press

Published: 2016

Reviewer: ACN Communications Officer Olivia Congdon

A nurse, transgender health advocate and presenter at our 2018 National Nursing Forum, Yolanda Bogert is also the author of a bestselling book. Her story, *How I Met My Son: A love that transcends gender* is an honest and heartening account of her relationship with her son, Kai. The book was spawned after a newspaper ad Yolanda took out became viral, pushing her and Kai into the spotlight.

The ad read: "A Retraction. In 1995 we announced the arrival of our sprogget, Elizabeth Anne, as a daughter. He informs us that we were mistaken. Oops! Our bad. We would now like to present, our wonderful son – Kai Bogert. Loving you is the easiest thing in the world. Tidy your room."

How I Met My Son is partly a memoir of Yolanda's own background, including childhood trauma and subsequent adversities, but also the experience of parenting a transgender kid in rural Queensland. Kai's own words are included to illustrate crucial moments and importantly to allow his voice to speak loud and clear. Yolanda is sure to express that trans people do not need cisgender people speaking for them, they need people to listen to them.

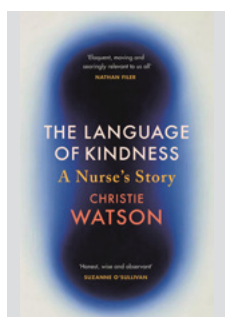
Yolanda's personality shines through the book, and you cannot help but admire her strength and utter brilliance as a mum. It speaks about how the difficulties of being transgender in our time are less about physical body changes but

mostly about having agency over social identity. Mental health issues are also a forefront of this story, exemplifying the alarming statistic that over 50% of trans people have attempted suicide at least once in their lifetime (Beyond Blue 2013).

The nuances of their combined story cannot be given justice in this small segment – so I recommend you get hold of the book for yourself.

REFERENCE

Beyond Blue paper: Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. National LGBTI Health Alliance. Sydney



THE LANGUAGE OF KINDNESS A NURSE'S STORY

Author: Christie Watson

Publisher: Vintage Publishing

Published: 2018

Reviewer: ACN Communications Lead Emily Stone

Twenty years in nursing has taken so much from me, but has given me back even more. I want to share with you the tragedies and joys of a remarkable career. Come with me on the wards, from birth to death; past the Special-Care Baby Unit and the double doors to the medical ward; run through the corridors to answer the crash bleep, past the pharmacy and staff kitchen to Accident and Emergency... We will meet people on the way: patients, relatives and staff – people you may recognise already. Because we are all nursed at some point in our lives. We are all nurses.

Christie Watson spent 20 years working as a nurse. In this poignant and inspirational book, she takes readers along a journey down the hospital corridors to visit the wards and meet her patients. Christie's compassion and honesty encapsulates the essence of what it means to be a nurse, highlighting the innate dedication that defines the profession.

Christie will make you laugh and make you cry. She will introduce you to people at their most vulnerable as they deal with long-term illness, loneliness, tragedy, life and death. She will share with you some of

her most powerful memories and inspirational moments which will stay with you long after you finish the book.

The Language of Kindness is much more than a memoir. It is a tribute to all nurses and a reminder of the pivotal role they play in our lives. It is a shout-out to those who constantly put the needs of others before their own. Ultimately, is a thought-provoking and powerful reminder of the humanity we all share.

www.booktopia.com.au/the-language-of-kindness-christie-watson/prod9781784741983.html



#ACNNURSESTRONG

ACN is so excited to be partnering with personal trainer Lauren Hannaford to offer hundreds of nurses around the country the opportunity to complete the 12-week *FHIT by Lauren Hannaford* program together. Thanks to Lauren the first 1,000 nurses received access to the program free of charge and the next 1,000 nurses were offered a discounted rate. Participants receive the opportunity to enhance their physical and emotional strength in a safe and supportive environment through access to healthy meal guides, a library of videos and blogs explaining different workouts and mindfulness exercises and a Facebook support group. The program is designed to be completed anytime, anywhere and requires a commitment of as little as 15 minutes per day.

The enthusiasm and momentum for the NurseStrong campaign has been astounding, so we thank all of you for getting involved and spreading the word.

Please ensure that you share your fitness and wellbeing journey with us and support those participating. Use the hashtags #ACNNurseStrong #FHITbyLaurenHannaford #FHIT on social media or email us at nurse.strong@acn.edu.au.

So nurses, let's get strong!

TOP 10

Lauren's top 10 tips to staying fit while doing shift work.

Lauren Hannaford **FHIT**

1

UNDERSTAND YOUR WHY

What is the reason why you are exercising and are wanting to stay fit? The reason has to be big enough to keep you motivated to keep you going when you are tired and struggling to find the time. Think about your **WHY** every day.

2

SET YOUR GOALS

What do you want to achieve from your training? Give yourself a time frame. Do you want to achieve general overall fitness, do you want to lose some weight? Whatever it is stay focused on your long term goal.

6

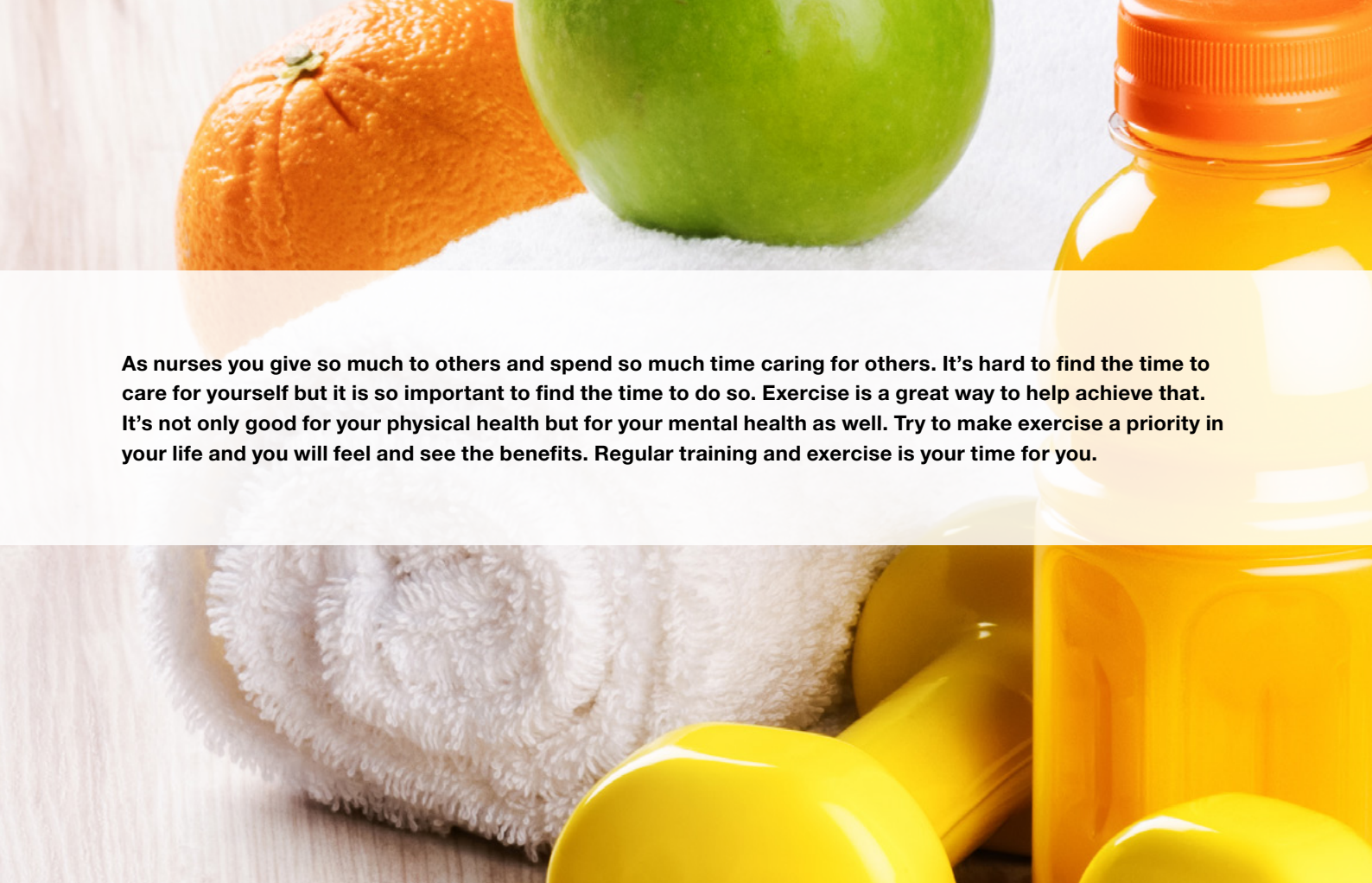
TELL PEOPLE WHAT YOU ARE DOING

Tell other people in your life what you are trying to achieve and how important it is. Once you tell others it makes it a reality and helps keep you motivated. You might even inspire friends to do the same thing.

7

HEALTHY FOOD CHOICES

Healthy food choices are so important. Become aware of the food you are actually eating and start to educate yourself on what the healthy choices are that you can be making.



As nurses you give so much to others and spend so much time caring for others. It's hard to find the time to care for yourself but it is so important to find the time to do so. Exercise is a great way to help achieve that. It's not only good for your physical health but for your mental health as well. Try to make exercise a priority in your life and you will feel and see the benefits. Regular training and exercise is your time for you.

3

PLAN YOUR TRAINING WEEK

Once you know what your shifts are, plan your training sessions around your work time table and lock it in.

4

TIME MANAGEMENT

Find the time to work out and don't let other things get in the way. Make it a priority. Some days you might only have 15 minutes – but 15 minutes is better than no minutes.

5

FIND LIKE-MINDED PEOPLE

Training is easier to commit to when you surround yourself with other people who are making fitness a priority in their lives. Make each other accountable, and train together when you can.

8

FIND YOUR GO TO RECIPE

Find some healthy recipes that are quick and easy to make that you can do at any time. Make these your go to recipes.

9

MEAL PREPARATION

It's important to cut down on take away food as much as possible. Once you know your work timetable plan out your meals and schedule in a time to shop and cook some meals in advance. Put them in the freezer so you always have something at home or a healthy meal to take to work.

10

MINDFULNESS EXERCISES

You only need five minutes but it's important to find that little bit of quiet time for you. To give your mind a little rest so it can reboot and deal with the stresses of work and home life. Once again schedule it in to your day.

NURSE FINALIST IN TELSTRA BUSINESS AWARDS 2018

Crystal Clear Ears, a micro-suction nurse-led ear clinic established by Melbourne nurse Shelley Straw MACN, made it to the finals of the Victorian Telstra Business Awards in August.

Telstra received over 3,000 entries for the Victorian part of the awards, and chose 20 finalists, spread across four categories.

Crystal Clear Ears was a finalist in the Social Change Maker category, for changing the way ears are cleaned in Victoria, away from the traditional water syringing, which is associated with a significant number of clinical incidents each year in Australia.

Eleven years ago, Shelley worked at The Royal Victorian Eye and Ear Hospital and saw many patients waiting hours in the

Emergency Department for micro-suction ear wax removal. She met a New Zealand nurse, who told her of the clinics run by nurses in New Zealand, who dealt with this issue in community settings, saving hospital resources and waiting time.

In the past, people needing a dry method of ear wax removal needed to obtain a referral to an ear, nose and throat specialist, often having to wait some time for an appointment. Over 42,000 patients have attended the 11 Crystal Clear clinics. The public have taken to this method, and a large group of local general practitioners and audiologists refer to the clinics.

Crystal Clear Ears was established 10 years ago. Since then, staff have trained other nurses and health practitioners in this

method across Australia and developed a nationally accredited Micro-suction Aural Hygiene course, which has been endorsed by the Australian College of Nursing. Crystal Clear Ears became a Registered Training Organisation in 2016.

Shelley Straw, Director of Crystal Clear Ears says "All our nurses were so proud when the judges acknowledged the skill and passion they bring to their work. They love helping people hear again."

Shelley is also proud that the introduction of this style of clinic to Australia gives nurses an alternative career choice, including becoming nurse entrepreneurs.

And what is their Ear Health Tip for this week? Throw away your cotton buds!



“ All our nurses were so proud when the judges acknowledged the skill and passion they bring to their work. They love helping people hear again. ”



**“I want a
super fund
that thinks
about my
future world,
as well as
my account
balance.”**

Rachael Sydir,
HESTA member

At HESTA we're committed to improving our members' financial future. But we believe we can achieve so much more.

We want our actions to drive long-term, meaningful change. So the world you retire into is a healthy, happy and fair one.

That's the HESTA impact.

HESTA



ACN Grants and Awards

Meet our successful 2018 recipients!



THE COLLEGE CONSORTIUM RESEARCH GRANT

Nicole Marsh MACN is a Research Fellow in vascular access with a joint appointment between the Royal Brisbane and Women's Hospital and Griffith University. She is in the final year of her PhD which addresses preventing peripheral intravenous catheters (PIVC) failure. This grant will go towards testing the benefit of midline catheters in comparison to PIVCs.



ACN CONFERENCE AND STUDY TOURS SCHOLARSHIP - INTERNATIONAL

Elizabeth Kepreotes MACN has obtained a PhD, a Master of Medicine, and a Master of Nursing during her career, and is currently working and researching in the field of paediatric complex pain management. She will visit London for training in paediatric neurosensory testing before attending the peak international pain conference in Boston.



FLORENCE NIGHTINGALE MEMORIAL GRANT

Sonia Hines MACN is an RN who has been working in research for the past decade, focussing on evidence-based practice. Her PhD project, 'An educational intervention to improve RNs' research literacy and EBP self-efficacy' is currently in data collection. The ACN funds will provide for participant materials and time off to conduct the intervention.



ACN CONFERENCE AND STUDY TOURS SCHOLARSHIP - NATIONAL

Cath Frame is a Nursing Director within the Clinical Governance unit for the Darling Downs Hospital & Health Service in Queensland. Cath's present role allows her to explore her passion for the delivery of quality, safe and reliable health care and her grant will be used to enhance that knowledge and skill set by attending the IHI & BMJ International Forum on Safety & Quality in Healthcare in Melbourne this year.



OLLIE SCHOLLIE NURSE PRACTITIONER SCHOLARSHIP

Mark Jones has worked as an emergency nurse practitioner/candidate for almost 10 years and felt the need for a new challenge. Developing a multidisciplinary chronic pain service in one of the highest opiate prescription areas within Australia is a new challenge. This scholarship is contributing towards Mark's Graduate Certificate in Pain Management with Sydney University.



ERIC MURRAY QUIET ACHIEVER AWARD

Diane Atkinson MACN has worked in many aspects of critical care, covering areas from retrieval to aged care over the span of her nursing career. She currently holds a clinical nursing position in the Royal Brisbane and Women's Hospital emergency department focusing on the care of older people. The scholarship funds from this award supported her attendance at this year's National Nursing Forum.



ACN SCHOLARSHIP GRANT

Billie Ruddock MACN has been an emergency nurse for the most part of her 30 year nursing career. The emergency environment with all its challenges and complexities has fortified Billie's commitment to life-long learning. Soon to complete her second Masters of Nursing as a nurse practitioner, this scholarship shall be used to finance Billie's studies.



THE PATRICIA SLATER AWARD

Enara Larcombe MACN is in her second year of nursing, and after completing her grad program in South East Queensland prisons she has moved to a Far North Queensland prison. She plans to use the knowledge gained at the National Nursing Forum to better not only herself but the amazing team that she works with.



ACN CONFERENCE AND STUDY TOURS SCHOLARSHIP - INTERNATIONAL

Associate Professor Bronwyn Everett MACN is an academic in the School of Nursing and Midwifery at Western Sydney University. Her study tour will explore best practice in acute mental health settings in the United Kingdom in relation to managing clinically-deteriorating patients.



THE MYRTLE IVY QUICKE MEMORIAL GRANT

Christine Foley MACN is a registered nurse and has worked in clinical and management roles for the past 30 years. The Myrtle Ivy Grant will assist her to complete the thesis for submission for Doctor of Philosophy (Nursing) that has researched the relationship between hospital policies and nursing practice.



JOYCE WICKHAM MEMORIAL GRANT

Susan Nunan MACN is a RN (aged care) and a clinical academic in nursing at the University of Queensland. Susan's PhD research is around falls risk assessment and management in aged care. The Joyce Wickham Memorial Grant will assist her research by helping with data analysis courses, transcription and editorial costs.



LAURA SAUNDERSON AGED CARE NURSING FUND

Jayne Eames recently completed her Certificate in Ageing course at Melbourne University and plans to use the grant towards the Diabetes Course at Curtin University. Jayne is currently enrolled in the Diabetes Academy What's New in Diabetes course at the University of Melbourne. She is enjoying the opportunity to learn, noting that learning increases the satisfaction and excellence of nursing.



BEQUEST FUND FOR RESEARCH GRANT

Thomas Mathew MACN is a registered nurse academic at the University of Melbourne in the Master of Nursing Science Entry to Practice Degree. This award will support him in his Doctor of Education degree exploring factors that affect the retention of nursing students in graduate entry to practice nursing.



LAURA SAUNDERSON AGED CARE NURSING FUND

Chris Garbellini currently works as a RN in aged care in Western Australia. This grant has enabled her to pursue her wound management studies through the Nurses for Nurses Network. During October, Chris will be undertaking her fifth module 'Chronic Wounds – Best Practice Management' and is looking forward to completing her studies over the coming year.

2018 ACN Fellowships

ACN Fellowships are awarded to distinguished nurses among us who have made exceptional contributions to our organisation and our profession. Fellowship is the highest honour bestowed upon nurses by their peers. It was a pleasure to see our new Fellows and Distinguished Life Fellow invested at our National Nursing Forum at the Gold Coast on 28 August. We extend our warmest congratulations to you all. Be inspired as you read what these incredible nurses stand for and have achieved.



2018 Fellowship Investiture Ceremony



DR RUTH DE SOUZA FACN

Dr Ruth De Souza is a nationally and internationally renowned nurse leader and a strong advocate for cultural safety. However, it is her leadership and commitment in driving social and technological improvements to health care that will leave a legacy for our community and the nursing profession.

Ruth is an energetic and vibrant nurse who has over three decades of experience in nursing. She has been an active member of ACN since joining in 2014 after moving to Australia from New Zealand.

Ruth is the Academic Convenor of The Data, Systems and Society Research Network, a collaborative research network across the University of Melbourne. She is also an Honorary Senior Research Fellow at The Health and Biomedical Informatics Centre (HaBIC) in Melbourne. She has held a wide range of academic, clinical and governance roles in premier universities across Australia and New Zealand.

Ruth was key to developing the first Australian Bachelor's Degree in Nursing that focused on community health for Monash University. Ruth's mission is to develop research that translates to improved outcomes for marginalised groups, with a particular focus on cultural safety, consumer participation and health literacy. The impact of this is seen in all her work.

We were proud to award ACN Fellowship to Ruth in recognition of her outstanding contributions to ACN and the nursing profession.



MRS HELEN ECCLES FACN

Throughout her extensive career, Mrs Helen Eccles has held many high-level leadership positions in clinical practice, education, research, management and policy. Her contributions to the nursing profession and health care as a whole are highly regarded in Australia.

Following her appointment as Director of Learning & Development NSAHS, Helen led the establishment of a new internal operational structure promoting team identity and focus and creating a more responsive service.

As the Director of Nursing, Royal Rehabilitation Centre Sydney, Helen promoted rehabilitation nursing as a field of clinical practice.

As an experienced Australian Council of Health Care Standards (ACHS) Surveyor, Helen is an advocate for patient safety and quality. She has also established postgraduate academic career pathways within various educational institutions.

Helen has been an active member within TCoN, RCNA and ACN for over 30 years. ACN is proud of Helen's contribution toward in designing and conducting the NSQHS Standards workshops to be run as an ACN Continuing Professional Development Program.

Helen demonstrates strong leadership, commitment and dedication to the nursing profession.



DR LESLEY POTTER FACN

Whether as a leader or historian, Dr Lesley Potter has contributed immensely to the profession and ACN.

Before her retirement in 2008, she dedicated over 40 years to the workforce in clinical roles, including as Clinical Midwifery Specialist at Westmead Hospital. Lesley gained her PhD in history through the School of Nursing, University of Sydney, and has since dedicated herself to the pursuit of nursing and midwifery history.

Throughout her career, Lesley mentored many students in the clinical setting. She has also made enormous contributions to publications throughout her career. One of her most significant achievements was writing the book, *Mistress of Her Profession: Colonial Midwives of Sydney, 1788–1901*, which was published in 2017. Lesley has delivered several presentations on leadership and nursing history, including at the International Council of Nurses Quadrennial Conference in 2013.

Lesley joined TCoN in 2005, transferring her membership to ACN after unification. Since November 2012, Lesley has served as the Honorary Archivist at ACN and has taken up the position of Deputy Chair of the History Community of Interest in November 2017.

We were proud to award ACN Fellowship to Lesley in honour of the stoic leadership she has provided for our profession and her efforts in highlighting the nurses and midwives of the past who have paved the way for us.



ADJUNCT PROFESSOR ANNA SHEPHERD FACN (HON)

Adjunct Professor Anna Shepherd is President of the Regal Health Group. Her longstanding support and dedication to ACN and the wider nursing profession is outstanding as she has made significant contributions to the profession for over 25 years.

Anna has advocated for quality, person-centred care in the community in numerous ways, including providing education on nurse-led care models for veterans. She has worked actively with the Australian Council on Healthcare Standards, the Australian Council on Community Nursing Services, the Australian Association of Ageing and Aged Care Association of Australia on topics vital to community nursing.

Anna has a significant international reputation. In 2015, she was named in Australia's top 100 Women of Influence and is a Telstra Business Women of the Year Finalist. In 2017, she was invited to participate in a Global Health Leaders' Summit and is a strong promoter of nurses and ACN nationally and internationally.

Anna joined ACN in 2012 and has continually added far-reaching value to the membership. Adjunct Professor Shepherd was appointed as the Chair of the Community and Primary Health Care Nursing Advisory Committee in 2013 and subsequently was actively involved in the creation of ACN's Community and Primary Health Care Nursing Week, which Regal Health Group continues to support as our primary sponsor.

Anna's passion, commitment and dedication to the nursing profession is extraordinary and for this she is entirely deserving of being awarded with Honorary Fellowship of ACN.



DR JOHN ROLLEY FACN

Dr John Rolley is a respected nurse leader in the higher education and research fields and has been a member of ACN since 2004. Throughout his distinguished career, John has held many leadership roles and has been involved in various academic boards, faculty boards, and committees.

John has been a practicing registered nurse for over 25 years and has published around 50 peer-reviewed papers on matters ranging from clinical practice, workforce issues, education, public health and prevention. He has also won awards for both oral and poster presentations. Over the past few years, John has led the writing of both the undergraduate and postgraduate curriculums, which were evaluated as leading edge approaches to nursing education.

John has contributed to ACN through his extensive publications and as a member of ACN's Graduate Certificate Course Advisory Panel. He also led the development of an MOU between ACN and the University of Canberra for establishing a pathway for graduates of ACN's Graduate Certificates to articulate into a Master of Nursing program with full credit. John's academic leadership was also highlighted in a collaborative project to develop Interventional Cardiovascular Nursing as a distinct practice specialty.

It is with great pleasure that we awarded ACN Fellowship to John in recognition of his outstanding achievements and commitment to ACN and the nursing profession.



LIEUTENANT COMMANDER ANTHONY JAMES RUSSELL FACN

Lieutenant Commander Anthony James Russell is a respected leader within ACN, the Australian nursing community and the Australian Military. Anthony has been a registered nurse since 2009 and is an Emergency and Critical Care Nursing expert, completing a Masters of Emergency Nursing in 2013.

Anthony is currently the Head of Department Emergency and Rotary Wing Aeromedical Evacuation to the Maritime Operational Health Unit, Royal Australian Navy. He has been deployed on operations within the Australian Defence Force (ADF) as the Officer in Charge of the unit, providing leadership to soldiers and sailors in hazardous circumstances.

He has authored and delivered a range of lectures, simulation sessions, direct clinical education and mentoring.

Anthony joined RCNA/ACN in 2012. He has been enthusiastically involved in various engagement and leadership roles during his time as a member of ACN, including the Chair of the Northern Territory Network and creating the Military Nursing Community of Interest (COI) and is currently leading the COI as Deputy Chair. He has played a key role in reinvigorating the ACN membership base in the Northern Territory and actively supporting ACN as a whole.

Anthony is a strong role model for nursing leadership in the health care profession and the military. It was a pleasure to award Anthony with the prestigious status of ACN Fellowship.



PROFESSOR LYNETTE RUSSELL AO FACN (DLF)

Professor Lynette Russell has a high profile as a nurse leader and veteran in nurse education. She has been an active member and contributor to ACN and its predecessor organisation TCoN for more than 40 years.

Following her roles in clinical nursing, Lynette became a nurse educator and professor. In 1991, she took on the role of Foundation Dean of Faculty of Nursing at the University of Sydney (now Sydney Nursing School). Over the years, Lynette has been published in a number of academic journals and books in the areas of health care and nursing history, as well as authoring books of her own. She was honoured with an Order of Australia in 2000 for her contributions to nursing as an educator and a leader.

Following retirement, Lynette established a Nursing History and Research Unit at the Sydney Nursing School. She continues to support the unit as its Director.

Lynette is particularly well-known and respected at ACN for her work on ACN's archival collection in researching and recording the history of nursing.

Lynette became a Fellow of TCoN in 1975. It is with great honour that we further recognise the significant contributions and commitment she has made to ACN and the nursing profession through the awarding of a Distinguished Life Fellowship.



MS SUSAN WILLIAMS FACN

Ms Susan Williams is a highly esteemed nurse leader who has been actively involved in the nursing profession over the last two decades. Susan specialises in Parkinson's disease and movement disorders and has made significant efforts to advance this area since 2009. She has been a registered nurse since 1994. Susan was instrumental in establishing the Parkinson's Disease and Movement Disorder Community of Interest with the ACN and the Movement Disorder Chapter of the Australasian Neuroscience Nurses Association (MDC ANNA). She is currently Chair of the Movement Disorder Chapter for the Australasian Neuroscience Nurses Association.

She has represented ACN on numerous occasions and has contributed to ACN policy submissions as well as senate inquiries. Susan has presented at more than 20 conferences, and at annual presentations to educate nurses on Parkinson's diseases and its management.

Her significant contribution as a clinical support nurse in neurology was recognised in 2016 when she was nominated for the Royal North Shore Nurse of the Year award.

We are proud to have Susan as a Fellow of ACN, as she continues to lead the way to create change and improve patient outcomes across Australia.



ASSOCIATE PROFESSOR GEORGINA WILLETTS FACN

Associate Professor Georgina Willetts is a highly influential nurse leader who is respected nationally and internationally. She has been a member of ACN and its predecessor organisation RCNA since 2003 and has over 35 years of experience in the nursing workforce. She is currently Head of Discipline of Nursing at Swinburne University of Technology.

Georgina has over 10 years of experience in leading nursing and midwifery education reform. She has successfully influenced teams to change and improve educational strategy across the nursing and health care industry and higher education. Georgina was successful in bringing cultural change in industry, offering support and opportunities for higher education to nurses in their first year out of university.

Her association with the Harvard Macy Institute (Harvard Medical School Boston US), an international inter-professional Educational Healthcare Institute that trains health care professionals, has transcended her reputation globally.

In recognition of her leadership skills and teachings, Georgina was awarded one of three university wide *Monash Teacher Accelerator Programme* honours in May 2015.

It is with great pleasure that we awarded ACN Fellowship to Georgina. Her leadership and passion for innovation will leave a long-lasting impression on the profession.



Joy Vickerstaff AM FACN

03/02/1944 – 26/12/2017

Joy Vickerstaff AM, died after a long illness on 26 December 2017. Joy was an exceptional nursing leader who was admitted as a member in the General Division, Order of Australia, 26 January 2010 for services to health care through the development of nurse education and patient care standards.

A registered nurse and midwife, Joy held a Bachelor of Arts and postgraduate qualifications in nursing education, health economics, and cognitive science. Joy retired as Chief Nurse of ACT Health and Deputy General Manager, Nursing and Midwifery, The Canberra Hospital. She had many previous executive roles in health, nursing and midwifery including the Princess Alexandra Hospital and Health Service District, Mater Adult Health Services, South Brisbane, The Prince Charles Hospital and Health Service District, King George V Hospital, Sydney and Central Sydney Health. She was a Fellow of the Australian College of Nursing, the College of Nursing [NSW], the Royal College of Nursing and the College of Health Service Executives.

For those of us who had the privilege to know and work with Joy, she was clearly a leader who stood above others in the often hyped leadership domain. She demonstrated remarkable qualities of compassion, courage and humility within a broader commitment to and understanding of science and faith, realising their interconnected nature.

Joy saw herself first and foremost as a public servant whose first duty as a nurse was to her patients. She realised early that good patient care relied upon teamwork and well educated nurses. It is no accident that she was one of the first nurses to understand the role of evidence based practice and that she spearheaded the early work by the National Health and Medical Research Council's Institute for Clinical Studies. Joy was a scientist in the broadest sense of the word, who championed nursing's move into higher education and senior nursing roles in education and research. It was the evidence base of the Magnet Hospital Accreditation process that attracted her to seek designation on behalf of the Princess Alexandra Hospital, which became the first successful organisation in the Southern Hemisphere.

Courageous and forward thinking, Joy was always thinking of ways to advance the organisations and nurses that she led. I first learnt the mantra, "seek forgiveness not permission" (in relation to doing good) from Joy. If you see an opportunity to advance: patient care, nursing, health care, professionalism, education or research; take it! For it may be gone tomorrow. Treading water to the extent of becoming stagnant as an individual, organisation or profession was not her forte. She always had a plan! She was continually thinking, debating with colleagues and plotting her way through complex and

bullish organisations to advance nursing and patient care. She possessed both the emotional and intellectual intelligence to bring ideas to fruition.

Her talent for vigorous, thoughtful discussion did not abate during her illness; we enjoyed many robust debates until her passing. Joy took part with characteristic intellectual rigour, a trait she continued during her lengthy illness. She often surprised her treating doctors with her understanding of her condition, the possibilities and pitfalls of treatments and her forensic grasp of the science involved in the complexity of her disease process.

Joy was a great mentor to many nurses and other clinicians. Her counsel was wise, humble and encouraging. I recall speaking to her about particularly awful behaviour in the health care setting asking "Why do they do that?" She replied simply "Because they can" and continued "now we have to work out how you can support those being affected". This was typical of Joy who was both a realist and a strategist, who chose her battles wisely.

This sense of practical wisdom is what I recall most about Joy's character and actions. Informed by attitudes of wanting to do well for her patients and her profession Joy was able to articulate a vision of where an organisation or service needed to be. She was not afraid of the future of health care, she wanted nursing to be central to it. She not only understood the importance of

science, she used it to skilfully advance and protect patient care, whilst supporting and encouraging those around her to not only participate but grow and develop themselves. In this sense she was a rare leader indeed.

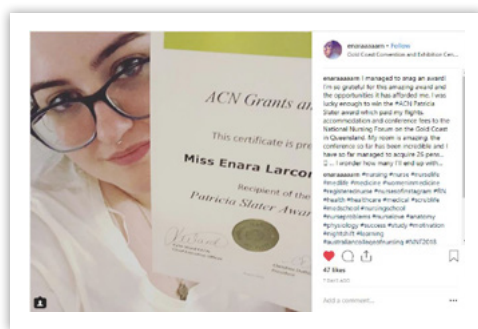
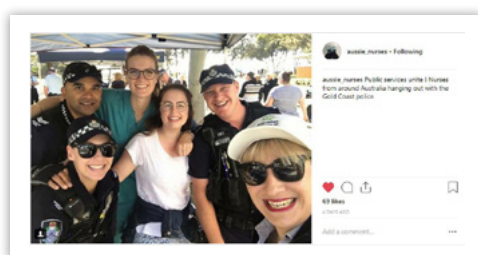
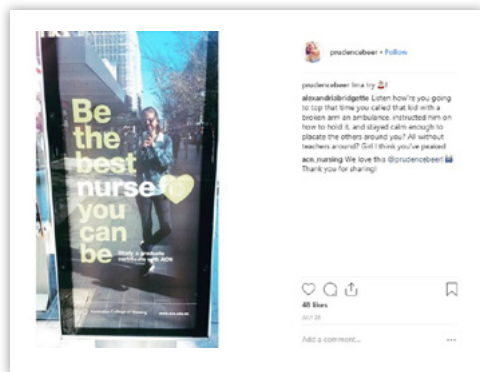
Joy approached her death with sadness at leaving her family and friends and resignation. She had known her condition was terminal for some time. She approached death with a well thought out plan and confidence with her palliative care team. We spoke often and she laid out strict instructions about what was to happen at her funeral. I felt like a junior nurse again. It was reassuring that she was still in charge! She shared how she thought the dying experience may feel physically with some detail. She thought it may be useful for me to know in my death literacy work. Even as her death drew near she was seizing a teachable moment and thinking of how others may benefit.

At coffee recently I found myself counselling one of my staff in a "chose your battles carefully" type of conversation. I paused briefly, and smiled, filled with a sense of gratitude for having known Joy and benefited from her mentorship over so many years.

By Dr Sarah Winch, Head of the discipline of Medical Ethics, Law and Professionalism at the Faculty of Medicine, the University of Queensland.

Posted

Photos shared through our social media channels from member activities across the country!



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!



Use our hashtags:

#ACNTribe (ACN members)

#ACNunites (ACN policy)

#inspiredbyACN (ACN education)

#ACNNurseStrong (to share your personal health journey)

#NursesWhereYouNeedThem (Community and Primary Health Care Nursing)



SHARE YOUR STORY WITH US

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

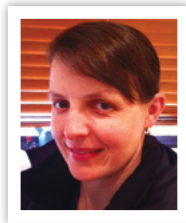
The theme for the next edition of *The Hive* is *Our future workforce*.

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!



MR JAMES BONNAMY MACN
Demonstrate inclusivity every day



MS TOMICA GNJEC MACN
Embracing diversity in nursing



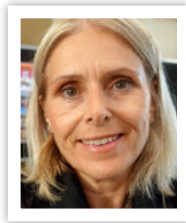
MS LAURIE BICKHOFF MACN
Clinical diversity: variation in skills and experience



CHRISTOPHER HINDER MACN
Acknowledging our privileges for a better world



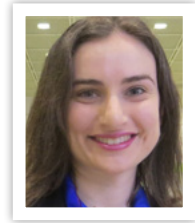
DR RUTH DE SOUZA FACN
Is it enough?



JUDY HITCHCOCK MACN
The cultural safety call



CRAIG HOOPER MACN
Preparing for a diverse future



ELIZABETH MATTERS FACN
Welcoming diversity: are we making the most of a global workforce?

***The Hive* winter edition: author omission**

The last edition of *The Hive* featured an article 'Cultivate Compassion Through Self-care'. We acknowledged the author as Anne Hofmeyer, however the article was written by both Anne and co-author, Kate Kennedy. We apologise for the omission.

Thank you to Jessica Pham for her article 'What are five barriers that men face in the nursing workforce?'.



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